SOUTHERN STATES UTILITIES, INC.
DELTONA UTILITIES, INC.

BEFORE THE

FLORIDA PUBLIC SERVICE COMMISSION

DOCKET NO. 920199-WS

APPLICATION FOR A GENERAL RATE INCREASE

Case Nos. 1D98-0713 and 1D98-0727
Florida Water Services Corporation vs. Florida Public Service Commission ("PSC");
Sugarmill Woods Civic Association, Inc. vs. Southern States Utilities, Inc. and the PSC
vs. Joseph J. DeRouin, et al.
PSC Docket No. 920199-WS

ORIGINAL
FILE COPY

VOLUME IV
BOOK 6 OF 9

ADDITIONAL ENGINEERING INFORMATION

Containing

WATER PLANT OPERATING REPORTS
for
Oak Forest through Zephyr Shores

FILED
DEC 18 1998
JOHN C. WHEELER
Clerk, First District Court of Appeal

FOR THE TEST YEAR ENDED
DECEMBER 31, 1991

DOCUMENT NUMBER-DATE
04747 MAY 11 1992
FPSC-RECORDS/REPORTING

DOCKET NO. 920199-WS
VOLUME IV
BOOK 6 OF 9

WATER MONTHLY OPERATING REPORTS

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WATER MONTHLY OPERATING REPORTS

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Citrus County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County

Owned by SOUTHERN STATES UTILITIES Month JAN 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Lyon Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		~~Lbs.~~ Used OAK	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	1417	12.5	0.1					27.6	18.4	0
Average	45.7							1.2	0.8	
Maximum	80							1.2	0.8	
Minimum	35							1.2	0.8	
										REMARKS: Bact. Sample Pick U
1	50							1.2	0.8	
2	80							1.2	0.8	
3	50	2.5						1.2	0.8	
4	70							1.2	0.8	
5										
6										
7	170							1.2	0.8	
8	45	2.5						1.2	0.8	pull 5 L1
9	55							1.2	0.8	
10	50							1.2	0.8	
11	45							1.2	0.8	
12										
13										
14	115	2.5						1.2	0.8	
15	40							1.2	0.8	
16	45							1.2	0.8	
17	45							1.2	1.0	
18	41							1.2	0.8	
19										
20										
21	130	2.5						1.2	0.8	
22	45							1.2	0.8	
23	35							1.2	0.8	
24	40							1.2	0.8	
25	35							1.2	0.8	
26										
27										
28	110	2.5						1.2	0.8	
29	41							1.2	0.8	
30	40							1.2	0.8	
31	40							1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month FEB 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gmac Kinzer C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent (RT)		Bacteriological MCL Violations
		~~lbs~~ Used 996	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	992	13.5	0.2					24	16	0
Average	35							1.2	0.8	
Maximum	56							1.2	0.8	
Minimum	28							1.2	0.8	
										REMARKS: Bact. Sample Pick U
1	28	2.5						1.2	0.8	
2										
3										
4	88							1.2	0.8	
5	32							1.2	0.8	
6	32							1.2	0.8	
7	40							1.2	0.8	
8	32	2.5						1.2	0.8	
9										
10										
11	100	1.0						1.2	0.8	
12	32							1.2	0.8	PULL 5 - A
13	36							1.2	0.8	
14	36							1.2	0.8	
15	28							1.2	0.8	
16										
17										
18	108	2.5						1.2	0.8	
19	28							1.2	0.8	
20	48	2.5						1.2	0.8	
21	44							1.2	0.8	
22	44							1.2	0.8	
23										
24										
25	112	2.5						1.2	0.8	
26	32							1.2	0.8	
27	56							1.2	0.8	
28	36							1.2	0.8	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D OAKFOREST FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month MARCH 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Lynch Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Used ~~Lbs~~ Gal	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1193	20	.2					23.6	14.6	0
Average	41							1.1	0.7	
Maximum	61							1.2	0.8	
Minimum	28							0.9	0.6	
										REMARKS: Bact. Sample Pick Up
1	40	2.5						1.2	0.7	
2										
3										
4	116							1.2	0.7	
5	32							1.2	0.7	PULLS - A
6	40	2.5						0.9	0.7	
7	44							1.2	0.8	
8	48							1.2	0.8	
9										
10										
11	108	2.5						1.2	0.7	
12	32							1.2	0.7	
13	52							1.2	0.8	
14	40							1.2	0.8	
15	28	2.5						1.2	0.7	
16								1.2	0.7	
17										
18	108									
19	36	2.5						1.2	0.7	
20	36							1.1	0.6	
21	40							1.2	0.8	
22	32	2.5						1.1	0.7	
23										
24										
25	148							1.0	0.6	
26	48	2.5						1.0	0.6	
27	61							1.0	0.6	
28	56							1.0	0.6	
29	48	2.5						1.0	0.6	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 60.91274 Name of Drinking Water System OAK FOREST

Location: City or S/D OAK FOREST - FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month APRIL 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Cmar Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	10% Chlorine Lbs. Used	10% Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1273	18	.2					23.4	14.4	0
Average	42							1.1	0.7	
Maximum	56							1.2	0.7	
Minimum	28							1.0	0.6	
										REMARKS: Bact. Sample Pick Up
1	124							1.0	0.7	
2	44							1.0	0.6	PULL 5 BACT'S
3	56	2.5						1.0	0.6	
4	52							1.0	0.6	
5	40	2.5						1.0	0.6	
6										
7										
8	112							1.0	0.7	
9	28	5.0						1.0	0.7	
10	48							1.2	0.7	
11	32							1.2	0.7	
12	32							1.2	0.7	
13										
14										
15	136							1.2	0.7	
16	44							1.1	0.6	
17	48	2.5						1.1	0.7	
18	40							1.1	0.7	
19	48							1.1	0.7	
20										
21										
22	112	2.5						1.1	0.7	
23	36							1.1	0.7	
24	32							1.0	0.6	
25	28							1.0	0.6	
26	32							1.0	0.6	
27										
28										
29	112	3.0						1.0	0.6	
30	36							1.0	0.6	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091274 Name of Drinking Water System OAK FOREST

Location City or S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month MAY 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used 9ac	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1397	15	0.2					25.3	14.1	0
Average	45	.5						1.1	0.6	
Maximum	64							1.2	0.7	
Minimum	28							0.9	0.5	
										REMARKS: Bact. Sample Pick Up
1	64							1.1	0.6	PULL 5 - A
2	44							1.1	0.6	
3	52							1.1	0.6	
4										
5										
6	176	2.5						1.0	0.5	
7	56							1.2	0.7	
8	48							1.2	0.7	
9	48	2.5						1.2	0.7	
10	48							1.2	0.7	
11										
12										
13	176							1.2	0.7	
14	56	2.5						1.2	0.7	
15	64							1.2	0.7	
16	52	2.5						1.1	0.6	
17	32							1.1	0.6	
18										
19										
20	112							1.0	0.6	
21	52							1.0	0.5	
22	40							0.9	0.5	
23	32							1.0	0.6	
24	29	2.5						1.0	0.6	
25										
26										
27	96							1.0	0.6	
28	40							1.1	0.6	
29	40	2.5						1.1	0.6	
30	32							1.1	0.6	
31	28							1.0	0.5	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JUNE 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John C MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Amt. Used 9#C	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1064	15	0.2					20.0	10.7	0
Average	38							1.0	0.5	
Maximum	68							1.0	0.6	
Minimum	20							1.0	0.5	
										REMARKS. Bact. Sample Pick Up
1										
2										
3	92							1.0	0.6	
4	32	2.5						1.0	0.5	PULL 5 - A
5	36							1.0	0.6	
6	28							1.0	0.5	
7	28							1.0	0.5	
8										
9										
10	92	2.5						1.0	0.6	
11	52							1.0	0.6	
12	44							1.0	0.5	
13	40	2.5						1.0	0.5	
14	44							1.0	0.6	
15										
16										
17	188	2.5						1.0	0.6	
18	60							1.0	0.6	
19	36							1.0	0.5	
20	32	2.5						1.0	0.5	
21	32							1.0	0.5	
22										
23										
24	104							1.0	0.5	
25	32	2.5						1.0	0.5	
26	36							1.0	0.5	
27	36							1.0	0.5	
28	20							1.0	0.5	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JULY 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Cmar Kenyon C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1074	22	.2					21.9	11.1	0
Average	35							1.0	0.5	
Maximum	48							1.0	0.6	
Minimum	28							0.9	0.4	
										REMARKS: Bact. Sample Pick Up
1	96	2.5						1.0	0.5	Pull C-A
2	33							1.0	0.5	
3	44							1.0	0.5	
4										
5	64							1.0	0.5	
6										
7										
8	104	5.0						0.9	0.4	
9	36							1.0	0.5	
10	40							1.0	0.5	
11	32							1.0	0.5	
12	24	2.0						1.0	0.5	
13										
14										
15	92							1.0	0.5	
16	28	2.5						1.0	0.5	
17	28							1.0	0.5	
18	32	2.5						1.0	0.5	
19	28							1.0	0.5	
20										
21										
22	104	2.5						1.0	0.6	
23	48							1.0	0.6	
24	24							1.0	0.5	
25	24	5.0						1.0	0.5	
26	32							1.0	0.5	
27										
28										
29	104							1.0	0.5	
30	28							1.0	0.5	
31	28							1.0	0.5	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month Aug 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Grace Kenyon C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used 992	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1140	37	0.4					22.0	11.0	0
Average	38							1.0	0.5	
Maximum	56							1.0	0.5	
Minimum	24							1.0	0.5	
										REMARKS: Bact. Sample Pick Up
1	28							1.0	0.5	
2	28	15.0						1.0	0.5	
3										
4										
5	108							1.0	0.5	
6	32							1.0	0.5	Pull 5 - A
7	36							1.0	0.5	
8	44	15.0						1.0	0.5	
9	24							1.0	0.5	
10										
11										
12	152							1.0	0.5	
13	48							1.0	0.5	
14	48							1.0	0.5	
15	52							1.0	0.5	
16	40							1.0	0.5	
17										
18										
19	140							1.0	0.5	
20	32							1.0	0.5	
21	40							1.0	0.5	
22	28	5.0						1.0	0.5	
23	32							1.0	0.5	
24										
25										
26	88							1.0	0.5	
27	40							1.0	0.5	
28	36							1.0	0.5	
29	40							1.0	0.5	
30	24	2.0						1.0	0.5	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month SEPT 19 91

Plant Effluent gpd 7.5 (Avg) No. of Services at End of Month 122

Design Flow .5 mgd Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Cox (Lead Operator's Signature) C-5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used gal	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1539	20	.2					21.0	12.6	0
Average	51							1.0	0.6	
Maximum	68							1.0	0.6	
Minimum	36							1.0	0.6	
										REMARKS: Bact. Sample Pick Up
1										
2	128							1.0	0.6	
3	68	5.0						1.0	0.6	PULL 5 - A
4	56							1.0	0.6	
5	60							1.0	0.6	
6	52							1.0	0.6	
7										
8										
9	152							1.0	0.6	
10	76	5.0						1.0	0.6	
11	68							1.0	0.6	
12	56							1.0	0.6	
13	60							1.0	0.6	
14										
15										
16	136							1.0	0.6	
17	48	5.0						1.0	0.6	
18	60							1.0	0.6	
19	48							1.0	0.6	
20	44							1.0	0.6	
21										
22										
23	156							1.0	0.6	
24	65	5.0						1.0	0.6	
25	65							1.0	0.6	
26	40							1.0	0.6	
27	36							1.0	0.6	
28										
29										
30	120							1.0	0.6	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D OAK FOREST FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month OCTOBER 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 181

Design Flow .5 MGD. Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John C Lynch Kenyon C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used 100#	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1240	21	0.3					22.3	11.4	0
Average	40							1.0	0.5	
Maximum	64							1.0	0.6	
Minimum	28							0.8	0.4	
										REMARKS: Bact. Sample Pick Up
1	24							1.0	0.5	PWS 5 - A
2	36							1.0	0.5	
3	28	5.0						1.0	0.5	
4	32							1.0	0.5	
5										
6										
7	100							1.0	0.5	
8	34	2.5						0.8	0.5	
9	28	2.5						0.8	0.5	
10	45							0.9	0.5	
11	36							1.0	0.5	
12										
13										
14	136	2.0						0.9	0.4	
15	40							1.0	0.5	
16	43							1.0	0.5	
17	30	2.5						1.0	0.5	
18	36	2.5						1.0	0.5	
19										
20										
21	144							1.0	0.5	
22	36							1.0	0.5	
23	64	5.0						1.0	0.5	
24	52							1.0	0.6	
25	37							1.0	0.5	
26										
27										
28	118							0.9	0.4	
29	44							1.0	0.5	
30	40	5.0						1.0	0.5	
31	44							1.0	0.5	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month NOVEMBER 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used ~~TAL~~	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1167	15	.2					24.5	11.5	0
Average	40							1.2	0.5	
Maximum	52							2.0	1.0	
Minimum	32							1.0	0.5	
										REMARKS: Bact. Sample Pick Up
1	44							1.0	0.5	
2										
3										
4	113							1.0	0.5	
5	36							1.0	0.5	Pull 5 - A
6	36							1.0	0.5	
7	36							1.0	0.5	
8	36	5.0						1.0	0.5	
9										
10										
11	104							1.0	0.5	
12	40							1.0	0.5	
13	44							1.0	0.5	
14	52	5.0						1.0	0.5	
15	44							2.0	1.0	
16										
17										
18	132							1.5	0.6	
19	46							1.5	0.6	
20	48							1.5	0.6	
21	32							1.5	0.6	
22	40							1.0	0.5	
23										
24										
25	124	5.0						1.0	0.5	
26	36							1.5	0.6	
27	40							1.0	0.5	
28	40							1.0	0.5	
29	44							1.0	0.5	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month Dec. 19 94

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used 9AL	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1272	20	0.2					28.4	13.5	0
Average	41							1.3	0.6	
Maximum	80							1.6	0.7	
Minimum	28							1.0	0.5	
										REMARKS: Bact. Sample Pick Up
1										
2	132	5.0						1.0	0.5	PAL 5 - A
3	30							1.5	0.7	
4	40							1.5	0.7	
5	36							1.5	0.7	
6	36							1.5	0.7	
7										
8										
9	120			—				1.2	0.6	
10	32							1.0	0.5	
11	26	5.0						1.2	0.6	
12	48							1.5	0.7	
13	28							1.5	0.7	
14										
15										
16	132							1.6	0.5	
17	28							1.5	0.7	
18	32							1.0	0.5	
19	36	5.0						1.0	0.5	
20	28							1.5	0.7	
21										
22										
23	132							1.2	0.6	
24	32							1.2	0.6	
25	26							1.2	0.6	
26	36							1.2	0.6	
27	36							1.2	0.6	
28										
29										
30	120	5.0						1.2	0.6	
★ 31	80							1.2	0.6	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks ★ ON THE 31ST FIXED A LEAK USED 50/100 9AL

TOTAL WATER TREATED REVISED

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6095274 Name of Drinking Water System OAK FOREST

Location: City or S/D OAK FOREST - PARK CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JAN 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD. Remarks (See reverse side) Phone No.: 1-800-432 4501

I certify this report is correct John E Grace, Vice Pres. (Lead Operator's Signature) C 5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1.409	22.5	0.1					448	20	0
Average	0.045	0.7						1.7	0.7	
Maximum	0.060	1.0						2.0	0.9	
Minimum	0.025	0.5						1.5	0.6	
										REMARKS: Bact. Sample Pi
1	0.080	1.0						1.5	0.9	
2	0.045							1.6	0.9	Null (5) C
3										
4	0.075	2.1						1.5	0.6	
5	0.045							1.5	0.7	
6	0.030	1.0						1.6	0.7	
7	0.025							1.9	0.7	
8	0.050							1.7	0.8	
9	0.035	1.5						1.7	0.7	
10	0.035	1.0						1.8	0.7	
11	0.045							2.0	0.6	
12	0.040	1.0						1.9	0.7	
13	0.030	1.0						1.8	0.8	
14	0.040							2.0	0.7	
15	0.050							1.8	0.8	
16										
17	0.095							1.5	0.7	
18	0.045	2.5						1.5	0.8	
19	0.050							1.5	0.8	
20										
21										
22	0.145	2.5						1.5	0.8	
23	0.055							1.5	0.8	
24	0.045	1.0						1.5	0.8	
25	0.035	1.5						1.5	0.9	
26	0.055							1.5	0.8	
27	0.060	2.5						1.9	0.7	
28	0.040							1.8	0.6	
29	0.055	1.0						1.6	0.7	
30	0.035							1.7	0.7	
31	0.055	1.5						1.6	0.7	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

BY Cmyl 1-1 TOTAL WATER TREATED REVISED
A-187D

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D OAK FOREST FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month FEB 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800 432 4501

I certify this report is correct John E MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	1.285	27.5	.2					21	10.2	0
Average	0.046	1.0						1.6	0.8	
Maximum	0.045							1.8	0.8	
Minimum	0.025							1.5	0.7	
										REMARKS: Bact. Sample Pick U
1										
2	0.110	2.5						1.5	0.8	
3										
4										
5	0.195	2.5						1.6	0.7	Pull (5) 21
6	0.030	2.5						1.0	0.7	
7	0.025							1.8	0.5	
8										
9	0.110	2.5						1.6	0.8	
10										
11										
12	0.090	2.5						1.5	0.8	
13										
14	0.080	2.5						1.5	0.8	
15										
16	0.105	2.5						1.6	0.8	
17										
18										
19	0.160	2.5						1.6	0.8	
20										
21	0.090	2.5						1.8	0.8	
22										
23	0.080	2.5						1.6	0.8	
24										
25										
26	0.120	2.5						1.6	0.8	
27										
28	0.090	2.5						1.5	0.8	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

By Cliff Hatfield
A-1870

TOTAL WATER TREATED REVISED

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Reporting Month MARCH 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John C Gnau Jr C 5380
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2.104	605	.2					20	10.3		0
Average	0.068	.2						1.4			
Maximum	0.111							1.5			
Minimum	0.055							1.3			
1											
2	0.084	.24						1.4	0.8		
3											
4											
5	0.175	.24						1.6	0.8		
6										5	41
7	0.120	3						1.5	0.7		
8	0.055							1.5	0.8		
9	0.070							1.5	0.8		
10											
11											
12	0.265	2.5						1.4	0.7		
13											
14	0.135	1.0						1.3	0.7		
15											
16	0.150	2.5						1.5	0.7		
17											
18											
19	0.185							1.5	0.7		
20											
21	0.115	2.5						1.4	0.6		
22											
23	0.170										
24								1.4	0.8		
25											
26	0.265	2.5						1.4	0.8		
27											
28	0.180							1.3	0.7		
29											
30	0.135	2.0						1.4	0.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or

DER Form 17-22.999(5)
Effective November 1, 1987

By City Water

TOTAL WATER TREATED

9½ A

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091274 Name of Drinking Water System OAK FOREST

Location: City of S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month APRIL 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Grace Kingsie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent (RT)		Bacteriological MCL Violations
		Lbs. Used Gas	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	2.126	48	.2					23.3	14	0
Average	0.070	1.6						1.2	0.7	
Maximum	0.080	2.0						1.7	0.8	
Minimum	0.055	1.4						1.1	0.6	
										REMARKS: Bact. Sample Pick
1										
2	0.140	2.5						1.3	0.7	
3										
4	0.095	2.5						1.1	0.6	5 ∠1
5	0.065							1.7	0.8	
6	0.070	2.5						1.5	0.8	
7										
8										
9	0.235	2.5						1.3	0.8	
10										
11	0.140	2.5						1.2	0.7	
12	0.055	2.5						1.1	0.6	
13	0.055	2.5						1.1	0.6	
14										
15										
16	0.235							1.1	0.7	
17	0.070	4.0						1.2	0.8	
18	0.080							1.2	0.8	
19	0.075							1.3	0.8	
20	0.070	2.5						1.2	0.7	
21										
22										
23	0.185	5.0						1.2	0.7	
24	0.080							1.2	0.8	
25	0.070	2.5						1.2	0.8	
26	0.100							1.2	0.8	
27	0.065	4.0						1.2	0.8	
28										
29										
30	0.210	2.5						1.1	0.7	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

JL V O
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ID/ UNIT TOTAL WATER TREATED REVISED
A-1870

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DHR ID No 609.1274 Name of Drinking Water System OAK FOREST

Location: City of S/D FLORAL CITY County

Owned by SOUTHERN STATES UTILITIES Month JUNE 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1,750	34.5	0.1					25.2	15.8	0
Average	0.058	1.2						1.2	0.8	
Maximum	0.085							1.4	0.8	
Minimum	0.040							1.1	0.7	
										REMARKS: Bact. Sample Pick Up
1		2.5						1.4	0.8	
2										
3										
4	0.135	2.0						1.3	0.7	
5	0.060							1.4	0.8	
6	0.065	2.0						1.4	0.8	PULL S C1
7	0.050							1.3	0.8	
8	0.040	2.0						1.2	0.7	
9										
10										
11	0.145	2.0						1.2	0.8	
12	0.060							1.2	0.8	
13	0.080	2.5						1.2	0.8	
14	0.080							1.2	0.8	
15	0.080	4.0						1.2	0.8	
16										
17										
18	0.240	4.0						1.2	0.8	
19	0.055							1.1	0.7	
20	0.070	2.0						1.1	0.7	
21	0.070	2.0						1.1	0.7	
22	0.070	2.5						1.2	0.8	
23										
24										
25	0.155	2.5						1.1	0.7	
26	0.085	2.0						1.1	0.7	
27	0.065							1.1	0.7	
28	0.065							1.1	0.7	
29	0.070	2.5						1.1	0.7	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

BY Cliff Hatfield TOTAL WATER TREATED REVISED
A-1870

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 609.12.74 Name of Drinking Water System OAK FOREST

Location: City of S/D OAK FOREST FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JULY 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gmac Kenagin C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	1,874	22.5	0.9					28.2	17.6	0
Average	0.060							1.3	0.8	
Maximum	0.100							1.4	0.8	
Minimum	0.040							1.2	0.9	
										REMARKS: Bact. Sample Pick Up
1										
2	0.210							1.2	0.8	
3	0.085	2.5						1.2	0.8	
4	0.065							1.2	0.8	
5	0.055							1.2	0.8	
6	0.065	3						1.2	0.8	
7										
8										
9	0.230	3						1.2	0.8	
10	0.100							1.2	0.8	
11	0.085							1.2	0.8	PULL 5 <1
12	0.055							1.2	0.8	
13	0.045	3						1.2	0.8	
14										
15										
16	0.125	2.5						1.6	0.0	
17	0.050							1.3	0.8	
18	0.040							1.3	0.8	
19	0.040							1.3	0.8	
20	0.045	2.5						1.3	0.8	
21										
22										
23	0.120	2.0						1.3	0.8	
24	0.050							1.3	0.8	
25	0.045							1.3	0.8	
26	0.055							1.3	0.8	
27	0.055	2.0						1.3	0.8	
28										
29										
30	0.165	2.0						1.3	0.8	
31	0.080							1.3	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month AUG. 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gmac Kenyon C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used GAL	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1816	23	0.2					29.4	19.2	0
Average	58.6							1.2	0.8	
Maximum	89							1.3	0.8	
Minimum	40							1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1	60							1.2	0.8	
2	60	2.0						1.2	0.8	
3	55							1.2	0.8	
4										
5										
6	208	2.0						1.2	0.8	
7	98	2.0						1.2	0.8	
8	70							1.2	0.8	
9	55							1.2	0.8	PULL S. L1
10	50	2.5						1.3	0.8	
11										
12										
13	150							1.3	0.8	
14	61	2.5						1.3	0.8	
15	50							1.2		
16	60							1.3	0.8	
17	50	2.5						1.3	0.8	
18										
19										
20	160							1.2	0.7	
21	55	2.5						1.2	0.8	
22	65							1.2	0.8	
23	60							1.2	0.8	
24	40	2.5								
25	89							1.2	0.8	
26										
27	95							1.2	0.8	
28	50	2.5						1.2	0.8	
29	55							1.2	0.8	
30	55							1.2	0.8	
31	45	2.0						1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month SEPT. 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Cmar Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l		Bacteriological MCL Violations
		~~lbs~~ Used 94L	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Plant Effluent	(RT)	
Monthly Total	1782	26.5	0.2					24.7	15.3	0
Average	59							1.2	0.7	
Maximum	94							1.6	0.8	
Minimum	40							0.9	0.6	
										REMARKS: Bact. Sample Pick Up
1										
2										
3	140							1.0	0.8	
4	65	5						1.2	0.8	
5	65							1.2	0.8	
6	65							1.2	0.8	PULL 5 & 1
7	71	2.5						1.3	0.8	
8										
9										
10	231	2.5						1.2	0.8	
11	60							1.2	0.7	
12	55	1.5						1.1	0.7	
13	40							1.2	0.7	
14	40	2.5						1.1	0.6	
15										
16	110							1.2	0.7	
17	51							1.2	0.7	
18	55							1.1	0.7	
19	71	2.5						0.9	0.6	
20	60							1.0	0.7	
21	74							1.2	0.7	
22										
23										
24	224	5.0						1.0	0.7	
25	70	2.5						1.6	0.8	
26	94							1.4	0.8	
27	74							1.2	0.7	
28	66	2.5						1.2	0.7	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091224 Name of Drinking Water System OAK FOREST

Location: City of S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month OCT 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gmac Kenzie (Lead Operator's Signature) C-5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. ~~Used~~ 946	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1670	23	.2					246	16.4	◯
Average	54							1.1	0.7	
Maximum	70							1.2	0.8	
Minimum	35							1.0	0.6	
										REMARKS: Bact. Sample Pick Up
1	135	2.5						1.2	0.8	
2	55							1.1	0.7	
3	55							1.2	0.8	
4	70							1.2	0.8	PULL S 4-1
5	60	2.5						1.1	0.7	
6										
7										
8	185	2.5						1.0	0.6	
9	65							1.0	0.6	
10	55							1.0	0.7	
11	40							1.0	0.7	
12	35	4.0						1.0	0.7	
13										
14										
15	110							1.0	0.7	
16	50	1.0						1.0	0.7	
17	50							1.1	0.7	
18	65	5.0						1.1	0.7	
19	60							1.1	0.8	
20										
21										
22	155	1.0						1.1	0.7	
23	40	2.5						1.1	0.7	
24	50							1.1	0.7	
25	25							1.0	0.7	
26	40	1.0						1.0	0.7	
27										
28										
29	140	1.0						1.0	0.7	
30	50							1.0	0.7	
31	70							1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6090274 Name of Drinking Water System OAK FOREST

Location: City of S/D FLORAL CITY County CITRUS

Owned by SOUTHERN STATES UTILITIES Month NOVEMBER 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John & Grace Kenyon C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	1600	26	2.0					39.5	17.5	0
Average	53							1.3	0.8	
Maximum	70							1.4	0.8	
Minimum	25							1.2	0.7	
										REMARKS: Bact. Sample Pick
1	60	2.5						1.2	0.8	
2	70							1.3	0.8	
3										
4										
5	175	2.5						1.2	0.7	
6	45							1.3	0.8	
7	60							1.3	0.8	
8	60							1.3	0.8	
9	55	4.0						1.2	0.8	PULL 5 BACT'S
10										
11										
12	125							1.3	0.8	
13	55							1.3	0.8	
14	50	4.0						1.3	0.8	
15	55							1.4	0.8	
16	50									
17										
18										
19	153	4.0						1.4	0.8	
20	55							1.4	0.8	
21	70							1.4	0.8	
22	55							1.4	0.8	
23	70	2.5						1.4	0.8	
24										
25										
26	150							1.4	0.8	
27	45	2.5						1.4	0.8	
28	45							1.4	0.8	
29	45							1.4	0.8	
30	25	4.0						1.4	0.8	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091274 Name of Drinking Water System OAK FOREST

Location: City or S/D FLORAL CITY County INVERNESS

Owned by SOUTHERN STATES UTILITIES Month DECEMBER 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 121

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Lynn Kenyon C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l		Bacteriological MCL Violations
		~~Lbs.~~ Used Cl2	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Plant Effluent	(RT)	
Monthly Total	1440	9	0.1					27.1	24.8	0
Average	46							1.3	0.9	
Maximum	60							1.3	0.9	
Minimum	35							1.2	0.8	
										REMARKS: Bact. Sample Pick U
1										
2										
3	125							1.2	0.8	
4	40	25						1.2	0.8	
5	45							1.3	0.9	PULL 5 & 1
6	40							1.3	0.8	
7	40							1.3	0.8	
8										
9										
10	190							1.3	0.8	
11	35							1.3	0.8	
12	45	25						1.3	0.9	
13	50							1.3	0.8	
14	35							1.3	0.8	
15										
16										
17	165							1.3	0.8	
18	40							1.3	0.8	
19	60							1.3	0.8	
20	45	25						1.3	0.8	
21	50							1.3	0.8	
22										
23										
24	150							1.3	0.8	
25	60							1.3	0.8	
26	55	15						1.3	0.8	
27	45							1.3	0.8	
28	45							1.3	0.8	
29										
30										
31	150							1.3	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

Oakwood - 1702

Brevard County (SSU)

Water

- 1992 FPSC Filing -

Reference: Oakwood / Brevard County
Monthly Operating Reports / Water

Please Note:

Water to serve the customers of **Oakwood** is purchased from Brevard County Utilities.

There are no monthly operating reports for this system.

Palisades Country Club - 579

Lake County (SSU)

Water

- 1992 FPSC Filing -

Reference: Palisades / Lake County
Monthly Operating Reports / Water

Please Note:

The **Palisades** water treatment plant was cleared for service by The State of Florida Department of Environmental Regulation in June, 1991.

There are no monthly operating reports previous to June, 1991.

Rel
Eng

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 Name of Drinking Water System Palisades #579

Location: City or S/D Minnisky County Lake

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month -0-

Design Flow 830GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct: Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	176.0	8	67.5					27.3	15.9	4	1
Average	5.7	.26	8.4					1.2	0.9		
Maximum	39.0	1.0	17.1					1.5	1.2		
Minimum	0	.13	3.1					1.0	0.10		
1	1.0	—	—					1.2	0.9		
2											
3	3.0	—	—					1.2	0.9		
4											
5	3.0	1.0	17.1					1.2	0.8		
6											
7											
8	4.0	—	—					1.5	—	2	1
9	3.0	1.0	17.1					1.0	—		
10											
11	2.0	—	—					1.5	—		
12											
13	0	—	—					1.0	0.4		
14											
15	1.0	—	—					1.5	—	1	0
16	3.0	—	—					1.0	0.7	1	0
17	4.0	—	—					1.0	0.8		
18	3.0	1.0	10.9					1.2	0.5		
19	1.0	—	—					1.0	0.6		
20											
21	0	—	—					1.0	0.60		
22	32.0	1.0	3.3					1.5	1.0		
23	39.0	1.0	3.1					1.2	1.2		
24	5.0	—	—					1.2	0.9		
25	16.0	1.0	5.7					1.2	1.0		
26	4.0	—	—					1.2	0.9		
27											
28	4.0	—	—					1.2	0.8		
29	17.0	—	—					1.5	1.0		
30	13.0	1.0	3.2					1.5	1.2		
31	17.0	1.0	7.1					1.2	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form :
Effective

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 Name of Drinking Water System Palisades #579

Location: City or S/D Palisades County Lake

Owned by SSU Services Reporting Month August 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 1

Design Flow 530gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	390.0	13.0	544					36.7	23.3	4	NONE
Average	13.0	0.45	4.5					1.4	0.9		
Maximum	36.0	2.0	5.6					1.5	1.2		
Minimum	0.5	0.25	3.9					1.0	0.6		
1	37.0	—	—					1.5	1.0		
2	2.0	—	—					1.2	0.7		
3											
4	1.0	1.0	3.0					1.0	0.8		
5	31.0	1.0	3.9					1.5	1.0		
6	9.0	—	—					1.5	1.2		
7	2.0	—	—					1.2	0.6		
8	24.0	—	—					1.5	1.2		
9	7.0	1.0	2.9					1.2	0.9		
10											
11	1.0	—	—					1.5	1.2		
12	9.0	—	—					1.5	1.0	4	-0-
13	11.0	1.0	5.7					1.5	1.0		
14	10.0	—	—					1.5	1.0		
15	29.0	1.0	3.1					1.2	0.7		
16	20.0	—	—					1.5	0.8		
17											
18	7.0	1.0	4.4					1.5	0.9		
19	8.0	—	—					1.2	0.8		
20	10.0	—	—					1.5	1.0		
21	11.0	1.0	4.1					1.5	1.0		
22	29.0	1.0	4.1					1.5	0.7		
23	30.0	2.0	5.0					1.5	1.2		
24											
25	5.0	—	—					1.2	0.7		
26	9.0	1.0	5.6					1.2	0.6		
27	21.0	—	—					1.5	1.0		
28	15.0	1.0	3.3					1.5	1.0		
29	30.0	1.0	3.3					1.5	1.2		
30	15.0	-	—					1.5	1.2		
31											

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This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 19

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354977 Name of Drinking Water System Palisades #579

Location: City or S/D Palisades, Minneola County Lake

Owned by SSU Services Reporting Month September 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 1

Design Flow 830 GPM Remarks (Use reverse side) Phone No.: (407) 880-0058

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	264.0	16.0	175.4					36.3	21.2	4	NONE
Average	8.5	0.53	6.7					1.4	1.0		
Maximum	32.0	4.0	15.0					1.9	1.8		
Minimum	2.0	1.0	2.4					1.2	0.7		
1	19.0	—	—					1.5	0.9		
2	6.0	—	—					1.2	0.8		
3	10.0	1.0	2.4					1.2	1.2		
4	11.0	—	—					1.5	1.2		
5	9.0	1.0	6.0					1.5	1.0		
6	8.0	—	—					1.5	1.0		
7											
8	3.0	1.0	10.9					1.2	0.9		
9	19.0	2.0	12.10					1.8	1.2		
10	5.0	—	—					1.8	1.5	4	-0-
11	11.0	1.0	7.3					1.2	1.0		
12	4.0	—	—					1.2	1.0		
13	4.0	1.0	15.0					1.5	1.0		
14											
15	3.0	—	—					1.2	0.7		
16	3.0	—	—					1.2	0.7		
17	15.0	1.0	5.7					1.8	1.5		
18	9.0	—	—					1.5	1.2		
19	2.0	—	—					1.6	1.0		
20	23.0	1.0	5.0					1.5	1.0		
21	0	—	—					1.2	0.9		
22											
23	4.0	—	—					1.5	0.7		
24	20.0	2.0	7.3					1.5	1.2		
25	2.0	—	—					1.2	0.9		
26	24.0	1.0	4.0					1.5	0.9		
27	3.0	—	—					1.2	0.9		
28	7.0	—	—					1.2	0.9		
29											
30	32.0	4.0	11.4					1.2	0.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354572 Name of Drinking Water System Palisades #2-79

Location: City or S/D Palisades County Lake

Owned by S.S.U. Services Reporting Month Oct. 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 1

Design Flow 930 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Susan Heath C-5525
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	571.0	25.0	94.5					37.0	24.4	3	NONE
Average	18.4	0.8	6.3					1.2	0.9		
Maximum	116.0	3.0	15.0					1.8	1.5		
Minimum	-0-	-0-	2.1					1.0	0.6		
1	1.0	—	—					1.2	.8		
2	7.0	1.0	15.0					1.8	1.0		
3	35.0	1.0	3.4					1.5	1.0		
4	27.0	1.0	4.4					1.8	1.0		
5											
6	2.0	—	—					1.5	.8		
7	29.0	2.0	7.7					1.5	1.6		
8	43.6	3.0	8.4					1.5	1.0		
9	3.0	—	—					1.5	.9	3	-0-
10	30.5	1.0	3.6					1.8	1.5		
11	1.0	—	—					1.5	1.0		
12	—	-0-	—					1.2	.5		
13											
14	48.0	1.0	2.4					1.2	.8		
15	116.0	2.0	2.1					1.2	.9		
16	14.0	1.0	8.6					1.2	.8		
17	28.0	1.0	4.3					1.2	.9		
18	14.0	—	—					1.2	.8		
19											
20	1.0	—	—					1.5	.6		
21	28.0	4.0	16.2					1.8	1.5		
22											
23	3.0	—	—					1.5	.9		
24	10.0	—	—					1.2	.8		
25	22.0	1.0	3.4					1.2	.9		
26	—	-0-	—					1.2	.8		
27											
28	38.0	2.0	2.3					1.4	.8		
29	4.0	—	—					1.5	.8		
30	32.0	2.0	1.3					1.4	.9		
31	40.0	4.6	6.0					1.2	1.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 Name of Drinking Water System Palisades #579

Location: City or S/D Palisades County Lake

Owned by SSU Services Reporting Month November 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 1

Design Flow 830gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	371.0	26	102.8					37.9	25.5	3	none
Average	12.4	0.9	4.2					1.5	1.1		
Maximum	48.0	2.5	16.7					1.9	1.5		
Minimum	-0-	0.2	3.6					1.0	0.5		
1	2.0	—	—					1.5	1.2		
2	-0-	—	—					1.2	.8		
3											
4	2.0	—	—					1.0	.6		
5	2.0	—	—					1.2	.5		
6	27.0	4.0	14.5					1.8	1.5	3	-0-
7	0	—	—					1.5	1.0		
8	36.0	5.0	16.7					1.8	1.2		
9											
10	3.0	—	—					1.2	.8		
11	28.0	1.0	3.9					1.8	1.5		
12	1.0	—	—					1.5	1.0		
13	4.0	—	—					1.2	1.0		
14	28.0	1.0	3.6					1.2	1.2		
15	26.0	1.0	4.6					1.8	1.5		
16	3.0	—	—					1.5	1.2		
17											
18	17.0	1.0	6.0					1.5	1.0		
19	26.0	2.0	9.2					1.8	1.5		
20	27.0	2.0	8.9					1.8	1.0		
21	19.0	2.0	12.6					1.8	1.2		
22	28.0	2.0	9.0					1.8	1.5		
23											
24	2.0	—	—					1.8	.8		
25	36.0	2.0	8.0					1.8	.9		
26	16.0	—	—					1.5	.8		
27	48.0	3.0	5.0					1.8	1.0		
28											
29	0	—	—					1.5	.8		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 Name of Drinking Water System Palisades #579

Location: City or S/D Palisades County Lake

Owned by SSU Services Reporting Month December 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1

Design Flow 850gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	478.0	22.5	83.9					37.8	28.4	4	none
Average	15.4	.73	3.2					1.5	1.1		
Maximum	46.0	1.5	8.10					1.8	1.5		
Minimum	0	.7	2.10					1.0	.10		
1	3.0	—	—					1.0	.8		
2	28.0	2.0	7.7					1.8	1.5		
3	0	—	—					1.5	1.2		
4	25.0	1.0	4.3					1.8	1.2		
5	1.0	—	—					1.2	1.0		
6	30.0	2.0	7.7					1.8	1.5		
7	0	—	—					1.5	1.2		
8											
9	33.0	2.0	7.3					1.8	1.5		
10	1.0	—	—					1.8	1.0		
11	14.0	1.0	8.0					1.8	1.2	4	-0-
12	2.0	—	—					1.5	1.0		
13	28.0	2.0	8.0					1.5	1.2		
14	0	—	—					1.2	1.0		
15											
16	54.0	3.0	6.7					1.8	1.2		
17	3.0	—	—					1.2	1.0		
18	46.0	2.0	4.9					1.8	1.5		
19	13.0	—	—					1.8	.9		
20	33.0	1.0	2.6					1.8	1.5		
21											
22	11.0	—	—					1.0	.7		
23	24.0	1.0	3.4					1.0	.8		
24	14.0	—	—					1.2	.9		
25											
26	15.0	1.0	4.0					1.0	.10		
27	45.0	2.0	5.3					1.5	1.2		
28											
29	10.0	—	—					1.0	.7		
30	35.0	2.0	5.3					1.5	1.2		
31	7.0	.5	8.10					1.0	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Palm Port - 440

Putnam County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Jan. 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 916

Design Flow 170000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	.lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	287	46	479					19.5	4.7		
Average	9	1.48	22					.9	.2		
Maximum	17	.3	30					1.6	.3		
Minimum	4	.5	5					.6	.2		
1	11	1	11					.9	.2		
2	11	1	11					.9	.2		
3	7	1	17					.9	.2		
4	9	2	25					1.0	.2		
5											
6											
7	42	7	20					1.4	.2		
8	8	1.5	21					.8	.2		
9	6	1	20					.7	.2	3	3
10	6	1.5	30					.7	.2		
11	5	1.5	38					1.0	.2		
12											
13											
14	32	4.5	17					1.6	.3		
15	11	3	33					1.0	.2		
16	5	1	25					.6	.2		
17	8	1.5	21					.6	.2		
18	9	1.5	19					.6	.2		
19											
20											
21	29	5	21					1.2	.3		
22	7	1.5	25					1.2	.3		
23											
24	34	1.5	5					.6	.2		
25	7	.5	8					.6	.2		
26											
27											
28	21	4.5	25					.6	.2		
29	7	.5	8					.8	.2		
30	4	1.5	50					1.0	.2		
31	8	2	29					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540645 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by GSU Services Reporting Month Feb. 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 816

Design Flow 170000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	228	40	476					17.1	4.0		
Average	8	1.43	26					1.0	.2		
Maximum	12	2.38	50					2.0	.4		
Minimum	3	.5	7					.5	.2		
1	6	1.5	30					1.6	.2		
2											
3											
4											
5	42	9.5	27					2.0	.4		
6	8	1	14					.8	.2		
7	3	1.5	50					.8	.2		
8	7	.2	33					.5	.2		
9											
10											
11	23	4.5	24					.6	.2		
12	5	.2	50					.6	.2		
13	3	1.5	50					.8	.2	3	0
14	6	1.5	30					.6	.2		
15	8	.2	29					.7	.2		
16											
17											
18	35	3	10					1.4	.4		
19	4	.5	17					.8	.2		
20	4	1	13					.8	.2		
21	10	1	13					.8	.2		
22	11	1.5	17					1.4	.2		
23											
24											
25	27	1.5	7					.8	.2		
26											
27	16	1.5	12					.8	.2		
28	3	2	50					1.2	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month March 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 88

Design Flow 170000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kurlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	128	33.5	855					16.6	5.2		
Average	4	1.10	37					.7	.2		
Maximum	7	2.5	100					1.4	.4		
Minimum	1	.5	9					.6	.2		
1	7	1.5	25					.8	.2		
2											
3	15	3	23					.8	.2		
4	1	1	100					.6	.2		
5	3	1	33					.8	.2		
6	3	.5	17					.6	.2	3	0
7	2	.5	25					.6	.2		
8	1	.5	50					.6	.2		
9											
10											
11	10	2	25					.6	.2		
12	2	1	50					.6	.2		
13	3	1	33					.6	.2		
14	4	1	33					.6	.2		
15	6	1	20					.8	.2		
16											
17											
18	13	1	9					.6	.2		
19	4	1	33					.6	.2		
20	2	1	50					.8	.2		
21	4	1	33					.6	.2		
22	3	.5	17					.8	.2		
23	3	.5	17					.2	.2		
24											
25	10	3	38					.6	.2		
26	4	1.5	50					.8	.2		
27	5	2.5	63					1.4	.4		
28	6	2	40					1.2	.4		
29											
30											
31	17	10	71					1.0	4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month April 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 816

Design Flow 170,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kubin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	133	51	898					16.3	4.6		
Average	4	1.7	50					.9	.3		
Maximum	13	3	100					1.4	.6		
Minimum	2	1	19					.6	.2		
1	3	3	100					1.0	.2		
2	7	1.5	29					.6	.2		
3	3	1	33					.8	.2	3	⊖
4											
5	3	2.5	30					2	2		
6											
7											
8	9	4	50					1.2	.4		
9											
10	10	3	38					1.0	.2		
11	3	3	100					.8	.2		
12	2	2	100					.5	.2		
13											
14											
15	11	9	100					1.0	.2		
16	4	2	67					.8	.2		
17											
18	9	3	38					.8	.2		
19	12	3	30					1.4	.6		
20											
21											
22	13	4	36					1.4	.6		
23	7	1	17					1.0	.2		
24	4	1	33					1.0	.2		
25	3	1	33					.8	.2		
26											
27											
28											
29	24	8	44					.6	.2		
30	4	1	33					.6	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5).
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540365 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month May 19 91.

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 86

Design Flow 170000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that this report is correct William K. Kellin C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	138	64	1372					18.6	5.4		
Average	4	2	62					.8	.2		
Maximum	9	2.5	150					1.4	.4		
Minimum	1	1.5	30					.4	.2		
1	4	2	67					.8	.4		
2	3	1.5	50					1.0	.4		
3	4	1.5	50					1.0	.4		
4											
5											
6	12	4	40					1.0	.4		
7	1	1.5	150					.6	.2		
8	6	1.5	30					.6	.2	3	0
9	4	2	67					.8	.2		
10	9	2.5	31					.8	.2		
11											
12											
13	16	6.5	50					.8	.2		
14	3	2	67					1.0	.2		
15	5	2	50					.8	.2		
16	2	2	100					.4	.2		
17	4	1.5	50					.6	.2		
18											
19											
20	12	5	50					1.0	.2		
21	4	2	67					.8	.2		
22	5	1.5	50					.6	.2		
23	2	1.5	100					.8	.2		
24	3	2.5	50					.8	.2		
25											
26											
27											
28	24	13	65					.9	.2		
29	5	3	75					1.4	.2		
30	7	3	50					1.1	.4		
31	3	2	67					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month June 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 88

Design Flow 120000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keelin C 5516
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	161	54	1254					13.9	4.0		
Average	5	1.80	63					.7	.2		
Maximum	10	3	150					1.2	.2		
Minimum	1	1	12					.5	.2		
1	4	1.5	50					.8	.2		
2											
3	12	5.5	55					.5	.2		
4	4	3	100					.6	.2		
5	3	2	67					.6	.2	3	1
6	3	1	67					1.0	.2		
7	5	1	25					.8	.2		
8											
9											
10	7	1	100					.6	.2		
11	1	1.5	150					.5	.2		
12	1	1	100					.5	.2		
13	5	2.5	63					1.2	.2		
14	3	2	67					.7	.2		
15											
16											
17	9	6	75					.8	.2	1	0
18										1	0
19	5	3	100					.8	.2		
20	4	3	100					.7	.2		
21											
22											
23											
24	40	4	12					.6	.2		
25	10	1	13					.6	.2		
26	10	1	13					.7	.2		
27	8	2	29					.5	.2		
28	8	3	43					.7	.2		
29											
30	19	4	25					.7	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. *Note: Fold* top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2511615 Name of Drinking Water System Salem Park

Location: City or S/D East Palatka County Putnam

Owned by Bell Enterprises Reporting Month July 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 88

Design Flow 170,000 Remarks (Use reverse side) Phone No.: 1-800-432-[illegible]

I certify that I am responsible for the data recorded on this report. William K. Kuhn C. 5226
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	319	45	348					13.3	4.0		
Average	10	1.5	17					.7	.2		
Maximum	15	3	33					1.2	.2		
Minimum	7	.5	6					.4	.2		
1	15	2	15					1.0	.2		
2	7	2	33					1.2	.2	3	2
3	11	3	33					.9	.2		
4											
5	24	3	15					6.0	.2		
6											
7											
8	32	4	15					1.0	.2		
9	10	1	13					.4	.2		
10	8	.5	7					.4	.2		
11	8	.5	7					.6	.2		
12	8	1	14					.5	.2		
13											
14											
15	28	3	13					.4	.2		
16	8	2	24					.6	.2		
17	11	1.5	17					.6	.2	4	0
18	14	1.5	13					.6	.2	1	1
19	8	1	14					.6	.2		
20											
21											
22	42	2	6					.6	.2		
23	7	1	17					.5	.2		
24	8	1	14					.5	.2		
25											
26	25	4	19					.5	.2		
27											
28											
29											
30	34	9	32					.8	.2		
31	11	2	22					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.200(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

2541065 Name of Drinking Water System Palm Port

City or S/D East Palatka County Putnam

Utility Utilities Reporting Month August 1991

Influent pH _____ (Avg) No. of Services at End of Month _____

Flow 170000 Remarks (Use reverse side) Phone No. 1-800-432-1501

Person William K. Kirkin (Lead Operator's Signature) Certif. Level (Lic.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Daily Total	272	63.5	475					12.8	3.4		
Minimum	9	2.05	28					.8	.2		
Maximum	11	3.5	50					1.0	.2		
	2	1	14					.6	.2		
	11	3	33					1.0	.2		
	8	2	29					.8	.2		
	22	3.5	16					.9	.2	1	e
	10	2	25					.6	.2	1	e
	9	3.5	44					.7	.2	1	1
	11	2	22					.6	.2		
	5	1	25					.6	.2		
	32	7	26					.8	.2		
	28	8	35					.8	.2		
	41	10	29					.8	.2		
	6	25	50					.8	.2	3	3
	18	4.5	30					.6	.2		
	10	2	25					.8	.2		
	30	4	16					.8	.2		
	8	1	14					.6	.2		
	7	1.5	25					.8	.2	3	e
	16	4	31					.8	.2		

Form must be completed in full and submitted to the appropriate DER or County Health Department office by the 10th day after the month of record. Note: Fold top flap down, fold this flap up over it, then staple.

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3541065 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by Sill Services Reporting Month Sept. 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 88

Design Flow 1/0000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

William K. Kuhn C. 5336

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	343	101.5	1048					15.5	4.2		
Maximum	8	3.38	55					.8	.2		
Minimum	14	7	100					1.6	.4		
Minimum	5	2	17					.4	.2		
1											
2											
3	34	8.5	43					.8	.2		
4	14	2	17					.8	.2		
5	7	3	50					1.4	.4	3	e
6	6	3	100					.6	.2		
7											
8											
9	19	9	56					.8	.2		
10	9	3	38					1.0	.2		
11	8	7	100					.8	.2		
12	8	2.5	36					.4	.2		
13	5	2	50					.6	.2		
14											
15											
16	35	10.5	36					1.6	.4		
17	5	4	100					.5	.2		
18	8	4	57					.4	.2		
19											
20	17	7	50					.6	.2		
21											
22											
23	26	7	32					.6	.2		
24	7	3	50					.6	.2		
25	5	5	71					.6	.2		
26	9	5	63					.4	.2		
27	6	35	70					1.2	.2		
28											
29											
30	32	12.5	169					1.8	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple.

DER Form 17-555.900(5), Effective Dec. 31, 1990

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System: Palm Port

Location: City or S/D East Palatka County: Putnam

Owned by SSU Services Reporting Month: Oct. 1991

Plant Effluent pH 7.7 (Avg) No. of Services at End of Month 90

Design Flow 170000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct: Gary D Stahl C-663
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l: Plant Effluent	Residual Chlorine mg/l: Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	284	95.5	1009					20.3	7.2		
Average	9	3.08	46					.9	.3		
Maximum	13	6	75					2.0	1.0		
Minimum	4	2	25					.4	.2		
1	11	2.5	28					1.0	.2		
2	8	4	57					.4	.2		
3	8	3	43					.6	.2		
4	5	3	75					.4	.2		
5											
6											
7	27	7.5	33					.6	.2		
8	10	4.5	56					.8	.2		
9	5	3	75					.8	.2	3	⊖
10	7	3	50					1.0	.4		
11	9	3.5	44					.4	.2		
12											
13											
14	36	9	30					1.0	.2		
15	9	3.5	44					1.0	.2		
16	7	3	50					.6	.2		
17	7	3	50					.4	.2		
18	12	3	30					2.0	.6		
19											
20											
21	31	11	42					2.0	1.0		
22											
23	20	7	41					.6	.2		
24	7	2	33					.4	.2		
25	9	2	25					2.0	1.0		
26											
27											
28	29	6	25					.4	.2		
29	13	4	36					1.4	.4		
30	4	2	67					.6	.4		
31	10	6	75					1.9	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DW Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU SERVICES Reporting Month November 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 90

Average Flow 170000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct [signature] C-6913
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	286	98	733					36.3	9.4		
Average	9	3.3	41					2.0	.5		
Maximum	13	5	64					2.2	.9		
Minimum	7	1.5	21					.5	.2		
1	8	2	29					1.4	.8		
2											
3											
4	29	11	46					1.6	.8		
5											
6	13	7.5	50					1.6	.8	3	⊖
7	8	4.5	64					1.6	.9		
8	7	1.5	25					1.0	.4		
9											
10											
11	26	11.5	52					2.0	.8		
12	12	4	40					1.4	.8		
13	8	1.5	21					2.0	.8		
14											
15	14	4.5	28					.5	.2		
16											
17											
18	32	8	30					.5	.2		
19											
20	16	5	38					.8	.2		
21	7	2	33					.9	.2		
22	9	4.5	56					.5	.2		
23											
24											
25	30	10	40					1.4	.4		
26	8	4	57					2.0	.4		
27	11	5	56					2.2	.6		
28											
29	20	6	35					.8	.4		
30	18	5	33					1.5	.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-1.208(5)
Effective: November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Operated by SSU Services Reporting Month Dec. 1991

Average Effluent pH 7.6 (Avg) No. of Services at End of Month 90

Total Flow 170,020 Remarks (Use reverse side) Phone No. 904-649-4143

I certify this report is correct [signature] C-7251

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Pounds of Chlorine	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological M.C. Violations
Monthly Total											
Average											
Maximum											
Minimum											
1	327	97	341					2.8	1.3		
2	11	3.1	40					.5	.7		
3	35	11	75					3.5	2.0		
4	5	2	22					.4	.2		
5	8	3	43					2.0	.6		
6	11	2	22					2.0	.7		
7	9	3	38					1.0	.2		
8	9	3	38					1.0	.2	3	I
9											
10	13	4	53					1.5	.6		
11	35	11	38					2.0	1.0		
12											
13	15	4	46					1.0	.6	3	0
14	4	3	38					1.2	.6		
15	8	4	57					3.5	2.0		
16	8	3	43					.5	1.0		
17	5	3	75					.4	.2		
18											
19											
20	27	5	22					.8	.2		
21	9	3	38					1.2	.5		
22	6	2	40					1.0	.2		
23	10	4	56					1.8	.3		
24	3	3	43					1.7	.3		
25											
26											
27	34	8	24					.8	1.8		
28	11	4	44					.8	2.0		
29											
30	29	12	25					1.9	1.0		
31											
Monthly Total											
Average											
Maximum											
Minimum											
1	47	10	26					1.0	.8		
2	11	3	33					.7	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-1.208(5)

December 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 5 4 0 8 6 5 Name of Drinking Water System PALM PORT

Location: City or S/D EAST PALATKA County PUTNAM

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 85

Design Flow 170000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	316	67	406					25.9	4.2		
Average	13	2.16	19					1.2	.2		
Maximum	16	3.5	32					1.6	.2		
Minimum	8	.5	6					.7	.2		
1											
2	30	5.5	22					1.4	.2		
3	14	2.5	21					1.0	.2		
4	11	3	22					1.2	.2	3	←
5	13	2.5	23					1.2	.2		
6											
7											
8	32	5.25	19					1.0	.2		
9	11	1.75	19					1.4	.2		
10	14	2.5	21					1.4	.2		
11	9	3	25					1.4	.2		
12	11	1.5	17					1.3	.2		
13											
14											
15	41	6.5	18					1.4	.2		
16	13	3.5	32					1.6	.2		
17	13	2	18					.8	.2		
18	14	1.5	13					1.0	.2		
19	9	.5	6					.7	.2		
20											
21											
22	46	10	26					1.4	.2		
23	8	1	14					1.4	.2		
24											
25	26	3	14					1.0	.2		
26	16	2	15					1.2	.2		
27											
28											
29	41	8	24					1.3	.2		
30	12	2	20					1.4	.2		
31	9	1.5	17					1.4	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by Southern States Utilities, Inc. Reporting Month Feb. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 81

Design Flow 170000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	345	68	532					25.2	4.7		
Average	12	2.4	24					1.1	.2		
Maximum	17	4	30					1.5	.3		
Minimum	7	1.5	17					.8	.2		
1	12	3	30					.8	.2		
2	11	2.5	28					1.0	.2		
3											
4											
5	37	5.5	18					1.4	.2		
6	11	2	22					1.0	.2		
7	12	2.5	25					1.2	.2	3	1-WELL
8	15	2.5	19					1.0	.2		
9	14	3	25					1.2	.2		
10	11	2	22					1.2	.2		
11	12	2.5	25					1.2	.2		
12											
13	34	6	21					1.3	.2		
14	9	2	25					1.5	.3		
15	12	3	30					1.4	.3		
16	17	4	29					1.4	.3		
17	14	2	17					1.2	.2		
18											
19	26	6	27					1.2	.2		
20	10	2	25					1.0	.2		
21	11	2	22					1.0	.2	1	0
22	12	2.5	25					1.0	.2		
23	10	2	25					1.0	.2		
24											
25											
26	37	7.5	25					1.2	.2		
27	7	1.5	25					1.0	.2		
28	11	2	22					1.0	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.999(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 81

Design Flow 170,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	379	39.5	263.6 ↓ 263.6					41.0	6.8		
Average	12	1.27	12					1.9	.3		
Maximum	13	2	18.1					3.0	1.2		
Minimum	9	.5						1.2	.2		
1	9	1	12.5					1.2	.2	3	⊖
2	15	2	16.7					3.0	1.2		
3											
4											
5	46	10.5	27.6					1.6	.2		
6	11	.5	5.6					2.0	.2		
7	12	1	10					2.1	.3		
8	12	1.5	15					2.0	.3		
9	9	1	12.5					2.0	.3		
10											
11											
12	32	3.5	13					1.8	.2		
13	12	1	10					1.6	.3		
14	13	2	18.1					2.5	.8		
15	12	1.5	15					2.0	.4		
16	13	1.5	13.6					2.0	.4		
17											
18											
19	46	2.5	6.6					1.6	.2		
20	10	1	12.5					1.6	.2		
21	13	1	9.1					1.6	.2		
22	10	.5	6.3					1.5	.2		
23	12	2	20					1.6	.2		
24	12	1	10					1.5	.2		
25											
26	29	1	42					1.4	.2		
27	12	1	10					1.5	.2		
28											
29	20	1	5.9					1.5	.2		
30											
31	19	1.5	9.4					1.4	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 81

Design Flow 170,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5726
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	352	25.5	147					24.6	5.8		
Average	12	.85	9					1.4	.3		
Maximum	16	1.5	14					2.0	.4		
Minimum	7	.5	5					1.0	.2		
1	13	.5	5					1.4	.3		
2	7	.5	8					1.0	.2		
3	12	.5	5					1.2	.2		
4	11	.5	5					1.3	.2		
5	12	.5	5					1.5	.2		
6											
7											
8	35	2.5	9					1.4	.3		
9											
10	25	1.5	7					1.4	.3		
11								1.4	.3	3	1-Well
12	21	1.5	8					2.0	.4		
13	13	1.5	14					1.6	.4		
14											
15											
16											
17	64	3.5	7					1.4	.3		
18	11	.5	6					1.2	.2		
19	12	1	10					1.3	.2		
20	10	1	13					1.4	.3		
21											
22											
23											
24	46	3	8					1.4	.2		
25	8	1	14					1.4	.2		
26											
27	25	2	10					1.2	.3		
28											
29											
30	27	3	13					1.2	.3		
31											

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DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by Southern States Utilities Reporting Month May 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 86

Design Flow 170,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	468	38	250					21.7	6.0		
Average	15	1.23	11					.9	.3		
Maximum	38	10	38					2.5	1.0		
Minimum	5	.5	2					.6	.2		
1	38	.5	2					1.0	.3		
2	11	.5	6					1.2	.2		
3	5	1	25					1.0	.2		
4											
5											
6											
7	47	3	8					1.2	.2		
8	9	1	13					1.0	.2		
9	13	2	18					1.0	.2	3	0
10	12	2	20					1.5	.4		
11	9	3	38					1.6	.4		
12	33	10	36					2.5	1.0		
13											
14	48	5	13					1.0	.2		
15	15	.5	4					1.0	.2		
16	15	.5	4					.8	.2		
17	14	.5	4					.6	.2		
18	11	.5	6					.6	.2		
19											
20											
21	45	1	3					.6	.2		
22	11	.5	6					.6	.2		
23	11	1	11					.7	.2		
24	8	.5	7					.8	.2		
25	15	.5	4					.6	.2		
26											
27											
28	36	1	3					.6	.2		
29	12	.5	5					.8	.2		
30	19	1	6					.8	.2		
31	29	2	8					1.2	.3		

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[illegible] Form 17-22.909(5)

[illegible] September 1, 1987 Page 1 of 3

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month June 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 301

Design Flow 170,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MPN Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	411	29	175					19.6	4.5		
Average	14	1.4	8.3					.9	.2		
Maximum	29	4	17					1.4	.4		
Minimum	7	.5	4					.4	.2		
1	10	.5	6					.8	.2		
2											
3											
4	34	3.5	13					.8	.2		
5	13	.5	5					.8	.2		
6	11	.5	6					1.0	.2	3	e
7	14	1	8					1.2	.2		
8	10	1	13					1.2	.2		
9											
10											
11	44	3	8					1.0	.2		
12	23	1.5	8					1.0	.2		
13											
14	22	3	17					1.2	.2		
15	9	1	13					1.0	.2		
16											
17											
18	41	2.5	7					.8	.2		
19	20	1	6					1.4	.4		
20	17	1	7					.8	.2		
21											
22	24	1	4					.6	.2		
23											
24	30	1	4					.7	.2		
25	7	.5	8					.7	.2		
26	10	.5	6					1.4	.3		
27	13	1	9					.8	.2		
28	12	.5	5					.4	.2		
29	13	.5	5					1.0	.2		
30	29	4	17					1.0	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month July 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 86

Design Flow 170,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5326
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	471	55	295					21.1	5.7		
Average	15	1.77	14					1.0	.3		
Maximum	36	4.5	36					3.5	1.0		
Minimum	8	.5	4					.4	.2		
1	10	1	13					.4	.2		
2	13	4	36					.5	.2		
3	13	1	9					.8	.2		
4											
5	24	3	15					2.1	.3	3	0
6	13	1.5	14					1.2	.3		
7											
8											
9	48	5.5	14					1.1	.2		
10	10	1.5	19					.8	.2		
11	11	1.5	17					.8	.2		
12	13	1.5	14					.8	.2		
13	13	1.5	14					.8	.2		
14											
15											
16	40	9	27					.8	.2		
17	14	1.5	13					1.5	.4		
18	36	4.5	15					3.5	1.0		
19	8	1	14					1.0	.3		
20	10	.5	6					.4	.2		
21											
22											
23	49	4	10					.4	.2		
24	14	.5	4					.6	.2		
25	12	1	10					.4	.2		
26											
27	64	6	11					2.0	.4		
28											
29											
30	41	4	12					.4	.2		
31	15	1	8					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

'WS ID No. 2542865 Name of Drinking Water System Palm Port

ocation: City or S/D East Palatka County Putnam

)wned by SSU Services Reporting Month Aug 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 86

Design Flow 170000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap	
Monthly Total	396	27	191					16.1	4.0	
Average	13	.87	10					.8	.2	
Maximum	17	2.25	28							
Minimum	7	.5	3							
1	12	.5	5					.9	.2	
2	15	1.5	12					.8	.2	
3	11	1	11					.8	.2	
4										
5										
6	37	1	3					.8	.2	
7	15	2	15					1.2	.3	
8	11	.5	6					1.0	.3	
9									3	ø
10	24	5.5	28					1.2	.2	
11										
12										
13	44	3	8					1.0	.2	
14										
15	23	1	5					1.0	.3	
16	18	1	7					1.0	.3	
17	11	.5	6					.9	.2	
18										
19										
20	41	1.5	4					.6	.2	
21	17	.5	4					.6	.2	
22	7	1.5	25					.8	.2	
23										
24										
25										
26										
27	59	3	4					.6	.2	
28	15	3	15					.4	.2	
29	10	1	13					.4	.2	
30	13	1	10					1.9	.2	
31	12	1	10					.9	.2	

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Sept. 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 816

Design Flow 170000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keelin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine mg/l: Plant Effluent	Residual Chlorine mg/l: Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	447	52	327					15.5	3.5		
Average	15	1.73	14					1.0	.2		
Maximum	38	3	27					1.6	.4		
Minimum	9	1	4					.6	.2		
1											
2											
3											
4	60	6	13					1.0	.2	3	0
5	10	1	13					.8	.2		
6	15	1	8					1.0	.2		
7											
8											
9											
10	47	6	15					.8	.2		
11	13	3	27					.8	.2		
12	9	1	13					.8	.2		
13											
14	26	3	14					.8	.2		
15											
16											
17	43	4	11					.8	.2		
18											
19	21	5	28					.6	.2		
20	11	1	11					.8	.2		
21	16	2	15					.8	.2		
22											
23											
24	32	8	19					1.6	.3		
25	20	2	12					1.2	.2		
26											
27	40	4	13					1.6	.4		
28	28	1	4					1.2	.2		
29											
30	36	4	13					.9	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Oct. 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 86

Design Flow 170,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	429	54	3/1					21.7	4.8		
Average	14	1.74	16					.9	.2		
Maximum	26	3	25					2.0	.4		
Minimum	8	1	9					.7	.2		
1	26	3	9					1.2	.2		
2	16	3	23					1.0	.2		
3	9	1.5	9					1.0	.2	3	⊖
4	18	1.5	10					.9	.2		
5	18	1.5	10					1.0	.2		
6											
7											
8	48	4.5	11					1.0	.2		
9	14	1.5	13					1.0	.2		
10	15	2.5	19					.8	.2		
11	14	2	17					.8	.2		
12	14	1.5	13					.8	.2		
13											
14											
15	32	3.5	13					.8	.2		
16	15	2	15					.8	.2		
17	8	1.5	21					.7	.2		
18	9	1.5	19					.7	.2		
19	11	2	22					.8	.2		
20											
21											
22	38	6	19					.8	.2		
23	14	3	25					2.0	.4		
24	11	1	11					.9	.2		
25	10	1.5	19					.8	.2		
26	12	1.5	15					.8	.2		
27											
28											
29	44	6	16					1.3	.2		
30	11	2	22					.9	.2		
31	12	1	10					.9	.2		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. c2540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Nov. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 816

Design Flow 170000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	394	42	293					15.9	4.3		
Average	13	1.4	15					.8	.2		
Maximum	31	3	38					1.6	.4		
Minimum	8	.5	6					.6	.2		
1	12	1	10					.8	.2		
2	13	1.5	14					.6	.2		
3											
4											
5											
6	73	8.5	14					.8	.2		
7	9	.5	6					.6	.2	3	⊖
8	8	1	14					.6	.2		
9	31	1.5	6					1.6	.4		
10											
11											
12	29	2	8					.6	.2		
13	8	1	14					.8	.2		
14	14	1	8					.6	.2		
15	11	1.5	33					.8	.2		
16	9	3	38					.8	.2		
17											
18											
19	36	3.5	12					.8	.2		
20	12	2	20					.8	.2		
21	14	2	17					1.0	.3	1	
22											
23	30	3	12					.8	.2		
24											
25											
26	42	4	11					.8	.2		
27	12	1.5	15					.8	.2		
28	11	1.5	17					.7	.2		
29	11	1	11					.8	.2		
30	9	1	13					.8	.2		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3540865 Name of Drinking Water System Palm Port

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Dec. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 816

Design Flow 170000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	330	57	413					21.4	4.0		
Average	11	1.84	21					1.1	.2		
Maximum	14	3	43					1.6	.2		
Minimum	8	1	10					.7	.2		
1	8	2	29					1.2	.2		
2											
3	24	4	30					1.0	.2		
4											
5	16	2	13					1.0	.2	3	0
6	12	2	20					1.1	.2		
7	13	2	16					1.3	.2		
8											
9											
10	28	5	23					1.0	.2		
11	13	1.5	14					.9	.2		
12	10	1.5	15					1.6	.2		
13	13	2	20					1.0	.2		
14	10	2	20					1.6	.2		
15											
16											
17	32	5	19					.9	.2		
18	11	1	10					1.0	.2		
19	8	1	43					.8	.2		
20	11	2	30					1.2	.2		
21	9	2	25					.8	.2		
22											
23											
24	33	5	20					.7	.2		
25											
26	24	4	18					1.6	.2		
27	14	1	20					.8	.2		
28	14	2	17					.9	.2		
29											
30											
31	32	8	30					1.0	.2		

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DEP Form 17-1.208(5)
Effective November 30, 1982

Palm Terrace - 1429

Pasco County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

AS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY, FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month JANUARY 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	N/A	N/A							96.4		
Average									1.2		
Maximum									1.3		
Minimum									1.0		
1									1.1		
2									1.1	2	NONE
3									1.2		
4									1.2		
5									1.2		
6									1.2		
7									1.1		
8									1.2		
9									1.2		
10									1.0		
11									1.3		
12									1.2		
13									1.2		
14									1.3		
15									1.1		
16									1.2		
17									1.2		
18									1.1		
19									1.2		
20									1.1		
21									1.3		
22									1.2		
23									1.2		
24									1.2		
25									1.3		
26									1.1		
27									1.2		
28									1.1		
29									1.3		
30									1.1		
31									1.2		

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DER Form [illegible]
Effective [illegible], 1987

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 0 Name of Drinking Water System C L SMITH

Location: City or S/D PREMIER DR PORT RICHEY County PASCO

Owned by S.S.U. SERVICES Reporting Month JANUARY 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 252

Design Flow 225 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Tony Romary C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2,270	54						36.8	27.0		
Average	73	1.7						1.2	0.9		
Maximum	116	2						1.5	1.1		
Minimum	43	1						1.1	0.6		
1	107	2						1.2	0.9		
2	77	2						1.5	0.9	4	NONE
3	50	2						1.3	0.9		
4	97	2						1.3	0.9		
5	106	2						1.3	0.8		
6	69	2						1.2	0.9		
7	87	2						1.1	0.8		
8	123	2						1.3	1.0		
9	67	2						1.2	1.1		
10	64	2						1.1	0.8		
11	62	2						1.1	0.6		
12	89	2						1.2	0.8		
13	56	2						1.1	0.8		
14	84	2						1.1	0.8		
15	76	2						1.3	1.1		
16	56	2						1.2	1.0		
17	52	1						1.1	1.0		
18	72	2						1.1	0.8		
19	90	2						1.1	0.9		
20	59	2						1.1	0.9		
21	73	1						1.2	0.9		
22	90	1						1.1	0.8		
23	67	2						1.1	0.8		
24	45	1						1.2	0.8		
25	63	1						1.1	0.8		
26	93	2						1.2	0.8		
27	55	1						1.2	0.8		
28	66	2						1.1	0.8		
29	72	2						1.2	0.7		
30	50	1						1.3	1.1		
31	43	1						1.2	1.0		

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DER Form [illegible] (09/87)
DER [illegible] Rule [illegible], F.A.C. (Oct 1, 1987)

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY, FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month FEBRUARY 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	N/A	N/A							30.7		
Average									1.1		
Maximum									1.2		
Minimum									1.0		
1									1.1		
2									1.1		
3									1.0		
4									1.1	2	NONE
5									1.2		
6									1.2		
7									1.0		
8									1.1		
9									1.2		
10									1.2		
11									1.0		
12									1.2		
13									1.1		
14									1.1		
15									1.2		
16									1.2		
17									1.2		
18									1.0		
19									1.1		
20									1.1		
21									1.1		
22									1.0		
23									1.0		
24									1.0		
25									1.0		
26									1.1		
27									1.0		
28									1.1		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form [illegible]
Effective [illegible], 1987

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 6.5.1.1.3.3.0 Name of Drinking Water System C.I. SMITH

Location: City or S/D PREMIER DR. PORT RICHEY County PASCO

Owned by S.S.U. SERVICES Reporting Month FEBRUARY 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 282

Design Flow 225 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2,086	34						27.5	20.3		
Average	80	1.3						1.1	0.8		
Maximum	125	2						1.2	1.0		
Minimum	38	1						1.0	0.6		
1	65	2						1.2	1.0		
2	74	2						1.1	1.0		
3	65	1						1.1	1.0		
4	94	1						1.1	0.9	4	NONE
5	94	1						1.1	0.8		
6	75	1						1.0	0.6		
7	38	1						1.0	0.6		
8	74	1						1.0	0.8		
9	91	2						1.1	0.7		
10	80	1						1.0	0.7		
11	91	1						1.0	0.6		
12	115	1						1.0	0.7		
13	71	1						1.0	0.7		
14	45	1						1.0	0.6		
15	78	2						1.1	0.6		
16	0	0							0.6		
17	0	0							0.7		
18	73	1						1.0	0.6		
19	125	1						1.0	0.6		
20	91	1						1.0	0.7		
21	68	1						1.1	0.8		
22	75	2						1.0	0.8		
23	90	2						1.2	0.7		
24	96	2						1.0	0.6		
25	70	1						1.0	0.7		
26	111	2						1.1	0.7		
27	68	1						1.2	0.8		
28	39	1						1.1	0.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form [illegible] 17-555.900(3)
Effective [illegible], 1987
ON PORT RICHEY WATER 2-16,17 1991

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY, FL. County PASCO

Owned by SSU SERVICES Reporting Month MARCH 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-813-932-4501

I certify this report is correct Terry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total									27.9		
Average									1.0		
Maximum									1.2		
Minimum									0.9		
1									1.0		
2									1.1		
3									1.0	2	NONE
4									1.1		
5									1.0		
6									1.1		
7									1.0		
8									1.0		
9									1.1		
10											
11									1.0		
12									1.2		
13									0.9		
14									0.9		
15									1.1		
16									1.1		
17											
18									1.0		
19									1.0		
20									0.9		
21									1.0		
22									1.1		
23									1.0		
24											
25									1.2		
26									1.0		
27									1.0		
28									1.1		
29									0.9		
30									1.1		
31											

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DER Form [illegible]
Effective [illegible], 1987

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 0 Name of Drinking Water System C.J. SMITH

Location: City or S/D PREMIER DR. PORT RICHEY County PASCO

Owned by SSU SERVICES Reporting Month MARCH 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 282

Design Flow 225 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2,299	40						28.1	20.1		
Average	74	1.3						1.2	0.7		
Maximum	164	2						1.4	0.9		
Minimum	39	1						1.0	0.6		
1	91	2						1.1	0.8		
2	118	2						1.0	0.6		
3	53	2						1.0	0.7		
4	67	2						1.1	0.7	4	NONE
5	112	2						1.1	0.6		
6	69	1						1.2	0.9		
7	51	1						1.0	0.7		
8	71	2						1.0	0.7		
9	70	1						1.1	0.6		
10	70	2									
11	81	1						1.1	0.6		
12	109	1						1.4	0.8		
13	57	1						1.3	0.9		
14	46	1						1.2	0.8		
15	50	1						1.2	0.7		
16	46	1						1.2	0.7		
17	50	1									
18	164	1						1.1	0.7		
19	39	1						1.2	0.8		
20	0	0							0.7		
21	0	0							0.8		
22	66	1							0.6		
23	106	2						1.1	0.6		
24	106	2									
25	39	1						1.4	0.9		
26	113	2						1.3	0.9		
27	85	2						1.3	0.9		
28	46	1						1.3	0.8		
29	99	1						1.2	0.8		
30	73	1						1.2	0.9		
31	73	1									

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tap flap down, fold this flap up over it, then staple or tape.

DER [illegible] (3)

F[illegible] [illegible] 1, 1987

ON PORT RICHEY WATER 3-14-91 UNTIL 3-22-91 AT 2:00PM

WS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System Palm Terrace Garden

Location: (City or S/D) RANCH RD. PORT RICHEY, FL. County: PASCO

Owned by: S.S.U. SERVICES Reporting Month APRIL 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Tony Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total									24.9		
Average									1.0		
Maximum									1.1		
Minimum									0.7		
1									1.0		
2									1.1	2	NONE
3									0.9		
4									0.8		
5									0.9		
6									1.0		
7											
8									1.0		
9									1.1		
10									0.9		
11									1.0		
12									0.9		
13									1.1		
14											
15									0.9		
16									1.0		
17									1.0		
18									1.1		
19									0.9		
20									0.9		
21											
22									1.0		
23									0.8		
24									1.0		
25									0.9		
26									1.0		
27									0.8		
28											
29									1.0		
30									0.9		
31											

This report must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap on over it, then staple or tape.

DER Form [illegible]

Effective [illegible], 1987 Page 1 of 2

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

No. 4 5 1 1 3 2 5 0 Name of Drinking Water System C.W. SMITH

Address of Plant 570 FREMICK DR. EAST RICHEY, FL. County PASCO

Operated by S.S.U.A. SERVICES Reporting Month APRIL 1991

Finished pH 7.3 (Avg) No. of Services at End of Month 282

Flow 225 ypm Remarks (Use reverse side) Phone No.: 1-800-282-4501

I certify this report is correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
2403	42						2.1	1.4		
90	46						1.0	0.7		
122	2						1.2	0.9		
92	1						0.9	0.6		
77	1						1.1	0.9		
122	2						1.2	0.8	1	NONE
74	1						1.2	0.8		
48	1						1.0	0.8		
42	1						1.0	0.8		
85	1						0.9	0.6		
85	2									
51	2						1.0	0.6		
110	1						1.0	0.7		
60	1						1.1	0.1		
47	1						1.1	0.8		
92	2						1.1	0.9		
100	2						1.0	0.7		
100	2									
93	1						1.0	0.6		
122	2						1.0	0.7		
52	2						1.0	0.8		
48	1						1.2	0.8		
56	1						1.0	0.1		
81	2						0.9	0.6		
81	2									
95	2						1.5	0.7		
81	2						1.6	0.6		
51	2						1.1	0.7		
43	1						1.1	0.9		
113	2						1.0	0.7		
84	2						1.5	0.7		
84	2									
77	2						1.5	0.7		
119	2						1.1	0.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down, fold this flap on over it, then staple [illegible]

Form 1, [illegible] (3)
[illegible] 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY, FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month May 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 912

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	N/A	N/A							26.6		
Average									1.0		
Maximum									1.2		
Minimum									0.7		
1									0.9	2	NONE
2									1.0		
3									1.0		
4									1.0		
5											
6									0.9		
7									0.9		
8									0.7		
9									0.7		
10									0.9		
11									1.0		
12											
13									0.9		
14									1.1		
15									1.0		
16									1.0		
17									1.1		
18									1.1		
19											
20									0.9		
21									1.1		
22									1.0		
23									1.2		
24									1.0		
25									1.2		
26											
27									1.1		
28									0.9		
29									0.9		
30									1.1		
31									1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap on over it, then staple or tape.

DER Form [illegible](5)
Effective [illegible], 1987

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 4 9 Name of Drinking Water System C.L. SMITH

Location: City or S/D PREMIER DR. THONOTOSASSA, FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month May 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 282

Design Flow 225 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Gary Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2.403	44						27.2	16.5		
Average	77	1.3						1.0	0.6		
Maximum	141	2						1.3	0.8		
Minimum	39	1						0.9	0.5		
1	63	1						1.3	0.8	4	NONE
2	57	1						1.2	0.6		
3	102	2						1.1	0.7		
4	121	1						1.0	0.7		
5	121	1									
6	91	2						1.0	0.6		
7	131	2						1.1	0.7		
8	70	1						1.0	0.7		
9	99	1						1.1	0.6		
10	82	1						1.0	0.6		
11	121	2						0.9	0.5		
12	121	2									
13	97	1						0.9	0.6		
14	141	1						0.9	0.5		
15	54	1						1.0	0.5		
16	48	1						1.1	0.6		
17	63	1						1.0	0.6		
18	75	2						1.1	0.7		
19	78	2									
20	66	1						1.0	0.6		
21	82	1						1.0	0.5		
22	39	1						1.0	0.7		
23	45	1						0.9	0.5		
24	45	1						0.9	0.5		
25	66	2						1.0	0.6		
26	66	1									
27	65	1						1.1	0.6		
28	73	2						1.0	0.7		
29	40	1						1.0	0.6		
30	42	1						1.1	0.7		
31	56	1						1.1	0.5		

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Effective [illegible] 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month JUNE 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-932-4501

I certify this report is correct Sam Ramsey S-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total									20.9		
Average									0.8		
Maximum									1.1		
Minimum									0.6		
1									1.0		
2											
3									0.9	2	NONE
4									0.9		
5									1.1		
6									1.0		
7									1.1		
8									0.9		
9											
10									1.0		
11									0.8		
12									0.8		
13									0.7		
14									0.8		
15									0.6		
16											
17									0.7		
18									0.6		
19									0.8		
20									0.6		
21									0.7		
22									0.7		
23											
24									0.6		
25									0.6		
26									0.9		
27									1.1		
28									1.0		
29									1.0		
30											
31											

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DER Form [illegible] (3)
Effective [illegible] 1, 1987

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 2 3 0 Name of Drinking Water System C.L. SMITH

Location: City or S/D PREMIER DR. PORT RICHEY County PASCO

Owned by S.S.U. SERVICES Reporting Month JUNE 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 252

Design Flow 225 G.P.M. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Lawn Ramsey (Lead Operator's Signature) 6-224 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1.417	18						14.6	12.7		
Average	79	1						1.0	0.5		
Maximum	134	1							0.8		
Minimum	22	1							0.3		
1	89	1						1.0	0.6		
2	39	1									
3	84	1						1.1	0.6	4	NONE
4	65	1						1.1	0.5		
5	56	1						1.0	0.5		
6	40	1						1.0	0.6		
7	67	1						1.1	0.5		
8	90	1						1.0	0.5		
9	90	1									
10	96	1						1.0	0.6		
11	22	1						1.0	0.6		
12	69	1						0.9	0.5		
13	62	1						0.5	0.5		
14	134	1						1.0	0.6		
15	111	1						1.0	0.8		
16	111	1									
17	87	1						0.6	0.6		
18									0.6		
19									0.6		
20									0.6		
21	55	1						1.0	0.6		
22									0.7		
23											
24									0.4		
25									0.3		
26									0.3		
27									0.3		
28									0.3		
29											
30											
31											

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DER Form [illegible](5)
Effective [illegible] 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY, FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month July 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Sonny Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in thousands of gallons	Chlorine gals. or lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total									20.1		
Average									0.9		
Maximum									1.1		
Minimum									0.7		
1									0.8		
2									0.9	2	NONE
3									0.7		
4											
5									0.8		
6											
7											
8									1.0		
9									0.9		
10									1.0		
11									1.1		
12									0.8		
13											
14											
15									0.9		
16									0.7		
17									0.9		
18									0.8		
19									0.8		
20											
21											
22									1.0		
23									0.8		
24									0.7		
25									1.0		
26									0.8		
27											
28											
29									0.9		
30									0.8		
31									1.1		

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DER Form [illegible](5)
Effective [illegible] 1, 1987

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 5 0 Name of Drinking Water System G.L. SMITH

Location: City or S/D PERMIER DR. PORT RICHEY County PASCO

Owned by S.S.U. SERVICES Reporting Month July 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 282

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report to correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	677			10				8.4	12.9		
Average	68			1				1.1	0.6		
Maximum	117			1				1.1	0.8		
Minimum	42			1				1.0	0.4		
1									0.5		
2									0.5		
3									0.4		
4											
5									0.5		
6											
7											
8									0.6		
9									0.5	2	NONE
10									0.6		
11									0.6		
12									0.5		
13											
14											
15									0.7		
16									0.6		
17									0.6		
18									0.5	1	NONE (WELL)
19									0.6	1	NONE (WELL)
20											
21											
22	75			1				1.0	0.5		
23	117			1				1.1	0.6		
24	58			1				1.1	0.6		
25	42			1				1.0	0.6		
26	68			1				1.0	0.6		
27	68			1							
28	68			1							
29	69			1				1.1	0.6		
30	68			1				1.0	0.8		
31	46			1				1.1	0.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.909(5)
Effective November 1, 1987

WATER BEING PURCHASED FROM THE CITY OF PORT RICHEY
7-22-91 PLANT BACK IN OPERATION

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 6 5 1 1 3 2 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month AUGUST 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Tony Ramsey 221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total									22.2		
Average									1.0		
Maximum									1.2		
Minimum									0.8		
1									1.0		
2									0.9		
3											
4											
5									1.0	2	NONE
6									1.0		
7									0.9		
8									1.1		
9									1.0		
10											
11											
12									1.1		
13									1.1		
14									0.9		
15									1.0		
16									1.2		
17											
18											
19									1.0		
20									1.1		
21									0.9		
22									1.1		
23									0.9		
24											
25											
26									1.1		
27									0.2		
28									1.2		
29									1.0		
30									0.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 1 [illegible](5)
Effective [illegible] 1, 1987

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 6 5 1 1 2 5 0 Name of Drinking Water System C.I. SMITH

Location: City or S/D PREMIER ST. PORT RICHEY County PASCO

Owned by SSU SERVICES Reporting Month AUGUST 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 282

Design Flow 290 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey 221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2204	45						22.7	12.2		
Average	71	1.4						1.0	0.6		
Maximum	181	2						1.4	0.7		
Minimum	30	1						0.8	0.4		
1	40	1						1.0	0.5		
2	41	1						0.9	0.5		
3	41	1									
4	41	1									
5	181	2						1.0	0.5	4	NONE
6	90	1						0.8	0.5		
7	50	1						1.0	0.5		
8	44	1						1.0	0.6		
9	92	1						1.0	0.5		
10	92	2									
11	92	1									
12	112	2						1.2	0.6		
13	142	2						1.0	0.5		
14	57	1						1.2	0.6		
15	43	1						1.0	0.6		
16	101	2						1.0	0.5		
17	101	1									
18	101	2									
19	69	1						1.1	0.6		
20	62	1						1.0	0.6		
21	42	1						1.6	0.5		
22	40	2						1.0	0.5		
23	51	1						0.8	0.4		
24	58	1									
25	58	1									
26	74	2						1.0	0.6		
27	74	2						0.8	0.6		
28	30	2						1.4	0.7		
29	38	2						1.2	0.7		
30	67	2						1.3	0.6		
31	67	2									

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap on over it, then staple or tape.

DER Form [illegible](5)
Effective [illegible], 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D NANCE RD. PORT RICHEY FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month SEPTEMBER 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total									18.4		
Average									0.9		
Maximum									1.2		
Minimum									0.6		
1											
2									0.8		
3									1.0	2	NONE
4									0.9		
5									1.2		
6									1.0		
7											
8											
9									1.1		
10									1.0		
11									0.8		
12									0.7		
13									0.9		
14											
15											
16									1.0		
17									0.8		
18									0.8		
19									1.0		
20									1.0		
21											
22											
23									0.4		
24									0.7		
25									0.7		
26									0.8		
27									0.6		
28											
29											
30									0.7		
31											

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DER Form [illegible](3)
Effective [illegible] 1, 1987

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 6 5 1 1 3 3 0 Name of Drinking Water System C. L. SMITH

Location: City or S/D PREMIER ST. PORT RICHEY County PASCO

Owned By SSU SERVICES Reporting Month SEPTEMBER 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 282

Design Flow 290 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Lana Ramsey A-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2,278	46						23.2	12.5		
Average	76	1.5						1.1	0.6		
Maximum	110	2						1.4	0.7		
Minimum	42	1						0.8	0.4		
1	67	1									
2	62	2						0.8	0.4		
3	74	2						1.4	0.7	4	NONE
4	48	2						1.2	0.6		
5	46	2						1.2	0.6		
6	72	2						1.2	0.7		
7	75	2									
8	76	2									
9	70	2						1.2	0.6		
10	99	2						1.1	0.6		
11	89	1						1.1	0.6		
12	42	1						1.0	0.5		
13	91	1						1.1	0.5		
14	91	2									
15	91	2									
16	77	1						1.0	0.6		
17	98	2						1.2	0.7		
18	42	1						1.1	0.5		
19	54	1						1.1	0.6		
20	85	1						1.0	0.6		
21	85	1									
22	85	1									
23	110	2						1.1	0.7		
24	106	2						1.0	0.6		
25	42	1						1.1	0.6		
26	51	1						1.1	0.7		
27	88	2						1.0	0.5		
28	88	1									
29	88	2									
30	75	1						1.2	0.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap on over it, then staple or t. e.

DER Form [illegible] (3)
Effective [illegible] 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH ROAD PORT RICHEY, FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month OCTOBER 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total									18.7		
Average									0.8		
Maximum									1.0		
Minimum									0.4		
1									0.7	2	NONE
2									0.4		
3									0.8		
4									1.0		
5											
6											
7									0.8		
8									0.7		
9									0.7		
10									0.9		
11									0.6		
12											
13											
14									1.0		
15									0.8		
16									0.9		
17									0.7		
18									0.4		
19											
20											
21									0.7		
22									0.6		
23									0.9		
24									0.9		
25									1.0		
26											
27											
28									0.8		
29									0.9		
30									0.7		
31									1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-555.900(5)
Effective November 1, 1987

NOTE: PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 0 Name of Drinking Water System C.L. SMITH

Location: City or S/D PREMIER ST. PORT RICHEY, FL. County PASCO

Owner by S.S.U. SERVICES Reporting Month OCTOBER 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 292

Design Flow 290 G.P.M. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Danny Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2,671	45						23.5	14		
Average	86	1.5						1.0	0.6		
Maximum	135	2						1.2	0.8		
Minimum	39	1						0.8	0.4		
1	77	1						1.1	0.6	4	NONE
2	39	1						1.0	0.6		
3	46	1						1.1	0.7		
4	71	2						1.0	0.7		
5	71	1									
6	71	2									
7	96	2						1.0	0.5		
8	97	2						1.1	0.5		
9	60	2						1.1	0.7		
10	78	2						1.1	0.7		
11	95	2						1.2	0.7		
12	89	2									
13	99	2									
14	113	2						1.0	0.5		
15	81	1						1.2	0.6		
16	53	1						1.0	0.6		
17	52	1						1.0	0.7		
18	100	1						0.9	0.7		
19	100	1									
20	100	1									
21	113	1						0.9	0.4		
22	135	2						0.9	0.5		
23	92	1						1.0	0.6		
24	54	1						0.5	0.5		
25	101	1						1.0	0.6		
26	101	1									
27	101	2									
28	117	2						1.0	0.6		
29	119	2						0.9	0.5		
30	72	1						1.1	0.7		
31	74	1						1.1	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form [illegible](5)
[illegible] November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: [illegible] RANCH RD. PORT RICHEY, FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month NOVEMBER 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that this report is correct: Gary Ramm C-2321
(Chief Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. used	mg/l	lbs. Used	mg/l	lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total											
Average											
Maximum											
Minimum											
1											
2											
3									0.8	2	NONE
4									1.0		
5									0.7		
6									0.9		
7									1.0		
8											
9											
10									0.2		
11									0.7		
12									0.4		
13									0.6		
14									0.7		
15											
16											
17									0.9		
18									0.7		
19									0.7		
20									1.0		
21									0.8		
22											
23											
24											
25									0.6		
26									0.7		
27									0.8		
28									0.6		
29									0.6		
30											
31											

[illegible] in [illegible] Fold Tap Flap down, Fold Gas Flap in over it. Then staple

DER [illegible] Page 1 of 4

EF [illegible]

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No.: 6 5 1 1 3 3 0 Name of Drinking Water System: C.J. SMITH

Location: City or S/D: PREMIER ST. PORT RICHEY, FL. County: PASCO

Owned by: S.S.U. SERVICES Reporting Month: NOVEMBER 1991

Plant Effluent pH: 7.3 (Avg) No. of Services at End of Month: 282

Design Flow: 290 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct: Sam Lamay C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2480	41						21.5	12.5		
Average	83	1.4						1.0	0.6		
Maximum	131	2						1.1	0.7		
Minimum	48	1						0.9	0.5		
1	94	1						1.0	0.6		
2	94	1									
3	84	1									
4	89	1						1.1	0.6	4	NONE
5	85	2						1.1	0.5		
6	67	1						1.0	0.7		
7	76	1						1.0	0.5		
8	85	2						1.0	0.6		
9	85	1									
10	85	2									
11	48	1						1.0	0.7		
12	61	1						1.1	0.5		
13	70	1						0.9	0.5		
14	69	2						0.9	0.6		
15	103	1						1.0	0.6		
16	103	2									
17	103	1									
18	113	1						1.1	0.7		
19	131	2						1.0	0.7		
20	57	2						1.2	0.7		
21	60	2						1.1	0.6		
22	79	1						1.1	0.6		
23	79	1									
24	79	1									
25	90	1						1.0	0.5		
26	85	2						1.0	0.5		
27	82	2						1.1	0.6		
28	56	2						1.0	0.6		
29	54	1						1.1	0.6		
30	54	1									
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

[illegible] 62-555.900(5)
[illegible] October 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 Name of Drinking Water System PALM TERRACE GARDENS

Location: [illegible] RANCH RD. PORT RICHEY FL. County PASCO

Managed by S.S.U. SERVICES Reporting Month DECEMBER 19 91

Constant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Backup Power N/A. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct. Tom Nance C-211
(Lead Operator's Signature) (Cert. Level) (Cert. #)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine applied at the Head mg/l	Hrs Used	mg/l	Hrs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total								16.5		
Average								0.8		
Maximum								1.0		
Minimum								0.6		
1										
2								0.9		
3								0.8		
4								0.8	2	NONE
5								1.0		
6								1.0		
7										
8										
9								0.7		
10								0.8		
11								0.6		
12								0.8		
13								0.6		
14										
15										
16								0.8		
17								0.7		
18								0.7		
19								0.8		
20								0.6		
21										
22										
23								0.7		
24								0.7		
25										
26								0.9		
27								0.8		
28										
29										
30								1.0		
31								0.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days from the end of the month of record. Refer to Field Operation Guidance, Form 17-555.900(2), for more instructions.

DER Form 17-555.900(1)
Effective: July 1, 1987

Page 1 of 4

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 6 5 1 1 3 2 0 Name of Drinking Water System C.L. SMITH

Location: City or S/D PIERCE ST. PORT RICHEY FL. County PASCO

Owned by SSU. SERVICES Reporting Month DECEMBER 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 232

Design Flow 290 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Tony Ramey (Lead Operator's Signature) C-221 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2,374	47						21.9	13.7		
Average	76	1.5						1.0	0.7		
Maximum	97	2						1.2	0.8		
Minimum	40	1						0.9	0.5		
1	85	2									
2	97	2						1.2	0.8		
3	81	2						1.0	0.7		
4	40	1						1.0	0.5	4	NONE
5	47	1						0.9	0.6		
6	81	1						0.9	0.6		
7	81	1									
8	81	1									
9	96	1						1.0	0.6		
10	89	2						1.0	0.6		
11	60	1						1.1	0.7		
12	56	1						1.1	0.7		
13	84	1						1.0	0.5		
14	84	1									
15	84	2									
16	94	2						1.1	0.6		
17	93	1						1.1	0.7		
18	57	2						1.0	0.5		
19	55	1						1.0	0.7		
20	91	1						1.1	0.5		
21	90	1									
22	90	2									
23	91	2						1.2	0.5		
24	64	2						1.1	0.7		
25	64	2									
26	82	2						1.1	0.6		
27	65	2						1.0	0.6		
28	65	2									
29	65	2									
30	93	1						1.1	0.7		
31	69	2						0.9	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department on or before the 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple

DER Form [illegible](5)

Effective [illegible], 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY FL. County PASCO

Owned by SOUTHERN STATES UTILITIES Reporting Month JANUARY 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Tom Ramsey IV C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	N/A	N/A		N/A					342		
Average									1.2		
Maximum									1.4		
Minimum									1.2		
1									1.2		
2									1.2	2	NONE
3									1.4		
4									1.2		
5									1.2		
6									1.4		
7											
8									1.3		
9									1.2		
10									1.2		
11									1.4		
12									1.3		
13									1.3e		
14											
15									1.3		
16									1.2		
17									1.2		
18									1.3		
19									1.2		
20									1.3		
21											
22									1.4		
23									1.2		
24									1.2		
25									1.3		
26									1.2		
27									1.3		
28											
29									1.4		
30									1.3		
31									1.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

WATER BEING PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511320 Name of Drinking Water System C.L. SMITH

Location: City or S/D PREMIER DR - PORT RICHEY, FL County PASCO

Owned by SOUTHERN STATES UTILITIES Reporting Month JANUARY 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 252

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-904-432-4501

I certify this report is correct Tom Ramsey (Lead Operator's Signature) C-221 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,925,000	16						20.7	14.0		
Average	70	.5						.75	0.6		
Maximum	117	3						2.0	1.4		
Minimum	1	0						0.7	0.2		
1	72	2						1.4	0.6		
2	60	2						2.0	0.2	4	1
3	89	2						2.0	0.5		
4	67	1						2.0	0.6	1	1
5	67	3						0.5	0.3	1	1
6	69	0									
7	69	0									
8	64	0						1.7	0.5		
9	84	1						1.0	0.5	1	1
10	61	1						1.7	0.7	1	1
11		0						1.5	0.7		
12		0							0.3		
13		0									
14		0									
15	4	0							0.5		
16	1	0							0.5	1	NONE
17		0							0.4	1	NONE
18	79	1						1.4	0.4		
19	101	1						1.6	0.5		
20	101	1									
21	101	0									
22	97	0						1.4	0.6		
23	117	1						0.7	0.2		
24	20	0						1.0	0.5		
25		0						1.3	0.5		
26		0							0.4		
27		0									
28		0									
29		0							1.4		
30		0							1.2		
31		0							1.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

WELL OUT OF SERVICE 1/25/90

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY, FL. County PASCO

Owned by SOUTHERN STATES UTILITIES Reporting Month FEBRUARY 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey C 221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	N/A	N/A		N/A					27.1		
Average	N/A	N/A							1.1		
Maximum	N/A	N/A							1.3		
Minimum	N/A	N/A							0.6		
1									1.2	2	NONE
2									1.1		
3									1.2		
4											
5									1.3		
6									1.3		
7									1.2		
8									1.0		
9									1.2		
10									1.2		
11											
12									1.3		
13									1.1		
14									1.3		
15									1.3		
16									1.2		
17									1.1		
18											
19									1.3		
20									1.2		
21									1.0		
22									1.2		
23									1.1		
24									1.0		
25											
26									0.8		
27									0.6		
28									0.9		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

WATER BEING DISCHARGED FROM PASCO COUNTY

DCK
DP
SPC

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 0 Name of Drinking Water System C. J. SMITH

Location: City or S/D PREMIER DR. PORT RICHEY FL. County PASCO

Owned by SOUTHERN STATES UTILITIES Reporting Month FEBRUARY 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 282

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Tom Ramsey II C 221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	N/A	N/A							26.6		
Average	N/A	N/A							1.3		
Maximum	N/A	N/A							1.5		
Minimum	N/A	N/A							1.0		
1									1.2	2	NONE
2									1.0		
3											
4	PURCHASED WATER FROM PORT RICHEY UTILITY DEPT										
5									1.1		
6									1.1		
7									1.5		
8									1.4		
9									1.5		
10											
11											
12									1.5		
13									1.5		
14									1.3		
15									1.3	2	
16									1.3	2	
17											
18											
19									1.5		
20									1.4		
21									1.4		
22									1.4		
23									1.2		
24											
25											
26									1.0		
27									1.5		
28									1.5		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

PURCHASING WATER FROM PORT RICHEY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY FL. County PASCO

Owned by SOUTHERN STATES UTILITIES Reporting Month MARCH 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used		lbs Used					
Monthly Total	N/A	N/A							31		
Average	N/A	N/A							1.1		
Maximum	N/A	N/A							1.3		
Minimum	N/A	N/A							1.0		
1									1.3	2	NONE
2									1.2		
3									1.2		
4											
5									1.1		
6									1.2		
7									1.0		
8									1.2		
9									1.2		
10									1.3		
11											
12									1.2		
13									1.3		
14									1.0		
15									1.2		
16									1.0		
17									1.2		
18											
19									1.0		
20									1.2		
21									1.2		
22									1.0		
23									1.0		
24									1.2		
25											
26									1.1		
27									1.1		
28									1.2		
29									1.2		
30									1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

WATER BEING PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 Name of Drinking Water System C.L. SMITH

Location: City or S/D PREMIER DR. PORT RICHEY, FL. County PASCO

Owned by SOUTHERN STATES UTILITIES Reporting Month MARCH 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 282

Design Flow 225 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,141	13						8.5	19.5	8	
Average	45	1						0.8	0.9		
Maximum	142	3						1.0	1.5		
Minimum	35	0						0.7	0.4		
1									1.4		
2									1.5		
3											
4											
5									1.8		
6									1.5		
7									1.3		
8									1.4		
9									1.3		
10											
11											
12									1.2		
13	35	1						0.8	0.4		
14	142	1						0.8	0.4		
15	114	2						0.7	0.4		
16	92							0.9	0.5		
17	92										
18	92	3									
19	88	2						0.9	0.5		
20	141	1						1.0	0.6		
21	125	1						0.9	0.4		
22	45	1						0.9	0.5		
23									0.8		
24											
25											
26									0.7		
27									0.7		
28									0.5		
29									0.5		
30	77	1						0.8	0.5		
31	74							0.8	0.4		

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DER Form 17-22.999(5)
Effective November 1, 1987

PLANT BACK IN OPERATION 3/13/90

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY, FL. County PASCO

Owned by SOUTHERN STATES UTILITIES Reporting Month APRIL 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-813-432-4501

I certify this report is correct Tony Rawley C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	N/A	N/A							39.5		
Average									1.3		
Maximum									1.6		
Minimum									1.0		
1									1.1		
2									1.0		
3									1.1	2	NONE
4									1.0		
5									1.2		
6									1.0		
7									1.0		
8									1.2		
9									1.2		
10									1.5		
11									1.5		
12									1.5		
13									1.3		
14									1.5		
15									1.2		
16									1.5		
17									1.5		
18									1.6		
19									1.5		
20									1.5		
21									1.3		
22									1.1		
23									1.4		
24									1.2		
25									1.5		
26									1.3		
27									1.5		
28									1.5		
29									1.3		
30									1.5		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

8/90
AMA

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 2 0 Name of Drinking Water System C.L. SMITH

Location: City or S/D PREMIER DR. PORT RICHEY, FL. County PASCO

Owned by SOUTHERN STATES UTILITIES Reporting Month APRIL 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 252

Design Flow 725 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey (Lead Operator's Signature) A-221 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3406	42						30	14.7		
Average	114	1.4						1.0	0.5		
Maximum	192	3						1.2	0.7		
Minimum	52	1						0.8	0.4		
1	84	1						0.9	0.4		
2	52	2						1.0	0.5		
3	84	2						0.8	0.4	4	NONE
4	99	1						0.9	0.4		
5	137	3						0.9	0.4		
6	113	2						0.9	0.4		
7	133	1						1.0	0.5		
8	102	1						1.1	0.4		
9	113	1						1.0	0.4		
10	127	2						1.0	0.5		
11	81	2						0.9	0.5		
12	23	1						0.9	0.4		
13	64	2						1.0	0.6		
14	143	1						1.0	0.6		
15	87	1						1.0	0.7		
16	105	1						1.1	0.6		
17	164	1						1.0	0.4		
18	104	2						1.1	0.4		
19	66	1						1.0	0.5		
20	105	2						1.2	0.6		
21	192	1						1.2	0.6		
22	169	1						1.1	0.5		
23	99	1						1.0	0.5		
24	152	1						0.9	0.4		
25	174	1						1.0	0.5		
26	65	1						1.1	0.5		
27	108	2						1.0	0.5		
28	168	1						1.1	0.6		
29	132	1						1.0	0.6		
30	111	2						0.9	0.4		
31											

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DER Form 17-22.999(3)
Effective November 1, 1987

Page 1 of 4

Rcvd & mailed DEK

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 2 3 1 Name of Drinking Water System PALM TERRACE

Location: City or S/D RANCH RD PORT RICHEY, FL. County PASCO

Owned by SOUTHERN STATES UTILITIES Reporting Month MAY 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Tony Ramey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	N/A	N/A							36.5		
Average									1.1		
Maximum									1.5		
Minimum									1.0		
1									1.3		
2									1.5		
3									1.3	2	NONE
4									1.2		
5									1.1		
6									1.2		
7									1.2		
8									1.4		
9									1.2		
10									1.5		
11									1.1		
12									1.2		
13									1.2		
14									1.2		
15									1.4		
16									1.0		
17									1.2		
18									1.2		
19									1.1		
20									1.0		
21									1.2		
22									1.0		
23									1.2		
24									1.2		
25									1.0		
26									1.0		
27									1.1		
28									1.1		
29									1.0		
30									1.0		
31									1.2		

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DER Form 17-22.999(3)
Effective November 1, 1987

WATER BEING PURCHASED FROM PASCO COUNTY

DER 9100 #10

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 5 0 Name of Drinking Water System C.J. SMITH

Location: City or S/D PREMIER DR. PORT RICHEY, FL. County PASCO

Owned by SOUTHERN STATES UTILITIES Reporting Month MAY 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 282

Design Flow 225 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Tony Romano C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3637	46						31.4	15.6		
Average	117	1						1.0	0.5		
Maximum	195	2						1.4	0.7		
Minimum	42	1						0.8	0.3		
1	181	2						0.9	0.5		
2	122	2						1.1	0.6		
3	70	1						0.9	0.4	4	NONE
4	126	1						1.0	0.4		
5	195	1						1.0	0.5		
6	85	1						0.9	0.4		
7	111	1						0.9	0.4		
8	169	1						0.9	0.5		
9	90	2						0.9	0.4		
10	90	2						0.9	0.4		
11	103	1						1.0	0.6		
12	164	1						1.0	0.5		
13	130	1						0.9	0.5		
14	98	2						0.9	0.4		
15	186	1						0.9	0.3		
16	124	1						1.0	0.4		
17	74	1						1.0	0.5		
18	125	2						0.9	0.5		
19	191	2						1.0	0.6		
20	112	2						1.1	0.6		
21	116	1						1.1	0.7		
22	110	2						0.9	0.4		
23	113	1						0.4	0.9		
24	42	1						1.0	0.4		
25	97	1						0.8	0.4		
26	143	2						1.3	0.7		
27	72	2						1.2	0.7		
28	93	2						1.1	0.7		
29	149	2						1.4	0.6		
30	92	2						1.3	0.6		
31	64	2						1.3	0.7		

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DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month JUNE 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	N/A	N/A							39.2		
Average									1.3		
Maximum									1.6		
Minimum									1.0		
1									1.2		
2									1.1		
3									1.3		
4									1.2	2	NONE
5									1.0		
6									1.4		
7									1.6		
8									1.6		
9									1.5		
10									1.4		
11									1.4		
12									1.4		
13									1.2		
14									1.4		
15									1.4		
16									1.3		
17									1.2		
18									1.4		
19									1.2		
20									1.2		
21									1.3		
22									1.5		
23									1.2		
24									1.1		
25									1.3		
26									1.4		
27									1.2		
28									1.2		
29									1.3		
30									1.3		
31											

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DER Form 17-22.999(3)
Effective November 1, 1987

WATER BEING PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 Name of Drinking Water System C.L. SMITH

Location: City or S/D PREMIER DR. PORT SICHEY, FL County PASCO

Owned by S.S.U. SERVICES Reporting Month JUNE 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 272

Design Flow 225 gpm. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct [signature] (Cert. Level) (Cert. No.)
(Lead Operator's Signature)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3125	49						35.4	19.6		
Average	104	1.6						1.2	0.7		
Maximum	195	2						1.4	0.8		
Minimum	51	1						1.0	0.5		
1	116	2						1.2	0.6		
2	130	2						1.2	0.7		
3	78	1						1.1	0.7		
4	125	1						1.2	0.7	4	NONE
5	152	2						1.1	0.7		
6	115	1						1.1	0.7		
7	51	1						1.2	0.6		
8	80	1						1.2	0.6		
9	85	2						1.1	0.7		
10	70	1						1.2	0.7		
11	104	1						1.1	0.6		
12	164	2						1.2	0.7		
13	92	1						1.3	0.7		
14	51	1						1.1	0.6		
15	117	2						1.1	0.7		
16	195	2						1.2	0.6		
17	101	2						1.2	0.8		
18	131	2						1.2	0.7		
19	162	2						1.2	0.7		
20	130	2						1.1	0.7		
21	53	2						1.2	0.5		
22	101	2						1.2	0.6		
23	72	2						1.4	0.6		
24	67	1						1.2	0.6		
25	100	2						1.2	0.7		
26	85	2						1.0	0.6		
27	70	1						1.2	0.6		
28	51	2						1.2	0.6		
29	101	2						1.2	0.7		
30	168	2						1.3	0.6		
31											

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DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 2 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY, FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month JULY 1990

Plant Effluent pH 7.8 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Larry Lamar C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	N/A	N/A							39.4		
Average									1.3		
Maximum									1.4		
Minimum									1.0		
1									1.3		
2									1.2		
3									1.4		
4									1.4		
5									1.4	2	NONE
6									1.2		
7									1.3		
8									1.3		
9									1.2		
10									1.4		
11									1.0		
12									1.2		
13									1.2		
14									1.1		
15									1.1		
16									1.2		
17									1.2		
18									1.0		
19									1.3		
20									1.2		
21									1.4		
22									1.3		
23									1.2		
24									1.1		
25									1.2		
26									1.2		
27									1.2		
28									1.2		
29									1.3		
30									1.2		
31									1.4		

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DER Form 17-22.999(3)
Effective November 1, 1987

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 Name of Drinking Water System C.J. SMITH

Location: City or S/D PREMIER DR PORT RICHEY FL County PASCO

Owned by S.S.U. SERVICES Reporting Month July 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 282

Design Flow 225 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Gary Lamay C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2305	37						36	187		
Average	74	1						1.1	0.6		
Maximum	129	2						1.3	0.7		
Minimum	41	0						0.9	0.5		
1	78	2						1.2	0.6		
2	85	1						1.3	0.7		
3	66	2						1.2	0.6		
4	54	1						1.2	0.6		
5	52	1						1.2	0.7	4	1
6	108	2						1.1	0.6		
7	96	2						1.2	0.6		
8	50	1						1.2	0.6		
9	71	1						1.3	0.7		
10	65	1						1.2	0.6		
11	91	2						1.1	0.6		
12	47	2						1.3	0.6		
13	60	1						1.2	0.6		
14	60	1						1.2	0.7		
15	36	0						1.1	0.5		
16	68	1						1.2	0.6		
17	63	1						1.0	0.6		
18	49	1						1.2	0.6		
19	52	1						1.1	0.5		
20	66	1						1.1	0.6		
21	109	1						1.2	0.7		
22	64	1						1.2	0.6		
23	103	2						1.2	0.6		
24	122	1						1.0	0.6		
25	74	1						1.2	0.6		
26	56	1						1.1	0.6		
27	91	1						0.9	0.5		
28	129	1						1.1	0.5		
29	94	1						1.1	0.6		
30	109	1						1.2	0.6		
31	95	1						1.2	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY, FL County PASCO

Owned by SSU SERVICES Reporting Month AUGUST 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 411

Design Flow N/A Remarks (Use reverse side) Phone No.: [illegible]

I certify this report is correct [signature] C 221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	N/A	N/A							36.7	4	1
Average									1.2		
Maximum									1.4		
Minimum									1.0		
1									1.2	2	1
2									1.4		
3									1.2		
4									1.4		
5									1.2	1	NONE
6									1.4	1	NONE
7									1.1		
8									1.3		
9									1.2		
10									1.2		
11									1.3		
12									1.3		
13									.2		
14									1.3		
15									1.1		
16									1.2		
17									1.2		
18									1.2		
19									1.1		
20									1.2		
21									1.2		
22									1.0		
23									1.0		
24									1.2		
25									1.2		
26									1.1		
27									1.0		
28									1.0		
29									1.2		
30									1.0		
31									1.1		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 C Name of Drinking Water System C.L. SMITH

Location: City or S/D PREMIER DC. PORT RICHEY FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month AUGUST 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 252

Design Flow .225 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Tony Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2490	42						33.5	22.4	6	
Average	100	1.6						1.3	0.7		
Maximum	212	2						1.3	1.1		
Minimum	16	0						1.0	0.5		
1	121	2						1.3	0.7	4	NONE
2	84	2						1.2	0.7		
3	156	2						1.2	0.7		
4	218	2						1.3	0.8		
5	209	2						1.3	0.8		
6	106	1						1.2	0.7		
7	178	1						1.3	0.6		
8	105	2						1.2	0.6		
9	57	1						1.2	0.6		
10	101	2						1.1	0.6		
11	118	2						1.2	0.6		
12	84	2						1.2	0.7		
13	97	2						1.3	0.7		
14	103	1						1.2	0.6		
15	67	2						1.2	0.6		
16	53	2						1.1	0.6		
17	86	2						1.3	0.7		
18	130	2						1.3	0.7		
19	69	2						1.2	0.6		
20	92	2						1.0	0.5		
21	98	2						1.1	0.7		
22	57	1						1.2	0.7		
23	60	2						1.2	0.6		
24	49	1						1.2	0.7		
25	16	0						1.0	0.6		
26	0	0							0.6		
27	0	0							1.2	1	NONE
28	0	0							1.1	1	NONE
29	0	0							1.1		
30	0	0							1.0		
31	0	0							1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

8-29-90 ON COUNTY WATER

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY, FL. County PASCO

Owned by SSU. SERVICES Reporting Month SEPTEMBER 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Gary Ramey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	N/A	N/A							31.4		
Average									1.0		
Maximum									1.2		
Minimum									0.8		
1									1.1		
2									1.2		
3									1.2		
4									1.1		
5									1.0		
6									1.0		
7									1.2	2	NONE
8									1.0		
9									1.1		
10									1.0		
11									1.2		
12									1.0		
13									1.0		
14									1.0		
15									0.9		
16									1.0		
17									1.0		
18									1.1		
19									1.0		
20									1.1		
21									1.2		
22									1.0		
23									1.0		
24									1.2		
25									1.1		
26									0.8		
27									0.9		
28									0.4		
29									0.9		
30									1.2		
31											

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DER Form 17-22.999(3)
Effective November 1, 1987

WATER PURCHASED FROM PASCO COUNTY

Apopka

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 0 Name of Drinking Water System C. L. SMITH

Location: City or S/D PREMIER DR. PORT RICHEY, FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month SEPTEMBER 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 282

Design Flow 225 GPM. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Sonny Kannon C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2,440	38						26.5	21.4		
Average	98.	1.5						1.0	0.7		
Maximum	157	2						2.0	1.1		
Minimum	29	1						0.7	0.4		
1									0.6	4	1
2									0.8		
3									0.7		
4									1.1	1	0
5									0.9	1	0
6	29	1						0.9	0.4		
7	93	1						0.4	0.6		
8	157	1						1.0	0.6		
9	95	1						1.0	0.6		
10	99	2						0.9	0.5		
11	152	2						0.9	0.6		
12	23	1						0.8	0.5		
13	64	1						0.7	0.5		
14	104	2						0.9	0.6		
15	110	1						1.0	0.7		
16	93	2						0.9	0.7		
17	99	1						0.8	0.5		
18	135	2						0.7	0.5		
19	51	1						0.7	0.5		
20	55	1						2.0	1.1		
21	104	2						0.8	0.5		
22	153	2						1.3	0.5		
23	105	2						1.6	1.0		
24	111	2						1.1	1.0		
25	146	2						1.3	0.9		
26	113	2						1.2	0.9		
27	50	4						1.1	0.5		
28	112	4						1.2	0.5		
29	64	1						1.1	0.5		
30	50	1						1.1	0.9		
31											

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Apopka File

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 7 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY, FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month OCTOBER 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Tony Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	N/A	N/A							31.3		
Average									1.0		
Maximum									1.2		
Minimum									0.9		
1									0.9		
2									1.1	2	NONE
3									0.9		
4									1.0		
5									1.1		
6									1.0		
7									1.1		
8									1.0		
9									1.0		
10									1.2		
11									0.9		
12									0.9		
13									0.9		
14									0.9		
15									1.0		
16									1.0		
17									1.0		
18									1.1		
19									1.0		
20									1.0		
21									1.1		
22									1.0		
23									1.0		
24									1.1		
25									1.1		
26									1.0		
27									1.1		
28									1.1		
29									0.9		
30									0.9		
31									1.0		

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DER Form 17-22.909(5)
Effective November 1, 1987

WATER PURCHASED FROM PASCO COUNTY

Apopka File

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511320 Name of Drinking Water System C.L. SMITH

Location: City or S/D PREMIER DR. PORT RICHEY, FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month OCTOBER 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 252

Design Flow 225 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Gary Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3,134	54						34.9	20.9		
Average	101	1.7						1.1	0.6		
Maximum	187	2						1.4	0.9		
Minimum	46	1						0.9	0.5		
1	106	2						1.2	0.7		
2	114	2						1.2	0.5	4	NONE
3	71	2						1.3	1.0		
4	57	1						1.4	0.9		
5	85	1						1.2	0.7		
6	136	1						1.2	0.7		
7	96	2						1.2	0.7		
8	100	2						1.1	0.7		
9	96	2						1.1	0.6		
10	60	1						1.2	0.7		
11	96	1						1.1	0.6		
12	84	1						1.0	0.6		
13	99	1						0.9	0.5		
14	75	2						1.0	0.6		
15	103	2						1.3	0.7		
16	135	2						1.1	0.7		
17	70	1						1.1	0.7		
18	71	2						1.1	0.7		
19	101	2						1.0	0.5		
20	130	2						1.1	0.6		
21	127	2						1.2	0.6		
22	114	2						1.2	0.6		
23	143	2						1.0	0.5		
24	98	2						1.1	0.6		
25	81	2						1.2	0.7		
26	95	2						1.0	0.6		
27	148	2						1.2	0.7		
28	93	2						1.1	0.7		
29	115	2						1.1	0.9		
30	137	2						0.9	0.6		
31	82	2						1.1	0.7		

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DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D PLEICH RD. FORT PIERCE, FL. County PASCO

Owned by SSU SERVICES Reporting Month NOVEMBER 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 916

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-904-432-4501

I certify this report is correct [signature] C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	N/A	N/A							29.7		
Average									1.0		
Maximum									1.2		
Minimum									0.8		
1									1.1	2	0
2									1.0		
3									0.8		
4									0.8		
5									1.0	2	0
6									1.0	2	0
7									0.9		
8									0.8		
9									0.9		
10									0.9		
11									0.9		
12									1.0		
13									1.0		
14									1.1		
15									0.9		
16									0.9		
17									1.0		
18									1.1		
19									1.1		
20									0.9		
21									1.0		
22									1.0		
23									1.0		
24									1.1		
25									0.9		
26									1.0		
27									1.0		
28									1.1		
29									1.2		
30									1.2		
31											

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DER Form 17-22.900(3)
Effective November 1, 1987

Page 1 of 4

WATER PURCHASED FROM PASCO COUNTY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 5 0 Name of Drinking Water System CL SMAN

Location: City or S/D PREMIER DR. PORT RICHEY, FL County PASCO

Owned by SSU SERVICES Reporting Month NOVEMBER 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 692

Design Flow .225mgpd Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct [signature] 221-C
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2808	47						31.7	22.4		
Average	94	2						1.1	0.7		
Maximum	121	3						1.3	0.9		
Minimum	45	1						0.9	0.6		
1	62	2						1.1	0.9	4	0
2	101	1						1.0	0.7		
3	101	2						1.1	0.7		
4	82	2						1.0	0.6		
5	114	1						1.2	0.8	4	0
6	116	2						1.2	0.7	4	0
7	91	1						1.1	0.6		
8	66	2						1.1	0.7		
9	112	3						1.1	0.8		
10	122	2						1.1	0.8		
11	107	2						1.1	0.8		
12	135	3						1.0	0.7		
13	124	2						1.0	0.8		
14	83	2						1.3	0.9		
15	66	2						1.1	0.8		
16	107	2						1.0	0.8		
17	122	2						1.2	0.7		
18	70	2						1.1	0.8		
19	106	3						0.9	0.6		
20	99	3						1.0	0.7		
21	76	2						1.2	0.9		
22	57	2						1.0	0.9		
23	75	2						0.9	0.6		
24	99	2						0.9	0.7		
25	69	2						1.0	0.7		
26	102	2						1.0	0.7		
27	101	3						1.0	0.8		
28	90	2						1.1	0.9		
29	45	2						0.9	0.7		
30	78	2						0.9	0.6		
31											

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DER Form 17-22.999(3)
Effective November 1, 1987

" JL ✓

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 1 Name of Drinking Water System PALM TERRACE GARDENS

Location: City or S/D RANCH RD. PORT RICHEY FL. County PASCO

Owned by S.S.U. SERVICES Reporting Month DECEMBER 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 914

Design Flow N/A Remarks (Use reverse side) Phone No.: 1-727-432-4501

I certify this report is correct Gary Ramsey C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine - mg/l Plant Effluent	Residual Chlorine - mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	N/A	N/A							35.0		
Average									1.1		
Maximum									1.2		
Minimum									1.0		
1									1.1		
2									1.0		
3									1.2		
4									1.2	2	1
5									1.0	1	0
6									1.2	1	0
7									1.2		
8									1.2		
9									1.1		
10									1.1		
11									1.0		
12									1.1		
13									1.2		
14									1.2		
15									1.1		
16									1.0		
17									1.2		
18									1.1		
19									1.2		
20									1.2		
21									1.0		
22									1.1		
23									1.1		
24									1.2		
25									1.2		
26									1.1		
27									1.1		
28									1.2		
29									1.1		
30									1.1		
31									1.2		

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DER Form 17-22.999(3)
Effective November 1, 1987

WATER PURCHASED FROM PASCO COUNTY

JL ✓

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 5 1 1 3 3 Name of Drinking Water System C.L. SMITH

Location: City or S/D CREMICK DR PORT RICHEY, FL. County PASCO

Owned by SSU SERVICES Reporting Month DECEMBER 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2??

Design Flow 225 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct _____ C-221
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2756	54						35.7	24.5		
Average	89	1.7						1.1	0.7		
Maximum	186	2						1.3	0.9		
Minimum	41	1						1.0	0.6		
1	166	2						1.1	0.7		
2	83	2						1.1	0.8		
3	81	1						1.2	0.8		
4	84	1						1.3	0.9	4	NONE
5	59	2						1.2	0.9		
6	57	1						1.2	0.9		
7	65	1						1.2	0.8		
8	90	1						1.2	0.8		
9	41	1						1.2	0.8		
10	43	2						1.2	0.9		
11	91	2						1.2	0.9		
12	69	1						1.1	0.9		
13	46	1						1.0	0.8		
14	106	2						1.1	0.8		
15	41	2						1.1	0.7		
16	63	1						1.2	0.8		
17	96	2						1.0	0.8		
18	114	3						1.1	0.6		
19	31	2						1.1	0.7		
20	58	2						1.0	0.6		
21	112	2						1.0	0.7		
22	115	2						1.1	0.7		
23	71	2						1.2	0.8		
24	82	2						1.2	0.7		
25	110	2						1.2	0.8		
26	76	2						1.2	0.8		
27	59	1						1.3	0.9		
28	81	2						1.1	0.7		
29	186	2						1.2	0.7		
30	137	2						1.2	0.8		
31								1.2	0.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.909(3)
Effective [illegible] 1, 1987

Palms Mobile Home Park - 559

Lake County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile #559

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month JAN [redacted] 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 61

Design Flow 130 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	Aqua Mag. Phosphate lbs Used	Aqua Mag. Phosphate mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	201.8	7	82.7	19.5	228			21.4	17.5	4	NONE
Average	6.5	0.23	4.4	1.0	12.0			1.4	0.9		
Maximum	9.0	0.25	6.2	.9	12.0			1.5	1.3		
Minimum	4.6	.05	1.5	.48	12.0			1.2	0.8		
1											
2	13.5	.5	4.4	1.35	12.0			1.3	.9		
3	6.8	.25	5.0	.6	12.0			1.2	.8		
4	6.1	.25	4.9	.61	12.0			1.2	.8		
5											
6											
7	20.4	.75	4.4	2.0	12.0			1.3	.9		
8	6.7	.25	4.5	.67	12.0			1.2	.8	4	-0-
9											
10	14.9	.5	4.0	1.5	12.0			1.5	1.0		
11	6.4	.25	4.7	.64	12.0			1.5	1.0		
12											
13											
14	17.3	.75	5.2	1.7	12.0			1.5	1.0		
15	6.5	.25	4.0	.68	12.0			1.5	1.0		
16	6.4	.25	4.6	.64	12.0			1.3	.9		
17	7.3	.25	4.1	.73	12.0			1.5	.9		
18	7.3	.25	4.1	.73	12.0			1.2	.9		
19											
20											
21	20.0	.75	4.5	2.0	12.0			1.2	.8		
22											
23	15.6	.5	3.8	1.56	12.0			1.3	.8		
24	9.0	.25	3.3	.9	12.0			1.2	1.0		
25	7.3	.25	4.1	.73	12.0			1.8	.8		
26											
27											
28	20.0	.25	1.5	2.0	12.0			1.5	1.0		
29	4.5	.25	6.2	.45	12.0			1.5	1.3		
30	6.0	.25	5.0	.6	12.0			1.3	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350951 Name of Drinking Water System Palm Mobile Home Estates #5

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month February 1991

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 62

Design Flow 130GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5525
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		AQUA MAG (Phosphate)				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	218.8	7.25	76	21.96	216			22.7	16.0	4	NONE
Average	7.58	0.26	4.2	1.2	12.0			1.3	0.9		
Maximum	11.2	0.375	6.6	1.1	12.0			1.9	1.2		
Minimum	4.5	0.17	1.8	.45	12.0			1.0	0.8		
1	17.0	.35	1.8	1.7	12.6			1.2	.9		
2											
3											
4	19.3	.5	3.1	2.0	12.6			1.2	.8		
5	7.9	.25	3.5	.79	12.0			1.2	.9		
6	4.5	.25	6.6	.45	12.0			1.2	.8	4	-0-
7	11.2	.5	5.4	1.1	12.0			1.2	.8		
8	7.0	.25	4.3	.7	12.0			1.5	1.0		
9											
10											
11	20.6	.75	4.4	2.1	12.0			1.2	.8		
12	7.8	.25	3.5	.78	12.0			1.2	.9		
13	8.9	.23	3.4	.89	12.0			1.9	1.2		
14	7.0	.25	4.3	.7	12.0			1.5	1.0		
15	6.1	.25	4.9	.61	12.0			1.0	.9		
16											
17											
18	24.8	.75	3.6	2.5	12.0			1.2	.8		
19											
20	17.2	.75	5.2	1.7	12.0			1.2	1.0		
21	8.8	.25	3.4	.88	12.0			1.2	.9		
22	9.2	.25	3.3	.92	12.0			1.2	.8		
23											
24											
25	22.9	.75	3.9	2.3	12.0			1.2	.9		
26											
27	13.7	.5	4.4	1.37	12.0			1.2	.8		
28	4.7	.25	6.4	.47	12.0			1.2	.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile Home Estat

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month March 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 62

Design Flow 130 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Susan Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		Pre-Aeration Aqua-Mag				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	235.6	7.5	19.1	14.13	120			20.2	13.6	4	0
Average	8.1	0.25	4.1	0.79	12.0			1.2	0.9		
Maximum	12.1	0.25	5.3	1.21	12.0			1.5	1.0		
Minimum	6.2	0.7	0.9	0.54	12.0			0.9	0.5		
1	10.9	0.75	8.3	1.09	12.0			1.2	0.8		
2											
3											
4	26.3	0.75	3.4	2.13	12.0			1.2	0.9		
5	6.8	0.25	4.4	0.63	12.0			1.2	0.9		
6	7.6	0.25	3.9	0.76	12.0			1.2	1.0	4	0
7	5.4	0.25	5.6	0.54	12.0			1.5	1.0		
8	12.1	0.25	2.5	1.21	12.0			1.2	0.9		
9											
10											
11	20.1	0.75	4.5	2.01	12.0			1.2	0.8		
12											
13											
14	22.4	0.5	2.7	2.24	12.0			1.0	0.7		
15	4.7	0.25	3.4	0.57	12.0			1.0	0.8		
16											
17											
18	21.4	0.75	4.2	2.1	12.0			1.2	0.9		
19											
20	14.4	0.5	4.3	—	—			1.2	0.8		
21	7.5	0.25	4.0	—	—			0.8	0.5		
22	6.2	0.25	4.8	—	—			1.5	0.5		
23											
24											
25	26.2	0.75	3.4	—	—			1.2	0.8		
26	4.3	0.25	3.6	—	—			1.2	0.7		
27											
28	33.0	0.5	2.10	—	—			1.2	0.8		
29	8.3	0.25	3.0	—	—			1.2	0.9		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palma Mobile Home Estates #5

Location: City or S/D Palma Mobile Home Estates County Lake

Owned by S.S.U. Services Reporting Month April 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 62

Design Flow 130 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		Aqua Mag (Disinfectant)				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	267.8	8.0	8.2	17.96	180.0			27.0	18.3	4	NONE
Average	8.8	0.27	3.9	1.2	12.0			1.3	0.9		
Maximum	14.8	0.5	8.5	1.3	12.0			1.5	1.0		
Minimum	3.5	0.125	2.1	.4	12.0			1.0	0.7		
1	19.8	.5	3.0	-	-			1.5	1.0		
2	9.1	.25	3.3	-	-			1.0	.8		
3	6.2	.25	4.8	-	-			1.5	.9		
4	9.3	.25	3.2	-	-			1.5	1.0		
5	14.8	.5	4.1	-	-			1.5	1.0		
6											
7											
8	29.3	1.0	4.1	-	-			1.2	.9		
9	12.5	.25	2.4	1.3	12.0			1.5	1.0	4	-0-
10	10.1	.25	3.0	1.0	12.0			1.2	.8		
11											
12	14.0	.25	2.1	1.4	12.0			1.5	.9		
13											
14											
15	34.6	.75	2.3	3.8	12.0			1.5	.9		
16	7.3	.25	4.2	.73	12.0			1.5	1.0		
17	7.7	.25	3.9	.77	12.0			1.2	.9		
18	6.3	.25	4.8	.62	12.0			1.0	.7		
19	9.0	.25	3.3	.9	12.0			1.2	.9		
20											
21											
22	19.5	.5	3.0	2.0	12.0			1.2	.8		
23	7.0	.25	4.3	.7	12.0			1.2	.9		
24	3.5	.25	8.5	.4	12.0			1.2	.8		
25	5.3	.25	3.6	.8	12.0			1.2	.8		
26	5.7	.25	5.2	.57	12.0			1.2	.9		
27											
28											
29	20.0	.5	2.5	2.44	12.0			1.0	.7		
30	5.4	.25	5.6	.54	12.0			1.2	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile Home Estates

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month May 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 62

Design Flow 130gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	(Alternate) Aqua-Mag lbs Used	Aqua-Mag mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	218.2	7	97.6	21.86	216.4			25.3	18	9	2
Average	7.0	.23	4.4	.71	13.0			1.2	.8		
Maximum	13.0	.5	7.3	1.3	12.0			1.5	1.0		
Minimum	4.1	.13	2.3	.41	12.0			1.0	0.7		
1	11.7	.5	5.1	1.2	12.0			1.2	0.8		
2	6.5	.25	4.6	.65	12.0			1.2	0.9		
3	6.7	.25	4.5	.67	12.0			1.0	0.8		
4											
5											
6	38.9	.75	2.5	3.9	12.0			1.2	0.5		
7	8.5	.25	3.5	.85	12.0			1.2	0.8	4	2
8	7.4	.25	4.1	.74	12.0			1.5	1.0		
9	6.6	.25	4.5	.66	12.0			1.5	1.0		
10	8.1	.25	3.7	.81	12.0			1.5	1.0		
11											
12											
13	21.1	.5	2.9	2.11	12.0			1.2	0.9		
14	6.1	.25	4.9	.61	12.0			1.0	0.7	4	
15	5.6	.25	5.4	.56	12.0			1.0	0.7	1	
16	4.7	.25	6.4	.47	12.0			1.2	0.9		
17	11.6	.25	2.6	1.16	12.0			1.0	0.9		
18											
19											
20	16.3	.5	3.7	1.63	12.0			1.0	0.7		
21	5.5	.25	5.5	.55	12.0			1.2	0.9		
22											
23	11.2	.25	2.7	1.12	12.0			1.0	0.7		
24	4.1	.25	7.3	.41	12.0			1.0	0.9		
25											
26	9.4	.25	3.2	.94	12.0			1.2	0.8		
27											
28	9.9	.5	6.1	.99	12.0			1.2	0.8		
29	6.1	.25	4.9	.61	12.0			1.0	0.8		
30	5.9	.25	5.2	.59	12.0			1.0	0.7		
31	6.5	.25	4.6	.65	12.0			1.0	0.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350931 Name of Drinking Water System Palms Mobile Home Estates

Location: City or S/D Palms Mobile Homes Estates County Lake

Owned by SSU Services Reporting Month June 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 62

Design Flow .130 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5[illegible]
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		Aqua-Mag				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	159.8	4.5	49.9	14.03	224			21.2	15.3	7	NONE
Average	5.3	.15	3.9	.84	12.0			1.1	0.5		
Maximum	11.9	.25	7.3	1.19	12.0			1.2	0.9		
Minimum	3.4	.13	1.10	.34	12.0			1.0	0.7		
1											
2											
3	14.7	.25	2.0	1.47	12.0			1.0	0.7		
4	4.1	.25	7.3	4	12.0			1.0	0.7		
5											
6	7.5	.25	4.1	.75	12.0			1.0	0.9		
7	4.5	.25	1.10	.5	12.0			1.2	0.8		
8											
9											
10	20.9	.75	4.3	2.09	12.0			1.2	0.8	4	-0-
11	5.0			.5	12.0			1.2	0.9		
12	5.1	.25	5.0	.51	12.0			1.2	0.9	3	-0-
13	11.9			1.19	12.0			1.2	0.8		
14	6.4	.25	1.10	.64	12.0			1.2	0.8		
15											
16											
17	22.7	.5	2.6	2.27	12.0			1.2	0.9		
18	6.1	.25	4.9	.61	12.0			1.0	0.9		
19	3.7			.37	12.0			1.2	0.8		
20	4.4	.25	5.7	.44	12.0			1.2	0.9		
21	3.4			.34	12.0			1.0	0.7		
22											
23											
24	17.4	.75	4.3	1.75	12.0			1.0	0.8		
25	4.4			.44	12.0			1.2	0.9		
26	6.3	.25	3.9	.63	12.0			1.0	0.8		
27	5.9			.59	12.0			1.2	0.9		
28	4.6	.25	5.9	.46	12.0			1.0	0.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile Home Est. #3

Location: City or S/D Palms Mobile Home Estates #559 County Lake

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 62

Design Flow 130GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-5825

(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		Aqua-Mag				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	168.4	4.75	60.1	16.86	216			21.2	14.8	5	1
Average	5.4	.15	4.0	.54	12.0			1.2	0.8		
Maximum	17.4	.25	7.3	1.74	12.0			1.5	1.0		
Minimum	2.9	.13	1.7	.3	12.0			1.0	0.7		
1	17.4	.25	1.7	1.74	12.0			1.0	0.7		
2											
3	10.4	.25	2.5	1.05	12.0			1.2	0.9		
4											
5	10.3	.25	2.9	1.03	12.0			1.0	0.7		
6											
7											
8	21.9	.5	2.7	2.19	12.0			1.2	0.9	4	1
9	4.10	.25	1.5	.5	12.0			1.2	0.9		
10											
11	8.3	.25	3.0	.83	12.0			1.0	0.7		
12	3.4	—	—	.34	12.0			1.0	0.7		
13											
14											
15	13.0	.5	3.9	1.3	12.0			1.2	0.9	1	-0-
16	4.1	.25	7.3	.4	12.0			1.2	0.9		
17	2.9	—	—	.3	12.0			1.2	0.9		
18											
19	9.2	.25	2.5	.9	12.0			1.0	0.9		
20											
21											
22	16.10	.5	3.6	1.7	12.0			1.0	0.8		
23	10.4	.25	2.9	1.0	12.0			1.0	0.7		
24											
25	4.2	.25	3.7	.92	12.0			1.0	0.7		
26	3.6	—	—	.36	12.0			1.5	1.0		
27											
28											
29	14.2	.5	3.4	1.42	12.0			1.5	1.0		
30	5.3	.25	5.7	.53	12.0			1.5	0.9		
31	4.2	.25	7.1	.42	12.0			1.5	0.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile Home Est #5

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month August 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 62

Design Flow 120gpm Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		Aqua-Mag (Phosphate)				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1616.7	5.25	67.5	1644	228			21.2	15.3	11	NONE
Average	8.8	0.18	4.2	0.98	12.0			1.1	0.8		
Maximum	14.2	0.25	6.1	1.42	12.0			1.2	1.0		
Minimum	3.5	0.13	1.9	.35	12.0			1.0	0.7		
1	5.5	—	—	.55	12.0			1.2	0.9		
2	4.4	.25	3.0	.44	12.0			1.0	0.9		
3											
4											
5	13.5	.25	1.9	1.58	12.0			1.0	0.7		
6	4.9	.25	6.1	.49	12.0			1.2	0.8		
7	14.2	.25	2.1	1.42	12.0			1.0	0.7	2	-0-
8	4.9	—	—	.49	12.0			1.0	0.7	9	-0-
9	5.0	.25	3.0	.5	12.0			1.2	0.8		
10											
11											
12	14.2	.5	4.2	1.42	12.0			1.2	0.9		
13	6.6	.25	4.5	.66	12.0			1.0	0.7		
14											
15	17.1	.5	3.5	1.71	12.0			1.2	0.8		
16	5.9	.25	5.1	.59	12.0			1.2	1.0		
17											
18											
19	21.4	.5	2.5	2.14	12.0			1.2	0.8		
20											
21	8.1	.25	3.7	.81	12.0			1.2	0.8		
22	4.4	—	—	.44	12.0			1.0	0.7		
23	3.5	.25	3.8	.35	12.0			1.0	0.8		
24											
25											
26	11.4	.5	5.3	1.1	12.0			1.0	.8		
27	5.9	.25	6.1	.44	12.0			1.2	.9		
28	5.8	.25	6.2	.44	12.0			1.2	.8		
29											
30	9.7	.5	6.2	1.0	12.0			1.2	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350891 Name of Drinking Water System Palms Mobile Hm. Est. #55

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month September 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 62

Design Flow 130 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		AQUA MAG (Phosphate)				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	257.2	5.75	48.9	25.75	1932			18.6	14.0	4	NONE
Average	8.6	.19	3.1	1.6	12.0			1.2	0.9		
Maximum	19.3	0.25	5.6	1.9	12.0			1.5	1.0		
Minimum	5.3	.125	1.5	.5	12.0			0.9	0.6		
1											
2											
3	22.8	.5	2.6	2.3	12.0			1.2	.9		
4	6.5	.25	4.6	.65	12.0			1.2	1.0		
5	9.3	.25	3.2	.93	12.0			1.2	1.0		
6	6.4	.25	4.7	.64	12.0			1.2	.8		
7											
8											
9	27.8	.75	3.2	2.8	12.0			1.2	.9		
10	5.3	.25	5.6	.5	12.0			1.5	1.0	4	-0-
11	19.3	.25	1.5	1.93	12.0			1.2	.9		
12	13.3	.25	2.2	1.33	12.0			1.2	.9		
13	6.3	.25	4.7	.63	12.0			1.2	.9		
14											
15											
16	32.5	.5	1.8	3.25	12.0			1.0	.8		
17											
18	15.5	.25	1.9	1.55	12.0			1.0	.7		
19											
20	17.3	.25	1.7	1.73	12.0			0.9	.6		
21											
22											
23	17.1	.5	3.5	1.71	12.0			1.0	.7		
24											
25	22.2	.5	2.7	2.2	12.0			1.2	.9		
26											
27											
28	18.6	.5	3.2	1.9	12.0			1.2	1.0		
29											
30	12.0	.25	1.5	1.2	12.0			1.2	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November XI, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350891 Name of Drinking Water System Palms Mobile Hm Est. #2-59

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month Oct. 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 59

Design Flow 130 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4601

I certify this report is correct Brian Heath CT-5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		Aqua Mag (Phosphate)				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	272.1	6.75	84.6	220	276.0			28.4	21.4	6	NONE
Average	3.8	0.22	3.3	1.2	12.0			1.2	0.9		
Maximum	44.3	0.75	6.5	4.4	120			1.8	1.5		
Minimum	4.6	0.13	1.3	0.46	12.0			1.0	0.5		
1											
2	10.0	.25	3.0	1.0	120			1.2	.8		
3	6.2	.25	4.8	.6	120			1.2	.9		
4	22.3	.25	1.3	2.2	120			1.2	.8		
5	44.3	.75	2.0	4.4	120			1.8	1.5		
6											
7	8.5	.25	3.5	.85	12.0			1.2	.9	1	-0-
8										5	-0-
9	9.4	.25	3.2	.98	120			1.5	1.0		
10	8.8	.25	3.4	.88	12.0			1.3	.9		
11	6.7	.25	4.5	.60	12.0			1.0	.8		
12											
13											
14	24.4	.5	2.5	2.4	12.0			1.0	.8		
15	6.9	.25	4.3	.7	12.0			1.2	.9		
16	4.6	.25	6.5	.46	12.0			1.2	.1		
17	5.4	.25	5.5	.54	12.0			1.2	1.0		
18	7.2	.25	4.2	.72	12.0			1.2	.8		
19											
20	10.8	.25	2.8	1.08	12.0			1.2	.9		
21	6.4	—	—	.64	12.0			1.2	.9		
22	23.5	.5	2.0	2.35	120			1.2	1.0		
23	17.0	.25	1.8	1.7	12.0			1.2	1.2		
24	10.1	.25	3.0	1.0	12.0			1.2	.8		
25	3.5	.25	5.5	.35	12.0			1.2	1.0		
26											
27											
28	17.4	.5	3.4	1.7	120			1.2	.8		
29	6.5	.25	4.6	.65	12.0			1.2	.9		
30	6.6	.25	4.5	1.46	12.4			1.5	1.0		
31	5.6	.25	5.3	.56	2.0			1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350891 Name of Drinking Water System Palms Mobile Hm. Est. #359

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month November 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 62

Design Flow 130 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		Aq-A-Mag (phosphate)				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	209.8	6.75	79.0	20.82	240			24.1	17.6	4	-0-
Average	7.2	0.23	4.2	.72	120			1.3	0.9		
Maximum	10.3	0.5	7.0	1.0	120			1.5	1.0		
Minimum	4.9	0.13	2.3	.49	12.0			1.0	0.7		
1	5.9	.25	5.1	.59	12.0			1.2	0.8		
2											
3											
4	20.2	.5	3.0	2.02	12.0			1.2	0.9		
5	10.1	.25	3.0	1.01	12.0			1.2	1.0		
6	5.4	—	—	.54	12.0			1.2	0.9		
7	6.1	.25	2.9	.61	12.0			1.2	1.0	4	-0-
8	6.8	.25	4.4	.68	12.0			1.2	0.8		
9											
10											
11	17.4	.5	3.4	1.74	12.0			1.2	0.9		
12	5.3	.25	5.6	.5	12.0			1.2	.7		
13	5.6	.25	5.3	.56	12.0			1.2	.9		
14	10.1	.5	5.9	1.0	12.0			1.5	1.0		
15	8.6	.5	7.0	.86	12.0			1.2	.8		
16											
17											
18	29.9	1.0	4.0	3.0	12.0			1.2	.9		
19	4.9	.25	6.1	.49	12.0			1.4	.8		
20	7.0	.25	4.3	.7	12.0			1.2	.9		
21	10.3	.25	2.9	1.0	12.0			1.5	1.0		
22	7.7	.25	3.9	.77	12.0			1.2	.9		
23											
24											
25	17.6	.5	3.4	1.76	12.0			1.2	1.0		
26	8.4	.25	3.6	.84	12.0			1.0	.8		
27	9.3	.25	3.2	.93	12.0			1.0	.8		
28											
29	13.2	.25	2.3	1.32	12.0			1.2	.8		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350891 Name of Drinking Water System Palms Mobile Home Estates #559

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month December 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 61

Design Flow 130 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		Aqua-Mag Phosphate				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	206.6	5.25	61.3	2.59	2280			23.4	16.9	4	-0-
Average	6.7	.17	3.8	.166	12.0			1.2	.9		
Maximum	9.7	.25	5.9	.95	12.0			1.9	1.5		
Minimum	4.8	.13	2.5	.46	12.0			.8	.6		
1											
2	19.3	.5	3.1	1.9	12.0			1.2	.8		
3	9.6	.25	3.5	.96	12.0			1.2	1.0		
4											
5	9.6	.25	3.1	.96	12.0			1.9	1.5		
6	5.1	.25	5.9	.5	12.0			1.0	.7		
7											
8											
9											
10	30.3	.75	3.0	3.0	12.0			1.3	.9		
11	6.6	.25	4.5	.66	12.0			1.2	.8	4	-0-
12	7.3	.25	4.1	.73	12.0			1.2	.8		
13	6.5	.25	4.6	.65	12.0			1.2	.9		
14											
15											
16	23.1	.5	2.6	2.31	12.0			1.0	.7		
17	5.5	—	—	.53	12.0			1.2	.9		
18	6.1	.25	3.5	.61	12.0			1.2	.9		
19	5.2	.25	5.8	.52	12.0			1.3	1.0		
20	4.8	—	—	.48	12.0			.8	.6		
21											
22											
23	17.3	.5	2.7	1.73	12.0			1.0	.7		
24	5.3	—	—	.53	12.0			1.2	.8		
25											
26	11.1	.5	3.7	1.11	12.0			1.5	1.0		
27	6.8	.25	4.4	.68	12.0			1.2	.9		
28											
29											
30	21.8	.5	2.8	2.18	12.0			1.5	1.0		
31	6.0	.25	5.0	.6	12.0			1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. *Note: Fold top flap down, fold this flap up over it, then staple or tape.*

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile Home Este

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by Southern State Utilities Reporting Month January 90 15

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 62

Design Flow 130 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) ----- (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	92	3.0	55.7					22.2	15.2	4	NONE
Average	3.1	.1	4.6					1.3	0.9		
Maximum	9.1	.35	10.3					1.9	1.4		
Minimum	2.2	—	3.1					1.0	0.7		
1											
2	9.4	.25	3.2					1.5	1.0		
3	2.9	.24	10.3					1.2	0.8		
4											
5	4.5	.25	4.6					1.2	0.9		
6											
7											
8	7.6	.25	3.9					1.2	0.9		
9											
10	5.4	.25	5.5					1.2	0.8	4	-0-
11											
12	6.4	.25	4.4					1.2	0.9		
13											
14											
15	9.6	.25	3.1					1.0	0.7		
16	2.5	—	—					1.5	1.0		
17	4.2	—	—					1.2	0.9		
18	3.1	.25	3.1					1.2	0.9		
19	2.8	—	—					1.5	1.0		
20											
21											
22	6.8	.25	4.4					1.0	0.5		
23	9.1	.25	3.3					1.9	1.4		
24	2.2	—	—					1.2	0.8		
25											
26	5.5	.25	3.9					1.2	0.9		
27											
28											
29	7.5	.25	4.0					1.2	0.9		
30	2.1	—	—					1.2	0.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile Home Estat

Location: City or S/D Palms Mobile Home Est. County Lake

Owned by Southern States Utilities Reporting Month February 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 62

Design Flow 130 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-582
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	212.3	5.75	105					21.6	15.3	4	NONE
Average	7.6	.2	3.6					1.3	0.9		
Maximum	13.3	.25	5.0					1.2	1.0		
Minimum	3.4	.17	2.1					1.2	.7		
1	3.7	—	—					1.2	.7		
2	3.4	.25	2.9					1.2	.8		
3											
4											
5	19.3	.5	3.1					1.2	.7		
6	8.4	.25	3.6					1.2	.7		
7	8.2	.25	3.6					1.2	.8	4	-0-
8											
9	27.6	.5	2.2					1.2	.5		
10											
11											
12	19.9	.5	3.0					1.2	.9		
13	6.6	.25	4.5					1.2	.9		
14	7.9	.25	3.8					1.2	.9		
15	6.1	.25	4.9					1.2	1.0		
16	9.1	.25	3.7					1.2	1.0		
17											
18											
19	25.1	.5	2.1					1.2	.7		
20											
21	15.3	.5	3.9					1.2	.5		
22	7.7	.25	3.9					1.2	.9		
23	6.0	.25	5.0					1.2	.9		
24											
25											
26	17.4	.5	3.4					1.2	1.0		
27	9.9	.25	3.0					1.2	1.0		
28	7.7	.25	3.9					1.2	1.0		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palma

Location: City or S/O Palma Mobile Home Estates County Lake

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 63

Design Flow 130 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath O-582
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	307.6	7.75	67.1					25.5	17.8	4	NONE
Average	10.3	.26	3.1					1.2	.8		
Maximum	13.6	.5	4.4					1.5	1.0		
Minimum	8.5	.25	2.1					1.0	.7		
1	8.5	.25	3.5					1.3	.8		
2	9.6	.25	3.5					1.3	.9		
3											
4											
5	25.0	.5	2.1					1.2	.9		
6	10.0	0.25	3.0					1.0	0.8		
7	10.2	.25	2.9					1.2	.6		
8	9.8	.25	3.4					1.2	.7		
9	11.3	.25	2.6					1.2	.7		
10											
11											
12	31.1	.75	2.9					1.2	.9		
13	9.1	0.25	3.3					1.0	0.7	4	-0-
14	13.1	.25	2.3					1.2	.8		
15	9.5	.25	3.1					1.2	.9		
16	13.3	.25	2.2					1.2	.8		
17											
18											
19	26.5	.75	3.4					1.2	.9		
20	9.7	.25	3.4					1.0	.8		
21	9.2	.25	3.3					1.2	.9		
22	9.7	.25	3.1					1.2	.8		
23	10.5	.25	2.8					1.2	.8		
24											
25											
26	35.9	1.0	3.3					1.2	.8		
27	13.6	.5	4.4					1.5	1.0		
28	13.9	.25	2.3					1.0	.7		
29	10.2	.25	2.9					1.0	.7		
30	8.8	.25	3.4					1.0	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Poling Mobile Home Estat

Location: City or S/D Poling Mobile Home Est. County Lake

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 63

Design Flow 130GPM. Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath C-5825

(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	279.4	7.5	68.5					23.2	15.2	6	NONE
Average	9.3	0.25	3.6					1.3	0.5		
Maximum	62.2	1.25	6.1					1.8	1.0		
Minimum	4.9	.125	2.0					1.0	0.5		
1											
2	17.2	.5	3.5					1.2	.5		
3	4.9	.25	6.1					1.2	.5		
4	5.7	.25	3.2					1.2	.5		
5											
6	17.9	.5	3.3					1.2	.5		
7											
8											
9	21.7	.5	2.8					1.2	.8		
10	7.9	.25	3.8					1.2	.9	4	-0-
11	10.8	.25	2.8					1.2	.8		
12	6.5	.25	4.6					1.2	.9		
13	6.2	.25	4.8					1.2	1.0		
14											
15											
16	21.4	.75	4.2					1.8	1.0		
17	14.8	.25	2.0					1.0	.8		
18	10.3	.25	2.9					1.2	.9		
19											
20	10.8	.25	2.8					1.2	.8		
21											
22											
23	18.1	.5	3.3					1.2	.9		
24											
25	10.9	.25	2.7					1.2	.9		
26	11.4	.25	2.6					1.2	.8		
27	10.6	.25	2.8					1.2	.9		
28	62.2	1.25	2.4					1.2	.9		
29											
30	10.1	.5	5.9					1.2	.9	2	-0-
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palma Mobile - #559

Location: City or S/D Palma Mobile Home Estates County Lake

Owned by S.S.U. Services Reporting Month May 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 61

Design Flow 130 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C 5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	324.8	10.0	91.5					26.2	19.0	5	NONE
Average	10.5	0.32	4.2					1.2	0.9		
Maximum	19.3	0.5	6.6					1.2	1.0		
Minimum	4.5	.08	1.5					1.0	0.7		
1	6.5	.25	4.6					1.2	.8	1	-0-
2	6.2	.25	4.8					1.2	.7		
3	9.7	.25	3.1					1.2	.9		
4	7.0	.25	4.3					1.2	1.0		
5											
6											
7	19.8	.25	1.5					1.2	.9		
8	12.4	.5	4.8					1.2	.9		
9	6.0	.25	5.0					1.2	.9		
10	4.7	.25	6.4					1.2	.9		
11	4.5	.25	6.6					1.2	.8		
12											
13											
14	27.6	.25	3.2					1.2	.9	4	-0-
15	13.0	.5	4.6					1.2	.8		
16	10.8	.5	5.6					1.2	.9		
17	12.3	.5	4.9					1.2	.9		
18	7.5	.25	4.0					1.2	.9		
19											
20											
21	36.8	1.0	3.3					1.2	.8		
22	12.3	.5	4.9					1.2	.8		
23	14.5	.25	2.0					1.2	.8		
24	10.5	.25	2.8					1.2	.9		
25	14.3	.5	4.2					1.2	.9		
26											
27	35.3	1.0	3.4					1.2	1.0		
28											
29	19.0	.75	4.7					1.2	.9		
30											
31	33.5	.75	2.7					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile Home Est. #2

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by S.S.U. Services Reporting Month June 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 61

Design Flow 130GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	180.4	6.75	116.3					21.2	15.2	4	NONE
Average	6.2	0.23	6.1					1.1	0.8		
Maximum	9.5	0.25	13.5					1.5	1.0		
Minimum	2.2	0.05	2.3					1.0	0.7		
1	15.2	.25	3.9					1.2	0.9		
2											
3											
4	36.1	.75	2.5					1.0	.8		
5											
6	15.9	.75	5.7					1.2	1.0		
7	4.5	.25	3.2					1.0	.8		
8	7.9	.25	3.5					1.2	.8		
9											
10											
11	27.8	1.0	4.3					1.5	.9		
12	4.0	.25	7.4					1.0	.7		
13	2.2	.25	13.5					1.0	.7	4	-0-
14	5.0	.25	6.0					1.5	1.0		
15	5.0	.25	6.0					1.0	.8		
16											
17											
18	12.9	.25	2.3					1.0	.7		
19	2.9	.25	10.7					1.0	.7		
20	5.2	.25	5.8					1.0	.7		
21	7.7	.25	3.9					1.0	.8		
22	2.3	.25	9.1					1.0	.7		
23											
24											
25	6.0	.25	3.7					1.2	.8		
26	2.7	.25	11.1					1.2	.9		
27											
28	5.4	.25	5.5					1.2	.8		
29	3.8	.25	7.9					1.0	.7		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palm Mobile

Location: City or S/D Palm Mobile Home Estates County Lake

Owned by S.S.U. Services Reporting Month July 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 61

Design Flow 130 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath A-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	139	16.25	130.1					24.4	17.4	4	NONE
Average	9.0	.62	6.5					1.2	.9		
Maximum	9.4	.25	11.9					1.5	1.0		
Minimum	2.5	.17	2.6					1.0	.7		
1											
2	11.3	.25	7.6					1.0	.7		
3	2.9	.25	10.3					1.0	.8		
4											
5	12.0	.5	5.0					1.2	.9		
6	5.7	.25	5.2					1.2	.8		
7											
8											
9	16.3	.5	3.7					1.2	.9	4	-0-
10	8.1	.25	3.7					1.2	.8		
11	9.4	.25	3.2					1.2	.9		
12	6.1	.25	4.9					1.2	.8		
13	3.4	.25	8.8					1.5	1.0		
14											
15											
16	9.7	.5	6.2					1.2	.8		
17	3.3	.25	9.1					1.5	1.0		
18	3.1	.25	9.6					1.5	1.0		
19	3.3	.25	9.1					1.2	.8		
20	3.9	.25	7.7					1.5	1.0		
21											
22											
23	9.8	.5	6.1					1.2	.8		
24	2.5	.25	11.9					1.0	.9		
25	4.1	.25	7.3					1.0	.8		
26	5.5	.25	5.4					1.2	.9		
27	5.2	.25	5.8					1.2	.9		
28											
29											
30	13.9	.5	4.5					1.2	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile Hm. Est.

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month August 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 61

Design Flow 130GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	1606.0	6.75	110.2						24.2	16.6	4	NONE
Average	5.4	.22	5.5						1.2	0.8		
Maximum	11.0	.25	9.6						1.5	1.0		
Minimum	3.1	.13	2.7						1.0	0.7		
1	20.9	.25	4.3						1.0	0.7		
2	4.8	.29	6.3						1.0	0.8		
3	6.8	.25	4.5						1.2	0.9		
4	5.1	.25	5.9						1.0	0.8		
5												
6	11.3	.5	5.3						1.0	.7		
7	11.0	.25	2.7						1.2	.8		
8	3.5	.25	8.5						1.5	1.0	4	-0-
9	5.1	.25	5.9						1.2	.8		
10	3.7	.25	8.1						1.5	.9		
11												
12												
13	13.1	.5	5.0						1.2	.8		
14	4.0	.25	7.5						1.2	.9		
15	3.1	.25	9.6						1.2	.9		
16												
17	7.8	.25	3.8						1.5	.9		
18												
19												
20	15.0	.5	4.0						1.2	.9		
21	7.8	.25	3.8						1.2	.8		
22												
23	10.9	.5	5.5						1.2	.7		
24	4.0	.25	7.5						1.5	1.0		
25												
26												
27	12.8	.5	4.7						1.2	.7		
28												
29	7.6	.25	3.9						1.2	.9		
30												
31	4.7	.25	3.4						1.0	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350951 Name of Drinking Water System Palms Mobile Hm Est

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month September 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 61

Design Flow .30GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Ryan C Heath (Lead Operator's Signature) A-5825 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	175.3	6.25	32.8					20.2	14.4	10	1
Average	6.3	0.22	4.9					1.2	0.8		
Maximum	13.3	0.5	7.9					1.3	1.0		
Minimum	4.1	0.125	2.7					1.0	0.7		
1											
2	8.5	.25	3.5					1.2	.9		
3											
4	10.0	.25	3.0					1.2	1.0		
5											
6											
7	19.1	.5	3.1					1.2	.8		
8	4.2	.25	7.1					1.0	.7		
9											
10	13.5	.5	4.4					1.2	.7	4	1
11	6.3	.25	4.8					1.2	.8		
12	4.1	.25	7.9					1.2	.9		
13	4.1	.25	7.9					1.2	.9		
14	5.1	.25	5.9					1.2	.8		
15											
16											
17	17.1	.75	5.3					1.2	.8		
18											
19	13.8	.5	5.0					1.2	.9	1	Retiplex
20	5.4	.25	5.5					1.2	.9	1	Retiplex
21	13.3	.5	4.5					1.2	.8		
22											
23											
24	31.9	.5	3.7					1.2	.9	2	Plant Outage
25	6.3	.25	4.8					1.2	.9	2	Plant Outage
26	7.7	.25	3.9					1.2	.9		
27											
28	16.9	.5	3.5					1.2	.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November XX, 1982

DEP
Lake

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile Hm. Est. #559

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by S.S.U. Services Reporting Month October 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 641

Design Flow 130GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	170.0	7.25	108.1					23.2	16.4	9	3
Average	5.5	0.23	5.7					1.3	0.9		
Maximum	14.7	0.75	9.5					1.5	1.0		
Minimum	3.9	.08	1.9					1.0	0.7		
1	14.7	.75	2.1					1.2	.8		
2	5.1	.25	5.9					1.2	.9		
3											
4	9.4	.5	6.4					1.2	1.0		
5	5.0	.25	6.0					1.2	.9		
6											
7											
8	12.2	.25	1.7					1.0	.7		
9											
10	11.2	.5	5.4					1.2	.8	6	3
11	4.1	.25	7.3					1.0	.7		
12	5.0	.25	6.0					1.2	.8		
13											
14											
15	14.6	.5	4.1					1.2	.9		
16	6.0	.25	5.0					1.2	1.0		
17											
18	10.2	.5	5.9					1.2	1.0		
19	5.0	.25	6.0					1.2	.8		
20											
21											
22	14.3	.5	4.2					1.2	.8		
23	4.8	.25	6.2					1.5	1.0	3	
24	4.0	.25	7.5					1.5	1.0		
25	4.1	.25	7.3					1.5	1.0		
26	3.9	.25	7.7					1.5	1.0		
27											
28											
29	12.0	.75	5.3					1.0	.7		
30											
31	14.4	.5	4.2					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile #559

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by S.S.U. Services Reporting Month Nov. 90 19

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 107

Design Flow 130GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-582
(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		AQUA MAG (AMMONIATE)				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	304.80	10.25	80.2	30.38	240			29.2	20.7	8	NONE
Average	10.2	0.34	4.0	1.0	12			1.5	1.0		
Maximum	42.8	1.5	9.9	4.28	12			2.0	2.0		
Minimum	5.5	0.17	2.0	0.56	12			1.0	0.7		
1	6.9	.25	4.5	.67	12.0			1.0	0.7		
2	12.0	1.0	9.9	1.2	12.0			2.0	2.0		
3											
4											
5	30.4	.5	2.0	3.0	12.0			1.8	1.5		
6	10.0	.25	3.0	1.0	12.0			1.0	.8		
7	7.6	.25	3.9	.76	12.0			1.8	1.2		
8	9.4	.25	3.2	.94	12.0			1.8	1.2		
9	11.3	.25	2.7	1.13	12.0			1.5	1.0		
10											
11											
12	33.5	.75	3.8	2.35	12.0			1.5	1.0		
13	10.2	.29	2.9	1.0	12.0			1.5	1.0	4	-0-
14	12.5	.25	2.4	1.25	12.0			1.5	1.0		
15	9.9	.25	3.0	1.0	12.0			1.5	1.0		
16	10.2	.25	2.9	1.0	12.0			1.5	1.0		
17											
18											
19	30.1	1.0	4.0	3.0	12.0			1.5	.8		
20	42.8	1.5	4.2	4.28	12.0			1.5	.9		
21	11.2	.5	5.4	1.12	12.0			1.2	.8		
22											
23	15.2	.5	3.9	1.5	12.0			1.2	.9		
24											
25											
26	16.5	.75	5.5	1.65	12.0			1.5	1.0	2	-0-
27	10.0	.5	6.0	1.0	12.0			1.5	1.0	2	-0-
28	7.9	.25	3.8	1.79	12.0			1.2	9		
29											
30	17.4	.75	5.2	1.74	12.0			1.2	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 Name of Drinking Water System Palms Mobile #559

Location: City or S/D Palms Mobile Home Estates County Lake

Owned by SSU Services Reporting Month Dec 1990

Plant Effluent pH _____ (Avg) No. of Services at End of Month 111

Design Flow 130GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	Magna. Mag. lbs Used	Magna. Mag. mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	201	5.75	64	20.03	192			19.8	14.4	4	NONE
Average	6.5	.19	4.0	1.3	12.0			1.2	.9		
Maximum	7.9	.25	5.9	2.38	12.0			1.5	1.0		
Minimum	5.1	.125	1.9	.51	12.0			1.0	.7		
1											
2											
3	17.1	.5	3.5	1.7	12.0			1.0	.7		
4											
5	12.2	.5	4.9	1.2	12.0			1.2	.8	4	-0-
6	6.8	.25	4.4	.68	12.0			1.2	.9		
7	5.1	.25	5.9	.51	12.0			1.2	.9		
8											
9											
10	17.2	.75	5.2	1.7	12.0			1.2	.8		
11											
12	13.1	.25	2.3	1.3	12.0			1.2	.9		
13	6.8	.25	4.4	.68	12.0			1.2	.9		
14	5.9	.25	5.1	.59	12.0			1.2	1.0		
15											
16											
17	20.8	.75	4.3	2.08	12.0			1.5	1.0		
18											
19	14.1	.5	4.3	1.4	12.0			1.2	1.0		
20	6.8	.25	4.4	.68	12.0			1.2	1.0		
21	5.9	.25	5.1	.59	12.0			1.0	.8		
22											
23											
24	17.6	.5	3.4	1.76	12.0			1.5	1.0		
25											
26	12.3	.25	2.4	1.23	12.0			1.5	1.0		
27											
28	15.5	.25	1.9	1.55	12.0			1.5	.9		
29											
30											
31	23.4	.5	2.5	2.36	12.0			1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-1.208(5)
Effective November 30, 1982

Park Manor - 444

Putnam County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month Jan 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	127	8.75	141					18.8	4.4		
Average	4	.28	22					.9	.2		
Maximum	8	.5	19								
Minimum	3	.25	4								
1	8	.25	4					.8	.2		
2	4	.25	7					.8	.2		
3	4	.25	7					.8	.2		
4	4	.25	5					.9	.2		
5											
6											
7	12	.5	4					.8	.2		
8	7	.25	4					.8	.2		
9	5	.25	5					.9	.2	4	4
10	4	.25	5					.9	.2		
11	4	.25	5					.9	.2		
12											
13											
14	11	1.5	14					.9	.2		
15	4	.25	5					.9	.2		
16	3	.25	7					.8	.2		
17	3	.25	7					.9	.2		
18	4	.25	7					.9	.2		
19											
20											
21	12	.75	6					.8	.2		
22	4	.25	7					.8	.2		
23	3	.25	11					.8	.2		
24	4	.25	5					.9	.2		
25											
26											
27											
28	15	1	7					.8	.2		
29	4	.25	7					.9	.2		
30	5	.25	5					.9	.2		
31	3	.25	7					.9	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540813 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month Feb. 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	101	7	164					14.4	4.0		
Average	4	.25	8					.7	.2		
Maximum	6	.5	14					1.0	.2		
Minimum	3	.25	5					.6	.2		
1	3	.25	11					1.0	.2		
2	4	.25	7					.6	.2		
3											
4	6	.5	8					.8	.2		
5	6	.5	8					.8	.2		
6	3	.5	14					.6	.2		
7	3	.25	11					.8	.2		
8	5	.25	5					.6	.2		
9											
10											
11	9	.5	6					.6	.2		
12	4	.25	7					.6	.2		
13	3	.25	7					.7	.2	4	0
14	3	.25	7					.8	.2		
15	3	.25	7					.8	.2		
16											
17											
18											
19	19	1	6					.8	.2		
20	4	.25	7					.6	.2		
21	3	.25	11					.6	.2		
22	5	.25	5					.7	.2		
23											
24											
25	9	.75	8					.7	.2		
26	3	.25	11					.7	.2		
27	3	.25	14					.8	.2		
28	4	.25	7					.8	.2		
29											
30											
31											

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540573 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU, Inc. Reporting Month March 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5524
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	113	7.5	149					15.7	4.2		
Average	4	.24	7					.7	.2		
Maximum	5	.25	11					.8	.2		
Minimum	3	.25	4					.7	.2		
1	3	.25	7					.8	.2		
2											
3											
4	11	.75	7					.8	.2		
5	5	.25	11					.8	.2		
6	4	.25	5					.7	.2	4	—
7	4	.25	7					.7	.2		
8	3	.25	7					.8	.2		
9											
10											
11	13	.5	4					.7	.2		
12	5	.25	5					.8	.2		
13	2	.25	11					.8	.2		
14	3	.25	7					.8	.2		
15	3	.25	7					.7	.2		
16											
17											
18	9	.75	9					.7	.2		
19											
20	7	.5	7					.8	.2		
21	4	.25	5					.7	.2		
22	3	.25	11					.7	.2		
23											
24											
25	11	.75	7					.7	.2		
26	5	.25	4					.7	.2		
27	5	.25	5					.7	.2		
28	3	.25	4					.7	.2		
29	4	.25	7					.8	.2		
30											
31	9	.5	5					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month April 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gas) or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	126	11.25	180					16.3	4.0		
Average	4	.38	9					.8	.2		
Maximum	7	.75	21					.9	.2		
Minimum	3	.25	5					.7	.2		
1	3	.25	11					.7	.2		
2	4	.25	7					.8	.2		
3	4	.25	7					.8	.2	4	0
4	4	.25	5					.8	.2		
5	3	.25	7					.8	.2		
6											
7											
8	12	.75	6					.8	.2		
9	4	.25	7					.8	.2		
10	5	.25	5					.8	.2		
11	4	.25	7					.8	.2		
12	5	.5	11					.8	.2		
13											
14											
15	13	1.25	9					.8	.2		
16	5	.5	11					.9	.2		
17											
18	8	1	12					.8	.2		
19											
20											
21											
22	14	.2	14					.9	.2		
23	4	.75	21					.9	.2		
24	5	.5	11					.9	.2		
25	4	.25	7					.9	.2		
26	4	.25	7					.7	.2		
27											
28											
29	14	1	8					.8	.2		
30	7	.5	7					.8	.2		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month May 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that this report is correct William K. Kuhn C 5326
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	137	13.25	226					20.4	4.6		
Average	4	0.4	10					.9	.2		
Maximum	6	1	21					1.1	.2		
Minimum	3	.25	5					.7	.2		
1	3	.25	7					.8	.2		
2	3	.5	14					.8	.2		
3	4	.25	7					.7	.2		
4											
5	10	1	10					.7	.2		
6	5	1	21					.9	.2		
7	5	.25	5					.8	.2		
8	4	.25	5					.9	.2	4	0
9	3	.25	11					.9	.2		
10	4	.25	7					1.0	.2		
11											
12											
13	12	2	17					.9	.2		
14	5	.5	11					1.0	.2		
15	6	.5	8					1.0	.2		
16	3	.5	14					.7	.2		
17	6	.5	8					.8	.2		
18											
19											
20	15	1	7					.9	.2		
21	5	.75	16					.9	.2		
22	5	.25	5					1.1	.2		
23	3	.5	14					1.0	.2		
24	4	.25	7					1.0	.2		
25											
26											
27											
28	16	1	6					1.0	.2		
29	6	.75	13					.8	.2		
30	6	.5	8					.9	.2		
31	4	.25	5					.9	.2		

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OER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month June 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelsin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	131	7.5	127					15.9	4.0		
Average	4	.25	6					.8	.2		
Maximum	7	.33	11					1.0	.2		
Minimum	2	.25	3					.6	.2		
1	4	.25	4					.9	.2		
2											
3	7	.5	7					1.0	.2		
4	5	.25	5					.8	.2		
5	4	.25	7					.8	.2	4	0
6	6	.25	4					.9	.2		
7	5	.25	5					.8	.2		
8											
9											
10	13	1	8					1.0	.2		
11	6	.25	4					.8	.2		
12	2	.25	11					.8	.2		
13	5	.25	5					.9	.2		
14	4	.25	7					.9	.2		
15											
16											
17	14	.75	6					.7	.2		
18											
19	8	.5	7					.8	.2		
20	3	.25	7					.6	.2		
21											
22											
23											
24	18	1.25	7					.6	.2		
25	4	.25	7					.8	.2		
26	4	.25	7					.8	.2		
27	3	.25	11					.7	.2		
28	5	.25	5					.7	.2		
29											
30	8	.25	3					.6	.2		
31											

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540273 Name of Drinking Water System Park Manor

Location: City or S/D Hallwood County Hillsboro

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow 115(.05) Remarks (Use reverse side) Phone No.: 1-800-432-1501

I certify this report is correct: William K. Kelly C 5226
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals) or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	144	1.5	116					15.5	4.4		
Average	5	.25	6					.8	.2		
Maximum	5	.25	11					.9	.2		
Minimum	3	.25	4					.5	.2		
1	4	.25	5					.7	.2		
2	4	.25	7					.6	.2	4	1
3	5	.25	5					.7	.2		
4											
5	11	.50	5					.7	.2		
6											
7											
8	13	.50	4					.5	.2		
9	6	.25	4					.6	.2		
10	5	.25	5					.8	.2		
11	5	.25	5					.8	.2		
12	5	.25	7					.4	.2		
13											
14											
15	14	.75	5					.8	.2	5	e
16	3	.25	7					.9	.2		
17	3	.25	11					.8	.2		
18	5	.25	4					.9	.2		
19	4	.25	7					.8	.2		
20											
21											
22	15	.75	5					.9	.2		
23											
24	7	.50	7					.8	.2		
25	5	.25	5					.8	.2		
26											
27											
28											
29	15	1	6					.7	.2		
30	4	.25	5					.8	.2		
31	4	.25	7					.8	.2		

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(4-0 Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 1 2 0 3 7 3 Name of Drinking Water System PARK MANOR

Location: City or S/D Whitesboro County Putnam

Owned by Self Services Reporting Month August 1991

Free Chlorine Residual in Effluent at 1.1 (Avg) No. of Services at End of Month 30

Pressure in System 40-80 Remarks (Use reverse side) Phone No.: 1-800-432-4501

Daily Water Report Submitted by: William K. Keller C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine (Cl2) or Its Used lbs	Chlorine (Cl2) or Its Used mg/l	Its Used lbs	Its Used mg/l	Its Used lbs	Its Used mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	134	7.5	126					12.5	42		
Average	4	.25	6					.6	2		
Maximum	6	.25	11					.9	2		
Minimum	3	.25	4					.4	.2		
1	3	.25	7					.4	.2		
2	4	.25	7					.8	2		
3											
4											
5	12	.75	6					.8	2		
6											
7	6	.50	5					.8	2	7	0
8	5	.25	5					.8	.2		
9	5	.25	5					.9	2		
10											
11											
12	8	.75	4					.8	.2		
13	4	.25	8					.7	.2		
14	4	.25	7					.7	.2		
15	4	.25	4					.5	.2		
16	4	.25	7					.6	.2		
17											
18											
19	11	.75	7					.6	.2		
20	3	.25	7					.4	.2		
21											
22	9	.50	5					.4	.2		
23	4	.25	7					.4	.2		
24											
25											
26	4	.50	5					.4	.2		
27	4	.25	5					.4	.2		
28	4	.25	7					.4	.2		
29	3	.25	11					.6	.2		
30	5	.25	5					.6	.2		
31	8	.25	5					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple.

Revised 10/91

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540813 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month Sept. 1991

Final Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

William K. Kelsi C 5926

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals) or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
(Initial) Total	137	11.50	164					143	3.8		
Average	5	.4	9					.8	.2		
Maximum	16	.5	14					1.0	.2		
Minimum	2	.25	4					.5	.2		
1											
2											
3	16	.25	5					.6	.2		
4	5	.25	5					.8	.2		
5	5	.25	5					.9	.2	4	0
6	6	.25	4					.9	.2		
7											
8											
9	24	2	8					.8	.2		
10	3	.50	14					.7	.2		
11	5	.50	11					.5	.2		
12	3	.25	7					.7	.2		
13	4	.25	7					.7	.2		
14											
15											
16	13	1.50	11					.8	.2		
17	4	.50	14					1.0	.2		
18	5	.25	5					.9	.2		
19											
20	7	.75	11					.8	.2		
21											
22											
23	11	1.50	13					.7	.2		
24	4	.50	14					.6	.2		
25	4	.25	7					.7	.2		
26	5	.25	5					.8	.2		
27	2	.25	11					.8	.2		
28											
29											
30	11	.75	7					.6	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple on the

DER Form 17-1.20(5)

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

FPC ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month Oct. 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Gary W. Stapf C-6963
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals of 1% Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	161	12.25	182					21.3	5.4		
Average	5	.4	10					1.1	.3		
Maximum	8	1.5	21					1.8	.5		
Minimum	2	.25	4					.6	.2		
1	4	.50	11					1.4	.4		
2	4	.25	7					1.4	.4		
3											
4	10	.50	5					.7	.2		
5											
6											
7											
8	22	.75	4					1.2	.2		
9	8	1.5	18					1.2	.2	3	⊖
10	5	1.0	21					1.1	.2		
11	5	1.0	21					1.5	.4		
12											
13											
14	16	1.0	6					1.1	.2		
15	4	.50	13					1.0	.2		
16	2	.50	21					1.0	.2		
17	8	.50	6					1.0	.2		
18	3	.25	11					1.4	.4		
19											
20											
21	16	.75	4					1.2	.3		
22											
23	10	1.0	9					.6	.2		
24	3	.25	7					.8	.2		
25	8	.25	4					1.2	.4		
26											
27											
28	17	1.0	6					1.0	.4		
29											
30	6	.50	8					1.4	.5		
31	4	.25	5					.7	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-1.20(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU SERVICES Reporting Month November 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	181	13.5	227					17.9	5.9		
Average	6	.4	12					.9	.3		
Maximum	19	3.5	73					2.5	.8		
Minimum	4	.25	3					.3	.2		
1	5	.5	11					1.2	.6		
2											
3											
4	14	.5	3					.4	.2		
5											
6	10	.25	3					.4	.2	3	0
7	6	.25	4					.4	.2		
8	4	.5	13					.3	.2		
9											
10											
11	19	1	5					.4	.2		
12	6	.25	4					.6	.2		
13	7	.25	4					.5	.2		
14	6	.25	4					.3	.2		
15	4	.5	14					.5	.2		
16											
17											
18	14	1.75	9					.4	.2		
19											
20	12	1.5	13					.7	.2		
21	8	.25	3					3.5	.4		
22	21	3.5	73					2.5	.4		
23											
24											
25	14	3.5	17					.3	.4		
26	6	1	17					3.5	.5		
27	6	.5	9					.3	.3		
28											
29	9	1.5	13					1.5	.8		
30	10	1	9					1.0	.3		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

(Form 17-1.209(3))

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

2540873 Name of Drinking Water System Park Manor

City or Sub Hollister County Putnam

SSU Services Reporting Month Dec 1991

pH 7.6 (Avg) No. of Services at End of Month 30

115,000 Gallons Obs (reverse side) Phone No.: 904-649-4143

Dedl C-7251

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Total Water Pumped (Meter Reading)	Chlorine lbs	Chlorine mg/l at Plant	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Sample Taken	Bacteriological MCL Violations
190	17.5	222					31.1	11.5		
6	.6	11					1.5	.5		
10	1.25	21					3.0	2.2		
2	.25	5					.5	.2		
4	1.25	15					1.2	.4		
4	.75	16					1.5	.6		
5	.5	8					1.2	.4		
5	.5	11					1.8	.4	3	0
7	1	17					2.0	.6		
3	.5	14					1.5	.7		
18	2.5	14					1.5	.9		
7	.5	7					1.2	.6		
5	1	21					1.0	.6		
10	.5	5					1.6	.6		
2	.5	21					1.0	.6		
20	1.5	7					.8	.3		
10	.5	5					.5	.2		
4	.25	7					1.3	.3		
4	.25	7					2.5	.7		
6	.5	8					2.4	.8		
19	1	5					.6	.2		
5	1	12					1.7	.5		
4	1	10					3.0	2.2		
26	1.5	6					.3	.2		
9	.5	6					1.7	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within ... days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

... 17-1.280(5)

... Dec 31, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 5 4 0 8 7 3 Name of Drinking Water System PARK MANOR

Location: City or S/D HOLLISTER County PUTNAM

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN. 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 29

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals) or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	111	14	273					20.2	4.4		
Average	4	.45	12					.9	.2		
Maximum	10	1.5	21					1.2	.2		
Minimum	2	.25	7					.6	.2		
1	10	1.5	14					1.0	.2		
2	3	.25	11					.8	.2		
3	3	.5	21					1.0	.2		
4	4	.5	14					1.0	.2		0
5	3	.5	14					1.0	.2		
6											
7											
8	11	1.5	14					1.0	.2		
9	4	.5	11					1.0	.2		
10	3	.5	14					1.0	.2		
11	2	.25	11					1.2	.2		
12	5	.75	16					1.2	.2		
13											
14											
15	11	1.5	14					1.0	.2		
16	3	.25	7					1.0	.2		
17	3	.25	11					.8	.2		
18	3	.25	11					.8	.2		
19	4	.5	14					1.0	.2		
20											
21											
22	11	1.25	12					1.0	.2		
23	2	.25	11					.8	.2		
24											
25	8	1	12					.8	.2		
26	4	.5	11					.8	.2		
27											
28											
29	8	1	12					.8	.2		
30	3	.25	7					.6	.2		
31	3	.25	11					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by Southern States Utilities, Inc. Reporting Month Feb. 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 29

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals or lbs Used)	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	87	12.25	346					17.9	4.3		
Average	3	.44	16					.9	.2		
Maximum	4	.75	21					1.1	.3		
Minimum	2	.25	11					.6	.2		
1	3	.5	21					.9	.2		
2	4	.75	21					1.0	.2		
3	3	.5	14					1.0	.2		
4											
5											
6	9	1.5	17					1.1	.2		
7	3	.5	21					1.0	.2	4	0
8	2	.25	11					.6	.2		
9	4	.75	21					.8	.2		
10	3	.25	11					.8	.2		
11	3	.5	14					.9	.2		
12											
13	7	1	14					.8	.2		
14	2	.25	11					.6	.2		
15	3	.5	14					.6	.2		
16	3	.25	11					.6	.2		
17											
18											
19	10	2	21					.9	.2		
20	3	.5	21					.8	.2		
21	3	.5	14					1.0	.2		
22	3	.5	21					1.1	.3		
23	4	.75	16					.9	.2		
24											
25											
26	9	1.25	15					.8	.2		
27	3	.5	21					.9	.2		
28	4	.75	16					.8	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-22.999(3)
Revised November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by Southern States Utilities Reporting Month March 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 29

Design Flow 115,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals. or Lbs. Used)	Chlorine mg/l	Lbs Used	mg/l	Lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	129	15.25	345.1					28.6	6.2		
Average	4	.49	13.8					1.1	.2		
Maximum	7	1.5	41.5					2.0	.4		
Minimum	2	.25	5.3					.8	.2		
1	3	.25	11					.9	.2	4	1 - Dist.
2	4	.25	5.3					.8	.2		
3											
4											
5	12	.75	6.3					.8	.2		
6	5	.25	5.3					.8	.2		
7	4	.25	7					.8	.2		
8	4	.5	14					.9	.2		
9	4	.5	14					.8	.2		
10	7	.5	7					1.0	.2		
11											
12											
13	9	1.5	15.6					1.0	.2		
14	4	.5	14					1.4	.3		
15	4	.5	14					1.3	.3		
16	4	.5	11					1.4	.3		
17											
18	10	1	10.4					1.2	.3		
19	4	.25	8.3					1.2	.3		
20	4	.25	8.3					1.0	.2	1	ø
21	4	1	27.8					1.1	.2	1	ø
22	4	.5	14					1.0	.2		
23	5	1	20.8					1.1	.2		
24											
25	11	1	9.2					1.0	.2		
26	3	1	41.5					1.2	.2		
27	5	1.5	31.3					1.2	.2		
28	5	.5	10.5					1.2	.2		
29	3	.5	14.					2.0	.5		
30	5	.5	10.5					1.7	.4		
31	3	.5	14					1.8	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by Southern States Utilities Reporting Month April 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 29

Design Flow 115,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	132	18	288					24.0	4.6		
Average	4	.60	14					1.2	.2		
Maximum	6	1.25	26					2.5	.8		
Minimum	3	.25	7					.8	.2		
1	5	1	21					1.0	.2		
2	3	.5	14					1.4	.2		
3	3	.5	21					1.2	.2		
4	4	.5	14					1.2	.2		
5	4	1	21					1.4	.2		
6	6	1	17					1.4	.2		
7											
8											
9	12	1	8					1.2	.2		
10	5	.5	10					1.2	.2		
11										4	0
12	7	1	14					1.0	.2		
13	5	.5	10					1.0	.2		
14											
15											
16	15	1.5	10					1.1	.2		
17	4	.5	10					1.0	.2		
18	6	1	17					1.1	.2		
19											
20	10	1.5	16					1.0	.2		
21											
22											
23	13	2	15					.8	.2		
24	4	.5	14					1.0	.2		
25	5	.75	16					1.1	.2		
26	3	.25	7					1.0	.2		
27	4	.25	7					2.5	.8		
28											
29											
30	14	3.75	26					1.0	.2		
31											

This form must be completed in full and submitted to the appropriate CER or County Health Department office all in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3540813 Name of Drinking Water System Park Manor

Location: City or S/D Hilliston County Putnam

Owned by Southern States Utilities Reporting Month May 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals) or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	130	15	277					25.8	4.6		
Average	4	.48	13					1.2	.2		
Maximum	6	1	28					1.5	.4		
Minimum	3	.25	1					.6	.2		
1	4	.5	10					1.0	.2		
2	4	1	28					1.2	.2		
3	5	.5	10					1.0	.2		
4	3	.5	14					1.4	.2		
5	6	.5	8					1.4	.2		
6											
7	7	2	28					1.4	.2		
8	3	.5	21					1.2	.2		
9	4	1	28					1.0	.2	4	e
10	3	.5	14					1.5	.4		
11	5	.5	10					1.4	.2		
12											
13											
14	15	1.5	10					1.5	.2		
15	4	.5	14					1.2	.2		
16											
17	.8	1	12					1.2	.2		
18											
19											
20											
21	18	.25	1					.6	.2		
22	3	.25	11					1.0	.2		
23	5	.25	5					1.0	.2		
24	4	.25	5					1.2	.2		
25	5	.25	5					1.2	.2		
26											
27											
28	13	1	8					1.2	.2		
29	4	1	21					1.0	.2		
30	3	.25	7					1.0	.2		
31	4	.25	7					1.2	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month June 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 105

Design Flow 115,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhi C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals or lbs Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	117	8	181					24.9	5.2		
Average	4	.27	6					.9	.2		
Maximum	3	.5	14					2.0	.5		
Minimum	3	.25	5					.8	.2		
1	4	.25	7					1.0	.2		
2											
3											
4	11	.25	2					1.0	.2		
5	4	.25	7					1.0	.2		
6	4	.5	14					1.3	.2	4	0
7	5	.25	5					1.4	.3		
8	4	.25	7					2.0	.5		
9	3	.5	21					1.4	.3		
10											
11	7	.5	7					1.0	.2		
12	4	.25	7					1.0	.2		
13	5	.25	5					1.2	.2		
14	3	.25	11					2.0	.5		
15											
16	9	.75	8					1.0	.2		
17											
18	8	1	12					1.2	.2		
19	4	.5	10					.8	.2		
20	3	.25	11					.8	.2		
21	5	.25	5					.9	.2		
22	4	.25	7					.8	.2		
23											
24											
25	11	.75	7					1.0	.2		
26											
27	9	.5	5					1.1	.2		
28	3	.25	11					1.0	.2		
29	3	.25	7					1.0	.2		
30	4	.25	5					1.1	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month July 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	117	11.5	227					19.2	4.3		
Average	4	.37	11					.9	.2		
Maximum	5	1	21					1.2	.3		
Minimum	3	.25	5					.6	.2		
1	5	1	21					.8	.2		
2	4	.25	7					1.0	.3		
3											
4											
5	4	.75	8					1.0	.2	4	0
6	3	.5	10					1.0	.2		
7	4	.5	14					.9	.2		
8											
9	7	1.5	21					1.2	.2		
10	5	.5	10					1.0	.2		
11	4	.5	14					.9	.2		
12	3	.5	14					1.1	.2		
13	4	.5	14					.9	.2		
14											
15											
16	10	1	9					.9	.2		
17	3	.5	14					.9	.2		
18											
19	10	.5	3					.6	.2		
20	4	.5	14					.8	.2		
21											
22											
23	4	.5	5					.9	.2		
24											
25											
26	12	.75	6					.8	.2		
27	5	.25	5					.9	.2		
28	4	.25	7					.9	.2		
29	4	.25	5					.9	.2		
30	2	.25	10					.8	.2		
31	4	.5	14					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU (Services) Reporting Month Aug. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals. or lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	126	8.75	160					19.3	4.4		
Average	4	.28	7					.9	.2		
Maximum	5	.5	14					1.0	.2		
Minimum	3	.25	3					.7	.2		
1	5	.5	8					.9	.2		
2	4	.5	14					1.0	.2		
3	4	.25	7					1.0	.2		
4											
5											
6	11	1.5	14					.9	.2		
7	5	.25	5					.8	.2		
8	4	.25	7					.8	.2		
9	4	.25	7					.9	.2	4	⊖
10	4	.25	7					.9	.2		
11	4	.25	7					.8	.2		
12											
13	8	.5	7					.8	.2		
14	5	.25	5					.9	.2		
15											
16	8	.5	6					1.0	.2		
17	3	.25	7					1.0	.2		
18											
19											
20	13	.75	6					1.0	.2		
21	5	.5	10					1.0	.2		
22											
23	9	.25	3					.8	.2		
24	4	.25	5					1.0	.2		
25											
26											
27	11	.5	4					.7	.2		
28	4	.25	7					.8	.2		
29	4	.25	7					.7	.2		
30	4	.25	7					.8	.2		
31	3	.25	10					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month Sept. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kirk C 5326
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals. or lbs. Used)	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	120	8	121					15.1	3.4		
Average	4	.27	7					.9	.2		
Maximum	5	.25	11					1.2	.2		
Minimum	3	.25	4					.6	.2		
1											
2											
3											
4	16	1	6					1.0	.2		
5	3	.25	11					1.0	.2	4	
6	4	.25	7					1.0	.2		
7											
8	7	.25	4					.9	.2		
9											
10	9	.5	6					.9	.2		
11	3	.25	11					.8	.2		
12	4	.25	7					.8	.2		
13	5	.25	5					.9	.2		
14	3	.25	11					.8	.2		
15											
16											
17	12	.75	6					.6	.2		
18	5	.25	5					.8	.2		
19											
20	10	.5	5					.6	.2		
21											
22											
23											
24	18	1.75	10					1.2	.2		
25	3	.25	7					1.0	.2		
26											
27	8	.5	6					1.0	.2		
28	3	.25	7					.9	.2		
29											
30	8	.5	7					.9	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month Oct. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 29

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	129	8.5	168					19.5	4.6		
Average	4	.27	4					.8	.2		
Maximum	6	.5	13					1.0	.2		
Minimum	3	.25	4					.6	.2		
1	3	.25	5					1.0	.2		
2	4	.25	8					1.0	.2		
3	4	.25	8					1.0	.2	4	-
4	3	.25	3					1.0	.2		
5	3	.25	13					.8	.2		
6											
7											
8	11	.75	7					7	.2		
9	4	.25	7					7	.2		
10	4	.25	8					8	.2		
11	5	.25	5					5	.2		
12	3	.25	11					11	.2		
13											
14											
15	13	.75	6					6	.2		
16	4	.25	7					7	.2		
17	3	.25	7					7	.2		
18	4	.25	7					7	.2		
19	3	.25	11					11	.2		
20											
21											
22	16	.75	5					5	.2		
23	4	.25	7					7	.2		
24	5	.25	5					5	.2		
25	4	.25	7					7	.2		
26	3	.25	7					7	.2		
27											
28											
29	13	1.5	13					.9	.2		
30	6	.25	4					.9	.2		
31	3	.25	9					.9	.2		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month Nov. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow 115000 Remarks (Use reverse side) Phone No.:

I certify that this report is correct. William K. Keelin C 5926

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	127	10.25	156					12.6	3.8		
Average	4	.34	8					.7	.2		
Maximum	6	.83	21					.9	.2		
Minimum	3	.25	4					.4	.2		
1	5	.25	5					.9	.2		
2	5	.25	5					.5	.2		
3											
4											
5											
6	16	1	6					.6	.2		
7	4	.25	4					.4	.2	4	0
8	4	.5	14					.6	.2		
9	4	.5	14					.6	.2		
10											
11											
12	12	.25	21					.7	.2		
13											
14	10	1	10					.6	.2		
15	6	.25	4					.5	.2		
16	3	.25	7					.8	.2		
17											
18											
19	13	.75	6					.6	.2		
20	5	.25	5					.8	.2		
21	3	.25	11					.5	.2		
22											
23	9	.5	5					.6	.2		
24											
25											
26	13	.75	6					.7	.2		
27	3	.25	7					.8	.2		
28	4	.25	7					.8	.2		
29	5	.25	5					.8	.2		
30	3	.25	11					.8	.2		
31											

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540873 Name of Drinking Water System Park Manor

Location: City or S/D Hollister County Putnam

Owned by SSU Services Reporting Month Dec. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 29

Design Flow 115000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kubin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	119	7.5	138					19.3	4.2		
Average	4	.24	7					.9	.2		
Maximum	5	.25	11					1.0	.2		
Minimum	3	.25	4					.8	.2		
1	4	.25	7					1.0	.2		
2											
3	9	.5	6					1.0	.2		
4	3	.25	7					1.0	.2		
5	4	.25	7					1.0	.2	4	0
6	5	.25	5					1.0	.2		
7	3	.25	11					1.0	.2		
8											
9											
10	10	.75	7					1.0	.2		
11	3	.25	7					.9	.2		
12	4	.25	5					.9	.2		
13	3	.25	11					.9	.2		
14	3	.25	7					.9	.2		
15											
16											
17	12	.75	6					.9	.2		
18	5	.25	5					.9	.2		
19	5	.25	5					1.0	.2		
20	3	.25	7					.9	.2		
21	5	.25	5					.8	.2	1	
22											
23											
24	10	.75	8					.9	.2		
25											
26	8	.5	6					.8	.2		
27	5	.25	5					.8	.2		
28	3	.25	7					.8	.2		
29											
30											
31	12	.5	4					.9	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Picciola Island - 564

Lake County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350009 Name of Drinking Water System Ricciola Leland #564

Location: City or S/D Ricciola Leland County Lake

Owned by SSU Services Reporting Month Jan. 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 128

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian C Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1037.7	21	0.8					38.4	26.6	5	NONE
Average	33.5	0.66	2.5					1.5	1.0		
Maximum	53.2	1.0	3.3					1.5	1.2		
Minimum	20.8	0.5	2.0					1.2	0.8		
1											
2	83.5	1.75	2.5					1.5	1.0		
3	32.2	.75	2.8					1.5	1.0		
4	39.0	.75	2.3					1.5	1.2		
5	38.5	.75	2.3					1.5	1.0		
6											
7	83.1	1.75	2.5					1.5	1.0		
8	53.2	1.0	2.3					1.5	1.0	5	-0-
9	45.7	1.0	2.6					1.5	1.2		
10	37.0	.75	2.4					1.5	1.0		
11	41.7	.75	2.2					1.5	1.0		
12	29.1	.5	2.1					1.5	1.2		
13											
14	53.1	1.0	2.3					1.5	1.0		
15	25.1	.5	2.1					1.5	.9		
16	26.2	.5	2.3					1.5	1.0		
17	23.7	.5	2.5					1.2	.9		
18	34.1	.75	2.6					1.5	1.3		
19	30.6	.5	2.0					1.3	1.2		
20											
21	79.8	1.5	2.3					1.5	1.0		
22	20.8	.5	2.9					1.5	1.0		
23	30.2	.75	3.0					1.5	1.2		
24	34.1	.75	2.6					1.5	1.0		
25	27.4	.75	3.3					1.5	1.0		
26	26.2	.5	2.3					1.5	1.0		
27											
28	57.5	1.0	2.1					1.2	.8		
29	34.1	.75	2.6					1.5	1.0		
30	21.8	.5	2.7					1.5	.8		
31	26.4	.5	2.3					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Ricciola Island #564

Location: City or S/D Ricciola Island County Lake

Owned by S.S.U. Services Reporting Month February 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 128

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Hutto C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	862.8	17.75	60.3					36.3	24.7	5	NONE
Average	36.0	0.6	2.5					1.5	1.0		
Maximum	42.7	0.9	3.2					1.8	1.2		
Minimum	18.5	0.4	1.8					1.5	0.9		
1	24.9	.5	2.4					1.5	1.0		
2	27.4	.5	2.2					1.5	1.0		
3											
4	49.8	.75	1.8					1.5	1.0		
5	38.9	.75	2.3					1.5	.9	5	-0-
6	20.5	.5	2.9					1.5	1.0		
7	31.9	.75	2.8					1.5	1.2		
8	26.4	.5	2.4					1.5	1.2		
9											
10	50.3	1.0	2.4					1.5	1.0		
11	36.5	.75	2.5					1.5	.9		
12	28.4	.5	2.1					1.5	1.0		
13	35.2	.75	2.4					1.8	1.2		
14	34.9	.75	2.6					1.5	1.0		
15	18.8	.5	3.2					1.5	1.0		
16											
17	94.1	1.75	2.5					1.5	1.3		
18	20.6	.5	2.9					1.5	1.2		
19	42.7	.75	2.1					1.5	1.0		
20	31.8	.75	2.8					1.5	1.0		
21	32.9	.75	2.4					1.5	1.0		
22	35.1	.75	2.6					1.5	.9		
23	33.9	.75	2.7					1.5	1.0		
24											
25	57.7	1.25	2.6					1.5	1.0		
26	34.7	.75	2.6					1.5	1.0		
27	31.5	.75	2.9					1.5	1.0		
28	26.7	.5	2.2					1.5	1.0		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Piccola Island

Location: City or S/D Piccola Island County Lake

Owned by S.S.U. Services Reporting Month March 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 125

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Susan C. Heath C 5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l			lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1030.6	20 cyl	62.3					35.1	23.7	5	-0-
Average	34.0	.67	2.5					1.4	.9		
Maximum	65.5	1.25	3.2					1.5	1.3		
Minimum	13.5	0.25	1.7					1.2	0.8		
1	32.5	.75	2.5					1.5	1.0		
2	31.7	.75	2.5					1.2	.9		
3											
4	24.6	1.5	2.3					1.2	.8		
5	37.3	.5	2.2					1.5	1.0		
6	25.5	.5	2.4					1.5	1.0		
7	36.6	.75	2.5					1.5	1.0	5	-0-
8	34.6	.5	1.7					1.5	1.0		
9	27.4	.5	2.3					1.5	1.0		
10											
11	50.2	1.25	2.6					1.5	1.0		
12	23.5	.5	2.6					1.5	1.0		
13	33.0	.75	2.7					1.5	1.0		
14	32.1	.75	2.6					1.5	1.0		
15	40.3	.75	2.2					1.5	1.3		
16	15.5	.25	1.9					1.5	1.0		
17											
18	51.8	1.25	2.9					1.5	1.0		
19	27.3	.5	2.2					1.5	.9		
20	26.0	.5	2.3					1.2	.8		
21	31.6	.75	2.6					1.2	.8		
22	27.7	.75	3.2					1.2	1.5		
23	33.6	.75	2.7					1.2	.8		
24											
25	73.0	1.5	2.5					1.3	.9		
26	43.4	.75	2.1					1.2	.9		
27											
28	104.3	2.0	2.2					1.5	1.0		
29	55.5	1.25	2.3					1.5	1.0		
30	34.6	.75	2.6					1.5	1.0		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Picciola Island #564

Location: City or S/D Picciola Island County Lake

Owned by S.S.U. Services Reporting Month April 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 130

Design Flow .175 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1202.2	24.0	6.67					37.0	24.7	5	NONE
Average	40.1	0.8	2.6					1.4	1.0		
Maximum	71.4	1.5	3.5					1.8	1.2		
Minimum	22.7	0.5	1.9					1.0	0.8		
1	75.1	1.25	2.0					1.2	.8		
2	36.3	.75	2.5					1.5	.9		
3	47.6	1.0	2.5					1.5	.9	5	-0-
4	37.3	.75	2.4					1.5	1.0		
5	37.6	.75	2.4					1.5	1.0		
6	35.9	.75	2.5					1.5	1.0		
7											
8	96.0	1.75	2.2					1.5	1.0		
9	56.7	1.0	2.1					1.5	1.0		
10	54.7	1.0	2.2					1.5	1.0		
11	33.3	.75	2.7					1.5	.9		
12	34.6	.75	2.4					1.0	1.0		
13	26.0	.75	3.5					1.2	.9		
14											
15	104.3	2.0	2.3					1.2	1.0		
16	71.9	1.5	2.5					1.8	1.2		
17	33.9	.75	2.7					1.8	1.0		
18	26.6	.75	3.3					1.2	.9		
19	31.4	.75	2.9					1.5	1.0		
20	30.5	.75	2.9					1.5	1.0		
21											
22	60.0	1.25	2.5					1.5	.9		
23	37.9	.75	2.5					1.5	1.0		
24	22.7	.5	2.6					1.5	1.0		
25	33.8	.75	2.7					1.2	.9		
26	24.1	.5	2.5					1.2	.8		
27	23.0	.5	2.6					1.2	.8		
28											
29	50.8	1.5	3.0					1.5	1.0		
30	47.6	.75	1.9					1.5	1.0		
31											

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Picciola Island #5

Location: City or S/D Picciola Island, Leesburg County Lake

Owned by SSU Services Reporting Month May 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 138

Design Flow 175 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1458.9	27.25	60.8					7.3	25	10	2
Average	47.1	0.9	2.3					1.4	1.0		
Maximum	66.0	1.25	3.0					1.5	1.3		
Minimum	33.2	0.5	1.8					1.2	0.8		
1	42.6	.75	2.1					1.5	1.0		
2	44.3	1.0	2.7					1.5	1.2		
3	43.3	.75	2.1					1.9	1.2		
4	44.7	.75	2.0					1.5	1.0		
5											
6	136.2	2.25	2.0					1.2	1.9		
7	33.7	.75	2.7					1.3	1.8		
8	41.5	1.0	2.4					1.2	1.9	3	2
9	66.0	1.25	2.3					1.5	1.0		
10	57.9	1.0	2.1					1.5	1.0		
11	46.5	.75	1.9					1.5	1.0		
12											
13	136.7	2.5	2.2					1.5	1.0		
14	61.3	1.0	2.0					1.3	1.0	4	-0-
15	46.5	1.0	2.6					1.5	1.0	1	-0-
16	46.4	1.0	2.6					1.5	1.2		
17	44.1	1.0	2.4					1.5	1.0		
18	35.0	.75	2.6					1.5	0.9		
19											
20	132.2	2.0	1.8					1.3	1.0		
21	30.7	.75	3.0					1.5	1.0		
22	32.6	.75	2.8					1.3	1.8		
23	34.0	.75	2.6					1.2	1.8		
24	26.2	.5	2.3					1.2	1.8		
25	44.3	.79	2.0					1.2	1.8		
26											
27											
28	109.2	2.0	2.2					1.2	1.9		
29	40.4	.75	2.2					1.3	1.8		
30	46.4	1.0	2.6					1.5	1.0		
31	33.2	.5	2.6					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Ricciola Island #5

Location: City or S/D Ricciola Island County Lake

Owned by SSU Services Reporting Month June 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 133

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5525
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1030.0	20.75	61.9					35.1	24.2	7	2
Average	35.5	0.72	2.5					1.4	1.0		
Maximum	53.0	1.0	3.5					1.5	1.3		
Minimum	16.9	0.5	1.9					1.2	0.8		
1											
2	41.3	1.25	2.4					1.2	1.5		
3	27.4	.5	3.3					1.2	1.0		
4	38.7	.75	3.8					1.5	1.0		
5	25.3	.5	3.4					1.5	1.0	5	2 replacement
6	32.5	.5	3.7					1.5	1.0		
7	16.9	.5	3.5					1.5	1.1		
8	28.1	.5	3.1					1.5	0		
9											
10	73.4	1.5	3.5					1.5	1.2		
11	45.7	.75	3.0					1.2	1.4		
12	38.0	.75	3.4					1.4	1.4	2	-0-
13	23.0	1.0	3.3					1.5	1.0		
14	50.6	1.0	3.4					1.5	1.5		
15											
16	101.6	2.0	3.4					1.5	1.2		
17	61.4	1.0	3.3					1.5	1.0		
18	37.5	.75	3.4					1.5	1.0		
19	25.0	.5	3.4					1.5	1.0		
20	33.0	.75	3.4					1.5	1.0		
21	25.0	.5	3.4					1.2	0		
22	43.1	.75	3.1					1.2	0		
23											
24	36.2	1.25	3.4					1.2	1.4		
25	23.5	.5	3.7					1.2	0		
26	17.5	.5	3.4					1.5	1.0		
27	23.5	.75	3.7					1.5	1.0		
28	33.5	.75	3.4					1.5	1.0		
29	32.1	.5	1.9					1.5	1.5		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Picciola Island #564

Location: City or S/D Picciola Island, Leesburg County Lake

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 132

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 800 432 4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	9951	20.5	166.9					36.9	25.3	5	-0-
Average	32.1	0.7	2.5					1.4	0.9		
Maximum	45.1	0.85	3.2					1.5	1.2		
Minimum	14.7	0.5	1.8					1.2	0.7		
1	78.7	1.75	2.7					1.2	.8		
2	14.7	.5	3.0					1.2	.8		
3	25.0	.5	2.4					1.2	1.0		
4	24.8	.75	2.6					1.2	.9		
5	33.7	.75	2.7					1.5	1.0		
6	34.4	.75	2.3					1.5	1.0		
7											
8	72.0	1.75	2.9					1.5	1.0		
9	45.1	.75	2.0					1.2	.8	5	-0-
10	35.7	.75	2.5					1.5	1.0		
11	36.1	.75	2.5					1.2	.9		
12	32.9	.75	2.7					1.5	1.0		
13											
14	58.9	1.0	2.0					1.2	.7		
15	25.9	.5	2.3					1.2	.8		
16	22.9	.5	2.6					1.2	.8		
17	42.3	.75	2.1					1.5	1.0		
18	21.3	.5	2.8					1.5	1.0		
19	36.5	.75	2.5					1.5	1.0		
20											
21	53.4	1.0	2.2					1.2	.9		
22	28.4	.75	3.3					1.5	1.2		
23	95.1	.75	1.4					1.5	1.0		
24	22.1	.5	2.7					1.5	1.0		
25	25.3	.5	2.4					1.2	.8		
26	24.0	.5	2.1					1.2	1.0		
27	23.1	.5	2.6					1.5	1.0		
28											
29	38.4	1.25	2.6					1.5	.9		
30	25.8	.5	2.3					1.5	1.0		
31	25.2	.5	2.4					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Ricciola Island #564

Location: City or S/D Ricciola Island County Lake

Owned by SSU Services Reporting Month August 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 132

Design Flow 175gpm Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath C-5525
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1358.8	23.5	60.3					38.7	25.3	5	NONE
Average	42.0	0.4	2.3					1.5	1.0		
Maximum	55.2	1.5	3.1					1.5	1.8		
Minimum	30.6	0.5	1.8					1.2	0.4		
1	35.1	.5	2.4					1.5	1.0		
2	35.8	.5	2.3					1.5	1.0		
3											
4	70.4	1.25	2.1					1.5	.9		
5	35.4	.5	2.1					1.5	.8		
6	36.6	.5	2.9					1.5	1.0		
7	37.7	.75	2.4					1.5	1.0		
8	41.7	.75	1.9					1.5	.9		
9	52.0	1.0	2.3					1.5	1.0		
10	44.3	1.0	2.5					1.5	1.0		
11											
12	76.6	1.5	2.4					1.5	.9	5	-0-
13	54.7	1.0	2.2					1.5	1.0		
14	51.2	1.0	2.3					1.5	1.0		
15	47.6	1.25	3.2					1.5	1.0		
16	36.6	.75	2.3					1.5	1.0		
17	55.2	1.5	2.1					1.5	1.0		
18											
19	116.7	1.75	1.8					1.5	1.0		
20	43.6	.75	2.1					1.5	1.0		
21	37.4	.5	2.2					1.5	1.0		
22	66.2	1.5	2.7					1.5	.9		
23	35.6	.75	3.1					1.5	1.0		
24											
25	70.2	1.25	2.1					1.5	1.0		
26	35.2	.5	2.4					1.5	1.0		
27	43.4	.75	2.1					1.5	1.0		
28	39.9	.75	2.3					1.2	.9		
29	36.4	.75	2.0					1.5	1.0		
30	33.2	.75	2.2					1.5	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351029 Name of Drinking Water System Picciola Island #564

Location: City or S/D Picciola Island County Lake

Owned by SSU Services Reporting Month September 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 132

Design Flow 175gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,757.7	32.75	60.7					39	25.6	5	NONE
Average	58.6	1.0	2.3					1.5	1.0		
Maximum	79.0	1.5	2.8					1.5	1.0		
Minimum	32.6	.75	1.9					1.5	0.4		
1	90.5	1.5	2.0					1.5	.9		
2	51.3	1.0	2.3					1.5	1.0		
3	73.8	1.5	2.4					1.5	1.0		
4	40.9	.75	2.2					1.5	1.0		
5	67.8	1.25	2.2					1.5	1.0		
6	71.8	1.5	2.5					1.5	1.0		
7	78.6	1.25	1.9					1.5	1.0		
8											
9	97.8	1.75	2.1					1.5	.9		
10	70.1	1.5	2.6					1.5	1.0		
11	68.6	1.5	2.6					1.5	1.0	5	-0-
12	62.5	1.25	2.4					1.5	1.0		
13	69.7	1.5	2.6					1.5	1.0		
14	43.8	.75	2.1					1.5	.9		
15											
16	158.1	2.75	2.1					1.5	1.0		
17	50.0	1.0	2.4					1.5	1.0		
18	56.9	1.0	2.1					1.5	.9		
19	40.9	.75	2.2					1.5	1.0		
20	53.6	1.0	2.2					1.5	1.0		
21	73.4	1.25	2.0					1.5	1.0		
22											
23	101.5	1.75	2.1					1.5	1.0		
24	55.6	1.0	2.2					1.5	1.0		
25	67.7	1.25	2.2					1.5	1.0		
26	43.1	.75	2.1					1.5	1.0		
27	47.2	.75	1.9					1.5	1.0		
28											
29	90.2	1.75	2.3					1.5	1.0		
30	32.6	.75	2.8					1.5	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351007 Name of Drinking Water System Riverside Island #564

Location: City or S/D Riverside Island County Ada

Owned by SSU Services Reporting Month Oct. 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 127

Design Flow 175 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Susan Heath C-5925
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1204.6	230	63.3					39.9	25.9	5	NONE
Average	38.8	0.7	2.3					1.5	1.0		
Maximum	51.9	1.0	3.2					1.5	1.0		
Minimum	34.1	.5	1.9					1.2	0.8		
1	43.1	.75	2.1					1.5	.9		
2	37.4	.75	3.2					1.5	1.0		
3	38.2	.75	2.3					1.5	1.0		
4	36.9	.75	2.4					1.5	.9		
5	41.8	.75	2.3					1.5	1.0		
6											
7	63.0	1.0	1.7					1.5	1.0	5	-0-
8	34.1	.5	1.5					1.5	1.0		
9	34.7	.75	2.6					1.5	.9		
10	36.1	.75	2.5					1.5	.8		
11	34.3	.75	2.0					1.5	.9		
12	35.6	.75	2.5					1.5	1.0		
13											
14	33.9	1.5	2.1					1.5	1.0		
15	48.1	.75	1.7					1.5	1.0		
16	33.4	.75	2.7					1.5	1.0		
17	33.5	.75	2.7					1.5	1.0		
18	35.6	.75	2.4					1.5	1.0		
19	51.4	1.0	2.3					1.5	1.0		
20											
21	49.9	1.5	2.3					1.5	1.0		
22	39.7	.75	2.3					1.2	.8		
23	56.7	1.0	2.1					1.2	.9		
24	39.6	.75	2.3					1.5	1.0		
25	41.1	.75	2.2					1.5	1.0		
26	39.6	.75	2.3					1.5	.9		
27											
28	84.6	1.5	2.1					1.5	1.0		
29	48.0	.75	2.2					1.5	1.0		
30	40.1	.75	2.2					1.5	1.0		
31	39.6	.75	2.2					1.5	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Picciola Island #564

Location: City or S/D Picciola Island County Lake

Owned by SSU Services Reporting Month Nov. 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 135

Design Flow 125 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1181.7	23.0	57.1					37.6	25.4	5	none
Average	39.4	0.77	2.3					1.5	1.0		
Maximum	49.0	1.0	2.9					1.8	1.5		
Minimum	15.3	.25	1.9					1.0	0.6		
1	35.6	.75	2.5					1.5	1.0		
2	57.6	1.0	2.1					1.5	1.2		
3											
4	80.5	1.5	2.2					1.5	1.2		
5	26.8	.5	2.2					1.8	1.5		
6	29.2	.5	2.1					1.5	1.2		
7	36.4	1.0	2.3					1.5	1.0	5	-0-
8	37.9	.75	2.4					1.5	1.0		
9	43.9	.75	2.0					1.8	1.2		
10											
11	73.6	1.75	2.9					1.5	1.0		
12	34.2	.75	2.6					1.5	1.0		
13	43.9	.75	2.0					1.5	.9		
14	44.9	.75	2.0					1.8	1.2		
15	32.2	.75	2.4					1.8	1.0		
16	46.8	.75	1.9					1.5	0.9		
17											
18	75.4	1.5	2.4					1.5	1.0		
19	42.3	.75	2.1					1.5	1.0		
20	31.9	.75	2.5					1.5	1.2		
21	49.0	1.0	2.4					1.5	.9		
22	36.4	.75	2.5					1.5	1.0		
23	44.8	.75	2.0					1.5	1.0		
24											
25	89.9	1.75	2.3					1.5	.9		
26	15.3	.25	2.0					1.5	1.0		
27	41.7	.75	2.2					1.0	.6		
28											
29	91.2	1.75	2.3					1.2	.8		
30	35.7	.75	2.5					1.2	.7		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351005 Name of Drinking Water System Picciola Island #564

Location: City or S/D Picciola Island County Lake

Owned by SSU Services Reporting Month December 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 136

Design Flow 125 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1135.7	21.75	55.7					35.1	24.5	5	none
Average	36.6	0.7	2.3					1.5	1.0		
Maximum	47.2	0.875	3.0					1.5	1.2		
Minimum	21.7	0.5	1.5					1.2	0.9		
1											
2	52.6	1.75	2.4					1.2	.9		
3	35.5	.75	2.5					1.5	1.0		
4	21.7	.5	2.8					1.5	1.0		
5	30.0	.75	3.0					1.5	1.0		
6	43.9	.75	2.0					1.5	1.3		
7	33.4	1.5	1.8					1.5	1.0		
8											
9											
10	113.2	2.5	2.6					1.5	1.0		
11	35.8	.75	2.5					1.5	1.0		
12	41.8	.75	2.2					1.5	1.0	5	-0-
13	39.5	.75	2.3					1.5	1.2		
14	33.7	.75	2.7					1.5	1.0		
15											
16	66.2	1.25	2.3					1.5	1.0		
17	35.5	.75	2.5					1.2	.9		
18	36.4	.75	2.5					1.5	1.0		
19	36.7	.75	2.9					1.5	1.0		
20	47.2	.75	1.9					1.5	1.0		
21	36.9	.75	2.4					1.5	1.0		
22											
23	91.5	1.5	2.0					1.2	.9		
24	31.3	.5	1.9					1.5	1.0		
25											
26	77.2	1.25	1.9					1.5	1.2		
27	36.6	.75	2.5					1.5	1.5		
28	32.0	.5	1.9					1.5	1.0		
29											
30	63.3	1.25	2.2					1.5	1.0		
31	30.1	.5	2.0					1.5	1.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Piccola Island

Location: City or S/D Piccola Island County Lake

Owned by Southern States Utilities Reporting Month January 1994

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 129

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-582

(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons 9720	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	~~887~~	19.25	61.6					34.0	23.9	5	NONE
Average	31.7	.16	2.4					1.3	0.9		
Maximum	43.6	0.9	3.0					1.5	1.0		
Minimum	26.3	0.5	1.9					1.0	0.8		
1											
2	59.1	1.0	2.0					1.2	0.8		
3	30.5	.75	2.9					1.5	1.0		
4	29.8	.5	2.0					1.5	1.0		
5	30.2	.5	2.0					1.5	1.0		
6											
7	55.0	1.25	2.6					1.5	1.0		
8	30.5	.75	2.9					1.5	1.0		
9	30.4	.5	2.0					1.0	0.8	5	-C-
10	26.4	.5	2.2					1.2	0.9		
11	26.8	.5	2.2					1.2	0.9		
12	26.3	.5	2.3					1.2	0.8		
13	27.5	.5	2.2					1.5	1.0		
14											
15	61.6	1.0	1.9					1.5	1.0		
16	32.4	.75	2.8					1.5	1.0		
17	29.0	.5	2.1					1.5	1.0		
18	36.6	.75	2.5					1.2	0.9		
19	35.1	.75	2.6					1.5	0.9		
20	29.4	.5	2.0					1.2	0.8		
21											
22	77.2	1.75	2.7					1.2	0.8		
23	27.1	.5	2.2					1.2	0.9		
24	41.5	.75	2.2					1.2	1.0		
25	25.1	.5	2.4					1.2	0.9		
26	30.3	.75	3.0					1.2	0.9		
27	27.8	.5	2.2					1.2	0.9		
28											
29	87.1	1.5	2.1					1.2	0.8		
30	30.4	.75	3.0					1.2	0.9		
31	35.2	.75	2.6					1.2	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Piccola Island

Location: City or S/D Piccola Island County Lake

Owned by Southern State Utilities Reporting Month February 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 129

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian C. Heath C-5825
(Lead Operator's Signature) ----(Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	1017.9 ~~1036.8~~	21.5	6.3					32.7	22.1	5	NO VF
Average	37.0 ~~37.2~~	.77	2.6					1.4	.9		
Maximum	~~41.2~~	1.0	3.8					1.5	1.0		
Minimum	22.0	.5	1.7					1.2	.8		
1	31.5	1.0	3.8					1.2	.8		
2	36.8	.75	2.4					1.2	.9		
3	40.6	.75	2.2					1.2	.8		
4											
5	46.2	1.25	2.3					1.5	1.0		
6	27.8	.75	2.7					1.5	1.0		
7	41.4	1.0	2.9					1.5	1.0		
8	24.4	.75	3.6					1.5	1.2		
9	36.7	.75	2.5					1.5	1.0		
10											
11	30.3	1.5	2.4					1.5	1.0		
12	37.7	.75	2.7					1.5	1.0		
13	30.0	.75	3.0					1.5	1.0		
14	32.5	.75	2.9					1.5	1.0	5	-C-
15	36.7	.75	2.5					1.5	1.0		
16	42.0	.75	2.1					1.5	1.0		
17	46.3	1.0	2.6					1.2	.9		
18											
19	~~41.3~~	1.5	2.7					1.2	.8		
20	41.0	.75	2.2					1.2	.9		
21	41.3	.75	2.2					1.2	.8		
22	31.4	.75	2.9					1.2	.8		
23	23.5	.5	2.7					1.2	.8		
24	36.2	.75	2.5					1.5	1.2		
25											
26	~~40.7~~	1.75	2.6					1.5	1.0		
27	~~36.8~~	.75	~~2.4~~		2.5			1.2	.9		
28	32.5	.75	2.4					1.2	.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Ricciola Island

Location: City or S/D Ricciola Island County Lake

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 129

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1803.4	34.0	62.3					37.8	25.3	8	3-TNTC
Average	58.2	1.1	2.3					1.4	1.4		
Maximum	71.3	1.25	3.1					1.8	1.2		
Minimum	33.3	.75	1.9					1.2	.8		
1	45.0	.75	2.0					1.2	.9		
2	46.2	1.0	2.6					1.3	1.4		
3	47.3	1.0	2.5					1.2	1.0		
4											
5	106.0	2.0	2.3					1.2	1.0		
6	59.0	1.0	2.0					1.5	1.0		
7	42.4	.75	2.1					1.5	1.0		
8	54.1	1.0	2.2					1.5	1.0		
9	51.5	1.0	2.3					1.5	1.0		
10	51.7	1.0	2.3					1.2	0.9		
11											
12	138.3	2.25	2.0					1.3	.8		
13	62.1	1.25	2.4					1.5	1.0	5	3
14	70.4	1.25	2.1					1.5	1.0		
15	70.9	1.25	2.1					1.5	1.0		
16	70.0	1.25	2.1					1.5	1.0		
17	54.5	1.0	2.2					1.8	1.2		
18											
19	128.0	2.25	2.1					1.2	.9		
20	49.6	1.0	2.4					1.2	1.9		
21	55.2	1.25	2.6					1.2	.5		
22	57.5	1.25	2.6					1.2	1.0		
23	60.0	1.25	2.5					1.5	1.0		
24											
25	142.4	2.25	1.9					1.5	1.0		
26	62.1	1.25	2.4					1.5	1.0	3	TNTC
27	68.0	1.25	2.2					1.5	1.0		
28	61.8	1.25	2.4					1.5	1.0		
29	67.3	1.25	2.2					1.5	1.0		
30	48.3	1.25	3.1					1.5	1.0		
31	33.3	.75	2.7					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Ricciola Island

Location: City or S/D Ricciola Island County Lake

Owned by Southern States Utilities Reporting Month April 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 126

Design Flow .175 G.P.M. Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1430.5	27.0	5.78					37.5	24.8	9	2
Average	47.7	0.9	2.3					1.5	1.0		
Maximum	101.2	1.25	3.0					1.8	1.2		
Minimum	28.5	0.5	2.0					1.2	.8		
1											
2	85.3	1.5	2.1					1.5	1.0		
3	40.4	.75	2.2					1.5	1.0		
4	45.2	.75	2.0					1.5	1.0	5	2
5	43.9	.75	2.1					1.5	1.0		
6	48.4	1.0	2.5					1.5	1.0		
7	49.8	1.0	2.4					1.8	1.2		
8											
9	101.2	1.25	2.1					1.5	1.0		
10	64.9	1.5	2.8					1.5	1.0	1	-0-
11	50.3	1.0	2.4					1.5	1.0	1	-0-
12	44.3	.75	2.0					1.5	1.0		
13	44.3	.75	2.0					1.5	.8		
14	49.8	1.0	2.4					1.5	1.2		
15											
16	107.4	2.0	2.2					1.5	1.0		
17	60.1	1.25	2.3					1.2	.9		
18	53.3	1.0	2.2					1.5	1.2		
19	59.2	1.25	2.5					1.5	1.0		
20	36.0	.75	2.5					1.5	1.0		
21	28.5	.5	2.1					1.5	1.0		
22											
23	104.3	2.0	2.3					1.5	1.0		
24	31.0	.75	2.9					1.5	1.0		
25	45.2	.75	3.0					1.5	1.0		
26	47.9	1.0	2.5					1.5	1.0	2	-0-
27	55.3	1.0	2.2					1.5	1.0		
28											
29	57.8	1.5	2.0					1.5	1.0		
30	42.5	.75	2.1					1.5	1.0		
31											

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DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Ricciola Island - #564

Location: City or S/D Ricciola Island County Lake

Owned by S.S.U. Services Reporting Month May 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 126

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C 5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1876.4	34.75	55.6					39.3	25.6	6	NONE
Average	60.6	1.1	2.1					1.5	1.0		
Maximum	88.2	1.5	2.6					1.5	1.0		
Minimum	45.0	0.75	1.9					1.5	0.9		
1	46.9	1.0	2.6					1.5	1.0		
2	48.3	1.0	2.5					1.5	1.0		
3	74.1	1.5	2.4					1.5	1.0		
4	52.0	1.0	2.3					1.5	1.0		
5	54.2	1.0	2.2					1.5	1.0		
6											
7	105.0	2.0	2.3					1.5	1.0		
8	69.5	1.5	2.6					1.5	1.0		
9	55.7	1.0	2.2					1.5	1.0		
10	45.0	.75	2.0					1.5	1.0		
11	46.6	.75	1.9					1.5	1.0		
12	64.9	1.25	2.3					1.5	1.0		
13											
14	130.7	2.25	2.1					1.5	1.0		-0-
15											
16	154.5	3.0	2.3					1.5	1.0		
17	90.4	1.5	2.0					1.5	1.0		
18	69.8	1.25	2.1					1.5	1.0		
19	45.8	1.0	2.5					1.5	1.0		
20											
21	108.9	2.0	2.2					1.5	1.0		
22	54.3	1.0	2.1					1.5	1.0		
23	47.0	.75	1.9					1.5	1.0		
24	50.4	1.0	2.4					1.5	1.0		
25	50.3	1.0	2.4					1.5	1.0		
26	69.5	1.25	2.2					1.5	1.0		
27	72.0	1.25	2.1					1.5	1.0		
28											
29	101.8	2.0	2.4					1.5	1.0		
30	75.1	1.25	2.0					1.5	1.0		
31	58.2	1.5	2.0					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351091 Name of Drinking Water System Ricciola Island #5

Location: City or S/D Ricciola Island County Lake

Owned by S.S.U. Services Reporting Month June 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 126

Design Flow .25 GPM Remarks (Use reverse side) Phone No.: 1-800-432-450

I certify this report is correct Brian E. Heath C-582
(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1206.7	21.75	5.45					35.4	23.5	5	NONE
Average	41.6	0.75	2.2					1.4	0.9		
Maximum	67.2	1.35	2.8					1.5	1.0		
Minimum	15.2	0.25	1.4					1.3	0.8		
1	49.7	1.0	2.4					1.3	.9		
2	45.5	1.0	2.5					1.3	.8		
3											
4	50.5	1.5	3.0					1.2	.9		
5	40.4	.75	2.2					1.5	1.0		
6	48.1	.75	1.7					1.5	.9		
7	53.7	1.0	2.2					1.2	.9		
8	26.5	.5	2.3					1.5	1.0		
9	30.6	.5	2.0					1.5	1.0		
10											
11	57.7	1.5	2.1					1.5	1.0		
12	36.3	.75	2.3					1.5	1.0		
13	40.9	.75	2.2					1.5	1.0	<	=
14	40.0	.5	1.5					1.5	1.0		
15	43.6	.75	2.1					1.5	1.0		
16	67.2	1.25	2.2					1.5	1.0		
17											
18	56.4	1.5	2.1					1.2	.9		
19	36.6	.75	2.5					1.2	.8		
20	50.9	1.0	2.0					1.2	.9		
21	41.0	1.0	2.0					1.2	.9		
22	50.5	1.0	2.0					1.5	1.0		
23	15.2	.5	2.0					1.5	1.0		
24											
25	57.1	1.25	2.5					1.5	1.0		
26	35.0	.5	2.1					1.5	1.0		
27	21.5	.5	2.3					1.5	1.0		
28	25.1	.5	2.1					1.5	.8		
29	45.3	.5	1.2					1.5	1.0		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple at top

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Picciola Island

Location: City or S/D Picciola Island County Lake

Owned by SSU Services Reporting Month July 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 126

Design Flow .175 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath (Lead Operator's Signature) C-5825 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1097.3	21.5	12.1					36.2	25.1	5	NONE
Average	35.4	.7	2.4					1.4	1.0		
Maximum	55.7	1.25	3.0					1.9	1.2		
Minimum	20.2	.5	2.0					1.0	0.7		
1	73.2	1.25	2.0					1.2	1.0		
2	36.6	.75	2.5					1.5	1.0		
3	25.6	.5	2.3					1.5	1.0		
4											
5	69.3	1.25	2.2					1.5	1.0		
6	55.1	1.25	2.7					1.5	1.0		
7	50.6	1.0	2.4					1.0	.7		
8											
9	71.6	1.5	2.5					1.2	.9		
10	60.0	1.0	2.4					1.2	.8	5	-0-
11	52.2	1.0	2.3					1.2	.8		
12	45.3	.75	2.0					1.2	.9		
13	21.7	.5	2.8					1.2	1.0		
14	23.2	.5	2.6					1.2	1.0		
15											
16	51.2	1.0	2.3					1.5	1.2		
17	25.9	.5	2.3					1.5	1.2		
18	25.7	.5	2.3					1.5	1.0		
19	20.2	.5	3.0					1.2	1.0		
20	26.7	.5	2.2					1.5	1.0		
21	28.6	.5	2.1					1.2	0.8		
22											
23	60.5	1.25	2.5					1.9	0.9		
24	55.7	1.0	2.2					1.5	1.0		
25	25.2	.5	2.4					1.5	1.0		
26	31.2	.75	2.9					1.5	1.0		
27	38.5	.75	2.3					1.5	1.0		
28											
29	64.7	1.25	2.3					1.5	0.9		
30	23.5	.5	2.6					1.5	1.0		
31	45.3	.75	2.0					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Piccola Island

Location: City or S/D Piccola Island County Lake

Owned by SSU Services Reporting Month August 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 128

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1178.0	23.75	62.4					34.6	26.5	5	NO VF
Average	38	0.9	2.4					1.5	1.0		
Maximum	52	1.0	3.7					1.8	1.3		
Minimum	24.9	0.5	1.9					1.5	0.8		
1	25.3	.5	2.4					1.5	.8		
2	49.7	1.0	2.4					1.5	.9	5	-0-
3	28.4	.5	2.1					1.5	1.0		
4											
5	73.3	2.0	3.3					1.5	1.0		
6	43.5	.75	2.1					1.5	.9		
7	34.0	.75	2.4					1.5	1.3		
8	49.6	1.0	2.4					1.5	1.0		
9	32.2	.75	2.6					1.5	1.0		
10	38.3	.75	2.3					1.8	1.2		
11	46.8	1.0	2.6					1.8	1.3		
12											
13	96.6	1.5	1.9					1.5	1.0		
14	37.9	.75	2.4					1.5	1.0		
15	24.9	.5	2.4					1.5	1.0		
16	25.9	.5	2.1					1.5	1.3		
17	40.8	.75	2.2					1.5	1.0		
18	25.3	.5	2.4					1.5	1.0		
19											
20	100.9	2.0	2.4					1.5	1.0		
21	44.9	.75	2.0					1.5	1.0		
22	52.0	1.0	2.3					1.5	1.0		
23	39.9	.75	2.3					1.5	.9		
24	25.4	.5	2.4					1.5	1.0		
25	27.6	.5	2.2					1.5	1.0		
26											
27	70.8	2.0	3.4					1.5	1.2		
28											
29	63.1	1.25	2.4					1.5	1.0		
30	35.4	.75	2.5					1.5	1.0		
31	29.4	.75	2.3					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Ricciola Island

Location: City or S/D Ricciola Island County Lake

Owned by S.S.U. Services Reporting Month Sept. 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 130

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C 5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1377.0 +309.6	25.75	57.4					37.5	26	5	NONE
Average	47.5	.89	2.3					1.5	1.0		
Maximum	82.4	1.5	3.0					1.5	1.2		
Minimum	29.9	.75	1.8					1.5	0.8		
1	39.6	.75	2.3					1.5	1.0		
2	41.4	.75	2.2					1.5	1.2		
3											
4	86.6	1.5	2.1					1.5	1.0		
5	37.7	.75	2.4					1.5	1.0		
6	44.7	.75	2.0					1.5	1.0		
7	65.3	1.25	2.3					1.5	1.2		
8	72.4	1.25	2.1					1.5	1.2		
9											
10	129.9	2.25	2.1					1.5	1.0	5	-0-
11	46.6	.75	1.9					1.5	1.0		
12	31.5	.75	2.4					1.5	1.0		
13	51.4	1.0	2.3					1.5	1.0		
14	29.9	.75	3.0					1.5	1.0		
15	46.7	1.0	2.6					1.5	1.0		
16											
17	47.3	1.5	1.4					1.5	.8		
18	32.2	.75	2.8					1.5	1.0		
19	32.6	.75	2.3					1.5	1.0		
20	69.5	1.5	2.6					1.5	1.0		
21	53.0	1.25	2.5					1.5	1.2		
22	30.7	.75	2.0					1.5	1.0		
23											
24	42.8	1.25	2.1					1.5	1.0		
25	41.4	.75	1.9					1.5	1.0		
26	41.6	.75	2.3					1.5	1.2		
27	50.1	1.0	2.4					1.5	1.0		
28	41.0	.75	2.2					1.5	1.0		
29	41.2	.75	2.2					1.5	1.2		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351209 Name of Drinking Water System Picciola Island

Location: City or S/D Picciola Island County Lake

Owned by S.S.U. Services Reporting Month October 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 128

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1159.2	23	68.2					40.5	26.9	6	
Average	37.4	0.74	2.5					1.5	1.0		
Maximum	58.4	1.25	3.6					1.5	1.2		
Minimum	27.3	0.5	1.9					1.5	0.8		
1	58.4	1.0	2.1					1.5	1.0		
2	34.5	.75	2.6					1.5	1.0		
3	40.2	.75	2.2					1.5	1.2		
4	38.6	.75	2.3					1.5	1.0		
5	41.4	1.0	2.9					1.5	.9		
6	33.9	.75	2.7					1.5	.9		
7											
8	89.9	1.5	2.0					1.5	1.0		
9	33.3	.75	2.7					1.5	1.0	5	
10	27.3	.5	2.2					1.5	1.0		
11	33.5	.75	2.7					1.5	.9		
12	28.5	.5	2.1					1.5	1.0		
13	33.6	.75	2.7					1.5	1.0		
14											
15	81.0	1.25	1.9					1.5	.8		
16	42.0	.75	2.1					1.5	.9		
17	39.1	.75	2.3					1.5	1.0		
18	46.9	.75	1.9					1.5	1.0		
19	33.9	.75	2.7					1.5	1.2		
20											
21	69.6	1.25	2.3					1.5	1.0		
22	31.9	.75	2.8					1.5	1.2		
23	35.7	.75	2.5					1.5	1.0	1	C
24	31.8	.75	2.8					1.5	1.0		
25	29.7	.75	3.0					1.5	1.2		
26	34.4	.75	2.6					1.5	1.0		
27											
28	84.2	1.5	2.1					1.5	.8		
29	28.5	.5	2.1					1.5	.9		
30	36.0	.75	2.5					1.5	1.0		
31	41.4	1.25	3.6					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

Eng

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Ruskola Island

Location: City or S/D Ruskola Island County Lake

Owned by SSU Services Reporting Month Nov. 19 90

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 127

Design Flow 175GPM. Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1058.4	20.75	59.2					34.6	23.2	5	NONE
Average	35.3	0.69	2.4					1.4	0.9		
Maximum	59.7	1.25	3.1					1.5	1.0		
Minimum	23.4	0.5	2.0					1.0	0.7		
1	40.8	.75	2.2					1.2	.8		
2	23.4	.5	2.6					1.2	.9		
3											
4	96.3	1.75	2.4					1.2	.9		
5	53.4	1.0	2.2					1.2	.9		
6	28.8	.5	2.1					1.2	.8		
7	44.2	.75	2.0					1.5	1.0		
8	59.4	1.0	2.0					1.0	.7		
9	26.6	.5	2.3					1.5	1.0		
10	25.1	.5	2.4					1.5	1.0		
11											
12	59.7	1.25	2.5					1.5	1.6		
13	29.8	.75	3.1					1.5	1.6	5	-0-
14	33.1	.75	2.7					1.5	.9		
15	40.2	.75	2.2					1.5	1.0		
16	27.2	.5	2.2					1.5	1.0		
17	33.5	.75	2.7					1.5	1.0		
18											
19	67.4	1.25	2.2					1.5	1.0		
20	57.3	1.25	2.6					1.5	1.0		
21	44.4	.75	2.0					1.5	.9		
22											
23	45.1	1.25	3.3					1.5	1.0		
24											
25	69.3	1.25	2.2					1.5	1.0		
26	29.0	.5	2.1					1.2	.8		
27	33.1	.75	2.7					1.2	.8		
28	31.6	.75	2.8					1.2	.9		
29	26.7	.5	2.2					1.5	1.0		
30	23.6	.5	2.5					1.5	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w: in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta:

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 Name of Drinking Water System Ricciola Island (5.4

Location: City or S/D Ricciola Island County Lake

Owned by S.S.U. Services Reporting Month Dec. 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 127

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Flatt C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1115.0	22.5	62.4					35.2	24.2	5	NONE
Average	36.0	.73	2.5					1.4	0.9		
Maximum	52.0	1.0	3.8					1.5	1.2		
Minimum	13.3	.25	1.8					1.0	0.8		
1	40.5	.75	2.2					1.5	1.0		
2											
3	22.4	1.5	2.5					1.5	1.0		
4	40.6	.75	2.2					1.5	.9		
5	26.2	.5	2.3					1.5	1.0		
6	29.5	.75	3.0					1.5	1.0	5	-0-
7	30.2	.75	3.0					1.5	.9		
8	23.5	.75	3.8					1.5	.9		
9											
10	65.5	1.0	1.8					1.0	.8		
11	30.7	.75	2.9					1.2	.9		
12	32.6	.75	2.8					1.2	1.0		
13	35.5	.75	2.5					1.2	1.0		
14	32.4	.25	2.5					1.2	1.0		
15	35.4	.75	2.5					1.5	.9		
16											
17	83.6	1.75	2.2					1.5	1.2		
18	35.2	.75	2.6					1.5	.9		
19	52.0	1.0	2.3					1.5	1.2		
20	27.2	.25	3.3					1.3	.5		
21	43.0	.75	2.1					1.2	.9		
22	43.5	.75	2.1					1.5	1.0		
23											
24	80.6	1.5	2.2					1.5	1.0		
25											
26	57.1	1.0	2.0					1.5	.9		
27	35.8	.75	2.5					1.5	1.0		
28	49.1	1.0	2.4					1.5	1.0		
29	13.3	.25	2.3					1.5	1.0		
30											
31	91.6	1.25	2.1					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

Pine Ridge Estates - 782

Osceola County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINE RIDGE Estates

Location: City or S/D PINE RIDGE ESTATES County OSCEOLA

Owned by S.S.U. SERVICES INC. APOPKA Reporting Month JANUARY 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 175

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4521

I certify this report is correct D Richard Ed Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	591	31	207					46.5	24.6		
Average	19.1	1	6.7					1.5	.8		
Maximum	40	2	28.2					1.5	.8		
Minimum	7	.5	1.8					1.5	.8		
1	14	1	6.3					1.5	.8		
2	40	2	6.0					1.5	.8		
3	18	1	6.7					1.5	.8	4	
4	21	1	5.7					1.5	.8		
5	15	.5	4.0					1.5	.8		
6	16	.5	3.8					1.5	.8		
7	28	1	4.3					1.5	.8		
8	24	1	5.0					1.5	.8		
9	11	1	7.5					1.5	.8		
10	16	1	7.5					1.5	.8		
11	16	1	7.5					1.5	.8		
12	15	1	8.0					1.5	.8		
13	13	.5	4.6					1.5	.8		
14	34	.5	1.8					1.5	.8		
15	16	1	7.5					1.5	.8		
16	16	1	7.5					1.5	.8		
17	14	1	6.7					1.5	.8		
18	20	1	6.0					1.5	.8		
19	9	1	13.3					1.5	.8		
20	20	1	6.0					1.5	.8		
21	26	2	9.2					1.5	.8		
22	22	1	5.5					1.5	.8		
23	15	.5	4.0					1.5	.8		
24	15	.5	4.0					1.5	.8		
25	17	.5	3.5					1.5	.8		
26	7	.5	8.6					1.5	.8		
27	20	.5	3.0					1.5	.8		
28	24	.5	2.5					1.5	.8		
29	17	1	7.1					1.5	.8		
30	21	1	5.7					1.5	.8		
31	17	4	28.2					1.5	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491292 Name of Drinking Water System PINERIDGE ESTATES

Location: City or S/D PINERIDGE ESTATES County OSCEOLA

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month FEBRUARY 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 175

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D Rehmel EL 9 C 3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	621	46	252.1					42	22.4		
Average	22	1.6	9.3					1.5	.8		
Maximum	42	8	22.9					1.5	.8		
Minimum	10	.5	2.3					1.5	.8		
1	19	1	6.3					1.5	.8		
2	18	1	6.7					1.5	.8		
3	10	1	12.0					1.5	.8		
4	26	1	4.6					1.5	.8		
5	28	3	12.9					1.5	.8		
6	11	2	21.8					1.5	.8	4	
7	34	1	5.0					1.5	.8		
8	18	2	13.4					1.5	.8		
9	12	1	10.0					1.5	.8		
10	23	1	5.2					1.5	.8		
11	42	8	22.9					1.5	.8		
12	21	2	11.4					1.5	.8		
13	28	1	4.3					1.5	.8		
14	12	1	10.0					1.5	.8		
15	19	1	6.3					1.5	.8		
16	12	1	10.0					1.5	.8		
17	26	.5	2.3					1.5	.8		
18	38	1.5	4.7					1.5	.8		
19	24	2	10.0					1.5	.8		
20	30	2	8.0					1.5	.8		
21	27	1	4.4					1.5	.8		
22	23	1	5.2					1.5	.8		
23											
24	44	3	8.2					1.5	.8		
25	36	1	3.2					1.5	.8		
26	18	3	20.0					1.5	.8		
27	17	2	14.1					1.5	.8		
28	13	1	9.2					1.5	.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 2 9 2 Name of Drinking Water System PINE RIDGE ESTATES

Location: City or S/D PINE RIDGE ESTATES County OSCEOLA

Owned by S.S.U. SERVICES, INC., FLORIDA Reporting Month MARCH 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 175

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eck Jr. (Lead Operator's Signature) C-3607 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	606	43	227.6					39	20.8		
Average	20.2	1.4	8.8					1.5	.8		
Maximum	36	2	14.4					1.5	.8		
Minimum	11	1	5.0					1.5	.6		
1	23	1	5.2					1.5	.8		
2											
3	31	2	7.7					1.5	.8		
4	24	2	10.0					1.5	.8		
5	23	2	10.4					1.5	.8		
6	14	1	8.6					1.5	.8		
7	22	1	5.5					1.5	.8		
8	15	1	8.0					1.5	.8		
9											
10	27	3	13.3					1.5	.8		
11	23	1	5.2					1.5	.8	4	
12	22	2	11.0					1.5	.8		
13	20	1	6.0					1.5	.8		
14	15	1	8.0					1.5	.8		
15	18	1	6.7					1.5	.8		
16											
17	25	3	14.4					1.5	.8		
18	21	1	5.7					1.5	.8		
19	19	2	12.6					1.5	.8		
20	19	2	12.6					1.5	.8		
21	21	2	11.4					1.5	.8		
22	11	1	10.9					1.5	.8		
23											
24	61	3	5.7					1.5	.8		
25	31	2	6.7					1.5	.8		
26	22	2	11.0					1.5	.8		
27	24	1	5.0					1.5	.8		
28	22	1	5.5					1.5	.8		
29	27	2	8.9					1.5	.8		
30	21	2	11.4					1.5	.8		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINE RIDGE Estates

Location: City or S/D PINE RIDGE County OSCEOLA

Owned by S.S.U. SERVICES, INC, BROOKS Reporting Month April 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 180

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct J. Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	695	36.5	15.9								
Average	23	1.2	6.0								
Maximum	37	2.5	12.0								
Minimum	13	.5	2.1								
1	47	2	5.1					1.5	.8		
2	21	2	11.4					1.5	.6		
3	31	3	11.6					1.5	.6		
4	20	2	12.0					1.5	.8	4	
5	19	1	6.3					1.5	.8		
6											
7	47	3	7.7					1.5	.6		
8	37	2	6.5					1.5	.6		
9	19	1	6.3					1.5	.6		
10	19	1	6.3					1.5	.8		
11	20	2	12.0					1.5	.6		
12	22	.5	2.7					1.5	.6		
13											
14	52	5	11.5					1.5	.6		
15	37	1	3.2					1.5	.8		
16	22	.5	2.7					1.5	.6		
17	26	.5	2.3					1.5	.8		
18	13	.5	4.6					1.5	.6		
19	21	.5	2.9					1.5	.8		
20											
21	46	1	2.6					1.5	.8		
22	32	.5	2.7					1.5	.8		
23	29	.5	2.1					1.5	.8		
24	15	.5	4					1.5	.6		
25	14	.5	3.6					1.5	.6		
26	17	1	7.1					1.5	.8		
27											
28	39	3	9.2					1.5	.8		
29	22	1	6.4					1.5	.6		
30	17	1	7.1					1.5	.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINERIDGE ESTATES

Location: City or S/D PINERIDGE ESTATES County OSCEOLA

Owned by SSU. SERVICES, INC., APOPKA Reporting Month MAY 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 185

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Ed Jr (Lead Operator's Signature) C-3607 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	681	47	233.9					40.5	16.0		
Average	22	1.5	8.7					1.5	.6		
Maximum	31	3	16.0					1.5	.6		
Minimum	10	1	3.4					1.5	.5		
1	23	2	10.4					1.5	.5		
2	28	1	4.3					1.5	.5		
3	30	2	8.0					1.5	.6		
4											
5	63	5	9.5					1.5	.6		
6	30	1	4.0					1.5	.6		
7	27	2	8.9					1.5	.6		
8	25	1	4.8					1.5	.6	4	
9	38	3	12.9					1.5	.6		
10	30	2	8.0					1.5	.6		
11											
12	63	3	5.7					1.5	6		
13	31	1	3.9					1.5	.6		
14	17	2	14.1					1.5	.6		
15	13	1	9.2					1.5	.6		
16	26	1	4.6					1.5	.6		
17	22	2	10.9					1.5	6		
18											
19	20	3	16.0					1.5	.6		
20	22	1	5.5					1.5	.6		
21	12	2	14.1					1.5	.6		
22	10	1	12.0					1.5	.6		
23	27	1	4.5					1.5	.6		
24	12	1	10.0					1.5	.6		
25											
26	37	2	6.5					1.5	.6		
27	13	1	9.2					1.5	.6		
28	31	2	7.7					1.5	.6		
29	14	1	8.6					1.5	.6		
30	20	1	6.0					1.5	.6		
31	19	2	12.6					1.5	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System FIRESIDE ESTATES

Location: City or S/D KISSIMMEE County OSCEOLA

Owned by S.S.U. SERVICES, INC., ANDOVER Reporting Month JUNE 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 180

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 1-800-456-7202

I certify this report is correct [signature] E.L.J. C-5607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l			Rainfall lbs Used	Rainfall mg/l (INCHES)	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1015	41	135.2				6.1	39.4	20		
Average	34	1.4	5.2				0.2	1.5	0.8		
Maximum	70	2	14.1				1.5	1.6	1.0		
Minimum	16	1	2.4				0	1.5	0.6		
1	~~57~~										
2	31	3	11.6				0	1.5	.6		
3	16	1	7.5				0	1.5	.6	2	
4	70	2	3.4				1.0	1.5	.6	6	3
5	32	1	3.8				0.5	1.5	.6		
6	41	1	2.9				1.5	1.5	.6		
7	44	1	2.7				0.2	1.5	.8		
8											
9	57	3	6.3				0	1.5	.6		
10	34	2	6.2				0	1.5	.6	7	
11	37	2	6.2				0	1.5	.6	7	3
12	17	2	14.1				0	1.5	.6		
13	34	2	6.2				0.4	1.5	.6		
14	52	1	2.4				0	1.5	.6		
15											
16	21	3	15.1				0	1.5	.6		
17	61	2	3.9				.4	1.6	1.0		
18	36	1	3.3				0	1.5	.6	3	
19	33	1	3.6				0	1.5	.6	3	
20	34	1	3.5				1.0	1.6	.8	3	
21	36	1	3.3				.4	1.5	.6		
22	19	1	6.3				.4	1.5	.6		
23	37	1	3.2				0	1.5	.6		
24	42	2	5.7				0.5	1.5	.6		
25	25	1	3.4				1.0	1.5	.6		
26	31	1	3.9				0.2	1.5	.6		
27	32	2	6.2				0	1.5	.6		
28	27	1	4.4				0	1.5	.6		
29	40	2	6.6				0	1.5	.6		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 2 9 2 Name of Drinking Water System Riveridge

Location: City or S/D Riveridge County Osceola

Owned by SSU Services Apopka, FL. Reporting Month July 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 195

Design Flow .720 Remarks (Use reverse side) Phone No.: 1 800 458 7202

I certify this report is correct [signature] A 2775
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l Rain Fall	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1041	29	1599				9.7"	40.6	25.2		
Average	.038	2	5.2				.2"	1.5	.9		
Maximum	.052	4	13.3				3.5"	1.6	1.0		
Minimum	.018	1	2.3				.2"	1.5	.8		
1	.033	1	1.6					1.5	.8		
2	.035	1	3.4					1.5	.9		
3	.044	1	2.7					1.5	.9		
4	.026	1	4.1					1.5	.9		
5	.052	1	2.3				1.3"	1.5	.9		
6											
7	.052	1	9.2				2"	1.5	.8		
8	.041	1	9.0					1.5	.8		
9	.020	1	2.0					1.5	.9	9	
10	.034	1	3.5				3"	1.5	.9		
11	.024	1	4.6					1.6	1.0		
12	.026	2	8.6				.2"	1.5	1.0		
13											
14	.050	2	4.0				5.5"	1.5	1.0		
15	.041	1	2.9					1.5	1.0		
16	.032	1	3.8					1.5	1.0		
17	.038	2	6.3					1.5	1.0		
18	.020	2	12.0					1.5	1.0		
19	.018	2	13.3				.7"	1.5	1.0		
20											
21	.074	3	4.9					1.5	1.0		
22	.026	2	9.2					1.5	1.0		
23	.032	1	3.8					1.5	1.0		
24	.031	4	13.0					1.5	1.0		
25	.020	1	4.3					1.5	1.0		
26	.041	1	2.9				3"	1.5	1.0		
27											
28	.051	2	4.7					1.5	1.0		
29	.042	1	2.9					1.5	1.0		
30	.090	1	4.6					1.5	1.0		
31	.024	2	9.3				2"	1.5	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System Pineridge Est.

Location: City or S/D Pineridge Est. County Osceola

Owned by SSU Services Reporting Month August 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 185

Design Flow .720 Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct William Crowell Class II
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l Rain Fall	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1.018	113	138.9				3.7	39.8	35.9		
Average	.040	4.7	5.7				0.1	1.6	1.0		
Maximum	.054	8	9				2.1	2.0	1.0		
Minimum	.017	1					0	0	0		
1	.017	3	21.2					2.0	1.0		
2	.045	2	5.3					1.8	.9		
3											
4	.030	2	4.8					1.5	1.0		
5	.033	1	3.6					1.5	1.0		
6	.031	.5	1.9					1.5	1.0	4	
7	.036	1.5	5.0					1.5	1.0		
8	.041	2	5.4					1.5	1.0		
9	.044	2	5.5					1.5	1.0		
10											
11	.044	4	7.5				.3"	1.5	1.0		
12	.032	2	7.5					1.5	1.0		
13	.032	1	3.6					1.5	1.0		
14	.037	1	3.2					1.5	1.0		
15	.034	2	4.4					1.5	1.0		
16	.029	1	4.1					1.5	1.0		
17											
18	.074	2	5.0					1.5	1.0		
19	.054	2	4.4					1.5	1.0		
20	.042	2	7.5					1.5	1.0		
21	.037	1	3.2					1.5	1.0		
22	.031	1	3.9				.3"	1.5	1.0		
23	.029	1	4.1				.5"	1.5	1.0		
24											
25	.044	2	5.2				2.1"	1.5	1.0		
26	.027	1	4.4					1.5	1.0		
27	.039	1	3.1				.5"	1.5	1.0		
28	.034	1	3.5					1.5	1.0		
29	.036	1	4.0					1.5	1.0		
30	.035	2	6.9					1.5	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 2 9 2 Name of Drinking Water System Pineridge Est.

Location: City or S/D Pineridge Est. County Osceola

Owned by SSU Services Reporting Month Sept 19 91

Plant Effluent pH 7.35 (Avg) No. of Services at End of Month 185

Design Flow .720 Remarks (Use reverse side) Phone No.: 850-0100

I certify this report is correct William Fundel C-6411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l Rain	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1.121	44					1.1	39	15.4		
Average	.037	1.5					.04	1.5	1.0		
Maximum	.062	3					.5	1.5	.5		
Minimum	.027	1					.3	1.5	1.1		
1	.013	3						1.5	1.0		
2	.037	1						1.5	1.0		
3	.042	1						1.5	1.0		
4	.034	2					.3	1.5	1.0		
5	.039	1						1.5	1.0		
6	.032	1						1.5	1.0		
7											
8	.047	3						1.5	1.0		
9	.035	1						1.5	1.0		
10	.033	1						1.5	1.0		
11	.030	2						1.5	1.0	4	
12	.034	2						1.5	1.0		
13	.021	1						1.5	1.0		
14											
15	.041	2						1.5	1.0		
16	.062	2						1.5	1.0		
17	.027	1						1.5	B		
18	.043	1						1.5	B		
19	.040	1						1.5	B		
20	.052	3						1.5	B		
21											
22	.057	2						1.5	B		
23	.047	1						1.5	B		
24	.038	1						1.5	1.1		
25	.032	1						1.5	1.1		
26	.033	1					.5	1.5	1.1		
27	.031	2						1.5	1.1		
28											
29	.064	4						1.5	1.1		
30	.045	3					.5	1.2	1.1		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 2 9 2 Name of Drinking Water System Pineridge Est.

Location: City or S/D Pineridge Est County Osceola

Owned by SSU Services Reporting Month Oct 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 185

Design Flow .720 Remarks (Use reverse side) Phone No.: 892-0100

I certify this report is correct William Sunkel' C.O.A.II
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1.009	47	130.5				1.8	36.9	20.4		
Average	.032	1.5	4.5				.06	1.4	.8		
Maximum	.053	3.2	13.6				.08	1.8	1.1		
Minimum	.022	.5	2.6				0.4	1.0	.4		
1	.034	1	3.2					1.5	.9		
2	.022	.5	2.7					1.5	.9	4	
3	.031	1.5	4.6					1.5	1.0		
4	.037	2	4.2					1.5	1.0		
5											
6	.033	1	3.6				0.6	1.5	1.0		
7	.031	1	4.0				0.4	1.5	1.0		
8	.032	2	7.5					1.5	1.0		
9	.037	2	6.4					1.5	1.0		
10	.045	1	2.6					1.5	1.0		
11	.071	2.5	4.2					1.5	1.0		
12											
13	.053	3.0	7.9					1.9	1.0		
14	.040	2	6.0					1.8	1.1		
15	.034	1	3.0					.5	1.0		
16	.026	1	3.8				0.8	1.5	.6		
17	.034	2	7.1					1.5	1		
18	.071	4	6.8					1.5	1		
19											
20	.034	1	3.1					1.5	1		
21	.030	1	4.0					1.8	1.0		
22	.041	1	2.4					1.0	.5		
23	.036	1	3.3					1.2	.4		
24	.043	1	2.3					1.2	.4		
25	.047	2	4.1					1.1	.4		
26											
27	.046	2	5.2					1.2	.4		
28	.036	2	4.6					1.4	.3		
29	.026	3	13.0					1.4	.3		
30	.041	3	5.3					1.4	.3		
31	.032	2	6.4					1.4	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 2 9 2 Name of Drinking Water System Pineridge Est.

Location: City or S/D Pineridge Est County Osceola

Owned by SSU Services Reporting Month Nov. 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 185

Design Flow .720 Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct William Frender C-10411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1.120	60	169.5					27.1	11.0		
Average	.037	2	5.7					1.1	.4		
Maximum	.054	7	15.0					1.5	.5		
Minimum	.023	.5	1.0					.2	.2		
1	.071	2	3.3					1.4	.5		
2											
3	.040	3	9.0					1.5	.5		
4	.044	1	2.7					1.5	.5		
5	.023	.5	2.16					.3	.5		
6	.045	1.5	4.1					.2	.3		
7	.032	1	3.7					1.0	.4		
8	.047	1	2.9					1.0	.4		
9	.075	1	1.16					1.0	.4		
10											
11	.046	1	2.16					1.2	.4	4	
12	.024	1	5.0					1.0	.4		
13	.032	1	3.8					1.0	.4		
14	.052	.5	1.2					1.0	.4		
15	.054	.5	1.0					1.0	.4		
16											
17	.046	1	2.6					.3	.3		
18	.037	2	10.8					1.5	.5		
19	.032	3	11.2					.3	.2		
20	.035	3	10.2					1.5	.5		
21	.050	5	12.0					1.3	.5		
22	.054	10	12.2					1.3	.5		
23											
24	.053	5	11.3					1.3	.5		
25	.036	4	13.3					1.3	.5		
26	.033	3	10.9					1.3	.5		
27	.026	3	13.8					1.3	.5		
28	.054	3	6.16					1.3	.5		
29	.076	7	11.1					1.3	.5		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 2 9 2 Name of Drinking Water System Pineridge Est.

Location: City or S/D Pineridge Est. County Osceola

Owned by SSU Services Reporting Month December 19 91

Plant Effluent pH 7.35 (Avg) No. of Services at End of Month 185

Design Flow .720 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct William Snyder 0.1041
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1.107	91e	283.3					30.1	18.2		
Average	.036	3	9.1					1.1	.7		
Maximum	.048	7	17.5					1.5	1.0		
Minimum	.024	1	3.9					.4	.4		
1	.043	1e	11e.7					1.3	.6		
2	.032	4	15.0					1.3	.6		
3	.024	2	10.0					1.3	.6		
4	.035	3	10.2					1.3	.6		
5	.040	5	15.0					1.0	.5		
6	.016	1e	10.5					1.0	.5		
7											
8	.048	7	17.5					1.2	.5		
9	.038	4	12.6					1.2	.5	4	
10	.025	3	14.4					1.3	.5		
11	.030	3	12.0					1.3	.5		
12	.040	4	12.0					1.5	1.0		
13	.016	8	15.0					1.0	.5		
14											
15	.039	4	12.3					1.0	.6		
16	.029	2	8.2					1.0	.6		
17	.036	4	13.3					1.0	.6		
18	.030	2	8.0					1.0	.6		
19	.035	4	13.7					1.1	.9		
20	.009	1e	10.4					1.1	.9		
21											
22	.044	3	8.2					1.1	.9		
23	.037	5	11e.2					1.0	.9		
24	.011	2	5.9					1.1	.9		
25	.041	2	5.9					1.2	1.0		
26	.032	1	3.8					1.2	1.0		
27	.034	1	3.5					1.2	1.0		
28	.082	2	2.9					.4	.4		
29											
30	.037	2	1e.5					1.0	.5		
31	.034	1	3.1e					1.0	.5		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINERIDGE

Location: City or S/D 40 1000 Coral Pl, Apopka, FL County OSCEOLA

Owned by Southern States Utilities Reporting Month Jan 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 469

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct S Kist C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	649.3	36	205.7					40.2	21.6	4	
Average	20.9	1.2	6.6					1.5	.4		
Maximum	26.5	2	17.1					1.5	.4		
Minimum	6.7	1	4.0					1.5	.4		
1	59.3	2	4.0					1.2	.8		
2	26.6	1	4.2					1.5	.8		
3	26.4	1	6.0					1.5	.8		
4	17.4	1	6.6					1.5	.8		
5	14.3	1	8.5					1.5	.4		
6	10.9	1	10.9					1.5	.4		
7											
8	52.5	3	6.6					1.5	.4		
9	15.3	1	8.5					1.5	.4		
10	17.1	1	7.0					1.5	.4	4	
11	13.2	1	9.2					1.5	.4		
12	24.2	1	5.0					1.5	.4		
13	9.3	1	15.1					1.5	.4		
14											
15	47.1	2	5.1					1.5	.4		
16	21.7	1	5.7					1.5	.4		
17	17.6	2	14.1					1.5	.4		
18	23.1	1	5.2					1.5	.8		
19	14.3	1	8.5					1.5	.8		
20	16.0	1	7.5					1.5	.8		
21											
22	50.4	3	7.2					1.5	.4		
23	26.1	1	6.0					1.5	.8		
24	19.0	1	6.3					1.5	.8		
25	16.9	1	6.0					1.5	.8		
26	21.0	1	5.7					1.5	.8		
27	6.7	1	17.1					1.5	.8		
28											
29	55.2	3	6.5					1.5	.8		
30	16.5	1	6.6					1.5	.8		
31	17.0	1	7.0					1.5	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap so over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINEBRIDGE

Location: City or S/D % 1000 COLONIAL PL, APOPKA FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month FEB 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 169

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	494.7	40	278.2						36	19.2	4	
Average	17.6	1.4	11.1						1.5	.8		
Maximum	24.6	4	30						1.5	.8		
Minimum	8.1	.5	4.2						1.5	.8		
1	13.4	2	18.4						1.5	.8		
2	17.6	2	14.1						1.5	.8		
3	10.0	1	12						1.5	.8		
4												
5	60.8	4	8						1.5	.8	4	
6	12.2	1	10						1.5	.8		
7	16	1	7.5						1.5	.8		
8	19.6	3	20						1.5	.8		
9	20.8	4	24						1.5	.8		
10	17.3	2	14.1						1.5	.8		
11	15.5	1	8						1.5	.8		
12	24.6	1	5						1.5	.8		
13	14	1	8.5						1.5	.8		
14	14.2	1	8.5						1.5	.8		
15	15.7	1	8						1.5	.8		
16	19.5	1	6.3						1.5	.8		
17	16.9	1	7						1.5	.8		
18												
19	57.3	2	4.2						1.5	.8		
20	16.3	1	7.5						1.5	.8		
21	12.9	1	9.2						1.5	.8		
22	15	2	16						1.5	.8		
23	9.2	2	30						1.5	.8		
24	8.1	.5	7.5						1.5	.8		
25												
26	38.9	2.5	7.7						1.5	.8		
27	13.7	1	9.2						1.5	.8		
28	16.3	1	7.5						1.5	.8		
29												
30												
31												

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tac

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINERIDGE

Location: City or S/D % 1000 Coca A, APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month MAR 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 169

Design Flow .72 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	818.4	35	170.9					40.5	17	4	
Average	26.4	1.2	5.5					1.5	.63		
Maximum	39.3	3	25.7					1.5	.8		
Minimum	9.6	1	2.7					1.5	.6		
1	14.3	3	25.7					1.5	.8		
2	19.5	1	6.3					1.5	.8		
3	17.3	1	7.0					1.5	.8		
4											
5	52.5	2	4.6					1.5	.6		
6	29.1	1	4.1					1.5	.6		
7	23	1	5.2					1.5	.6	4	
8	21.7	1	5.7					1.5	.6		
9	19.9	1	6.3					1.5	.6		
10	16.1	1	7.5					1.5	.6		
11											
12	96.1	2	2.7					1.5	.6		
13	25.4	1	4.8					1.5	.6		
14	23.9	1	5.2					1.5	.6		
15	24.9	1	5.0					1.5	.6		
16	25.3	1	4.5					1.5	.6		
17	19.9	1	6.3					1.5	.6		
18											
19	52.2	2	9.6					1.5	.6		
20	25.5	1	4.8					1.5	.6		
21	19.3	1	6.3					1.5	.6		
22	27.9	1	4.4					1.5	.6		
23	31.7	1	3.6					1.5	.6		
24	32.7	1	3.7					1.5	.6		
25											
26	96.3	4	5.5					1.5	.6		
27	31.9	1	3.8					1.5	.6		
28	23.4	1	5.2					1.5	.6		
29	39.3	1	3.6					1.5	.6		
30	19.3	1	6.3					1.5	.6		
31	9.6	1	13.3					1.5	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINEAIDGE

Location: City or S/D 40000 COCOA FL, APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month APRIL 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 164

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 855-0100

I certify this report is correct [signature] C-5643

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	761.9	38	159.3					44	22.2		
Average	25.3	1.3	5.3					1.5	.7		
Maximum	44.2	3	9.6					1.5	.8		
Minimum	16.4	1	2.5					.5	.2		
1	19	1	4.3					1.5	.6		
2	25.4	1	4.6					1.5	.6		
3	16.4	1	6.2					.5	.2		
4	21.2	1	5.7					1.5	.4		
5	16.7	1	7.2					1.5	.4		
6	24.7	2	8.4					1.5	.6		
7	20.1	1	6.0					1.5	.6		
8	27.2	1	4.4					1.5	.6		
9	27.7	3	9.6					1.5	.6		
10	20.6	1	5.8					1.5	.6		
11	32.4	1	3.7					1.5	.6		
12	16.4	1	7.3					1.5	.6		
13	20.6	1	5.8					1.5	.6		
14	14.2	1	6.3					1.5	.6		
15	28.5	2	8.4					1.5	.6		
16	34.9	2	6.9					1.5	.6		
17	29.9	1	4.2					1.5	.6		
18	35.1	2	6.9					1.5	.6		
19	30.8	1	3.9					1.5	.6		
20	20	1	6.0					1.5	.6		
21	19.6	1	6.1					1.5	.6		
22	37.6	2	6.4					1.5	.6		
23	41.6	2	5.7					1.5	.6		
24	26.4	1	5.9					1.5	.6		
25	21.4	1	5.6					1.5	.6		
26	25.8	1	4.7					1.5	.6		
27	23.7	1	5.1					1.5	.5		
28	25.5	1	4.7					1.5	.6		
29	24.5	1	4.1					1.5	.6		
30	44.2	1	2.5					1.5	.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINERIDGE

Location: City or S/D 40 1000 COLLEGE PL, APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month MAY 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 171

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 880-0010

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1214.4	66	204.2					46.5	18.6	6	1
Average	39.1	2.1	6.5					1.5	.6		
Maximum	63.4	3	12.0					1.5	.6		
Minimum	17.7	1	2.1					1.5	.6		
1	39.6	2	6.0					1.5	.6		
2	43.5	2	5.5					1.5	.6		
3	40.6	3	8.8					1.5	.6		
4	58.4	3	6.1					1.5	.6		
5	29.8	1	4.0					1.5	.6		
6	49.8	2	4.8					1.5	.6		
7	56.2	1	2.1					1.5	.6		
8	38.3	2	6.2					1.5	.6		
9	33.7	2	7.1					1.5	.6	4	1
10	34.1	2	7.0					1.5	.6		
11	20.0	2	12.0					1.5	.6		
12	31.9	2	7.5					1.5	.6		
13	43.6	3	8.2					1.5	.6		
14	50.5	3	7.1					1.5	.6		
15	40.7	2	5.8					1.5	.6		
16	36.0	2	6.6					1.5	.6		
17	40.4	2	5.9					1.5	.6		
18	38.0	2	6.3					1.5	.6		
19	35.0	3	10.2					1.5	.6		
20	60.0	3	6.0					1.5	.6		
21	63.4	3	5.6					1.5	.6	1	
22	37.8	1	3.1					1.5	.6	1	
23	35.4	3	10.1					1.5	.6		
24	44.3	2	5.4					1.5	.6		
25	27.6	2	8.6					1.5	.6		
26	34.8	1	3.4					1.5	.6		
27	33.0	2	7.2					1.5	.6		
28	17.7	1	7.0					1.5	.6		
29	24.0	1	5.0					1.5	.6		
30	32.0	2	7.5					1.5	.6		
31	44.3	3	8.1					1.5	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINERIDGE

Location: City or S/D % 1600 COLOAD. APOPKA. FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month June 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 164

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 880-0010

I certify this report is correct _____ C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	551.8	41	2606					45	18	8	
Average	18.3	1.3	8.6					1.5	.6		
Maximum	36.7	3	17.0					1.5	.6		
Minimum	8.0	1	4.8					1.5	.6		
1	28.9	2	8.3					1.5	.6		
2	21.0	1	5.7					1.5	.6		
3	24.8	2	9.6					1.5	.6		
4	25.0	1	4.8					1.5	.6		
5	10.5	1	11.4					1.5	.6		
6	13.9	1	8.6					1.5	.6		
7	13.9	1	8.6					1.5	.6		
8	11.0	1	10.9					1.5	.6		
9	8.0	1	15.0					1.5	.6		
10	21.9	1	5.4					1.5	.6		
11	21.4	1	5.6					1.5	.6		
12	19.5	1	6.1					1.5	.6		
13	14.0	1	8.5					1.5	.6	4	
14	22.6	3	15.9					1.5	.6		
15	16.0	1	7.5					1.5	.6		
16	17.1	1	7.0					1.5	.6		
17	21.0	1	5.7					1.5	.6		
18	29.6	2	8.1					1.5	.6		
19	17.7	1	6.7					1.5	.6		
20	16.4	2	14.6					1.5	.6		
21	29.3	3	12.2					1.5	.6		
22	23.0	1	5.2					1.5	.6		
23	27.0	2	9.8					1.5	.6		
24	14.8	1	8.1					1.5	.6		
25	16.2	1	7.4					1.5	.6		
26	14.7	1	8.1					1.5	.6		
27	14.1	2	17.0					1.5	.6	4	
28											
29	36.7	2	6.5					1.5	.6		
30	18.0	2	13.3					1.5	.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINE RIDGE Estates

Location: City or S/D C/o 1000 Colon Pl APOPKA Fla 32703 County OSCEOLA

Owned by S.S.U. SERVICES INC. Reporting Month JULY 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 164

Design Flow .720MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct [signature] A-735
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~gals.~~ or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	680.3	37	232.06					1.65	18.6	4	
Average	21.9	1.2	7.49					1.5	.6		
Maximum	34.4	2	25.53					1.5	.6		
Minimum	4.4	1	3.83					1.5	.6		
1	20.3	1	5.91					1.5	.6		
2	28.4	1	4.23					1.5	.6		
3	25.9	1	4.63					1.5	.6		
4	17.9	1	6.70					1.5	.6		
5	28.6	1	4.20					1.5	.6		
6	28.0	1	4.29					1.5	.6		
7	23.0	1	5.22					1.5	.6		
8	31.6	2	7.60					1.5	.6		
9	35.7	2	6.72					1.5	.6		
10	31.3	1	3.83					1.5	.6	4	
11	35.4	2	6.09					1.5	.6		
12	20.9	1	5.74					1.5	.6		
13	22.8	1	5.26					1.5	.6		
14	18.2	1	6.54					1.5	.6		
15	11.8	1	10.17					1.5	.6		
16	18.0	1	6.67					1.5	.6		
17	19.1	1	6.28					1.5	.6		
18	15.0	1	8.03					1.5	.6		
19	17.0	2	14.12					1.5	.6		
20	24.0	1	5.00					1.5	.6		
21	9.4	2	28.53					1.5	.6		
22	25.1	1	4.78					1.5	.6		
23	25.4	1	4.72					1.5	.6		
24	22.9	1	5.24					1.5	.6		
25	12.0	1	10.00					1.5	.6		
26	26.0	1	4.62					1.5	.6		
27	10.7	2	22.43					1.5	.6		
28	17.0	1	5.57					1.5	.6		
29	21.6	1	5.56					1.5	.6		
30	16.3	1	7.36					1.5	.6		
31	20.0	1	6.00					1.5	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINERIDGE ESTATES

Location: City or S/D 1000 Color Place Apopka County OSCEOLA

Owned by S.S.U. SERVICES, INC. Reporting Month AUGUST 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 164

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eck Jr. (Lead Operator's Signature) C-3607 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	549.9	33	262.8								
Average	17.74	1.06	8.5					1.5	.6		
Maximum	30.3	3	36.4					1.5	.6		
Minimum	3.3	.5	2.0					1.5	.6		
1	19.7	1	6.1					1.5	.6		
2	15.2	1	7.9					1.5	.6		
3	19.8	3	18.2					1.5	.6		
4	15.0	1	8.0					1.5	.6		
5	22.3	2	10.8					1.5	.6		
6	27.3	1	4.4					1.5	.6		
7	17.8	1	6.7					1.5	.6	1	
8	27.2	2	8.8					1.5	.6		
9	20.8	1	5.8					1.5	.6		
10	26.0	1	4.6					1.5	.6		
11	3.3	1	36.4					1.5	.6		
12	25.3	2	9.5					1.5	.6		
13	19.0	1	6.3					1.5	.6		
14	18.2	1	6.6					1.5	.6		
15	16.4	1	7.3					1.5	.6		
16	9.2	1	13.0					1.5	.6		
17	22.4	1	5.4					1.5	.6		
18	6.5	1	18.5					1.5	.6		
19	30.3	.5	2.0					1.5	.6		
20	18.6	.5	3.2					1.5	.6		
21	16.7	1	7.2					1.5	.6		
22	10.8	.5	5.6					1.5	.6		
23	21.3	.5	2.8					1.5	.6		
24	14.6	.5	4.1					1.5	.6		
25	11.6	.5	5.2					1.5	.6		
26	21.8	1	5.5					1.5	.6		
27	20.7	1	5.8					1.5	.6		
28	12.1	1	9.9					1.5	.6		
29	12.8	1	9.4					1.5	.6		
30	15.0	1	8.0					1.5	.6		
31	12.2	1	9.8					1.5	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINERIDGE ESTATES

Location: City or S/D PINERIDGE ESTATES County OSCEOLA

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month SEPTEMBER 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 165

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct J. Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	722.6	91	226.6					44.0	18.0		
Average	24.09	1.37	7.63					1.47	0.6		
Maximum	52.4	2	24.2					1.5	0.6		
Minimum	9.9	1	3.2					1.0	0.6		
1	13.4	1	9.0					1.5	.6		
2	18.9	2	12.7					1.5	.6		
3	27.4	2	8.8					1.5	.6		
4	9.9	2	24.2					1.5	.6		
5	11.9	1	10.1					1.5	.6		
6	20.5	1	5.8					1.5	.6		
7	20.0	1	6.0					1.5	.6		
8	20.2	1	5.9					1.5	.6		
9	33.0	1	3.6					1.0	.6	4	
10	29.8	2	8.1					1.5	.6		
11	26.0	1	4.6					1.5	.6		
12	28.0	1	4.3					1.5	.6		
13	17.8	1	6.7					1.5	.6		
14	16.1	1	7.5					1.5	.6		
15	18.3	2	13.1					1.5	.6		
16	23.0	1	5.2					1.5	.6		
17	37.4	1	3.2					1.5	.6		
18	19.9	2	12.1					1.5	.6		
19	20.4	1	5.9					1.5	.6		
20	20.1	1	6.0					1.5	.6		
21	23.1	1	5.2					1.5	.6		
22	35.1	1	3.4					1.5	.6		
23	24.8	2	9.7					1.5	.6		
24	32.2	2	7.5					1.5	.6		
25	22.0	1	5.5					1.5	.6		
26	27.2	1	4.4					1.0	.6		
27	29.4	1	4.1					1.5	.6		
28	52.4	2	4.6					1.5	.6		
29	23.8	2	10.4					1.5	.6		
30	21.4	2	11.2					1.5	.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINERIDGE ESTATES

Location: City or S/D PINERIDGE ESTATES County OSCEOLA

Owned by SSU SERVICES INC APOPKA Reporting Month OCTOBER 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 175

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct [signature] C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	672	36	223.6					48.6	19.4		
Average	22	1.2	7.2					1.6	.6		
Maximum	42	3	20.0					1.8	.8		
Minimum	9	1	2.4					1.3	.6		
1	22	1	5.5					1.8	.8		
2	13	1	4.2					1.6	.8		
3	16	1	7.5					1.8	.8		
4	21	1	5.7					1.8	.8		
5	17	1	7.1					1.8	.6		
6	42	1	2.4					1.8	.6		
7	34	1	3.5					1.8	.6		
8	31	2	7.1					1.5	.6	4	
9	35	1	4.3					1.5	.6		
10	12	2	20.0					1.5	.6		
11	25	1	4.3					1.5	.6		
12	11	1	10.9					1.5	.6		
13	17	1	7.1					1.5	.6		
14	25	1	4.8					1.5	.6		
15	33	3	10.9					1.5	.6		
16	18	1	6.9					1.5	.6		
17	23	1	5.2					1.5	.6		
18	24	1	4.3					1.5	.6		
19	25	1	4.8					1.5	.6		
20	21	1	5.7					1.5	.6		
21	16	1	7.5					1.5	.6		
22	24	2	10.0					1.5	.6		
23	12	1	10.0					1.5	.6		
24	14	1	8.6					1.5	.6		
25	12	1	10.0					1.5	.6		
26	24	1	4.1					1.5	.6		
27	7	1	12.3					1.5	.6		
28	20	1	6.0					1.5	.6		
29	24	1	4.3					1.5	.6		
30	23	1	5.2					1.5	.6		
31	17	1	7.1					1.5	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINERIDGE ESTATES

Location: City or S/D PINERIDGE Estates County OSCEOLA

Owned by S.S.U. SERVICES, INC. APOPKA Reporting Month NOVEMBER 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 175

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D Richard Eng C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	673	35	203.2					39	22		
Average	22.4	1.2	6.8					1.3	.73		
Maximum	42	2	16.0					1.5	.8		
Minimum	12	1	3.6					1.2	.7		
1	24	1	5.0					1.5	.8		
2	15	1	8.0					1.5	.6		
3	14	1	8.6					1.5	.6		
4	28	2	8.6					1.5	.8		
5	32	1	3.8					1.5	.8		
6	23	1	5.2					1.2	.7	4	
7	22	1	5.5					1.2	.7		
8	16	2	16.0					1.5	.8		
9	15	2	16.0					1.5	.8		
10	17	1	7.1					1.5	.8		
11	13	1	5.2					1.5	.6		
12	23	1	5.2					1.5	.8		
13	28	1	4.3					1.5	.8		
14	12	1	10.0					1.5	.8		
15	25	1	4.8					1.5	.6		
16	20	1	6.0					1.5	.8		
17	29	1	4.1					1.5	.8		
18	33	1	3.6					1.5	.6		
19	23	1	5.2					1.5	.8		
20	21	1	5.7					1.5	.6		
21	24	1	5.0					1.5	.8		
22	42	2	5.7					1.5	.6		
23	15	1	8.0					1.5	.8		
24	34	1	3.5					1.5	.6		
25	30	2	8.0					1.5	.6		
26	16	1	6.7					1.5	.8		
27	17	1	7.1					1.5	.6		
28	21	1	5.7					1.5	.6		
29	22	1	5.5					1.5	.8		
30	17	1	7.1					1.5	.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 Name of Drinking Water System PINE RIDGE ESTATES

Location: City or S/D PINE RIDGE ESTATES County OSCEOLA

Owned by S.S.U. SERVICES, INC, APOPKA Reporting Month DECEMBER 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 180

Design Flow .720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D Richard E L Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	642	34	199.9					46.5	24.8		
Average	21	1.1	6.5					1.5	.8		
Maximum	41	4	14.1					1.5	.8		
Minimum	11	.5	1.5					1.5	.6		
1	21	2	11.4					1.5	.8		
2	14	1	6.3					1.5	.8		
3	25	1	4.3					1.5	.8		
4	20	2	12.0					1.5	.8		
5	16	1	7.5					1.5	.8		
6	19	1	6.3					1.5	.8		
7	21	2	11.4					1.5	.8		
8	18	2	13.3					1.5	.8		
9	27	1	4.4					1.5	.8	4	
10	22	.5	2.8					1.5	.8		
11	26	5	3.0					1.5	.8		
12	17	.5	3.5					1.5	.8		
13	18	.5	3.3					1.5	.8		
14	17	.5	3.5					1.5	.8		
15	17	.5	3.5					1.5	.8		
16	20	.5	3.0					1.5	.8		
17	27	1.5	6.7					1.5	.8		
18	22	1	5.5					1.5	.8		
19	13	1	9.2					1.5	.8		
20	13	1	9.2					1.5	.8		
21	14	1	8.6					1.5	.8		
22	13	.5	4.6					1.5	.8		
23	41	.5	1.5					1.5	.8		
24	11	1	10.4					1.5	.8		
25	13	.5	4.6					1.5	.8		
26	33	2.5	9.1					1.5	.8		
27	34	4	14.1					1.5	.8		
28	21	1	5.7					1.5	.8		
29	23	.5	2.6					1.5	.8		
30	15	.5	4.0					1.5	.8		
31	29	1	4.1					1.5	.8		

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DER Form 17-1.208(5)
Effective November 30, 1982

Pine Ridge Utilities - 9002

Citrus County (UFU)

Water

- 1992 FPSC Filing -

DATE: Jan 1991

PINE RIDGE UTILITIES

MONTHLY WATER REPORT

I.D. NO. 609/399

METERED SERVICES 365

CERTIFICATE NUMBER:

OPERATOR NAME:

0200

DAY	WELL N°2 SADDLE UNIT-1 DR.							WELL N°3 BEARWOOD DR. UNIT-3														RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER ROG.	HOURS	GALLONS	LBS. CL	CL. RES		
1			18132	8	185,000	1.5	0.8			5140	4	27,000	0.4	0.7									212,000
2			18160	7	179,000	1.5	0.8			5144	5	31,000	0.4	0.7									210,000
3			18167	7	157,000	1.5	0.8			5149	4	26,000	0.4	0.6									183,000
4			18174	7	159,000	1.0	0.8			5153	4	30,000	0.4	0.6									189,000
5			18181	6	159,000	1.0	0.8			5157	4	36,000	0.4	0.6									195,000
6			18187	6	159,000	1.0	0.8			5161	4	29,000	0.4	0.6									188,000
7			18193	8	184,000	1.5	0.8			5169	4	25,000	0.4	0.6									209,000
8			18201	7	162,000	1.5	0.8			5173	5	23,000	0.4	0.7									185,000
9			18208	8	173,000	1.5	0.8			5178	4	22,000	0.4	0.7									195,000
10			18216	5	145,000	1.0	0.8			5182	3	20,000	0.3	0.7								0.1	165,000
11			18221	3	26,000	0.5	0.8			5185	13	68,000	0.7	0.8									144,000
12			18224	3	26,000	0.5	0.8			5198	13	68,000	0.7	0.4									144,000
13			18227	3	75,000	0.5	0.8			5211	12	68,000	0.7	0.4									143,000
14			18230	5	109,000	0.5	0.8			5223	8	45,000	0.4	0.4									156,000
15			18235	2	44,000	0.5	0.7			5231	14	78,000	0.8	0.5									122,000
16			18237	2	44,000	0.5	0.7			5245	12	93,000	1.0	0.5									137,000
17			18239	6	158,000	0.5	0.7			5257	1	2,000	0.1	0.5									160,000
18			18245	6	144,000	1.0	0.6			5253	0	3,000	0.1	0.6									147,000
19			18251	6	144,000	1.0	0.6			5258	1	3,000	0.1	0.5									147,000
20			18257	6	143,000	1.0	0.6			5257	1	2,000	0.1	0.5									145,000
21			18263	4	112,000	0.5	0.6			5260	1	5,000	0.2	0.5								1.9	120,000
22			18267	6	132,000	1.0	0.6			5261	3	13,000	0.2	0.6									143,000
23			18273	6	146,000	1.5	0.7			5264	1	7,000	0.2	0.3									153,000
24			18279	5	122,000	0.5	0.8			5265	2	15,000	0.3	0.5								0.5	137,000
25			18284	5	124,000	0.5	0.8			5267	2	10,000	0.3	1.0									134,000
26			18289	5	124,000	0.5	0.8			5269	2	10,000	0.3	1.0									134,000
27			18294	5	120,000	0.5	0.8			5271	2	10,000	0.3	1.0									130,000
28			18299	5	105,000	0.5	0.8			5273	2	16,000	0.3	1.0								0.2	121,000
29			18304	4	100,000	0.5	0.8			5275	5	29,000	0.4	0.8									129,000
30			18308	4	85,000	0.5	0.6			5280	5	32,000	0.4	0.8								0.5	122,000
31			18311	4	98,000	0.5	0.6			5283	1	4,000	0.2	0.8								1.0	102,000
MONTH TOTAL				164	3,952,000	26.5	23.0				142	848,000	11.7	19.9								4.2	4,810,000
YEAR TO DATE				164	3,952,000	26.5	23.0				142	848,000	11.7	19.9								4.2	4,810,000
AVG				5	128,000	0.9	0.7				5	27,000	0.4	0.6								0.1	155,000
MAX				8	185,000	1.5	0.8				14	93,000	1.0	1.0								1.9	212,000
MIN				3	44,000	0.5	0.6				0	2,000	0.1	0.3								0.1	102,000

DATE: Fb 1991

PINE RIDGE UTILITIES

MONTHLY WATER REPORT

I.D. NO. 6971389

METERED SERVICES

OPERATOR NAME: JOHN MACKENZIE CERTIFICATE NUMBER: C-5560

DAY	WELL N°2 SADDLE DR. UNIT-1							WELL N°3 BEAMWOOD DR. UNIT-3															RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES		
1			18316	4	115,000	1.0	0.6			5256	1	9,000	0.5	0.5										
2			18320	5	115,000	1.0	0.6			5257	1	9,000	0.5	0.5									1.6	124,000
3			18325	5	114,000	1.0	0.6			5258	3	8,000	0.5	0.5										124,000
4			18330	6	132,000	1.0	0.6			5291	2	11,000	0.5	0.5										122,000
5			18336	6	152,000	1.0	0.6			5293	2	12,000	0.4	0.4										143,000
6			18342	5	124,000	1.0	0.6			12915	2	5,000	0.3	0.5										164,000
7			18347	4	98,000	0.5	0.6			5297	1	10,000	0.5	0.4									0.2	129,000
8			18351	6	140,000	1.0	0.8			5298	2	14,000	0.5	0.7									0.1	108,000
9			18357	6	139,000	1.0	0.8			5300	2	14,000	0.5	0.6										154,000
10			18363	5	139,000	1.0	0.8			5302	3	13,000	0.4	0.6										153,000
11			18368	10	228,000	2.0	0.8			5303	5	28,000	1.0	0.6										152,000
12			18378	7	152,000	1.0	0.8			5310	3	16,000	0.5	0.7										256,000
13			18385	7	123,000	1.0	0.8			5313	2	14,000	0.5	0.6										195,000
14			18392	6	130,000	1.0	0.7			5315	2	9,000	0.5	0.6										187,000
15			18398	7	163,000	1.0	0.8			5317	2	10,000	0.5	0.7									0.3	139,000
16			18405	7	163,000	1.0	0.8			5319	2	10,000	0.5	0.7										173,000
17			18412	7	163,000	1.0	0.8			5321	1	10,000	0.5	0.7										173,000
18			18419	8	210,000	1.0	0.8			5322	3	20,000	0.5	0.6										230,000
19			18427	10	223,000	1.5	0.8			5325	5	26,000	1.0	0.7										248,000
20			18437	9	225,000	1.5	0.8			5330	4	27,000	1.0	0.4										252,000
21			18446	10	242,000	1.5	0.8			5334	4	26,000	1.0	0.9										268,000
22			18456	9	208,000	1.0	0.8			5338	4	26,000	1.0	0.9										234,000
23			18465	9	208,000	1.0	0.8			5342	4	26,000	1.0	0.9										234,000
24			18474	8	202,000	1.0	0.8			5346	4	27,000	1.0	0.9										234,000
25			18482	8	208,000	2.0	0.8			5350	4	24,000	1.0	0.9										232,000
26			18490	9	210,000	2.0	0.8			5354	4	24,000	1.0	0.9										234,000
27			18498	8	186,000	1.0	0.8			5358	3	16,000	0.7	0.9										262,000
28			18507	8	191,000	2.0	0.7			5361	3	15,000	0.7	0.9										210,000
29																								
30																								
31																								
MONTH TOTAL				199	4,787,000	33.0	20.8				78	463,000	18.8	18.7										
YEAR TO DATE				363	8739,000	59.5	43.8				220	1,311,000	34.5	38.6									2.2	5250,000
AVG.				7	171,000	1.2	0.7				3	17,000	0.7	0.7									6.4	10,050,000
MAX.				10	242,000	2.0	0.8				5	28,000	1.0	0.9									0.1	188,000
MIN.				4	98,000	0.5	0.6				1	5,000	0.3	0.4									1.6	268,000
																							0.1	108,000

0201

DATE: March 1991

PINE RIDGE UTILITIES — MONTHLY WATER REPORT

I.D. NO. 6091399
METERED SERVICES

OPERATOR NAME: John Mackenzie CERTIFICATE NUMBER: C-5280

DAY	WELL #2 SADDLE BR. UNIT-1 STATIC LEVEL	WELL #2 PUMPING LEVEL	WELL #2 METER RDG.	WELL #2 HOURS	WELL #2 GALLONS	WELL #2 LBS. CL.	WELL #2 CL. RES	WELL #3 BEAMWOOD DR. UNIT-3 STATIC LEVEL	WELL #3 PUMPING LEVEL	WELL #3 METER RDG.	WELL #3 HOURS	WELL #3 GALLONS	WELL #3 LBS. CL.	WELL #3 CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES	RAINFALL	TOTAL GALLONS PER DAY
1			18775	4	111,000	0.7	0.7			5364	10	57,000	0.3	0.5								0.5	168,000
2			18519	4	111,000	0.9	0.7			5374	10	59,000	0.3	0.5								1.4	170,000
3			18723	5	112,000	0.9	0.7			5384	10	59,000	0.3	0.5									171,000
4			18528	2	75,000	0.7	0.7			5394	18	142,000	0.9	0.5									222,000
5			18530	5	80,000	0.7	0.7			5412	3	16,000	0.1	0.5									96,000
6			18535	7	170,000	1.2	0.6			5415	3	20,000	0.1	0.5									190,000
7			18542	8	189,000	1.3	0.6			5418	4	26,000	0.1	0.5									215,000
8			18550	6	165,000	1.2	0.6			5422	4	21,000	0.2	0.6									186,000
9			18556	7	166,000	1.4	0.8			5426	4	21,000	0.2	0.6									187,000
10			18563	7	166,000	1.4	0.8			5430	3	21,000	0.2	0.6									187,000
11			18570	10	235,000	1.8	0.8			5433	4	27,000	0.2	0.6									258,000
12			18580	8	203,000	1.6	0.8			5437	4	21,000	0.2	0.6									224,000
13			18588	6	137,000	1.2	0.8			5441	2	15,000	0.1	0.5									152,000
14			18594	6	151,000	1.3	0.8			5443	3	19,000	0.1	0.5									170,000
15			18600	6	123,000	1.1	0.8			5446	3	12,000	0.4	0.9									135,000
16			18606	5	123,000	0.9	0.6			5449	2	12,000	0.3	0.7								0.3	120,000
17			18611	5	123,000	0.9	0.6			5451	2	12,000	0.3	0.7								4.2	134,000
18			18616	13	320,000	2.3	0.6			5453	5	34,000	0.4	0.7									364,000
19			18629	15	372,000	2.6	0.7			5458	1	10,000	0.1	0.4									382,000
20			18644	6	155,000	1.2	0.7			5459	1	2,000	0.1	0.7									157,000
21			18650	8	184,000	1.4	0.7			5460	3	19,000	0.1	0.4									203,000
22			18658	8	184,000	1.4	0.7			5463	4	26,000	0.1	0.4									210,000
23			18666	8	183,000	1.5	0.8			5467	4	26,000	0.2	0.6									209,000
24			18674	7	183,000	1.3	0.8			5471	4	26,000	0.2	0.6									209,000
25			18681	9	241,000	1.9	0.8			5475	5	28,000	0.2	0.6									269,000
26			18690	11	256,000	2.0	0.8			5480	5	30,000	0.2	0.6									286,000
27			18701	8	203,000	1.6	0.8			5485	3	23,000	0.3	0.6									228,000
28			18709	8	185,000	1.5	0.8			5488	4	18,000	0.1	0.5									203,000
29			18717	8	176,000	1.4	0.8			5492	6	33,000	0.2	0.5								0.5	209,000
30			18725	7	175,000	1.4	0.8			5498	5	33,000	0.2	0.5									208,000
31			18732	7	175,000	1.4	0.8			5503	5	32,000	0.2	0.5									207,000
MONTH TOTAL				224	5446,000	42.5	22.7				144	904,000	6.9	17.4								6.9	6349,000
YEAR TO DATE				587	14185,000	102.0	66.5				364	2215,000	37.4	52.0								13.3	16,399,000
AVG.				7	176,000	1.4	0.7				5	29,000	0.2	0.6								0.2	205,000
MAX.				15	372,000	2.6	0.8				18	147,000	0.9	0.9								4.2	382,000
MIN.				2	75,000	0.7	0.6				1	2000	0.1	04								0.3	96,000

0202

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091399 Name of Drinking Water System Well #2

Location: City of S/D SR 491 - Pine Ridge County Citrus

Owned by Southern States Utilities Month April 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month

Design Flow .576 MGD. Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John E Grantham C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	5079	35	.8					19	16	0
Average	169	1.1						.6	.5	
Maximum	261							.9	.7	
Minimum	1							.4	.4	
										REMARKS: Bact. Sample Pick Up
1	190	1						0.8	0.7	
2	238	1						0.7	0.7	
3	180	1						0.7	0.6	3 BAT; Pulled
4	146	1						0.6	0.6	
5	138	1						0.7	0.6	
6	137	1						0.7	0.6	
7	137	1						0.7	0.6	
8	171	3						0.7	0.6	
9	188	1						0.8	0.6	
10	133	1						0.8	0.6	
11	149	1						0.5	0.7	
12	196	0						0.6	0.6	
13	196	1						0.6	0.5	
14	196	1						0.6	0.5	
15	219	1						0.6	0.4	
16	261	1						0.5	0.4	
17	177	1						0.6	0.5	
18	185	1						0.5	0.5	
19	151	1						0.7	0.5	
20	150	1						0.5	0.5	
21	150	1						0.5	0.5	
22	217	1						0.5	0.5	
23	1	1						0.8	0.5	
24	114	1						0.8	0.6	
25	170	3						0.8	0.6	
26	153	1						0.8	0.7	
27	133	1						0.4	0.5	
28	152	1						0.4	0.5	
29	216	.3						0.4	0.5	
30	215	1						0.9	0.5	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remark

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091399 Name of Drinking Water System Well #3

Location: City of S/D SR 491 - Pine Ridge County Citrus

Owned by Southern States Utilities Month April 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month

Design Flow 2/16 MGD Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John E Gnau Eng. C-5350
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~Lbs.~~ Used Gal	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	517	10	0.2					13	15	○
Average	17							.4	.5	
Maximum	63							.6	.6	
Minimum	0							.3	.4	
										REMARKS: Bact. Sample Pick Up
1	14							0.5	0.5	
2	17							0.5	0.5	
3	10							0.5	0.5	PULL 3 BACT'S
4	45							0.6	0.6	
5	12							0.4	0.6	
6	12							0.5	0.6	
7	11							0.5	0.5	
8	17							0.5	0.5	
9	30							0.3	0.5	
10	4							0.5	0.5	
11	2							0.6	0.5	
12	12							0.6	0.6	
13	12							0.5	0.5	
14	12							0.5	0.5	
15	11							0.6	0.5	
16	20							0.5	0.4	
17	8							0.6	0.6	
18	12							0.5	0.4	
19	6							0.5	0.5	
20	6							0.3	0.6	
21	6							0.3	0.6	
22	63							0.3	0.6	
23	62							0.4	0.5	
24	0							0.4	0.5	
25	31							0.4	0.4	
26	15							0.4	0.4	
27	15							0.4	0.4	
28	14							0.3	0.4	
29	19							0.3	0.4	
30	19							0.3	0.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No 6071392 Name of Drinking Water System Well #2 - Pine Ridge

Location: City of S/D SR 491 - Pine Ridge County Citrus

Owned by Southern States Utilities Month May 19 96

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 378

Design Flow .220mgd Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John E MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	5580	33	0.7					21.2	17.6	0
Average	180	1.1						0.7	0.6	
Maximum	283	2						1.0	0.7	
Minimum	86	0						0.5	0.5	
										REMARKS: Bact. Sample Pick Up
1	181	1						0.8	0.5	6 BAT. pulled
2	189	1						0.8	0.6	
3	267	1						0.7	0.6	
4	267	1						0.8	0.7	
5	266	1						0.8	0.6	
6	265	1						0.8	0.7	
7	257	1						0.6	0.6	
8	283	1						0.6	0.6	
9	88	0						0.7	0.6	
10	244	1						0.7	0.7	
11	244	1						0.7	0.6	
12	244	1						0.7	0.6	
13	268	2						0.7	0.5	
14	217	1						0.5	0.6	
15	217	1						0.6	0.6	
16	196	1						0.6	0.5	
17	203	0						0.5	0.5	
18	204	1						0.6	0.5	
19	204	1						0.6	0.5	
20	122	2						0.6	0.5	
21	187	1						0.7	0.5	
22	133	1						1.0	0.6	
23	56	2						0.8	0.6	
24	87	1						0.8	0.5	
25	57	1						0.7	0.6	
26	86	1						0.6	0.5	
27	86	2						0.7	0.5	
28	109	1						0.6	0.6	
29	105	1						0.7	0.7	
30	115	1						0.6	0.5	
31	115	1						0.6	0.5	

626

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091379 Name of Drinking Water System Well #3 - Pine Ridge

Location: City of S/D SR 471 - Pine Ridge County CITRUS

Owned by Southern States Utilities Month MAY 19 91

Plant Effluent pH 7.7 (Avg) No. of Services at End of Month

Design Flow .120 Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John E MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	894	10	0.1					17.0	15.9	0
Average	29							0.5	0.5	
Maximum	140							0.8	0.6	
Minimum	7							0.3	0.4	
										REMARKS: Bact. Sample Pick Up
1	15							0.4	0.4	Results on Well #2
2	12							0.4	0.4	
3	26	2						0.4	0.6	
4	26							0.5	0.4	
5	25							0.5	0.4	
6	35							0.5	0.5	
7	20							0.6	0.6	
8	12							0.7	0.5	
9	140							0.7	0.5	
10	7	2						0.7	0.5	
11	7							0.5	0.6	
12	6							0.5	0.6	
13	12							0.5	0.5	
14	17							0.8	0.5	
15	32							0.8	0.6	
16	12							0.8	0.6	
17	18							0.7	0.6	
18	18							0.3	0.5	
19	17							0.3	0.5	
20	15	2						0.3	0.5	
21	17							0.5	0.5	
22	12							0.6	0.5	
23	32							0.7	0.6	
24	49							0.6	0.6	
25	44							0.5	0.5	
26	49							0.6	0.5	
27	48							0.6	0.6	
28	63	2						0.5	0.5	
29	38							0.5	0.4	
30	27							0.5	0.5	
31	28	2						0.5	0.5	

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Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

FLUID ID No. 6091399 Name of Drinking Water System Well #2 Pine Ridge

Location (City or S/R) SR 491 - Pine Ridge County Citrus

Owned by Southern States Utilities Month June 19 91

Plant Effluent pH 7.8 (Avg) No. of Services at End of Month 386

Design Flow .220 MGD Remarks (See reverse side) Phone No.: (904) 457-2452

I certify this report is correct John E Grace Keyser C-5330
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	5870	44	.7					23.6	19.2	
Average	196	1.5						.8	.6	0
Maximum	292	3						1.0	.8	
Minimum	3	0						.5	.5	
										REMARKS: Bact. Sample Pick Up
1	114	0						0.6	0.6	
2	114	1						0.7	0.6	
3	52	1						0.8	0.7	
4	126	1						0.6	0.6	
5	97	1						0.6	0.6	3 Bact. Pulled
6	95	0						0.5	0.5	
7	127	1						0.6	0.6	
8	129	1						0.6	0.6	
9	127	0						0.5	0.5	
10	292	2						0.6	0.5	
11	246	1						0.6	0.6	
12	208	1						0.7	0.5	
13	227	2						0.6	0.5	
14	287	3						1.0	0.6	
15	288	2						0.9	0.7	
16	288	3						1.0	0.7	
17	259	3						0.9	0.6	
18	169	3						1.0	0.7	
19	3	0						0.9	0.7	
20	194	1						0.9	0.7	
21	281	2						1.0	0.8	
22	281	2						1.0	0.8	
23	281	2						1.0	0.8	
24	269	3						0.9	0.7	
25	225	2						0.9	0.7	
26	231	2						1.0	0.7	
27	214	1						0.9	0.7	
28	209	1						0.7	0.6	
29	209	1						0.8	0.7	
30	209	1						0.5	0.6	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

OER ID No 6071379 Name of Drinking Water System Well #3 Pine Ridge

Location City of S/D S.R. 991 - Pine Ridge County Citrus

Owned by Southern States Utilities Month June 19 91

Plant Effluent pH 7.8 (Avg) No. of Services at End of Month

Design Flow .216 MGD Remarks (See reverse side) Phone No. (904) 459-2952

I certify this report is correct John E. MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine lbs Used (Gallons)	Chlorine mg/l	· Lbs. Used	· mg/l	· Lbs. Used	· mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	732	8	.4					15.5	14.6	
Average	24							.5	.5	0
Maximum	145							.7	.6	
Minimum	0							.4	.4	
										REMARKS Bact. Sample Pick Up
1	27							0.4	0.4	
2	27							0.5	0.4	
3	56							0.5	0.4	
4	10							0.4	0.4	
5	4							0.4	0.4	3 Bact. Pulled
6	0							0.4	0.4	
7	4							0.4	0.4	
8	4							0.5	0.4	
9	4							0.5	0.4	
10	23							0.4	0.4	
11	25							0.5	0.5	
12	24	2 Gal						0.5	0.5	
13	21							0.4	0.4	
14	24							0.6	0.5	
15	24							0.6	0.6	
16	24							0.5	0.5	
17	50	1.5 Gal						0.6	0.5	
18	3							0.6	0.5	
19	145							0.7	0.6	
20	12	2 Gal						0.6	0.5	
21	26							0.6	0.6	
22	25							0.6	0.6	
23	25							0.6	0.6	
24	7							0.5	0.6	
25	27							0.7	0.6	
26	25							0.6	0.6	
27	7							0.6	0.5	
28	11	2 Gal						0.4	0.5	
29	10							0.5	0.5	
30	10							0.4	0.4	
31										

Note Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091399 Name of Drinking Water System Well #2 Pine Ridge

Location: City or S/D S.R. 491 Pine Ridge County Citrus

Owned by Southern States Utilities Month July 19 91

Plant Effluent pH 7.8 (Avg) No. of Services at End of Month

Design Flow .576 M.G.D. Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	5453	43	0.9					25.7	20.9	0
Average	176	1.4						0.8	0.7	
Maximum	289	2						1.0	0.8	
Minimum	0	0						0.6	0.4	
										REMARKS: Bact. Sample Pick Up
1	173	@1						0.8	0.6	3 Bact's pulled
2	154	2						0.8	0.6	
3	165	1						0.8	0.7	
4	164	2						0.8	0.7	
5	231	1						0.8	0.1	
6	231	2						0.8	0.7	
7	230	1						0.8	0.6	
8	226	1						0.7	0.5	
9	226	2						0.7	0.4	
10	220	2						0.6	0.4	
11	203	2						0.7	0.5	
12	168	2						0.8	0.6	
13	169	1						0.8	0.7	
14	167	0						0.8	0.7	
15	e	2						0.7	0.7	
16	270	1						0.8	0.7	
17	141	2						0.8	0.6	
18	151	1						0.7	0.6	
19	200	1						0.9	0.7	
20	200	1						0.9	0.7	
21	289	0						0.8	0.7	
22	167	1						0.8	0.8	
23	166	1						0.8	0.8	
24	134	2						0.8	0.8	
25	109	2						1.0	0.8	
26	176	1						1.0	0.8	
27	176	2						1.0	0.8	
28	176	2						1.0	0.8	
29	131	2						1.0	0.7	
30	151	1						1.0	0.7	
31	58	1						1.0	0.5	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091399 Name of Drinking Water System Well # 3 Pine Ridge

Location: City of S/D S.R 491 Pine Ridge County Citrus

Owned by Southern States Utilities Month July 19 91

Plant Effluent pH 7.8 (Avg) No. of Services at End of Month

Design Flow .216 MGD Remarks (See reverse side) Phone No.: (904) 447-2452

I certify this report is correct (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine 10% Used Gallons	Chlorine mg/l	· Lbs. Used	· mg/l	· Lbs. Used	· mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	629	45 Gal	.09					15.9	14.6	0
Average	20							0.5	0.5	
Maximum	145							1.0	0.7	
Minimum	0							0.2	0.4	
										REMARKS: Bact. Sample Pick Up
1	7							0.4	0.4	3 Bacti's Pulled
2	11							0.4	0.4	
3	11							0.6	0.5	
4	10							0.6	0.5	
5	18							0.6	0.5	
6	17							0.6	0.5	
7	17							0.5	0.5	
8	16							0.5	0.5	
9	15							0.4	0.5	
10	20	23 Gal						0.3	0.7	
11	10							1.0	0.6	
12	75							0.9	0.6	
13	75							0.8	0.6	
14	76							0.6	0.6	
15	145							0.6	0.5	
16	27							0.5	0.5	
17	0	2 Gal						0.4	0.4	
18	3							0.4	0.4	
19	20							0.5	0.4	
20	20							0.4	0.4	
21	27							0.4	0.4	
22	5							0.2	0.4	
23	4							0.3	0.4	
24	0							0.4	0.4	
25	0							0.4	0.4	
26	0							0.4	0.4	
27	0							0.4	0.4	
28	0							0.4	0.4	
29	0							0.4	0.4	
30	0							0.8	0.6	
31	0							0.8	0.7	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091399 Name of Drinking Water System Well #2 Pine Ridge

Location: City or S/D S.R. 491 Pine Ridge County Citrus

Owned by Southern States Utilities Month August 19 91

Plant Effluent pH 7.9 (Avg) No. of Services at End of Month 386

Design Flow .576 MGD Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John E Lmor Rogers C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	5,359	48	1.1					29.7	24.6	0
Average	173	1.6						0.9	0.8	
Maximum	291	3						1.2	0.8	
Minimum	50	0						0.8	0.7	
										REMARKS: Bact. Sample Pick Up
1	96	1						1.0	0.8	
2	291	2						0.9	0.8	
3	241	3						0.9	0.8	
4	241	2						0.9	0.8	
5	258	3						0.9	0.7	
6	170	1						0.9	0.7	3 Bacti's pulled
7	179	2						0.9	0.8	
8	58	1						1.0	0.8	
9	73	1						1.2	0.8	
10	50	1						1.1	0.8	
11	50	0						1.0	0.8	
12	134	1						1.0	0.8	
13	279	2						1.0	0.8	
14	212	1						1.0	0.8	
15	112	1						1.0	0.8	
16	200	1						1.0	0.8	
17	205	1						1.0	0.8	
18	198	1						1.0	0.8	
19	109	1						1.0	0.8	
20	126	1						0.9	0.8	
21	151	1						0.8	0.8	
22	180	2						0.8	0.8	
23	132	1						1.0	0.8	
24	132	2						1.0	0.8	
25	132	2						1.0	0.8	
26	131	1						1.0	0.8	
27	203	2						1.0	0.8	
28	208	3						0.9	0.8	
29	170	1						0.8	0.8	
30	244	3						0.8	0.8	
31	284	3						1.0	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6C91399 Name of Drinking Water System Well #3 Pine Ridge

Location: City or S/D S.R. 491 Pine Ridge County Citrus

Owned by Southern States Utilities Month August 19 91

Plant Effluent pH 7.9 (Avg) No. of Services at End of Month

Design Flow .216 mgd Remarks (See reverse side) Phone No.: (904)-489-2452

I certify this report is correct John E Smoak Jr C5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used / Gallons	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	857	455#	.06					19.7	16.4	0
Average	27.7							0.6	0.5	
Maximum	119							0.8	0.8	
Minimum	0							0.5	0.4	
										REMARKS: Bact. Sample Pick Up
1	0							0.8	0.8	
2	34							0.8	0.8	
3	33							0.8	0.7	
4	33							0.8	0.7	
5	23							0.8	0.6	
6	23	24#						0.7	0.6	3 Bacti's pulled
7	21							0.7	0.5	
8	42							0.7	0.5	
9	119							0.6	0.5	
10	119							0.6	0.5	
11	118							0.6	0.5	
12	103							0.5	0.4	
13	65	2.5 Gal						0.5	0.4	
14	53							0.5	0.4	
15	52							0.7	0.5	
16	19							0.6	0.5	
17	0							0.6	0.5	
18	0							0.6	0.5	
19	0							0.6	0.5	
20	0							0.6	0.5	
21	0							0.6	0.5	
22	0							0.6	0.5	
23	0							0.6	0.5	
24	0							0.6	0.5	
25	0							0.6	0.5	
26	0							0.6	0.5	
27	0							0.6	0.5	
28	0							0.6	0.5	
29	0							0.6	0.5	
30	0							0.6	0.5	
31	0							0.6	0.5	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No 6091399 Name of Drinking Water System Well #2 P.R.

Location: City or S/D Pine Ridge County Citrus

Owned by Southern States Utilities Month September 19 91

Plant Effluent pH 7.8 (Avg) No. of Services at End of Month 386

Design Flow .576 MGD Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct Johnie Mackey C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	7419	81	1.3					334	23.4	0
Average	247	2.7						1.1	0.8	
Maximum	465	5						1.5	0.8	
Minimum	140	1						1.0	0.7	
										REMARKS: Bact. Sample Pick Up
1	284	3						1.0	0.8	
2	283	2						1.1	0.8	
3	331	4						1.1	0.8	# Bactis pulled
4	246	4						1.5	0.8	
5	294	3						1.3	0.8	
6	286	4						1.1	0.8	
7	286	3						1.1	0.8	
8	285	4						1.1	0.8	
9	320	3						1.2	0.8	
10	465	4						1.1	0.8	
11	236	4						1.1	0.8	
12	316	5						1.1	0.8	
13	243	3						1.1	0.8	
14	243	2						1.1	0.8	
15	243	2						1.1	0.8	
16	174	3						1.2	0.8	
17	201	1						1.1	0.8	
18	159	2						1.2	0.8	
19	140	2						1.2	0.8	
20	200	2						1.2	0.8	
21	200	2						1.2	0.8	
22	235	2						1.1	0.8	
23	293	2						1.1	0.8	
24	222	3						1.0	0.8	
25	220	2						1.0	0.8	
26	206	2						1.0	0.8	
27	200	2						1.0	0.8	
28	200	2						1.0	0.8	
29	234	2						1.0	0.8	
30	169	2						1.0	0.7	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEH ID No 6091399 Name of Drinking Water System Well #3 P.R.

Location: City or S/D Pine Ridge County Citrus

Owned by Southern States Utilities Month September 19 91

Plant Effluent pH 8.0 (Avg) No. of Services at End of Month

Design Flow Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John E Mackey C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used / Gallons	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	297	5 Gallons	0.2					22.2	16.1	0
Average	21							0.7	0.5	
Maximum	45							1.4	0.6	
Minimum	0							0.5	0.4	
										REMARKS: Bact. Sample Pick Up
1	0							0.6	0.5	
2	0							0.6	0.5	
3	0							0.6	0.5	
4	0							1.4	0.5	
5	0							1.1	0.6	
6	0							1.1	0.6	
7	0							1.0	0.6	
8	0							1.0	0.6	
9	0							1.0	0.6	
10	0							1.0	0.6	
11	0							1.0	0.6	
12	0							0.8	0.8	
13	0							0.8	0.6	
14	0							0.8	0.6	
15	0							0.7	0.6	
16	3							0.6	0.6	
17	19							0.6	0.6	
18	17							0.6	0.4	
19	43	2.5 Gal						0.6	0.4	
20	45							0.6	0.4	
21	45							0.6	0.5	
22	42							0.6	0.5	
23	30							0.5	0.5	
24	6	2.5 Gal						0.5	0.5	
25	5							0.5	0.5	
26	0							0.6	0.5	
27	13							0.6	0.5	
28	13							0.6	0.5	
29	12							0.6	0.5	
30	4							0.6	0.6	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091399 Name of Drinking Water System Well #2 P.R.

Location: City or S/D Pine Ridge County Citrus

Owned by Southern States Utilities Month October 19 91

Plant Effluent pH 7.8 (Avg) No. of Services at End of Month

Design Flow .576 Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John E Lee Kezis C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	6129	54	1.1					29.3	23.4	0
Average	198	1.9						0.9	0.87	
Maximum	326	3						1.4	0.8	
Minimum	48	0						0.7	0.7	
										REMARKS: Bact. Sample Pick Up
1	136	3						1.0	0.7	3 Bacti's pulled
2	129	3						1.4	0.7	
3	82	2						1.2	0.7	
4	50	1						1.1	0.7	
5	50	0						1.1	0.7	
6	48	0						1.1	0.7	
7	211	1						1.1	0.7	
8	252	3						1.0	0.8	
9	274	3						1.0	0.7	
10	326	2						1.1	0.7	
11	200	2						1.1	0.8	
12	200	2						1.0	0.8	
13	255	2						1.0	0.8	
14	256	3						0.8	0.8	
15	220	1						0.8	0.8	
16	207	2						0.8	0.8	
17	182	1						0.9	0.8	
18	250	3						0.9	0.8	
19	150	2						1.0	0.8	
20	263	2						1.0	0.8	
21	274	1						1.0	0.8	
22	243	3						1.0	0.8	
23	243	2						1.0	0.8	
24	189	1						0.9	0.8	
25	169	1						0.8	0.8	
26	189	1						0.8	0.8	
27	169	1						0.7	0.7	
28	223	1						0.7	0.7	
29	222	1						0.7	0.7	
30	192	2						0.7	0.7	
31	176	2						0.7	0.7	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091379 Name of Drinking Water System Well # 3 P.R.

Location: City or S/D Pine Ridge County Citrus

Owned by Southern States Utilities Month October 19 91

Plant Effluent pH 7.9 (Avg) No. of Services at End of Month 397

Design Flow .2M Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John E Lee Kyle C-5360
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Used Lbs. / Gallons	Chlorine % mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	957	7.5 Gal	.09					16.5	15.2	0
Average	31							0.5	0.5	
Maximum	105							0.6	0.6	
Minimum	7							0.4	0.4	
										REMARKS: Bact. Sample Pick Up
1	7							0.5	0.5	3 Bacti's pulled
2	10							0.5	0.5	
3	43							0.5	0.5	
4	105							0.5	0.5	
5	105							0.5	0.5	
6	105							0.5	0.4	
7	27	2.5 Gal						0.5	0.4	
8	26							0.5	0.4	
9	33							0.5	0.4	
10	38							0.5	0.4	
11	29							0.5	0.4	
12	30							0.4	0.5	
13	30							0.4	0.5	
14	26							0.4	0.6	
15	22							0.4	0.6	
16	18	2.5 Gal						0.4	0.5	
17	11							0.6	0.5	
18	20							0.6	0.5	
19	20							0.6	0.5	
20	26							0.6	0.5	
21	16							0.6	0.5	
22	26							0.6	0.5	
23	25							0.6	0.5	
24	20							0.6	0.5	
25	20							0.6	0.5	
26	20							0.6	0.5	
27	20							0.6	0.5	
28	25	2.5 Gal						0.6	0.5	
29	20							0.6	0.5	
30	20							0.6	0.5	
31	14							0.6	0.6	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091397 Name of Drinking Water System Well #2 LB.

Location: City or S/D Pine Ridge County Citrus

Owned by Southern States Utilities Month November 19 91

Plant Effluent pH 7.9 (Avg) No. of Services at End of Month 406

Design Flow .576 Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John E Gmuckin C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	6161	50	.97					26.8	22.1	0
Average	205	1.7						0.9	0.7	
Maximum	278	4						1.2	0.8	
Minimum	150	0						0.7	0.7	
										REMARKS: Bact. Sample Pick Up
1	150	2						0.8	0.7	
2	150	2						0.9	0.7	
3	193	2						1.0	0.8	
4	151	0						1.2	0.8	
5	152	1						0.9	0.8	
6	153	4						0.9	0.8	3 Bacti's pulled
7	186	1						1.0	0.8	
8	202	1						1.0	0.8	
9	202	1						1.0	0.8	
10	202	1						0.9	0.7	
11	195	1						0.9	0.7	
12	235	1						0.9	0.7	
13	211	2						0.8	0.7	
14	224	1						0.9	0.7	
15	222	2						0.9	0.7	
16	231	1						0.9	0.7	
17	221	2						0.9	0.7	
18	249	2						0.8	0.8	
19	240	3						0.7	0.7	
20	234	3						0.8	0.7	
21	165	1						0.9	0.7	
22	176	1						0.9	0.8	
23	176	1						0.9	0.8	
24	175	2						0.9	0.8	
25	233	2						0.9	0.7	
26	233	2						0.8	0.7	
27	237	2						0.8	0.7	
28	178	2						0.9	0.7	
29	278	2						0.8	0.7	
30	275	2						0.9	0.7	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6097399 Name of Drinking Water System Well #3 PB

Location: City or S/D Pine Ridge County Citrus

Owned by Southern States Utilities Month November 19 91

Plant Effluent pH 7.9 (Avg) No. of Services at End of Month

Design Flow .276 Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John E Mackey C-5360
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Used Gallons	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	401	6 gal	.18					17.2	15.3	0
Average	13							0.6	0.5	
Maximum	30							0.8	0.6	
Minimum	4							0.4	0.5	
										REMARKS: Bact. Sample Pick Up
1	11							0.5	0.5	
2	10							0.5	0.5	
3	10							0.5	0.5	
4	4							0.4	0.5	
5	6							0.4	0.5	
6	10							0.5	0.5	3 baths gulled
7	16	15 gal						0.5	0.5	
8	9							0.5	0.5	
9	9							0.5	0.5	
10	9							0.6	0.5	
11	14							0.6	0.5	
12	30							0.6	0.5	
13	18							0.5	0.6	
14	13							0.8	0.6	
15	15							0.6	0.5	
16	15							0.6	0.5	
17	18							0.6	0.5	
18	17	2.5 gal						0.6	0.5	
19	11							0.6	0.5	
20	11							0.6	0.5	
21	9							0.6	0.5	
22	12	2.5 gal						0.6	0.5	
23	12							0.6	0.5	
24	13							0.6	0.5	
25	16							0.6	0.5	
26	13							0.6	0.5	
27	13							0.5	0.6	
28	5							0.6	0.5	
29	30							0.6	0.5	
30	30									
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

TO: C SWEAT

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DLR ID No 6091399 Name of Drinking Water System Well # 2 PR

Location: City or S/D S.R. 491 Pine Ridge County Citrus

Owned by Southern States Utilities Month December 19 91

Plant Effluent pH 7.9 (Avg) No. of Services at End of Month 406

Design Flow .526 Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John C Cyman Virginia C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Pumped in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (EFT)	Bacteriological MCL Violations
Monthly Total	5994	55	1.1					26.7	23.9	0
Average	193	1.8						0.9	0.8	
Maximum	278	3						1.0	0.8	
Minimum	152	1						0.8	0.7	
										REMARKS: Unct. Sample Pick Up
1	278	2						0.8	0.7	
2	215	2						0.8	0.7	
3	170	1						0.8	0.7	
4	169	1						0.8	0.7	3 Bacti's pulled
5	181	1						0.8	0.7	
6	205	2						0.8	0.7	
7	205	2						0.8	0.7	
8	205	3						0.8	0.7	
9	221	2						0.8	0.8	
10	202	2						0.8	0.7	
11	176	2						0.9	0.8	
12	175	2						0.9	0.8	
13	194	2						0.9	0.8	
14	194	3						0.9	0.8	
15	194	2						0.8	0.8	
16	200	2						0.8	0.8	
17	229	2						1.0	0.8	
18	192	2						0.9	0.8	
19	193	2						0.9	0.8	
20	216	2						0.9	0.8	
21	216	2						0.9	0.8	
22	216	2						0.8	0.8	
23	197	2						0.8	0.8	
24	181	2						0.8	0.8	
25	172	1						0.8	0.8	
26	161	1						0.9	0.8	
27	176	2						0.9	0.8	
28	181	1						0.9	0.8	
29	159	1						1.0	0.8	
30	169	1						1.0	0.8	
31	152	1						1.0	0.8	

Note: Fold Form flap down, fold this flap up over it, then staple or tape.

Remarks:

TO: C SWEAT

FEB-05-92 WED 10:19 CITRUS SPGS UTILIT TEL NO:904 465 0484 PAGE 001

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091398 Name of Drinking Water System Well # 3 P.R.

Location: City of S/D S.R. 491 Pine Ridge County Citrus

Owned by Southern States Utilities Month December 19 91

Plant Effluent pH 7.9 (Avg) No. of Services at End of Month

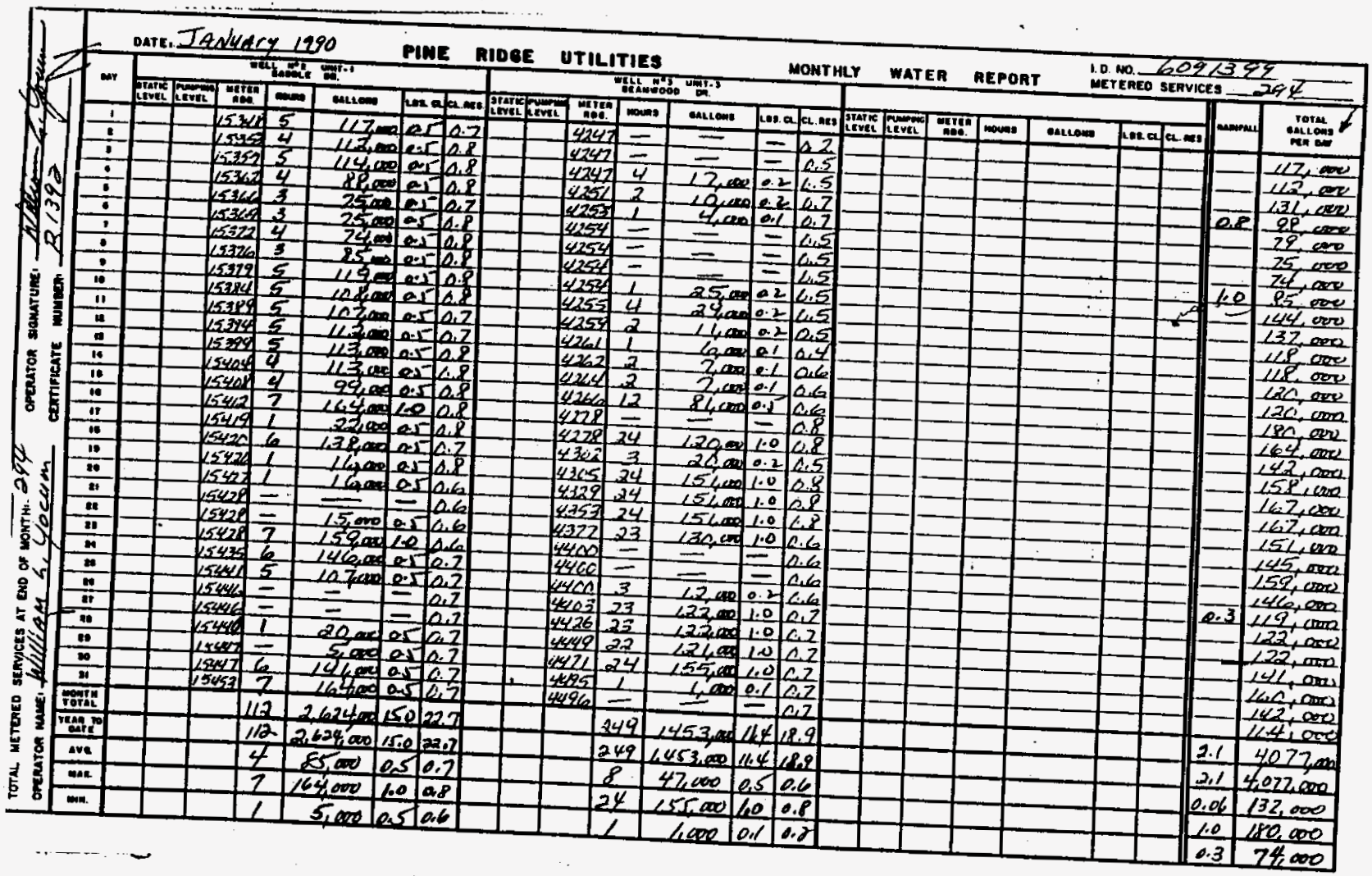
Design Flow 276 Remarks (See reverse side) Phone No.: (904) 489-2452

I certify this report is correct John E. MacKenzie C-5340
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used / Gallons	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Furthest (FFT)	Bacteriological MCL Violations
Monthly Total	252	3.5 Gal	.17					15.9	15.7	0
Average	8							0.5	0.5	
Maximum	29							0.6	0.6	
Minimum	0							0.4	0.5	
										REMARKS: Bact. Sample Pick Up
1	29							0.5	0.5	
2	21							0.4	0.5	
3	9							0.4	0.5	
4	8							0.5	0.5	3 Bactis pulled
5	3	1 Gal						0.5	0.5	
6	11							0.5	0.5	
7	12							0.5	0.5	
8	12							0.5	0.5	
9	15							0.5	0.5	
10	13							0.5	0.5	
11	12							0.6	0.5	
12	6							0.6	0.5	
13	11							0.6	0.5	
14	10							0.6	0.5	
15	10							0.6	0.5	
16	0							0.6	0.5	
17	5							0.5	0.5	
18	10							0.5	0.5	
19	5							0.5	0.5	
20	8							0.5	0.5	
21	8							0.5	0.5	
22	8							0.5	0.5	
23	7	2.5 Gal						0.5	0.5	
24	7							0.5	0.5	
25	1							0.5	0.5	
26	2							0.5	0.6	
27	0							0.5	0.6	
28	1							0.5	0.5	
29	1							0.5	0.5	
30	2							0.5	0.5	
31	3							0.5	0.5	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks



DATE: JANUARY 1990

PINE RIDGE UTILITIES

MONTHLY WATER REPORT

I.D. NO. 6091399

METERED SERVICES 394

OPERATOR NAME: William A. Yocum

OPERATOR SIGNATURE: William A. Yocum

CERTIFICATE NUMBER: R1392

TOTAL METERED SERVICES AT END OF MONTH: 394

DAY	WELL NO. 2 EAGLE DR. UNIT-1 STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	LBS. CL.	CL. RES	WELL NO. 3 BEARWOOD DR. UNIT-3 STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	LBS. CL.	CL. RES	RAINFALL	TOTAL GALLONS PER DAY
1			153418	5	117,000	0.5	0.7			4247	—	—	—	0.2									117,000
2			153535	4	112,000	0.5	0.8			4247	—	—	—	0.5									112,000
3			153597	5	114,000	0.5	0.8			4247	4	17,000	0.2	1.5									131,000
4			153677	4	88,000	0.5	0.8			4251	2	10,000	0.2	0.7								0.8	98,000
5			153766	3	75,000	0.5	0.7			4253	1	4,000	0.1	0.7									79,000
6			153769	3	75,000	0.5	0.8			4254	—	—	—	1.5									75,000
7			153772	4	74,000	0.5	0.8			4254	—	—	—	1.5									74,000
8			153776	5	85,000	0.5	0.8			4254	—	—	—	1.5									85,000
9			153779	5	119,000	0.5	0.8			4254	1	25,000	0.2	1.5								1.0	144,000
10			153784	5	108,000	0.5	0.8			4255	4	29,000	0.2	1.5									137,000
11			153789	5	107,000	0.5	0.7			4254	2	14,000	0.2	0.5									118,000
12			153794	5	113,000	0.5	0.7			4261	1	6,000	0.1	0.4									118,000
13			153799	5	113,000	0.5	0.8			4262	2	7,000	0.1	0.6									120,000
14			154048	4	113,000	0.5	1.8			4264	2	7,000	0.1	0.6									120,000
15			154081	4	99,000	0.5	0.8			4266	12	81,000	0.5	0.6									180,000
16			15412	7	164,000	1.0	0.8			4278	—	—	—	0.8									164,000
17			15419	1	22,000	0.5	0.8			4278	24	120,000	1.0	0.8									142,000
18			15420	6	138,000	0.5	0.7			4302	3	20,000	0.2	1.5									158,000
19			15427	1	16,000	0.5	0.8			4305	24	154,000	1.0	0.8									167,000
20			15427	1	16,000	0.5	0.6			4329	24	151,000	1.0	0.8									167,000
21			15428	—	—	—	0.6			4353	24	156,000	1.0	1.8									151,000
22			15428	—	15,000	0.5	0.6			4377	23	130,000	1.0	0.6									145,000
23			15428	7	159,000	1.0	0.6			4400	—	—	—	0.6									159,000
24			15435	6	146,000	0.5	0.7			4400	—	—	—	0.6									146,000
25			15441	5	107,000	0.5	0.7			4400	3	12,000	0.2	0.6								0.3	119,000
26			15441	—	—	—	0.7			4403	23	122,000	1.0	0.7									122,000
27			15440	—	—	—	0.7			4426	25	122,000	1.0	0.7									122,000
28			15440	1	20,000	0.5	0.7			4449	22	121,000	1.0	0.7									141,000
29			15447	—	5,000	0.5	0.7			4471	24	155,000	1.0	0.7									160,000
30			15447	6	141,000	0.5	0.7			4495	1	1,000	0.1	0.7									142,000
31			15453	7	164,000	0.5	0.7			4496	—	—	—	0.7									164,000
MONTH TOTAL				112	2,624,000	15.0	22.7				349	1453,000	11.4	18.9								2.1	4077,000
YEAR TO DATE				112	2,624,000	15.0	22.7				249	1,453,000	11.4	18.9								2.1	4,077,000
AVG.				4	85,000	0.5	0.7				8	47,000	0.5	0.6								0.06	132,000
MAX.				7	164,000	1.0	0.8				24	155,000	1.0	0.8								1.0	180,000
MIN.				1	5,000	0.5	0.6				1	1,000	0.1	0.2								0.3	74,000

0221

E: Feb. 1990 **PINE RIDGE UTILITIES** **MONTHLY WATER REPORT** I.D. NO. 609/399 METERED SERVICE '94 Est.

DAY	WELL No 3 SADDLE UNIT-1 DR. STATIC LEVEL	PUMPING LEVEL	METER ROS	HOURS	GALLONS	LBS CL	CL. RES	WELL No 4 BEAMWOOD UNIT-3 DR. STATIC LEVEL	PUMPING LEVEL	METER ROS	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER ROS.	HOURS	GALLONS	LBS. CL.	CL. RES	RAINFALL	TOTAL GALLONS PER DAY
1			15340	6	142,000	1.0	0.6			4496	1	R,000	0.05	0.8									150,000
2			15346	5	137,000	1.0	0.6			4497	—	—	—	0.4									137,000
3			15471	6	137,000	1.0	0.7			4497	—	—	—	0.6									137,000
4			15277	6	137,000	1.0	0.7			4497	—	—	—	0.6									137,000
5			15485	8	188,000	1.4	0.7			4497	16	120,000	0.9	0.6									308,000
6			15491	8	196,000	1.4	0.7			4513	—	1,000	0.02	0.6									195,000
7			15499	7	172,000	1.3	0.7			4513	—	—	—	0.6									172,000
8			15506	6	149,000	1.0	0.6			4513	1	8,000	0.05	0.5									157,000
9			15512	3	88,000	0.7	0.7			4514	3	21,000	0.1	0.5									109,000
10			15515	4	89,000	0.6	0.6			4517	3	22,000	0.4	0.8								0.8	116,000
11			15519	4	89,000	0.6	0.6			4520	2	22,000	0.4	0.8									111,000
12			15523	6	151,000	1.1	0.6			4522	2	11,000	0.3	0.8									162,000
13			15529	8	183,000	1.2	0.5			4524	3	26,000	0.5	0.9									209,000
14			15537	6	149,000	1.1	0.7			4527	—	2,000	0.02	0.7									151,000
15			15543	7	153,000	1.2	0.7			4527	—	—	—	0.7									155,000
16			15550	7	151,000	1.1	0.6			4527	—	—	—	0.7									151,000
17			15557	6	151,000	1.2	0.7			4527	—	—	—	0.7									151,000
18			15563	6	151,000	1.2	0.7			4527	1	2,000	0.02	0.7									153,000
19			15569	7	182,000	1.4	0.7			4528	—	—	—	0.7								0.1	182,000
20			15576	4	90,000	0.8	0.7			4528	—	1,000	0.01	0.7									96,000
21			15580	5	106,000	0.8	0.6			4528	—	—	—	0.7									106,000
22			15585	0	5,000	0.02	0.7			4528	11	88,000	0.5	0.7									93,000
23			15589	4	94,000	0.8	0.7			4529	—	—	—	0.7								1.8	94,000
24			15593	4	94,000	0.8	0.7			4534	—	—	—	0.7									94,000
25			15598	4	95,000	0.8	0.7			4534	—	—	—	0.7									95,000
26			15537	5	128,000	1.0	0.7			4534	—	1,000	0.02	0.7									129,000
27			15602	9	205,000	1.5	0.7			4536	2	12,000	0.3	0.7									217,000
28			15611	10	255,000	1.9	0.7			4561	2	12,000	0.3	0.7									267,000
29																							
30																							
31																							
MONTH TOTAL				161	3,867,000	28.9	18.6				47	357,000	3.89	18.6								2.7	4,224,000
YEAR TO DATE				273	6,491,000	43.92	41.3				296	1,810,000	15.29	37.3								4.8	8,301,000
AVG.				6	138,000	1.0	0.7				2	13,000	0.14	0.7								0.09	151,000
MAX.				10	255,000	1.9	0.7				16	120,000	0.9	0.9								1.8	308,000
MIN.				3	5,000	0.02	0.5				1	1,000	0.02	0.4								0.1	91,000

TOTAL METERED SERVICES AT END OF MONTH: 356 OPERATOR SIGNATURE: [signature]

OPERATOR NAME: Williams G. Young CERTIFICATE NUMBER: 8139

0222

DATE: March 1990

PINE RIDGE UTILITIES

MONTHLY WATER REPORT

I.D. NO. 4-09-00750

METERED SERVICES 206

OPERATOR NAME: Williams & Sons

OPERATOR SIGNATURE: Williams & Sons

CERTIFICATE NUMBER: 2382

DAY	WELL N°2 SADDLE DR. UNIT-1							WELL N°3 BEAMWOOD DR. UNIT-3														RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL	CL. RES		
1			15624	8	188,000	2.0	0.6			45463	—	—	—	0.7									158,000
2			15632	8	182,000	2.0	0.7			45463	1	14,000	0.2	0.7									201,000
3			15637	9	147,000	1.0	0.6			45466	—	—	—	0.5									147,000
4			15645	9	183,000	1.0	0.6			45466	—	—	—	0.5									183,000
5			15652	10	221,000	1.0	0.6			45466	1	7,000	0.1	0.5									221,000
6			15662	10	232,000	1.0	0.7			45465	2	16,000	0.1	0.6									248,000
7			15672	9	236,000	1.0	0.7			45467	—	3,000	0.1	0.6									237,000
8			15681	10	232,000	2.0	0.6			45467	1	1,000	0.1	0.6									233,000
9			15691	9	205,000	1.0	0.7			45469	—	—	—	0.6									203,000
10			15700	8	203,000	1.0	0.7			45469	—	—	—	0.6									203,000
11			15708	8	202,000	2.0	0.7			45469	—	—	—	0.6									203,000
12			15716	11	261,000	2.0	0.7			45469	—	—	—	0.6									261,000
13			15727	11	250,000	2.0	0.7			45469	1	3,000	0.1	0.6									253,000
14			15738	8	206,000	2.0	0.7			45469	—	—	—	0.4									206,000
15			15746	10	232,000	3.0	0.6			45469	3	25,000	0.2	0.6									350,000
16			15756	8	185,000	1.0	0.6			45432	3	22,000	0.2	0.3									207,000
17			15764	8	181,000	1.0	0.6			45433	3	23,000	0.2	0.3								0.2	208,000
18			15772	8	186,000	1.0	0.6			45433	3	24,000	0.2	0.3									210,000
19			15781	9	226,000	1.0	0.6			45431	4	32,000	0.2	0.3									258,000
20			15789	12	281,000	2.0	0.6			45431	5	41,000	0.3	0.7									326,000
21			15801	10	243,000	2.0	0.7			45426	5	38,000	0.2	0.6									294,000
22			15811	11	248,000	2.0	0.6			45435	2	15,000	0.2	0.7									266,000
23			15822	10	233,000	1.0	0.6			45477	4	29,000	0.2	0.9									262,000
24			15832	10	232,000	1.0	0.6			45481	4	29,000	0.2	0.9									261,000
25			15842	9	233,000	1.0	0.6			45483	3	29,000	0.2	0.9									262,000
26			15852	11	255,000	2.0	0.6			45438	4	31,000	0.2	0.9									286,000
27			15862	9	216,000	3.0	0.7			45432	4	31,000	0.2	0.8									247,000
28			15871	10	228,000	2.0	0.8			45496	3	19,000	0.1	0.8									247,000
29			15881	8	192,000	1.0	0.7			45490	1	13,000	0.1	0.3									205,000
30			15889	6	172,000	1.0	0.6			45491	1	6,000	0.1	0.5								0.7	183,000
31			15896	7	152,000	1.0	0.7			45491	—	—	—	0.6									172,000
MONTH TOTAL				281	6,661,000	49.0	20.1				58	452,000	3.7	18.4								0.9	9,113,000
YEAR TO DATE				554	13,152,000	96.92	41.4				754	2,262,000	16.99	55.9								5.7	15,414,000
AVG.				9	215,000	1.5	0.6				2	15,000	0.2	0.6								1.03	229,000
MAX.				12	281,000	3.0	0.8				5	46,000	0.3	0.9								0.7	326,000
MIN.				6	152,000	1.0	0.6				1	1,000	0.1	0.3								0.2	152,000

0223

DATE: April 1990 — PINE RIDGE UTILITIES — MONTHLY WATER REPORT — I.D. NO. [illegible] — METERED SERVICES: 310

OPERATOR NAME: [illegible] CERTIFICATE NUMBER: [illegible] OPERATOR SIGNATURE: [illegible]

TOTAL METERED SERVICES AT END OF MONTH: 310

DAY	WELL #2 SADDLE DR UNIT-1 STATIC LEVEL	WELL #2 SADDLE DR UNIT-1 PUMPING LEVEL	WELL #2 SADDLE DR UNIT-1 METER RDG	WELL #2 SADDLE DR UNIT-1 HOURS	WELL #2 SADDLE DR UNIT-1 GALLONS	WELL #2 SADDLE DR UNIT-1 LBS CL	WELL #2 SADDLE DR UNIT-1 CL. RES	WELL #1 BEAMW STATIC LEVEL	WELL #1 BEAMW PUMPING LEVEL	WELL #1 BEAMW METER RDG	WELL #1 BEAMW HOURS	IT-3 # GALLONS	IT-3 # LBS CL	IT-3 # CL. RES	STORIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS CL	CL. RES	/ALL	TOTAL GALLONS PER DAY
1			15964	7	153,000	1.0	0.7			4601	—	—	—	0.4									153,000
2			15969	7	161,000	1.0	0.7			4601	—	8,000	0.1	0.4								0.2	123,000
3			15116	7	166,000	1.0	0.7			4601	—	5,000	0.1	0.6									169,000
4			15323	9	210,000	1.0	0.7			4601	2	16,000	0.1	0.5									231,000
5			15932	9	202,000	2.0	0.7			4605	1	9,000	0.1	0.4									211,000
6			15941	6	221,000	2.0	0.7			4604	2	16,000	0.1	0.7									237,000
7			15950	9	222,000	2.0	0.6			4606	2	17,000	0.1	0.6									239,000
8			15958	10	232,000	2.0	0.6			4608	3	17,000	0.1	0.6									249,000
9			15965	10	232,000	2.0	0.6			4611	2	15,000	0.1	0.6									247,000
10			15978	10	232,000	2.0	0.7			4613	2	17,000	0.1	0.7									249,000
11			15987	9	198,000	2.0	0.7			4615	2	21,000	0.2	0.6									219,000
12			15997	10	245,000	1.0	0.7			4617	2	19,000	0.2	0.6									264,000
13			16008	11	249,000	2.0	0.7			4619	2	17,000	0.1	0.6									266,000
14			16019	11	249,000	2.0	0.7			4621	2	16,000	0.1	0.6									265,000
15			16030	10	244,000	1.0	0.7			4623	3	16,000	0.1	0.6									260,000
16			16040	12	301,000	1.0	0.7			4626	2	17,000	0.1	0.6									318,000
17			16053	11	242,000	1.0	0.7			4628	2	15,000	0.1	0.5									257,000
18			16064	10	233,000	2.0	0.7			4630	1	6,000	0.1	0.4									238,000
19			16074	8	203,000	2.0	0.6			4631	2	11,000	0.1	0.3								0.3	214,000
20			16087	10	219,000	2.0	1.3			4633	2	15,000	0.1	0.7									234,000
21			16098	10	218,000	2.0	1.3			4635	2	15,000	0.1	0.7									233,000
22			16107	9	218,000	2.0	1.3			4637	2	14,000	0.1	0.7									232,000
23			16117	8	183,000	1.0	1.3			4639	1	11,000	0.1	0.7								0.5	194,000
24			16129	9	220,000	2.0	0.4			4650	3	19,000	0.2	0.6									239,000
25			16138	9	201,000	1.0	0.4			4643	1	5,000	0.1	0.6									206,000
26			16152	9	216,000	1.0	0.4			4644	3	25,000	0.2	0.7									253,000
27			16162	10	217,000	1.0	0.5			4647	2	2,000	0.1	0.5									234,000
28			16170	9	217,000	1.0	0.3			4649	1	2,000	0.1	0.5									234,000
29			16185	9	217,000	1.0	0.3			4650	1	2,000	0.1	0.5									234,000
30			16196	13	281,000	1.0	0.3			4651	—	—	—	0.5									281,000
31																							
MONTH TOTAL				285	6,610,000	47.0	30.7				50	384,000	3.2	17.0								1.0	6,994,000
YEAR TO DATE				839	19,762,000	137.9	82.1				404	2644,000	22.19	22.9								6.7	22,405,000
AVG				10	220,000	1.6	0.7				2	13,000	0.1	0.6								0.03	233,000
MAX.				13	301,000	3.0	1.3				3	25,000	0.2	0.7								0.5	318,000
MIN				7	153,000	1.0	0.3				1	3,000	0.1	0.3								0.2	153,000

0224

DATE: MAY 1990

PINE RIDGE UTILITIES

MONTHLY WATER REPORT

METERED SERVICES 210

TOTAL METERED SERVICES AT END OF MONTH: _____ OPERATOR SIGNATURE: _____

OPERATOR NAME: _____ CERTIFICATE NUMBER: _____

DAY	WELL #2 SADDLE UNIT-1 DR STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS. CL.	CL. RES	WELL BEAM STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	UNIT-3 DR GALLONS	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES	RAIN	TOTAL GALLONS PER DAY
1			16147	12	282,000	0.5	0.3			46571	—	—	—	0.3									282,000
2			16429	12	324,000	0.5	0.3			46571	—	—	—	0.3									324,000
3			16753	13	324,000	1.0	0.5			46571	4	24,000	0.1	0.4									324,000
4			17021	11	273,000	1.0	0.6			46655	2	11,000	0.1	0.3									273,000
5			17336	10	243,000	1.0	0.6			46677	2	11,000	0.1	0.3									315,000
6			17586	10	243,000	2.0	0.4			46745	1	10,000	0.1	0.3								0.4	253,000
7			17836	11	243,000	2.0	0.5			46800	2	18,000	0.1	0.3									252,000
8			18087	13	308,000	2.0	0.5			46864	4	26,000	0.1	0.3									326,000
9			18280	6	142,000	1.0	0.4			46866	—	—	—	0.6									338,000
10			18416	6	134,000	1.0	0.7			46866	—	3,000	0.1	0.5								0.7	146,000
11			18592	9	217,000	0.5	0.6			46866	—	—	—	0.4									137,000
12			18801	9	216,000	0.5	0.3			46866	6	48,000	0.2	0.5									217,000
13			18920	—	—	—	0.3			46972	14	102,000	0.3	0.3									204,000
14			18920	—	11,000	1.0	0.3			46986	20	172,000	1.0	0.3									161,000
15			18920	—	47,000	1.0	0.7			47036	14	63,000	0.3	0.3									144,000
16			19230	9	219,000	1.0	0.6			47036	1	1,000	0.1	0.6								0.4	109,000
17			19549	9	230,000	2.0	0.6			47121	3	13,000	0.1	0.6									220,000
18			19774	10	224,000	1.0	0.6			47126	1	6,000	0.1	0.6									233,000
19			19998	10	225,000	1.0	0.6			47135	1	6,000	0.1	0.1									230,000
20			20221	9	223,000	0.5	0.6			47146	1	5,000	0.1	0.1									229,000
21			20437	8	216,000	0.5	0.6			47147	—	—	—	0.5									224,000
22			20654	6	217,000	1.0	0.5			47227	2	9,000	0.1	0.3								0.2	208,000
23			20871	11	268,000	1.0	0.4			47229	—	—	—	0.4									226,000
24			21083	8	202,000	3.0	0.3			47239	2	13,000	0.1	0.5									268,000
25			21300	10	229,000	1.0	0.3			47261	2	7,000	0.1	0.7									215,000
26			21529	9	229,000	1.0	0.5			47283	1	7,000	0.1	0.2									236,000
27			21749	9	229,000	1.0	0.4			47304	1	7,000	0.1	0.3									236,000
28			21968	9	228,000	4.0	0.4			47311	1	6,000	0.1	0.3								0.2	236,000
29			22187	9	240,000	2.0	0.4			47326	—	—	—	0.3									224,000
30			22426	12	295,000	3.0	0.5			7326	—	—	—	0.3									244,000
31			22687	9	253,000	3.0	0.3			47326	—	—	—	0.3									251,000
MONTH TOTAL				270	6,680,000	41.0	17.9				81	562,000	3.8	15.6									253,000
YEAR TO DATE				1109	26,442,000	173.9	100.0				489	3,213,000	25.44	88.5								1.9	7,247,000
AVG				9	215,000	1.3	0.6				3	18,000	0.2	0.5								4.6	29,655,000
MAX				13	324,000	4.0	0.8				20	172,000	1.0	0.7								0.06	274,000
MIN				—	11,000	0.5	0.3				1	1,000	0.1	0.3								0.7	334,000
																						0.2	100,000

0225

DATE June 1990

PINE RIDGE UTILITIES

MONTHLY WATER REPORT

I.D. NO. 6004544

METERED SERVICES 310 est.

DAY	WELL No 2 SADDLE UNIT-1 DR.							WELL No 3 BEAMWOOD DR.														RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES		
1			164458	6	141,000	1.0	0.8			4236	—	—	—	0.8									141,000
2			164599	6	141,000	1.0	0.8			4236	—	—	—	0.7								0.2	141,000
3			164740	6	141,000	1.0	0.8			4236	—	—	—	0.7									141,000
4			164877	7	185,000	2.0	0.7			4236	2	12,000	0.1	0.7									197,000
5			164984	7	123,000	3.0	0.8			4238	1	4,000	0.1	0.6									174,000
6			165091	8	188,000	2.0	0.8			4239	5	36,000	0.2	0.5									224,000
7			165249	7	190,000	1.8	0.8			4244	7	58,000	0.3	0.5								0.2	248,000
8			165406	7	161,000	1.0	0.5			4251	7	50,000	0.3	0.5									211,000
9			165573	7	160,000	2.0	0.8			4258	6	50,000	0.3	0.3									210,000
10			165720	6	160,000	1.0	0.8			4264	6	49,000	0.3	0.3									209,000
11			165926	8	198,000	2.0	0.8			4270	7	61,000	0.3	0.3									259,000
12			166134	11	274,000	3.0	0.8			4272	2	9,000	0.1	0.3									283,000
13			166345	11	232,000	1.0	0.8			4279	—	—	—	0.8									232,000
14			166556	12	304,000	2.0	0.7			4279	4	24,000	0.2	0.8									328,000
15			166768	11	276,000	2.0	0.7			4283	3	15,000	0.1	0.8									271,000
16			166979	10	256,000	1.0	0.7			4286	3	15,000	0.1	0.6									271,000
17			167189	10	256,000	1.0	0.7			4289	2	15,000	0.1	0.6									271,000
18			167394	7	168,000	1.0	0.7			4291	—	—	—	0.6								0.1	168,000
19			167606	9	223,000	2.0	0.7			4291	—	—	—	0.6									223,000
20			167815	11	223,000	2.0	0.7			4291	—	—	—	0.6									223,000
21			168026	10	246,000	2.0	0.8			4291	1	4,000	0.1	0.6									250,000
22			168236	6	133,000	1.0	0.6			4292	1	4,000	0.1	0.5									137,000
23			168442	6	134,000	1.0	0.6			4293	1	4,000	0.1	0.5								1.2	138,000
24			168648	5	134,000	1.0	0.7			4294	1	5,000	0.1	0.5									139,000
25			168853	6	145,000	1.0	0.7			4295	2	10,000	0.1	0.5									155,000
26			169059	5	133,000	1.0	0.8			4297	1	8,000	0.1	0.5								0.2	146,000
27			169264	6	134,000	1.0	0.8			4298	3	13,000	0.1	0.5									163,000
28			169620	15	392,000	2.0	0.8			4301	12	125,000	0.7	0.6								0.2	517,000
29			169851	7	166,000	1.0	0.8			4313	3	11,000	0.1	0.6									177,000
30			170017	7	166,000	1.0	0.8			4316	2	10,000	0.1	0.6									176,000
31																							
MONTH TOTAL				240	5,885,000	44.0	22.6				82	589,000	4.1	17.0								2.6	6,477,000
YEAR TO DATE				1349	32,350,000	223.7	126.6				571	3,802,000	30.09	125.5								11.2	36,132,000
AVG.				8	190,000	1.5	0.8				3	20,000	0.2	0.6								0.09	216,000
MAX.				15	392,000	3.0	0.8				12	125,000	0.7	0.8								1.2	517,000
MIN.				5	133,000	1.0	0.6				1	1,000	0.1	0.3								0.1	137,000

OPERATOR NAME: William A. Slocum CERTIFICATE NUMBER: T-1292

OPERATOR SIGNATURE:

TOTAL METERED SERVICES AT END OF MONTH:

0226

DATE: July 1990

PINE RIDGE UTILITIES

MONTHLY WATER REPORT

I.D. NO. 6097399

METERED SERVICES 310

OPERATOR NAME: Williams La Clair

CERTIFICATE NUMBER: 8139

OPERATION SIGNATURE:

TOTAL METERED SERVICES AS OF MONTH END:

DAY	WELL #2 BADLE UNIT-1 DR.							WELL #3 BEAMWOOD DR.														RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES		
1			16699	7	166,000	1.0	0.7			4818	2	10,000	0.1	0.7									175,000
2			16706	8	189,000	2.0	0.7			4820	5	16,000	0.1	0.8								0.2	205,000
3			16714	7	164,000	1.0	0.7			4823	2	13,000	0.1	0.5									172,000
4			16721	6	163,000	1.0	0.7			4825	3	14,000	0.1	0.6									172,000
5			16727	11	250,000	1.0	0.7			4828	1	2,000	0.1	0.6									252,000
6			16738	11	265,000	2.0	0.7			4829	0	0	—	0.6									265,000
7			16749	11	265,000	2.0	0.8			4829	0	0	—	0.6									265,000
8			16760	10	264,000	2.0	0.8			4829	0	0	—	0.6									264,000
9			16772	12	287,000	2.0	0.8			4825	0	0	—	0.6									287,000
10			16782	8	204,000	1.0	0.6			4829	4	16,000	0.1	0.6								0.1	220,000
11			16790	7	178,000	1.0	0.6			4833	0	0	—	0.7								0.6	178,000
12			16797	6	133,000	2.0	0.6			4833	0	0	—	0.7									133,000
13			16803	7	173,000	1.0	0.7			4833	0	0	—	0.6									173,000
14			16810	7	172,000	1.0	0.6			4832	0	0	—	0.6									172,000
15			16817	7	172,000	1.0	0.6			4833	0	0	—	0.6									172,000
16			16825	8	184,000	1.0	0.6			4833	0	0	—	0.6									172,000
17			16832	7	166,000	1.0	0.6			4833	0	0	—	0.6									184,000
18			16839	6	140,000	1.0	0.6			4833	2	6,000	0.1	0.6									166,000
19			16845	7	185,000	1.0	0.7			4835	0	0	—	0.4									146,000
20			16852	7	145,000	2.0	0.6			4835	1	5,000	0.1	0.3									185,000
21			16859	6	145,000	1.0	0.6			4836	0	0	—	0.3								2.0	150,000
22			16865	6	144,000	1.0	0.6			4836	0	0	—	0.3									145,000
23			16871	6	165,000	2.0	0.6			4836	0	0	—	0.5									144,000
24			16877	7	142,000	1.0	0.7			4836	0	0	—	0.5									165,000
25			16884	5	143,000	1.0	0.7			4836	0	0	—	0.5									142,000
26			16889	7	159,000	1.0	0.8			4836	0	0	—	0.5								0.7	143,000
27			16896	7	169,000	1.0	0.8			4836	0	0	—	0.5									159,000
28			16903	7	168,000	1.0	0.8			4836	0	0	—	0.4									169,000
29			16910	7	165,000	1.0	0.8			4836	0	0	—	0.4								1.5	169,000
30			16917	11	265,000	1.0	0.8			4836	0	0	—	0.4									168,000
31			16928	9	227,000	2.0	0.7			4836	0	0	—	0.3									265,000
MONTH TOTAL				238	5,765,000	42.0	21.3				18	82,000	0.8	16.5									223,000
YEAR TO DATE				1587	38,095,000	212.9	143.9				589	3,884,000	30.9	132.0								5.4	5,847,000
AVG.				8	186,000	1.3	0.7				1	3,000	0.1	0.5								16.6	41,979,000
MAX.				12	287,000	2.0	0.8				4	16,000	0.1	0.8								0.17	189,000
MIN.				5	133,000	1.0	0.6				1	2,000	0.1	0.3								2.0	287,000
																						0.2	133,000

0227

DATE: August 1990

PINE RIDGE UTILITIES — MONTHLY WATER REPORT

I.D. NO. 609/1397
METERED SERVICES 334 + 17

TOTAL METERED SERVICES AT END OF MONTH: 342 + 17 OPERATOR SIGNATURE: [signature]
OPERATOR NAME: L. Williams & Sons CERTIFICATE NUMBER: 5/35-27

DAY	WELL No 2 SADDLE UNIT-1 DR.							WELL No 3 SEAMWOOD UNIT-3 DR.														RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES		
1			16937	11	284,000	2.0	0.7			4826	—	—	—	0.4									284,000
2			16948	10	229,000	2.0	0.7			4836	1	3,000	0.1	0.4									232,000
3			16958	11	262,000	1.0	0.7			4857	5	30,000	0.2	0.4									292,000
4			16969	11	261,000	1.0	0.7			4877	6	20,000	0.2	0.3									296,000
5			16980	10	261,000	1.0	0.7			4898	6	31,000	0.2	0.5									292,000
6			16990	13	306,000	2.0	0.7			4936	9	43,000	0.2	0.5									355,000
7			17003	12	299,000	2.0	0.8			4965	8	36,000	0.2	0.5									335,000
8			17015	9	201,000	1.0	0.8			4973	4	21,000	0.2	0.6								0.9	222,000
9			17024	7	180,000	1.0	0.8			4977	4	18,000	0.1	0.6								0.2	198,000
10			17031	8	175,000	1.0	0.8			4981	2	10,000	0.1	0.6									185,000
11			17039	7	175,000	1.0	0.8			4983	2	10,000	0.1	0.8									185,000
12			17046	7	176,000	1.0	1.0			4985	1	11,000	0.1	0.8									186,000
13			17052	10	246,000	2.0	1.0			4986	—	—	—	0.8									246,000
14			17062	5	128,000	1.0	0.9			4986	1	—	—	0.8									128,000
15			17068	6	159,000	1.0	1.0			4987	8	58,000	0.3	0.8									215,000
16			17074	7	158,000	1.0	0.6			4995	3	17,000	0.1	0.6									175,000
17			17081	7	162,000	1.0	0.6			4998	3	20,000	0.2	0.6									182,000
18			17088	6	163,000	1.0	0.6			4901	3	20,000	0.2	0.6									183,000
19			17094	6	162,000	1.0	0.6			4904	3	20,000	0.2	0.6								2.5	182,000
20			17100	9	219,000	1.0	0.6			4907	—	—	—	0.6									182,000
21			17109	6	144,000	1.0	0.6			4907	2	3,000	0.1	0.6								0.12	219,000
22			17115	5	107,000	0.5	0.8			4909	2	13,000	0.1	0.8									147,000
23			17120	11	287,000	1.0	0.8			4911	3	8,000	0.1	0.5								2.4	120,000
24			17131	5	118,000	1.0	0.8			4914	1	2,000	0.0	0.6									297,000
25			17136	5	118,000	1.0	0.8			4915	—	—	—	0.6									125,000
26			17141	5	118,000	1.0	0.8			4915	—	—	—	0.6									118,000
27			17146	7	165,000	1.0	0.8			4915	—	—	—	0.6								2.0	118,000
28			17153	7	178,000	1.0	0.8			4915	—	—	—	0.6									165,000
29			17160	6	151,000	1.0	0.8			4915	1	—	—	0.6									178,000
30			17166	4	102,000	0.5	0.6			4916	—	—	—	0.5									151,000
31			17170	5	125,000	1.0	0.5			4916	—	—	—	0.5								0.6	102,000
MONTH TOTAL				238	5,820,000	3.5.0	23.0				80	412,000	3.1	18.5									125,000
YEAR TO DATE				1825	43,915,000	2939	166.9				669	4,296,000	34.0	140.5								8.8	6,232,000
AVG.				8	188,000	1.1	0.7				4	21,000	0.2	0.6								25.4	48,211,000
MAX.				13	306,000	2.0	1.0				9	56,000	0.3	0.8								0.3	204,000
MIN.				4	102,000	0.5	0.5				1	3,000	0.1	0.4								2.5	355,000
																						0.2	102,000

0228

DATE: Sept 1990

PINE RIDGE UTILITIES

MONTHLY WATER REPORT

I.D. NO. 6091399

METERED SERVICES 338

TOTAL METERED SERVICES AT END OF MONTH: 338

OPERATOR NAME: Williams

OPERATOR SIGNATURE: [signature]

CERTIFICATE NUMBER: 53135

DAY	WELL N°2 SADDLE DR. UNIT-1 STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	WELL N°3 BEAMWOOD DR. UNIT-3 STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	RAINFALL	TOTAL GALLONS PER DAY
1			17175	5	125,000	.5	0.7			49116												0.5	125,000
2			17180	5	125,000	.5	0.7																125,000
3			17185	6	125,000	1.0	0.7																125,000
4			17191	7	153,000	1.0	0.7															0.5	153,000
5			17198	6	145,000	1.0	0.7																145,000
6			17204	7	187,000	1.0	0.7																187,000
7			17211	9	217,000	1.0	0.7																217,000
8			17220	9	217,000	2.0	0.7																217,000
9			17229	9	216,000	1.0	0.7															0.3	216,000
10			17238	11	253,000	1.0	0.7															0.1	253,000
11			17249	8	184,000	1.0	0.7																184,000
12			17257	10	242,000	1.0	0.8																242,000
13			17267	11	258,000	2.0	0.8																258,000
14			17278	10	233,000	1.0	0.8																233,000
15			17289	9	233,000	1.0	0.8																233,000
16			17297	9	232,000	0.5	0.8																232,000
17			17306	9	209,000	0.5	0.5																209,000
18			17315	10	246,000	1.0	0.4																246,000
19			17325	10	251,000	1.0	0.4																251,000
20			17335	11	259,000	1.5	0.4																259,000
21			17346	12	279,000	1.5	0.4																279,000
22			17358	11	279,000	1.0	0.5																279,000
23			17369	11	280,000	1.0	0.5																280,000
24			17380	13	300,000	2.0	0.5																300,000
25			17393	12	300,000	2.0	0.6																300,000
26			17405	9	267,000	1.0	0.6																267,000
27			17416	10	256,000	1.0	0.4																256,000
28			17426	7	157,000	1.0	0.4																157,000
29			17433	7	157,000	1.0	0.6															0.6	157,000
30			17440	6	157,000	1.0	0.6			49162												1.0	157,000
31																							
MONTH TOTAL				269	6,572,000	33.0	18.5				—	-0-	—	—								2.9	6,572,000
YEAR TO DATE				2094	50,487,000	330.9	185.4				669	4,296,000	34.0	14.5								28.3	54,783,000
AVG.				9	219,000	1.1	0.6				—	-0-	—	—								0.09	219,000
MAX.				13	300,000	2.0	0.8				—	-0-	—	—								1.0	300,000
MIN.				5	125,000	0.5	0.4				—	-0-	—	—								0.1	125,000

Well #3 out of service for mechanical problems

0229

DATE: Oct 1990

PINE RIDGE UTILITIES — MONTHLY WATER REPORT

I.D. NO. SC9 1359
METERED SERVICES 340

OPERATOR NAME: [illegible] CERTIFICATE NUMBER: 15332

OPERATOR SIGNATURE: [illegible]

TOTAL METERED SERVICES AT END OF MONTH: [illegible]

DAY	WELL No 2 SADDLE UNIT-1 DR. STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	WELL No 3 BEANWOOD UNIT-3 DR. STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	RAINFALL	TOTAL GALLONS PER DAY
1			17496	10	231,000	1	0.6			4916	—	—	—	—									239,000
2			17452	11	266,000	1	0.6			4916	—	—	—	—									266,000
3			17467	9	217,000	1	0.6			4916	—	—	—	—									217,000
4			17426	10	236,000	1	0.6			4916	—	—	—	—									236,000
5			17486	10	230,000	1	0.8			4916	3	13,000	.1	0.6									243,000
6			17456	10	230,000	1	0.8			4919	3	13,000	.1	0.6									243,000
7			17506	9	230,000	1	0.9			4922	2	13,000	.1	0.6									243,000
8			17515	9	230,000	1	0.3			4924	3	19,000	.1	0.6									243,000
9			17524	6	135,000	1	0.9			4927	1	4,000	.1	0.6									248,000
10			17530	6	122,000	1	0.6			4928	1	4,000	.1	0.6								1.4	136,000
11			17536	5	125,000	1	0.6			4929	1	5,000	.1	0.6								0.2	134,000
12			17541	8	186,000	1	0.6			4930	3	14,000	.1	0.6								1.5	130,000
13			17549	8	186,000	1	0.4			4933	2	14,000	.1	0.5									200,000
14			17557	8	185,000	1	0.4			4935	2	13,000	.1	0.5									185,000
15			17565	7	170,000	1	0.3			4937	2	16,000	.1	0.4									186,000
16			17572	8	184,000	1	0.5			4939	3	20,000	.2	0.3									204,000
17			17580	7	174,000	1	0.5			4942	3	17,000	.1	0.3									191,000
18			17587	6	142,000	1	0.5			4945	3	16,000	.1	0.3									158,000
19			17593	7	174,000	1	0.5			4948	3	15,000	.1	0.3									189,000
20			17600	7	174,000	1	0.8			4951	2	15,000	.1	0.4									188,000
21			17607	8	173,000	1	0.8			4953	2	14,000	.1	0.4								1.8	188,000
22			17615	7	156,000	1	0.8			4955	4	26,000	.1	0.4									187,000
23			17622	5	122,000	1	0.8			4959	2	18,000	.1	0.5									182,000
24			17627	5	135,000	1	0.8			4961	3	13,000	.1	0.5									140,000
25			17632	6	141,000	1	0.8			4964	2	11,000	.1	0.5									150,000
26			17638	7	170,000	1	0.8			4966	2	13,000	.1	0.5									172,000
27			17645	7	170,000	1	0.8			4968	2	12,000	.1	0.5									183,000
28			17652	7	170,000	1	0.8			4970	2	12,000	.1	0.4									182,000
29			17659	9	207,000	1	0.8			4972	3	18,000	.1	0.4									182,000
30			17668	9	211,000	1	0.8			4975	3	20,000	.2	0.5									225,000
31			17677	7	185,000	1	0.8			4978	4	18,000	.1	0.5									236,000
MONTH TOTAL				238	5,685,000	3.0	20.6				66	351,000	2.9	12.9									207,000
YEAR TO DATE				2,332	56,172,000	34.9	204.2				235	1,467,000	36.9	152.4								4.9	6070,000
AVG.				7	183,000	1.0	0.7				2	14,000	0.1	0.5								33.2	60,853,000
MAX.				11	266,000	1.0	0.9				4	26,000	0.2	0.6								0.15	196,000
MIN.				5	122,000	1.0	0.3				1	1,000	0.1	0.3								1.8	266,000
																						0.2	130,000

0230

DATE: Nov 1990 **PINE RIDGE UTILITIES** **MONTHLY WATER REPORT** I.D. NO. 6097399 METERED SERVICES 358

OPERATOR NAME: William L. Young CERTIFICATE NUMBER: T-1392

DAY	WELL #2 SADDLE MT. UNIT-1 DR.							WELL #3 BEAMWOOD DR. UNIT-3 DR.															RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES		
1			17684	9	210,000	1.0	0.8			4981	3	17,000	ok	0.3									227,000
2			17693	10	236,000	2.0	0.8			4984	0	0	—	0.5									236,000
3			17703	10	237,000	2.0	0.8			4984	0	0	—	0.5									237,000
4			17713	9	232,000	1.0	0.8			4984	0	0	—	0.5									232,000
5			17722	11	250,000	1.0	0.8			4984	4	29,000	0.2	0.5									279,000
6			17733	7	179,000	1.0	0.8			4988	3	16,000	0.1	0.6									195,000
7			17740	8	199,000	1.0	0.8			4991	2	15,000	0.1	0.6									205,000
8			17749	9	229,000	1.0	0.8			4993	2	13,000	0.1	0.6									242,000
9			17757	7	158,000	1.0	0.8			4995	1	9,000	0.1	0.6									167,000
10			17763	7	158,000	1.0	0.8			4996	2	8,000	0.1	0.6									166,000
11			17770	6	157,000	1.0	0.8			4998	1	5,000	0.1	0.6								0.5	162,000
12			17777	8	198,000	1.0	0.8			4999	3	14,000	0.1	0.6									212,000
13			17785	9	203,000	1.0	0.8			5002	1	10,000	0.1	0.5									213,000
14			17794	7	188,000	1.0	0.8			5003	2	13,000	0.1	0.5									201,000
15			17801	8	191,000	1.0	0.7			5005	2	13,000	0.1	0.5									204,000
16			17809	9	202,000	1.0	0.7			5007	3	14,000	0.1	0.3									216,000
17			17818	8	201,000	1.0	0.5			5010	2	13,000	0.1	0.4									214,000
18			17826	8	201,000	1.0	0.5			5012	2	13,000	0.1	0.4									214,000
19			17834	9	214,000	2.0	0.5			5014	2	12,000	0.1	0.4									224,000
20			17843	9	221,000	1.0	0.8			5016	3	16,000	0.1	0.4									237,000
21			17852	8	171,000	1.0	0.8			5019	2	11,000	0.1	0.8									182,000
22			17860	7	171,000	1.0	0.8			5021	2	11,000	0.1	0.7									182,000
23			17867	7	172,000	1.0	0.8			5023	2	11,000	0.1	0.7									183,000
24			17874	7	172,000	1.0	0.8			5025	2	10,000	0.1	0.8									182,000
25			17881	7	172,000	2.0	0.8			5027	1	10,000	0.1	0.8									182,000
26			17888	8	190,000	2.0	0.8			5028	3	19,000	0.1	0.7									209,000
27			17896	8	184,000	2.0	0.8			5031	4	21,000	0.2	0.7								0.5	205,000
28			17904	6	158,000	1.0	0.8			5035	4	28,000	0.2	0.7									186,000
29			17910	7	166,000	2.0	1.0			5039	3	18,000	0.1	0.7									184,000
30			17917	8	194,000	2.0	0.9			5042	3	16,000	0.1	0.7									210,000
31																								
MONTH TOTAL				241	5,843,000	390	23.2				64	393,000	3.0	17.1								1.0	6,206,000
YEAR TO DATE				2573	61,985,000	400.9	229.2				799	5,074,000	39.9	170.5								34.2	67,059,000
AVG.				8	194,000	1.3	0.8				2	13,000	0.1	0.6								0.03	207,000
MAX.				11	250,000	2.0	1.0				4	29,000	0.2	0.8								0.5	279,000
MIN.				6	158,000	1.0	0.5				1	8,000	0.1	0.3								0.5	167,000

0231

DATE: Dec 1990

PINE RIDGE UTILITIES

MONTHLY WATER REPORT

I.D. NO. 6091399

METERED SERVICES 358

OPERATION NAME: [illegible] CERTIFICATE NUMBER: [illegible]

DAY	WELL N°2 SADDLE RD. UNIT-1							WELL N°3 BEARWOOD DR. UNIT-3													RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES		
1			17926	8	194,000	1.0	0.5			5045	3	15,000	.1	0.9									209,000
2			17933	8	194,000	1.0	0.5			5048	2	15,000	.1	0.9									209,000
3			17941	9	214,000	1.0	0.5			5050	3	22,000	.2	1.0									236,000
4			17950	7	126,000	2.0	0.6			5053	3	16,000	.1	0.9									192,000
5			17957	8	182,000	2.0	0.4			5056	1	7,000	.1	0.8									189,000
6			17965	8	206,000	3.0	0.8			5057	2	7,000	.1	0.8									203,000
7			17973	6	144,000	1.0	0.8			5059	2	9,000	.1	0.5								0.3	153,000
8			17979	6	144,000	0.1	0.8			5061	2	8,000	.1	0.8									152,000
9			17985	6	143,000	0.1	0.6			5063	1	8,000	.1	0.8									151,000
10			17991	9	215,000	1.0	0.6			5064	2	13,000	.1	0.8									232,000
11			18000	7	185,000	0.1	0.5			5066	2	11,000	.1	0.7									196,000
12			18007	7	165,000	0.5	0.6			5068	2	2,000	.1	0.2									122,000
13			18014	7	173,000	1.0	0.6			5070	1	10,000	.1	0.6									183,000
14			18021	8	183,000	0.1	0.6			5071	3	16,000	.1	0.6									199,000
15			18029	8	183,000	0.5	0.8			5074	3	15,000	.1	0.8									198,000
16			18037	7	183,000	1.0	0.8			5077	2	15,000	.1	0.8									197,000
17			18044	8	197,000	1.0	0.8			5079	3	18,000	.1	0.8									215,000
18			18052	7	176,000	1.0	0.5			5082	3	20,000	.2	1.0									196,000
19			18059	7	167,000	0.1	0.8			5085	4	23,000	.2	1.0									180,000
20			18066	7	170,000	0.1	0.8			5089	5	24,000	.2	0.9									194,000
21			18073	8	182,000	0.1	0.8			5094	5	25,000	.2	0.9									207,000
22			18081	8	182,000	0.1	0.6			5099	4	25,000	.2	0.6									207,000
23			18089	7	181,000	1.0	0.6			5103	4	25,000	.2	0.6									206,000
24			18096	7	162,000	1.0	0.6			5107	4	18,000	.1	0.6									180,000
25			18103	7	162,000	1.0	0.6			5111	3	17,000	.1	0.6									175,000
26			18110	6	162,000	1.0	0.6			5114	3	17,000	.1	0.6									178,000
27			18116	7	175,000	1.0	0.6			5117	3	24,000	.2	0.6									198,000
28			18123	7	168,000	2.0	0.6			5120	6	33,000	.2	0.6									201,000
29			18130	7	168,000	1.0	0.6			5126	5	32,000	.2	0.6									200,000
30			18137	7	168,000	1.0	0.6			5131	5	32,000	.2	0.6									200,000
31			18144	8	186,000	1.0	0.6			5136	4	25,000	.2	0.6									214,000
MONTH TOTAL				227	5,488,000	30.0	20.2				95	550,000	4.3	23.3								0.3	6,038,000
YEAR TO DATE				2800	67,473,000	410.9	299.4				894	5624,000	44.2	193.5								34.5	73,097,000
AVG.				7.0	177,000	1.0	0.7				3.0	18,000	0.1	0.8								0.3	195,000
MAX.				9.0	219,000	3.0	0.8				6.0	33,000	0.2	1.0								0.3	236,000
MIN.				6.0	143,000	0.5	0.5				1.0	2,000	0.1	0.6								0.3	151,000

0232

Piney Woods - 553

Lake County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods County Lake

Owned by S.S.U. Services Reporting Month January 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 172

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1235.1	61	143.6					27.5	21.6	7	NONE
Average	39.8	2.0	5.7					1.1	0.9		
Maximum	54.3	4.0	14.1					1.5	1.0		
Minimum	27.9	1.0	2.7					1.0	0.8		
1											
2	101.5	5.0	5.9					1.2	.9		
3	40.1	3.0	6.0					1.2	.8		
4	44.9	3.0	5.0					1.2	.8		
5											
6	100.0	4.0	4.5					1.2	.9		
7	39.9	2.0	6.0					1.2	.9		
8	54.3	3.0	6.6					1.2	.8	7	-0-
9	27.9	1.0	4.3					1.2	.8		
10	39.8	1.0	3.0					1.2	.9		
11	35.8	1.0	3.3					1.0	.8		
12	38.1	1.0	3.1					1.0	.8		
13											
14	69.7	3.0	5.2					1.2	.9		
15	44.3	1.0	2.7					1.2	.8		
16	38.1	2.0	6.3					1.2	.8		
17	37.4	2.0	6.3					1.2	.9		
18											
19	68.6	4.0	7.0					1.2	.9		
20											
21	100.6	6.0	7.2					1.2	.8		
22	44.3	3.0	8.1					1.2	.9		
23	37.3	3.0	10.4					1.2	1.0		
24	37.1	1.0	3.2					1.2	.8		
25	39.8	1.0	3.0					1.2	1.0		
26	40.9	1.0	2.9					1.2	.8		
27											
28	72.0	3.0	5.0					1.5	1.0		
29	45.5	3.0	7.9					1.2	.9		
30	33.3	4.0	14.4					1.2	.8		
31	36.6	2.0	6.6					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods County Lake

Owned by SSU Services Reporting Month February 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 173

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1343.2	98.0	187.2					31.6	21.4	7	NONE
Average	48.6	3.1	7.8					1.3	0.9		
Maximum	63.2	5.0	10.8					1.5	1.0		
Minimum	26.8	1.0	3.2					1.0	0.7		
1	43.7	2.0	5.5					1.2	.9		
2	32.5	2.0	7.4					1.2	.8		
3											
4	28.7	6.0	9.1					1.5	1.0		
5	63.2	4.0	7.6					1.2	.9		
6	26.8	1.0	4.5					1.2	.8	7	-0-
7	38.0	3.0	9.5					1.0	.7		
8	38.1	3.0	9.4					1.2	.9		
9											
10	89.4	7.0	9.4					1.5	1.0		
11	61.5	3.0	7.0					1.5	.9		
12	51.5	4.0	9.3					1.2	.8		
13	50.6	3.0	7.1					1.5	.9		
14	55.1	4.0	8.7					1.5	.9		
15	27.9	2.0	8.6					1.2	.8		
16											
17	125.4	10.0	9.6					1.2	1.0		
18	49.9	3.0	7.2					1.5	1.0		
19	50.5	3.0	7.1					1.2	1.0		
20	40.4	2.0	5.9					1.5	.9		
21	53.0	3.0	6.8					1.2	.9		
22	57.0	4.0	9.2					1.2	.7		
23	59.9	5.0	10.0					1.5	.9		
24											
25	104.4	6.0	6.9					1.5	1.0		
26	44.5	4.0	10.4					1.2	.9		
27	49.3	3.0	7.4					1.2	.8		
28	39.9	1.0	3.2					1.5	1.0		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3353021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods County Lake

Owned by S.S.U. Services Reporting Month March 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 172

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5325
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1103.2	55.0	17.49					35.3	22.9	7	-0-
Average	36.7	1.4	6.9					1.2	0.9		
Maximum	31.3	5.0	11.6					1.5	1.0		
Minimum	33.7	1.0	3.5					1.0	0.7		
1	33.9	1.0	3.5					1.2	.8		
2	34.0	1.0	3.5					1.2	.8		
3											
4	44.0	4.5	10.2					1.2	.9		
5	33.7	2.0	7.1					1.2	.8		
6	32.7	2.0	7.3					1.2	.9		
7	42.2	2.0	5.7					1.3	.8	7	-0-
8	33.6	3.0	6.2					1.2	.9		
9	25.0	1.0	4.5					1.2	.9		
10											
11	32.1	2.0	7.5					1.2	.5		
12	35.4	2.0	6.5					1.2	.9		
13	24.1	3.0	5.2					1.2	.9		
14	39.7	2.0	6.0					1.2	1.0		
15	61.3	4.0	7.5					1.2	.9		
16	14.9	1.0	6.0					1.2	.9		
17											
18	65.4	4.0	7.3					1.2	.8		
19	35.4	2.0	6.5					1.2	.8		
20	36.3	2.0	6.6					1.2	.8		
21	55.4	3.0	6.5					1.2	.9		
22	41.4	2.0	5.7					1.0	.7		
23	38.8	2.0	6.2					1.0	.9		
24											
25	57.3	4.0	8.4					1.2	0.9		
26	55.8	3.0	6.3					1.5	1.0		
27	48.4	3.0	8.0					1.5	1.0		
28	55.6	5.0	10.8					1.5	1.0		
29	51.0	3.0	11.6					1.5	0.9		
30	35.4	2.0	6.3					1.5	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods County Lake

Owned by S.S.U. Services Reporting Month April 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 172

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C.5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1457.5	100.25	209.4					34.3	22.1	7	NONE
Average	48.6	3.3	8.1					1.3	0.9		
Maximum	76.1	6.0	12.5					1.8	1.3		
Minimum	30.4	2.0	4.9					1.0	0.7		
1	55.4	4.0	8.7					1.5	1.0		
2	59.4	4.0	8.1					1.5	1.0		
3	76.1	6.0	7.5					1.8	1.3		
4	49.3	2.0	4.9					1.5	1.2		
5	40.6	2.0	5.9					1.5	1.0		
6	44.1	3.0	8.2					1.2	.9		
7											
8	99.4	10.0	12.0					1.2	.8		
9	40.5	4.0	11.5					1.2	.8		
10	44.0	2.0	5.5					1.0	.7		
11	34.6	3.0	10.3					1.5	1.4		
12	35.4	2.0	7.9					1.0	.7		
13	38.3	3.0	9.4					1.2	.8		
14											
15	45.6	10.0	12.5					1.0	.7		
16	57.9	4.25	8.2					1.2	.8		
17	47.4	2.0	5.0					1.5	1.0		
18	47.0	2.0	5.1					1.4	1.0		
19	54.2	3.0	6.6					1.5	1.4		
20	44.1	2.0	5.4					1.2	.8		
21											
22	41.3	6.0	7.9					1.2	.9		
23	42.4	4.0	10.4					1.5	1.0		
24	40.4	2.0	5.9					1.2	.9		
25	60.4	3.0	6.0					1.2	.8		
26	43.2	2.0	4.9					1.2	.8		
27	34.4	3.0	10.4					1.2	.8		
28											
29	125.2	7.0	6.7					1.2	.9		
30	54.0	5.0	11.1					1.5	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

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Effective November 30, 1982

D. & C

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods, Fruitland Park County Lake

Owned by S.S.U. Services Reporting Month May 19 91

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 172

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1887.9	114.0	19.9					39.4	21.2	10	5
Average	60.9	3.7	7.4					1.2	0.8		
Maximum	75.6	6.0	11.7					1.3	0.9		
Minimum	37.8	1.0	2.4					1.0	0.7		
1	65.6	5.0	9.1					1.2	.7		
2	71.0	5.0	8.4					1.2	.8		
3	73.9	6.0	9.7					1.2	.8		
4	165.5	4.0	7.3					1.2	.9		
5											
6	151.2	10.0	7.9					1.2	.8		
7	73.5	5.0	8.1					1.2	.8		
8	51.3	3.0	7.5					1.2	.8	5	5
9	63.5	5.0	9.4					1.2	.9		
10	53.0	3.0	6.2					1.2	.8		
11	40.7	2.0	5.9					1.2	.8		
12											
13	145.0	10.0	7.3					1.2	.8		
14	75.6	5.0	7.9					1.2	.9	5	-0-
15	61.3	4.0	7.8					1.2	.9		
16	47.9	3.0	8.0					1.0	.8		
17	66.3	4.0	7.2					1.0	.7		
18	62.0	4.0	7.7					1.2	.9		
19											
20	205.3	8.0	4.7					1.2	.8		
21	43.4	3.0	8.3					1.2	.9		
22	43.7	3.0	8.2					1.2	.8		
23	42.7	4.0	11.2					1.0	.8		
24	33.8	3.0	10.3					1.2	.8		
25	47.9	3.0	7.5					1.2	.8		
26											
27											
28	129.0	7.0	6.5					1.2	.8		
29	49.5	1.0	2.4					1.0	.7		
30	54.8	3.0	6.6					1.2	.8		
31	46.2	3.0	7.8					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods / Spring Ft Manor County Lake

Owned by SSU Services Reporting Month June 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 172

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath (Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l						Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	
Monthly Total	1465.9	98.5	177.1					30.7	20.8	6	NONE
Average	50.5	3.0	9.2					1.2	0.8		
Maximum	72.6	5.0	10.9					1.5	1.0		
Minimum	31.4	1.0	3.7					0.9	0.2		
1											
2	45.4	3.0	4.2					1.2	0.4		
3	39.7	2.0	6.7					1.2	.9		
4	47.4	3.0	5.0					0.9	.6		
5	42.8	3.5	9.6					1.2	.8		
6	37.8	3.0	9.6					1.3	.3	6	-0-
7	32.1	1.0	3.7					1.3	.6		
8	38.7	2.0	6.2					1.3	.9		
9											
10	120.9	5.0	5.0					1.2	.6		
11	96.4	3.0	5.2					1.2	.6		
12	59.1	3.0	6.1					1.2	.6		
13	56.3	3.0	6.4					1.2	.6		
14	71.6	4.0	6.7					1.2	.9		
15											
16	149.7	9.5	8.3					1.2	.8		
17	72.6	5.0	8.3					1.2	.6		
18	47.9	4.0	10.0					1.2	.9		
19	42.7	3.0	8.4					1.2	.9		
20	44.4	3.0	8.4					1.5	1.0		
21	31.9	2.0	8.4					1.2	1.2		
22	57.7	3.0	6.2					1.2	.9		
23											
24	109.6	10.0	10.9					1.5	1.0		
25	52.2	3.0	6.7					1.2	1.2		
26	33.5	2.0	7.2					1.0	.9		
27	55.5	5.0	10.8					1.2	.9		
28	37.1	3.0	9.1					1.2	.9		
29	51.9	4.0	9.2					1.2	.9		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods / Spring Ln Manor County Lake

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 172

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1402.6	72.0	1523					31.7	22.0	6	-0-
Average	45.2	2.3	5.1					1.2	0.8		
Maximum	61.0	3.0	6.3					1.5	1.0		
Minimum	24.2	1.0	3.2					1.0	0.7		
1	104.1	4.0	4.5					1.2	.8		
2	24.3	1.0	4.9					1.2	.8		
3	61.0	2.6	3.9					1.0	.8		
4	44.8	2.0	4.6					1.2	.8		
5	27.2	1.0	4.9					1.2	.8		
6	50.1	3.0	7.1					1.2	.9		
7											
8	94.3	7.0	8.9					1.2	.9		
9	53.1	3.0	6.3					1.2	.9	6	-0-
10	45.0	2.0	5.3					1.2	.9		
11	46.0	3.0	7.8					1.2	1.0		
12	50.5	3.0	7.1					1.2	0.9		
13											
14	89.6	4.0	4.0					1.2	.8		
15	34.5	3.0	7.0					1.2	.8		
16	39.4	2.0	6.1					1.2	.7		
17	36.6	1.0	3.3					1.2	.8		
18	29.4	1.0	4.1					1.5	1.0		
19	51.9	2.0	4.6					1.5	1.0		
20											
21	51.5	1.0	9.8					1.5	1.0		
22	53.9	2.0	4.4					1.2	.8		
23	45.1	3.0	5.3					1.2	.8		
24											
25	41.0	4.0	5.9					1.2	.9		
26	44.7	2.0	5.4					1.2	.8		
27	34.1	2.6	7.0					1.0	.7		
28											
29	100.4	6.0	7.2					1.2	.8		
30	40.2	2.0	6.0					1.2	.8		
31	27.9	1.0	4.3					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods / Bar. Th Manor County Lake

Owned by SSU Services Reporting Month August 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 173

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C.5525
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	1594.2	90.0	174.1						33.3	24.3	10	NONE
Average	53.1	3.0	6.7						1.3	0.9		
Maximum	95.6	6.0	10.5						1.5	1.3		
Minimum	26.6	1.0	4.3						1.2	0.8		
1	52.2	3.0	6.9						1.5	1.0		
2	29.5	2.0	8.1						1.2	.9		
3												
4	96.4	5.0	6.2						1.2	1.0		
5	47.1	3.0	5.7						1.2	.9		
6	39.1	2.0	4.2						1.5	1.2		
7	55.1	3.0	6.5						1.5	1.0		
8	44.7	3.0	5.6						1.5	1.0		
9	35.4	2.0	6.2						1.2	.9		
10	55.2	2.0	4.3						1.2	.8		
11												
12	131.0	8.0	7.4						1.2	1.0	6	-0-
13	95.6	5.0	6.3						1.2	.9		
14	26.6	1.0	4.5						1.2	.8		
15	80.4	4.0	5.7						1.2	.8		
16	40.0	2.0	6.0						1.5	1.0		
17	93.6	6.0	7.7						1.5	1.0		
18												
19	135.0	8.0	7.1						1.2	.9		
20	44.1	3.0	5.4						1.2	1.0		
21	43.7	3.0	8.2						1.2	1.0		
22	64.0	4.0	10.4						1.2	.9	2	-0-
23	34.1	3.0	10.5						1.2	.9	2	-0-
24												
25	97.0	6.0	7.4						1.2	1.0		
26	41.6	2.0	5.7						1.2	1.0		
27	50.4	3.0	7.1						1.2	.9		
28	40.0	2.0	6.0						1.2	.8		
29	56.7	3.0	6.3						1.2	1.0		
30	55.0	3.0	6.3						1.5	1.0		
31												

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods / Silver Lake Manor County Lake

Owned by SSU Services Reporting Month September 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 173

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian C Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2,148.5	122	170.8					33.0	23.1	7	NONE
Average	71.6	4.1	6.6					1.3	0.9		
Maximum	94.4	6.0	10.5					1.5	1.0		
Minimum	41.0	1.0	2.8					1.0	0.7		
1	129.0	6.0	5.6					1.0	0.5		
2	70.1	5.0	8.6					1.2	0.8		
3	94.4	6.0	7.6					1.0	0.8		
4	55.3	2.0	4.3					1.5	1.0	7	-0-
5	72.5	3.0	5.0					1.5	1.0		
6	74.6	3.0	4.8					1.2	0.8		
7	64.3	2.0	3.7					1.5	1.0		
8											
9	97.2	8.0	6.9					1.5	.9		
10	65.0	3.0	5.3					1.5	1.0		
11	52.8	4.0	5.8					1.5	0.9		
12	89.9	3.0	4.0					1.2	0.8		
13	92.5	3.0	3.9					1.2	0.9		
14	57.4	4.0	8.4					1.0	0.7		
15											
16	199.3	12.0	7.2					1.2	0.9		
17	61.1	4.0	7.8					1.2	0.9		
18	54.8	4.0	8.8					1.2	0.8		
19	60.9	5.0	9.8					1.5	1.0		
20	68.2	6.0	10.5					1.2	0.8		
21											
22	154.0	8.0	6.2					1.5	1.0		
23	90.0	5.0	7.5					1.2	0.9		
24	52.1	1.0	2.8					1.2	1.0		
25	82.5	5.0	7.3					1.2	0.9		
26	42.1	1.0	2.8					1.2	0.8		
27	53.3	2.0	4.5					1.2	0.8		
28	41.0	2.0	5.8					1.2	0.9		
29											
30	121.2	10.0	9.9					1.2	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tac

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods / Spring Lake Manor

Location: City or S/D Piney Woods County Lake

Owned by SSU Services Reporting Month October 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 165

Design Flow 300 gpm Remarks (Use reverse side) Phone No.: 407-880-0058

I certify this report is correct Brian Heath C-5525
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,497.2	81.0	1707					33.0	23.4	7	0
Average	48.3	2.6	6.6					1.3	.9		
Maximum	69.8	4.0	10.0					1.5	1.0		
Minimum	29.5	1.5	3.5					1.2	.8		
1	44.8	3.0	8.0					1.2	.9		
2	29.8	2.0	8.0					1.2	1.0		
3	49.1	2.0	4.9					1.2	1.0		
4	37.8	2.0	6.3					1.2	.8		
5	45.9	3.0	7.8					1.2	.9		
6											
7	74.1	4.0	6.5					1.2	1.0	7	0
8	33.3	2.0	7.3					1.2	1.0		
9	36.6	2.0	6.6					1.2	.9		
10	49.6	4.0	10.0					1.2	1.0		
11	53.4	4.0	9.0					1.2	.9		
12	40.2	2.0	6.0					1.2	.9		
13											
14	99.4	3.0	3.6					1.2	.8		
15	52.6	2.0	4.6					1.2	.8		
16	40.0	2.0	6.0					1.2	.8		
17	53.5	3.0	6.7					1.2	.9		
18	68.6	3.0	3.5					1.5	.9		
19											
20	96.4	7.0	4.7					1.5	1.0		
21	69.8	3.0	5.2					1.5	.9		
22	64.6	4.0	7.4					1.5	.9		
23	58.1	4.0	8.3					1.5	.9		
24	61.5	3.0	5.8					1.5	1.0		
25	45.6	2.0	5.2					1.2	.9		
26	60.6	3.0	5.9					1.2	.9		
27											
28	92.2	6.0	8.4					1.2	.8		
29											
30	98.1	5.0	6.1					1.2	.8		
31	49.1	2.0	4.9					1.2	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods County Lake

Owned by SSU Services Reporting Month November 19 91

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 174

Design Flow 300gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1640.8	92.0	173.9					31.9	22.9	7	-0-
Average	54.7	3.2	7.0					1.3	0.9		
Maximum	65.8	5.0	10.7					1.5	1.0		
Minimum	36.7	2.0	2.8					1.0	0.7		
1	53.5	3.0	6.7					1.2	.8		
2	65.8	4.0	7.3					1.2	.9		
3											
4	105.3	4.0	9.9					1.2	.9		
5	43.9	4.0	10.9					1.2	.9		
6	44.2	4.0	10.9					1.2	.8		
7	52.2	3.0	6.9					1.2	1.0	7	-0-
8	47.3	3.0	7.6					1.2	.9		
9	55.2	4.0	8.7					1.2	.9		
10											
11	111.6	10.0	10.7					1.2	1.0		
12	52.2	3.0	6.9					1.2	.9		
13	49.0	2.0	4.8					1.2	.8		
14	51.1	3.0	7.0					1.5	1.0		
15	53.3	3.0	6.7					1.5	1.0		
16	76.4	5.0	7.5					1.5	1.0		
17											
18	106.9	9.0	9.0					1.5	1.0		
19	58.9	2.0	4.1					1.2	.8		
20	49.4	2.0	4.9					1.2	.8		
21	65.4	3.0	5.5					1.2	1.0		
22	58.5	2.0	4.1					1.2	1.0		
23	48.6	2.0	4.9					1.2	1.0		
24											
25	116.4	9.0	10.3					1.5	1.0		
26	36.7	2.0	10.5					1.5	1.0		
27	44.5	2.0	5.4					1.5	1.0		
28											
29	127.0	3.0	2.8					1.2	.8		
30	69.1	3.0	5.6					1.0	.7		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods, Spring Th. Manor County Lake

Owned by SSU Services Reporting Month December 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 174

Design Flow 300gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1827.8	82.0	127.8					29.5	21.3	10	2
Average	59.0	2.6	5.3					1.2	0.9		
Maximum	74.0	4.0	8.1					1.5	1.0		
Minimum	42.3	1.0	3.1					1.0	0.6		
1											
2	122.9	4.0	3.9					1.2	.9		
3	56	2.0	4.3					1.2	.9		
4	42.3	2.0	5.7					1.2	1.0		
5	56	1.0	2.1					1.5	1.0		
6	47	1.0	2.6					1.2	1.0		
7											
8	134	5.0	4.3					1.2	1.0		
9											
10	110	3.0	3.3					1.2	.8		
11	55	2.0	4.4					1.2	.9		
12	57.6	2.0	4.2					1.2	.9	6	2
13	61	2.6	3.9					1.5	1.0		
14	58	2.0	4.1					1.5	1.0		
15											
16	145	6.0	5.0					1.2	.9		
17	43	2.0	5.6					1.2	1.0		
18	53	3.0	6.8					1.2	1.0		
19	65	4.0	7.4					1.2	1.0	4	-0-
20	64	3.0	5.6					1.2	.9		
21	43	2.0	5.6					1.0			
22											
23	147	8.0	6.5					1.3	.9		
24	71	4.0	6.3					1.2	.8		
25											
26	119	8.0	8.1					1.2	.9		
27	56	3.0	6.4					1.2	.9		
28	74	4.0	6.5					1.2	.9		
29											
30	90	6.0	8.0					1.2	.8		
31	54	3.0	6.7					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods

Location: City or S/D Piney Woods / Spring Lk. Manor County Lake

Owned by Southern States Utilities Reporting Month January 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 174

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Hunt C-5821
(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1431.8	76.0	163.5					32.5	24.1	6	NO.VF
Average	46.2	2.5	6.3					1.3	0.9		
Maximum	61.4	4.0	9.3					1.5	1.0		
Minimum	28.3	1.0	3.2					1.0	0.7		
1											
2	53.2	6.0	8.6					1.2	0.9		
3	42.5	2.0	5.6					1.2	1.0		
4	47.3	2.6	5.1					1.2	1.0		
5	37.9	2.0	6.3					1.2	1.0		
6											
7	94.8	5.0	6.3					1.2	1.0		
8	42.5	2.0	5.6					1.2	1.0		
9	39.5	2.0	6.1					1.0	0.8	6	-0-
10	25.3	2.0	8.5					1.2	0.9		
11	44.5	2.0	5.4					1.3	1.0		
12	41.8	2.0	5.7					1.5	1.0		
13	37.5	2.0	6.4					1.2	0.9		
14											
15	94.6	7.0	8.9					1.2	0.9		
16	49.7	3.0	7.2					1.0	0.8		
17	41.8	3.0	8.6					1.2	0.9		
18	47.1	3.0	7.6					1.2	0.9		
19	51.7	4.0	9.3					1.2	0.8		
20	42.6	3.0	8.4					1.0	0.8		
21											
22	122.7	9.0	7.8					1.2	0.9		
23	52.4	3.0	4.6					1.2	1.0		
24	57.5	2.0	4.2					1.2	1.0		
25	44.5	2.0	5.4					1.0	0.7		
26	43.7	2.0	5.5					1.3	0.9		
27	62.4	2.0	4.6					1.5	1.0		
28											
29	116.8	3.0	3.2					1.5	1.0		
30	32.9	1.0	3.6					1.5	1.0		
31	47.6	2.0	5.0					1.3	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.999(3)
Effective November 1, 1987

plant 503

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods

Location: City or S/D Piney Woods / Spring Ik. Manor County Lake

Owned by Southern States Utilities Reporting Month February 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 174

Design Flow 500 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath
(Lead Operator's Signature) ----- (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1404.1	57	112.1					30.7	21.6	6	2
Average	50.1	2.0	4.7					1.3	0.9		
Maximum	71.2	4.5	9.8					1.5	1.0		
Minimum	37.8	1.0	2.5					1.0	0.7		
1	48.3	2.0	5.0					1.5	1.0		
2	46.1	2.0	5.0					1.5	0.9		
3	60.3	2.5	5.0					1.5	0.9		
4											
5	106.2	2.5	2.8					1.5	0.8		
6	47.0	1.0	2.6					1.2	0.8		
7	71.2	2.0	3.4					1.2	0.9		
8	44.7	1.0	2.7					1.2	0.9		
9	56.7	2.0	4.2					1.3	1.0		
10											
11	108.3	4.0	4.4					1.5	1.0		
12	47.1	1.0	2.5					1.5	1.0		
13	37.8	1.0	3.2					1.5	1.0		
14	46.3	1.0	2.6					1.5	0.8	6	2
15	49.6	2.0	4.8					1.5	1.0		
16	53.7	2.0	4.5					1.5	1.0		
17	61.6	5.0	9.5					1.0	0.7		
18											
19	117.7	9.0	9.2					1.2	0.9		
20	52.4	2.0	4.5					1.2	0.9		
21	39.9	2.0	6.0					1.2	0.9		
22	43.2	2.0	5.6					1.2	0.9		
23	40.6	1.0	3.0					1.2	0.9		
24	41.0	1.0	2.9					1.2	.8		
25											
26	93.3	4.0	5.1					1.2	.9		
27	42.1	2.0	5.6					1.2	.8		
28	44.7	3.0	7.7					1.2	.9		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods

Location: City or S/D Piney Woods / Spring Ln. Manor County Lake

Owned by Southern States Utilities Reporting Month March 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 174

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-582
(Lead Operator's Signature) (Cert. Level) (Cert. #)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,053.5	99	151					31.4	22.4	9	NONE
Average	66.2	3.2	5.6					1.2	.8		
Maximum	98.9	6.0	10.9					1.5	1.0		
Minimum	30.9	2.0	4.0					1.0	.7		
1	51.4	2.0	4.7					1.2	.9		
2	47.5	2.0	5.0					1.2	.9		
3	48.9	2.0	4.9					1.5	1.0		
4											
5	115.7	4.0	4.1					1.5	1.0		
6	62.2	3.0	5.8					1.0	0.7		
7	55.9	2.0	4.3					1.2	.8		
8	59.1	2.0	4.1					1.2	.7		
9	55.5	2.0	4.3					1.2	.8		
10	68.3	3.0	5.3					1.0	0.7		
11											
12	153.1	18.0	16.3					1.2	.8		
13	89.3	3.0	4.0					1.2	.9	9	
14	70.1	3.0	5.1					1.2	.9		
15	98.9	4.0	4.8					1.2	.8		
16	49.0	2.0	4.9					1.2	.7		
17	69.5	3.0	5.2					1.0	.8		
18											
19	131.7	12.0	10.9					1.2	.8		
20	71.7	5.0	8.4					1.0	.8		
21	47.0	2.0	5.1					1.0	.8		
22	64.0	3.0	5.2					1.0	.8		
23	56.8	3.0	6.3					1.0	.8		
24											
25	194.0	10.0	6.2					1.2	.9		
26	89.6	4.0	5.4					1.2	.9		
27	77.8	4.0	6.2					1.2	.9		
28	71.4	4.0	6.7					1.2	.8		
29	58.3	2.0	4.1					1.2	.8		
30	60.4	3.0	5.9					1.2	.8		
31	30.9	2.0	7.8					1.0	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office no later than 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Rainy Woods

Location: City or S/D Rainy Woods County Lake

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 176

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Susan E Heath C-582
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,583.8	76	135.8					28.4	20.7	13	3
Average	52.8	2.5	3.4					1.1	0.8		
Maximum	70.8	5.5	9.6					1.2	0.9		
Minimum	29.3	1.0	2.2					1.0	0.7		
1											
2	99.8	8.0	9.6					1.2	.9		
3	44.0	2.0	5.4					1.2	.8		
4	40.4	2.0	5.9					1.0	.7	7	3
5	45.2	2.0	5.3					1.0	.8		
6	43.1	2.0	5.6					1.2	.9		
7	43.8	2.0	4.9					1.0	.8		
8											
9	127.6	10.0	9.3					1.0	.8		
10	48.3	2.0	5.0					1.2	.9		
11	63.1	2.0	3.8					1.2	.9		
12	41.3	2.0	5.8					1.2	.8		
13	57.6	2.0	4.2					1.2	.9		
14	58.2	2.0	4.1					1.2	.9		
15											
16	123.9	4.0	3.9					1.2	.8		
17	67.3	2.0	3.6					1.0	.7		
18	53.7	2.0	4.5					1.2	.8		
19	70.8	4.0	6.7					1.2	.9		
20	29.3	1.0	4.1					1.2	.8		
21	36.6	2.0	6.6					1.0	.7		
22											
23	130.8	7.0	6.4					1.2	.8		
24	38.9	2.0	6.1					1.2	.9		
25	45.5	2.0	4.4					1.2	.8	3	-0-
26	51.8	2.0	4.0					1.2	.9	3	-0-
27	55.2	3.0	6.5					1.2	.8		
28											
29	106.0	6.0	6.8					1.2	.9		
30	54.1	1.0	2.2					1.0	.8		
31											

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DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods - #553

Location: City or S/D Piney Woods County Lake

Owned by SSU. Services Reporting Month May 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 175

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C - 5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2152.9	114.0	1168.4					32.4	23.7	7	NONE
Average	69.4	3.7	6.2					1.2	0.9		
Maximum	133.1	9.0	8.1					1.2	1.0		
Minimum	41.1	2.0	4.1					1.2	0.7		
1	41.1	2.0	5.8					1.2	.9		
2	59.1	2.0	4.1					1.2	.9		
3	66.7	3.0	5.4					1.2	.8		
4	59.0	3.0	6.1					1.2	.8		
5	60.1	3.0	6.0					1.2	.9		
6											
7	118.7	5.0	5.1					1.2	.8		
8	51.5	3.0	7.0					1.2	.8		
9	54.9	3.0	6.6					1.2	.9		
10	46.7	2.0	5.1					1.2	.8		
11	42.8	2.0	5.6					1.2	.7		
12	74.2	4.0	6.5					1.2	.8		
13											
14	133.4	7.0	6.1					1.2	.9	7	-0-
15	74.4	4.0	6.5					1.2	1.0		
16	76.0	4.0	6.3					1.2	.9		
17	86.6	5.0	6.9					1.2	1.0		
18	97.5	6.0	7.3					1.2	.9		
19	62.3	3.0	5.8					1.2	.9		
20											
21	137.9	5.0	4.3					1.2	.8		
22	97.5	3.0	6.0					1.2	.8		
23	61.9	3.0	5.8					1.2	.9		
24	60.5	3.0	5.9					1.2	.9		
25	65.0	4.0	7.3					1.2	1.0		
26	74.5	4.0	6.4					1.2	.9		
27	86.5	5.0	6.9					1.2	.8		
28											
29	172.7	11.0	7.6					1.2	1.0		
30	133.1	9.0	8.1					1.2	1.0		
31	41.4	6.0	9.9					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods / Spring Ht Manor County Lake

Owned by S.S.U. Services Reporting Month June 199

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 195

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-5922
(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1611.2	98.0	1653					29.4	21.0	7	NONE
Average	55.6	3.4	5.7					1.2	0.8		
Maximum	89.6	7.0	11.2					1.2	0.9		
Minimum	30.7	1.0	3.1					1.0	0.4		
1	58.7	6.0	18.1					1.2	.9		
2	72.5	5.0	5.3					1.2	.5		
3											
4	112.6	4.0	4.5					1.2	.9		
5	50.9	2.0	4.7					1.2	.8		
6	48.4	3.0	5.0					1.2	.9		
7	41.2	2.0	4.9					1.2	.4		
8	27.3	1.0	3.7					1.2	.6		
9	29.2	1.0	3.1					1.2	.4		
10											
11	101.1	10.0	11.3					1.2	.9		
12	41.5	2.0	<4					1.2	.8		
13	44.2	2.0	<4					1.2	.6	7	-0-
14	55.4	3.0	6.5					1.2	.4		
15	62.1	5.0	10.3					1.2	.5		
16	49.2	2.0	4.3					1.2	.6		
17											
18	129.4	10.0	9.2					1.2	.8		
19	54.4	4.0	8.5					1.2	.9		
20	64.1	6.0	10.6					1.2	.8		
21	70.5	2.0	3.4					1.2	.4		
22	45.4	3.0	8.2					1.2	.4		
23	27.4	1.0	4.0					1.2	.4		
24											
25	97.0	7.0	[illegible]					1.2	.7		
26	61.0	4.0	7.0					1.2	.6		
27	30.7	1.0	3.9					1.2	.9		
28	47.4	2.0	5.7					1.2	.5		
29	53.0	3.0	7.5					1.2	.5		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods

Location: City or S/D Piney Woods / Spring Ln. Manor County Lake

Owned by SSU Services Reporting Month July 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 171

Design Flow 300GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1716.9	72.25	126.3					27.5	22.5	2	NONE
Average	~~55449.7~~	2.3	4.9					1.2	0.9		
Maximum	~~[illegible]~~	7.0	9.6					1.3	1.0		
Minimum	27.5	1.0	2.0					1.0	0.7		
1	125.0	4.0	3.8					1.2	.8		
2	56.4	2.0	4.3					1.2	.9		
3	47.5	1.0	2.5					1.2	.9		
4											
5	113.4	7.0	7.4					1.2	.9		
6	81.2	3.0	4.4					1.2	.9		
7	63.6	3.0	5.7					1.2	.8		
8											
9	123.7	6.0	5.8					1.2	.9		
10	90.8	5.0	6.6					1.3	.8	7	-0-
11	91.3	4.0	5.6					1.2	1.0		
12	93.7	7.0	8.9					1.2	1.0		
13	27.5	1.0	4.4					1.2	.7		
14	37.3	3.0	9.6					1.2	.9		
15											
16	77.9	5.0	7.7					1.2	.9		
17	41.5	2.0	5.8					1.2	.8		
18	46.8	2.0	5.1					1.2	1.0		
19	29.4	2.0	6.7					1.2	1.0		
20	33.9	1.0	3.5					1.2	1.0		
21											
22	80.0	2.0	2.0					1.2	.9		
23	60.0	1.0	2.0					1.2	.8		
24	60.0	1.0	2.0					1.2	.9		
25	60.0	1.0	2.0					1.2	.9		
26	30.0	1.25	5.0					1.2	.8		
27	61.7	2.0	3.9					1.2	.9		
28											
29	85.9	3.0	4.2					1.0	.7		
30	32.3	1.0	3.7					1.2	.9		
31	56.1	2.0	4.3					1.3	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351621 Name of Drinking Water System Pine Woods

Location: City or S/D Pine Woods / Spring Lk. Manor County Lake

Owned by SSU Services Reporting Month August 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 173

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1434.3	38.25	84.2					33	24.3	13	3
Average	46.3	1.2	3.1					1.2	0.9		
Maximum	81.9	3.0	7.5					1.5	1.0		
Minimum	12.6	0.25	2.0					1.0	0.8		
1	58.4	2.0	4.1					1.2	.8		
2	81.9	3.0	4.4					1.2	.9		
3	33.0	1.0	3.6					1.2	.9		
4											
5	114.4	4.0	4.1					1.2	.9		
6	66.4	3.0	5.4					1.2	.9		
7	31.8	2.0	7.5					1.2	.8		
8	49.1	2.0	4.9					1.2	.9	7	3
9	43.6	1.0	2.8					1.2	.8		
10	39.5	1.0	3.0					1.2	.9		
11	57.5	1.0	2.0					1.2	.9		
12											
13	96.1	3.0	3.7					1.2	.8		
14	43.2	1.0	2.8					1.2	.9		
15	34.1	1.0	3.5					1.2	.9		
16	41.5	1.0	2.9					1.2	.8		
17	13.6	.25	2.4					1.5	1.0		
18	60.0	1.25	2.5					1.2	1.0		
19											
20	100.0	2.0	2.4					1.2	1.0		
21	40.0	.75	2.2					1.2	1.0	3	-0-
22	40.0	.75	2.3					1.5	1.0	3	-0-
23	40.0	.75	2.2					1.5	1.0		
24	40.0	.75	2.3					1.5	1.0		
25	40.0	.75	2.2					1.0	0.8		
26											
27	100.0	2.0	2.4					1.2	.9		
28	40.0	.75	2.3					1.2	.9		
29	40.0	.75	2.3					1.2	.9		
30	40.0	.75	2.3					1.2	.9		
31	40.0	.75	2.2					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351031 L Name of Drinking Water System Piney Woods

Location: City or S/D Piney Woods / Spring Lk. Manor County Lake

Owned by S.S.U. Services Reporting Month Sept. 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 172

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1204.9	22.75	58.4					30.4	22.2	6	NONE
Average	40.2	0.76	2.3					1.2	0.9		
Maximum	79.2	1.75	3.1					1.5	1.2		
Minimum	24.2	0.5	1.3					1.0	0.7		
1	25.4	.5	2.4					1.2	.9		
2	29.2	.5	2.1					1.3	.9		
3											
4	20.5	1.0	4.7					1.0	.9		
5	29.4	.75	3.1					1.5	1.0		
6	43.7	.75	2.1					1.0	.8		
7	45.1	.75	1.9					1.2	.9		
8	77.2	1.5	2.3					1.0	.8		
9											
10	1.34.5	2.25	2.1					1.2	.9	6	-0-
11	35.3	.75	2.3					1.2	.8		
12	20.4	.75	3.5					1.3	1.0		
13	35.2	.75	2.4					1.2	1.0		
14	29.7	.5	2.1					1.2	1.0		
15	42.7	.75	2.1					1.2	.8		
16											
17	79.2	1.25	1.4					1.2	.8		
18	20.5	.5	2.4					1.2	.9		
19	24.2	.5	2.5					1.2	.9		
20	56.6	1.0	2.1					1.2	.8		
21	47.1	.5	1.3					1.2	.8		
22	29.4	.75	3.1					1.2	.8		
23											
24	53.7	1.75	2.5					1.2	.9		
25	31.6	.75	2.8					1.5	1.0		
26	73.1	1.75	2.9					1.2	.8		
27	35.5	.75	2.5					1.5	.9		
28	37.4	.75	2.4					1.5	1.2		
29											
30	50.1	1.0	2.4					1.0	0.7		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods / Spring Lk. County Lake

Owned by S.S.U. Services Reporting Month October 1980

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 172

Design Flow 300 GPM. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1195.9	63.5	169.4					31.5	24.2	13	4
Average	38.6	2.0	6.3					1.2	0.9		
Maximum	82.8	9.0	38.7					1.5	1.2		
Minimum	20.8	0.5	1.6					1.0	0.7		
1	20.8	.5	2.9					1.2	.9	1	-0-
2	23.2	.5	2.6					1.2	.8	1	-0-
3	38.2	.5	1.6					1.2	.9		
4	22.2	.5	2.7					1.2	.9		
5	26.2	.75	3.4					1.2	.9		
6	21.9	.5	2.7					1.2	.9		
7											
8	63.1	1.25	2.4					1.2	.9		
9	23.7	.5	2.5					1.2	.8	7	4
10	40.0	3.0	9.0					1.2	.9		
11	22.7	.5	2.6					1.2	.9		
12	25.9	1.0	4.6					1.2	.9		
13	24.9	.5	3.4					1.2	.9		
14											
15	51.6	1.0	2.3					1.2	.9		
16	47.1	3.0	7.6					1.0	.7		
17	27.9	9.0	38.7					1.5	1.2		
18	30.0	1.5	6.0					1.5	1.0		
19	38.7	1.0	3.1					1.5	1.0		
20											
21	99.8	4.0	4.8					1.0	.7		
22	42.2	2.0	5.7					1.2	.9		
23	58.2	4.0	8.2					1.0	.8	4	
24	37.4	3.0	10.4					1.0	.9		
25	53.1	5.0	11.3					1.2	.9		
26	58.1	2.0	4.1					1.2	.9		
27											
28	120.6	10.0	9.9					1.2	1.0		
29	38.2	2.0	6.3					1.2	1.0		
30	82.8	5.0	7.2					1.2	.8		
31	57.4	4.0	8.4					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods

Location: City or S/D Piney Woods / Spring Hill Manor County Lake

Owned by S.S.U. Services Reporting Month Nov. 19 90

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 174

Design Flow 200 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1503.7	114.0	217					34.2	24.4	7	NONE
Average	50.1	3.8	8.7					1.4	1.0		
Maximum	79.3	9.0	11.2					1.8	1.2		
Minimum	32.9	2.0	6.6					1.2	0.8		
1	46.9	4.0	10.2					1.2	.9		
2	58.1	5.0	10.3					1.2	.8		
3											
4	120.2	10.0	10.0					1.2	.9		
5	79.3	7.0	10.1					1.5	1.0		
6											
7	92.9	7.0	9.0					1.3	.9		
8	76.5	6.0	9.4					1.3	1.0		
9	51.4	4.0	9.3					1.2	.9		
10	32.9	2.0	7.3					1.2	.9		
11											
12	46.1	3.0	8.7					1.2	.9		
13	49.8	4.0	9.6					1.3	.8	7	-0-
14	42.8	4.0	11.2					1.5	1.0		
15	59.1	5.0	10.1					1.8	1.2		
16	42.0	3.0	8.6					1.5	1.0		
17	56.2	5.0	10.7					1.2	.9		
18											
19	96.2	7.0	8.7					1.5	1.0		
20	51.1	4.0	9.4					1.5	1.0		
21	60.6	4.0	7.9					1.8	1.2		
22											
23	107.0	7.0	7.8					1.5	1.0		
24											
25	55.5	6.0	8.1					1.5	1.0		
26	42.5	3.0	8.4					1.5	1.2		
27	42.4	3.0	8.4					1.5	1.2		
28	40.2	3.0	8.9					1.5	1.2		
29	32.9	2.0	7.3					1.5	1.2		
30	36.2	2.0	6.6					1.5	1.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 Name of Drinking Water System Piney Woods #553

Location: City or S/D Piney Woods County Lake

Owned by SSU Services Reporting Month Dec. 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 172

Design Flow 300 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1554.0	110	205.1					36.3	24.9	7	NONE
Average	50.1	3.5	8.2					1.3	1.0		
Maximum	68.2	11.0	10.8					1.8	1.2		
Minimum	38.4	2.0	4.6					1.2	.8		
1	52.4	2.0	4.6					1.2	.9		
2											
3	86.6	5.0	6.9					1.2	.8		
4	64.1	4.0	7.5					1.5	1.0		
5	33.2	3.0	10.8					1.5	1.0		
6	52.5	3.0	6.9					1.5	1.0	7	.0-
7	39.0	2.0	6.1					1.2	.9		
8	39.4	2.0	6.1					1.2	.8		
9											
10	96.1	8.0	10.0					1.2	.9		
11	38.4	2.0	6.2					1.2	.8		
12	45.8	3.0	7.9					1.2	.9		
13	47.7	3.0	7.5					1.2	1.0		
14	42.9	3.0	8.4					1.5	1.0		
15	52.5	3.0	6.9					1.2	.8		
16											
17	114.2	9.0	9.4					1.5	1.2		
18	44.4	3.0	8.1					1.5	1.0		
19	47.7	3.0	7.5					1.5	1.0		
20	48.9	4.0	9.8					1.5	1.0		
21	49.4	4.0	9.7					1.8	1.2		
22	68.2	6.0	10.5					1.8	1.2		
23											
24	120.2	10.0	10.0					1.8	1.2		
25											
26	93.7	7.0	9.0					1.8	1.2		
27	55.0	4.0	8.7					1.8	1.2		
28	64.2	4.0	7.4					1.5	1.0		
29	26.2	2.0	9.2					1.5	1.0		
30											
31	131.3	11.0	10.0					1.5	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

Point O' Woods - 987

Citrus County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No 6091422 Name of Drinking Water System POINT OF WOODS

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JAN 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Lma Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	1688	58	4.1					27.6	18.4	0
Average	54							1.2	0.8	
Maximum	74							1.2	0.8	
Minimum	42							1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1	57	2						1.2	0.8	
2	74	2						1.2	0.8	
3	67	2						1.2	0.8	
4	61	2						1.2	0.8	
5										
6										
7	172	5						1.2	0.8	pull 6 & 1
8	63	2						1.2	0.8	
9	64	2						1.2	0.8	
10	66	3						1.2	0.8	
11	62	2						1.2	0.8	
12										
13										
14	152	9						1.2	0.8	
15	44	2						1.2	0.8	
16	46	2						1.2	0.8	
17	43	2						1.2	0.8	
18	64	1						1.2	0.8	
19										
20										
21	157	5						1.2	0.8	
22	62	2						1.2	0.8	
23	42	1						1.2	0.8	
24	55	2						1.2	0.8	
25	47	2						1.2	0.8	
26										
27										
28	136	4						1.2	0.8	
29	44	1						1.2	0.8	
30	52	2						1.2	0.8	
31	61	2						1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091422 Name of Drinking Water System Point of Woods

Location: City of S/D Rt 470 Inverness County Citrus

Owned by Southern State Utilities Month Feb 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 296

Design Flow .5MGD Remarks (See reverse side) Phone No.: 1-800-432 4501

I certify this report is correct Robert Bogata (Lead Operator's Signature) A 4312 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	1502	50	4.0					24	16	0
Average	54							1.2	0.8	
Maximum	174							1.2	0.8	
Minimum	42							1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1	39	2						1.2	0.8	
2										
3										
4	142	4						1.2	0.8	
5	44	2						1.2	0.8	
6	49	2						1.2	0.8	Pull 6-A
7	57	2						1.2	0.8	
8	42							1.2	0.8	
9										
10										
11	164	5						1.2	0.8	
12	56	2						1.2	0.8	
13	45	2						1.2	0.8	
14	60	2						1.2	0.8	
15	47	1						1.2	0.8	
16										
17										
18	174	5						1.2	0.8	
19	65	2						1.2	0.8	
20	61	2						1.2	0.8	
21	65	2						1.2	0.8	
22	67	2						1.2	0.8	
23										
24										
25	162	5						1.2	0.8	
26	49	2						1.2	0.8	
27	64	2						1.2	0.8	
28	48	2						1.2	0.8	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 Name of Drinking Water System Point of Woods

Location: City or S/D R+470 Inverness County Citrus

Owned by Southern States Utilities Reporting Month March 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 300

Design Flow .5mgd Remarks (Use reverse side) Phone No.: 904-459-2452

I certify this report is correct Robert Bogolo A-4312
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1596	50						37.8	16.8		
Average	76	2.3						1.8	0.8		
Maximum	179	6						1.8	0.8		
Minimum	28	1						1.8	0.8		
1	60	2						1.8	0.8		
2											
3											
4	119	4						1.8	0.8		
5	50	2						1.8	0.8		Poll 6-A
6	54	2						1.8	0.8		
7	66	2						1.8	0.8		
8	28	1						1.8	0.8		
9											
10											
11	170	5						1.8	0.8		
12	54	2						1.8	0.8		
13	52	2						1.8	0.8		
14	53	2						1.8	0.8		
15	53	1						1.8	0.8		
16	50										
17	50										
18	1500	5						1.8	0.8		
19	48	2						1.8	0.8		
20	44	1						1.8	0.8		
21	57	2						1.8	0.8		
22	55	1						1.8	0.8		
23											
24											
25	179	6						1.8	0.8		
26	71	2						1.8	0.8		
27	67	2						1.8	0.8		
28	67	2						1.8	0.8		
29	58	2						1.8	0.8		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091422 Name of Drinking Water System Point of Woods

Location: City or S/D Rt 470 Inverness County Citrus

Owned by Southern States Utilities Month 4 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 300

Design Flow .5 mgd Remarks (See reverse side) Phone No.: 1-904-489-2452

I certify this report is correct Robert Bonosta A-4312
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		*		*		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	1859	60						35.2	13.2	
Average	84.5	3.0						1.6	0.6	
Maximum	98	6						1.6	0.6	
Minimum	38	1						1.6	0.6	
										REMARKS: Bact. Sample Pick Up
1	154	5						1.6	0.6	
2	52	2						1.6	0.6	
3	90	2						1.6	0.6	Bact 6 - OK
4	73	3						1.6	0.6	
5	61	2						1.6	0.6	
6										
7										
8	170	6						1.6	0.6	
9	42	1						1.6	0.6	
10	54	2						1.6	0.6	
11	60	2						1.6	0.6	
12	57	2						1.6	0.6	
13										
14										
15	199	6						1.6	0.6	
16	71	3						1.6	0.6	
17	98	2						1.6	0.6	
18	59	2						1.6	0.6	
19	66	3						1.6	0.6	
20										
21										
22	155	4						1.6	0.6	
23	52	3						1.6	0.6	
24	38	2						1.6	0.6	
25	46	1						1.6	0.6	
26	41	1						1.6	0.6	
27										
28										
29	172	4						1.6	0.6	
30	53	2						1.6	0.6	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091422 Name of Drinking Water System Point of Woods

Location: City or S/D Rt 486 Inverness County Citrus

Owned by Southern States Utilities Month May 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-904-489-2452

I certify this report is correct Robert Boccata (Lead Operator's Signature) 11-4312 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	1828	57						36.8	13.8	
Average	59	2.0						1.6	0.6	
Maximum	95	2						1.6	0.6	
Minimum	39	1						1.6	0.6	
										REMARKS: Bact. Sample Pick Up
1	61	2						1.6	0.6	
2	44	2						1.6	0.6	
3	53	1						1.6	0.6	
4										
5										
6	199	4						1.6	0.6	
7	69	2						1.6	0.6	
8	69	2						1.6	0.6	<1
9	53	2						1.6	0.6	
10	58	2						1.6	0.6	
11										
12										
13	193	6						1.6	0.6	
14	63	2						1.6	0.6	
15	65	2						1.6	0.6	
16	64	1						1.6	0.6	
17	53	2						1.6	0.6	
18										
19										
20	253	7						1.6	0.6	
21	70	2						1.6	0.6	
22	50	2						1.6	0.6	
23	31	-						-	-	
24	42	2						1.6	0.6	
25										
26										
27	125	5						1.6	0.6	
28	40	1						1.6	0.6	
29	57	2						1.6	0.6	
30	67	2						1.6	0.6	
31	42	2						1.6	0.6	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6092422 Name of Drinking Water System Point of Woods

Location: City of S/D Rt 470 Tavernier County Citrus

Owned by Southern States Utilities Month 6 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 300

Design Flow .5mgd Remarks (See reverse side) Phone No.: (904) 457-2432

I certify this report is correct [signature] (Lead Operator's Signature) 14031 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	1516	48						32	12.0	
Average	76	3.0						1.6	0.9	
Maximum	173	3						1.6	0.6	
Minimum	41	1						1.6	0.6	
										REMARKS: Bact. Sample Pick Up
1										
2										
3	136	4						1.6	0.6	
4	45	1						1.6	0.6	
5	173	1						1.6	0.6	pull & ck
6	43	2						1.6	0.6	
7	41	2						1.6	0.6	
8										
9										
10	148	4						1.6	0.6	
11	72	3						1.6	0.6	
12	50	1						1.6	0.6	
13	70	2						1.6	0.6	
14	67	2						1.6	0.6	
15										
16										
17	240	8						1.6	0.6	
18	65	2						1.6	0.6	
19	59	2						1.6	0.6	
20	42	3						1.6	0.6	
21	50	2						1.6	0.6	
22										
23										
24	175	4						2.5	0.8	
25	48	2						2.5	0.8	
26	48	1						2.5	0.8	
27	49	1						2.5	0.8	
28	45	1						2.5	0.8	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No 6091422 Name of Drinking Water System Point of Woods

Location: City or S/D Rt 490 Inverness County Citrus

Owned by Southern States Utilities Month July 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 300

Design Flow .5 mgd Remarks (See reverse side) Phone No.: 1-904-447-2452

I certify this report is correct Robert Brogdon A-4312
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1753	55						55	17.6	
Average	57	1.8						2.5	0.8	
Maximum	85	4						2.5	0.8	
Minimum	31	1						2.5	0.8	
										REMARKS: Bact. Sample Pick U
1	148	4						2.5	0.8	
2	63	1						2.5	0.8	(Bact) pulled 11
3	51	2						2.5	0.8	
4										
5	99	1						2.5	0.8	
6										
7										
8	127	4						2.5	0.8	
9	50	2						2.5	0.8	
10	52	2						2.5	0.8	
11	55	1						2.5	0.8	
12	31	1						2.5	0.8	
13										
14										
15	136	6						2.5	0.8	
16	40	2						2.5	0.8	
17	74	2						2.5	0.8	
18	57	1						2.5	0.8	
19	64	1						2.5	0.8	
20										
21										
22	160	4						2.5	0.8	
23	81	4						2.5	0.8	
24	88	3						2.5	0.8	
25	72	2						2.5	0.8	
26	42	1						2.5	0.8	
27										
28										
29	150	3						2.5	0.8	
30	56	2						2.5	0.8	
31	53	2						2.5	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091432 Name of Drinking Water System Point of Woods

Location: City of S/D Rt 490 Inverness County Citrus

Owned by South Side Util. Inc. Month 8 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .5 mgd Remarks (See reverse side) Phone No.: 1-[illegible]

I certify this report is correct [signature] 11 4313
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1765	51						55	1.1	
Average	57	2						2.5	.8	
Maximum	106	3						2.5	1.8	
Minimum	36	1						2.5	.8	
										REMARKS: Bact. Sample Pick Up
1	42	1						2.5	0.8	
2	44	1						2.5	0.8	
3										
4										
5	121	5						2.5	0.8	
6	58	2						2.5	0.8	Bact sample (-)
7	96	2						2.5	0.8	
8	106	3						2.5	0.8	
9	70	2								
10										
11								2.5	0.8	
12	215	6						2.5	0.8	
13	71	1						2.5	0.8	
14	62	2						2.5	0.8	
15	36	2						2.5	0.8	
16	36	2						2.5	0.8	
17										
18										
19	185	10						2.5	0.8	
20	58	2						2.5	0.8	
21	49	1						2.5	0.8	
22	51	3						2.5	0.8	
23	56	2						2.5	0.8	
24										
25										
26	158	4						2.5	0.8	
27	52	2						2.5	0.8	
28	70	2						2.5	0.8	
29	77	2						2.5	0.8	
30	44	2						2.5	0.8	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091422 Name of Drinking Water System Point of Woods

Location: City or S/D RT 470 Inverness County Citrus

Owned by Southern States Utilities Month 9 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .5mgd Remarks (See reverse side) Phone No.: 1-704-489-2452

I certify this report is correct Robert Bogate A4312
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	2271	71						52.5	16.8	
Average	75.7	2.3						2.5	0.56	
Maximum	105	4						2.5	0.9	
Minimum	48	2						2.5	0.2	
										REMARKS: Bact. Sample Pick Up
1										
2	189	6						2.5	0.8	
3	61	2						2.5	0.5	
4	97	2						2.5	0.9	Pick up 6 21 (BK)
5	102	2						2.5	0.6	
6	94	2						2.5	0.3	
7										
8										
9	179	6						2.5	0.4	
10	69	2						2.5	0.4	
11	97	2						2.5	0.8	
12	87	2						2.5	0.8	
13	75	2						2.5	0.8	
14										
15										
16	69	2						2.5	0.8	
17	80	2						2.5	0.5	
18	99	2						2.5	0.5	
19	74	2						2.5	0.8	
20	82	4						2.5	0.8	
21										
22										
23	233	7						2.5	0.4	
24	105	4						2.5	0.8	
25	103	2						2.5	0.4	
26	48	2						2.5	0.4	
27	65	2						2.5	0.5	
28										
29										
30	85.3	6						2.5	0.5	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091432 Name of Drinking Water System Fort of Issues

Location (City or S/D) Rt 19 Inverness County Citrus

Owned by Southern States Utilities Month 10 19 91

Plant Effluent pH — (Avg) No. of Services at End of Month 300

Design Flow .5mgd Remarks (See reverse side) Phone No.: 527-2512

I certify this report is correct [signature] 5612
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	2143	64						58	18	
Average	69	2						2.5	1.8	
Maximum	124	3						2.5	1.8	
Minimum	47	1						2.5	0.8	
										REMARKS: Bact. Sample Pick Up
1	49	2						2.5	0.8	
2	64	2						2.5	2.5	Tract Mall Lo. Cl
3	52	2						2.5	2.5	
4	61	1						2.5	0.8	
5										
6										
7	162	4						2.5	1.8	
8	43	1						2.5	0.8	
9	82	2						2.5	0.8	
10	62	2						2.5	0.8	
11	55	2						2.5	0.8	
12										
13										
14	189	6						2.5	0.8	
15	78	2						2.5	0.8	
16	55	2						2.5	0.8	
17	65	3						2.5	0.8	
18	26	3						2.5	0.8	
19										
20										
21	223	7						2.5	0.8	
22	62	1						2.5	0.8	
23	95	2						2.5	0.8	
24	70	3						2.5	0.8	
25	69	2						2.5	0.8	
26										
27										
28	191	6						2.5	0.8	
29	124	2						2.5	0.8	
30	107	3						2.5	0.8	
31	62	3						2.5	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091411 Name of Drinking Water System Point of Views

Location: City of S/D Inverness County: Citrus

Owned by Southern States Utilities Month 11 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 360

Design Flow .5 mgd Remarks (See reverse side) Phone No.: 904-489-2452

I certify this report is correct [Lead Operator's Signature] 17431Z (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	2114	55						52.5	16.5	
Average	70	1.83						.25	0.5	
Maximum	113	4						2.5	0.8	
Minimum	55	1						2.5	0.5	
										REMARKS: Bact. Sample Pick Up
1	63	2						2.5	0.8	
2										
3										
4	185	4						2.5	0.8	
5	58	4						2.5	0.8	
6	88	4½						2.5	0.8	Bact Pull 5 <1 0.5
7	64	2						2.5	0.8	
8	95	2						2.5	0.8	
9										
10										
11	191	8						2.5	0.8	
12	66	2						2.5	0.8	
13	84	3						2.5	0.8	
14	55	2						2.5	0.8	
15	72	2						2.5	0.8	
16										
17										
18	239	7						2.5	0.8	
19	113	2						2.5	0.8	
20	89	1						2.5	0.8	
21	57	2						2.5	0.8	
22	75	2						2.5	0.8	
23										
24										
25	232	3						2.5	0.8	
26	59	2						2.5	0.8	
27	72	2						2.5	0.8	
28	68	2						2.5	0.8	
29	70	3						2.5	0.8	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091422 Name of Drinking Water System Point of Woods

Location: City or S/D RT 470 Inverness County Citrus

Owned by Southern State Utilities Month 12 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .5mgd Remarks (See reverse side) Phone No.: (904) 498-2452

I certify this report is correct Robert Bogosta A-4312
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	. Lbs. Used	. mg/l	. Lbs. Used	. mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	2304	78						55	17.6	
Average	74	3						2.5	0.8	
Maximum	88	7						2.5	0.8	
Minimum	48	1								REMARKS: Bact. Sample Pick Up
1										
2	204	4						2.5	0.8	
3	81	2						2.5	0.8	Bact Pull 5 x 1
4	62	2						2.5	0.8	
5	58	2						2.5	0.8	
6	48	2								
7										
8										
9	241	9						2.5	0.8	
10	81	2						2.5	0.8	
11	66	2						2.5	0.8	
12	84	2						2.5	0.8	
13	74	2								
14										
15										
16	242	10						2.5	0.8	
17	70	2						2.5	0.8	
18	71	2						2.5	0.8	
19	74	2						2.5	0.8	
20	54	3								
21										
22										
23	246	11						2.5	0.8	
24	60	2						2.5	0.8	
25	65	2						2.5	0.8	
26	57	2						2.5	0.8	
27	71	2								
28										
29										
30	217	4						2.5	0.8	
31	75	2						2.5	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRAFT FEB - 5 1990

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6094422 Name of Drinking Water System Point of Woods

Location: City of S/D RT 470 INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JAN 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 234

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800 432 4501

I certify this report is correct John E Cruse Kingston FL C 5780
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	1944	54	3.4					411	168	0
Average	63	18						18	0.7	
Maximum	88	3						1.9	0.8	
Minimum	36	1						1.7	0.6	
										REMARKS: Bact. Sample Pick
1	182	5						1.9	0.8	
2	50	2						1.8	0.9	Pull (5) <1
3	88	3						1.8	0.7	
4										
5	144	4						1.8	0.6	
6	36	1						1.8	0.7	
7										
8	123	3						1.9	0.7	
9	65	2						1.8	0.6	
10	42	1						1.9	0.6	
11	68	3						1.8	0.8	
12	63	2						1.8	0.7	
13										
14	109	2						1.7	0.8	
15	45	1						1.8	0.6	
16										
17	106	4						1.8	0.8	
18	69	2						1.8	0.8	
19	40	1						1.8	0.8	
20										
21										
22	198	5						1.7	0.8	
23	47	1						1.9	0.7	
24	63	2						1.7	0.8	
25										
26	127	3						1.8	0.8	
27										
28	105	4						1.7	0.7	
29	54	1						1.7	0.7	
30	77	3						1.7	0.8	
31	45	1						1.8	0.7	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEH ID No. 6091422 Name of Drinking Water System POINT OF WOODS

Location: City of S/D RT 470 INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month FEB 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month 234

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John C MacKenzie (Lead Operator's Signature) C 5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	GAS Chlorine Lbs. Used	GAS Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1619	45	3.3					341	17	0
Average	58	1.6						1.6	0.8	
Maximum	79	4						1.8	1.0	
Minimum	44	1						1.4	0.6	
										REMARKS: Bact. Sample Pick Up
1	56	2						1.8	0.7	
2	55	1						1.8	0.8	
3										
4	135	4						1.8	0.7	
5	52	2						1.7	0.7	Pull 6 of 1
6	61	1						1.8	1.0	
7	71	1						1.6	1.0	
8	79	4						1.7	1.0	
9	62	2						1.8	0.9	
10										
11										
12	168	4						1.4	0.6	
13	64	2						1.6	0.8	
14	67	1						1.5	0.8	
15	60	2						1.5	0.8	
16	58	2						1.5	0.8	
17										
18										
19	182	4						1.5	0.8	
20	67	2						1.6	0.8	
21	54	2						1.8	0.8	
22	44	1						1.7	0.8	
23	45	1						1.5	0.8	
24										
25										
26	138	4						1.5	0.8	
27	49	1						1.5	0.8	
28	52	2						1.5	0.8	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 Name of Drinking Water System POINT OF WOODS

Location: City or S/D RT 470 INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Reporting Month MARCH 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 296

Design Flow .5MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie C-5380
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2283	63	3.3					35	18.3		0
Average	76	2.1						1.6	0.9		
Maximum	99	3						1.7	1.0		
Minimum	55	1						1.5	0.8		
1	69	2						1.6	1.0		
2	67	2						1.6	1.0		
3											
4											
5	178	5						1.6	0.9		
6	71	2						1.6	0.9	6	< 1
7	60	1						1.6	0.9		
8	64	2						1.5	0.8		
9	71	2						1.6	0.8		
10											
11											
12	218	6						1.6	0.8		
13	84	2						1.5	0.8		
14	87	2						1.6	0.8		
15	62	2						1.6	0.8		
16	119	3						1.6	0.8		
17											
18											
19	214	6						1.6	0.8		
20	55	2						1.6	0.8		
21	81	2						1.7	0.8		
22	68	2						1.7	0.8		
23	32	3						1.6	0.7		
24											
25											
26	236	6						1.6	0.8		
27	116	3						1.6	0.8		
28	90	3						1.6	0.8		
29	98	3						1.5	0.8		
30	77	2						1.5	0.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091422 Name of Drinking Water System POINT OF WOODS

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month APRIL 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 296

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Plant Effluent (RT)	Bacteriological MCL Violations
Monthly Total	2409	63	31					32.1	16.1	0
Average	80.3	2.1	2.1					1.6	0.8	
Maximum	119	4	4					1.7	0.9	
Minimum	62	1	1.8					1.5	0.5	
										REMARKS: Bact. Sample Pick Up
1										
2	153	6						1.5	0.8	
3	62	1						1.6	0.8	
4	67	2						1.6	0.8	6 4.1
5	67	2						1.7	0.9	
6	67	1						1.6	0.8	
7										
8										
9	142	6						1.6	0.8	
10										
11	146	4						1.6	0.8	
12	68	2						1.6	0.8	
13	68	3						1.5	0.8	
14										
15										
16	238	5						1.6	0.8	
17	114	3						1.6	0.8	
18	92	2						1.7	0.8	
19	72	2						1.6	0.8	
20	70	2						1.6	0.8	
21										
22										
23	275	5						1.5	0.8	
24	66	2						1.6	0.8	
25	89	4						1.6	0.8	
26	80	1						1.6	0.8	
27	102	2						1.6	0.8	
28										
29										
30	262	7						1.6	0.8	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 609-1422 Name of Drinking Water System POINT O. WOODS

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month MAY 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 296

Design Flow .15 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John C Gmac Kenyon C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	2748	80	81.9					33.8	17.3	0
Average	88.6	2.6	3.6					1.5	0.8	
Maximum	124	4.0	5.8					1.6	0.8	
Minimum	58	1.0	1.0					1.0	0.7	
										REMARKS. Bact. Sample Pick Up
1	75	1	1.4					1.6	0.8	6 - 41
2	95	3	3.8					1.6	0.8	
3	115	3	3.1					1.6	0.8	
4	62	4	2.0					1.6	0.8	
5										
6										
7	258	7	3.3					1.6	0.8	
8	81	3	4.4					1.6	0.8	
9	115	1	1.0					1.6	0.8	
10	68	3	5.3					1.6	0.8	
11	58	2	4.1					1.6	0.8	
12										
13										
14	247	7	3.4					1.6	0.8	
15	89	2	2.7					1.6	0.8	
16	99	3	3.6					1.6	0.8	
17	93	3	3.9					1.6	0.8	
18	113	3	3.2					1.6	0.8	
19										
20										
21	262	6	2.7					1.6	0.8	
22	75	3	4.6					1.6	0.8	
23	68	2	3.5					1.6	0.8	
24	85	2	2.8					1.2	0.7	
25	118	4	4.1					1.0	0.7	
26										
27			4.2							
28	257	9						1.1	0.7	
29	82	2	5.9					1.2	0.8	
30	70	3	5.1					1.2	0.9	
31	96	3	3.7					1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6091422 Name of Drinking Water System POINTE OF WOODS

Location: City or S/D RT 470 INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JUNE 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	1847	64	94.2					28.5	16.8	0
Average	66	2.2	4.5					1.4	0.8	
Maximum	84	5	7.1					1.5	0.8	
Minimum	45	1	1.5					1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1	71	2	3.4					1.3	0.5	
2										
3										
4	185	7	4.5					1.2	0.8	
5	105	2	3.7					1.2	0.8	
6	99	4	4.8					1.2	0.8	Pull 6 & 11
7	67	2	3.6					1.2	0.8	
8	68	2	5.3					1.5	0.8	
9										
10										
11	190	7	4.4					1.4	0.8	
12	99	2	4.1					1.4	0.8	
13	62	3	5.8					1.4	0.8	
14	66	2	3.6					1.4	0.8	
15	62	3	5.8					1.4	0.8	
16										
17										
18	231	8	4.2					1.4	0.8	
19	65	3	5.5					1.4	0.8	
20	109	1	1.5					1.4	0.8	
21	341	5	7.1					1.4	0.8	
22	63	3	5.7					1.4	0.8	
23										
24										
25	132	2	1.8					1.4	0.8	
26	57	2	4.2					1.4	0.8	
27	45	2	5.3					1.4	0.8	
28	51	2	4.7					1.4	0.8	
29	46	2	5.2					1.4	0.8	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091422 Name of Drinking Water System POINT OF WOODS

Location: City of S/D RT 470 INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JULY 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 296

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Plant Effluent	(RT)	
Monthly Total	1982	56	92.9					26.4	17.6	5 SAMPLES < 1 - RESUBMIT
Average	64	2.5	4.2					1.2	0.8	
Maximum	112	5	7.4					1.2	0.8	
Minimum	4	1	1.4					1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1										
2	187	3	2.0					1.2	0.8	
3	44	2	5.5					1.2	0.8	
4	45	1	2.4					1.2	0.8	
5	66	2	3.6					1.2	0.8	
6	67	3	5.4					1.2	0.8	
7										
8										
9	229	7	3.7					1.2	0.8	
10	112	5	5.4					1.2	0.8	
11	91	2	2.6					1.2	0.8	
12	84	1	1.4					1.2	0.8	PULL 6
13	69	4	7.0					1.2	0.8	
14										
15										
16	220	6	3.3					1.2	0.8	
17	60	3	6.0					1.2	0.8	
18	108	2	2.2					1.2	0.8	
19	48	3	7.5					1.2	0.8	
20	54	2	4.4					1.2	0.8	
21										
22										
23	121	3	3.0					1.2	0.8	
24	43	1	3.0					1.2	0.8	
25	45	2	6.3					1.2	0.8	
26	40	2	6.0					1.2	0.8	
27	36	2	4.3					1.2	0.8	
28										
29										
30	124	3	3.0					1.2	0.8	WELL # 1 RESUBMIT
31	65	3	5.5					1.2	0.8	WELL # 1 RESUBMITS

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091422 Name of Drinking Water System POINT OF WOODS

Location: City of S/D RT 470 INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month AUG 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Grace Kenzie C.5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1600	51	88.7					21.6	18.4	0
Average	51.6	1.6	3.9					1.2	0.8	
Maximum	63	2	6.5					1.2	0.8	
Minimum	33	1	2.4					1.2	0.8	
1	63	2	4.0					1.2	0.8	REMARKS: Bact. Sample Pick Up
2	53	2	5.0					1.2	0.8	
3	51	1	2.4					1.2	0.8	
4										
5										
6	137	4	3.5					1.2	0.8	
7	43	2	5.6					1.2	0.8	
8	45	1	2.7					1.2	0.8	
9	47	2	2.6					1.2	0.8	PULL 6 & 1
10	33	1	3.6					1.2	0.8	
11										
12										
13	163	5	3.7					1.2	0.8	
14	52	2	4.6					1.2	0.8	
15	50	1	2.4					1.2	0.8	
16	38	2	6.3					1.2	0.8	
17	60	2	4.0					1.2	0.8	
18										
19										
20	176	6	4.0					1.2	0.8	
21	57	2	4.2					1.2	0.8	
22	53	1	2.3					1.2	0.8	
23	53	1	2.3					1.2	0.8	
24	37	2	6.5					1.2	0.8	
25										
26										
27	173	5	3.5					1.2	0.8	
28	53	2	4.5					1.2	0.8	
29	63	2	3.8					1.2	0.8	
30	62	2	3.9					1.2	0.8	
31	38	1	3.2					1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091422 Name of Drinking Water System POINT OF WOODS

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month SEPT 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	1696	50	3.5					24	16	0
Average	57							1.2	0.8	
Maximum	9							1.2	0.8	
Minimum								1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1										
2										
3	123	4						1.2	0.8	
4	43	1						1.2	0.8	
5	41	1						1.2	0.8	Pull 6 & 1
6	53	2						1.2	0.8	
7	37	1						1.2	0.8	
8										
9										
10	170	4						1.2	0.8	
11	59	4						1.2	0.8	
12	91	3						1.2	0.8	
13	60	2						-	0.8	
14	58	2						1.2	0.8	
15										
16										
17	196	6						1.2	0.8	
18	64	2						1.2	0.8	
19	68	1						1.2	0.8	
20	59	1						1.2	0.8	
21	63							1.2	0.8	
22										
23										
24	213	5						1.2	0.8	
25	63	2						1.2	0.8	
26	37	3						1.2	0.8	
27	76	3						1.2	0.8	
28	90	3						1.2	0.8	
29								1.2	0.8	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091422 Name of Drinking Water System POINT OF WOODS

Location: City of S/D RT 470 INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month OCT 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .5MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Grace Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1888	62	3.9					30.9	20.4	0
Average	61	2						1.3	0.9	
Maximum	80	3						1.8	1.0	
Minimum	41	1						1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1	68	4						1.2	0.8	
2	70	3						1.2	0.8	
3	80	2						1.2		PULL 6 BACT'S <1
4	79	3						1.2	0.8	
5	84	2						1.2	0.8	
6										
7										
8	192	6						1.2	0.8	
9	57	2						1.2	0.8	
10	41	2								
11	47	2						1.2	0.8	
12	35	1						1.2	0.8	
13										
14										
15	194	5						1.2	0.8	
16	54	2						1.6	1.0	
17	70	2						1.8	1.0	
18	61	1						1.8	1.0	
19	53	1						1.5	1.0	
20										
21										
22	174	6						1.4	1.0	
23	52	1						1.4	1.0	
24	46	1						1.4	1.0	
25	51	2						1.4	1.0	
26	77	2						1.4	1.0	
27										
28										
29	185	6						1.4	1.0	
30	60	2						1.4	1.0	
31	67	2						1.4	1.0	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091422 Name of Drinking Water System POINT OF WOODS

Location: City or S/D RT 470 INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month NOVEMBER 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1752	56	3.8					33	17.6	0
Average	58							1.5	0.8	
Maximum	96							1.5	0.8	
Minimum	42							1.5	0.8	
										REMARKS: Bact. Sample Pick Up
1	59	2						1.5	0.8	
2	64	2						1.5	0.8	
3										
4										
5	201	6						1.5	0.8	
6	85	3						1.5	0.8	
7	70	3						1.5	0.8	PULL 6 & 1
8	48	1						1.5	0.7	
9	60	2						1.5	0.8	
10										
11										
12	139	5						1.5	0.8	
13	48	2						1.5	0.8	
14	80	3						1.5	0.8	
15	51	2						1.5	0.8	
16	65	1						1.5	0.8	
17										
18										
19	179	6						1.5	0.8	
20	59	1						1.5	0.7	
21	75	2						1.5	0.8	
22	50	2						1.5	0.8	
23	66	2						1.5	0.8	
24										
25										
26	125	5						1.5	0.8	
27	96	2						1.5	0.8	
28	42	1						1.5	0.8	
29	46	2						1.5	0.8	
30	44	2						1.5	0.7	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091422 Name of Drinking Water System POINT OF WOODS

Location: City or S/D RT 470 INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month DECEMBER 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .5 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Lagine C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1675	47	3.4					25.2	16.8	0
Average	54	1.5						1.2	0.8	
Maximum	68	2						1.2	0.8	
Minimum	41	1						1.2	0.8	
										REMARKS: Bact. Sample Pick U
1										
2										
3	145	4						1.2	0.8	
4	48	1						1.2	0.8	PULL 6 & 1
5	41	1						1.2	0.8	
6	59	2						1.2	0.8	
7	42	1						1.2	0.8	
8										
9										
10	138	4						1.2	0.8	
11	59	2						1.2	0.8	
12	61	2						1.2	0.8	
13	54	3						1.2	0.8	
14	65	1						1.2	0.8	
15										
16										
17	146	1						1.2	0.8	
18	68	1						1.2	0.8	
19	52	2						1.2	0.8	
20	66	1						1.2	0.8	
21	50	1						1.2	0.8	
22										
23										
24	177	2						1.2	0.8	
25	42	2						1.2	0.8	
26	50	2						1.2	0.8	
27	57	2						1.2	0.8	
28	66	2						1.2	0.8	
29										
30										
31	187	6						1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

Pomona Park - 443

Putnam County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month Jan. 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 175

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	Aqua Mag lbs Used Bals.	Aqua Mag mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1153	20.25	45	24.5				20.4	4.6		
Average	37	.65	2	.79				1.0	.2		
Maximum	64	1	3	2				1.1	.3		
Minimum	27	.5	1	.5				.8	.2		
1	64	1	2	2				.8	.2		
2	45	.75	2	1				1.0	.2		
3	39	.5	2	.5				1.0	.2		
4	40	.5	1	.5				.8	.2		
5											
6											
7	126	2	2	3.5				.8	.2		
8	27	.5	2	.5				1.0	.2		
9	31	.5	2	.5				1.0	.2	4	0
10	36	.5	2	.5				1.0	.2		
11	33	.5	2	.5				1.0	.2		
12											
13											
14											
15	155	3	2	4.5				.8	.2		
16	40	1	3	.75				1.0	.3		
17	39	.5	2	.75				1.0	.2		
18	34	.5	2	.5				1.0	.2		
19											
20											
21	106	2	2	2.5				1.0	.2		
22											
23	78	1	2	1.5				1.0	.2		
24	27	.5	2	.5				1.0	.2		
25	30	.5	2	.5				1.0	.2		
26											
27											
28	101	2.5	3	2				1.0	.3		
29	33	.5	2	.5				1.0	.2		
30	35	.75	3	.5				1.1	.3		
31	34	.75	3	.5				1.1	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by (SSU Services) Reporting Month Feb. 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 175

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1013	.21	46					15.2	3.8		
Average	36	.75	3					.8	.2		
Maximum	48	1.25	4					1.0	.3		
Minimum	18	.25	2					.6	.2		
1											
2	70	1.75	3					1.0	.2		
3											
4	69	1.5	3					1.0	.2		
5	35	.75	3					1.0	.3		
6	33	.5	2					1.0	.2		
7											
8	70	1.5	3					1.0	.2		
9											
10											
11	118	3	3					.8	.2		
12	48	1	3					1.0	.2		
13	18	.25	2					.8	.2	4	✓
14	45	.75	2					.6	.2		
15	33	.5	2					.8	.2		
16											
17											
18	137	2.75	2					.6	.2		
19	34	.75	3					.8	.2		
20	33	.75	3					.8	.2		
21	34	1.25	4					1.0	.3		
22	32	.5	2					.8	.2		
23											
24											
25											
26	135	2.5	2					.6	.2		
27	33	.5	2					.8	.2		
28	31	.5	2					.8	.2		
29											
30											
31											

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month March 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 175

Design Flow 180000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1044	21.75	47					17.7	4.1		
Average	34	.70	3					1.0	.2		
Maximum	60	1	4					1.1	.3		
Minimum	23	.5	3					.8	.2		
1	31	.5	2					1.0	.2		
2											
3											
4	100	2.5	3					1.0	.2		
5	36	.5	2					.8	.2		
6	33	.5	2					1.0	.2	4	~~0~~
7	31	.5	2					1.0	.2		
8	27	.5	2					1.0	.2		
9											
10											
11	96	2	3					1.0	.2		
12											
13											
14	101	3	4					1.0	.3		
15	31	.5	2					1.0	.2		
16											
17											
18	153	2	3					.8	.2		
19	60	1	3					.8	.2		
20	23	.5	3					1.0	.2		
21											
22											
23											
24											
25	127	3.25	3					1.0	.2		
26	36	.75	4					1.1	.3		
27	37	1	3					1.0	.3		
28	35	.75	3					1.1	.3		
29	33	.75	3					1.1	.3		
30											
31	64	1.25	2					1.0	.2		

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by (SSU Services) Reporting Month April 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 175

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1027	21.75	47					18.0	4.1		
Average	34	.73	3					1.0	.2		
Maximum	40	1	3					1.1	.3		
Minimum	30	.5	2					.8	.2		
1											
2	39	1.25	3					1.0	.2		
3	36	.75	3					1.1	.3	4	0
4											
5	78	1.75	3					1.0	.2		
6											
7											
8											
9	139	3.5	3					1.0	.2		
10	36	.5	2					1.0	.2		
11	31	.75	3					1.1	.3		
12	36	.75	3					1.1	.3		
13											
14											
15	106	2.5	3					1.0	.2		
16	34	.5	2					1.0	.2		
17	40	1	3					1.0	.2		
18	34	.75	3					1.1	.3		
19	38	1	3					1.0	.3		
20											
21											
22	101	.2	.2					.8	.2		
23											
24	62	1	2					1.0	.2		
25	30	.5	2					1.0	.2		
26	33	.5	2					1.0	.2		
27											
28											
29	110	2	2					.8	.2		
30	34	.75	3					1.0	.2		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month May 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 175

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that this report is correct: William K. Rutin C 3526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1053	25	57					17.4	4.3		
Average	34	.8	3					.9	.2		
Maximum	.41	1	4					1.1	.2		
Minimum	29	.5	1					.6	.2		
1	36	.5	2					.8	.2		
2	41	.5	1					.6	.2		
3	31	.5	2					.8	.2		
4											
5											
6	103	2	2					.6	.2		
7	39	.5	2					.8	.2		
8	35	.5	2					.8	.2	4	0
9	34	1	3					1.0	.2		
10	35	.75	3					1.0	.2		
11											
12											
13	97	2.75	3					.8	.2		
14	29	1	4					1.0	.3		
15	31	1	4					1.1	.3		
16	30	1	4					1.1	.3		
17											
18											
19											
20	135	3	3					.8	.2		
21	34	.5	2					.8	.2		
22	30	.75	3					.8	.2		
23	32	1	4					1.0	.2		
24	34	1	4					1.0	.2		
25											
26											
27											
28	132	3.75	3					.8	.2		
29											
30	81	2	3					1.0	.2		
31	34	1	3					.8	.2		

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(DER Form 17-1.208(5))
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month June 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 175

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	999	37	165					116.2	4.1		
Average	33	.90	3					.8	.2		
Maximum	38	1	5					1.0	.3		
Minimum	26	.5	2					.6	.2		
1											
2											
3	101	4	5					1.0	.2		
4	32	1	4					.8	.2		
5	33	1	4					.8	.2	4	Coliform
6											
7	104	2	4					.8	.2		
8											
9											
10	100	2	2					.6	.2		
11	31	1	4					.8	.2		
12											
13	75	2	3					.8	.2		
14	33	.75	3					.8	.2		
15	28	.5	2					.6	.2		
16											
17	69	1.75	3					.8	.2	2	-
18	33	.75	3					.8	.2	2	-
19	35	1	3					.8	.2		
20	30	.75	3					1.0	.2		
21	33	1	4					1.0	.3		
22											
23											
24	94	3	4					1.0	.2		
25	27	.5	2					.6	.2		
26	36	1	3					.8	.2		
27	34	.75	3					.8	.2		
28	26	.5	2					.6	.2		
29											
30	58	1.75	4					.8	.2		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 175

Design Flow .27000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that reports are correct William K. Kinlaw C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	957	23.25	63					20.2	4.6		
Average	31	.75	3					1.0	.2		
Maximum	35	1	4					1.1	.3		
Minimum	23	.25	1					.8	.2		
1	23	.5	3					1.0	.2		
2	25	.75	4					1.1	.3	4	0
3	27	.75	3					1.0	.2		
4											
5	61	1.5	3					1.0	.2		
6											
7											
8	98	2.5	3					1.0	.2		
9	29	.75	3					1.0	.2		
10	33	1	4					1.0	.3		
11	35	1	3					1.0	.3		
12	26	.25	1					.8	.2		
13											
14											
15	90	2	3					.8	.2		
16	32	.5	2					.8	.2		
17	34	1	4					1.0	.2		
18	24	.5	2					.8	.2		
19	32	1	4					1.0	.2		
20											
21											
22	93	2.5	3					1.0	.2		
23	34	.5	2					1.0	.2		
24	30	.75	3					1.0	.2		
25	32	1	4					1.1	.3		
26	35	1	3					1.0	.2		
27											
28											
29											
30	130	2.75	3					.8	.2		
31	29	.75	3					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month August 1991

Plant Effluent pH 7.16 (Avg) No. of Services at End of Month 175

Design Flow 1800 Remarks (Use reverse side) Phone No.: 904-649-4143

I hereby certify that report is correct William K. Keelin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	869	15.25						20.4	5.0		
Average	28	.49						.9	.2		
Maximum	41	1						1.1	.3		
Minimum	19	.25						.6	.2		
1	30	.5						.8	.2		
2	33	1						1.1	.3		
3											
4											
5	103	2.25						1.0	.2		
6	35	.5						.8	.2	4	
7	41	1						1.0	.2		
8	31	.75						1.1	.3		
9	26	.75						1.1	.3		
10											
11											
12	98	1						.4	.2		
13	33	.5						.8	.2		
14	32	.5						1.0	.2		
15	33	.5						.8	.2		
16	33	.5						.8	.2		
17											
18											
19	11	1						.8	.2		
20	20	.25						.6	.2		
21	19	.25						.8	.2		
22	20	.25						.6	.2		
23	21	.25						.6	.2		
24											
25											
26	41	1						.5	.2		
27	29	.5						1.0	.2		
28	27	.5						1.0	.2		
29	22	.5						1.1	.3		
30	28	.5						1.0	.2		
31	20	.5						1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office with... in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape...

(DER Form 17-1.202(5))

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month Sept. 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 175

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify these reports to be correct William K. Kerlin C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	1032	30.5	63						19.4	4.7		
Average	34	1.02	3						1.0	.2		
Maximum	49	1.5	6						1.2	.3		
Minimum	22	.5	2						.6	.2		
1	27	.5	2						1.0	.2		
2												
3												
4	82	2	3						1.0	.2		
5	32	.5	3						1.1	.3	4	2-Coli, 2 Diff
6	32	.5	2						.8	.2		
7												
8												
9	86	4	6						1.2	.3		
10	34	1	3						1.0	.2		
11	38	1	3						.8	.2		
12	49	1.5	4						1.0	.2		
13	45	1.5	4						1.0	.3		
14												
15												
16	137	5	4						1.0	.2	1	⊖
17	48	1	3						1.0	.2	4	⊖
18	42	1	3						1.0	.2		
19	36	1	3						1.0	.3		
20	35	1	3						1.1	.3		
21												
22												
23	100	4.5	5						1.2	.3		
24	33	1	4						1.0	.3		
25	27	.5	2						1.0	.2		
26	31	.5	2						.8	.2		
27	27	.5	2						.8	.2		
28												
29												
30	101	2	2						.6	.2		
31												

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month Oct. 19 91

Finish Effluent pH 7.6 (Avg) No. of Services at End of Month 175

Average Flow 187000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Jay W. Stagl C=6963
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine min. or (lbs Used)	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	957	33	91					23.1	6.1		
Average	31	1.06	4					1.0	.3		
Maximum	43	1.5	6					1.2	.4		
Minimum	20	.5	1					.8	.2		
1	20	.5	3					1.0	.2		
2	28	1	4					.8	.2		
3	29	1.5	6					1.1	.3		
4											
5	38	1	2					1.0	.2		
6											
7	34	2	4					1.0	.3		
8	30	1	4					1.1	.3		
9	34	1	4					1.0	.2	7	-
10	29	1.5	6					1.2	.4		
11	33	1.5	6					1.1	.3		
12											
13											
14	91	3.5	1					.8	.2		
15	24	.5	3					1.0	.2		
16	30	1	4					1.0	.2		
17	32	1	4					1.0	.3		
18	33	1	4					1.1	.3		
19											
20											
21	104	4	3					1.0	.3		
22	22	1	3					1.2	.4		
23	35	1	4					1.0	.2		
24	32	1	4					1.0	.2		
25	35	1	3					1.0	.4		
26											
27											
28	101	4	5					1.1	.4		
29	43	1	3					.8	.2		
30	23	1	3					1.0	.2		
31	37	1	3					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

(Form 17-1.200(5))

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

Public Water System No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Operated by SSU SERVICES Reporting Month November 1991

Final Effluent pH 7.6 (Avg) No. of Services at End of Month 175

Pumpage Flow 187,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Gary W Stapf 2-6263
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used		lbs Used					
Monthly Total	1003	33	80					21.3	5.1		
Average	33	1.10	4					1.1	.3		
Maximum	43	2	8					1.8	.4		
Minimum	24	.5	2					.8	.2		
1	26	1	5					1.1	.3		
2											
3											
4	31	3	4					1.0	.2		
5	40	1	3					.8	.2		
6	40	1.5	5					1.0	.2	4	2-Well 1+2
7	28	.5	2					.8	.2		
8	35	1	3					.8	.2		
9											
10											
11	101	3.25	4					1.0	.2		
12	37	.75	2					.8	.2		
13	39	1	3					.8	.2		
14	38	1	3					.8	.2		
15	26	1	5					1.8	.4		
16											
17											
18	94	3.5	4					1.2	.3		
19	36	1.5	5					1.4	.4		
20	31	2	8					1.4	.4		
21	24	1	5					1.4	.3	2	0
22	35	1.5	5					1.2	.3		
23											
24											
25	103	3.5	4					1.0	.2		
26	42	1	3					1.0	.2		
27	43	1	3					1.0	.3		
28											
29											
30	101	3	4					1.0	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within ... days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape ...

... 17-555(1)
... November 30, 1...

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS I.D. No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Operated by SSU Services Reporting Month Dec. 1991

Finished Effluent pH 7.6 (Avg) No. of Services at End of Month 175

Raw Water Flow 187.000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct [signature] C-7251
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Sample Taken	Bacteriological M.C.L. Violations
Total	1066	34.5	69					22.4	4.5		
Average	34	1.1	4					1.2	.2		
Maximum	60	1.5	4					1.4	.3		
Minimum	23	.5	2					.8	.2		
1	81	3	4					1.2	.2		
2	30	1	4					1.2	.3		
3	35	1	3					1.3	.3	4	0
4	42	1.5	4					1.4	.3		
5	31	1	4					1.4	.4		
6											
7											
8											
9	96	3.5	4					1.2	.2	1	0
10											
11	75	2.5	4					1.1	.2		
12	29	1	4					1.2	.3		
13	29	1	4					1.1	.3		
14											
15											
16	98	3.5	4					1.3	.2		
17	60	1	2					1.1	.2		
18	38	1	3					1.1	.2		
19	34	1	4					1.2	.2		
20	33	1	4					1.2	.2		
21											
22											
23	94	3	4					1.0	.2		
24	26	.5	2					.3	.2		
25											
26	70	2.5	4					1.3	.2		
27											
28											
29											
30	142	5	4					1.2	.2		
31	23	.5	3					1.1	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-1.210(5)
September 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 5 4 0 9 0 5 Name of Drinking Water System POMONA PARK

Location: City or S/D POMONA PARK County PUTNAM

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 177

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	Poly Mag. lbs Used Gals.	Poly Mag. mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	761	20	67	22.25				24.6	9.7		
Average	25	.65	3	.72				1.1	.4		
Maximum	43	1	5	1.5				1.6	.6		
Minimum	18	.25	1	.5				.8	.3		
1											
2	86	2	3	2				1.0	.4		
3	30	.5	2	1				1.0	.4		
4	28	.5	2	.5				1.0	.4		
5	24	.5	3	.5				1.2	.4		
6											
7											
8	61	1.5	3	1.25				1.0	.4		
9	23	.5	3	.5				1.2	.6		
10	21	.25	1	.5				.8	.4		
11	22	.5	3	.5				1.0	.5	4	⊖
12	20	.5	3	.5				1.2	.6		
13											
14											
15	68	3	5	2.5				1.4	.6		
16	22	.75	4	1				1.4	.6		
17	20	.75	4	1				1.4	.6		
18	26	1	3	1.5				1.4	.4		
19	30	.5	2	1				1.0	.3		
20											
21											
22	68	2	4	2				1.0	.4		
23	24	.5	3	.5				1.0	.4		
24	23	.5	3	.5				1.0	.4		
25	26	.5	2	.5				.8	.4		
26	28	.75	3	1				1.0	.4		
27											
28											
29	66	1.75	3	2				1.0	.3		
30	27	.75	3	1				1.2	.4		
31	18	.5	3	.5				1.4	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU, Services Reporting Month Feb. 1990

Plant Effluent pH 7.10 (Avg) No. of Services at End of Month 173

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kubic C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	Aqua Mag. Used Gals.	Aqua Mag. mg/l	lbs Used	lbs mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	691	20.75	71	25.75				22.1	5.5		
Average	25	.74	4	.92				1.1	.3		
Maximum	32	1.25	5	1.5				1.4	.4		
Minimum	13	.25	2	.5				1.0	.2		
1	29	.75	3	1				1.2	.3		
2	13	.25	2	.5				1.2	.2		
3											
4											
5	83	2.75	4	3				1.2	.4		
6	22	.5	3	.5				1.0	.2		
7	19	.5	3	.5				1.1	.3	4	2- Both wells
8	17	.25	2	.5				1.0	.2		
9	28	1	4	1.5				1.2	.4		
10											
11											
12	71	2.25	4	2.5				1.0	.3		
13	22	.5	3	.5				1.0	.2		
14	32	.75	4	.5				1.2	.2		
15	21	.5	3	.5				1.0	.2		
16	28	1	4	1.25				1.2	.3		
17											
18											
19	78	2.25	3	3				1.0	.2		
20	26	.5	2	.5				1.0	.2		
21	20	.75	5	1				1.4	.4	2	0
22	23	.5	3	1				1.0	.3		
23	21	.75	4	1				1.2	.4		
24											
25											
26	88	3	4	4.5				1.0	.2		
27	28	.75	3	.5				1.0	.2		
28	32	1.25	5	1.5				1.2	.4		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap on over it, then staple or tape.

Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month March 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 173

Design Flow 187,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kahn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	Aqua Mag. Gals Used Gals.	Aqua Mag. mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1160	34.25	90	40				29.5	8.8		
Average	37	1.10	4	1.29				1.1	.3		
Maximum	49	1.75	5	2.25				1.5	.6		
Minimum	24	.5	2	.25				1.0	.2		
1	49	1.5	4	.75				1.0	.2	4	⊖
2	24	.5	3	.25				1.2	.3		
3											
4											
5	109	3.5	4	2				1.0	.3		
6	31	1.25	5	1.25				1.2	.4		
7	42	1.75	5	2				1.1	.4		
8	36	1	3	1.5				1.5	.4		
9	40	1	3	1.75				1.4	.4		
10	45	1.25	3	1.5				1.2	.3		
11											
12											
13	113	3.5	4	3.25				1.2	.4		
14	38	.75	2	.5				1.0	.2		
15	42	1	3	1.5				1.1	.3		
16	33	1	4	1.25				1.2	.4		
17	35	1	3	1.25				1.1	.3		
18											
19	80	2	3	3.25				1.0	.3		
20	33	1	4	1.25				1.2	.4		
21	45	1	3	1.75				1.0	.2		
22	25	.5	2	1.25				1.0	.2		
23	36	1	3	1.5				1.0	.3		
24	41	1.5	4	1.5				1.2	.4		
25	39	1	3	1.5				1.0	.3		
26	42	1.5	4	1.75				1.1	.4		
27	38	1	3	1.25				1.0	.3		
28	37	1	3	1.25				1.1	.3		
29	37	1.5	5	1.5				1.4	.5		
30	37	1	3	1.25				1.1	.3		
31	33	1.25	4	2.25				1.2	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 173

Design Flow 187,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keelin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	Aqua Mag. Used Gals.	Aqua Mag. mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly total	1118	33.25	86	33.25				26.3	7.7		
Average	37	1.11	4	1.11				1.1	.3		
Maximum	63	2	6	2.5				1.4	.5		
Minimum	28	.5	2	.5				1.0	.2		
1	37	1.5	5	2.5				1.4	.5		
2	29	.75	3	1.75				1.2	.3		
3	31	.5	2	1.5				1.0	.2		
4	35	1.5	5	1				1.1	.3		
5	32	1	4	1				1.0	.2		
6	41	2	6	1.25				1.0	.2		
7	28	.75	3	.75				1.0	.2		
8	36	1.25	4	1				1.2	.4		
9	41	1.5	4	1.5				1.0	.2		
10	31	1	4	1				1.1	.3		
11	49	2	5	1.5				1.2	.4	9	-
12	37	1	3	1				1.1	.3		
13	38	1	3	1.25				1.1	.4		
14	37	1	3	1				1.1	.3		
15	39	1	3	1				1.0	.3		
16											
17	81	2	3	2.25				1.2	.4		
18	63	2	4	1.5				1.1	.3		
19	38	1	3	.75				1.2	.4		
20	35	.5	2	1				1.0	.2		
21											
22											
23	107	3.5	4	2.5				1.1	.3		
24											
25	69	1.5	3	1.75				1.0	.2		
26	44	1	3	1				1.1	.3		
27	32	1	4	.5				1.1	.4		
28											
29											
30	108	3	3	3				1.0	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by Southern States Utilities Reporting Month May 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 173

Design Flow 187,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	Aqua Mag. lbs Used Gals.	Aqua Mag. mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1154	29	65	21				22.7	5.3		
Average	37	.94	3	.68				1.0	.2		
Maximum	52	1.5	5	2				1.2	.4		
Minimum	32	.5	2	.5				1.0	.2		
1	33	1.5	5	1				1.0	.2		
2	41	1	3	.5				1.0	.2		
3	44	1	3	2				1.0	.3		
4	32	1	4	1				1.0	.2		
5								1.0	.3		
6											
7	113	3	3	1.5							
8	52	1	3	1				1.0	.2		
9	35	1	3	.5				1.0	.2		
10	33	1	4	.5				1.1	.3	4	0
11	36	1	3	1				1.2	.4		
12								1.1	.3		
13											
14	110	2.5	3	1.5							
15	35	1	3	.5				1.0	.2		
16	38	.3	3	1				1.1	.3		
17	36	.5	3	.5				1.0	.2		
18	44	1	3	.75				1.0	.3		
19	"							1.0	.2		
20											
21	104	3	3	2							
22	35	1	3	.5				1.0	.2		
23	35	.5	3	.5				1.1	.3		
24	36	1	3	.5				1.0	.2		
25	37	1	3	.5				1.0	.2		
26								1.0	.2		
27											
28											
29	154	4	3	2.5							
30	34	.5	3	.5				1.0	.2		
31	37	1	3	.75				1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-22.999(5)
Effective November 1, 1987

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month June 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 6016

Design Flow 187,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	Aqua Mag. Gals Used	Aqua Mag. mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1243	31.25	59	13.25				20.5	5.2		
Average	41	1.04	3	.44				1.0	.3		
Maximum	54	1.5	4	.25				1.1	.4		
Minimum	27	.5	1	1				.8	.2		
1	42	1.5	4	.5				1.	.4		
2											
3											
4	109	3	3	1				1.0	.2		
5	33	1	4	.5				1.1	.4		
6	39	.5	2	.5				1.0	.2	4	-
7	35	.5	2	.5				1.0	.2		
8	34	1	4	1				1.1	.3		
9											
10											
11	129	3.5	3	2				1.0	.2		
12	38	.5	2	.5				1.0	.2		
13	42	1	3	.5				1.0	.3		
14	54	1.5	3	1				1.0	.2		
15	27	.75	3	.5				1.1	.3		
16											
17											
18	121	3.25	3	1				1.0	.3		
19	53	.5	1	.5				.8	.2		
20	42	1	3	.5				1.0	.3		
21	49	1.25	3	.5				1.1	.3		
22											
23											
24											
25	178	4.25	3	1				1.0	.2		
26	38	1.25	4	.5				1.1	.3		
27	37	.75	2	.25				1.0	.2		
28	38	1.25	4	.25				1.1	.3		
29											
30	105	3	3	.25				1.0	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month July 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 172

Design Flow 187,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	Aqua Mag. lbs Used Gals.	Aqua Mag. mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1141	33.25	65	17.25				19.7	4.6		
Average	37	1.07	3	.56				1.0	.2		
Maximum	42	2	5	1.38				1.2	.4		
Minimum	26	.75	2	.25				1.0	.2		
1											
2	52	1.25	3	.25				1.1	.3		
3	32	.75	3	.25				1.1	.4		
4											
5	70	1.25	2	.5				1.0	.2	4	0
6	32	1	4	.25				1.0	.3		
7											
8											
9	112	3	3	.5				1.0	.2		
10	39	1	3	.25				1.0	.2		
11											
12	88	4	5	2.75				1.0	.2		
13	39	1	3	1				1.0	.2		
14											
15											
16	110	.25	3	4				1.0	.2		
17											
18	73	2	3	.5				1.0	.2		
19	34	1	3	.5				1.0	.2		
20	42	1.5	4	.5				1.1	.3		
21											
22											
23	109	3.5	4	2				1.0	.2		
24	37	1.5	5	1				1.2	.4		
25	34	1	4	.5				1.2	.3		
26	47	1	3	1				1.0	.2		
27	39	1	3	.5				1.0	.2		
28											
29											
30	118	4	4	.5				1.0	.2		
31	36	1	3	.5				1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.909(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by (SSU Services) Reporting Month Aug. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 172

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Rubin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	Aqua Mag. Gals Used	Aqua Mag. mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1216	33.5	76	12				23.0	5.7		
Average	41	1.08	3	.39				1.0	.2		
Maximum	66	2	5	1							
Minimum	32	.5	2	—							
1	41	1.5	4	.5				1.1	.3		
2	42	1.5	4	.5				1.1	.3		
3	45	1.5	4	.5				1.0	.2		
4											
5											
6	116	2.5	3	3				1.0	.2		
7	42	1	3	.5				1.0	.2		
8	47	1	3	.5				1.0	.2		
9	32	.5	2	.5				.8	.2	4	0
10	32	.5	2	.5				1.0	.2		
11											
12											
13	118	3	3	1				1.0	.2		
14	66	1.25	2	.5				.8	.2		
15	35	.75	3	.5				1.0	.2		
16	35	1	3	.25				1.0	.2		
17	36	1	3	.25				1.0	.2		
18											
19											
20	122	3	3	—				.8	.2		
21	34	1	4	.25				.8	.2	1	
22	46	1	3	.25				1.0	.2		
23	38	1	3	.25				1.0	.2		
24	40	1	3	.25				1.0	.2		
25											
26											
27	123	2.5	2	.5				.8	.2		
28	41	1.5	4	.25				1.0	.3		
29	48	2	5	.25				1.2	.4		
30	38	1.5	5	.5				1.4	.6		
31	49	2	5	.5				1.2	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DEP Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam)

Owned by SSU Services) Reporting Month Sept. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 172

Design Flow 187,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		Aqua Mag.				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or (lbs.) Used	mg/l	Gals. Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1179	32.25	60	25.5				19.4	4.6		
Average	39	1.08	.3	.85				1.0	.2		
Maximum	45	1.5	4	1				1.2	.4		
Minimum	24	.5	2	.5				.8	.2		
1											
2											
3											
4	178	5	3	4				1.0	.2		
5	33	.75	3	.5				1.0	.2	4	Dist 1+2
6	39	1	3	1				1.0	.2		
7	32	.75	3	1				1.1	.3		
8											
9											
10	141	4	3	3.5				1.0	.2		
11	24	.5	3	.5				1.1	.3		
12											
13	81	2.5	4	2				1.0	.2		
14	44	1.5	4	1				1.2	.4		
15											
16											
17	114	3	3	2				1.0	.2		
18	40	1	3	1				1.0	.2		
19	36	1	3	1				1.0	.2		
20	43	1.5	4	1				1.1	.3		
21	41	1	3	1				1.1	.3		
22											
23											
24	118	3.5	4	3				1.0	.3		
25	29	.5	2	.5				.8	.2		
26	33	.75	3	.5				1.0	.2		
27	38	1	3	.5				1.0	.2		
28	40	1	3	.5				1.0	.2		
29											
30	75	2	3	1				1.0	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month Oct. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 172

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulis C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1154	36	82					22.5	5.3		
Average	37	1.16	4					1.1	.3		
Maximum	46	2	5					1.2	.4		
Minimum	31	.75	3					.8	.2		
1	34	1	4					1.2	.3		
2	31	.75	3					1.0	.2		
3	33	1	4					1.1	.2	6	6
4	32	1	4					1.2	.3		
5	33	1	4					1.2	.3		
6											
7											
8											
9	138	4.25	4					.8	.2		
10	43	1.5	4					1.0	.2		
11	37	1.25	4					1.0	.2		
12	31	1	4					1.2	.3		
13											
14											
15	111	3	3					1.0	.2		
16	46	1.6	4					1.0	.2		
17	42	1.25	4					1.0	.2		
18	37	1.25	4					1.1	.3		
19	31	1	4					1.2	.4		
20											
21											
22	138	4	4					1.0	.2		
23	41	1.25	4					1.0	.2		
24	37	1.25	4					1.0	.3		
25	48	2	5					1.1	.3		
26	30	.75	3					1.2	.3		
27											
28											
29											
30	154	5	4					1.0	.2	6	
31	32	1	4					1.2	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam)

Owned by SSU Services) Reporting Month Nov. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 172

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C - 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1224	42.25	89					20.8	5.3		
Average	41	1.41	4					1.0	.3		
Maximum	47	2	5					1.2	.4		
Minimum	30	1	3					.8	.2		
1	33	1	4					1.0	.2		
2	30	1	4					1.1	.2		
3											
4											
5	123	4	4					.8	.2		
6	37	1.5	5					1.0	.3		
7	40	1.5	5					1.0	.3	4	3-Well 1+2 Dist.
8	45	2	5					1.1	.4		
9	33	1	4					1.0	.2		
10											
11											
12	115	3.75	4					1.0	.2		
13	41	1.75	5					1.2	.4		
14	42	1.75	5					1.2	.4		
15	41	1.5	4					1.1	.4		
16	44	1.5	4					1.0	.3		
17											
18											
19	140	4.5	4					.8	.2		
20	40	1.5	5					1.1	.2		
21	45	2	5					1.0	.2	1	
22											
23	90	3	4					1.0	.2		
24											
25											
26	131	4	4					.8	.2		
27	40	1.5	4					1.0	.2		
28	36	1	3					.8	.2		
29	39	1	3					.8	.2		
30	44	1.5	4					1.0	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 Name of Drinking Water System Pomona Park

Location: City or S/D Pomona Park County Putnam

Owned by SSU Services Reporting Month Dec. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 172

Design Flow 187000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	Aqua Mag. lbs Used	Aqua Mag. mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1451	38.25	62	36.75				19.7	4.6		
Average	47	1.23	3	1.19				1.0	.2		
Maximum	58		4	2				1.1	.3		
Minimum	34	.75	2	.5				.8	.2		
1											
2											
3	112	3	3	3.25				1.0	.2		
4	45	1.25	3	1				1.0	.2		
5	46	1.25	3	1				1.0	.2	7	0
6	48	1.5	4	1				1.1	.2		
7	45	1.25	3	1				1.0	.2		
8											
9											
10	114	3	3	3.5				1.0	.2		
11	42	1.25	4	1				1.0	.2		
12	45	1.25	3	1.5				1.0	.2		
13	51	1.5	4	2				1.1	.2		
14	36	1	3	1				1.0	.2		
15											
16											
17	160	4.5	3	5				1.0	.2		
18	34	.75	3	.5				1.0	.2		
19	58	2	4	2				1.1	.3		
20	33	1.5	3	1.5				1.0	.3		
21	31	1.25	3	1				1.0	.2		
22											
23											
24	153	3.5	3	3				1.0	.2		
25											
26	96	2.5	3	2				1.0	.3		
27	51	1	2	1				.8	.3		
28	30	1	2	1				.8	.3		
29											
30											
31	160	4	3	3.5				.8	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tap flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Postmaster Village - 1095

Clay County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village #1

Location: City or S/D c/o P.O. Box 705 Keystone Hgts. County Clay

Owned By A. A. U. Services Reporting Month January 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 148 Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Hypo Chlorine gals. or lbs. Used	Hypo Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	192	1.2	0.8					11.6	6.5	4	
Average	6	.04	.03					0.5	0.3		
Maximum	10										
Minimum	5										
1	8							0.6	0.4		
2	5							0.6	0.4		
3	10							0.3	0.4		
4											
5	12							0.5	0.3		
6											
7	12							0.3	0.3		
8	6							0.4	0.2		
9	5							0.4	0.2		
10	5							0.3	0.2		
11	5							0.3	0.2		
12											
13	15							0.3	0.2		
14	6							0.5	0.2	4	0
15	5							0.4	0.2		
16	7							0.4	0.2		
17											
18	12							0.5	0.2		
19											
20	12							0.4	0.2		
21	8							0.4	0.3		
22	4							0.4	0.3		
23	7							0.3	0.3		
24	6							0.5	0.3		
25	5							0.5	0.3		
26											
27											
28	20							0.5	0.3		
29	6							0.5	0.3		
30	6							0.5	0.3		
31	6							0.5	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village #2 Well

Location: City or P/O c/o P.O. Box 705 Keystone Hts. County Clay

Owned By A.A.U. Services Reporting Month January 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 148 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	847	16.0	53.2					10.8	6.4	4	
Average	27	0.5	2.2					0.5	0.3		
Maximum	46	1.5	2.8					0.6	0.3		
Minimum	18	0.25	1.3					0.3	0.2		
1	63	1.5	2.8					0.5	0.3		
2	35	1.0	3.4					0.5	0.3		
3	46	0.5	1.3					0.5	0.2		
4											
5	61	1.0	2.0					0.5	0.3		
6											
7	62	1.0	2.0					0.5	0.3		
8	27	0.5	2.2					0.6	0.3		
9	31	0.5	1.9					0.6	0.3		
10	32	0.5	1.5					0.5	0.3		
11	20	.25	1.5					0.4	0.2		
12											
13	42	0.5	1.3					0.4	0.2		
14	25	0.5	2.4					0.5	0.3	4	0
15	21	0.5	2.8					0.3	0.2		
16	21	0.5	2.8					0.3	0.2		
17											
18	40	.75	2.3					0.3	0.2		
19											
20	48	1.0	2.5					0.3	0.2		
21	27	0.5	2.1					0.4	0.3		
22	22	0.5	2.8					0.4	0.3		
23	34	0.5	1.8					0.3	0.2		
24	24	0.5	2.5					0.5	0.3		
25	23	0.5	2.6					0.5	0.3		
26											
27											
28	79	1.5	2.3					0.5	0.3		
29	21	0.5	2.8					0.5	0.3		
30	20	0.25	1.6					0.5	0.3		
31	18	0.25	1.6					0.5	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmasters Village #1

Location: City or S/D c/o PO Box 705 Keystone Heights, FL 32656 County Clay

Owned by SSU Services Reporting Month February 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 148 - Wells 1 & 2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Hypo Chlorine gals. or lbs Used	Hypo Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	193	1.9	8.5					10.8	9.0	3	
Average	7	.06	0.4					0.5	0.4		
Maximum	14							0.6	0.4		
Minimum	5							0.5	0.3		
1	5							0.5	0.3		
2											
3	11							0.5	0.3		
4	7							0.6	0.4		
5	8							0.6	0.4		
6	7							0.6	0.4		
7	5							0.5	0.3		
8	4							0.6	0.4		
9											
10	16							0.6	0.4		
11	6							0.5	0.4	3	0
12	8							0.6	0.4		
13	5							0.5	0.4		
14	5							0.5	0.4		
15	5							0.5	0.4		
16											
17	22							0.6	0.4		
18	6							0.5	0.4		
19	6							0.5	0.3		
20	5							0.5	0.4		
21	7							0.5	0.4		
22	5							0.5	0.4		
23											
24	10							0.5	0.4		
25	7							0.6	0.4		
26	9							0.5	0.4		
27	14							0.5	0.3		
28	11							0.5	0.3		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village #2 Well

Location: City or S/D % P.O. Box 705 Keystone Heights, Fl 32656 County Clay

Owned by SSU Services Reporting Month February 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 148 - Wells #1 & #2

Design Flow .288 MG.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	944	19.75	60.1					13.3	9.2	3	
Average	34	0.7	2.5					0.6	0.4		
Maximum	53	1.0	3.8					0.7	0.4		
Minimum	17	.25	1.2					0.5	0.3		
1	29	0.5	2.0					0.5	0.4		
2											
3	41	1.0	2.9					0.5	0.4		
4	24	.75	3.8					0.6	0.4		
5	17	0.5	3.6					0.6	0.4		
6	25	.25	1.2					0.5	0.4		
7	19	.25	1.8					0.5	0.4		
8	15	.25	1.9					0.5	0.4		
9											
10	72	1.75	2.9					0.7	0.4		
11	18	0.5	3.3					0.6	0.4	3	⊖
12	40	1.0	3.0					0.6	0.4		
13	36	.75	2.5					0.5	0.4		
14	27	0.5	2.2					0.5	0.4		
15	18	0.5	3.3					0.5	0.3		
16											
17	147	3.0	2.5					0.5	0.4		
18	44	.75	2.0					0.6	0.4		
19	39	.75	2.3					0.5	0.4		
20	36	.75	2.5					0.5	0.4		
21	26	0.5	2.3					0.6	0.4		
22	24	0.5	2.5					0.6	0.4		
23											
24	74	1.75	2.8					0.6	0.4		
25	53	1.0	2.3					0.6	0.4		
26	36	.75	2.5					0.5	0.3		
27	47	1.0	2.5					0.6	0.3		
28	35	0.5	1.5					0.6	0.3		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2L0029L2 Name of Drinking Water System Fostimatoo Village #1

Location: City or S/O Clayton 7.5 Keystone Heights FL 32656 County Clay

Owned by SSU Services Reporting Month March 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 152 - Wells #1 & #2

Design Flow .265MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Hypo Chlorine gals. or lbs. Used	Hypo Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	261	2.4						19.4	11.9	4	
Average	8	.07						0.7	0.5		
Maximum	35							1.2	0.6		
Minimum	1							0.3	0.2		
1	12							0.5	0.3		
2	10							0.5	0.3		
3											
4	40							0.6	0.4		
5	0							0.5	0.4		
6	5							0.5	0.4		
7	16							0.3	0.2		
8	1							0.4	0.2		
9											
10	57							0.5	0.3		
11	35							1.0	0.5	4	0
12	21							1.0	0.6		
13	0							1.0	0.6		
14	3							1.0	0.6		
15	6							1.0	0.6		
16											
17	0							1.0	0.6		
18	0							0.6	0.4		
19	5							0.8	0.5		
20	3							0.8	0.5		
21	3							0.8	0.5		
22	4							1.0	0.6		
23											
24	11							1.0	0.5		
25	2							1.2	0.6		
26	4							0.6	0.5		
27	4							1.2	0.6		
28	5							0.6	0.5		
29	5							0.7	0.5		
30											
31	8							0.4	0.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmasters Village Well #2

Location: City or S/D C/O P.O. Box 705 Keystone Heights, Fl 32656 County Clay

Owned by S.S.U. Services Reporting Month March 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 152 - Wells #1 & #2

Design Flow .268 MGD Remarks (Use reverse side) Phone No. 1-800-432-4501

I certify this report is correct William K. Kelin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine [redacted] or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	952	20.0	56.8					13.3	8.3	4	
Average	31	0.6	2.4					0.6	0.3		
Maximum	54	1.75	3.3					0.6	0.4		
Minimum	1	0.0	1.1					0.4	0.2		
1	24	.75	3.1					0.5	0.3		
2	14	0.5	3.1					0.5	0.3		
3											
4	21	0.5	2.8					0.5	0.3		
5	41	1.0	2.9					0.5	0.3		
6	20	.25	1.5					0.5	0.4		
7	23	0.5	2.6					0.4	0.3		
8	28	1.75	2.7					0.4	0.2		
9											
10	0	0.0	0.0					0.4	0.3		
11	1	0.0	0.0					0.4	0.3	4	⊖
12	25	0.5	2.4					0.5	0.3		
13	45	1.5	2.2					0.5	0.3		
14	27	0.5	2.2					0.5	0.3		
15	28	.25	1.1					0.5	0.3		
16											
17	63	1.75	3.3					0.5	0.3		
18	31	0.5	1.9					0.5	0.3		
19	32	0.5	1.9					0.5	0.3		
20	27	0.5	2.2					0.5	0.3		
21	32	0.5	1.9					0.5	0.3		
22	39	0.5	1.5					0.6	0.4		
23											
24	51	2.0	2.6					0.5	0.3		
25	42	1.0	2.8					0.6	0.4		
26	54	1.0	2.2					0.6	0.4		
27	37	1.0	3.2					0.6	0.3		
28	45	.75	2.0					0.6	0.4		
29	41	.75	2.2					0.6	0.4		
30											
31	61	1.25	2.5					0.6	0.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 2100912 Name of Drinking water System Postmaster Village · Well #1

Location: City or S/D Postmaster Village County Clay

Owned by A.A.U. Sewer Reporting Month April 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 154 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5726
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	HyPO Chlorine gals. or [illegible] Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	131	1.4	13					12.8	8.6	4	
Average	4.4	.05	.004					0.5	0.3		
Maximum	7							0.6	0.4		
Minimum	3							0.4	0.2		
1	4							0.5	0.4		
2	3							0.5	0.4		
3	7							0.6	0.4		
4	4							0.5	0.4		
5	4							0.5	0.4		
6											
7	11							0.5	0.3		
8	3							0.5	0.4		
9	6							0.5	0.4	4	
10	3							0.5	0.3		
11	4							0.5	0.3		
12	5							0.5	0.4		
13											
14	10							0.5	0.3		
15	3							0.5	0.3		
16	6							0.5	0.3		
17	4							0.5	0.3		
18	3							0.5	0.3		
19	5							0.5	0.3		
20	4							0.5	0.3		
21											
22	7							0.5	0.4		
23	3							0.4	0.3		
24	3							0.4	0.2		
25	4							0.5	0.3		
26	3							0.5	0.3		
27											
28	12							0.5	0.3		
29	5							0.5	0.3		
30	5							0.4	0.3		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tag flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2L0097 12 Name of Drinking Water System Postmaster Village - Well #2

Location: City or S/D Postmaster Village County Clay

Owned by S S U Sewer Reporting Month April 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 154 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K Kellin C 5526

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,059	20.75	61.7					12.8	8.0	4	
Average	35	0.7	2.2					0.5	0.3		
Maximum	52	1.0	3.3					0.6	0.4		
Minimum	18	.75	1.5					0.4	0.2		
1	36	.75	2.5					0.5	0.3		
2	46	1.0	2.6					0.5	0.3		
3	45	1.0	2.2					0.5	0.3		
4	35	1.0	3.1					0.5	0.3		
5	38	0.5	1.6					0.5	0.3		
6											
7	80	1.5	2.2					0.5	0.2		
8	35	.75	2.6					0.5	0.3		
9	35	.75	2.6					0.5	0.3		
10	34	0.5	1.8					0.5	0.3	4	
11	19	.25	1.6					0.5	0.4		
12	34	0.5	1.8					0.5	0.4		
13								0.5	0.3		
14	108	3.0	3.2								
15	35	1.0	3.0					0.6	0.4		
16	43	1.0	2.5					0.6	0.4		
17	32	1.0	3.3					0.5	0.3		
18	20	.25	1.5					0.5	0.3		
19	23	0.5	2.6					0.4	0.3		
20	21	0.5	2.8					0.4	0.3		
21								0.4	0.3		
22	37	1.0	2.1								
23	24	0.5	2.5					0.5	0.3		
24	21	0.5	2.8					0.5	0.3		
25	28	0.5	2.2					0.5	0.2		
26	18	0.5	3.3					0.5	0.3		
27								0.5	0.3		
28	66	1.5	1.8								
29	54	1.0	2.7					0.5	0.3		
30	55	1.0	2.1					0.5	0.3		
31								0.5	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmasters Village - Well #1

Location: City or S/D Postmasters Village County Clay

Owned by S. S. U. Services Reporting Month May 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 154 - Wells #1 & #2

Design Flow .268 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	HYPO Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	143	1.4	8.6					12.6	8.3	4	
Average	5	.05	0.3					0.5	0.3		
Maximum	6							0.5	0.4		
Minimum	3							0.4	0.2		
1	5							0.5	0.4		
2	3							0.4	0.3		
3	4							0.4	0.3		
4											
5	8							0.5	0.3		
6	5							0.5	0.3		
7	3							0.5	0.3		
8	4							0.5	0.4		
9	5							0.5	0.4		
10	5							0.5	0.4		
11											
12	11							0.5	0.3		
13	6							0.5	0.3	4	
14	5							0.5	0.3		
15	6							0.5	0.4		
16	3							0.5	0.4		
17	4							0.5	0.3		
18											
19	11							0.5	0.3		
20	4							0.5	0.3		
21	4							0.4	0.2		
22	5							0.4	0.3		
23	4							0.5	0.3		
24	3							0.5	0.3		
25											
26	9							0.5	0.3		
27											
28	12							0.5	0.3		
29	5							0.5	0.3		
30	4							0.5	0.3		
31	6							0.5	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(3)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmasters Village - Well #2

Location: City or Twp. Postmasters Village County Clay

Owned by S.S.U. Services Reporting Month May 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,244	22.5	57.1					12.3	8.1	4	
Average	40	0.7	2.2					0.3	0.3		
Maximum	50	1.0	3.1					0.5	0.4		
Minimum	14	.25	0.9					0.4	0.2		
1	49	1.0	2.3					0.5	0.4		
2	44	1.0	2.7					0.5	0.4		
3	26	0.5	2.3					0.5	0.3		
4											
5	105	2.0	2.3					0.5	0.4		
6	55	1.0	2.2					0.5	0.4		
7	28	0.5	2.2					0.5	0.3		
8	39	.75	2.3					0.5	0.3		
9	34	0.5	1.6					0.5	0.3		
10	34	.25	0.9					0.4	0.3		
11											
12	111	2.0	2.0					0.5	0.4		
13	43	1.0	2.7					0.5	0.3	4	
14	27	0.5	2.2					0.4	0.3		
15	42	0.5	1.7					0.5	0.3		
16	31	0.5	1.9					0.4	0.2		
17	38	.75	2.3					0.5	0.3		
18											
19	87	1.5	2.1					0.5	0.3		
20	40	.75	2.3					0.4	0.2		
21	40	.75	2.3					0.4	0.3		
22	50	0.5	1.2					0.4	0.2		
23	37	.75	2.4					0.5	0.3		
24	17	0.3	3.1					0.5	0.3		
25											
26	76	1.0	1.6					0.4	0.3		
27											
28	78	1.5	2.3					0.5	0.4		
29	38	1.0	3.1					0.5	0.3		
30	44	1.0	2.7					0.5	0.3		
31	24	0.5	2.5					0.5	0.3		

This form must be completed in full and submitted to the appropriate DEM or County Health Department office within 15 days after the month of record. Note: fold top flap down, fold this flap up over it, then staple or tape.

DEM Form 17-1.206(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. ZL0009L2 Name of Drinking Water System Postmaster Village - Well #1

Location: City or S/D Postmaster Village County Clay

Owned by A. S. U. Services Reporting Month June 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 155 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No. (904) 473-4804

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Hypo Chlorine gals. or lbs. Used	Hypo Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	189	2.0	.13					11.1	6.9	6	
Average	6	.07	.004					0.5	0.3		
Maximum	8							0.5	0.4		
Minimum	3							0.4	0.2		
1											
2	9							0.5	0.4		
3	4							0.4	0.3		
4	6							0.4	0.3		
5	4							0.4	0.3		
6	3							0.4	0.3	3	
7	4							0.5	0.3		
8											
9	8							0.5	0.3		
10	5							0.5	0.3		
11	4							0.5	0.3		
12	4							0.5	0.3		
13	8							0.5	0.3	3	
14											
15											
16	25							0.5	0.3		
17	5							0.5	0.3		
18	6							0.4	0.2		
19	7							0.5	0.3		
20	5							0.5	0.3		
21	11							0.5	0.3		
22											
23	18							0.4	0.2		
24	8							0.4	0.3		
25	7							0.4	0.2		
26	7							0.4	0.2		
27	6							0.5	0.3		
28	4							0.5	0.3		
29											
30	15							0.5	0.3		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(3)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village - Well #2

Location: City or S/D Postmaster Village County Clay

Owned By A. S. U. Services Reporting Month June 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 155 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No. (904) 473-4804

I certify this report is correct William K. Kelly C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,216	20.5	47.2					11.8	7.4	9	
Average	41	0.7	1.5					0.5	0.3		
Maximum	59	1.25	3.3					0.5	0.3		
Minimum	23	.25	0.8					0.4	0.2		
1											
2	59	1.0	2.0					0.4	0.3		
3	36	0.5	1.9					0.5	0.3		
4	42	1.0	2.8					0.5	0.3		
5	22	.25	1.4					0.3	0.3		
6	23	.25	1.3					0.5	0.3	4	
7	23	0.5	2.6					0.5	0.3		
8											
9	50	1.0	2.5					0.5	0.3		
10	40	0.5	1.6					0.5	0.3		
11	36	0.5	1.6					0.4	0.3		
12	30	0.5	2.0					0.4	0.3		
13	62	0.5	1.0					0.4	0.3	4	
14	43	0.5	1.3					0.4	0.3	1	
15											
16	44	1.5	1.5					0.4	0.3		
17	35	.25	0.8					0.4	0.3		
18	33	.25	1.0					0.5	0.3		
19	24	0.5	2.1					0.5	0.3		
20	36	0.5	1.7					0.5	0.3		
21	51	1.0	2.5					0.5	0.3		
22											
23	141	4.0	3.3					0.5	0.2		
24	55	1.0	2.0					0.5	0.3		
25	39	1.25	3.6					0.5	0.3		
26	34	.75	2.6					0.5	0.3		
27	21	.25	1.1					0.5	0.3		
28	39	.75	2.3					0.5	0.3		
29											
30	98	1.5	1.9					0.5	0.3		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village - Well #1

Location: City or P/O c/o P.O. Box 705 Keystone Hgts. Fl. County Clay

Owned by A.A.A. Services Reporting Month July 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 155 - Wells #1 & #2

Design Flow 268 M.G.D. Remarks (Use reverse side) Phone No. 904-473-4804

I certify this report is correct William K. Kelsi C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	HyPo Chlorine gals. or lbs Used	HyPo Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	183	2.3	1.5					12.7	7.0	7	
Average	6	.07	.05					0.5	0.3		
Maximum	4							0.3	0.3		
Minimum	4							0.4	0.3		
1	6							0.5	0.3		
2	6							0.5	0.3		
3	4							0.5	0.3		
4											
5	11							0.5	0.2		
6											
7	11							0.3	0.2		
8	5							0.4	0.3	7	#
9	8							0.5	0.3		
10	6							0.5	0.3		
11	5							0.5	0.3		
12	4							0.5	0.3		
13	7							0.5	0.3		
14											
15	10							0.5	0.3		
16	5							0.5	0.3		
17	5							0.5	0.3		
18	5							0.5	0.3		
19	6							0.5	0.3		
20											
21	15							0.5	0.3		
22	5							0.5	0.3		
23	6							0.5	0.3		
24	5							0.5	0.3		
25	6							0.4	0.3		
26	5							0.4	0.2		
27											
28	15							0.5	0.3		
29	4							0.5	0.3		
30	5							0.5	0.2		
31	4							0.5	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(3)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village - Well #2

Location: City or P/O c/o P.O. Box 705 Keystone Hts. Fla. County Clay

Owned by A.A.U. Services Reporting Month July 19 91

Plant Effluent pH 7.3 (Avg). No. of Services at End of Month 155 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: (904) 473-4804

I certify this report is correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,237	23.0	58.6					12.7	8.3	7	
Average	40	0.7	2.3					0.5	0.3		
Maximum	36	1.0	3.6					0.5	0.4		
Minimum	33	0.5	1.1					0.4	0.2		
1	43	1.25	3.6					0.5	0.3		
2	39	.75	2.3					0.5	0.3		
3	42	1.0	2.4					0.5	0.3		
4											
5	124	2.0	2.0					0.5	0.4		
6											
7	80	1.5	2.3					0.5	0.4		
8	43	1.0	2.5					0.5	0.4	7	0
9	44	1.0	2.5					0.5	0.4		
10	36	0.5	1.1					0.4	0.3		
11	40	1.0	3.0					0.4	0.3		
12	33	0.5	2.7					0.4	0.3		
13	47	1.0	2.6					0.5	0.3		
14											
15	67	1.0	1.8					0.5	0.3		
16	37	0.5	1.6					0.5	0.3		
17	36	1.0	2.1					0.5	0.4		
18	40	0.5	1.7					0.5	0.4		
19	34	1.0	3.0					0.5	0.3		
20											
21	75	1.5	2.5					0.5	0.3		
22	34	.75	2.7					0.5	0.3		
23	32	0.5	1.9					0.5	0.2		
24	34	0.5	2.1					0.5	0.2		
25	45	.75	2.0					0.5	0.4		
26	33	0.5	1.8					0.5	0.3		
27											
28	81	1.5	2.2					0.5	0.3		
29	34	0.5	2.5					0.5	0.3		
30	35	0.5	1.7					0.5	0.3		
31	36	0.5	1.7					0.5	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking water System Postmaster Village Well #1

Location: City or S/D c/o P.O. Box 705 Keystone Hgts. Fla. County Clay

Owned by A. L. U. Inc. Reporting Month August 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 155 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 904-473-4804

I certify this report is correct William K. Keelin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Hypo Chlorine gals. or lbs. Used	Hypo Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	227	2.8	.15					11.6	8.7	4	
Averages	7	.09	.005					0.4	0.3		
Maximum	13							0.5	0.5		
Minimum	5							0.2	0.2		
1	12							0.5	0.4		
2	5							0.3	0.3		
3	5							0.3	0.2		
4											
5	12							0.4	0.2	4	
6	8							0.4	0.2		
7	6							0.2	0.2		
8	10							0.2	0.2		
9	6							0.2	0.2		
10											
11	24							0.4	0.2		
12	8							0.3	0.3		
13	6							0.3	0.3		
14	3							0.3	0.4		
15	5							0.3	0.4		
16	7							0.5	0.3		
17											
18	14							0.5	0.3		
19	6							0.3	0.3		
20	5							0.3	0.3		
21	5							0.5	0.4		
22	13							0.3	0.4		
23	8							0.3	0.4		
24											
25	14							0.3	0.4		
26	7							0.5	0.5		
27	10							0.5	0.5		
28	6							0.5	0.5		
29	6							0.5	0.5		
30	9							0.5	0.4		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Portmoore Village - Well #2

Location: City or S/D c/o P.O. Box 705 Keystone Hgts. Fla. County Clay

Owned By A. S. U. Services Reporting Month August 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: (904) 473-4804

I certify this report is correct William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,371	25	58.4					13.5	8.9	4	
Average	44	0.8	2.2					0.5	0.3		
Maximum	70	1.25	3.7					0.6	0.4		
Minimum	26	0.5	1.2					0.4	0.3		
1	26	0.5	2.3					0.5	0.3		
2	32	.75	2.8					0.5	0.3		
3	38	.75	2.3					0.5	0.3		
4											
5	86	1.5	2.1					0.5	0.3	4	
6	52	0.2	1.2					0.5	0.3		
7	44	0.5	1.4					0.4	0.3		
8	41	1.25	3.7					0.5	0.3		
9	36	0.5	1.6					0.5	0.3		
10											
11	100	2.0	2.3					0.5	0.3		
12	34	0.5	1.5					0.5	0.3		
13	53	1.0	2.3					0.5	0.4		
14	49	1.0	2.7					0.5	0.3		
15	53	1.0	2.3					0.5	0.3		
16	44	.75	2.0					0.5	0.3		
17											
18	107	2.5	2.8					0.5	0.3		
19	44	0.5	1.3					0.5	0.3		
20	30	0.5	2.0					0.5	0.3		
21	40	.75	2.3					0.6	0.4		
22	44	.75	2.0					0.5	0.3		
23	56	1.0	2.1					0.5	0.3		
24											
25	75	1.5	2.4					0.5	0.3		
26	36	0.5	1.7					0.5	0.4		
27	43	1.0	2.8					0.5	0.4		
28	36	0.5	1.7					0.5	0.4		
29	43	1.0	2.8					0.5	0.4		
30	44	1.0	2.4					0.5	0.4		
31	70	1.0	1.7					0.5	0.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village - Well #1

Location: City or S/D Postmaster Village County Clay

Owned By A. A. U. Lewiscn Reporting Month September 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 155 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 904-473-4804

I certify this report is correct William K. Kubin C 5926

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Hypo Chlorine gals. or lbs Used	Hypo Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	251	5	0.2					11.6	9.4	4	
Average	8	.17	.008					0.5	0.4		
Maximum	13							0.5	0.7		
Minimum	6							0.3	0.3		
1											
2	23							0.5	0.4		
3	6							0.5	0.4		
4	8							0.5	0.4		
5	6							0.5	0.4	4	
6	11							0.5	0.4		
7								0.5	0.4		
8	19										
9	6							0.3	0.4		
10	7							0.3	0.3		
11	8							0.3	0.4		
12	16							0.3	0.4		
13	10							0.5	0.4		
14								0.5	0.3		
15	13										
16	13							0.5	0.4		
17	6							0.5	0.4		
18	7							0.7	0.4		
19	7							0.4	0.3		
20	7							0.5	0.4		
21								0.5	0.4		
22	20										
23	9							0.4	0.3		
24	9							0.4	0.3		
25	8							0.4	0.4		
26	6							0.4	0.3		
27	8							0.3	0.3		
28								0.3	0.3		
29	13										
30	6							0.3	0.3		
31								0.3	0.3		

This form must be completed in full and submitted to the appropriate OCR or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

OCR Form 17-1.208(3)

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village - Well #2

Location: City or S/D Postmaster Village County Clay

Owned By L. S. U. Services Reporting Month September 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 155 - Wells #1 & 2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 904-473-4804

I certify this report is correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,543	27.25	49.1					11.9	8.3	4	
Average	51	0.9	2.0					0.5	0.3		
Maximum	150	2.5	2.8					0.7	0.5		
Minimum	21	0.5	1.3					0.2	0.2		
1											
2	126	2.5	2.3					0.5	0.4		
3	150	2.5	2.0					0.3	0.3		
4	36	0.5	1.7					0.3	0.3	4	
5	23	0.5	2.6					0.5	0.3		
6	50	.75	1.8					0.5	0.4		
7											
8	116	2.25	2.3					0.5	0.4		
9	31	0.5	1.3					0.3	0.3		
10	43	.75	1.8					0.5	0.3		
11	43	.75	2.0					0.4	0.3		
12	47	.75	2.0					0.5	0.3		
13	77	1.25	2.0					0.5	0.3		
14											
15	107	2.0	2.2					0.5	0.3		
16	72	1.0	1.7					0.5	0.3		
17	36	0.5	1.7					0.5	0.4		
18	43	0.5	1.4					0.5	0.4		
19	50	.75	1.8					0.4	0.4		
20	42	.75	2.1					0.5	0.2		
21											
22	93	1.5	1.9					0.4	0.3		
23	45	1.0	2.6					0.4	0.3		
24	78	1.0	1.5					0.4	0.3		
25	58	1.0	2.1					0.5	0.3		
26	22	0.5	2.8					0.5	0.4		
27	30	0.5	2.0					0.5	0.4		
28											
29	77	3.0	2.1					0.7	0.5		
30	21	.75	1.4					0.2	0.2		
31											

This form must be completed in full and submitted to the appropriate DCR or County Health Department office within 15 days after the month of record. Note: fold tab flap down, fold this flap up over it, then staple or tape.

DCR Form 17-1.208(3)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2160912 Name of Drinking Water System Postmaster Village - Well #1

Location: City or S/D Postmaster Village County Clay

Owned by S. S. U. Services Reporting Month October 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 156 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 904-473-4804

I certify this report is correct William K. Keller C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	HyPO Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or Lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	277	2.4	.10					18.4	10.8	4	
Average	9	.08	.003					0.7	0.7		
Maximum	14							1.5	0.6		
Minimum	4							0.3	0.4		
1	8							0.3	0.3		
2	5							0.4	0.3		
3	14							1.0	0.5	4	
4	13							0.3	0.2		
5											
6	28							1.5	0.6		
7	8							0.7	0.6		
8	4							0.4	0.3		
9	6							1.0	0.5		
10	8							0.9	0.5		
11	9							1.0	0.6		
12											
13	13							0.4	0.3		
14	9							0.3	0.2		
15	11							0.3	0.3		
16	10							0.8	0.4		
17	8							1.0	0.6		
18	9							0.8	0.5		
19											
20	16							0.5	0.4		
21	8							0.8	0.5		
22	7							0.8	0.5		
23	8							0.8	0.5		
24	8							0.3	0.4		
25	6							0.3	0.2		
26											
27	24							0.3	0.3		
28	9							0.5	0.3		
29	8							0.3	0.3		
30	9							0.5	0.3		
31	10							0.5	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village - Well #2

Location: City or S/D Postmaster Village County Clay

Owned by A.A.U. Services Reporting Month October 19 91

Plant Effluent pH 7.7 (Avg) No. of Services at End of Month 156 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 904-473-4804

I certify this report is correct William K. Kelsi C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	4007	18.75	58.9					14.5	8.7	4	
Average	32	0.6	2.2					0.5	0.3		
Maximum	40	.75	3.0					1.5	0.6		
Minimum	20	.25	1.3					0.4	0.2		
1	33	0.5	2.8					1.5	0.6		
2	20	.25	1.5					1.0	0.4		
3	22	.25	1.4					0.5	0.3	4	
4	23	.25	1.3					0.7	0.2		
5											
6	54	1.0	2.2					0.5	0.3		
7	23	0.5	2.6					0.5	0.3		
8	12	.25	2.5					0.5	0.4		
9	23	0.5	2.8					0.5	0.4		
10	31	0.5	1.9					0.5	0.4		
11	35	0.5	1.7					0.5	0.3		
12											
13	78	1.25	1.9					0.5	0.4		
14	40	0.5	1.5					0.4	0.3		
15	41	0.5	1.5					0.4	0.3		
16	36	0.5	1.7					0.5	0.3		
17	39	.75	2.3					0.5	0.3		
18	33	.75	2.9					0.5	0.3		
19											
20	108	2.75	3.0					0.5	0.3		
21	38	.75	2.3					0.5	0.3		
22	40	.75	2.3					0.5	0.3		
23	34	.75	2.7					0.5	0.2		
24	28	0.5	2.2					0.5	0.3		
25	24	0.5	2.5					0.5	0.3		
26											
27	85	1.75	2.5					0.5	0.3		
28	30	0.5	2.0					0.5	0.3		
29	33	.75	2.6					0.4	0.3		
30	26	0.5	2.3					0.5	0.3		
31	28	0.5	2.2					0.4	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(3)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2L0091 2 Name of Drinking Water System Postmaster's Village Well #1

Location: City or S/D Postmaster's Village County Clay

Owned by SSU Services Reporting Month Nov 1991

Plant Effluent pH 7. (Avg) No. of Services at End of Month 157 W216 #1 + #2

Design Flow .268 MG-D Remarks (Use reverse side) Phone No.: 1-904-473-4804

I certify this report is correct [signature] C 007240
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Hypo Chlorine gals. or lbs. Used	Hypo Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	184	1.8	.1					12.5	9.2	3	
Average	6	.06						.5	.4		
Maximum	8							.6	.5		
Minimum	4							.4	.3		
1	9							.5	.3		
2											
3	15							.5	.3	3	
4	6							.6	.4		
5	5							.6	.4		
6	6							.6	.4		
7	6							.6	.4		
8	7							.6	.5		
9											
10	13							.6	.5		
11	8							.6	.5		
12	6							.5	.4		
13	5							.6	.4		
14	6							.5	.3		
15	6							.5	.3		
16											
17	13							.6	.4		
18	6							.6	.4		
19	6							.5	.4		
20	6							.5	.4		
21	7							.4	.3		
22	6							.5	.4		
23											
24	12							.4	.3		
25	4							.4	.3		
26	6							.4	.3		
27	5							.4	.3		
28	4							.4	.3		
29	7							.5	.3		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking water System Postmaster Village Well #2

Location: City or S/D Postmaster Village Well #2 County Clay

Owned by S.S.U. Services Reporting Month November 91

Plant Effluent pH 7.7 (Avg) No. of Services at End of Month 157 (Well #1 & #2

Design Flow .268 MGD, Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct [signature] C - CC:7240

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1171	22.5	57.1					124	79	4	
Average	40	.9	2.3					.5	.3		
Maximum	59	1.	3.0					.6	.4		
Minimum	20	.25	1.5					.3	.2		
1	37	1.	2.8					.5	.3		
2											
3	55	1.75	2.5								
4	40	.75	2.3					.5	.3		
5	42	1.	3.0					.5	.3		
6	43	1.	2.8					.5	.3	4	
7	59	1.	2.0					.6	.4		
8	50	1.	2.4					.5	.4		
9								.5	.3		
10	53	1.5	2.8								
11	44	1.0	2.7					.4	.2		
12	34	.5	1.5					.3	.2		
13	33	.5	1.9					.3	.2		
14	39	.75	2.3					.6	.4		
15	44	1.	2.7					.5	.4		
16								.5	.4		
17	54	1.5	2.1								
18	45	.75	2.0					.5	.4		
19	34	.5	1.5					.5	.3		
20	28	.5	2.2					.5	.3		
21	20	.25	1.5					.6	.3		
22	27	.5	2.2					.6	.3		
23								.5	.3		
24	74	1.5	2.5								
25	37	.75	2.5					.5	.3		
26	34	.5	1.7					.5	.3		
27	52	1.5	3.4					.5	.3		
28	30	.5	1.9					.5	.3		
29	40	1.0	3.0					.5	.3		
30								.5	.4		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100212 Name of Drinking water System Postmaster Village - Well #1

Location: City or S/D Keystone Heights, Fla. County Clay

Owned by A.S.U. Services Reporting Month December 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 151 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No. 904-473-4804

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l		lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	203	2.2	1.1						13.7	10.0	8	
Average	7	.07	0.2									
Maximum	11											
Minimum	4											
1	8								0.5	0.3		
2	4								0.4	0.3		
3	7								0.4	0.3		
4												
5	6								0.4	0.3	4	
6	5								0.2	0.2		
7												
8	11								0.6	0.4		
9	8								0.6	0.4		
10	5								0.6	0.4		
11	6								0.6	0.4		
12	5								0.6	0.4		
13	7								0.6	0.4		
14												
15	11								0.6	0.4		
16	4								0.7	0.4		
17	8								0.6	0.4		
18	6								0.3	0.4		
19	9								0.6	0.4		
20	10								0.5	0.5		
21												
22	10								0.4	0.4	2	
23	6								0.6	0.4	2	
24	17								0.5	0.4		
25	7								0.5	0.4		
26	5								0.5	0.4		
27	3								0.4	0.4		
28												
29	13								0.5	0.3		
30	5								0.5	0.4		
31	7								0.4	0.3		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100212 Name of Drinking Water System Postmaster Village - Well #2

Location: City or S/D Keystone Heights, Fla. County Clay

Owned by A.D.U. Services Reporting Month December 19 91

Plant Effluent pH 7.8 (Avg) No. of Services at End of Month 157 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 904-473-4804

I certify this report is correct William K. Kulin C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,825	37.5	70.6					15.4	10.0	8	
Average	59	1.2	2.6					0.6	0.4		
Maximum	82	2.0	4.0					1.0	0.6		
Minimum	34	0.5	1.7					0.5	0.2		
1	108	1.5	1.7					0.5	0.4		
2	34	0.5	1.7					0.5	0.4		
3	59	1.5	3.0					0.6	0.4		
4	40	1.0	3.3					0.6	0.4		
5	39	.75	2.3					0.5	0.4	4	
6	39	0.5	1.7					0.5	0.3		
7											
8	76	1.25	1.7					0.5	0.3		
9	58	1.0	2.1					0.5	0.3		
10	46	1.0	2.5					0.5	0.3		
11	58	1.5	3.1					0.5	0.3		
12	38	.75	2.5					0.5	0.3		
13	67	1.0	1.7					0.5	0.2		
14											
15	101	2.0	2.5					0.5	0.3		
16	51	1.25	3.1					0.5	0.3		
17	64	2.0	4.0					0.6	0.4		
18	39	1.0	2.0					0.5	0.4		
19	82	2.0	2.9					0.5	0.4		
20	46	1.5	3.9					1.0	0.6		
21											
22	166	3.0	2.3					0.5	0.4	2	
23	69	2.0	3.3					0.6	0.4	2	
24	59	1.0	2.0					0.5	0.4		
25	78	2.0	3.0					0.6	0.4		
26	54	1.0	2.2					0.6	0.4		
27	58	1.5	3.1					0.8	0.4		
28											
29	137	2.5	2.3					0.6	0.4		
30	54	1.0	2.2					0.5	0.4		
31	75	1.5	2.5					0.5	0.4		

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DR Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmasters Village #1

Location: City or S/D c/o P.O. Box 705 Keystone Hts., Fla 32656 County Clay

Owned by Southern States Utilities Reporting Month January 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 142

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-450

I certify this report is correct William K. Kubin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	NyPo Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.167	2.0	1.4					10.8	7.0	2	
Average	.005	.06	.05					0.5	0.3		
Maximum	.008							0.6	0.4		
Minimum	.004							0.5	0.2		
1											
2	.012							0.5	0.4		
3											
4	.009							0.6	0.4		
5	.005							0.5	0.3		
6											
7											
8	.015							0.6	0.4	2	⊖
9	.005							0.5	0.4		
10	.005							0.5	0.3		
11	.006							0.5	0.3		
12	.006							0.5	0.4		
13											
14											
15	.016							0.5	0.3		
16	.004							0.5	0.3		
17	.004							0.5	0.3		
18	.005							0.5	0.4		
19	.006							0.5	0.4		
20											
21											
22	.019							0.5	0.4		
23	.008							0.5	0.3		
24	.004							0.5	0.3		
25	.004							0.5	0.3		
26	.006							0.6	0.3		
27											
28											
29	.019							0.5	0.2		
30	.005							0.5	0.3		
31	.004							0.5	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2L00912 Name of Drinking water System Postmaster Village #2

Location: City or S/D c/o P.O. Box 905 Keystone Hts., Fla. 32656 County Clay

Owned by Southern States Utilities Reporting Month January 19 80

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 142

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kubin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,107	20.0	45.1					10.4	7.2	2	
Average	.036	0.6	2.1					0.5	0.3		
Maximum	.053	1.0	3.1					0.6	0.4		
Minimum	.020	0.5	1.5					0.4	0.3		
1											
2	.078	1.5	2.3					0.4	0.3		
3											
4	.079	1.0	1.5					0.6	0.4		
5	.035	0.5	1.7					0.5	0.3		
6											
7											
8	.083	2.0	2.9					0.5	0.3	2	0
9	.033	0.5	1.9					0.5	0.4		
10	.020	0.5	3.1					0.5	0.4		
11	.030	0.5	2.0					0.4	0.3		
12	.036	0.5	1.7					0.4	0.3		
13											
14											
15	.118	2.0	2.0					0.5	0.3		
16	.038	0.5	1.6					0.5	0.3		
17	.032	0.5	1.8					0.5	0.3		
18	.035	0.5	1.7					0.5	0.4		
19	.034	0.5	1.8					0.5	0.4		
20											
21											
22	.124	3.0	3.0					0.6	0.4		
23	.045	1.0	2.6					0.6	0.4		
24	.053	1.0	2.3					0.5	0.3		
25	.032	0.5	1.9					0.5	0.4		
26	.022	0.5	2.8					0.5	0.3		
27											
28											
29	.123	2.0	2.0					0.5	0.3		
30	.035	0.5	1.7					0.5	0.3		
31	.022	0.5	2.8					0.5	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2L00912 Name of Drinking water System Postmaster Village #1

Location: City or S/D c/o P.O. Box 705 Keystone Hts. Fla. County Clay

Owned by Southern State Utilities Reporting Month February 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 145 Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	156	2.0	1.5					9.4	5.8	2	
Average	5.6	.07	.08					0.5	0.3		
Maximum	7							0.6	0.4		
Minimum	4							0.5	0.4		
1	4							0.6	0.4		
2	7							0.6	0.4		
3											
4											
5	27							0.5	0.3	2	TNTC
6	4							0.5	0.3		
7	6							0.6	0.4		
8	7							0.5	0.3		
9	7							0.5	0.3		
10											
11											
12	24							0.5	0.4		
13	4							0.5	0.3		
14											
15	12							0.5	0.3		
16											
17											
18	15							0.5	0.3		
19	4							0.5	0.3		
20	6							0.5	0.3		
21											
22	10							0.5	0.4		
23	3							0.5	0.3		
24											
25											
26	14							0.6	0.3		
27	5							0.5	0.3		
28	6							0.5	0.2		
29											
30											
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 L 0 0 9 1 2 Name of Drinking Water System Postmaster Village #2

Location: City or S/D c/o P.O. Box 705 Keystone Hts. Fl. County Clay

Owned by Southern States Utilities Reporting Month February 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 145 Wells #1 & #2

Design Flow .269 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gain or lbs Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	898	16.5	40.2					9.1	5.6	2	
Average	32	0.6	2.2					0.5	0.3		
Maximum	42	1.0	3.7					0.6	0.4		
Minimum	20	0.5	1.5					0.5	0.2		
1	35	1.0	3.4					0.5	0.3		
2	33	0.5	1.4					0.5	0.4		
3											
4											
5	117	2.5	2.5					0.5	0.3	2	SATISFACTORY
6	27	0.5	2.2					0.5	0.3		
7	40	0.5	1.5					0.5	0.2		
8	42	1.0	2.8					0.6	0.4		
9	29	0.5	2.1					0.5	0.3		
10											
11											
12	81	1.5	2.0					0.5	0.3		
13	30	0.5	2.0					0.5	0.3		
14											
15	103	1.5	2.7					0.5	0.2		
16											
17											
18	92	1.5	1.7					0.5	0.3		
19	21	0.5	2.8					0.5	0.3		
20	36	0.5	1.7					0.5	0.4		
21											
22	50	1.0	2.4					0.5	0.3		
23	20	0.5	2.5					0.5	0.3		
24											
25											
26	102	1.5	1.8					0.5	0.4		
27	34	0.5	1.8					0.5	0.3		
28	38	0.5	1.6					0.5	0.3		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tag flap down, fold this flap up over it, then staple or tape.

DR Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmasters Village #1

Location: City or S/D c/o P.O. Box Keystone Hgts. Fla. County Clay

Owned by Southern State Utilities Reporting Month March 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 146

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800 432-4501

I certify this report is correct William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	201	2.5	1.5					11.1	7.5	2	
Average	6	.08	.07					0.6	0.4		
Maximum	11							0.6	0.5		
Minimum	4							0.5	0.3		
1	4							0.6	0.4		
2	5							0.6	0.4		
3											
4											
5	15							0.6	0.5		
6											
7	12							0.6	0.4		
8	5							0.5	0.3		
9											
10											
11											
12	25							0.6	0.4	2	SMT.
13	11							0.5	0.3		
14	6							0.5	0.3		
15	8							0.6	0.5		
16	8							0.5	0.4		
17											
18											
19	26							0.5	0.3		
20	6							0.6	0.4		
21	6							0.6	0.4		
22	9							0.6	0.4		
23											
24	23							0.6	0.4		
25											
26	10							0.5	0.3		
27	9							0.5	0.4		
28	5							0.5	0.3		
29	3							0.5	0.3		
30	9							0.6	0.4		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village #2

Location: City or S/D c/o P.O Box 705 Keystone Hgts., Fla. County Clay

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 146

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-500-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,230	19.0	38.9					10.7	7.1	2	
Average	40	0.6	2.0					0.5	0.4		
Maximum	61	1.0	3.4					0.6	0.5		
Minimum	29	0.5	1.2					0.5	0.2		
1	35	1.0	3.4					0.5	0.3		
2	29	0.5	2.1					0.5	0.3		
3											
4											
5	91	1.5	2.0					0.5	0.4	2	Sur.
6											
7	63	1.0	1.9					0.5	0.3		
8	29	0.5	2.1					0.5	0.3		
9											
10											
11											
12	167	3.0	2.1					0.5	0.4		
13	42	0.5	1.4					0.5	0.3		
14	40	0.5	1.5					0.5	0.3		
15	47	1.0	2.6					0.6	0.4		
16	35	0.5	1.7					0.6	0.4		
17											
18											
19	130	1.5	1.4					0.5	0.3		
20	32	0.5	1.6					0.6	0.4		
21	42	1.0	2.8					0.6	0.5		
22	39	0.5	1.5					0.6	0.5		
23											
24	153	1.5	1.2					0.6	0.5		
25											
26	52	1.0	2.3					0.5	0.4		
27	52	0.5	1.2					0.5	0.3		
28	41	0.5	1.5					0.5	0.2		
29	50	1.0	2.4					0.6	0.3		
30	61	1.0	2.0					0.5	0.3		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village #1

Location: City or S/D c/o P.O. Box 705 Keystone Hts., Fla. County Clay

Owned by Southern Water Utilities Reporting Month April 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 146 - Plants #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	HYPO-MAT Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	201	2.5	1.5					12.0	9.1	2	
Average	7	.08	.07					0.5	0.4		
Maximum	16										
Minimum	4										
1	10							0.6	0.5		
2	5							0.5	0.4		
3											
4	9							0.6	0.4		
5	5							0.6	0.4		
6	5							0.6	0.5		
7											
8											
9	17							0.6	0.4	2	SAT.
10	4							0.6	0.4		
11	6							0.5	0.4		
12											
13	14							0.5	0.4		
14	7							0.5	0.4		
15											
16	17							0.6	0.4		
17	16							0.5	0.4		
18	9							0.5	0.4		
19	7							0.5	0.4		
20	10							0.5	0.4		
21											
22	13							0.5	0.4		
23	4							0.6	0.5		
24	4							0.6	0.5		
25	5							0.6	0.5		
26	8							0.3	0.4		
27	8							0.5	0.3		
28											
29											
30	24							0.5	0.3		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(3)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village #2

Location: City or S/D c/o P.O. Box 705 Keystone Hgts. Fla. County Clay

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 146 Plants #1 & #2

Design Flow .268 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,513	29.5	51.0					11.8	8.3	3	
Average	.050	1.0	2.3					0.5	0.4		
Maximum	.068	1.5	3.0					0.6	0.5		
Minimum	.025	0.5	1.6					0.5	0.2		
1	74	1.0	1.6					0.5	0.3		
2	42	1.0	2.9					0.5	0.4		
3											
4	88	2.0	2.7					0.5	0.4		
5	52	1.0	2.3					0.5	0.3		
6	51	1.0	2.3					0.5	0.3		
7											
8											
9	157	3.0	2.3					0.6	0.5		
10	52	1.0	2.3					0.5	0.4	3	SAT
11	58	1.0	2.1					0.6	0.4		
12											
13	101	2.0	2.4					0.6	0.4		
14	51	1.0	2.3					0.6	0.4		
15											
16	127	2.5	2.3					0.5	0.4		
17	60	1.5	3.0					0.6	0.4		
18	68	1.0	1.8					0.6	0.4		
19	51	1.0	2.3					0.6	0.4		
20	44	1.0	2.7					0.5	0.2		
21											
22	137	3.0	2.7					0.5	0.2		
23	25	0.5	2.4					0.5	0.4		
24	27	0.5	2.3					0.5	0.4		
25	33	0.5	1.5					0.3	0.4		
26	45	1.0	2.4					0.5	0.4		
27	51	1.0	2.3					0.5	0.4		
28											
29											
30	107	2.0	2.2					0.6	0.5		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Water field tag flap down, fold this flap up over it, then staple or tape.

DR Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100712 Name of Drinking Water System Postmaster Village #1

Location: City or S/D C/o P.O. Box 705 Keystone Hgts. Fla. County Clay

Owned by Southern States Utilities Reporting Month May 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 147 Wells 4 & 4A

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Hypo Chlorine gals. or lbs. Used	Hypo Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	303	3.7	1.5					14.2	10.5	2	
Average	10	0.1	.05					0.5	0.4		
Maximum	13							0.6	0.5		
Minimum	5							0.5	0.3		
1	8							0.6	0.4		
2	8							0.5	0.4		
3	6							0.5	0.4		
4	12							0.6	0.4		
5											
6	18							0.6	0.4		
7	10							0.6	0.5	2	0
8	9							0.5	0.4		
9	9							0.5	0.4		
10	6							0.5	0.4		
11	9							0.5	0.3		
12											
13	21							0.5	0.3		
14	11							0.5	0.4		
15	9							0.5	0.4		
16	8							0.6	0.5		
17	6							0.6	0.5		
18	11							0.5	0.3		
19											
20	20							0.5	0.4		
21	13							0.5	0.3		
22	12							0.6	0.4		
23	9							0.5	0.3		
24	8							0.5	0.3		
25	8							0.5	0.4		
26											
27	41							0.5	0.4		
28	5							0.5	0.4		
29	11							0.5	0.4		
30	12							0.5	0.4		
31	10							0.5	0.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2L00912 Name of Drinking Water System Postmaster Village #2

Location: City or S/D c/o P.O. Box 705 Keystone Hgts, Fla. County Clay

Owned By Southern States Utilities Reporting Month May 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 147 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,798	36.0	65.5					13.8	9.6	2	
Average	58	1.0	2.4					0.5	0.4		
Maximum	77	1.5	3.6					0.6	0.5		
Minimum	26	1.0	1.5					0.4	0.2		
1	64	1.5	2.8					0.6	0.5		
2	64	1.0	1.9					0.5	0.3		
3	57	1.5	3.1					0.6	0.4		
4	62	1.0	2.0					0.5	0.4		
5											
6	105	2.5	2.8					0.5	0.4		
7	77	1.0	1.6					0.5	0.4	2	⊖
8	61	1.0	2.0					0.5	0.3		
9	34	1.0	3.6					0.5	0.3		
10	26	0.5	2.3					0.5	0.3		
11	40	0.5	1.5					0.5	0.4		
12											
13	126	2.0	2.7					0.5	0.4		
14	77	1.5	2.3					0.5	0.3		
15	69	1.5	2.6					0.5	0.4		
16	58	1.5	3.1					0.6	0.4		
17	48	1.0	2.5					0.6	0.4		
18	36	1.0	2.1					0.5	0.3		
19											
20	109	2.5	2.9					0.5	0.4		
21	77	1.0	1.6					0.5	0.3		
22	45	1.0	2.7					0.5	0.3		
23	44	1.0	2.7					0.5	0.3		
24	44	1.0	2.7					0.5	0.3		
25	45	1.0	2.7					0.5	0.4		
26											
27	169	3.0	2.1					0.5	0.4		
28	36	1.0	3.3					0.5	0.4		
29	68	1.0	1.7					0.4	0.2		
30	68	1.5	2.6					0.5	0.3		
31	69	1.0	1.8					0.5	0.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village #1 well

Location: City or S/D c/o P.O. Box 705 Keystone Heights, Fla. County Clay

Owned by S.S.U. Services Reporting Month June 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 149 Wells #1 & #2

Design Flow: 268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kubin C 5526

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	HyPO Chlorine gals. or lbs Used	HyPO Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	232	2.8	1.4					12.0	7.7	2	
Average	8	.09	.05					0.5	0.3		
Maximum	11							0.6	0.4		
Minimum	5							0.5	0.2		
1	10							0.6	0.4		
2											
3	21							0.6	0.4		
4	10							0.5	0.4	2	0
5	8							0.5	0.3		
6	9							0.5	0.3		
7	5							0.5	0.3		
8	9							0.5	0.3		
9											
10											
11	20							0.5	0.3		
12	6							0.6	0.4		
13	11							0.6	0.4		
14	7							0.6	0.4		
15	9							0.5	0.3		
16											
17	17							0.5	0.3		
18	9							0.5	0.2		
19	7							0.5	0.3		
20											
21	19							0.5	0.3		
22	7							0.5	0.4		
23											
24	14							0.5	0.3		
25	7							0.5	0.4		
26	7							0.5	0.4		
27	6							0.5	0.3		
28	7							0.5	0.3		
29	9							0.5	0.3		
30								0.5	0.3		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking water System Postmaster Village #2 Well

Location: City or S/D c/o P.O. Box 705 Keystone Heights, Fla. County Clay

Owned By L.S.U. Services Reporting Month June 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 147 Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-802-432-4501

I certify this report is correct William K. Kukin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,328	28.5	6/1.8					12.9	8.4	4	
Average	46	1.0	2.7					0.6	0.4		
Maximum	65	1.5	7.0					1.0	0.5		
Minimum	26	0.5	1.6					0.4	0.2		
1	72	1.5	2.5					0.5	0.4		
2											
3	144	2.0	1.7					0.3	0.4		
4	40	1.0	3.0					0.4	0.3	4	
5	31	1.0	3.8					0.4	0.2		
6	30	1.0	4.0					1.0	0.4		
7	30	1.0	4.0					1.0	0.4		
8	29	0.5	2.1					0.6	0.4		
9											
10											
11	105	2.5	2.9					0.6	0.5		
12	26	0.5	2.3					0.5	0.4		
13	48	1.0	2.5					0.6	0.4		
14	45	1.0	2.7					0.5	0.4		
15	44	1.0	2.7					0.6	0.4		
16											
17	126	2.5	2.3					0.6	0.4		
18	49	1.0	2.4					0.5	0.4		
19	65	1.5	2.8					0.6	0.4		
20											
21	145	3.0	2.5					0.5	0.3		
22	58	1.5	3.1					0.5	0.3		
23											
24	63	1.5	2.8					0.5	0.3		
25	38	0.5	1.6					0.5	0.4		
26	30	0.5	2.0					0.5	0.4		
27	28	0.5	2.2					0.5	0.3		
28	40	1.0	3.0					0.5	0.3		
29	42	1.0	2.9					0.5	0.3		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

* PLANT OFF LINE ON 7-25-90 FOR ELECTRICAL REPAIRS.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village #1 Well

Location: City or S/D C/O P.O. Box 705 Keystone Hts. Fla. County Clay

Owned by A.A.U. Services Reporting Month July 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 147 Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	HYPO Chlorine gals. or lbs. Used	HYPO Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	189	1.8	1.1					10.7	5.5	6	
Average	8	.07	.05								
Maximum	14										
Minimum	3										
1	7							0.6	0.4		
2	3							0.5	0.3		
3	4							0.5	0.2		
4	6							0.5	0.2		
5	4							0.5	0.2		
6	5							0.6	0.3		
7											
8	21							0.5	0.2		
9	6							0.5	0.3		
10	10							0.5	0.3	4	
11	8							0.5	0.3		
12	7							0.5	0.3		
13											
14											
15	14							0.5	0.3		
16	10							0.5	0.3		
17	6							0.5	0.2		
18	5							0.5	0.2		
19	6							0.6	0.3		
20	6							0.5	0.2		
21											
22	12							0.5	0.3		
23	6							0.4	0.2		
24	4							0.5	0.2	2	
* 25	14							0.5	0.3		
26											
27											
28											
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village #2 well

Location: City or S/D c/o P.O. Box 705 Keystone Hgts. Fla. County Clay

Owned by S.S.U. Services Reporting Month July 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 147 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keslin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,802	39.0	68.1					14.5	7.9	4	
Average	58	1.3	2.6					0.6	0.3		
Maximum	88	2.5	4.3					1.0	0.6		
Minimum	31	0.5	1.8					0.5	0.2		
1	123	2.5	2.5					0.6	0.3		
2	33	0.5	1.8					0.5	0.3		
3	39	1.0	3.0					0.5	0.2		
4	31	1.0	3.8					0.5	0.2		
5	49	1.0	2.4					0.5	0.2		
6	49	1.0	2.4					0.5	0.3		
7											
8	153	3.0	2.3					0.5	0.3		
9	45	1.0	2.6					0.5	0.3		
10	71	1.5	2.5					0.5	0.3	2	
11	82	2.0	2.9					0.5	0.2		
12	88	2.5	3.4					0.5	0.2		
13											
14											
15	176	3.0	2.0					0.5	0.2		
16	68	1.5	2.6					0.6	0.3		
17	59	1.0	2.0					0.5	0.3		
18	59	1.0	2.0					0.5	0.3		
19	60	1.0	2.0					0.5	0.3		
20	58	1.0	2.1					0.7	0.3		
21											
22	120	2.5	2.5					0.7	0.3		
23	53	1.0	2.3					0.6	0.3		
24	49	1.0	2.4					0.6	0.3	2	
25	55	2.0	4.3					0.5	0.3		
26	57	1.0	2.1					0.5	0.3		
27	39	1.0	3.2					0.6	0.4		
28											
29	97	3.0	3.7					0.6	0.5		
30	49	1.0	2.4					0.5	0.4		
31	42	1.0	2.9					1.0	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2L0912 Name of Drinking Water System Postmaster Village Well #1

Location: City or S/D c/o P.O. Box 705 Keystone Hgts. Fla. County Clay

Owned by S.S.U. Services Reporting Month August 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 147 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelsi C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Hypo Chlorine gals. or lbs. Used	Hypo Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	147	2.2	1.8					9.1	4.7	5	
Average	5	.07	.05					0.5	0.3		
Maximum	7							0.8	0.4		
Minimum	4							0.3	0.2		
1	0	0	0								
2	0	0	0								
3	0	0	0								
4	0	0	0								
5	0	0	0								
6	0	0	0							3	
7	0	0	0								
8	0	0	0								
9	5							0.4	0.2		
10	7							0.4	0.2		
11											
12	10							0.4	0.2		
13	5							0.5	0.2		
14	4							0.4	0.2		
15	6							0.3	0.2		
16	6							0.4	0.2		
17	4							0.4	0.2		
18	6							0.5	0.2		
19											
20	15							0.8	0.4		
21	7							0.6	0.3		
22	4							0.6	0.3		
23	7							0.6	0.3	1	0
24	5							0.8	0.4	1	0
25											
26	17							0.8	0.4		
27											
28	23							0.6	0.4		
29											
30											
31	16							0.6	0.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 1 0 0 9 1 2 Name of Drinking Water System Postmaster Village #2 well

Location: City or S/D C/o P.O. Box 705 Keystone Hgts. Fla. County Clay

Owned by A.A.U. Service Reporting Month August 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 147 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,429	36.5	70.0					22.0	8.5	5	
Average	46	1.2	2.4					0.9	0.4		
Maximum	61	1.5	3.8					1.0	0.5		
Minimum	32	0.5	1.6					0.5	0.2		
1	62	2.0	3.8					0.6	0.3		
2	57	1.5	3.1					1.0	0.4		
3	45	1.0	2.6					0.8	0.3		
4											
5	109	2.5	2.5					0.8	0.3		
6	61	1.5	2.9					1.0	0.4	3	
7	61	1.5	2.9					0.8	0.3		
8	44	1.0	2.4					1.0	0.2		
9	32	1.0	3.7					1.0	0.5		
10	34	0.5	1.8					0.5	0.2		
11											
12	69	2.0	3.5					1.0	0.3		
13	32	0.5	2.0					1.0	0.4		
14	39	1.0	3.1					1.0	0.4		
15	50	1.3	3.5					1.0	0.4		
16	51	1.5	3.5					1.0	0.3		
17	38	0.5	1.6					1.0	0.3		
18	43	1.0	2.8					1.0	0.4		
19											
20	90	2.5	3.3					1.0	0.4		
21	59	1.5	3.0					1.0	0.3		
22	44	1.0	2.5					1.0	0.3		
23	48	1.0	2.5					1.0	0.3	1	a
24	36	1.0	3.3					1.0	0.4	1	a
25											
26	99	3.0	3.6					1.0	0.4		
27											
28	86	2.0	2.9					0.9	0.3		
29											
30											
31	133	3.5	3.2					0.8	0.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village Well #1

Location: City or S/D c/o P.O. Box 705 Keystone Hgts. Fla. County Clay

Owned by A.A.U. Services Reporting Month September 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 147 Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	HyPO Chlorine gals. or lbs. Used	HyPO Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	340	6.0	2.1					12.7	7.7	2	
Average	11	0.2	.07					0.5	0.3		
Maximum	31							1.0	0.5		
Minimum	5							0.4	0.2		
1											
2	11							0.5	0.3		
3	5							0.5	0.3		
4	13							0.5	0.2		
5	8							0.5	0.3		
6	13							0.5	0.3		
7	13							0.4	0.3		
8											
9	30							0.4	0.2		
10	15							0.4	0.2	2	0
11	16							0.5	0.4		
12											
13	22							0.6	0.5		
14	6							1.0	0.6		
15											
16	18							0.6	0.4		
17	10							0.5	0.4		
18	7							0.5	0.3		
19	8							0.5	0.3		
20	6							0.5	0.3		
21	5							0.5	0.3		
22											
23	16							0.5	0.3		
24	5							0.5	0.3		
25	6							0.5	0.3		
26	6							0.4	0.2		
27	8							0.4	0.2		
28	30							0.4	0.2		
29											
30	62							1.0	0.5		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village - Well #2

Location: City or S/D c/o P.O. Box 705 Keystone Hts. Fla. County Clay

Owned by S.S.U. Services Reporting Month September 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 147 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,356	27.0	53.1					13.3	7.2	3	
Average	45	0.9	2.3					0.6	0.3		
Maximum	75	1.5	3.3					0.8	0.5		
Minimum	26	0.5	1.6					0.5	0.2		
1											
2	113	2.0	2.0					0.8	0.4		
3	41	0.5	1.7					0.8	0.5		
4	66	1.0	1.7					0.8	0.4		
5	33	1.0	3.3					0.6	0.3		
6	32	0.5	1.7					0.5	0.3		
7	49	1.0	2.5					0.6	0.3		
8											
9	106	2.0	2.3					0.6	0.3		
10	59	1.5	3.0					0.8	0.4	3	0
11	52	1.0	2.5					0.8	0.5		
12											
13	104	2.0	2.2					0.5	0.3		
14	48	1.0	2.5					0.5	0.3		
15											
16	118	3.0	3.0					0.5	0.3		
17	33	0.5	1.8					0.5	0.3		
18	54	1.0	2.2					0.5	0.4		
19	34	0.5	1.8					0.5	0.4		
20	38	1.0	3.1					0.5	0.3		
21	36	0.5	1.7					0.5	0.2		
22											
23	113	2.5	2.8					0.5	0.2		
24	42	1.0	2.5					0.5	0.2		
25	45	1.0	2.6					0.5	0.2		
26	36	0.5	1.6					0.2	0.2		
27	75	1.5	2.4					0.5	0.2		
28	26	0.5	2.3					0.5	0.3		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple at tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Fountaintop Village - Well #1

Location: City or S/O C/O P.O. Box 705 Keystone Hts. Fla. County Clay

Owned by S.L.U. Services Reporting Month October 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 148 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800 432-4501

I certify this report is correct William K. Keller C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Hypo Chlorine gals. or lbs. Used	Hypo Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	231	3.2	0.15					14.5	8.5	4	
Average	7	0.1						0.6	0.3		
Maximum	11							1.0	0.6		
Minimum	4							0.4	0.2		
1	31							1.0	0.5		
2	32							1.0	0.5		
3	7							1.0	0.6		
4	5							1.0	0.6		
5	4							0.5	0.3		
6											
7	14							0.5	0.3		
8	4							0.5	0.3	4	0
9	5							0.5	0.3		
10	6							0.5	0.3		
11	11							0.4	0.3		
12											
13											
14	13							0.5	0.3		
15	7							0.5	0.3		
16	8							0.5	0.3		
17	7							0.5	0.3		
18	6							0.5	0.3		
19	6							0.4	0.3		
20											
21	12							0.4	0.3		
22	5							0.5	0.3		
23	5							0.5	0.3		
24	5							0.5	0.3		
25	5							0.5	0.3		
26	4							0.5	0.3		
27											
28	12							0.5	0.3		
29	5							0.4	0.2		
30	7							0.4	0.2		
31	5							0.5	0.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking water System Postmasters Village Well #2

Location: City or S/D c/o P.O. Box 705 Keystone Hgts. Fla. County Clay

Owned by S.S.U. Services Reporting Month October 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 148 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keelin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,415	27.5	55.9					12.3	7.6	4	
Average	46	0.9	2.3					0.5	0.3		
Maximum	80	1.25	3.0					0.6	0.4		
Minimum	32	0.5	1.3					0.4	0.3		
1											
2											
3	56	1.25	2.7					0.5	0.3		
4	55	1.25	2.7					0.5	0.3		
5	45	1.0	2.6					0.6	0.4		
6											
7	116	2.5	2.7					0.6	0.4		
8	52	1.0	2.3					0.6	0.3	4	0
9	80	2.0	3.0					0.6	0.3		
10	47	0.5	1.9					0.5	0.3		
11	76	2.0	3.2					0.5	0.3		
12											
13											
14	85	2.0	2.8					0.5	0.3		
15	46	0.75	2.0					0.5	0.3		
16	43	0.75	2.1					0.5	0.3		
17	54	0.75	1.7					0.4	0.3		
18	68	0.75	1.3					0.4	0.3		
19	49	0.75	1.8					0.6	0.4		
20											
21	109	2.25	2.7					0.5	0.3		
22	32	0.5	1.9					0.5	0.3		
23	40	0.75	2.3					0.5	0.3		
24	38	0.75	2.3					0.5	0.3		
25	39	1.0	3.0					0.5	0.3		
26	43	1.0	2.8					0.5	0.3		
27											
28	97	1.5	1.9					0.5	0.3		
29	75	1.0	2.6					0.5	0.3		
30	53	1.0	2.3					0.5	0.4		
31	47	0.5	1.3					0.5	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2L00912 Name of Drinking Water System Postmaster Village - Well #1

Location: City or S/D c/o P.O. Box 705 Keystone Hgts. Fla. County Clay

Owned by A.D.U. Services Reporting Month November 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 148 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5726
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Hypo Chlorine gals. or lbs. Used	Hypo Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	176	2.0	1.3					10.5	5.9	4	
Average	6	.07	.04					0.4	0.2		
Maximum	7							0.5	0.3		
Minimum	3							0.3	0.2		
1	6							0.5	0.2		
2											
3											
4	28							0.5	0.3		
5	6							0.5	0.2	4	0
6	6							0.4	0.2		
7	5							0.4	0.2		
8	7							0.4	0.2		
9	4							0.4	0.3		
10											
11	12							0.4	0.3		
12	3							0.4	0.3		
13											
14	12							0.5	0.3		
15	7							0.5	0.3		
16	4							0.5	0.3		
17											
18	12							0.5	0.3		
19	5							0.5	0.3		
20	5							0.5	0.3		
21	5							0.5	0.3		
22	7							0.4	0.2		
23	7							0.4	0.2		
24											
25	9							0.4	0.2		
26	6							0.4	0.2		
27	6							0.4	0.2		
28	3							0.4	0.2		
29	4							0.3	0.2		
30	5							0.4	0.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmasters Village - Well #2

Location: City or S/O C/o P.O. Box 705 Keystone Hts. Fla. County Clay

Owned by A.A.U. Services Reporting Month November 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 148 - Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelsi C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2,090	46.0	59.0					13.6	8.2	4	
Average	70	1.5	2.5					0.6	0.3		
Maximum	120	2.5	4.5					0.7	0.5		
Minimum	40	0.5	1.1					0.4	0.2		
1	53	1.0	2.3					0.5	0.3		
2											
3											
4	151	2.5	2.0					0.5	0.3		
5	56	1.0	2.1					0.5	0.3	4	0
6	54	0.5	1.1					0.5	0.2		
7	60	1.0	2.0					0.4	0.2		
8	55	1.5	3.2					0.4	0.2		
9	32	0.5	1.9					0.6	0.4		
10											
11	165	3.5	2.5					0.6	0.4		
12	61	1.0	2.0					0.6	0.4		
13											
14	197	4.0	2.5					0.6	0.4		
15	134	2.5	2.3					0.6	0.4		
16	91	2.0	2.6					0.7	0.4		
17											
18	227	7.0	4.5					0.7	0.4		
19	102	2.0	2.4					0.7	0.4		
20	120	3.0	3.0					0.7	0.4		
21	76	1.0	1.6					0.7	0.4		
22	75	1.5	2.4					0.6	0.5		
23	54	1.0	2.2					0.6	0.4		
24											
25	102	2.5	2.9					0.6	0.3		
26	51	1.0	2.3					0.5	0.3		
27	59	1.5	3.1					0.5	0.3		
28	40	0.5	1.5					0.5	0.3		
29	34	1.0	3.5					0.5	0.3		
30	40	1.0	3.0					0.5	0.3		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village - Well #1

Location: City or S/D P.O. Box 705 Keystone Hts. Fla. County Clay

Owned by L.S.U. Services Reporting Month December 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 148 - Wells #1 & #2

Design Flow .268 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	HyPo Chlorine gals. or lbs. Used	HyPo Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	188	1.75	1.1					11.6	7.2	4	
Average	6	.05	.04								
Maximum	7										
Minimum	4										
1	11							0.5	0.3		
2											
3	8							0.4	0.2		
4	5							0.4	0.2	4	⊖
5	5							0.5	0.3		
6	7							0.5	0.3		
7	4							0.5	0.3		
8											
9	16							0.5	0.3		
10	5							0.3	0.2		
11	5							0.3	0.2		
12	6							0.3	0.2		
13	4							0.3	0.2		
14	7							0.3	0.2		
15											
16	14							0.5	0.3		
17	6							0.5	0.3		
18	6							0.5	0.3		
19	7							0.5	0.2		
20	6							0.5	0.3		
21	4							0.5	0.3		
22											
23	14							0.5	0.3		
24	5							0.5	0.3		
25	7							0.5	0.3		
26	6							0.5	0.3		
27	6							0.5	0.3		
28	6							0.5	0.3		
29											
30	15							0.5	0.3		
31	3							1.2	0.5		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 Name of Drinking Water System Postmaster Village - Well #2

Location: City or S/D c/o P.O. Box 705 Keystone Hgts. Fla. County Clay

Owned by A. A. U. Services Reporting Month December ;9 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 148 Wells #1 & #2

Design Flow .268 M.G.D. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,432	24.5	61.9					14.8	8.5	4	
Average	46	0.8	2.4					0.6	0.3		
Maximum	52	1.5	3.7					0.6	0.4		
Minimum	36	0.5	1.0					0.5	0.3		
1	101	2.0	2.3					0.5	0.3		
2											
3	53	1.0	2.3					0.5	0.3		
4	36	0.5	1.7					0.5	0.3	4	0
5	47	1.0	2.6					0.6	0.3		
6	47	1.0	2.5					0.6	0.3		
7	40	0.5	1.5					0.6	0.3		
8											
9	54	2.0	2.6					0.6	0.3		
10	36	1.0	3.0					0.6	0.3		
11	41	0.5	1.3					0.6	0.3		
12	49	1.5	3.7					0.6	0.3		
13	50	1.0	2.4					0.6	0.3		
14	43	1.0	2.7					0.6	0.3		
15											
16	93	1.5	1.9					0.6	0.4		
17	48	1.0	2.5					0.6	0.4		
18	49	1.0	2.5					0.6	0.4		
19	52	1.0	2.3					0.5	0.3		
20	49	1.0	2.5					0.5	0.3		
21	31	1.0	3.8					0.6	0.3		
22											
23	87	1.5	2.0					0.5	0.3		
24	40	1.0	3.0					0.6	0.3		
25	48	1.0	2.5					0.5	0.3		
26	38	0.5	1.6					0.6	0.4		
27	52	1.0	2.3					0.6	0.4		
28	52	1.0	2.3					0.6	0.4		
29											
30	116	2.0	1.0					0.6	0.4		
31	38	1.0	3.1					0.5	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Quail Ridge - 578

Lake County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. Not Issued Name of Drinking Water System Quail Ridge

Location: (City) or S/D Grand Island County Lake

Owned by SSU Services Reporting Month January 19 91

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 0

Design Flow 750 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100)

I certify this report is correct Dennis W. Mote C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	357.0	6.0	15.2					25.4	19.3	4	0
Average	11.5	.19	2.2					1.1	.8		
Maximum	19.0	.25	3.0					1.5	1.0		
Minimum	4.0	.17	1.7					.9	.7		
1											
2	29.0	0	0					1.0	.8		
3	15.0	0	0					1.0	.8		
4	15.0	1.0	2.0					1.0	.8		
5											
6											
7	30.0	0	0					1.0	.8		
8	19.0	0	0					1.0	.8		
9	12.0	1.0	2.0					.9	.7	4	0
10	13.0	0	0					.9	.7		
11	12.0	0.5	2.4					1.2	0.9		
12	4.0	0	0					1.5	1.0		
13											
14	20.0	5.0	3.0					1.2	.8		
15	12.0	0	0					1.2	0.9		
16											
17	21.0	0	0					1.2	.9		
18	11.0	0	0					1.2	.9		
19											
20	21.0	1.0	1.9					1.2	.9		
21	11.0	0	0					1.0	.8		
22	10.0	0	0					1.0	.8		
23	12.0	0	0					1.0	.8		
24	11.0	0	0					1.0	.8		
25	11.0	1.0	2.2					1.0	.8		
26											
27											
28	34.0	0	0					1.2	.9		
29	14.0	0	0					1.0	.8		
30	11.0	0	0					1.2	.9		
31	11.0	1.0	1.7					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 Name of Drinking Water System Quail Ridge #578

Location: (City) or S/D Grand Island County Lake

Owned by SSU Services Reporting Month February 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 8

Design Flow 750 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mote C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	307.0	7.0	7.0					25.4	20.0	6	1
Average	10.9	.1	1.75					1.1	.9		
Maximum	17.0	.25	2.3					1.2	1.0		
Minimum	9.0	.14	1.6					1.0	.8		
1	16.0	0	0					1.0	.9		
2	17.0	0	0					1.0	0.8		
3											
4	22.0	1.0	2.3					1.0	.8		
5	11.0	0	0					1.0	.8	4	1
6	10.0	0	0					1.2	.9		
7	10.0	0	0					1.2	.9		
8	11.0	0	0					1.2	.9		
9	10.0	0	0					1.2	1.0		
10											
11	22.0	1.0	1.6					1.0	.8		
12	12.0	0	0					1.0	.8		
13	9.0	0	0					1.2	1.0		
14	12.0	0	0					1.2	1.0		
15	10.0	0	0					1.0	.8		
16											
17											
18	31.0	1.0	1.6					1.0	.8		
19	9.0	0	0					1.2	.9		
20	13.0	0	0					1.0	.8	1	0
21	9.0	0	0					1.2	.9	1	0
22	10.0	0	0					1.2	.9		
23	10.0	0	0					1.2	0.8		
24											
25	22.0	1.0	1.6					1.0	.8		
26	11.0	0	0					1.2	.9		
27	10.0	0	0					1.2	.9		
28	10.0	0	0					1.2	.9		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #578

PWS ID No. 3354867 Name of Drinking Water System Quail Ridge

Location: (City) or S/D Grand Island County Lake

Owned by SSU Services Reporting Month March 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 9

Design Flow 750 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mohr C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

#21c 2/28/91

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3870	9.0	185					23.9	19.8	4	0
Average	125	.29	2.6					1.0	.8		
Maximum	240	.33	3.8					1.2	.9		
Minimum	70	.14	1.6					.8	.6		
1	110	0	0					1.2	.9		
2	90	1.0	2.4					1.2	.9		
3											
4	210	0	0					1.2	.9		
5	110	1.0	3.7					1.2	0.9		
6	120	0	0					1.0	.8	4	0
7	150	0	0					.8	.7		
8	120	0	0					.9	.7		
9											
10	240	20	38					1.0	.9		
11	150	0	0					.8	.7		
12	80	0	0					.8	.7		
13	220	0	0					1.0	.8		
14	100	0	0					.8	.7		
15	60	1.0	1.9					.8	.7		
16	40	0	0					0.9	0.9		
17											
18	60	0	0					9	.8		
19											
20	320	0	0					1.0	.9		
21	100	0	0					.9	.8		
22	140	1.0	1.9					0.9	0.6		
23											
24	200	0	0					1.0	.9		
25	240	0	0					1.0	.8		
26	190	1.0	1.6					1.0	.8		
27	150	0	0					1.0	.8		
28	230	0	0					1.0	.8		
29	120	0	0					.8	.7		
30											
31	240	1.0	3.2					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DEP
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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #578

PWS ID No. 3354867 Name of Drinking Water System Quail Ridge

Location: (City) or S/D Grand Island County Lake

Owned by SSU Services Reporting Month April 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month

Design Flow 750 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mayo C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	625.0	10.5	22.1					22.8	18.9	4	0
Average	20.8	.35	.8					.8	.7		
Maximum	41.0	2.0	2.7					1.0	.8		
Minimum	16.0	.25	1.6					.8	.6		
1	13.0	0	0					1.0	.8		
2	12.0	0	0					1.0	.8		
3	21.0	0	0					.8	.7	4	0
4	13.0	1.0	2.0					.8	.7		
5	16.0	0	0					.8	.7		
6	11.0	0	0					1.0	.8		
7											
8	45.0	1.0	1.7					.8	.7		
9	35.0	0	0					.8	.7		
10	34.0	1.0	1.7					.8	.7		
11	26.0	0	0					.8	.7		
12	41.0	1.0	1.4					0.4	.04		
13	28.0	0	0					.8	.7		
14											
15	29.0	1.0	2.1					.8	.7		
16	18.0	0	0					1.0	.8		
17	15.0	0	0					1.0	.8		
18	15.0	0	0					.8	.7		
19	12.0	1.0	2.0					.8	.7		
20											
21	25.0	.50	2.4					1.0	.7		
22	12.0	0	0					.8	.7		
23	19.0	.50	2.1					.8	.7		
24	9.0	0	0					1.0	.8		
25	19.0	0	0					1.0	.8		
26	2d.0	0	0					0.8	.06		
27											
28	13.0	1.0	3.0					1.0	.8		
29	91.0	2.0	2.7					1.0	.8		
30	37.0	.50	1.6					.8	.7		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 Name of Drinking Water System Quail Ridge #578

Location: (City) or S/D Grand Island County Lake

Owned by SSU Services Reporting Month May 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 0

Design Flow 750GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mood C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	762.0	14.25	32.8					25.5	20.4	8	0
Average	24.6	.46	2.5					1.0	.8		
Maximum	64.0	1.0	5.2					1.2	.9		
Minimum	8.0	.25	1.7					.8	.7		
1	24.0	1.0	2.5					.8	.7		
2	50.0	0	0					.9	.8		
3	9.0	1.0	2.0					1.0	.8		
4	52.0	0	0					1.0	0.8		
5											
6	91.0	2.0	1.7					0.8	0.7		
7	50.0	1.0	2.4					.8	.7		
8	56.0	1.0	2.1					.8	.7	4	0
9	45.0	.75	2.7					.8	.7		
10	64.0	1.0	1.9					1.0	0.8		
11	32.0	0	0					1.0	.8		
12											
13	46.0	2.0	2.4					.8	.7		
14	13.0	0	0					1.2	.9		
15	8.0	0	0					1.0	.8	2	0
16	14.0	0	0					1.0	.8	2	0
17	13.0	1.0	2.5					1.0	.8		
18	11.0	0	0					1.2	.9		
19											
20	40.0	0	0					1.0	.8		
21	10.0	1.0	3.0					1.0	.8		
22	20.0	0	0					1.0	.8		
23	10.0	0	0					1.0	.8		
24	10.0	1.0	3.0					1.2	.9		
25											
26	20.0	0	0					1.2	.8		
27											
28	15.0	0	0					1.0	.8		
29	14.0	1.0	2.4					1.0	.8		
30	13.0	0	0					.8	.7		
31	10.0	1.0	5.2					1.2	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 Name of Drinking Water System Quail Ridge #578

Location: (City) or S/D Grand Island County Lake

Owned by SSU Services Reporting Month June 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 0

Design Flow 750 GPM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mora C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3430	6.0	1.43					22.2	17.6	4	0
Average	11.8	.21	2.4					.9	.7		
Maximum	35.0	.50	4.4					1.0	.9		
Minimum	1.0	.13	1.6					.8	.6		
1	3.0										
2	12.0	0	0					1.0	.8		
3	7.0	0	0					1.0	.8		
4	7.0	0	0					1.0	0.7		
5	0	0	0					.9	.8		
6	0	0	0					.9	.8		
7	1.0	1.0	4.4					.9	.8		
8	2.0	0	0					0.9	0.7		
9											
10	6.0	0	0					1.0	0.7		
11	10.0	0	0					0.9	0.7	4	0
12	10.0	0	0					0.8	0.6		
13	9.0	0	0					0.9	0.7		
14	11.0	0	0					0.8	0.6		
15	17.0	1.0	1.8					1.0	.6		
16											
17	18.0	0	0					.8	.6		
18	35.0	0	0					.8	.6		
19	9.0	1.0	1.9					.8	.6		
20	8.0	0	0					.8	.6		
21	28.0	0	0					.8	.6		
22											
23	37.0	1.0	1.6					1.0	.9		
24	23.0	0	0					.8	.7		
25	17.0	1.0	3.0					1.0	0.8		
26	10.0	0	0					.8	.7		
27	31.0	0	0					.8	.7		
28	12.0	0	0					.8	.7		
29	22.0	1.0	1.6					1.0	0.8		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 Name of Drinking Water System Quail Ridge #578

Location: (City) or S/D Grand Island County Lake

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 11

Design Flow 750 GPM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Moore C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	4320	70	14.9					26.2	20.8	4	0
Average	13.6	.23	2.1					1.0	.8		
Maximum	30.0	.33	3.4					1.2	.9		
Minimum	7.0	.14	1.5					.8	.7		
1	41.0	0	0					1.0	.8		
2	31.0	1.0	1.9					1.0	.8		
3	23.0	0	0					1.0	.8		
4	24.0	0	0					1.0	.8		
5	30.0	1.0	1.8					1.0	.8		
6											
7	35.0	1.0	3.4					1.2	.9		
8	18.0	0	0					1.0	.8		
9	15.0	0	0					1.0	.8	4	0
10	8.0	0	0					.8	.7		
11	8.0	0	0					.8	.7		
12	7.0	0	0					1.0	.8		
13											
14	16.0	1.0	1.7					1.0	.8		
15	9.0	0	0					1.0	.8		
16	9.0	0	0					1.0	.8		
17	9.0	0	0					1.0	.8		
18	10.0	0	0					1.0	.8		
19	9.0	1.0	2.6					1.2	.9		
20											
21	20.0	0	0					1.2	.9		
22	9.0	0	0					1.0	.8		
23	11.0	0	0					1.0	.8		
24	10.0	0	0					1.0	.8		
25	30.0	1.0	1.5					1.0	.8		
26	11.0	0	0					1.0	.8		
27	9.0	0	0					1.0	.7		
28											
29											
30	39.0	0	0					1.0	.8		
31	11.0	1.0	3.0					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 Name of Drinking Water System Quail Ridge #578

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month August 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1

Design Flow 750GPM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Moro C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	689.0	12.0	22.2					27.2	20.9	4	0
Average	23.0	.40	2.2					1.0	.8		
Maximum	53.0	1.0	3.6					1.2	.9		
Minimum	5.0	.25	1.2					1.0	.7		
1	8.0	—	—					1.0	.8		
2	18.0	—	—					1.0	.8		
3											
4	56.0	2.0	2.9					1.0	.7		
5	49.0	0	0					1.0	.7		
6	53.0	1.0	1.2					1.0	.8		
7	30.0	—	—					1.0	.8		
8	40.0	1.0	1.7					1.0	.8		
9	9.0	—	—					1.0	.8		
10											
11	39.0	—	—					1.0	.8		
12	19.0	1.0	1.8					1.0	.8	4	0
13	25.0	—	—					1.0	.8		
14	36.0	1.0	2.4					1.0	.7		
15	29.0	—	—					1.2	.9		
16	21.0	—	—					1.2	.9		
17											
18	46.0	2.0	2.1					1.2	0.9		
19	28.0	—	—					1.0	.8		
20	31.0	—	—					1.0	.8		
21	10.0	1.0	1.7					1.0	.8		
22	22.0	—	—					1.0	.8		
23	13.0	—	—					1.0	.8		
24											
25	20.0	1.0	2.3					1.0	0.8		
26	9.0	—	—					1.0	0.8		
27	5.0	—	—					1.2	0.9		
28	17.0	—	—					1.0	0.9		
29	15.0	1.0	2.0					1.2	0.8		
30	33.0	1.0	3.6					1.2	0.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

#578

PWS ID No. 3354867 Name of Drinking Water System Quail Ridge

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month September 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 9

Design Flow 750 GPM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mood C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	855.0	15.0	34.7					26.8	21.2	4	0
Average	28.50	.50	2.7					1.0	.8		
Maximum	45.0	1.0	8.9					1.2	.9		
Minimum	6.0	.25	1.5					1.0	.8		
1	30.0	1.0	2.4					1.0	0.8		
2	16.0	—	—					1.2	0.9		
3	18.0	1.0	3.5					1.0	0.8		
4	21.0	—	—					1.0	.8	4	0
5	25.0	—	—					1.0	.8		
6	30.0	1.0	1.6					1.6	.9		
7	39.0	—	—					1.0	.8		
8											
9	24.0	2.0	3.2					1.0	.8		
10	37.0	—	—					1.2	0.9		
11	42.0	1.0	1.5					1.2	.9		
12	31.0	—	—					1.2	.9		
13	42.0	1.0	1.6					1.0	.8		
14	30.0	—	—					1.0	0.8		
15											
16	90.0	2.0	4.0					1.0	.8		
17	6.0	—	—					1.0	.8		
18	35.0	—	—					1.0	.9		
19	36.0	1.0	1.7					1.0	.8		
20	29.0	—	—					1.0	.8		
21	19.0	1.0	2.6					1.0	.8		
22											
23	60.0	1.0	2.0					1.0	.8		
24	14.0	—	—					1.0	.8		
25	26.0	1.0	3.5					1.0	.8		
26	18.0	—	—					1.0	.8		
27	18.0	—	—					1.0	.8		
28											
29	45.0	1.0	1.5					1.0	.8		
30	14.0	1.0	9.9					1.6	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 Name of Drinking Water System Quail Ridge #578

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month October 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 9

Design Flow 250 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mole C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	508.0	9.0	16.9					25.4	19.6	4	0
Average	16.3	.29	2.1					1.0	.7		
Maximum	24.0	.5	2.8					1.2	.9		
Minimum	11.0	.2	1.6					1.0	.6		
1	14.0	—	—					1.0	.8		
2	14.0	—	—					1.0	.8		
3	18.0	—	—					1.0	.8		
4	11.0	1.0	2.1					1.0	.8		
5											
6	26.0	—	—					1.0	.8		
7	15.0	—	—					1.2	.9		
8	14.0	1.0	2.2					1.0	.8	4	0
9	14.0	—	—					1.0	.8		
10	14.8	—	—					1.0	.8		
11	16.0	—	—					1.0	.8		
12											
13	31.0	1.0	1.6					1.0	.6		
14	16.0	—	—					1.0	.7		
15	17.0	—	—					1.2	.8		
16	15.0	—	—					1.0	.7		
17	15.0	1.0	1.6					1.0	.7		
18	24.0	—	—					1.0	.8		
19	22.0	—	—					1.0	.8		
20											
21	39.0	3.0	2.8					1.0	.8		
22	17.0	—	—					1.0	.8		
23	15.0	—	—					1.0	.8		
24											
25	32.0	1.0	1.9					1.0	.8		
26											
27	33.0	—	—					1.0	.8		
28	21.0	1.0	2.2					1.0	.8		
29											
30	34.0	—	—					1.0	.8		
31	19.0	1.0	2.3					1.0	.7		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 Name of Drinking Water System Quail Ridge #578

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month November 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 9

Design Flow 750 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W Mohr C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	451.0	8.0	14.6					23.0	18.1	4	0
Average	15.6	.28	2.1					1.0	.9		
Maximum	18.0	.40	2.9					1.0	.8		
Minimum	13.0	.25	1.8					1.0	.7		
1	18.0	—	—					1.0	.8		
2											
3	32.0	—	—					1.0	.7		
4	15.0	1.0	1.8					1.0	.8		
5	14.0	—	—					1.0	.8		
6											
7	28.0	—	—					1.0	.8	4	0
8	13.0	1.0	2.2					1.0	.8		
9	16.0	—	—					1.0	.8		
10											
11	30.0	—	—					1.0	.8		
12	14.0	1.0	2.0					1.0	.9		
13	15.0	—	—					1.0	.8		
14	16.0	—	—					1.0	.8		
15	19.0	—	—					1.0	.8		
16	15.0	1.0	1.9					1.0	.8		
17											
18	30.0	—	—					1.0	.8		
19	17.0	—	—					1.0	.8		
20	16.0	1.0	1.9					1.0	.8		
21	15.0	—	—					1.0	.8		
22	19.0	—	—					1.0	.8		
23											
24	30.0	1.0	1.9					1.0	.7		
25	16.0	—	—					1.0	.8		
26	15.0	—	—					1.0	.7		
27	16.0	—	—					1.0	0.8		
28											
29	33.0	2.0	2.9					1.0	.8		
30											
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 Name of Drinking Water System Quail Ridge #578

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month December 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 12

Design Flow 750GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	466.0	9.0	15.9					25.2	20.1	4	0
Average	15.0	.3	2.3					1.0	.8		
Maximum	40.0	.9	3.2					1.2	.9		
Minimum	6.0	.25	1.8					1.0	.8		
1	40.0	—	—					1.0	.8		
2	22.0	1.0	1.9					1.0	.8		
3	15.0	—	—					1.0	.8		
4	20.0	—	—					1.0	.8		
5	9.0	—	—					1.0	.8		
6	14.0	1.0	2.0					1.0	.8		
7											
8	33.0	—	—					1.0	.8		
9											
10	34.0	1.0	1.8					1.0	.8	4	0
11	30.0	—	—					1.0	.8		
12	6.0	—	—					1.0	.8		
13	14.0	—	—					1.0	.8		
14	14.0	1.0	1.9					1.0	.8		
15											
16	30.0	—	—					1.0	.8		
17	13.0	—	—					1.0	.8		
18	15.0	1.0	2.1					1.0	.8		
19	11.0	—	—					1.0	.8		
20	11.0	—	—					1.2	.9		
21	27.0	—	—					1.0	.8		
22											
23	31.0	2.0	3.0					1.0	.8		
24	8.0	—	—					1.0	.8		
25											
26	20.0	—	—					1.0	.8		
27	8.0	—	—					1.0	.8		
28	11.0	—	—					1.0	.8		
29											
30	20.0	—	—					1.0	.8		
31	8.0	1.0	3.2					1.0	.8		

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DER Form 17-1.208(5)
Effective November 30, 1982

Reference: Quail Ridge / Lake County
Monthly Operating Reports / Water

Please Note:

The **Quail Ridge** water treatment plant was cleared for service by The State of Florida Department of Environmental Regulation in October, 1991.

There are no monthly operating reports previous to October, 1991.

DEP DER

DRINKING WATER TREATMENT PLANT DAILY OPERATION REPORT

PWS ID No. Not Issued Name of Drinking Water System Quail Ridge

Location: City or S/D Grand Island County Lake

Owned by SSU Services Reporting Month October 19 90

Plant Effluent pH 6.9 (Avg) No. of Services at End of Month

Design Flow 750GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-886-0100)

I certify this report is correct Dennis W. Mc C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

P 9/90 6.0

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	400.0	70	11.0					19.3	12.5	6	2
Average	12.9	23	2.2					1.5	1.0		
Maximum	95.5	150	2.7					1.8	1.2		
Minimum	2.0	.07	1.9					1.0	.7		
1	24.0	/	/					1.5	1.0		
2											
3	5.0	/	/					1.8	1.2		
4											
5	5.0	/	/					1.8	1.2		
6											
7											
8	7.0	/	/					1.5	.8		
9											
10	4.0	/	/					1.5	.8	4	2
11											
12											
13											
14											
15	12.0	10	1.9					1.0	.7		
16											
17											
18											
19	45.0	10	2.7					1.5	.9		
20											
21											
22	36.0	/	/					1.2	.9		
23											
24	20.0	10	2.1					1.5	1.0	2	0
25											
26	191.0	30	1.9					1.5	1.0		
27											
28											
29	30.0	/	/					1.5	1.0		
30	10.0	/	/					1.5	1.0		
31	11.0	10	2.4					1.5	1.0		

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DER Form 17-1.208(5)
Effective November 30, 1982

DCR
Eng.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. _____ Name of Drinking Water System Quail Ridge

Location: (City) or S/D Grand Island County Lake

Owned by SSU Services Reporting Month November 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month _____

Design Flow 750 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100)

I certify this report is correct Dennis W. Mac C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	435.0	80	125					17.5	12.0	5	1
Average	14.5	.27	2.5					1.3	1.0		
Maximum	32.5	.33	4.1					1.8	1.2		
Minimum	9.0	.14	1.5					1.2	.8		
1	10.0	/	/					1.2	.8		
2	10.0	/	/					1.2	.8		
3											
4											
5											
6											
7	58.0	1.0	1.5					1.5	0.9		
8											
9	20.0	/	/					1.8	1.2		
10											
11											
12	28.0	/	/					1.8	1.2		
13	11.0	1.0	2.0					1.2	1.0	4	1
14	11.0	/	/					1.5	1.2		
15											
16	18.0	1.0	4.1					1.6	1.0		
17											
18											
19	31.0	/	/					1.8	1.2		
20											
21	20.0	1.0	2.4					1.2	.8		
22											
23											
24											
25											
26											
27	19.5.0	4.0	2.5					1.2	0.9	1	0
28											
29	23.0	/	/					1.5	1.0		
30											
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. Not Issued Name of Drinking Water System Quail Ridge

Location: (City) or S/D Grand Island County Lake

Owned by SSU Services Reporting Month December 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month ?

Design Flow 750 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501)(407-880-6100)

I certify this report is correct Dennis W. Moss C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

L-230

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	525.0	210	72.6					25.5	18.8	6	0
Average	16.9	.68	7.3					1.2	.9		
Maximum	50.0	5.5	52.8					1.5	1.0		
Minimum	3.0	.20	1.6					1.0	.8		
1											
2											
3	37.0	10	2.0					1.5	1.0		
4	13.0							1.5	1.0		
5	11.0							1.0	.8	4	0
6											
7	32.0	10	2.6					1.2	.9		
8											
9	25.0	110	52.8					1.5	1.0	1	0
10	10.0	0	0					1.5	1.0	1	0
11	14.0	0	0					1.5	1.0		
12	16.0	10	1.8					1.2	.9		
13											
14	73.0	10	1.6					1.0	.8		
15											
16											
17	49.0	10	2.4					1.0	.8		
18	50.0	10	2.4					1.0	.8		
19	3.0	0	0					1.2	.9		
20	15.0	0	0					1.2	.9		
21	37.0	10	2.2					1.0	.8		
22	15.0	0	0					1.2	0.9		
23											
24	29.0	0	0					1.2	.9		
25											
26	30.0	10	1.6					1.2	.9		
27	15.0	0	0					1.2	.9		
28	16.0	0	0					1.2	.9		
29	14.0	0	0					1.2	.9		
30											
31	31.0	20	3.2					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System Rika Manor

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Jan. 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 107

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	801	27.75	102					20.4	4.5		
Average	26	.90	5					.9	.2		
Maximum	31	2	13					1.3	.3		
Minimum	18	.5	2					.6	.2		
1	30	1.5	6					1.1	.2		
2	27	.5	2					1.0	.2		
3	30	.5	3					1.0	.2		
4	29	.5	2					1.1	.2		
5											
6											
7	89	3	4					1.0	.2		
8	26	.5	4					1.0	.2		
9	23	1	5					1.0	.2	3	3
10	31	1.5	6					1.1	.2		
11	20	.5	3					1.0	.2		
12											
13											
14	88	3	4					1.0	.2		
15	31	1.5	5					1.3	.2		
16	18	2	13					1.2	.3		
17	29	2	8					1.0	.2		
18	26	1.5	7					.8	.2		
19											
20											
21	77	2	3					.6	.2		
22	23	.5	3					.8	.2		
23											
24	48	1	3					.8	.2		
25	24	.5	3					.8	.2		
26											
27											
28	48	1.5	3					.6	.2		
29	24	1	5					.6	.2		
30	18	.5	3					.6	.2		
31	29	1.25	5					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Feb. 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 107

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	713	21.25	69					13.6	3.8		
Average	25	.76	4					.8	.2		
Maximum	38	1.5	9					1.2	.3		
Minimum	19	.25	2					.6	.2		
1	19	.25	2					.8	.2		
2											
3											
4											
5	36	1	5					.6	.2		
6	34	1	5					1.0	.3		
7	33	.5	3					.8	.2		
8	37	1.5	9					1.2	.3		
9											
10											
11	32	2.5	4					1.0	.2		
12	29	1	4					.8	.2		
13	20	.5	3					.6	.2	3	⊖
14	24	1	4					.6	.2		
15	20	1	6					.6	.3		
16											
17											
18	41	2	3					.6	.2		
19	26	.5	2					.6	.2		
20	38	.5	2					.6	.2		
21	25	.5	2					.6	.3		
22	35	.5	2					.6	.2		
23											
24											
25											
26	95	1.5	2					.8	.2		
27	20	1.5	9					1.0	.2		
28	27	1	4					.8	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 7544959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month March 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 107

Design Flow .200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K Kerlin C 5921
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	833	19.5	61					14.2	3.8		
Average	27	.63	3					.7	.2		
Maximum	35	1.5	7					1.0	.2		
Minimum	21	.5	2					.6	.2		
1	35	.5	2					.8	.2		
2											
3											
4	30	1.5	2					1.0	.2		
5	37	1	5					1.0	.2		
6	36	1	5					.8	.2	3	⊖
7	33	1	5					.6	.2		
8	35	1	5					.6	.2		
9											
10											
11	30	2	3					.6	.2		
12	33	.5	3					.6	.2		
13	36	.5	3					.8	.2		
14	35	.5	3					.8	.2		
15	31	.5	2					.8	.2		
16											
17											
18	42	1.5	3					.8	.2		
19											
20	45	1	3					.6	.2		
21	31	.5	2					.6	.2		
22											
23											
24											
25	122	3	3					.6	.2		
26	21	.5	3					.6	.2		
27	25	1.5	7					.8	.2		
28	30	.5	2					.8	.2		
29											
30											
31	30	2	3					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or [illegible]

DER Form 17-1.208(5)
Effective November XX, 1992

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month April 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 105

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keibi C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l			Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	819	34.5	105			17.5	2.0		
Average	27	1.15	3			.9	.3		
Maximum	33	.5	21			1.6	.4		
Minimum	16	.25	1			.6	.2		
1	29	1	21			.8	.2		
2	33	1	5			.6	.2		
3	33	2	7			.6	.2	3	✓
4									
5	31	3	7			1.6	.4		
6									
7									
8	24	2	3			1.6	.4		
9	16	.5	4			1.0	.4		
10	24	.5	3			1.2	.4		
11	22	.5	3			1.0	.4		
12	26	.25	1			.9	.2		
13									
14									
15	27	4.75	7			.9	.2		
16	31	1.5	6			.7	.2		
17									
18	24	2	3			.8	.2		
19	30	1	4			.6	.2		
20									
21									
22	25	2	3			1.0	.2		
23	28	1	4			.6	.2		
24	31	1	4			.6	.2		
25	23	.5	3			.8	.2		
26	22	1	6			.8	.2		
27									
28									
29	30	4.5	7			.6	.2		
30	30	.5	2			.8	.2		
31									

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month May 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 105

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct: William K. Kubin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	923	28.5	87					15.1	4.4		
Average	29	.9	4					.7	.2		
Maximum	38	1.5	7					.9	.2		
Minimum	20	.5	2					.2	.2		
1	20	1	6					.8	.2		
2	26	1.5	7					.8	.2		
3	23	1	5					.8	.2		
4											
5											
6	82	2	3					.6	.2		
7	22	.5	3					.6	.2		
8	32	1	4					.6	.2	3	0
9	26	.5	2					.8	.2		
10	28	1	4					.6	.2		
11											
12											
13	105	3	3					.6	.2		
14	30	1	4					.8	.2		
15	21	1	6					.8	.2		
16	31	1	4					.2	.2		
17	25	.5	2					.6	.2		
18											
19											
20	98	2.5	3					.6	.2		
21	27	.5	2					.6	.2		
22	31	1	4					.8	.2		
23	22	1	6					.6	.2		
24	28	.5	2					.8	.2		
25											
26											
27											
28	154	5	4					.6	.2		
29	22	1	6					.8	.2		
30	38	1	3					.8	.2		
31	32	1	4					.9	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Shore

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month June 1941

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 107

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelsi C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	972	47	113					17.8	4.5		
Average	32	1.57	4					.9	.2		
Maximum	50	3	14					2.4	.6		
Minimum	20	.5	3					.6	.2		
1	36	1	3					.8	.2		
2											
3	44	5	14					1.0	.2		
4	30	3	12					1.0	.2		
5	24	1	5					.9	.2	3	1
6	30	1	4					.8	.2		
7	30	2	8					.8	.2		
8											
9											
10	110	8	9					2.4	.6		
11	30	1.5	6					1.0	.2		
12	20	.5	3					.8	.2		
13	43	3	8					1.7	.5		
14	50	2	5					.7	.2		
15											
16											
17	121	5	5					.6	.2	1	0
18										1	0
19	64	2	4					.6	.2		
20											
21											
22											
23											
24	175	6	4					.7	.2		
25	34	1	3					.7	.2		
26	23	.5	3					.7	.2		
27	24	.5	3					.6	.2		
28	26	2	10					1.0	.2		
29											
30	58	2	4					1.0	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

River Grove - 442

Putnam County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540252 Name of Drinking Water System River Haven

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Sept. 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 107

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

Name and Title of Person Submitting Report William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine lbs. or (lbs) Used	Chlorine mg/l		mg/l		Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	760	41.5	119				12.4	4.0		
Average	25	1.38	6				.7	.2		
Maximum	34	2	11				1.2	.4		
Minimum	12	.5	3				.4	.2		
1										
2										
3	66	3	5				.6	.2		
4	13	1	10				.8	.2		
5	22	1	6				.8	.2	3	
6	31	2	8				.6	.2		
7										
8										
9	16	6	11				.8	.2		
10	31	1	4				.6	.2		
11	32	.5	3				.4	.2		
12	34	1.5	5				.4	.2		
13	19	1	6				.4	.2		
14										
15										
16	128	5	5				.6	.2		
17	21	1	6				.4	.2		
18	23	1	5				.6	.2		
19										
20	59	1.5	3				.6	.2		
21										
22										
23	162	4.5	9				.6	.2		
24	33	1	5				.6	.2		
25	30	1	4				.4	.2		
26	34	2	7				.6	.2		
27	16	1	7				1.0	.2		
28										
29										
30	71	4.5	8				1.2	.4		
31										

This form must be completed in full and submitted to the appropriate DER or County Health Department office ... by 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple ...

... Form 17-1.20(5)

... November 30, 1990

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

System ID No. 2540959 Name of Drinking Water System River House

Location: City or S/D East Palatka County Putnam

Operated by SSU Services Reporting Month Oct. 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 107

Design Flow 200000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Gary D. Stapf C-6963
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	696	32	121					24.1	8.0		
Average	22	1	4					1.1	.4		
Maximum	39	1	12					2.0	1.0		
Minimum	11	.5	3					.4	.2		
1	13	.5	5					1.0	.4		
2	27	1	5					1.0	.4		
3	17	1	7					1.2	.4		
4	20	1	6					1.6	.4		
5											
6											
7	39	6	12					1.2	.4		
8	18	1	7					1.0	.4		
9	20	1	4					1.0	.4	3	
10	22	1	4					1.2	.4		
11	18	1	4					1.0	.4		
12											
13											
14	71	2	3					1.2	.2		
15	22	.5	3					1.5	.4		
16	23	.5	3					1.2	.4		
17	27	1	4					1.0	.3		
18	25	1	5					1.1	.2		
19											
20											
21											
22	100	4	5					1.1	.3		
23	21	1	6					1.0	.3		
24	26	1	5					1.0	.4		
25	29	1	4					1.2	.3		
26											
27											
28	79	4	6					.4	.2		
29	11	.5	6					2.0	1.0		
30	23	1	5					.6	.2		
31	25	1	5					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Effective July 1, 2001
Supersedes September 30, 1992

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU SERVICES Reporting Month November 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 107

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct [signature] 1965
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	689	31	117					22.3	6.9		
Average	23	1	6					1.2	.4		
Maximum	28	2	19					2.5	.8		
Minimum	19	.5	3					.4	.2		
1	19	3	19					.6	.3		
2											
3											
4	31	1.5	5					1.4	.4		
5											
6	44	2	5					1.4	.3	3	⊕
7	24	.5	3					1.4	.3		
8	23	1.5	8					1.4	.3		
9											
10											
11	66	1.5	4					2.5	.8		
12	28	1	3					1.6	.4		
13	19	2	13					1.0	.8		
14											
15	46	2	5					.5	.2		
16											
17											
18	72	3	5					.4	.2		
19	21	.5	3					1.0	.4		
20	23	1	5					1.0	.4		
21	21	1	6					1.0	.3		
22	25	1.5	7					.5	.2		
23											
24											
25	69	3	5					1.0	.4		
26	23	1	5					1.2	.3		
27	23	1	5					1.5	.3		
28											
29	47	3	8					1.5	.3		
30	25	1	5					1.4	.3		
31											

(This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.200(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS I.D.No. 2540959 Name of Drinking Water System River House

Location: City or S/D East Palatka County Putnam

Operated by SSU Services Reporting Month Dec. 1991

Certified pH 7.6 (Avg) No. of Services at End of Month 107

Permitted Flow 200,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Rod L C-7251
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. or lbs. Used	Chlorine mg/l	Fluoride lbs Used	Fluoride mg/l	Lime lbs Used	Lime mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
								25.5	7.7		
	682	36	124					1.3	.4		
	22	1.2	7					1.9	.8		
	27	45	9					.8	.3		
	16	1	4								
	44	25	7					1.5	.4		
	20	1	6					.8	.3		
	21	1	4					1.7	.3	3	1
	20	1.5	9					1.2	.3		
	13	1	7					1.0	.3		
								1.0	3	3	6
	63	3.5	7								
								1.0	.3		
	40	2	6					1.4	.6		
	27	1	4					1.5	.6		
	14	1	8								
	70	3	5					1.2	.3		
	23	1	5					1.4	.3		
	16	1	8					1.9	.3		
	21	1	6					1.5	.3		
	24	1.5	8					1.3	.3		
	67	35	6					1.7	.8		
	27	1.5	7					1.2	.6		
	58	3	6					1.2	.4		
	38	2	7					1.7	.4		
	21	1	6					1.6	.6		

(Daily Average)

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-1.208(5)
September 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 5 4 0 9 5 9 Name of Drinking Water System RIVER GROVE

Location: City or S/D EAST PALATKA County PUTNAM

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN. 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 113

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	848	29	97					31.3	4.8		
Average	27	.94	4					1.4	.3		
Maximum	42	2	10					1.8	.3		
Minimum	13	.5	2					.8	.2		
1	30	1	4					1.5	.2		
2	28	1	4					1.6	.2		
3	13	1	10					1.5	.2		
4	12	1	3					1.7	.2	3	⊖
5	27	1	4					1.4	.2		
6											
7											
8	75	1.5	2					1.5	.2		
9	34	.5	3					1.4	.3		
10	32	1	4					1.6	.2		
11	22	1	6					1.0	.2		
12	26	.5	2					1.0	.2		
13											
14											
15	85	3.5	5					1.9	.2		
16	31	1.5	6					1.6	.3		
17	24	.5	3					1.2	.3		
18	27	2	9					1.4	.2		
19	28	1	4					1.5	.2		
20											
21											
22	92	4	5					1.8	.3		
23	20	.5	3					1.6	.2		
24	24	.5	2					1.5	.3		
25	32	.5	3					.8	.3		
26	24	.5	3					.8	.2		
27											
28											
29	78	3	5					1.1	.2		
30	36	1.5	5					1.2	.2		
31	23	.5	3					1.2	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by Southern States Utilities, Inc. Reporting Month Feb. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 113

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keeler C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	906	39	119					29.4	5.6		
Average	32	1.39	5					1.3	.3		
Maximum	100	2.5	11								
Minimum	17	.5	3								
1	100	2.5	3					1.6	.2		
2	43	1.5	4					2.0	.4	2	⊖
3										2	⊖
4											
5	116	5	5					1.6	.4		
6	17	1.5	11					1.3	.3		
7	35	2.5	9					1.5	.3	3	⊖
8	26	1	5					1.2	.2		
9	38	2	6					1.2	.2		
10	26	1.5	7					1.3	.2		
11	27	1.5	7					1.3	.2		
12											
13	77	4	6					1.3	.2		
14	29	.5	2					1.5	.4		
15	36	1.5	5					1.6	.4		
16	28	1	4					1.4	.2		
17	29	1	4					1.2	.2		
18											
19	56	3	6					1.3	.2		
20	23	1	5					1.2	.2		
21	26	.5	2					1.0	.2		
22	25	1	5					1.0	.5		
23	21	.5	3					1.1	.2		
24											
25											
26	80	3	4					1.2	.3		
27	22	1.5	8					1.2	.3		
28	24	1.5	8					1.2	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.999(5)
Effective September 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 113

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gal. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MPL Violations
Monthly Total	1063	32	88.4					32.0	6.4		
Average	34	1.03	3.4					1.4	.3		
Maximum	60	2	6.7					2.0	.4		
Minimum	25	.5	1.0					1.0	.2		
1	25	1	4.8					1.2	.2	3	0
2	30	1	5.0					1.0	.2		
3											
4											
5	88	4	5.7					1.0	.2		
6	37	2	6.4					1.1	.2		
7	27	.5	2.5					1.2	.2		
8	34	1.5	4.5					1.2	.2		
9	35	1	3.3					1.3	.2		
10											
11	100	.5	1.0					1.0	.2		
12	34	.5	1.7					1.0	.2		
13	60	1.5	3.0					1.0	.2		
14	26	1	4.5					1.2	.3		
15	33	1	3.6					2.0	.4		
16	36	1	3.3					2.0	.4		
17											
18											
19	84	3	4.3					2.0	.4		
20	33	1	3.7					1.8	.4		
21	29	1.5	6.3					1.8	.4		
22	26	.5	2.3					1.5	.4		
23	31	1	3.8					1.5	.3		
24	32	1	3.7					1.6	.3		
25											
26	80	2	3.0					1.6	.3		
27	37	1.5	5					1.7	.3		
28											
29	78	2.5	3.8					1.5	.3		
30											
31	63	1.5	2.9					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

[illegible] Form 17-22.999(3)
[illegible] November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System RIVER GROVE

Location: City or S/D East Palatka County Putnam

Owned by Southern States Utilities Reporting Month April 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 113

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	[illegible] lbs Used	[illegible] mg/l	[illegible] lbs Used	[illegible] mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	877	30.5	64					18.1	5.2		
Average	29	1	3					1.0	.3		
Maximum	45	1.5	4					1.0	.5		
Minimum	20	.5	3					.6	.2		
1	35	.5	3					1.0	.2		
2	30	.5	3					1.0	.2		
3	27	1	4					.7	.2		
4	31	.5	3					.8	.2		
5	23	.5	3					1.0	.5		
6											
7											
8	93	3	4					1.0	.2		
9	26	.5	3					.8	.2		
10	35	1	3					1.0	.2		
11										3	0
12	53	1.5	3					1.0	.5		
13	45	1	3					1.0	.5		
14											
15											
16	96	3	4					1.0	.5		
17	41	1.5	4					1.0	.4		
18	28	.5	2					1.0	.2		
19	28"	1	4					1.0	.2		
20	31	1	4					.8	.2		
21											
22											
23											
24	114	3.5	4					1.0	.2		
25	29	1	4					1.0	.2		
26											
27	49	1.5	4					.6	.2		
28											
29											
30	84	2.5	4					1.4	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

[illegible] Form 17-22.909(3)
[illegible] December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by Southern States Utilities Reporting Month May 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 113

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1029	42	109					24.3	4.9		
Average	33	1.35	5					1.1	.2		
Maximum	50	3.5	13					1.4	.3		
Minimum	23	.5	2					.5	.2		
1	25	.5	2					1.0	.2		
2	36	2	7					1.4	.2		
3	50	1.5	4					1.2	.2		
4	23	1	5					1.2	.2		
5	27	.5	2					1.0	.2		
6											
7	50	1.5	4					1.0	.3		
8	32	1.5	6					1.4	.3		
9	29	2	8					1.4	.3	3	-0-
10	33	1.5	6					1.2	.3		
11	31	2	8					1.4	.3		
12											
13											
14	97	6	7					.8	.2		
15	36	1	3					1.0	.2		
16											
17	79	2	3					.5	.2		
18	40	1	3					1.2	.2		
19											
20											
21	112	3	3					1.0	.2		
22	29	1	4					1.0	.2		
23											
24	54	2.5	6					1.2	.2		
25	31	3.5	13					1.0	.2		
26											
27											
28	99	5.5	7					1.2	.2		
29	36	1.5	2					1.2	.2		
30	31	1	4					1.0	.2		
31	49	1	2					1.0	.2		

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Form 17-22.900(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month June 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 396

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5226
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MPL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	958	36	111					22.8	4.8		
Average	32	1.2	5					.7	.3		
Maximum	71	3	10					2.2	.4		
Minimum	21	.5	1					.6	.2		
1	31	1.5	6					1.2	.2		
2											
3											
4	111	3.5	4					1.4	.3		
5	33	.5	2					1.2	.3		
6	28	.5	2					1.2	.2	3	0
7	37	.5	2					.8	.2		
8	24	.5	3					.6	.2		
9											
10											
11	105	1	1					1.0	.2		
12	32	2	8					1.4	.3		
13	71	3	5					1.5	.3		
14	36	1	3					1.2	.2		
15	30	1.5	6					1.3	.2		
16											
17											
18	87	4.5	6					.6	.2		
19	44	1	3					.8	.2		
20	40	1.5	4					.9	.2		
21											
22	76	2.5	4					.8	.2		
23											
24											
25	59	3	6					2.2	.4		
26	34	1.5	8					.8	.2		
27	32	2.5	9					.8	.2		
28	25	2	10					1.0	.2		
29	21	1.5	8					1.0	.2		
30	32	2.5	9					1.1	.2		
31											

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Form 17-22.900(5)
Effective January 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month July 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 113

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report to correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	745	30	93					18.9	4.1		
Average	24	.99	3					.9	.2		
Maximum	45	1.33	7					1.4	.3		
Minimum	15	.5	3					.6	.2		
1	24	1	5					1.0	.2		
2	21	1	6					.8	.2		
3	23	1	5					.6	.2		
4											
5	21	1	6					1.4	.3	3	⊖
6	45	1	3					1.3	.2		
7											
8											
9	77	4	4					1.3	.2		
10	39		4					1.3	.2		
11	34	.5	3					1.0	.2		
12	39	1	4					1.0	.2		
13	23	1	5					.8	.2		
14											
15											
16	86	5	7					.8	.2		
17	15	.5	4					1.0	.2		
18											
19	33	1	4					.8	.2		
20	27	1	5					.8	.2		
21										1	
22											
23	68	3	5					.8	.2		
24											
25	57	1	2					.6	.2		
26	24	.5	3					.9	.2		
27	20	1	6					1.0	.2		
28											
29											
30	68	3.5	6					1.0	.2		
31	31	1	4					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

0387

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Aug 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 113

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	782	22	96					22.1	5.4		
Average	25	1.9	4					1.0	.2		
Maximum	37	2	8					1.4	.4		
Minimum	14	.5	2					.4	.2		
1	21	1.5	8					1.0	.2		
2	37	1.5	5					.8	.2		
3	27	1.5	7					1.2	.2		
4											
5											
6	23	1.5	3					.6	.2		
7	35	.5	2					.6	.2		
8	30	.5	2					.4	.2		
9	24	.5	3					.6	.2	3	0
10	14	.5	4					.4	.2		
11											
12											
13	12	3	5					.8	.2		
14	23	1	5					1.0	.3		
15	22	1	6					1.0	.2		
16	30	.5	3					.9	.2		
17	27	.5	3					1.0	.2		
18											
19											
20	21	3.5	6					1.1	.2		
21	37	.5	2					1.0	.2	1	
22	17	.5	4					1.0	.3		
23	29	.5	2					.9	.2		
24											
25											
26	29	3	6					.9	.2		
27	30	1	4					1.0	.2		
28	37	.2	4					1.5	.4		
29	25	.5	2					1.6	.4		
30	29	1.5	6					1.4	.4		
31	37	1	3					1.2	.2		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System River Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Sept. 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 113

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulia C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap	
Monthly Total	925	42	91					15.2	3.4	
Average	31	1.4	3					.9	.2	
Maximum	45	2.5	10					1.0	.2	
Minimum	25	1	4					.6	.2	
1										
2										
3										
4	119	4	4					1.0	.2	
5	30	1	4					.8	.2	3	⊖
6										
7	62	5	10					.9	.2	
8										
9										
10	95	3.5	4					.8	.2	
11	45	1.5	4					.8	.2	
12	25	1	5					1.0	.2	
13	35	2	7					1.0	.2	
14	31	1	4					1.0	.2	
15										
16										
17	85	5	7					.6	.2	
18										
19	60	2	4					.8	.2	
20	26	1	5					1.0	.2	
21	32	1.5	6					.8	.2	
22										
23										
24	104	6.5	8					1.0	.2	
25	35	1.5	5					.9	.2	
26										
27	70	2.5	4					1.0	.2	
28	33	1	4					1.0	.2	
29										
30	38	2	6					.8	.2	
31										

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System Burn Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Oct. 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 113

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	913	45	139					23.3	4.6		
Average	29	1.5	4					1.0	.2		
Maximum	36	3	11					1.2	.3		
Minimum	19	.5	3					.6	.2		
1	36	3	10					1.0	.2		
2	25	1	5					.6	.2		
3	27	.5	3					.8	.2	3	
4	30	1	4					1.0	.2		
5	34	1	4					1.0	.2		
6											
7											
8	81	3	3					1.1	.2		
9	31	1.5	6					1.0	.2		
10	24	2	10					1.0	.2		
11	24	1	5					1.0	.2		
12	23	1	5					1.0	.2		
13											
14											
15	80	3.5	5					1.0	.2		
16	30	1	4					1.1	.2		
17	33	3	11					1.0	.2		
18	36	1.5	5					1.2	.2		
19	34	2	7					1.2	.2		
20											
21											
22	101	4	5					1.0	.2		
23	25	1.5	8					1.0	.2		
24	39	3	8					1.0	.2		
25	36	3	7					1.1	.2		
26	19	1	6					1.0	.2		
27											
28											
29	97	5.5	7					1.2	.2		
30	29	1.5	6					1.0	.2		
31	29	1	4					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System Rivers Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Nov. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 113

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keelin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	848	32	102					26.1	4.9		
Average	28	1.1	5					1.2	.2		
Maximum	33	2	11					2.1	.4		
Minimum	22	.5	2					.8	.2		
1	29	1	4					.8	.2		
2	29	1.5	6					.8	.2		
3											
4											
5	29	2.5	3					1.0	.2		
6	25	1	5					1.6	.3		
7	29	1	4					1.2	.3	3	-0-
8	27	1	5					1.0	.2		
9	24	1	5					1.0	.2		
10											
11											
12	83	3	4					1.0	.2		
13	24	1	5					1.2	.2		
14	33	1	4					1.2	.2		
15	27	.5	2					1.0	.2		
16	26	1.5	7					1.6	.3		
17											
18											
19	82	3	4					1.2	.2		
20	30	1.5	6					1.2	.2		
21	25	1	5					1.5	.3	1	
22											
23	66	2.5	5					1.3	.2		
24											
25											
26	91	3	4					2.1	.4		
27	31	1	4					.9	.2		
28	26	1	5					1.3	.2		
29	30	1	4					1.8	.3		
30	22	2	11					1.4	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 Name of Drinking Water System Burn Grove

Location: City or S/D East Palatka County Putnam

Owned by SSU Services Reporting Month Dec. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 1105

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-407-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l						Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l					
Monthly Total	874	34	98						22.8	4.0		
Average	28	1.10	3						1.1	.2		
Maximum	46	1.5	8						1.7	.3		
Minimum	16	.67	3						.8	.2		
1	21	1	6						1.2	.2		
2												
3	63	3	6						1.0	.2		
4												
5	30	3	7						1.0	.2	3	0
6	24	1	5						1.0	.2		
7	29	1	4						1.2	.2		
8												
9												
10	24	2	8						1.0	.2		
11	28	1	4						1.4	.2		
12	23	1	4						1.2	.2		
13	32	1	4						1.6	.2		
14	36	1	3						1.2	.2		
15												
16												
17	73	3	5						1.7	.3		
18	35	1.5	5						1.5	.3		
19	24	1.5	8						1.2	.3		
20	46	1.5	4						1.0	.3		
21	21	1	6						.8	.2	1	
22												
23												
24	90	3	4						1.0	.2		
25												
26	41	1.5	3						1.2	.2		
27	16	1	8						1.2	.2		
28	39	1	3						1.0	.2		
29												
30												
31	89	4	5						1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 35 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)

Effective November 30, 1982

River Park - 439

Putnam County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540262 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU (Sinkora) Reporting Month Jan. 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Design Flow 7.2000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap	
Monthly Total	139	25	450					17.2	4.4		
Average	4	.81	20					.8	.2		
Maximum	6	1.5	42					.8	.2		
Minimum	3	.5	6					.6	.2		
1	5	1	21					.8	.2		
2	3	1	28					.8	.2	3	ø
3	3	1.5	42					.8	.2		
4	4	1.5	42					.8	.2		
5											
6											
7	14	3	19					.6	.2		
8	8	.5	6					.6	.2		
9	4	.5	14					.8	.2		
10	3	.5	14					.8	.2		
11	5	.5	11					.8	.2		
12											
13											
14	13	2.5	19					.8	.2		
15	4	1.5	35					.8	.2		
16	4	1	28					.8	.2		
17	4	.5	14					.8	.2		
18	4	.5	14					.8	.2		
19											
20											
21	14	2	14					.8	.2		
22	5	1	21					.8	.2		
23	3	1	42					.8	.2		
24	4	.5	14					.8	.2		
25											
26											
27											
28	17	1	14					.8	.2		
29	4	.5	14					.8	.2		
30	3	1	21					.4	.2		
31	5	1	21					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

(+H) Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Jan. 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 310

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1025	116	324					21.8	4.6		
Average	33	3.74	15					1.0	.2		
Maximum	45	7	25					1.2	.3		
Minimum	13	1	3					.8	.2		
1	36	3	9					1.0	.2		
2	27	3	16					1.0	.2	4	-
3	23	2	11					1.2	.2		
4	43	5	14					1.0	.2		
5											
6											
7	114	4	4					.8	.2		
8	35	5	17					1.0	.2		
9	33	5	18					1.2	.2	1	-
10	28	6	25					.8	.2		
11	29	3	13					.8	.2		
12											
13											
14	40	8	24					1.0	.2		
15	64	5	9					1.0	.2		
16	30	3	18					.8	.2		
17	23	3	16					.8	.2		
18	26	3	14					.8	.2		
19											
20											
21	97	12	15					1.0	.2		
22	39	3	16					1.0	.2		
23	39	4	12					1.2	.2		
24	33	6	21					1.2	.2		
25											
26											
27											
28	147	19	16					1.2	.3		
29	43	5	14					1.0	.2		
30	43	7	19					1.2	.3		
31	44	1	3					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

IWR Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System Riven Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Feb. 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. of lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	178	17	264					13.3	3.8		
Average	6	.61	14					.7	.2		
Maximum	8	1.5	38					.8	.3		
Minimum	4	.5	4					.5	.2		
1	5	.5	11					.8	.2		
2											
3											
4	14	1.5	10					.8	.2		
5	4	1	38					.8	.2		
6	6	.5	8					.8	.2		
7	5	.5	11					.8	.2		
8	8	1	12					.5	.2		
9											
10											
11	15	1.5	10					.6	.2		
12	6	1	17					.6	.2	3	0
13	4	.5	11					.6	.3		
14	6	.5	8					.6	.2		
15	5	.5	11								
16											
17											
18	27	1	38					.6	.2		
19											
20	14	.5	4					.6	.2		
21	7	1	17					.8	.2		
22	8	1	14					.8	.2		
23											
24											
25	20	.2	10					.8	.2		
26	8	1	12					.6	.2		
27	8	1	14					.8	.2		
28	8	1.5	18					.8	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Feb. 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 310

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kahn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	957	86	205					18.1	4.1		
Average	34	3	11					1.0	.2		
Maximum	43	6	17					1.5	.5		
Minimum	25	1	3					.6	.2		
1	34	2	7					.6	.2		
2											
3											
4	124	12	12					1.0	.2		
5	43	5	14					1.0	.2		
6	43	6	17					1.0	.2		
7	36	3	14					.8	.2		
8	34	3.5	13					1.5	.5		
9											
10											
11	84	9.5	14					1.2	.2		
12	94	2	8					1.2	.2		
13	32	1	4					.8	.2	5	
14	35	1	3					.6	.2		
15	25	2	10					.6	.2		
16											
17											
18	111	5	5					.8	.2		
19											
20	69	8	14					.8	.2		
21	33	4	15					1.0	.2		
22	37	4	13					1.0	.2		
23											
24											
25	93	9	12					1.0	.2		
26	41	4	11					1.0	.2		
27	33	3	11					1.2	.2		
28	31	2	8					1.0	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by SCI Services Reporting Month March 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Design Flow .72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelsi C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	248	25.5	247					13.6	4.3		
Average	8	.82	12					.7	.2		
Maximum	10	3	36					1.6	.5		
Minimum	5	.5	3					.6	.2		
1	9	.5	5					.6	.2		
2											
3											
4	10	1	5					.6	.2		
5	9	1	14					.8	.2		
6	7	1	14					.8	.2		
7	9	1	12					.6	.2		
8	9	1	12					.6	.2		
9											
10											
11	33	3	13					.6	.2		
12	5	1	21					.6	.2	3	0
13	7	1	14					.6	.2		
14	8	1	14					.6	.2		
15	8	1	12					.6	.2		
16											
17											
18	29	1	3					.6	.2		
19											
20											
21	23	1.5	7					.6	.3		
22	5	.5	11					.6	.2		
23											
24											
25	26	2	8					.6	.2		
26	9	3	36					1.6	.5		
27	7	1	14					.8	.2		
28	8	1	12					.6	.2		
29	9	1	10					.6	.2		
30											
31	20	2	10					.6	.2		

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13

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

HRS Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3540944 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month March 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 310

Design Flow 370,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1099	101	242					18.8	4.0		
Average	35	3.25	12					.9	.2		
Maximum	175	7	20					1.2	.2		
Minimum	18	3	5					.6	.2		
1	175	7	5					1.0	.2		
2											
3											
4											
5	112	11	12					1.0	.2		
6	29	3	13					1.0	.2	5	0
7	30	3	12					.8	.2		
8	35	3	10					1.0	.2		
9											
10											
11	99	10	12					1.0	.2		
12	20	3	18					1.2	.2		
13	35	3	10					1.0	.2		
14	34	4	14					.8	.2		
15	28	4	17					1.0	.2		
16											
17											
18	72	7	12					1.0	.2		
19	43	3	14					1.0	.2		
20											
21	34	3	11					1.0	.2		
22	18	3	30					1.0	.2		
23											
24											
25	101	10	12					1.0	.2		
26	40	4	13					.8	.2		
27	32	3	8					.8	.2		
28	33	3	7					.6	.2		
29	32	2	7					.8	.2		
30											
31	77	10	16					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

(FR Form 17-1.208(5))
Effective November XX, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by: SSU Services Reporting Month April 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify, this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals or lbs Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l: Plant Effluent	Residual Chlorine mg/l: Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	169	26	355					15.6	4.2		
Average	6	.87	17					.7	.2		
Maximum	10	1	28					.8	.2		
Minimum	4	.5	6					.4	.2		
1	6	1	17					.6	.2		
2	8	.5	6					.4	.2		
3	3	.5	11					.6	.2	3	a
4	10	1	9					.6	.2		
5	7	1	14					.8	.2		
6											
7											
8	18	3	17					.8	.2		
9	5	1	21					.8	.2		
10	6	1	17					.8	.2		
11	4	1	28					.8	.2		
12	5	1	21					.8	.2		
13											
14											
15	19	2	10					.8	.2		
16	6	1	17					.8	.2		
17	6	1	17					.8	.2		
18	6	1	17					.8	.2		
19	6	1	17					.8	.2		
20											
21											
22	13	3	23					.8	.2		
23	5	1	21					.6	.2		
24	5	1	21					.8	.2		
25											
26	8	2	24					.8	.2		
27											
28											
29	17	1	6					.8	.2		
30	4	1	21					.8	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month April 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 315

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	832	115	356					21.2	4.4		
Average	28	3.83	17					1.0	.2		
Maximum	47	8	25					1.6	.3		
Minimum	19	3	13					.8	.2		
1	19	3	13					1.0	.2		
2	46	6	16					1.0	.2		
3	32	4	15					1.0	.2	3	⊖
4	42	6	17				—	.8	.2		
5	33	4	14					.8	.2		
6											
7											
8	27	10	15					1.0	.2		
9	26	4	18					1.0	.2		
10	27	3	13					1.0	.2		
11	24	3	15					1.0	.2		
12	24	3	15					.8	.2		
13											
14											
15	79	10	15					.8	.2		
16	37	6	19					1.0	.2		
17	47	8	21					1.2	.2		
18	24	4	20					1.0	.2		
19	31	3	12					1.0	.2		
20											
21											
22	66	9	16					1.0	.2		
23	21	4	22					1.0	.2		
24	20	4	25					1.0	2		
25											
26	46	6	16					.8	.2		
27											
28											
29	86	11	15					1.6	.3		
30	25	3	24					1.4	.3		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month May 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that this report is correct William K. Kuhn C 5936
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	189	12.75	16					12.2	4.0		
Average	6	.4	8					.6	.2		
Maximum	12	.5	17					.8	.2		
Minimum	3	.25	3					.6	.2		
1	9	.25	3					.8	.2		
2	10	.5	5					.6	.2		
3	5	.5	11					.6	.2		
4											
5											
6	17	1	6					.6	.2		
7	6	.5	8					.6	.2		
8	3	.5	14					.6	.2	3	0
9	4	.5	14					.6	.2		
10	6	.5	8					.6	.2		
11											
12											
13	18	1	6					.6	.2		
14											
15	11	1	9					.6	.2		
16	5	.5	11					.6	.2		
17	5	.5	11					.6	.2		
18											
19											
20	20	1	5					.6	.2		
21	8	.5	6					.6	.2		
22	5	.5	11					.6	.2		
23	12	.5	4					.6	.2		
24	6	.5	8					.6	.2		
25											
26											
27	23	1	4					.6	.2		
28											
29	5		17					.6	.2		
30											
31	11	.5	5					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

(M.D. Form 17-1.200(5))
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month May 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 315

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that report is correct William K. Keller C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	653	83	340					21.8	5.7		
Average	21	2.7	16					1.0	.3		
Maximum	41	6	30					2.0	.4		
Minimum	12	.5	3					.6	.2		
1	41	6	17					1.0	.2		
2	18	4	27					1.0	.2		
3	20	2	12					1.0	.2		
4											
5											
6	73	9	15					2.0	.4		
7	24	3	15					1.0	.2		
8	16	3	23					.8	.2	5	0
9	17	3	21					.8	.2		
10	18	2	13					.8	.2		
11											
12											
13	60	7	14					1.5	.3		
14	27	4	18					1.5	.4		
15	12	3	30					1.8	.4		
16	21	.5	3					1.0	.2		
17	22	.5	3					.6	.2		
18											
19											
20	58	5	10					.6	.2		
21	23	1	5					.6	.2		
22	12	2	20					.6	.2		
23	31	5	19					.8	.2		
24	21	4	24					1.2	.4		
25											
26											
27	77	11	17					1.2	.4		
28											
29	23	4	21					1.0	.4		
30											
31	39	4	13					1.0	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.200(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month June 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gas) or lbs. Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
			mg/l	lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	142	10.75	180						13.2	4.4		
Average	5	.36	8						.6	.2		
Maximum	9	.5	11						.6	.2		
Minimum	2	.25	4						.6	.2		
1	4	.5	4						.6	.2		
2												
3	6	.5	8						.6	.2		
4	8	.5	7						.6	.2		
5	3	.25	11						.6	.2	3	0
6	4	.25	7						.6	.2		
7	2	.25	11						.6	.2		
8												
9												
10	15	1	16						.6	.2		
11	4	.25	7						.6	.2		
12	5	.5	11						.6	.2		
13	3	.25	7						.6	.2		
14	9	.5	16						.6	.2		
15												
16												
17	12	1	8						.6	.2		
18	5	.5	11						.6	.2		
19	4	.25	7						.6	.2		
20	5	.5	11						.6	.2		
21	3	.5	11						.6	.2		
22												
23												
24	14	1	8						.6	.2		
25	4	.5	8						.6	.2		
26	4	.25	7						.6	.2		
27	4	.25	7						.6	.2		
28	3	.25	7						.6	.2		
29												
30	14	1	7						.6	.2		
31												

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-1.200(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County: Putnam

Owned by SSU Services Reporting Month June 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 310

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	534	43	230					15.8	3.9		
Average	18	1.43	12					.8	.2		
Maximum	26	3	22					1.0	.3		
Minimum	9	.5	3					.6	.2		
1	26	3	14					1.0	.2		
2											
3	27	4	17					1.0	.3		
4	24	3	15					1.0	.2		
5	10	2	22					1.0	.2	3	0
6	19	3	13					1.0	.2		
7	11	2	22					1.0	.2		
8											
9											
10	55	2	4					.6	.2		
11	23	2	11					.6	.2		
12											
13	35	1	3					.6	.2		
14											
15											
16											
17	94	3	4					.6	.2		
18	23	2	10					.6	.2		
19	9	1	13					1.0	.2		
20											
21	33	2	7					.8	.2		
22											
23											
24	47	2	5					.8	.2		
25	16	1	8					.8	.2		
26	19	1	6					.8	.2		
27	14	2	17					.8	.2		
28	12	2	20					.8	.2		
29											
30	37	6	19					1.0	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System Bivens Park #1

Location: City or S/D Smithland County Putnam

Owned by City of Smithland Reporting Month July 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4111

Monthly operation report prepared by: William K. Kerlin C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals) of lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	144	12	181					10.8	3.8		
Average	5	.4	10					.6	.2		
Maximum	7	.75	21					.6	.2		
Minimum	3	.25	2					.4	.2		
1	7	.75	11					.6	.2		
2	3	.50	14					.6	.2	3	
3	4	1	21					.6	.2		
4											
5	11	1	9					.6	.2		
6											
7											
8	17	1.5	9					.6	.2		
9	6	.5	8					.6	.2		
10	4	.5	11					.4	.2		
11	5	.5	11					.6	.2		
12	4	.5	14					.6	.2		
13											
14											
15	19	1.5	8					.6	.2		
16											
17	6	1	17					.6	.2		
18											
19	8	1	12					.6	.2		
20											
21											
22	14	.25	2					.4	.2		
23	3	.25	11					.4	.2		
24	4	.25	7					.6	.2		
25											
26	7	.25	4					.6	.2		
27											
28											
29	14	.25	2					.6	.2		
30	5	.25	5					.6	.2		
31	3	.25	5					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.209(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System Burch Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month July 19 11

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 310

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify these reports to be correct: William K. Kuhn C. 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	531	60	3.3					16.6	4.0		
Average	17	1.9	16					.8	.2		
Maximum	50	5	36					1.2	.2		
Minimum	9	1	5					.6	.2		
1	22	2	11					1.0	.2		
2	9	1	14					.8	.2	5	1
3	12	2	20					1.2	.2		
4											
5	30	2	8					1.0	.2		
6											
7											
8	41	6	18					1.2	.2		
9											
10	31	3	12					.8	.2		
11	17	4	29					.8	.2		
12	11	2	22					.8	.2		
13											
14											
15	44	2	5					.6	.2	1	0
16	45	5	13					1.0	.2	1	0
17	50	5	12					1.0	.2	2	0
18										2	1
19	47	5	13					.8	.2		
20											
21											
22	44	3	8					.6	.2		
23	13	4	36					.8	.2		
24	16	2	15					1.0	.2		
25	16	1	7					.6	.2		
26	9	1	14					.6	.2		
27											
28											
29	41	4	12					.6	.2		
30	17	3	21					.6	.2		
31	16	3	23					.5	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DEP Form 17-1.200(5)
Effective November 30, 1982

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System RIVER PARK #1

Location: City or S/D FRUITLAND County Putnam

Owned By S.C.U.S. Services Reporting Month August 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

Daily water reports is correct: William K. Keelin (Lead Operator's Signature) C 5926 (Cert. Level) (Cert. No.)

Day of Month	Total Water Produced in Thousands of Gallons	Chlorine Lbs. of Lbs Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	150	7	127					10.2	4.4		
Average	5	.25	6					.5	.2		
Maximum	6	.25	11					.6	.2		
Minimum	3	.25	2					.4	.2		
1	4	.25	7					.6	.2		
2	4	.25	7					.6	.2		
3											
4											
5	5	.25	5					.6	.2		
6	4	.25	7					.6	.2	3	←
7	6	.25	4					.4	.2		
8	6	.25	4					.4	.2		
9	5	.25	5					.4	.2		
10											
11	5	1	4					.6	.2		
12	6	.25	4					.6	.2		
13	2	.25	11					.4	.2		
14	4	.25	7					.4	.2		
15	3	.25	11					.4	.2		
16											
17	7	.25	2					.4	.2		
18	3	.25	7					.4	.2		
19											
20	11	.5	5					.4	.2		
21	3	.25	7					.4	.2		
22											
23											
24	10	.25	3					.4	.2		
25	5	.25	5					.4	.2		
26	5	.25	5					.4	.2		
27	4	.25	5					.4	.2		
28	3	.25	7					.4	.2		
29	5	.25	5					.4	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office [illegible] days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple.

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

Florida ID No. 2540964 Name of Drinking Water System RIVER PARK #3

Location: City or S/D FRUITLAND County Putnam

Owned by SSU SERVICES Reporting Month August 1991

Final Effluent pH 6.9 (Avg) No. of Services at End of Month 310

Daily Capacity 360000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

Person responsible for operation William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine lbs. or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	503	52	307					17.5	4.6		
Average	16	17	14					.8	.2		
Maximum	22	3	33					1.2	3		
Minimum	6	.5	3					.4	.2		
1	11	2	22					.8	.2		
2	10	2	22					.6	.2		
3											
4											
5	39	6	18					.8	.2	3	e
6	14	2	17					.6	.2	8	e
7	14	1	9					.5	.2		
8	17	3	21					.9	.2		
9	13	1	9					.6	.2		
10											
11											
12	48	2	5					.6	.2		
13	17	1	7					.6	.2		
14	11	15	17					.8	.2		
15	18	5	3					.6	.2		
16	17	1	7					.6	.2		
17											
18											
19	51	2	5					4	.2		
20	17	5	4					.6	.2		
21											
22	40	4.5	14					1.0	.2		
23	19	4	25					1.2	.3		
24											
25											
26	62	7	13					1.2	.3		
27	22	3	17					1.0	.2		
28	17	3	21					1.2	.2		
29	6	2	33					1.2	.2		
30	21	2	11					1.0	.2		
31	19	1	7					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office by the 10th day after the month of records. Notes: Fold top flap down, fold this flap up over it, then [illegible]

Page 1 of 1

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by Self Service Reporting Month Sept. 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 310

Design Flow 300000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I hereby swear that this report is correct William K. Kelsin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or (lbs) Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	757	92	318					17.5	4.0		
Average	25	3.07	16					.9	.2		
Maximum	42	6	25					1.2	.2		
Minimum	14	2	9					.5	.2		
1	42	5	14					1.0	.2		
2											
3	27	2	9					1.0	.2		
4	30	3	18					1.2	.2	5	2 WELLS D.S.I.
5	22	2	11					1.0	.2		
6	30	3	12					1.2	.2		
7											
8											
9	66	6	11					1.0	.2		
10	33	3	11					1.0	.2		
11	30	3	18					.5	.2		
12	29	5	21					.8	.2		
13	14	2	17					.8	.2		
14											
15										1	÷
16	88	9	12					.8	.2	4	÷
17	24	6	24					.8	.2		
18	31	5	19					.8	.2		
19											
20	51	9	16					.8	.2		
21											
22											
23	79	9	14					.8	.2		
24	27	5	23					1.0	.2		
25	24	4	17					.8	.2		
26	23	3	16					.8	.2		
27	14	3	25					.8	.2		
28											
29											
30	85	7	10					.6	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

(DER Form 17-1.208(5))

Effective November 21, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Sept. 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I hereby swear that the above information is correct William K. Kerlin C 5936
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals of lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	154	13	175					10.4	4.0		
Average	5	.43	9					.5	.2		
Maximum	10	1.5	24					.8	.2		
Minimum	2	.25	4					.4	.2		
1	6	.5	8					.6	.2		
2											
3	7	1.75	24					.8	.2		
4	4	.25	7					.4	.2	3	✓
5	4	.25	7					.4	.2		
6	4	.25	7					.4	.2		
7											
8											
9	14	.5	4					.4	.2		
10	8	.25	4					.4	.2		
11	4	.25	7					.6	.2		
12	7	.25	4					.4	.2		
13	2	.25	11					.8	.2		
14											
15											
16	15	1	7					.4	.2		
17	6	.25	4					.4	.2		
18	5	.25	5					.4	.2		
19											
20	12	.5	4					.4	.2		
21											
22											
23	21	2	9					.4	.2		
24	10	1.5	16					.6	.2		
25	6	.5	8					.4	.2		
26	3	.5	14					.8	.2		
27	3	.5	14					.6	.2		
28											
29											
30	13	1.5	11					.6	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or

(Form 17-1.20(5))

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Operated by SSU Services Reporting Month Oct. 19 91

Typical Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Average Daily Flow 72000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Jerry W. Hayes 6-6663

(Head Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine (Wt) or Gas Used	mg/l	Lbs Used	mg/l	Lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	121	28.5	598					17.8	4.6		
Average	4	.9	26					.8	.2		
Maximum	5	1.5	42					1.4	.2		
Minimum	2	.5	7					.4	.2		
1	4	.5	14					.6	.2		
2	2	.5	21					.8	.2		
3	2	.5	21					.6	.2		
4											
5	7	.5	8					.4	.2		
6											
7	7	.5	7					.6	.2		
8	4	.5	14					.6	.2		
9	5	1	17					1.4	.2	3	⊖
10	5	1	21					1.2	.2		
11	2	1	42					1.0	.2		
12											
13											
14	14	3	23					1.0	.2		
15	4	1.5	42					.6	.2		
16	3	1	28					.6	.2		
17	3	1	42					.4	.2		
18	3	1	28					.4	.2		
19											
20											
21	15	3	21					.6	.2		
22	4	1.5	31					.6	.2		
23	4	1	28					.8	.2		
24	4	1	21					.8	.2		
25	3	1	42					.8	.2		
26											
27											
28	13	3.5	26					1.0	.2		
29	4	1.5	42					1.0	.2		
30	5	1.5	31					1.0	.2		
31	4	1	28					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-555-900(3) (10/87)

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Name of Operator SSU Services Reporting Month Oct. 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 363

Average Flow 370000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Gary W. Stapf C-6463
(Signature of Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Hundreds of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	783	93	350					25.0	5.1		
Average	25	3	15					1.1	.2		
Maximum	34	5	28					2.0	.6		
Minimum	17	2	6					.8	.2		
1	24	4	20					1.0	.2		
2	17	2	14					1.0	.2		
3	23	3.5	18					1.0	.3		
4											
5	43	4.5	13					1.0	.2		
6											
7	90	2	6					1.0	.6		
8	22	3	16					.8	.2		
9	20	2	12					1.4	.2	B	⊖
10	29	2	8					1.2	.2		
11	20	4	24					1.2	.2		
12											
13											
14	76	11	17					1.4	.2		
15	22	5	28					2.0	.2		
16	23	4	21					1.2	.2		
17	22	4	21					1.0	.2		
18	25	3	15					1.0	.2		
19											
20											
21	97	9	10					1.0	.2		
22	33	3	11					1.0	.2		
23	23	3	16					1.0	.2		
24	27	3	13					1.0	.2		
25	26	2	9					1.0	.2		
26											
27											
28	87	8	11					.8	.2		
29	29	5	21					1.0	.2		
30	21	2	12					1.0	.2		
31	34	4	14					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

(Form 17-555.900(5))
(Form Effective: March 31, 1991)

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU SERVICES Reporting Month November 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Gary W. Stapf C-6963
(Head Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals or lbs Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l: Plant Effluent	Residual Chlorine mg/l: Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	118	31	111					11.9	4.0		
Average	4	1	28					.6	.2		
Maximum	5	3	83					1.2	.2		
Minimum	2	.25	4					.4	.2		
1	4	2.5	70					1.2	.2		
2											
3											
4	13	4	30					.6	.2		
5	2	1	53					.8	.2		
6	5	1.5	31					.8	.2	3	~~0~~
7	3	.5	21					.8	.2		
8	3	.5	14					.8	.2		
9											
10											
11	12	4.5	38					.4	.2		
12	3	.5	21					.6	.2		
13	4	.5	8					.5	.2		
14	4	.5	14					.6	.2		
15	4	.5	14					.5	.2		
16											
17											
18	15	5	35					.4	.2		
19											
20	3	3	41					.5	.2		
21	4	1	21					.4	.2		
22	3	.5	14					.4	.2		
23											
24											
25	12	.5	4					.6	.2		
26	4	.25	7					.5	.2		
27	3	.5	14					.5	.2		
28											
29	7	.75	11					.5	.2		
30	5	3	63					.5	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU SERVICES Reporting Month November 1991.

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 363

Design Flow 370,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct (Lead Operator's Signature) C6963 (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	957	98	255					26.3	9.3		
Average	32	3.3	13					1.1	.4		
Maximum	42	7	20					2.6	.8		
Minimum	.5	.5	1					.5	.2		
1	27	5	20					1.0	.2		
2											
3											
4	93	13	17					2.0	.7		
5	18	3	20					.8	.2		
6	35	4	14					.8	.2	5	-
7	31	3	12					.8	.2		
8	28	3	13					.8	.2		
9											
10											
11	90	12	16					1.5	.8		
12	18	3	13					1.2	.2		
13	42	7	20					1.5	.8		
14	42	5.5	16					1.4	.4		
15	33	3.5	13					1.5	.8		
16											
17											
18	49	7	15					.5	.2		
19											
20	123	6	6					1.5	.8		
21	37	5	16					1.8	.8		
22	30	3	12					2.0	.5		
23											
24											
25	105	11	13					.6	.2		
26	33	.5	2					.6	.2		
27	28	.5	2					.5	.2		
28											
29	56	.5	1					1.0	.2		
30	37	3.5	11					1.8	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

(Rule 17-1.100(3))

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS I.D.No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/U Fruitland County Putnam

Operated by SSU Services Reporting Month Dec. 1991

Average treatment pH 7.6 (Avg) No. of Services at End of Month 53

Plant Flow 72,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that this report is correct [signature] C-7251

(Land Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gas) or (Hth) Used lbs	Chlorine (Gas) or (Hth) Used mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Sample Taken	Bacteriological MCL Violations
Monthly Total	119	22.75	46					13.0	5.7		
Average	4	.7	23					.7	.3		
Maximum	6	2.5	70					2.8	1.9		
Minimum	2	.25	2					.3	.2		
1	3	.5	42					.8	.2		
2	6	1.25	21					.7	.2		
3	3	.5	14					.7	.2		
4	2	.25	11					.5	.2	3	0
5	3	.5	20					.4	.2		
6	2	.5	21					.4	.2		
7											
8	14	2.5	14					.4	.2		
9	4	.5	14					.4	.2		
10	4	1.0	28					.4	.2		
11	2	.5	21					.4	.2		
12	5	.25	5					.3	.2		
13											
14											
15	11	.5	5					.4	.2		
16	4	.25	21					.4	.2		
17	5	.5	11					.5	.2		
18	2	1.5	63					.8	.2		
19	4	.75	19					.5	.2		
20											
21											
22	11	3	25					.6	.2		
23											
24											
25	12	3.5	29					2.8	1.9		
26											
27											
28											
29											
30	21	.5	2					.6	.2		
31	3	1.0	28					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-1.200(5)

Effective: October 31, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS I.D. No. 3540916 Name of Drinking Water System River Park #3

Location City or S/D Fruitland County Putnam

Operated by SSU Services Reporting Month Dec 19 91

Average Finished pH 7.5 (Avg) No. of Services at End of Month 363

Population Served 370,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct. [signature] C-7251

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine Gain or Used lbs of	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
1	956	108	309					22.7	5.6		
2	31	3.5	15					1.1	.3		
3	45	6	25					2.5	.4		
4	18	1	4					.4	.2		
5	27	5	23					.4	.2		
6	45	4	11					.5	.2		
7	24	2	8					.8	.3		
8	26	4	15					.8	.2	5	0
9	31	4	15					.8	.2		
10	13	3	20					1.2	.3		
11											
12	70	10	13					1.0	.3		
13	31	3	12					.8	.3		
14	27	1	4					1.0	.3		
15	20	4	25					1.0	.3		
16	33	2	7					.7	.2		
17											
18	110	17	19					.9	.2		
19	14	4	25					1.0	.2		
20	40	3	9					1.6	.2		
21	28	6	25					1.4	.3		
22	32	4	15					1.3	.4		
23											
24	106	13	15					1.4	.3		
25											
26	37	8	11					1.5	.3		
27	27	5	22					2.5	.4		
28											
29											
30	103	5	6					1.0	.3		
31	25	1	5					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-1.208(5)

September XX, 1982 Page 1 of 3

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 5 4 0 9 6 2 Name of Drinking Water System RIVER PARK # 1

Location: City or S/D FRUITLAND County PUTNAM

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 42

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5726
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. of lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	145	28.5	341					19.7	4.2		
Average	5	.92	19					.9	.2		
Maximum	9	1.5	22					1.2	.2		
Minimum	3	.5	14					.8	.2		
1	5	1	21					1.0	.2		
2	4	.75	21					1.0	.2		
3	9	1.5	18					1.0	.2		
4	5	1	17					.8	.2		
5	3	.5	14					.9	.2		
6											
7											
8	12	2.5	21					1.2	.2		
9	3	.5	14					1.0	.3		
10											
11	8	1.5	18					1.0	.2	3	-0-
12	4	.75	21					1.2	.2		
13											
14											
15	13	2.75	21					.8	.2		
16	4	.75	16					1.0	.2		
17	4	.75	21					.9	.2		
18	5	1	17					.8	.2		
19	4	.5	14					.8	.2		
20											
21											
22	17	3.75	22					.9	.2		
23	4	.75	21					.8	.2		
24											
25	10	2.25	21					1.0	.2		
26	4	.5	14					.8	.2		
27											
28											
29	16	3.5	21					.8	.2		
30	5	1	21					1.0	.2		
31	6	1	17					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.900(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 5 4 0 9 6 4 Name of Drinking Water System RIVER PARK # 3

Location: City or S/D FRUITLAND County PUTNAM

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN. 19[illegible]

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 300

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William L. Keller C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1135	10.1	245					26.2	4.5		
Average	37	3.45	12					1.2	.3		
Maximum	47	5	20					1.5	.4		
Minimum	23	1.5	6					1.0	.2		
1	28	1.5	6					1.2	.2		
2	34	2.5	9					1.0	.2		
3	47	3	8					1.4	.2		
4	23	2	20					1.2	.2		
5	44	2	6					1.3	.2		
6											
7											
8	105	12	14					1.4	.2		
9	28	3.5	15					1.2	.2		
10											
11	78	4.5	10					1.4	.2	5	e
12	45	5	14					1.2	.2		
13											
14											
15	110	9	10					1.0	.2		
16	38	3	10					1.2	.2		
17	36	3	10					1.4	.2		
18	46	4	11					1.0	.2		
19	35	4	14					1.0	.2		
20											
21											
22	19	1.5	12					1.2	.2		
23	31	1.5	8					1.0	.2		
24											
25	75	9.25	15					1.4	.4		
26	32	3.75	14					1.3	.3		
27											
28											
29	101	10	12					1.4	.2		
30	40	3	8					1.2	.2		
31	40	4	12					1.2	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-[illegible] ([illegible])
[illegible] December 31, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Feb. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 47

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals or Lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	139	18.25	266					17.8	4.5		
Average	5	.65	14					.9	.2		
Maximum	7	1	21					1.1	.3		
Minimum	4	.25	7					.6	.2		
1	4	1	14					.8	.2		
2	4	.75	21					1.1	.3		
3											
4											
5	15	2.25	14					1.0	.2		
6	3	.5	11					.8	.2		
7	3	.25	16					1.0	.3	3	-0-
8	4	.25	7					.6	.2		
9	6	.75	13					.9	.2		
10											
11											
12	14	1.5	11					1.0	.2		
13	5	.5	11					1.0	.2		
14	6	1	17					1.0	.3		
15											
16	9	1.25	15					.8	.2		
17											
18											
19	18	2.25	13					1.0	.2		
20	5	.5	11					.8	.2		
21	4	.5	14					1.0	.3		
22	5	.75	16					1.1	.3		
23	4	.5	14					1.0	.2		
24											
25											
26	14	1.5	11					.8	.2		
27	5	1	21					1.1	.3		
28	4	.75	16					1.0	.3		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

F.S. Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Feb. 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1163	147	318					26.0	5.0		
Average	42	5.25	16					1.9	.3		
Maximum	77	6	19					1.5	.4		
Minimum	28	4	8					1.0	.2		
1	48	6	15					1.4	.3		
2	43	5.5	15					1.4	.4		
3											
4											
5	136	17	15					1.3	.2		
6	48	6	15					1.5	.3		
7	33	5	19					1.4	.2	3	a
8	28	4.5	19					1.4	.2		
9	77	5	8					1.4	.2		
10											
11											
12	115	12	13					1.4	.2		
13	44	5	14					1.2	.2		
14	39	6	19					1.5	.3		
15	38	4.5	15					1.4	.2		
16	38	5.5	18					1.4	.4		
17											
18											
19	129	17	16					1.2	.2		
20	39	6	19					1.0	.2		
21	35	5	17					1.2	.2		
22	35	5	17					1.4	.3		
23	33	4.5	16					1.4	.2		
24											
25											
26	125	17	16					1.2	.3		
27	46	6	16					1.0	.2		
28	34	4.5	16					1.2	.3		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.909(3)
Effective September 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System Rivers Park #1

Location: City or S/D Fruitland County Putnam

Owned by Southern States Utilities Reporting Month March 1996

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 47

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals or Lbs Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	180	35.5	532					28.1	7.7		
Average	6	1.15	20					1.0	.3		
Maximum	9	2	39					1.2	.4		
Minimum	4	.5	14					.8	.2		
1	4	.5	14					1.0	.2	3	0
2	5	1	21					1.0	.3		
3											
4											
5	18	3.25	18					.8	.3		
6	4	.5	14					1.0	.2		
7	6	1	17					.8	.2		
8	5	.75	16					.8	.2		
9	4	.5	14					1.0	.3		
10	5	.75	16					1.1	.3		
11											
12	13	2.5	19					1.0	.3		
13	6	1	17					1.0	.2		
14	5	1	21					1.1	.2		
15	5	1	21					1.1	.3		
16	8	1.5	18					1.0	.3		
17	4	.75	28					1.2	.4		
18											
19	9	2	21					1.1	.4		
20	8	1	14					1.0	.3		
21	4	.5	11					1.0	.2		
22	9	2	21					1.0	.2		
23	8	2	24					1.1	.3		
24	7	1.75	29					1.2	.4		
25	6	1.5	25					1.0	.2		
26	6	1.75	29					1.2	.4		
27	8	2	24					1.1	.3		
28	8	2	24					1.2	.4		
29	6	1.25	21					1.1	.3		
30	5	1	24					1.2	.4		
31	4	.5	14					1.0	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

DER Form 17-22.909(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow 370,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MPN Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	1476	166	356						29.8	8.4		
Average	48	5.35	14						1.1	.3		
Maximum	79	9	19						1.4	.6		
Minimum	23	3	7						.8	.2		
1	34	4	14						1.2	.3	5	0
2	37	6	19						1.0	.3		
3												
4												
5	137	14	12						1.2	.3		
6	39	5	16						1.0	.2		
7	60	6.5	13						1.2	.3		
8	56	5.5	12						1.1	.3		
9	33	4	15						1.2	.3		
10	39	4	13						1.0	.2		
11												
12												
13	159	17	13						1.0	.2		
14	30	3	12						1.2	.4		
15	40	5	15						1.4	.4		
16	53	6	14						1.2	.3		
17	45	5	14						1.2	.4		
18												
19	99	11.5	14						1.1	.3		
20	79	8.5	13						1.2	.4		
21	23	3	16						1.4	.6		
22	67	9	16						1.2	.3		
23	39	5	15						1.4	.5		
24	42	4.75	14						1.2	.4		
25	45	5.25	14						1.1	.4		
26	47	5.5	14						1.1	.3		
27	61	7.5	15						1.0	.2		
28	50	3	7						.8	.2		
29	56	6.5	14						1.1	.3		
30	50	5.5	13						1.2	.4		
31	38	3	9						1.1	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(5)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540262 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 50

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals) or lbs Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap	
Monthly Total	185	25.75	340					23.1	5.4	
Average	6	.86	14					1.0	.2	
Maximum	10	1.5	21					1.1	.3	
Minimum	4	.5	11					.8	.2	
1	6	1.25	21					1.0	.2	
2	8	1.5	21					1.0	.2	
3	5	.5	11					.8	.2	
4	6	.75	13					.8	.2	
5	5	.5	11					.8	.2	
6	5	.5	11					.8	.2	
7	4	.5	14					1.1	.3	
8	6	1	17					1.0	.2	
9	10	1.5	16					1.0	.2	
10	8	1	14					1.1	.3	
11	8	1	14					1.0	.2	3
12	7	1	14					1.0	.2	
13	5	.5	11					1.0	.2	
14	4	.5	14					1.1	.3	
15	5	.5	11					1.0	.2	
16										
17	13	1.75	13					1.0	.2	
18	6	1	17					1.1	.3	
19	9	1.5	16					1.0	.2	
20	5	.5	11					.8	.2	
21										
22										
23	18	2.75	15					.8	.2	
24										
25	13	2	15					1.0	.3	
26	7	1	14					1.1	.3	
27	5	.5	11					1.0	.2	
28										
29										
30	17	2.5	15					.8	.2	
31										

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.909(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by Southern States Utilities Reporting Month April 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow 370,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1180	89.5	230					24.3	6.1		
Average	39	2.98	9					1.0	.2		
Maximum	48	4	13					1.2	.4		
Minimum	22	1.5	7					.6	.2		
1	40	3.5	10					1.0	.2		
2	42	3.5	10					1.0	.2		
3	28	2	8					1.1	.3		
4	46	3	8					1.0	.2		
5	28	3	13					1.0	.3		
6	36	3	10					1.0	.2		
7	22	1.5	8					1.0	.2		
8	35	3	10					1.1	.3		
9	47	4	10					.8	.2		
10	39	3.5	11					1.0	.3		
11	47	4	10					1.2	.4	5	⊖
12	44	4	11					1.2	.4		
13	35	3	10					1.1	.3		
14	40	2.5	8					1.0	.2		
15	45	3	8					1.0	.2		
16	48	3	8					.8	.2		
17	43	2.75	8					.8	.2		
18	40	2.5	8					.8	.2		
19	48	3.25	8					.6	.2		
20	40	2.5	7					.8	.2		
21											
22											
23	124	10	10					1.0	.2		
24											
25	81	4.5	10					1.1	.3		
26	39	3	9					1.0	.2		
27	96	2.5	8					1.1	.3		
28											
29											
30	107	8	9					.8	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by Southern States Utilities Reporting Month May 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 47

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	231	45	380					16.7	4.9		
Average	7	1.45	19					.8	.2		
Maximum	10	2	28					1.2	.4		
Minimum	5	.5	11					.5	.2		
1	6	1	17					.8	.2		
2	7	1.5	21					1.0	.2		
3	8	2	24					1.1	.3		
4	7	1.5	21					1.2	.4		
5											
6											
7	25	5	20					1.0	.2		
8	7	1	14					.8	.2		
9	8	2	24					1.0	.3	3	0
10	5	.5	11					.6	.2		
11	7	2	28					1.0	.3		
12											
13											
14	25	4	17					.6	.2		
15	6	1	17					1.0	.3		
16											
17	13	3	25					1.1	.4		
18	10	2	19					1.0	.3		
19											
20											
21	23	4.75	21					.8	.2		
22											
23	12	2	17					.6	.2		
24	7	1	14					.6	.2		
25	8	1.75	21					.5	.2		
26											
27											
28											
29	33	7	22					.8	.2		
30	6	1	19					.6	.2		
31	8	1.5	18					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office all in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(5)
Effective September 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System Bivins Park #3

Location: City or S/D Fruitland County Putnam

Owned by Southern States Utilities Reporting Month May 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1102	92	195					20.3	5.4		
Average	36	2.97	10					1.0	.3		
Maximum	45	4	17					1.4	.4		
Minimum	31	1.25	4					.5	.2		
1	39	2.5	8					1.0	.3		
2	34	1.25	4					.8	.3		
3	45	3.75	10					1.2	.4		
4	36	3	10					1.4	.4		
5											
6											
7	116	10	10					1.2	.4		
8	34	2	7					1.0	.2		
9	37	2.5	8					1.0	.2	3	
10	40	3	9					1.1	.3		
11	32	2	7					1.0	.2		
12											
13											
14	118	10.5	11					.4	.2		
15	39	4	13					1.0	.3		
16											
17	68	5	9					1.0	.2		
18	34	2	7					1.1	.3		
19											
20											
21	108	9	10					1.4	.3		
22											
23	43	6	17					1.2	.2		
24	31	4	13					.5	.2		
25	35	3	10					.8	.2		
26											
27											
28											
29	143	13	11					1.0	.5		
30	31	2.5	10					1.0	.2		
31	39	3	9					1.0	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(5)
December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System Rivers Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month June 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 165

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5326
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. of 1bs Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	228	34.25	250						9.6	2.9		
Average	8	1.21	16						.6	.2		
Maximum	10	2	21						1.0	.2		
Minimum	5	.5	8						.4	.1		
1	10	2	21						1.0	.2		
2												
3												
4	19	3	17						.8	.2		
5												
6	15	2.75	19						1.0	.2	3	
7	6	.75	13						.6	.2		
8	8	.75	11						.4	.2		
9												
10												
11	22	3	14						.4	.1		
12	6	.5	8						.4	.2		
13												
14	13	2	15						.6	.2		
15	5	.5	11						.4	.2		
16												
17												
18	23	4.5	19						.6	.2		
19	12	2	17						.6	.2		
20										.1		
21												
22	21	3.5	16						.6	.2		
23												
24												
25	29	4	15						.4	.1		
26												
27	14	2	15						.4	.2		
28	10	2	21						.6	.2		
29												
30	17	3	18						.8	.2		
31												

This form must be completed in full and submitted to the appropriate CSR or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month June 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 750

Design Flow 370,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kibler C. 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	698	72.5	197					14.7	3.7		
Average	23	2.42	12					.9	.2		
Maximum	40	3.5	18					1.2	.4		
Minimum	15	1	7					.6	.2		
1	34	3.5	13					1.0	.2		
2											
3											
4	93	9	12					1.2	.4		
5											
6	80	6	9					1.2	.3	5	⊖
7	28	3	13					1.0	.2		
8	30	2	8					.8	.2		
9											
10											
11	81	10	15					1.0	.2		
12	25	2	10					.8	.2		
13											
14	34	5	17					.8	.2		
15	19	2.5	18					1.0	.3		
16											
17											
18	61	7.5	15					.8	.2		
19	28	2	9					.8	.2		
20											
21											
22	63	7.5	14					1.0	.2		
23											
24											
25	49	6.5	16					1.1	.3		
26											
27	28	3	13					.8	.2		
28	15	1	8					.8	.2		
29											
30	32	2	7					.6	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(3)
Effective September 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month July 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 50

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report to correct William K. Kubin C 5926

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals of 1% Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	203	33	3.64					14.1	4.5		
Average	7	1.07	17					.6	.2		
Maximum	11	1.75	21					.8	.3		
Minimum	4	.5	14					.6	.2		
1	11	1.75	16					.6	.2		
2	8	1.5	18					.6	.2		
3	7	1	14					.6	.2		
4											
5	22	3.5	16					.8	.2	3	0
6	4	.5	14					.6	.2		
7											
8											
9	16	2.5	16					.6	.2		
10	7	1	14					.6	.2		
11	7	1.25	17					.8	.2		
12	8	1.5	21					.6	.2		
13	8	1.5	18					.7	.2		
14											
15											
16	14	2.25	16					.6	.2		
17	4	.75	16					.8	.3		
18	6	1	17					.7	.2		
19	4	1	14					.6	.2		
20	4	1	17					.6	.2		
21											
22											
23	15	2.5	16					.6	.2		
24	5	.75	16					.7	.2		
25	4	.5	21					.6	.2		
26	6	1	17					.6	.2		
27	6	1	17					.6	.2		
28											
29											
30	27	4.5	17					.6	.2		
31	4	.75	16					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month July 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow 370,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 3726

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	484	68	391					20.9	5.1		
Average	16	2.19	18					1.0	.2		
Maximum	31	5	30					1.2	.3		
Minimum	10	1	5					.7	.2		
1	14	1	7					1.0	.2		
2	18	4	27					.8	.2		
3	12	2	20					1.1	.3		
4											
5	42	7	14					.8	.2	3	
6	12	3	30					.8	.2		
7											
8											
9	37	6	19					.8	.3		
10	14	1	8					1.0	.2		
11	21	3	17					.8	.2		
12	13	3	30					1.0	.3		
13	26	1	5					.7	.2		
14											
15											
16	30	7	28					1.2	.3		
17	10	2	23					1.1	.3		
18	12	2	20					1.2	.2		
19	11	2	22					1.1	.2		
20	14	2	17					1.2	.3		
21											
22											
23	42	6	17					1.1	.2		
24	15	1	8					1.0	.2		
25	16	2	15					1.0	.2		
26	27	5	23					.8	.2		
27	13	2	18					.7	.2		
28											
29											
30	35	4	14					1.0	.3		
31	24	2	10					.7	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Water fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Parks #1

Location: City or S/D Fruitland County Putnam

Owned by SSU/Sunrise Reporting Month Aug. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 50

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	450	73	310					15.0	4.6		
Average	15	2.35	16					.7	.2		
Maximum	32	5	19					.8	.2		
Minimum	3	.5	11					.5	.2		
1	11	.5	19					.8	.2		
2	9	1.75	18					.8	.2		
3	7	1.25	19					.6	.2		
4											
5											
6	22	4	18					.8	.2		
7	4	.5	14					.6	.2		
8	4	.5	11					.6	.2		
9	8	1.25	15					.8	.2	3	⊖
10	3	.5	14					.8	.2		
11											
12											
13	17	3	18					.7	.2		
14	9	1.25	15					.6	.2		
15	14	2	15					.6	.2		
16	20	3.5	17					.7	.2		
17	19	3.5	18					.7	.2		
18											
19											
20	29	14	16					.6	.2		
21	28	4.5	16					.6	.2		
22	14	2	15					.6	.2		
23	27	4.5	16					.5	.2		
24	13	2	15					.6	.2		
25											
26											
27	60	10	17					.6	.2		
28	35	4	16					.6	.2		
29	10	1.5	14					.6	.2		
30	32	5	15					.6	.2		
31	5	.5	11					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Aug 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 300

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	630	51	273					23.2	4.6		
Average	20	1.65	13					1.0	.2		
Maximum	41	4	25					1.2	.2		
Minimum	8	.5	3					.8	.2		
1	24	.5	3					1.0	.2		
2	14	1.5	9					1.2	.2		
3	16	2	15					1.0	.2		
4											
5											
6	48	3	13					1.2	.2		
7	15	2	15					1.0	.2		
8	13	1	8					1.0	.2		
9	21	.5	3					1.0	.2	5	2 - Dist 142
10	19	.5	4					.8	.2		
11											
12											
13	134	4	4					1.0	.2		
14	10	2	25					1.0	.2		
15	17	3	21					1.0	.2		
16	26	1	5					1.0	.2		
17	16	2	14					1.0	.2		
18											
19											
20	52	5	12					1.0	.2		
21	24	3	9					.8	.2		
22	13	3	18					1.2	.2		
23	31	2	11					1.2	.2		
24	8	1	11					1.0	.2		
25											
26											
27	67	3	9					1.0	.2	2	-
28	39	4	17					.8	.2	2	-
29	14	1	8					1.0	.2		
30	33	3	11					1.0	.2		
31	10	2	22					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.209(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Sept. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 50

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	174	11	112					11.3	3.4		
Average	6	.37	7					.7	.2		
Maximum	12	1	8					.8	.2		
Minimum	3	.25	4					.6	.2		
1	12	1	8					.8	.2		
2											
3											
4	10	.75	8					.6	.2	3	NO Dists.
5	6	.5	8					.6	.2		
6											
7											
8											
9											
10	31	2	6					.8	.2		
11	3	.35	9					.6	.2		
12	4	.25	7					.7	.2		
13	6	.5	8					.6	.2		
14	8	.5	7					.8	.2		
15											
16											
17	14	1	7					.6	.2		
18	9	.75	8					.6	.2		
19	7	.5	7					.6	.2		
20	4	.25	7					.6	.2		
21	5	.25	5					.8	.2		
22											
23											
24											
25	26	1.25	5					.6	.2		
26	5	.25	5					.6	.2		
27											
28	11	.5	5					.8	.2		
29											
30	13	.5	4					.6	.2		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Sept. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1007	164	246					19.4	3.8		
Average	30	2.13	13					1.0	.2		
Maximum	46	6	22					1.2	.3		
Minimum	18	1	5					.8	.2		
1	46	2	5					1.0			
2											
3											
4	38	4	13					.8	.3		
5	36	6	20					1.0	.2	5	0
6											
7	45	4	11					1.0	.2		
8											
9											
10	59	6	12					.8	.2		
11	14	3	19					.8	.2		
12	17	3	14					1.0	.2		
13	31	3	8					1.0	.3		
14	14	3	11					1.0	.2		
15											
16											
17	57	6	13					1.2	.2		
18	33	3	11					1.0	.2		
19	22	4	22					1.0	.3		
20	30	1	4					1.0	.2		
21	33	1	4					1.2	.2	1	
22											
23											
24	65	10	19					1.0	.2		
25											
26	37	3.5	12					1.2	.2		
27	26	1.5	7					1.2	.3		
28	10	1	13					1.0	.2		
29											
30	25	4	20					1.2	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

FAR Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Oct. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 53

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report to correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	157	14.5	211					11.4	4.2		
Average	5	.47	10					.5	.2		
Maximum	9	1	14					.8	.2		
Minimum	2	.25	7					.4	.2		
1	3	.25	11					.6	.2		
2	6	.5	8					.6	.2		
3	6	.5	14					.6	.2	5	4
4	8	.75	9					.6	.2		
5	3	.25	11					.6	.2		
6											
7											
8	18	1.5	8					.6	.2		
9	9	.75	11					.6	.2		
10	4	.5	11					.6	.2		
11											
12	7	.5	7					.6	.2		
13											
14											
15	14	1	7					.6	.2		
16	5	.5	11					.6	.2		
17	4	.5	14					.8	.2		
18	7	.5	7					.6	.2		
19											
20											
21											
22	17	1.5	9					.6	.2		
23	5	.5	8					.6	.2		
24	4	.5	14					.8	.2		
25	6	.5	8					.6	.2		
26	3	.25	11					.6	.2		
27											
28											
29	22	2	9					.6	.2	4	
30	9	1	12					.6	.2	4	
31	3	.25	11					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tap flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Service Reporting Month Oct. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow 370,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	613	78	330					25.2	5.1		
Average	20	2.52	15					1.1	.2		
Maximum	47	4	24					1.6	.4		
Minimum	7	.5	8					.6	.2		
1	10	2	22					.8	.2		
2	23	2.5	13					.6	.2		
3	10	1	13					.6	.2	5	2 - Disls 1+2
4	24	2.5	13					.8	.2		
5	7	.5	8					1.5	.2		
6											
7											
8	31	5.5	13					1.6	.2		
9	28	3	13					1.0	.2		
10	16	1	8					1.0	.2		
11											
12	28	3	21					1.0	.2		
13											
14											
15	31	8	19					1.6	.3		
16	25	3	10					1.2	.3		
17	20	4	24					1.4	.3		
18	30	3	14					1.4	.2		
19	20	3	13					1.0	.2		
20											
21											
22	49	10	24					1.5	.2		
23	36	3	14					1.0	.2		
24	30	2.5	15					1.5	.3		
25	30	4	16					.8	.2		
26	19	1.5	13					.8	.2		
27											
28											
29	16	9	14					1.5	.3		
30	19	4	10					1.0	.2	2	
31	12	2	20					1.6	.4		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System River Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Nov. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 50

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	147	13	198					13.9	4.1		
Average	5	.43	10					.7	.2		
Maximum	8	.5	21					1.2	.3		
Minimum	2	.25	6					.6	.2		
1	5	.5	11					.6	.2		
2	5	.5	11					.6	.2		
3											
4											
5	19	1.5	9					.6	.2		
6	5	.5	11					.6	.2		
7	4	.25	6					.6	.2	3	*
8	7	.5	8					.8	.2		
9	2	.25	11					.6	.2		
10											
11											
12	12	1	8					.6	.2		
13	7	.5	7					.6	.2		
14	8	.5	6					.6	.2		
15	4	.5	14					.6	.2		
16	5	.5	11					.6	.2		
17											
18											
19	19	1.5	9					1.0	.2		
20	5	.5	11					.6	.2		
21	6	.5	8					.5	.2		
22											
23	8	.5	6					.6	.2		
24											
25											
26	16	1.5	10					1.2	.3		
27	3	.5	21					.8	.2		
28	4	.5	14					1.0	.2		
29											
30	7	.5	7					.8	.2		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Nov. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow 370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	852	110	301					19.4	4.3		
Average	28	3.67	15					1.0	.2		
Maximum	39	6.5	25					1.2	.3		
Minimum	15	1	6					.8	.2		
1	30	1	6					.8	.2		
2	35	4	20					1.2	.3		
3											
4											
5	26	11	14					.8	.2		
6	29	5	21					.8	.2		
7	30	3	12					1.0	.2	5	0
8	33	2	7					1.0	.2		
9	15	3	25					1.2	.2		
10											
11											
12	67	11	20					1.0	.2		
13	35	3	14					1.0	.2		
14	33	4	15					1.0	.2		
15	27	3	13					1.0	.2		
16	39	4	16					.8	.2		
17											
18											
19	81	10	15					1.0	.2		
20	28	3	13					.8	.2		
21	39	6.5	20					1.0	.2	1	
22											
23	49	2.5	6					1.0	.2		
24											
25											
26	109	20	22					1.2	.3		
27	32	3	8					.8	.2		
28	29	4	17					.8	.2		
29											
30	56	8	17					1.2	.3		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 Name of Drinking Water System Rivers Park #1

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Dec. 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 50

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	157	26	291					12.3	3.8		
Average	5	.84	16					.6	.2		
Maximum	12	2	28					.8	.2		
Minimum	4	.5	6					.3	.2		
1	6	.5	8					.8	.2		
2											
3	8	1	14					.4	.2		
4	4	.5	14					.4	.2	3	0
5								.4	.2		
6	9	1	12					.3	.2		
7											
8											
9											
10	15	4	26					.6	.2		
11	5	.5	11					.6	.2		
12	4	.5	14					.6	.2		
13	3	1	21					.4	.2		
14	4	1	21					.6	.2		
15											
16											
17	13	2.5	21					.6	.2		
18	9	1.5	18					.8	.2		
19	8	2	28					.8	.2		
20	12	2	17					.8	.2		
21	6	1	17					.8	.2		
22											
23											
24	18	1	6					.8	.2		
25											
26	6	1	17					.8	.2		
27	6	.5	8					.8	.2		
28											
29											
30											
31	19	3.5	18					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

...m Form 17-1.208(5)
...ective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 Name of Drinking Water System River Park #3

Location: City or S/D Fruitland County Putnam

Owned by SSU Services Reporting Month Dec. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 300

Design Flow .370000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	892	103	265					20.5	4.3		
Average	29	3.32	15					1.1	.2		
Maximum	59	6	22					1.5	.3		
Minimum	20	3	9					.8	.2		
1	29	4	17					1.2	.2		
2											
3	40	5	13					1.5	.3		
4	28	4	17					1.2	.3		
5								1.0	.2	3	0
6	33	7	16					1.2	.3		
7											
8											
9											
10	94	11	14					1.0	.2		
11	38	5	22					1.0	.2		
12	26	4	18					1.0	.2		
13	29	3	13					1.0	.2		
14	32	4	15					.8	.2		
15											
16											
17	92	9	12					1.0	.2		
18	39	7	14					1.2	.3		
19	20	3	18					1.0	.3		
20	40	3	9					1.0	.2		
21	40	4	12					1.0	.2		
22											
23											
24	80	7	10					1.2	.3		
25											
26	35	5	17					1.0	.2		
27	47	6	15					1.2	.2		
28											
29											
30											
31	112	12	13					1.0	.2		

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DNR Form 17-1.208(5)
Effective November 30, 1982

Rolling Green - 985

Citrus County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DLH ID No 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D Inverness County Citrus

Owned by Southern States Utilities Month JAN 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 54

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E McKinnis C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used 94%	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1064	39	0.4					77.6	18.4	0
Average	34							1.2	0.8	
Maximum	49							1.2	0.8	
Minimum	17							1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1	36							1.2	0.8	
2	40							1.2	0.8	
3	49	2.5						1.2	0.8	
4	34							1.2	0.8	
5										
6										
7	122							1.2	0.8	Pull S <1
8	28							1.2	0.8	
9	17	5.0						1.2	0.8	
10	72							1.2	0.8	
11	29	2.5						1.2	0.8	
12										
13										
14	83							1.2	0.8	
15	30	2.5						1.2	0.8	
16	31							1.2	0.8	
17	46							1.2	0.8	
18	30							1.2	0.8	
19										
20										
21	98							1.2	0.8	
27	28	2.5						1.2	0.8	
23	37	5.0						1.2	0.8	
24	42							1.2	0.8	
25	20	7.0						1.2	0.8	
26										
27										
28	90							1.2	0.8	
29	38							1.2	0.8	
30	30	2.5						1.2	0.8	
31	44	7.0						1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094587 Name of Drinking Water System Rolling Greens

Location: City of S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month FEB 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 56

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Cmar Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	894	38	0.5					24	14	0
Average	32							1.2	0.7	
Maximum	49							1.2	0.7	
Minimum	21							1.2	0.7	
										REMARKS: Bact. Sample Pick Up
1	27							1.2	0.7	
2										
3										
4	62							1.2	0.7	
5	44							1.2	0.7	
6	33	8.0						1.2	0.7	PULL 5 - A
7	42							1.2	0.7	
8	22							1.2	0.7	
9										
10										
11	41	2.5						1.2	0.7	
12	33							1.2	0.7	
13	48	2.5						1.2	0.7	
14	28							1.2	0.7	
15	21							1.2	0.7	
16										
17										
18	79							1.2	0.7	
19	37	7.5						1.2	0.7	
20	40							1.2	0.7	
21	49							1.2	0.7	
22	36	5.0						1.2	0.7	
23										
24										
25	95	2.5						1.2	0.7	
26	32							1.2	0.7	
27	34							1.2	0.7	
28	41	5.0						1.2	0.7	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D Inverness County Citrus

Owned by Southern States Utilities Month March 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 57

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John C Gnoc Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1083	56.5	0.6					23.3	12.1	0
Average	37							1.1	0.6	
Maximum	68							1.3	0.8	
Minimum	18							0.7	0.3	
										REMARKS: Bact. Sample Pick Up
1	41	2.0						1.2	0.6	
2										
3										
4	94	2.5						1.2	0.6	
5	18							0.8	0.4	PULLS - A
6	34							0.7	0.3	
7	39	2.0						0.9	0.5	
8	42	6.0						1.1	0.6	
9										
10										
11	78	2.5						1.1	0.5	
12	34							1.1	0.5	
13	54	8.0						1.0	0.4	
14	44							1.3	0.6	
15	40							1.3	0.6	
16										
17										
18	69	7.5						1.2	0.6	
19	20	6.0						1.2	0.6	
20	24							1.1	0.5	
21	31							1.1	0.6	
22	30	7.5						1.0	0.6	
23										
24										
25	166							1.0	0.6	
26	55	7.5						1.2	0.7	
27	68	7.5						1.3	0.8	
28	50	7.5						1.2	0.7	
29	52							1.3	0.8	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094587 Name of Drinking Water System Rolling Greens

Location City of S/D Rolling Greens - Inverness County CITRUS

Owned by SOUTHERN STATES UTILITIES Month APRIL 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 57

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4541

I certify this report is correct John E Grace Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine NaOCl Lbs. Used	Chlorine NaOCl mg/l	· Lbs. Used	· mg/l	· Lbs. Used	· mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1230	65	0.6					24.7	14.2	0
Average	41							1.1	0.6	
Maximum	72							1.5	0.9	
Minimum	12							0.9	0.4	
										REMARKS: Bact. Sample Pick Up
1	155	5						1.0	0.5	
2	62	2.5						1.0	0.6	pull 5 BACTS
3	72	2.5						1.0	0.6	
4	57							1.3	0.7	
5	46	2.5						1.2	0.7	
6										
7										
8	112	2.5						1.0	0.6	
9	39							1.0	0.6	
10	47							1.0	0.7	
11	23	2.5						0.5	0.4	
12	32							1.5	0.9	
13										
14										
15	140	2.5						1.5	0.9	
16	50	2.5						1.3	0.6	
17	56							1.5	0.7	
18	33							1.4	0.7	
19	24	2.5						1.3	0.6	
20										
21										
22	84	2.5						0.9	0.6	
23	32	5.0						1.0	0.6	
24	23							1.0	0.6	
25	12							1.0	0.6	
26	13	5.0						1.0	0.6	
27										
28										
29	80	2.5						1.0	0.6	
30	40							1.0	0.6	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks 3.5 INCHES OF RAIN ON 4/24 USAGE DOWN TO 12,000

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month MAY 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 54

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine PCL: lbs Used	mg/l	• Lbs. Used	mg/l	• Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	1256	65	0.6					23.1	11.9	0
Average	41	2.1						1.0	0.5	
Maximum	84							1.3	0.6	
Minimum	15							0.6	0.3	
										REMARKS. Bact. Sample Pick Up
1	55	5.0						1.0	0.6	PULL 5 BACT'S - A
2	29							1.0	0.6	
3	25							1.0	0.6	
4										
5										
6	168	7.5						0.8	0.3	
7	42							1.3	0.6	
8	51	5.0						1.3	0.6	
9	38							1.3	0.6	
10	22							1.1	0.6	
11										
12										
13	161	10.0						1.0	0.5	
14	59							1.0	0.6	
15	84							1.0	0.6	
16	56	5.0						1.0	0.5	
17	21	5.0						0.6	0.3	
18										
19										
20	144	2.5						0.9	0.4	
21	54	2.5						1.0	0.5	
22	47	2.5						1.0	0.4	
23	35	2.5						1.0	0.4	
24	15	10.0						1.0	0.5	
25										
26										
27	71							0.9	0.4	
28	23	2.5						0.9	0.3	
29	35							1.0	0.6	
30	23							1.0	0.6	
31	18	5.0						1.0	0.6	

Note: Fold this flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DLR ID No. 6094587 Name of Drinking Water System Rolling Greens

Location (City or S/D) INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JUNE 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 55

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Snow Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	920	40	0.5					24.5	12.3	0
Average	33	1.4						1.2	0.6	
Maximum	62							3.0	2.0	
Minimum	10							0.4	0.3	
										REMARKS. Bact. Sample Pick Up
1										
2										
3	76							1.0	0.5	
4	26	2.5						1.0	0.5	PULL S - A
5	28							1.0	0.5	
6	13	2.5						1.0	0.5	
7	12	5.0						1.0	0.5	
8										
9										
10	64									
11	38	5.0						1.0	0.5	
12	62							1.0	0.5	
13	46	2.5						0.5	0.3	
14	32	2.5						1.0	0.5	
15								0.8	0.4	
16										
17	186									
18	58	5.0						0.5	0.3	
19	37							0.4	0.3	
20	16	5.0						3.0	2.0	
21	27							2.5	1.5	
22								2.5	1.0	
23										
24	89							1.5	0.5	
25	37	5.0						1.2	0.5	
26	40							1.2	0.5	
27	23							1.2	0.5	
28	101	5.0						1.2	0.5	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D Inverness County Citrus

Owned by Southern States Utilities Month July 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 55

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie (Lead Operator's Signature) C-5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Used ~~Lbs.~~ gal	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1028	65	.8					25.3	10.9	0
Average	33							1.2	0.5	
Maximum	61							1.3	0.6	
Minimum	16							0.8	0.3	
										REMARKS: Bact. Sample Pick Up
1	77							1.2	0.5	PULL 5 - A
2	34	5						1.2	0.5	
3	31							0.2	0.5	
4										
5	27	2.5						1.2	0.5	
6										
7										
8	95							0.9	0.3	
9	38	2.5						1.2	0.5	
10	61	5.0						1.2	0.5	
11	37	2.5						1.3	0.6	
12	16	2.5						1.3	0.6	
13										
14										
15	84	5.0						1.3	0.6	
16	27	2.5						1.2	0.5	
17	38							1.2	0.5	
18	21	5.0						1.2	0.5	
19	27							1.2	0.5	
20										
21										
22	124	7.5						1.2	0.5	
23	54	5.0						1.2	0.5	
24	48							1.1	0.5	
25	38	7.5						1.1	0.5	
26	17							1.1	0.5	
27										
28										
29	90	7.5						1.0	0.5	
30	22							1.2	0.5	
31	32							0.6	0.3	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month AUG 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 55

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Moe Jr (Lead Operator's Signature) C-5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	877	105.5	1.4					32.5	13.5	0
Average	29							1.5	0.6	
Maximum	54							2.0	0.9	
Minimum	15							1.0	0.4	
										REMARKS: Bact. Sample Pick Up
1	25							1.5	0.5	
2	19	10.5						1.5	0.4	
3										
4										
5	78	10.0						1.6	0.6	
6	17							2.0	0.9	Pull S - A
7	54							1.6	0.6	
8	30	7.5						1.6	0.6	
9	24	7.5						1.6	0.6	
10										
11										
12	115	7.5						1.6	0.7	
13	42	5.0						1.6	0.5	
14	44							1.6	0.5	
15	18	5.0						1.6	0.7	
16	14	5.0						1.6	0.7	
17										
18										
19	105	10.0						1.0	0.4	
20	23							1.6	0.7	
21	31	7.5						1.0	0.4	
22	20							2.0	0.8	
23	17	5.0						1.5	0.6	
24										
25										
26	68	7.5						1.2	0.5	
27	15							1.6	0.7	
28	42	5.0						1.2	0.5	
29	40	7.5						1.2	0.5	
30	31	5.0						1.0	0.5	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D Inverness County Citrus

Owned by Southern States Utilities Month Sept 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 59

Design Flow .259 mgd Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E. Mackenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used 946	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1391	125	1.0					24.6	10.6	0
Average	46							1.2	0.5	
Maximum	65							1.5	0.6	
Minimum	30							0.8	0.3	
										REMARKS: Bact. Sample Pick Up
1										
2	114	10.0						1.0	0.5	
3	51	5.0						1.0	0.5	Pulls 5 = A
4	52	5.0						1.0	0.5	
5	48	5.0						1.0	0.5	
6	46	5.0						1.0	0.5	
7										
8										
9	134	10.0						1.2	0.6	
10	30							1.2	0.6	
11	48	5.0						1.2	0.6	
12	46							1.2	0.6	
13	46	10.0						1.2	0.6	
14										
15										
16	133	7.5						1.0	0.5	
17	39	7.5						1.0	0.5	
18	49	5.0						1.0	0.5	
19	61							1.0	0.5	
20	42	10.0						1.0	0.4	
21										
22										
23	158	7.5						0.8	0.3	
24	51	7.5						0.8	0.3	
25	66	7.5						1.0	0.4	
26	33							1.5	0.5	
27	38	10.0						1.5	0.6	
28										
29										
30	105	7.5						1.5	0.6	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month OCTOBER 19 91

Plant Effluent mfl 7.5 (Avg) No. of Services at End of Month 54

Design Flow 2.59 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie C-5360
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine lbs Cl2 Used	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	1106	107.5	1.2					32.8	12.8	0
Average	36							1.4	0.6	
Maximum	60							2.5	0.9	
Minimum	17							0.8	0.3	
										REMARKS: Bact. Sample Pick Up
1	27	2.5						1.5	0.6	Pull 5 - A
2	39	2.5						1.5	0.6	
3	18							2.5	0.9	
4	21	5.0						2.0	0.8	
5										
6										
7	65	10.0						0.9	0.4	
8	17							2.0	0.9	
9	37	5.0						0.9	0.4	
10	23							2.0	0.9	
11	44	10.0						1.5	0.6	
12										
13										
14	91	2.5						1.5	0.5	
15	40	2.5						1.0	0.4	
16	43	2.5						1.0	0.4	
17	41	2.5						1.5	0.5	
18	45	5.0						1.5	0.5	
19										
20										
21	145	7.5						1.3	0.4	
22	36	2.5						0.9	0.3	
23	60	7.5						0.8	0.3	
24	43							1.0	0.4	
25	35	7.5						1.0	0.4	
26										
27										
28	110	7.5						1.0	0.4	
29	41	5.0						1.0	0.5	
30	44							2.5	0.9	
31	41							2.0	0.7	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D Inverness County Citrus

Owned by Southern States Utilities Month November 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 59

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gmac, Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1351	90	0.8					25.7	10.6	0
Average	47							1.2	0.5	
Maximum	86							2.0	0.8	
Minimum	26							0.7	0.3	
										REMARKS: Bact. Sample Pick Up
1	41	7.5						2.0	0.5	
2										
3										
4	131	10.0						1.0	0.6	
5	26							1.0	0.6	Pull 5 Bacts = A
6	40	7.5						1.0	0.6	
7	35							1.0	0.6	
8	38	7.5						1.0	0.6	
9										
10										
11	123	5.0						1.0	0.4	
12	43	5.0						1.0	0.4	
13	55	2.5						1.0	0.4	
14	61	2.5						1.0	0.4	
15	59	7.5						1.0	0.4	
16										
17										
18	123	7.5						0.7	0.3	
19	44							1.0	0.4	
20	70	5.0						1.0	0.4	
21	34							2.0	0.8	
22	86	5.0						1.5	0.4	
23										
24										
25	116	7.5						2.0	0.7	
26	36							2.0	0.5	
27	48	2.5						1.0	0.5	
28	45							1.5	0.6	
29	43	2.5						1.0	0.4	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No 6094587 Name of Drinking Water System Rolling Greens

Location: City of S/D Inverness County Citrus

Owned by Southern States Utilities Month Dec. 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 59

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John C. MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	1290	77.5	0.7					26.3	10.9	0
Average	42							1.2	0.5	
Maximum	64							2.0	0.6	
Minimum	25							0.8	0.3	
										REMARKS: Bact. Sample Pick Up
1										
2	43	2.0						1.5	0.5	Pull 5 - A
3	33							1.5	0.5	
4	49							0.9	0.3	
5	45							0.8	0.3	
6	30	2.0						2.9	0.4	
7										
8										
9	144	2.5						0.8	0.4	
10	47	2.5						1.5	0.5	
11	40							2.0	0.6	
12	43	5.0						1.5	0.5	
13	32							1.5	0.5	
14										
15										
16	289	7.5						1.5	0.5	
17	38	2.5						1.0	0.4	
18	49	2.5						1.0	0.4	
19	32	5.0						1.0	0.4	
20	37	2.5						1.5	0.5	
21										
22										
23	112							1.0	0.4	
24	40							1.0	0.6	
25	32	5.0						1.0	0.6	
26	40							1.0	0.6	
27	27	5.0								
28										
29								1.0	0.6	
30	87	5.0								
31	25									

Note: Fold for flap down, fold this flap up over it, then staple or tape.

Remarks

RECEIVED FEB 9 1990 DER

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID/NO. 6094587 Name of Drinking Water System Rolling GREENS

Location: City or S/D Rolling GREENS - INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JAN 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 54

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-932 4501

I certify this report is correct John E. Gonzalez JR (Lead Operator's Signature) 6 8386 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	10% Chlorine Lbs. Used	mg/l	• Lbs. Used	mg/l	• Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	731	30	0.5					301	137	0
Average	24	1.0						1.6	0.7	
Maximum	32	2.0						1.9	1.0	
Minimum	14	1.0						1.2	0.6	
										REMARKS: Bact. Sample Pick Up
1	59	2.5						1.5	0.7	
2	17							1.5	0.7	PH (5) <1
3										
4	42	2.5						1.2	0.6	
5	17							1.2	0.6	
6										
7										
8	37							1.5	0.6	
9	21	2.5						1.8	0.7	
10	18							1.9	1.0	
11	15	2.5						1.8	0.7	
12	17							1.8	0.6	
13	31							1.8	0.7	
14										
15	36	2.5						1.7	0.7	
16										
17	50							1.8	0.8	
18										
19	64	5.0						1.5	0.8	
20										
21										
22	80	2.5						1.5	0.8	
23										
24	56							1.5	0.8	
25										
26	49	5.0						1.3	0.7	
27	14							1.5	0.7	
28										
29	52	2.5						1.5	0.8	
30										
31	56	2.5						1.8	0.7	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D Rolling Greens Inverness County Citrus

Owned by Southern States Utilities Month Feb 1990

Plant Effluent pH _____ (Avg) No. of Services at End of Month 54

Design Flow .259 MGD. Remarks (See reverse side) Phone No.: 1-800 432 4501

I certify this report is correct John E Grace Jr (Lead Operator's Signature) C-5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gas Lbs. Used	mg/l	• Lbs. Used	mg/l	• Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	775	37.5	0.6					17.3	8.7	0
Average	27.7	1.3						1.3	0.7	
Maximum	89	2.5						1.6	0.8	
Minimum	25	1.2						1.0	0.6	
										REMARKS: Bact. Sample Pick Up
1										
2	62	5.0						1.5	0.6	
3										
4										
5	99	2.5						1.5	0.7	All (5) 41
6	37	2.5						1.6	0.7	
7	25							1.6	0.8	
8										
9	74	2.5						1.6	0.8	
10										
11										
12	76	5.0						1.6	0.7	
13										
14	49	2.5						1.3	0.6	
15										
16	59	2.5						1.4	0.7	
17										
18										
19	117	5.0						1.2	0.6	
20										
21	46	2.5						1.0	0.6	
22										
23	47	5.0						1.0	0.6	
24										
25										
26	53							1.0	0.6	
27										
28	47	2.5						1.0	0.6	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094587 Name of Drinking Water System Rolling Green S

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Reporting Month MARCH 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 99.

Design Flow .259 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gmac, Kenzie C 5380
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1286	36	.3					146	9.2		0
Average	42.9	2.5						1.0	0.7		
Maximum	55	2.5						1.2	0.8		
Minimum	12	1.2						0.9	0.6		
1											
2	130	2½						1.0	0.7		
3											
4											
5	36	2½						1.5	0.6		
6										5	0
7	70	2½						1.0	0.6		
8											
9	70	2.5						1.1	0.7		
10											
11											
12	148	2.5						1.2	0.8		
13	48							1.1	0.6		
14	51	2.5						1.1	0.6		
15											
16	81	5.0						1.1	0.6		
17											
18											
19	116	2.5						1.0	0.8		
20											
21	54	2.5						1.0	0.7		
22											
23	100	5.0						1.0	0.7		
24											
25											
26	164	2.5						1.0	0.7		
27											
28	102							0.9	0.6		
29											
30	46	3.5						1.0	0.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094587 Name of Drinking Water System ROLLING GREENS

Location: City of S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month APRIL 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 54

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie (Lead Operator's Signature) C-5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	1355	54	0.2					19.2	12.1	0
Average	45.2	1.8						1.1	0.7	
Maximum	59	3.3						1.5	0.8	
Minimum	25	1.3						1.0	0.6	
										REMARKS: Bact. Sample Pick Up
1										
2	74	2.5						1.0	0.7	
3										
4	74	2.5						1.5	0.8	5 <1
5										
6	97	10						1.3	0.7	
7										
8										
9	141	5.0						1.3	0.8	
10										
11	83	2.5						1.1	0.7	
12	25	1.5						1.0	0.7	
13	39	2.5						1.0	0.7	
14										
15										
16	134							1.0	0.7	
17	45	2.5						1.0	0.7	
18	53	3.5						1.0	0.7	
19	53							1.0	0.7	
20	43	2.5						1.0	0.7	
21										
22										
23	136	2.5						1.0	0.7	
24	35							1.0	0.7	
25	59							1.0	0.6	
26	57	2.5						1.0	0.6	
27	61	5.0						1.0	0.6	
28										
29										
30	146	10						1.0	0.6	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DL Visit mailed DER

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D Inverness County Citrus

Owned by Southern States Utilities Month May 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 54

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie (Lead Operator's Signature) C-5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l		Bacteriological MCL Violations
		~~Lbs.~~ Used Gas	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Plant Effluent	(RT)	
Monthly Total	1662	75	.5					25.1	14.6	0
Average	53.6	2.4						1.0	0.6	
Maximum	72							1.6	0.7	
Minimum	32							0.9	0.5	
										REMARKS: Bact. Sample Pick Up
1	66	2.5						1.0	0.6	5 21
2	56	1						1.0		
3	58	2.4						1.0	0.6	
4	47	2.5						0.9	0.5	
5										
6										
7	154	5.0						0.9	0.5	
8	53	2.5						1.0	0.6	
9	64	2.5						1.0	0.6	
10	33	2.5						1.6	0.6	
11	38	5.0						1.2	0.7	
12										
13										
14	154	5.0						1.2	0.7	
15	62	2.5						1.2	0.7	
16	54	2.5						1.1	0.7	
17	66	5.0						1.0	0.6	
18	63	5.0						1.0	0.6	
19										
20										
21	179	2.5						1.0	0.6	
22	48	2.5						1.0	0.6	
23	45	5.0						1.0	0.6	
24	72	2.0						1.0	0.6	
25	57	2.5						1.0	0.6	
26										
27										
28	156	5.0						1.3	0.8	
29	52							1.2	0.7	
30	46	2.0						1.2	0.7	
31	57							1.2	0.7	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094587 Name of Drinking Water System Rolling Green

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JUNE 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 99

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gnau Kenyon C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gas Used	mg/l	• Lbs. Used	mg/l	• Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	1032	66.5	0.8					25.8	14.9	0
Average	35.6	2.3						1.2	0.7	
Maximum	63							1.4	0.8	
Minimum	18							1.0	0.6	
										REMARKS: Bact. Sample Pick Up
1	46	2						1.2	0.7	
2										
3										
4	79	5.0						1.2	0.7	
5	33	5.0						1.4	0.8	
6	10	2.5						1.4	0.8	PULL 5 L1
7	43	5.0						1.3	0.7	
8	35	12.5						1.2	0.7	
9										
10										
11	97	10.0						1.2	0.7	
12	29	2.5						1.1	0.6	
13	43							1.1	0.6	
14	39	2.5						1.4	0.8	
15	62	2.5						1.2	0.7	
16										
17										
18	42	5.0						1.2	0.7	
19	36	2.5						1.3	0.8	
20	45							1.3	0.8	
21	60	2.5						1.2	0.7	
22	41	1						1.2	0.7	
23										
24										
25	72	2						1.2	0.7	
26	18	1						1.2	0.7	
27	30							1.2	0.7	
28	20							1.2	0.7	
29	34	2.5						1.2	0.7	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6A9.4582 Name of Drinking Water System Rolling Greens

Location: City or S/D Rolling Greens Inverness County Citrus

Owned by Southern States Utilities Month July 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 54

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E. Grace, Jr. C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
		Lbs. Used 99%	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	992	34	04					29	17.5	4 Cl - 1 Res-3 at Well 1
Average	32							1.3	0.8	
Maximum	61							1.4	0.8	
Minimum	20							1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1										
2	103	2.5						1.2	0.7	
3	24	2.5						1.4	0.8	
4	25							1.4	0.8	
5	26	2.5						1.4	0.8	
6	33	2.5						1.4	0.8	
7										
8										
9	122							1.4	0.8	
10	24	5.0						1.3	0.8	
11	61							1.3	0.8	Pull 5
12	40							1.3	0.8	
13	46	2.0						1.3	0.8	
14										
15										
16	63	2.5						1.4	0.8	
17	28							1.4	0.8	
18	41							1.3	0.8	
19	19							1.3	0.8	
20	27	2.5						1.3	0.8	
21										
22										
23	68	2.5						1.3	0.8	
24	28							1.3	0.8	
25	47							1.3	0.8	
26	20	2.5						1.3	0.8	
27	39							1.3	0.8	
28								1.3	0	
29										Well 1 Res-3 mit
30	77							1.3	0.8	Well 1 Res-4 mit
31	30	2.0						1.3	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DLR ID No 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D Inverness County Citrus

Owned by Southern States Utilities Month Aug 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 54

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Cmar Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		~~Lbs.~~ Used Gas	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	869	33.5	0.5					26.5	15.5	0
Average	28							1.2	0.7	
Maximum	50							1.2	0.7	
Minimum	19							0.9	0.7	
										REMARKS: Bact. Sample Pick Up
1	47	2						1.2	0.7	
2	47	2.5						1.2	2.	
3	24							1.2	0.7	
4										
5										
6	29	2.5						1.2	0.7	
7	24							1.2	0.7	
8	50	2						1.2	0.7	Pull 5 & 1
9	24							1.2	2.	
10	42	2						1.2		
11										
12										
13	66	2.0						1.2	0.7	
14	25							1.2	0.7	
15	19							1.2	0.7	
16	43	2.0						1.2	0.7	
17	23							1.2	0.7	
18										
19										
20	80	2.0						1.2	0.7	
21	22							0.9	0.5	
22	30	2.5						0.9	0.5	
23	22							0.9	0.5	
24	24	2.5						1.0	0.7	
25										
26										
27	61	2.0						1.2	0.7	
28	34	1.5						1.2	0.7	
29	45							1.2	0.7	
30	48							1.2	0.7	
31	25	2.5						1.2	0.7	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D Inverness County Citrus

Owned by Southern States Utilities Month Sept 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 54

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct _____ (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		*		*		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		~~lbs~~ Used GAS	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	1504	77	0.6					24.2	12.7	0
Average	50	2.6						1.2	0.6	
Maximum	75							1.5	0.8	
Minimum	37							1.0	0.6	
										REMARKS: Bact. Sample Pick Up
1										
2										
3	73							1.2	0.6	
4	37	5						1.2	0.6	
5	39							1.2	0.6	Pulls 41
6	49							1.2	0.6	
7	66	10						1.2	0.6	
8										
9										
10	165	2.5						1.2	0.6	
11	56	5.0						1.2	0.6	
12	60							1.2	0.6	
13	52							1.2	0.6	
14	53	15						1.1	0.6	
15										
16										
17	125	5						1.2	0.6	
18	44	2.5						1.1	0.6	
19	75	2.5						1.1	0.6	
20	57	2.5						1.1	0.6	
21	71	10.0						1.1	0.6	
22										
23										
24	184	7.0						1.0	0.6	
25	53	5.0						1.5	0.8	
26	66							1.5	0.8	
27	73							1.5	0.8	
28	59	5.0						1.2	0.7	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6694587 Name of Drinking Water System Rolling Greens

Location: City of S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month OCT 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 54

Design Flow .259 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John C MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Used Lbs. Gal	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1240	57.5	06					28.3	17.8	0
Average	40							1.2	0.8	
Maximum	62							1.5	0.9	
Minimum	17							0.9	0.5	
										REMARKS: Bact. Sample Pick Up
1	83	2.5						1.0	0.7	
2	30							1.2	0.7	
3	51	5.0						1.0	0.7	Pull 5 <1
4	42							1.2	0.7	
5	58	2.5						1.4	0.7	
6										
7										
8	137							0.9	0.6	
9	35	7.5						0.9	0.6	
10	34							0.9	0.6	
11	24							1.5	1.0	
12	17	5.0						1.3	0.9	
13								1.3	0.9	
14										
15	92	2.5						1.5	0.9	
16	37							1.3	0.9	
17	62							1.3	0.9	
18	41	5.0						6.9	0.5	
19	36	5.0						1.3	0.9	
20										
21										
22	111	5.0						0.7	0.6	
23	29							1.6	0.9	
24	38							1.4	0.5	
25	38	5.0						1.3	0.8	
26	36	2.5						1.4	0.9	
27										
28										
29	115	5.0						1.3	0.8	
30	33							1.4	0.8	
31	56							1.4	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D Inverness County Citrus

Owned by Southern States Utilities Month November 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 554

Design Flow .254 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

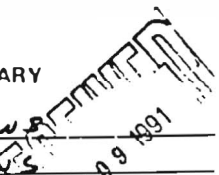
Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Used gal	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1194	46.5	0.5					24.1	15.2	0
Average	40							1.1	0.7	
Maximum	57							1.2	0.8	
Minimum	18							0.6	0.2	
										REMARKS: Bact. Sample Pick Up
1	46	2.5						1.1	0.6	
2	50	5.0						1.5	0.7	
3										
4										
5	139							0.6	0.2	
6	40	5.0						0.9	0.4	
7	54	2.5						0.7	0.3	Pull 5 Cl
8	50							0.9	0.5	
9	49	2.5						1.0	0.7	
10										
11										
12	83	5.0						1.0	0.7	
13	46							1.0	0.7	
14	57							1.0	0.7	
15	48	7.0						1.0	0.7	
16	40							1.2	0.8	
17										
18										
19	130	5.0						1.2	0.8	
20	44							1.2	0.8	
21	50							1.2	0.8	
22	50							1.2	0.8	
23	34	5.0						1.2	0.8	
24										
25										
26	88	1.0						1.2	0.8	
27	25							1.2	0.8	
28	35	5.0						-	-	
29	24							1.2	0.8	
30	18							1.2	0.8	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

To: Sierra
For Your Files

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY



DLH ID No. 6094587 Name of Drinking Water System Rolling Greens

Location: City or S/D Inverness County Citrus

Owned by Southern States Utilities Month December 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 54

Design Flow .254 MGD Remarks (See reverse side) Phone No.: 1-800-432-4874

I certify this report is correct John E Gmor Kenyon C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Used gal	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1060	25	0.3					25.2	16.8	0
Average	34							1.2	0.8	
Maximum	45							1.2	0.8	
Minimum	26							1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1										
2										
3	29							1.2	0.8	
4	34	5						1.2	0.8	Rule 5 <1
5	43							1.2	0.8	
6	28							1.2	0.8	
7	38	5						1.2	0.8	
8										
9										
10	43	2.5						1.2	0.8	
11	26							1.2	0.8	
12	30							1.2	0.8	
13	40							1.2	0.8	
14	35	2.5						1.2	0.8	
15										
16										
17	125							1.2	0.8	
18	37	5						1.2	0.8	
19	45							1.2	0.8	
20	37							1.2	0.8	
21	44							1.2	0.8	
22										
23										
24	116							1.2	0.8	
25	28							1.2	0.8	
26	31	5						1.2	0.8	
27	29							1.2	0.8	
28	32							1.2	0.8	
29										
30										
31	117									

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 609.4905 Name of Drinking Water System ROSEMONT

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month 12 - JAN 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John C Cmar Keyes C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used gas	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	263	9	0.4					27.6	18.4	0
Average	8							1.2	0.8	
Maximum	12							1.2	0.8	
Minimum	5							1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1	9							1.2	0.8	
2	12							1.2	0.8	
3	11	1.5						1.2	0.8	
4	12							1.2	0.8	
5										
6										
7	29							1.2	0.8	Pull 4 of 4
8	11							1.2	0.8	
9	7	1.5						1.2	0.8	
10	10							1.2	0.8	
11	6							1.2	0.8	
12										
13										
14	21							1.2	0.8	
15	7	1.0						1.2	0.8	
16	11							1.2	0.8	
17	5							1.2	0.8	
18	8							1.2	0.8	
19										
20										
21	29	1.0						1.2	0.8	
22	8							1.2	0.8	
23	9							1.2	0.8	
24	6							1.2	0.8	
25	8	1.0						1.2	0.8	
26										
27										
28	23							1.2	0.8	
29	7							1.2	0.8	
30	9	3						1.2	0.8	
31	5							1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094905 Name of Drinking Water System Rosemont

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month FEB 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gnac Kenyics C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
		Lbs. Used ~~gal~~	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	203	10	0.7					24	16	0
Average	7							1.2	0.8	
Maximum	11							1.2	0.8	
Minimum	3							1.2	0.8	
										REMARKS: Bact. Sample Pick Up
1	8	2.5						1.2	0.8	
2										
3										
4	15							1.2	0.8	
5	5							1.2	0.8	
6	11							1.2	0.8	pull 4 - A
7	6							1.2	0.8	
8	7							1.2	0.8	
9										
10										
11	25	2.5						1.2	0.8	
12	3							1.2	0.8	
13	10							1.2	0.8	
14	6							1.2	0.8	
15	6							1.2	0.8	
16										
17										
18	17	2.5						1.2	0.8	
19	10							1.2	0.8	
20	7							1.2	0.8	
21	11							1.2	0.8	
22	11							1.2	0.8	
23										
24										
25	24							1.2	0.8	
26	7	2.5						1.2	0.8	
27	8							1.2	0.8	
28	6							1.2	0.8	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DLH ID No. 6094905 Name of Drinking Water System Rosemont

Location City or S/D Inverness County Citrus

Owned by Southern States Utilities Month March 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gmac Kenyon C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	230	10	0.5					25.8	15.9	0
Average	8							1.2	0.8	
Maximum	14							1.4	0.8	
Minimum	3							1.1	0.7	
										REMARKS: Bact. Sample Pick U
1	9							1.2	0.8	
2										
3										
4	23	1.0						1.2	0.7	
5	5							1.2	0.7	Pull 4 = A
6	6							1.2	0.7	
7	14	3.0						1.2	0.7	
8	10							1.4	0.8	
9										
10										
11	18							1.3	0.8	
12	5							1.3	0.8	
13	7							1.3	0.8	
14	7							1.3	0.8	
15	8	1.0						1.2	0.7	
16	6									
17	6									
18	17							1.2	0.7	
19	10							1.2	0.8	
20	3	2.5						1.2	0.8	
21	11							1.2	0.8	
22	5							1.3	0.8	
23										
24										
25	25							1.3	0.8	
26	10							1.1	0.8	
27	14							1.1	0.7	
28	12							1.1	0.7	
29	11	2.5						1.1	0.7	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6094905 Name of Drinking Water System Rosemont

Location City or S/D Rosemont - Inverness County Citrus

Owned by Southern States Utilities Month April 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Grace Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Used lbs/day	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	297	10	.4					26.5	16.3	0
Average	10							1.2	0.7	
Maximum	18							1.3	0.8	
Minimum	4							1.0	0.6	
										REMARKS: Bact. Sample Pick Up
1	28							1.2	0.8	
2	12							1.3	0.8	Pull 4 Bacts
3	18							1.3	0.8	
4	14	3.5						1.2	0.7	
5	11							1.3	0.7	
6										
7										
8	23							1.3	0.7	
9	10							1.3	0.7	
10	12	2.5						1.3	0.8	
11	4							1.3	0.8	
12	7							1.3	0.8	
13										
14										
15	36							1.3	0.8	
16	14							1.3	0.8	
17	16							1.3	0.8	
18	6	2.5						1.3	0.8	
19	10							1.3	0.8	
20										
21										
22	20							1.0	0.6	
23	8							1.1	0.7	
24	4							1.1	0.7	
25	5							1.0	0.6	
26	4							1.0	0.6	
27										
28										
29	24	2.5						1.0	0.6	
30	11							1.0	0.6	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6094905 Name of Drinking Water System ROSEMONT

Location City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month MAY 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gmac Kenyon C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	454	15	0.4					26.6	15.4	0
Average	15	.5						1.2	0.7	
Maximum	29							1.3	0.7	
Minimum	6							0.9	0.5	
										REMARKS. Bact. Sample Pick Up
1	15							1.3	0.7	PULL 4 -A
2	17							1.3	0.7	
3	16							1.2	0.7	
4										
5										
6	64	2.5						1.0	0.5	
7	17							1.2	0.7	
8	18							1.2	0.7	
9	16	2.5						1.2	0.7	
10	21							1.2	0.7	
11										
12										
13	58	2.5						1.2	0.7	
14	22							1.2	0.7	
15	29							1.2	0.7	
16	14							1.2	0.7	
17	9	2.5						1.2	0.7	
18										
19										
20	50							1.0	0.5	
21	12	2.5						1.0	0.6	
22	11							1.2	0.7	
23	7							1.2	0.7	
24	7							1.2	0.7	
25										
26										
27	23							0.9	0.6	
28	7	2.5						0.9	0.6	
29	6							1.2	0.7	
30	9							1.2	0.7	
31	6							1.2	0.7	

Note Fold this flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6094905 Name of Drinking Water System ROSEMONT

Location: City or S/D INVERNESS County: CITRUS

Owned by SOUTHERN STATES UTILITIES Month JUNE 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 31

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4511

I certify this report is correct John E Moore Jr C-5280
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Liquid Used	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	234	11	0.6					23.2	13.8	0
Average	8	0.4						1.2	0.7	
Maximum	17							1.2	0.8	
Minimum	3							1.0	0.5	
										REMARKS: Bact. Sample Pick Up
1										
2										
3	20							1.0	0.6	
4	7							1.0	0.5	PULL 4 = A
5	3							1.0	0.5	
6	6	2.5						1.0	0.6	
7	3							1.0	0.6	
8										
9										
10	17	2.5						1.0	0.6	
11	16							1.0	0.6	
12	17							1.0	0.6	
13	11	2.5						1.0	0.6	
14	10							1.2	0.7	
15										
16										
17	45							1.2	0.7	
18	15							1.2	0.8	
19	9							1.2	0.8	
20	4	2.5						1.2	0.8	
21	6							1.2	0.8	
22										
23										
24	26							1.2	0.8	
25	8							1.2	0.8	
26	3							1.2	0.8	
27	5							1.2	0.8	
28	3	1.0						1.2	0.8	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6094905 Name of Drinking Water System ROSEMONT

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JULY 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 32

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gnac Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used 906	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	212	11	.6					23.5	16.0	0
Average	7							1.1	0.7	
Maximum	15							1.2	0.8	
Minimum	4							0.9	0.6	
										REMARKS. Bact. Sample Pick Up
1	18							1.2	0.8	PUL 4 - A
2	8							1.2	0.8	
3	5							1.2	0.8	
4										
5	8							1.2	0.8	
6										
7										
8	12	2.5						1.2	0.8	
9	10							1.2	0.8	
10	6							1.1	0.7	
11	6							1.1	0.7	
12	4	1.0						1.0	0.7	
13										
14										
15	16	1.0						1.0	0.7	
16	5							1.0	0.7	
17	2							1.0	0.7	
18	4							1.0	0.7	
19	4	1.0						1.0	0.7	
20								1.0	0.7	
21										
22	34	2.5						0.7	0.6	
23	15							1.2	0.8	
24	9							1.0	0.7	
25	6	2.5						1.0	0.7	
26	4							1.0	0.7	
27										
28										
29	15							1.0	0.7	
30	7	1.5						1.0	0.7	
31	4							1.0	0.7	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094905 Name of Drinking Water System ROSEMONT

Location: City of S/U INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month AUG 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 32

Design Flow 1.29 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Lmore Kenagine C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	188	7.5	.5					21.2	13.3	0
Average	6							1.0	0.6	
Maximum	13							1.0	0.7	
Minimum	3							0.5	0.3	
										REMARKS: Bact. Sample Pick Up
1	4							1.0	0.7	
2	3	1.0						1.0	0.7	
3										
4										
5	15	1.0						0.9	0.5	
6	6							1.0	0.6	PUIC-4-A
7	9							1.0	0.6	
8	3							1.0	0.6	
9	63	1.0						1.0	0.6	
10										
11										
12	26							1.0	0.5	
13	8							1.0	0.5	
14	10							1.0	0.5	
15	5	2.5						1.0	0.5	
16	7							1.0	0.6	
17										
18										
19	22							1.0	0.6	
20	6							1.0	0.6	
21	5	1.0						1.0	0.6	
22	3							1.0	0.6	
23	5							1.0	0.8	
24										
25										
26	11							1.0	0.5	
27	8							0.5	0.3	
28	5							0.9	0.5	
29	5	1.0						1.0	0.6	
30	7							1.0	0.6	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094905 Name of Drinking Water System Rosemont

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month SEPT. 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 32

Design Flow .129 mgd Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie C.5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used 90#	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	460	13.5	0.4					21.6	13.3	0
Average	15							1.0	0.6	
Maximum	24							1.2	0.8	
Minimum	8							0.9	0.5	
										REMARKS: Bact. Sample Pick Up
1										
2	27	2.5						1.0	0.7	
3	12							1.2	0.8	
4	24							1.2	0.8	PULL 4 - A
5	15							1.2	0.8	
6	17	1.0						1.2	0.8	
7										
8										
9	36							1.0	0.6	
10	8							1.0	0.6	
11	13							1.0	0.6	
12	16							1.0	0.6	
13	20	2.5						1.0	0.6	
14										
15										
16	42							1.0	0.6	
17	17							1.0	0.6	
18	20	2.5						1.0	0.6	
19	22							1.0	0.6	
20	14							1.0	0.6	
21										
22										
23	53							0.9	0.5	
24	23	2.5						0.9	0.5	
25	20							1.0	0.6	
26	10							1.0	0.6	
27	16	2.5						1.0	0.6	
28										
29										
30	35							1.0	0.6	
31										

Note: Fold this flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094905 Name of Drinking Water System ROSEMONT

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month OCTOBER 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 32

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	362	15	0.5					22.8	12.2	0
Average	12							1.0	0.5	
Maximum	18							1.0	0.6	
Minimum	5							0.8	0.5	
										REMARKS: Bact. Sample Pick Up
1	8	2.5						1.0	0.6	pull 4
2	8							1.0	0.6	
3	8							1.0	0.6	
4	6							1.0	0.6	
5										
6										
7	16							1.0	0.6	
8	5							0.8	0.5	
9	15							1.0	0.6	
10	7	2.5						1.0	0.5	
11	11							1.0	0.6	
12										
13										
14	47	2.5						1.0	0.5	
15	18							1.0	0.5	
16	13							1.0	0.5	
17	23	2.5						1.0	0.5	
18	15							1.0	0.5	
19										
20										
21	43							1.0	0.5	
22	7							1.0	0.5	
23	15	2.5						1.0	0.5	
24	15							1.0	0.5	
25	8							1.0	0.5	
26										
27										
28	45							1.0	0.5	
29	11	2.5						1.0	0.5	
30	8							1.0	0.5	
31	10							1.0	0.5	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6094905 Name of Drinking Water System Rosemont

Location City or S/D Inverness County Citrus

Owned by Southern States Utilities Month August 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 32

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	348	12.5	0.4					21.0	10.5	0
Average	17							1.0	0.5	
Maximum	25							1.0	0.5	
Minimum	6							1.0	0.5	
										REMARKS: Bact. Sample Pick Up
1	7							1.0	0.5	
2										
3										
4	37	2.5						1.0	0.5	
5	6							1.0	0.5	PULL 4 = A
6	9							1.0	0.5	
7	25							1.0	0.5	
8	13							1.0	0.5	
9								1.0	0.5	
10										
11	33	2.5						1.0	0.5	
12	13							1.0	0.5	
13	13							1.0	0.5	
14	15	2.5						1.0	0.5	
15	18							1.0	0.5	
16										
17										
18	44							1.0	0.5	
19	7							1.0	0.5	
20	10	2.5						1.0	0.5	
21	8							1.0	0.5	
22	14							1.0	0.5	
23										
24										
25	23							1.0	0.5	
26	12							1.0	0.5	
27	9	2.5						1.0	0.5	
28	11							1.0	0.5	
29	11							1.0	0.5	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6094905 Name of Drinking Water System ROSEMONT

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month DEC. 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 32

Design Flow .129 MGD Remarks (See reverse side) Phone No. 1-800-432-4501

I certify this report is correct John E. MacKenzie (Lead Operator's Signature) C-5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine lbs. Used	Chlorine mg/l	• lbs. Used	• mg/l	• lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (EFF)	Bacteriological MCL Violations
Monthly Total	344	12	.4					27.7	15.3	0
Average	11									
Maximum	16									
Minimum	5									REMARKS: Bact. Sample Pick Up
1										
2	42	2.5						1.0	0.5	Pull 4 - A
3	13							1.5	0.7	
4	14							1.2	0.6	
5	6							1.2	0.7	
6	9							1.2	0.6	
7										
8										
9	32							1.2	0.6	
10	13	2.5						0.8	0.4	
11	11							1.2	0.6	
12	10							1.2	0.6	
13	8							1.2	0.6	
14										
15										
16	34							1.2	0.6	
17	10	2.5						1.2	0.6	
18	9							1.2	0.6	
19	10							1.2	0.6	
20	10							1.2	0.6	
21										
22								1.2	0.6	
23	48	3.5						1.5	0.7	
24	8							1.2	0.7	
25	8							1.5	0.7	
26	6							1.5	0.7	
27	5									
28										
29								1.4	0.6	
30	32	2.0						1.4	0.6	
31	6									

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

RECEIVED
FEB 13 1990
DEP-SWD

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PER ID No. 6094905 Name of Drinking Water System ROSEMONT

Location: City of S/D ROSEMONT - INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JAN 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432 4501

I certify this report is correct John E MacKenzie IV C 5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	10% Chlorine Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	402	17.5	0.5					2F7	137	0
Average	13	0.6						1.7	0.8	
Maximum	17	—						1.9	0.9	
Minimum	5	—						1.5	0.7	
										REMARKS: Bact. Sample Pick U
1	32							1.8	0.5	
2	11							1.9	0.9	Pu 11(4) <1
3										
4	24	2.5						1.8	0.8	
5	8							1.8	0.8	
6										
7										
8	11							1.8	0.5	
9	10							1.8	0.8	
10	7							1.5	0.8	
11	11	1.0						1.0	0.7	
12	15							1.6	0.8	
13										
14										
15	29	1.5						1.5	0.7	
16										
17	25	2.5						1.5	0.7	
18										
19	29							1.5	0.8	
20										
21										
22	24	2.5						1.5	0.8	
23										
24	37	2.5						1.5	0.8	
25										
26	20							1.5	0.8	
27										
28										
29	50	2.5						1.8	0.5	
30										
31	9	2.5						1.8	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094905 Name of Drinking Water System ROSEMONT

Location: City or S/D ROSEMONT - INVERNESS County CITRUS

Owned by SOUTHERN STATES Utilities Month FEB 1990

Plant Effluent pH _____ (Avg) No. of Services at End of Month 30

Design Flow .125 MGD Remarks (See reverse side) Phone No.: 1-800 432. 4501

I certify this report is correct John E Grace Kemp in (Lead Operator's Signature) C-5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	330	13.5	0.5					16	8.0	0
Average	11.8	.5						1.2	0.6	
Maximum	16.7							2.8	2.0	
Minimum	8							1.5	0.8	
										REMARKS: Bact. Sample Pick Up
1										
2	31	2.5						2.8	2.0	
3										
4										
5	50							2.5	1.5	Pull (4) L
6	9	2.5						1.8	1.0	
7	8							1.8	0.9	
8										
9	25							1.8	1.0	
10										
11										
12	29	2.5						1.6	1.0	
13										
14	18							1.5	1.0	
15										
16	29	1.0						1.5	0.8	
17										
18										
19	47	2.5						1.6	0.8	
20										
21	21							1.8	1.0	
22										
23	19	2.5						1.6	0.8	
24										
25										
26	27							1.6	0.8	
27										
28	17							1.5	0.8	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 Name of Drinking Water System ROSEMONT

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Reporting Month MARCH 19 9(

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Grace Kenyon C 5380
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or ~~lbs.~~ Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	571	28	0.6					20.1	10.9		0
Average	19	.9						1.4	0.8		
Maximum	25							1.6	0.9		
Minimum	17							1.2	0.7		
1											
2	32	26						1.6	0.8		
3											
4											
5	39							1.6	0.8		
6										4	<1
7	34	5						1.4	0.8		
8											
9	38							1.4	0.8		
10											
11											
12	70	3						1.6	0.8		
13	12							1.5	0.8		
14	19	1						1.4	0.7		
15											
16	28	2.5						1.2	0.7		
17											
18											
19	60	2.5						1.4	0.8		
20											
21	37	2.5						1.4	0.8		
22											
23	54	2.5						1.5	0.8		
24											
25											
26	55	2.5						1.4	0.8		
27											
28	42	1.5						1.3	0.7		
29											
30	35	2.5						1.4	0.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-22.999(5)
Effective November 1, 1987

S/W
AD

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094905 Name of Drinking Water System ROSEMONT

Location: City of S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month APRIL 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used GAL	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	511	18.5	.4					22.3	13.9	0
Average	17	.6						1.2	0.8	
Maximum	35	.8						1.6	0.8	
Minimum	16	.5						1.0	0.7	
										REMARKS: Bact. Sample Pick Up
1										
2	32	1						1.0	0.8	
3										
4	23							1.2	0.8	4 SITES LISTED
5										
6	27	2.5						1.2	0.8	
7										
8										
9	37	2.5						1.6	0.8	
10										
11	35							1.2	0.7	
12	16							1.0	0.7	
13	16	2.5						1.2	0.7	
14										
15										
16	57							1.2	0.7	
17	18	2.5						1.2	0.7	
18	35							1.3	0.8	
19	18							1.4	0.8	
20	19	2.5						1.3	0.8	
21										
22										
23	60	2.5						1.2	0.7	RESERT 4-21
24	18							1.2	0.8	
25	26							1.3	0.8	
26	21							1.3	0.8	
27	16	2.5						1.2	0.8	
28										
29										
30	37							1.1	0.8	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

JLV'd
+ mailed
TCL

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEH ID No 6094965 Name of Drinking Water System ROSEMONT

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month MAY 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E MacKenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Used 396	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	612	18	.4		0.4			30.1	16.4	0
Average	19.7	.6						1.3	0.7	
Maximum	32							1.6	0.8	
Minimum	7							1.2	0.7	
										REMARKS: Bact. Sample Pick Up
1	14	1 5/8						1.6	0.8	4
2	32 ✓							1.6	0.8	
3	20	1/2						1.6	0.8	
4	14							1.4	0.7	
5										
6										
7	67	1						1.5	0.7	
8	20	1/2						1.4	0.7	
9	25							1.2	0.6	1 Recheck 41
10	12	2						1.3	0.7	1 Recheck 41
11	10							1.4	0.7	
12										
13										
14	56	2.5						1.4	0.7	
15	19	1.0						1.2	0.6	
16	28							1.2	0.7	
17	16	1.0						1.2	0.7	
18	31	1.0						1.2	0.7	
19										
20										
21	60	1.0						1.2	0.7	
22	22	1						1.2	0.7	
23	21							1.2	0.7	
24	22							1.2	0.7	
25	19	2.5						1.3	0.8	
26										
27										
28	68							1.2	0.7	
29	7							1.3	0.8	
30	19							1.2	0.7	
31	10							1.2	0.7	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6094905 Name of Drinking Water System ROSEMONT

Location City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JUNE 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .125 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gmor Kemp, II C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gas Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	351	17.5	0.6					26.1	15.6	0
Average	12.1	0.6						1.2	0.7	
Maximum	22							1.6	1.0	
Minimum	5							1.0	0.6	
										REMARKS: Bact. Sample Pick Up
1	24	2.5						1.4	0.8	
2										
3										
4	25							1.1	0.7	
5	14							1.1	0.7	
6	20							1.1	0.7	PULL 4 & 1
7	3							1.1	0.7	
8	7	2.5						1.1	0.7	
9										
10										
11	27	2.5						1.0	0.6	
12	11							1.0	0.6	
13	16							1.0	0.6	
14	16							1.8	1.0	
15	18	2.0						1.5	1.0	
16										
17										
18	38	2.5						1.5	0.8	
19	9							1.4	0.8	
20	16							1.4	0.8	
21	22	1						1.4	0.8	
22	12							1.4	0.8	
23										
24										
25	24	1						1.4	0.8	
26	8							1.3	0.7	
27	6							1.3	0.7	
28	5							1.3	0.7	
29	16	2.5						1.3	0.7	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094905 Name of Drinking Water System ROSEMONT

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month JULY 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E. Gmax Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used GAL	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	277	14	0.6					28.8	17.6	0
Average	8.9	.5						1.3	0.8	
Maximum	15							1.5	0.8	
Minimum	4							1.2	0.8	
										REMARKS. Bact. Sample Pick Up
1										
2	27							1.5	0.8	
3	8	2.5						1.5	0.8	
4	7							1.5	0.8	
5	7							1.4	0.8	
6	5							1.4	0.8	
7										
8										
9	41	2						1.4	0.8	
10	13	.5						1.3	0.8	
11	15							1.3	0.8	PULL 4 & 1
12	12							1.3	0.8	
13	9	2.0						1.3	0.8	
14	13							1.3	0.8	
15										
16	18	1.5						1.4	0.8	
17	10							1.4	0.8	
18	5							1.3	0.8	
19	7							1.2	0.8	
20	4							1.2	0.8	
21										
22										
23	21	1						1.2	0.8	
24	9							1.2	0.8	
25	14							1.2	0.8	
26	5	1.5						1.2	0.8	
27	9	1						1.2	0.8	
28										
29										
30	30							1.2	0.8	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6094905 Name of Drinking Water System ROSEMONT

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month AUG 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used (Gas)	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	246	12	0.6					27.6	18.4	0
Average	7.9							1.2	0.8	
Maximum	21							1.2	0.8	
Minimum	4							1.2	0.8	
										REMARKS. Bact. Sample Pick Up
1	6							1.2	0.8	
2	9							1.2	0.8	
3	5	1						1.2	0.8	
4										
5										
6	25							1.2	0.8	
7	5	1						1.2	0.8	
8	10							1.2	0.8	PULL 4 L1
9	6							1.2	0.8	
10	11							1.2	0.8	
11										
12										
13	23	2.5						1.2	0.8	
14	3							1.2	0.8	
15	21							1.2	0.8	
16	7							1.2	0.8	
17	9							1.2	0.8	
18										
19										
20	21	2.5						1.2	0.8	
21	3							1.2	0.8	
22	10	2.5						1.2	0.8	
23	4							1.2	0.8	
24	11							1.2	0.8	
25										
26										
27	19							1.2	0.8	
28	8	2.5						1.2	0.8	
29	8							1.2	0.8	
30	12							1.2	0.8	
31	10							1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEH ID No 6094905 Name of Drinking Water System Rosemont

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month SEPT 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Moore Rangie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used 692	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	390	17.5	0.5					11.5	13.5	0
Average	13	.6						1.1	0.7	
Maximum	24							1.3	0.8	
Minimum	9							1.0	0.6	
										REMARKS: Bact. Sample Pick Up
1										
2										
3	20							1.2	0.7	
4	14							1.2	0.7	
5	10	2.5						1.2	0.7	PULL 4 & 1
6	10							1.2	0.7	
7	18							1.3	0.7	
8										
9										
10	32	2.5						1.2	0.7	
11	12							1.2	0.7	
12	8							1.3	0.7	
13	9							1.2	0.7	
14	13	2.5						1.1	0.6	
15										
16										
17	43	2.5						1.0	0.7	
18	14							1.1	0.6	
19	18							1.1	0.6	
20	14							1.1	0.6	
21	14							1.1	0.6	
22										
23										
24	49	5.0						1.0	0.6	
25	21							1.0	0.8	
26	21							1.3	0.8	
27	24	2.5						1.3	0.8	
28	14							1.2	0.7	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094905 Name of Drinking Water System ROSEMONT

Location: City of S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month OCT 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD. Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie (Lead Operator's Signature) C5380 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	389	11.5	.4					34.8	17.7	0
Average	12.5							1.1	0.8	
Maximum	19							1.5	0.9	
Minimum	5							0.7	0.5	
										REMARKS: Bact. Sample Pick Up
1	28							1.0	0.9	
2	9	1.0						0.9	0.7	
3	16							1.0	0.8	5 BACT'S ✓
4	14							1.0	0.8	
5	16	2.5						1.0	0.7	
6										
7										
8	43							1.0	0.7	
9	14							1.0	0.7	
10	9							1.0	0.7	
11	6	1.0						1.0	0.7	
12	5							1.0	0.7	
13										
14										
15	28							0.7	0.5	
16	9	1.0						1.0	0.8	
17	15							1.0	0.8	
18	14							1.0	0.8	
19	16	1.0						1.3	0.9	
20										
21										
22	37	2.5						1.1	0.8	
23	8							1.1	0.8	
24	16							1.1	0.8	
25	8	2.5						1.2	0.8	
26	11							1.5	0.9	
27										
28										
29	32							1.3	0.8	
30	18							1.2	0.8	
31	14							1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094905 Name of Drinking Water System Rosemont

Location: City or S/D Inverness County Citrus

Owned by Southern States Utilities Month November 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Mac Kenzie C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~Lbs.~~ Used 90#	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	409	16	0.5					25.4	17.1	0
Average	14							1.2	0.8	
Maximum	23							1.6	0.9	
Minimum	6							0.4	0.7	
										REMARKS: Bact. Sample Pick Up
1	9	2.5						1.1	0.7	
2	14							1.6	0.9	
3										
4										
5	59	2.5						1.2	0.7	
6	13							1.3	0.8	
7	22							1.2	0.8	PULL 4 & 1
8	17							1.2	0.8	
9	19	5.0						1.2	0.8	
10										
11										
12	31	2.5						1.-	0.8	
13	15							0.8	0.7	
14	20							0.8	0.7	
15	9							0.8	0.7	
16	17							1.0	0.7	
17										
18										
19	33							1.2	0.8	
20	13							1.2	0.8	
21	23							1.2	0.8	
22	7							1.2	0.8	
23	18	2.5						1.2	0.7	
24										
25										
26	32							1.2	0.8	
27	9							1.2	0.8	
28	15	1.0						1.3	0.8	
29	6							1.2	0.8	
30	7							1.2	0.8	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6094905 Name of Drinking Water System ROSEMONT

Location: City or S/D INVERNESS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month DECEMBER 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 30

Design Flow .129 MGD Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct John E Gnac Renzi C-5380
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used GAS	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	293	8	0.3					25.2	16.8	0
Average	9							1.2	0.8	
Maximum	13							1.2	0.8	
Minimum	6							1.2	0.8	
										REMARKS: Bact. Sample Pick U
1										
2										
3	23							1.2	0.8	
4	12	1						1.2	0.8	
5	13							1.2	0.8	PULL 4 L1
6	7							1.2	0.8	
7	9							1.2	0.8	
8										
9										
10	23	2.0						1.2	0.8	
11	8							1.2	0.8	
12	11							1.2	0.8	
13	6							1.2	0.8	
14	10							1.2	0.8	
15										
16										
17	33							1.2	0.8	
18	9	2.5						1.2	0.8	
19	12							1.2	0.8	
20	9							1.2	0.8	
21	10							1.2	0.8	
22										
23										
24	34							1.2	0.8	
25	7							1.2	0.8	
26	9	2.5						1.2	0.8	
27	6							1.2	0.8	
28	12							1.2	0.8	
29										
30										
31	30							1.2	0.8	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

Salt Springs - 1115

Marion County (SSU)

Water

- 1992 FPSC Filing -

?/91

?14

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

ID No. 3420408 Name of Drinking Water System Salt Springs

ient: City or S/D City County Marion

s by SSU Services Reporting Month January 19 91

: Effluent pH 7.4 (Avg) No. of Services at End of Month 123

gn Flow _____ Remarks (Use reverse side) Phone No.: 1-800-433-4501

rtify this report is correct David Connor C 4437

(Lead Operator's Signature) (Cert. Level) (Cert. No.

rs r nth	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
nthly tal	1549	225	55.1					30.9	20.7		
rage	50	0.7	1.3					1.3	0.9		
imum	70	0.7	3.0					1.4	1.2		
imum	28	0.7	1.2					1.2	0.8		
1	28	0.7	3.0								
2	28	0.7	3.0					1.3	0.9		
3	66	0.7	1.3					1.2	0.8		
4	62	0.7	1.4					1.4	1.0		
5	58	0.7	1.4					1.3	0.8		
6	43	0.7	2.0								
7	43	0.7	2.0					1.2	0.8	4	
8	53	0.7	1.5					1.3	0.9		
9	50	0.7	1.7					1.3	1.0		
10	45	0.7	1.9					1.4	1.0		
11	54	0.7	1.6					1.4	1.2		
12	55	0.7	1.5								
13	52	0.7	1.6								
14	52	0.7	1.6					1.3	0.9		
15	31	0.7	2.9					1.3	1.0		
16	44	0.7	1.7					1.4	1.0	2	
17	54	0.7	1.6							2	
18	46	0.7	1.8					1.3	0.8		
19	70	0.7	1.2					1.2			
20	46	0.7	1.8								
21	46	0.7	1.8					1.3	0.9		
22	68	0.7	1.2					1.4	1.0		
23	41	0.7	2.0					1.3	1.0		
24	54	0.7	1.6					1.2	0.9		
25	35	0.7	2.4					1.2	1.0		
26	54	0.7	1.3					1.3			
27	44	0.7	1.9								
28	44	0.7	1.9					1.3	0.9		
29	52	0.7	1.6					1.3	1.0		
30	47	0.7	1.8					1.3	0.9		
31	67	0.7	1.3					1.2	1.0		

: form must be completed in full and submitted to the appropriate DER or County Health Department office ·
:5 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta·

Form 17-22.100(2)

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

S ID No. 3 4 20 4 08 Name of Drinking Water System Salt Springs

cation: City or S/D Subdivision County Marion

ned by S.S.U. Services Reporting Month February 19 91

ant Effluent pH 7.6 (Avg) No. of Services at End of Month

sign Flow Remarks (Use reverse side) Phone No.: 1-800-432-4501

ertify this report is correct David Conner C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.

ays of onth	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
onthly Total	1728	16.5	36.3					27.3	16.6	4	
verage	62	.589	1.3					1.2	0.9		
aximum	132	.589	2.7					1.5	1.0		
inimum	26	.589	2.5					1.0	0.7		
1	26	.589	2.7					1.3	1.0		
2	55	.589	1.3					1.2			
3	51	.589	1.4								
4	51	.589	1.4					1.1	0.7	4	
5	41	.589	1.7					1.0	0.7		
6	54	.589	1.2					1.2	0.9		
7	55	.589	1.3					1.3	1.0		
8	32	.589	2.2					1.3	0.9		
9	54	.589	1.3					1.2			
10	51	.589	1.4								
11	51	.589	1.4					1.2	0.8		
12	64	.589	1.1					1.3	0.9		
13	35	.589	2.0					1.3	0.8		
14	63	.589	1.1								
15	96	.589	0.7					1.3	0.9		
16	132	.589	0.5					1.2			
17	53	.589	1.3								
18	53	.589	1.3					1.2	0.8		
19	73	.589	1.0					1.3	0.9		
20	43	.589	1.6					1.1	2.8		
21	106	.589	0.7					1.2	0.9		
22	49	.589	1.4					1.3	0.9		
23	76	.589	0.9								
24	76	.589	0.9								
25	76	.589	0.9					1.3	0.9		
26	55	.589	1.3					1.2	0.8		
27	43	.589	1.6					1.5	1.0		
28	106	.589	0.7					1.3	1.0		
29											
30											
31											

form must be completed in full and submitted to the appropriate DER or County Health Department office with
5 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.999(2)

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 3420403 Name of Drinking Water System Salt Springs

ocation: City or S/D Subdivision County Marin

wned by SSU. Services Reporting Month March 1991

lant Effluent pH 7.2 (Avg) No. of Services at End of Month 123

esign Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

certify this report is correct David Power C4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2082	15	306					33.7	24.6		
Average	67	1.484	1.0					1.3	1.0		
Maximum	123	1.484	1.7					1.5	1.2		
Minimum	34	1.484	0.5					1.0	0.8		
1	55	1.484	1.1					1.2	0.9		
2	105	1.484	0.6					1.3			
3	49	1.484	1.2								
4	49	1.484	1.2					1.4	1.0		
5	91	1.484	0.6					1.3	1.0		
6	34	1.484	1.7					1.5	1.2		
7	102	1.484	0.6					1.4	1.0		
8	72	1.484	0.8					1.2	1.0		
9	36	1.484	1.6					1.4	1.1		
10	63	1.484	0.9								
11	63	1.484	0.9					1.3	1.0		
12	86	1.484	0.7					1.2	1.0		
13	44	1.484	1.3					1.3	1.0		
14	102	1.484	0.6					1.0	0.9		
15	40	1.484	1.5					1.3	1.0		
16	51	1.484	1.1					1.2			
17	52	1.484	1.1								
18	52	1.484	1.1					1.4	1.1		
19	64	1.484	0.9					1.3	1.0		
20	43	1.484	1.4					1.3	1.0		
21	64	1.484	0.9					1.2	0.8		
22	50	1.484	1.2					1.3	1.0		
23	111	1.484	0.5					1.3	1.1		
24	70	1.484	0.9								
25	70	1.484	0.8					1.4	1.1		
26	96	1.484	0.6					1.3	1.1		
27	54	1.484	1.1					1.4	1.2		
28	94	1.484	0.6					1.3	1.1		
29	52	1.484	1.1					1.2	1.0		
30	123	1.484	0.5					1.3	1.0		
31	45	1.484	1.3								

his form must be completed in full and submitted to the appropriate DER or County Health Department office wi n 15 days after the month of record. Note: Fold top flap down. Fold this flap up over it, then staple or tap

ER Form 17-22.099(2)
Effective November [illegible] 1983 Page 1 of 2

13/91

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

No. 3420408 Name of Drinking Water System Salt Springs

on: City or S/D Subdivision County Marion

by SSU Services Reporting Month April 1991

Effluent pH 7.5 (Avg) No. of Services at End of Month 122

Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

ify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

h	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
hly al	1805	8	16.9					26.4	17		
age	60	1.26?	0.6					1.1	0.8		
mum	97	1.26?	0.9					1.3	1.0		
mum	37	1.26?	0.3					0.5	0.4		
	43	1.267	0.7					1.2	0.9	4	
	99	1.267	0.3					1.3	1.0		
	43	1.267	0.4					1.2	1.0		
	75	1.267	0.4								
	75	1.267	0.4					1.2	0.9		
	84	1.267	0.4					1.3			
	64	1.267	0.5								
	67	1.267	0.5					1.2	1.0		
	61	1.267	0.5					1.0	0.9		
	62	1.267	0.5					1.1	0.9		
	74	1.267	0.4					1.3	1.0		
	42	1.267	0.7					1.2	0.9		
	68	1.267	0.4					1.3			
	58	1.267	0.6								
	58	1.267	0.6					11.4	0.4		
	75	1.267	0.4					1.1	0.6		
	53	1.267	0.6					1.4	0.7		
	46	1.267	0.9					0.6	0.5		
	44	1.267	0.7					1.5	0.9		
	55	1.267	0.6					11.9			
	55	1.267	0.6								
	55	1.267	0.6					0.8	0.6		
	59	1.267	0.5					0.9	0.7		
	42	1.267	0.8					1.0	0.5		
	58	1.267	0.6					1.0	0.7		
	33	1.267	0.9					1.3	0.9		
	72	1.267	0.7					1.3			
	51	1.267	0.6								
	51	1.267	0.5					1.2	1.0		
	57	1.267	0.6					1.1	0.9		

Forms must be completed in full and submitted to the appropriate DER or County Health Department office within days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-22.900(3)
(Effective [illegible], 1987) Page 1 of 1

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

ID No. 3420408 Name of Drinking Water System Salt Springs

ation: City or S/D Subdivision Salt Springs County Marin

ted by S.S.U. Services Reporting Month May 19 91

int Effluent pH 7.6 (Avg) No. of Services at End of Month

ign Flow Remarks (Use reverse side) Phone No.: 1-800-432-4501

ertify this report is correct David Comas C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1603	15	39.2					27.5	17.3		
Average	52	1.484	1.3					1.1	0.9		
Maximum	95	1.484	3.1					1.2	1.0		
Minimum	19	1.484	0.6					1.0	0.7		
1	59	1.484	1.5					1.1	0.9		
2	40	1.484	1.2								
3	49	1.484	1.2					1.2	1.0		
4	53	1.484	1.1					1.2			
5	55	1.484	1.1								
6	55	1.484	1.1					1.1	0.9	4	
7	51	1.484	1.1					1.1	0.8		
8	31	1.484	1.9					1.2	0.9		
9	50	1.484	1.2					1.0			
10	33	1.484	1.8					1.1	0.8		
11	64	1.484	0.7					1.0			
12	50	1.484	1.2								
13	50	1.484	1.2					1.2	0.9		
14	59	1.484	1.0					1.1	1.0		
15	43	1.484	1.8					1.2	1.0		
16	60	1.484	1.0								
17	60	1.484	1.0					1.1	0.8		
18	62	1.484	0.9					1.0			
19	57	1.484	0.9								
20	61	1.484	0.9					1.1	0.9		
21	58	1.484	1.0					1.0	0.7		
22	60	1.484	1.0					1.2	1.0		
23	80	1.484	0.7					1.0	0.9		
24	39	1.484	1.5					1.1	0.8		
25	95	1.484	0.6					1.2			
26	58	1.484	1.0								
27	58	1.484	1.0					1.0	0.7		
28	27	1.484	2.1					1.1	0.9		
29	34	1.484	1.7					1.1	0.8		
30	39	1.484	1.5					1.0	0.7		
31	19	1.484	3.1					1.1	0.9		

is form must be completed in full and submitted to the appropriate OER or County Health Department office w
15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or ta

CD Form 17-22.999(2)
Effective November 1, 1987 Page 1 of 1

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

. 3 4 2 0 4 0 8 Name of Drinking Water System Salt Springs

City or S/D Subdivision County Marion

S.S.U. Services Reporting Month June 19 91

luent pH 7.4 (Avg) No. of Services at End of Month ? 122 .

on _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

this report is correct David Connor C 4437

(Lead Operator's Signature) (Cert. Level) (Cert. No.

Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
	gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
1013	10	38					25.7	17.7	4	
34	.333	1.3					1.1	0.8		
57	.333	2.0					1.3	1.0		
20	.333	0.7					0.8	0.6		
36	.333	1.1					1.0	0.8		
28	.333	1.4								
38	.333	1.4					1.0	0.7		
39	.333	1.0					1.0	0.8	4	
31	.333	1.9					1.1	0.8		
36	.333	1.5					1.2	0.8		
23	.333	1.7					1.2	0.9		
30	.333	1.3								
38	.333	1.1								
32	.333	1.1					1.2	1.0		
45	.333	0.9					1.0	0.8		
46	.333	0.9					1.0	0.9		
29	.333	1.4					1.0	0.8		
51	.333	0.8					1.0	0.7		
32	.333	1.2					1.0	0.8		
38	.333	1.1								
38	.333	1.1					1.9	0.8		
32	.333	1.2					1.1	0.9		
23	.333	1.7					1.0	0.7		
27	.333	1.5					1.0	0.8		
27	.333	1.5					1.1	0.9		
42	.333	1.0					1.0			
57	.333	0.7					0.8	0.8		
22	.333	1.8					1.0	0.6		
36	.333	1.1					1.4	0.6		
29	.333	1.4					1.3	0.7		
33	.333	1.2					1.1	0.7		
20	.333	2.0					1.1	0.6		
40	.333	1.0								
40	.333	1.0								

must be completed in full and submitted to the appropriate DER or County Health Department office wit
n after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

O No. 3420408 Name of Drinking Water System Salt Springs

ion: City or S/D S/D County Marion

by S.S.U. Services Reporting Month July 19 91

Effluent pH 7.5 (Avg) No. of Services at End of Month 122

n Flow _____ Remarks (Use reverse side) Phone No.: 904-347-1265

tify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.

s th	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
thly tal	1127	11	383								
rage	36	1.355	1.2								
mum	68	1.355	1.7								
mum	25	1.355	0.6								
	40	1.355	1.1					1.1	0.6	4	
	46	1.355	1.6					1.1	0.6		
	40	1.355	1.1					0.5	0.4		
	44	1.355	1.0					0.6	0.2		
	52	1.355	0.8					1.3	0.7		
	18	1.355	0.6					1.0			
	45	1.355	1.1								
	44	1.355	1.0					1.4	1.7		
	34	1.355	1.7					1.2	0.6		
	30	1.355	1.4					1.4	0.2		
	37	1.355	1.2					1.2	0.2		
	28	1.355	1.5					1.3	0.5		
	26	1.355	1.6					1.2			
	43	1.355	1.0								
	46	1.355	1.0					1.0	0.4		
	28	1.355	1.5					1.1	0.5		
	34	1.355	1.7					1.2	0.6		
	36	1.355	1.2					1.2	0.6		
	27	1.355	1.6					1.1	0.4		
	34	1.355	1.7					1.2			
	37	1.355	1.2								
	26	1.355	1.7					1.0	0.5		
	32	1.355	1.3					1.0	0.4		
	35	1.355	1.7					1.0	0.5		
	25	1.355	1.7					1.0	0.4		
	24	1.355	1.3					1.2	0.5		
	35	1.355	1.7					1.0			
	36	1.355	1.2								
	36	1.355	1.2					1.1	0.6		
	31	1.355	1.4					1.2	0.6		
	31	1.355	1.4					1.1	0.5		

form must be completed in full and submitted to the appropriate DER or County Health Department office wi days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple at bac

Form 17-22.900(2)

Page 1 of 1

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 3420408 Name of Drinking Water System Salt Springs

ocation: City or S/D S/D County Marion

wned by S.S.U. Services Reporting Month August 1991

lant Effluent pH 8.0 (Avg). No. of Services at End of Month

esign Flow Remarks (Use reverse side) Phone No.: 904-347-1265

certify this report is correct David Connor C4437

(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1025	8	30.6					26.7	10.3		
Average	33	L.25#	1.0					1.0	0.5		
Maximum	68	L.25#	1.4					1.3	0.6		
Minimum	22	L.25#	0.5					0.3	0.3		
1	25	L.25#	1.2					1.0	0.4		
2	29	L.25#	1.1					1.1	0.6		
3	35	L.25#	0.9					1.0			
4	44	L.25#	0.7								
5	43	L.25#	0.7					0.9	0.4		
6	30	L.25#	1.0					0.9	0.5	4	
7	37	L.25#	1.1					0.8	0.5		
8	41	L.25#	0.9					0.9	0.5		
9	29	L.25#	1.1					0.8	0.5		
10	68	L.25#	0.5					1.0			
11	31	L.25#	1.0								
12	31	L.25#	1.0					0.5	0.3		
13	30	L.25#	1.1					0.3	0.3		
14	42	L.25#	0.7					1.0	0.6		
15	31	L.25#	1.0					1.0	0.5		
16	28	L.25#	1.1					1.0	0.4		
17	37	L.25#	0.8								
18	32	L.25#	0.8					0.9			
19	37	L.25#	0.8					1.1	0.5		
20	34	L.25#	0.9					1.2	0.6		
21	33	L.25#	1.3					1.2	0.5		
22	24	L.25#	1.3					1.1	0.5		
23	30	L.25#	1.0					1.1	0.4		
24	22	L.25#	1.4					0.9			
25	48	L.25#	0.6					0.8			
26	23	L.25#	1.3					1.0	0.4		
27	22	L.25#	1.4					1.0	0.5		
28	23	L.25#	1.1					1.2	0.5		
29	25	L.25#	1.2					1.0	0.4		
30	24	L.25#	1.1					1.2	0.5		
31	44	L.25#	0.7					0.8			

Form must be completed in full and submitted to the appropriate DER or County Health Department office wi
5 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

Form 17-22.999(3)

Page 1 of -

Clara

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 2 0 4 0 8 Name of Drinking Water System Salt Springs

Location: City or S/D S/D County Marin

Owned by S.S.U. Services Reporting Month September 91

Plant Effluent pH 8.0 (Avg) No. of Services at End of Month 122

Design Flow _____ Remarks (Use reverse side) Phone No.: (904) 247-1265

I certify this report is correct David Comer C4437
(Lead Operator's Signature) (Cert. Level)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Remote Tap	Number of Samples Taken	Bacterial MCL Violat:
Monthly Total	958	10	40.3					26.2	11.7		
Average	32	.333	1.3					1.0	0.5		
Maximum	49	.333	2.3					1.2	0.9		
Minimum	15	.333	0.8					0.7	0.4		
1	41	.333	1.0					0.7	0.5		
2	15	.333	2.3								
3	16	.333	2.3					1.0	0.4		
4	27	.333	1.5					1.1	0.5		
5	22	.333	1.8					1.1	0.5	4	
6	23	.333	1.7					1.0	0.6		
7	22	.333	1.8					1.1			
8	41	.333	1.0								
9	40	.333	1.0					1.1	0.5		
10	26	.333	1.5					1.0	0.4		
11	28	.333	1.4					1.1	0.4		
12	42	.333	1.0					1.1	0.5		
13	28	.333	1.4					1.1	0.5		
14	30	.333	1.3					1.1	0.5		
15	36	.333	1.1								
16	35	.333	1.1					0.9	0.5		
17	40	.333	1.0					1.1	0.9		
18	45	.333	0.9					1.0	0.5	1	
19	28	.333	1.4					1.0	0.5		
20	29	.333	1.4					1.0	0.4		
21	34	.333	1.7					1.0	0.6		
22	49	.333	0.8								
23	48	.333	0.9					1.2	0.5		
24	27	.333	1.5					1.0	0.4	4	
25	25	.333	1.6					1.1	0.5		
26	36	.333	1.1					1.1	0.5		
27	29	.333	1.4					1.2	0.5		
28	36	.333	1.1					0.9			
29	34	.333	1.2								
30	34	.333	1.2					1.2	0.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department off[ice] 5 days after the month of review. Note: Fold tax flap down. Fold this flap [illegible]

orlando.

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3420408 PWS Name Sand Lake Location: City or S/D S/D
Owned by SSU Sunshine Phone No.: 904-367-2165 Reporting Month October 91
Plant Effluent pH (Avg) _____ No. of Services at End of Month 123 No. of People Served at End of Month 246
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month William Yocum B1392
David Connor C 4437

I certify this report is correct William L. Yocum (Lead Operator's Signature) B (Cert. Level) 1392 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine								Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	1,014,000	15.0								29.3	14.3	4	
Average	33,000	0.5								0.9	0.5		
Maximum	51,000	0.5								1.3	0.8		
Minimum	18,000	0.3								0.7	0.5		
1	19,000	0.3								1.2	0.5		
2	28,000	0.5								0.7	0.5		
3	33,000	0.5								1.0	0.6		
4	29,000	0.5								1.1	0.5		
5	29,000	0.5								1.0			
6	39,000	0.5											
7	39,000	0.5								1.0	0.6		
8	51,000	0.5								1.1	0.7		
9	22,000	0.5								1.2	0.6	4	
10	28,000	0.5								1.1	0.7		
11	38,000	0.5								1.2	0.8		
12	18,000	0.2								1.1			
13	51,000	0.5											
14	51,000	0.5								1.2	0.7		
15	30,000	0.5								1.1	0.7		
16	2,000	0.5								1.3	0.5		
17	38,000	0.5								1.2	0.6		
18	33,000	0.5								1.0			
19	35,000	0.5								1.2	0.8		
20	43,000	0.5											
21	42,000	0.5								1.1	0.7		
22	34,000	0.5								1.3	0.6		
23	44,000	0.5								1.2	0.5		
24	24,000	0.5								1.1	0.6		
25	21,000	0.5								1.2	0.7		
26	46,000	0.5								1.1	0.9		
27	57,000	0.5											
28	58,000	0.5											
29	33,000	0.5								1.3	0.5		
30	24,000	0.5								1.2	0.5		
31	32,000	0.5								1.1	0.6		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the end of each calendar month.

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3420408 PWS Name Salt Springs Location: City or S/D S/D
Owned by S.S.U. Services Phone No.: 904-447-1265 Reporting Month November 91
Plant Effluent pH (Avg) 7.3 No. of Services at End of Month 128 x 2.5 No. of People Served at End of Month 320
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certificate No.(s) for all Certified Operators working at the plant for month David Connor C 4437
Bill Yocum 2392

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance: Information n.a. backwash, register main line breaks, meter calibration
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Sta.		
Monthly Totals	1537	15		40.5					29.6	15.4		
Average	51	0.5		1.4					1.1	0.7		
Maximum	80	0.5		2.9					1.4	0.8		
Minimum	21	0.5		0.7					1.0	0.5		
1	31	0.5		1.9					1.1	0.6		
2	33	0.5		1.8					1.0	0.5		
3	41	0.5		1.5								
4	41	0.5		1.5					1.1	0.6		
5	21	0.5		2.9					1.4	0.6		
6	32	0.5		1.9					1.1	0.7		
7	47	0.5		1.3					1.2	0.6		
8	58	0.5		1.0					1.1	0.7		
9	45	0.5		1.3					1.0			
10	45	0.5		1.3								
11	45	0.5		1.3					1.2	0.7	4	
12	73	0.5		0.8					1.1	0.8		
13	50	0.5		1.2					1.0	0.6		
14	47	0.5		1.3					1.1	0.7		
15	47	0.5		1.3					1.0	0.8		
16	70	0.5		0.9					1.4	0.8		
17	49	0.5		1.2								
18	44	0.5		1.2					1.1	0.7		
19	44	0.5		1.4					1.1	0.6		
20	39	0.5		1.5					1.1	0.7		
21	47	0.5		1.3					1.2	0.8		
22	51	0.5		1.2					1.0	0.7		
23	46	0.5		1.3					1.2			
24	52	0.5		1.2								
25	52	0.5		1.2					1.3	0.8		
26	37	0.5		1.6					1.2	0.5		
27	40	0.5		1.5					1.2	0.6		
28	31	0.5		1.2					1.3	0.7		
29	73	0.5		0.8					1.1	0.6		
30	30	0.5		0.7					1.0			
31												

This form must be completed and returned to the appropriate DER or County Health Department office by the 10th day of the following month.

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3420408 PWS Name Salt Springs Location: City or S/D S/D
Owned by S.S.U. Services Phone No: 904-327-1265 Reporting Month December 91
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 12-P No. of People Served at End of Month 404
Design Flow _____ Remarks (Use reverse side) 2 3.4
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month David Connor C 443

I certify this report is correct. David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Gals.	Chlorine								Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash required, main line break, major cleaning)
		No. Used	gals. used	mg/l	No. Used	mg/l	No. Used	mg/l		Plant Effluent	Remote No.		
Monthly Totals	1523	18		46.7						27.4	13.3		
Average	49	.581		1.5						1.1	0.6		
Maximum	70	.581		2.7						1.3	0.8		
Minimum	26	.581		1.0						1.0	0.5		
1	69	.581		1.0									
2	68	.581		1.0						1.1	0.8		
3	59	.581		1.2						1.2	0.6		
4	47	.581		1.5									
5	47	.581		1.5						1.1	0.7		
6	57	.581		1.2						1.3	0.9		
7	40	.581		1.7						1.0			
8	49	.581		1.4									
9	50	.581		1.4						1.1	0.6	4	
10	59	.581		1.2						1.1	0.5		
11	55	.581		1.3									
12	69	.581		1.0						1.2	0.5		
13	46	.581		1.5						1.0	0.7		
14	26	.581		2.7						1.0			
15	52	.581		1.3									
16	52	.581		1.3						1.1	0.8		
17	27	.581		2.6						1.2	0.5		
18	41	.581		1.7						1.3	0.6		
19	46	.581		1.5						1.1	0.5		
20	38	.581		1.8						1.1	0.5		
21	34	.581		2.0						1.1	0.6		
22	54	.581		1.3									
23	53	.581		1.3						1.2	0.6		
24	34	.581		2.0						1.1	0.5		
25	29	.581		2.4						1.1	0.5		
26	44	.581		1.4						1.3	0.6		
27	40	.581		1.7						1.2	0.5		
28	56	.581		1.2						1.1	0.5		
29	55	.581		1.3									
30	54	.581		1.7						1.1	0.6		
31	70	.581		1.0						1.3	0.6		

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DRAFT FEB - 9 1990

PWS ID No. 3420408 Name of Drinking Water System Salt Springs

Location: City or S/D Salt Springs County Marion

Owned by Southern States Utilities Reporting Month January 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 417

Design Flow .372 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4591

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gms. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1547	37	72.2					28.7	18.1		
Average	50	1.2	2.3					1.1	0.7		
Maximum	204	3	6.3					1.5	1.0		
Minimum	27	1	1.2					0.8	0.4		
1								1.5	0.9		
2	62	1	1.9					1.1	0.8		
3	30	1	1.7					1.0	0.6		
4	46	1	2.7					1.4	1.0		
5	33	1	3.6					1.2	0.8		
6	58	1	2.1					1.0	0.6		
7											
8	86	2	2.8					1.5	1.0		
9	40	1	3.0					1.2	0.9		
10	27	1	4.4					1.0	0.6		
11	54	1	2.2					1.0	0.6		
12	29	1	4.1					0.8	0.4		
13	63	2	3.8					1.0	0.6		
14											
15	120	2	2.0					1.2	0.8		
16	38	2	6.3					1.8	0.5		
17	39	2	6.1					1.3	0.8	5	
18	65	1	1.8					1.0	0.7		
19	42	2	5.7					1.2	0.8		
20											
21											
22	204	2	1.2					1.0	0.7		
23	51	1	2.4					1.3	0.8		
24	50	1	2.4					1.4	0.9		
25	71	2	3.4					1.0	0.6		
26	71	2	3.4					1.3	0.8		
27		1						1.3	0.6		
28											
29	136	3	2.6					1.4	0.7		
30											
31	93	2	2.6					1.1	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.999(3)
Effective: November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 2 0 4 0 8 Name of Drinking Water System Salt Springs

Location: City or S/D Salt Springs County Marion

Owned by Southern States Utilities Reporting Month February 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 417

Design Flow .372 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Cooper C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	1541	34	48.1						26	13.1		
Average	55	1.2	1.7						1.2	0.7		
Maximum	247	3	5.0						2.3	1.1		
Minimum	29	1	0.7						0.8	0.4	5	0
1												
2												
3												
4									2.3	0.8		
5		2							1.0	0.6		
6	73	1	1.6						1.7	0.7		
7	77	2	3.4						1.3	0.9		
8	35	1	3.4						1.0	0.8		
9	107	2	2.2						1.0			
10												
11												
12	176	1	0.7						1.0	0.8		
13	70	1	1.7						1.5	0.9		
14	70	1	1.7						1.3	0.6		
15	101	2	2.4						1.0	0.5		
16	132	2	2.0						0.9	0.6		
17		2							1.0			
18												
19	249	3	1.4						0.8	0.4		
20	48	2	5.0						1.0	0.6		
21	36	1	3.3						1.3	0.9		
22	73	2	3.3						1.0	0.8		
23	29	1	4.1						0.9	0.6		
24	65	2	3.7						1.0			
25												
26	97	2	2.8						1.2	0.8		
27	70	2	3.4						1.3	1.0		
28	53	1	2.3						1.4	1.1		
29												
30												
31												

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 Name of Drinking Water System Salt Springs

Location: City or S/D Salt Springs County Marion

Owned by Southern States Utilities Reporting Month March 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 417

Design Flow .372 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Conner C 44437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2138	32	59.6					31.5	19.9		
Average	69	1.0	1.9					1.4	0.9		
Maximum	135	73	7.3					1.9	1.2		
Minimum	38	0	0					1.8	0.4		
1	56	1	2.1					1.8	1.0		
2	59	2	4.1					1.6	0.8		
3	45	0	0								
4	45	0	0								
5	45	2	5.3					1.5	1.0		
6	35	1	2.2					1.3	0.9		
7	83	1	1.4					1.3	0.8	5	
8	46	1	2.6					1.2	1.0		
9	50	1	2.4					1.4	1.2		
10	60	2	4.0					1.2	0.4		
11	60	0	0								
12	60	2	4.0					1.3	1.0		
13	69	0	0					1.0	0.9		
14	84	1	1.4					1.2	0.3		
15	38	1	3.2					1.4	0.8		
16	30	0	0								
17	70	2	3.4					1.3	0.6		
18	47	0	0								
19	47	2	5.1					1.5	1.0		
20	43	0	0					1.8	1.2		
21	117	1	1.0					1.4	0.9		
22	127	1	0.9					1.9	1.6		
23	135	1	0.4					1.8	0.4		
24	66	0	0								
25	66	0	0								
26	66	4	7.3					0.8	0.4		
27	96	2	2.5					1.2	0.9		
28	81	1	1.5					1.4	0.8		
29	103	2	2.3					1.0	0.4		
30	59	1	2.0					1.2	0.6		
31	58	0	0								

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
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Page 1 of 1

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 2 0 4 0 8 Name of Drinking Water System Salt Springs

Location: City or S/D Salt Springs County Marion

Owned by Southern States Utilities Reporting Month April 19 9

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 417

Design Flow .372 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1741	36.5	85.2					25.4	15.8		
Average	58	1.2	2.8					1.2	0.8		
Maximum	104	3	6.9					1.9	1.3		
Minimum	29	0	0					0.4	0.3		
1	58	0	0								
2	58	2	4.1					1.2	0.8		
3	24	1	4.1					1.0	0.8		
4	40	2	6.0					1.2	1.0	5	
5	51	1	2.4					1.5	1.2		
6	43	1	2.8					1.6	1.2		
7	60	0	0								
8	60	0	0								
9	60	3	6.0					1.7	0.9		
10	63	2	3.8					1.6	0.7		
11	104	1	1.1					1.5	0.8		
12	48	1.5	3.1					1.9	0.9		
13	46	2	5.2					1.5	0.8		
14	57	0	0								
15	64	0	0								
16	64	3	5.6					1.5	0.9		
17	60	2	4.0					0.9	0.5		
18	71	1	1.7					1.0	0.5		
19	89	0	0					0.5	0.3		
20	31	1	3.9					0.8	0.4		
21	67	0	0								
22	67	0	0								
23	67	2	3.6					0.8	0.4		
24	35	2	6.9					0.4	0.2		
25	43	2	5.3					0.6	0.4		
26	51	2	4.7					1.2	0.9		
27	79	1	1.5					1.5	1.0		
28	54	2	4.4								
29	54	1	2.2								
30	54	1	2.2					1.8	1.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 3 0 4 0 8 Name of Drinking Water System Salt Springs

Location: City or S/D Mobile Home community County Marion

Owned by Southern States Utilities Reporting Month May 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 417

Design Flow .375 MGD Remarks (Use reverse side) Phone No.: 1-800-433-4501

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2180	33.5	59					27.1	16.5		
Average	70	1.1	1.9					1.1	0.7		
Maximum	121	3	8.0					1.6	1.0		
Minimum	37	0	0					0.5	0.3		
1	82	2	2.9					1.3	0.6		
2	51	1	2.4					1.4	0.7	5	0
3	65	1.5	2.8					1.2	0.5		
4	66	0	0						0.9		
5	69	2	3.6					1.3	0.8		
6	48	0	0								
7	48	1	2.5					1.3	0.7		
8	89	0	0					1.5	0.9		
9	39	1	3.1					0.7	0.6		
10	52	1	2.1					1.0	0.6		
11	45	0	0						0.8		
12	45	3	8.0					1.3	0.5		
13	89	0	0								
14	89	2	2.1								
15	37	0	0					0.9	0.4		
16	45	0	0					0.5	0.3		
17	95	2	2.5					1.1	0.5		
18	119	1	1.0					1.6	0.9		
19	121	2	2.0					0.9			
20	71	0	0								
21	71	2	3.4					0.7	0.5		
22	96	1	1.2					0.8	0.5		
23	61	1	2.0					0.9	0.5		
24	45	1	2.7					1.0	0.6		
25	57	1	2.1					1.5	0.8		
26	57	3	6.3					1.6	0.9		
27	107	1	1.1								
28	107	3	3.7					1.0	0.6		
29	52	0	0					1.4	0.8		
30	61	0	0					1.9	1.0		
31	101	1	1.2					0.8	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w... in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta...

DER Form 17-22.900(3)
Effective ... March ... 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 Name of Drinking Water System Salt Springs

Location: City or S/D Salt Springs city County Marion

Owned by Southern States Utilities Reporting Month June 19 9

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 417

Design Flow .375MGD Remarks (Use reverse side) Phone No.:

I certify this report is correct: David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	HTH Chlorine gals. or lbs. Used	HTH Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1979	29	55.8					27.7	15.8		
Average	66	1	1.9					1.1	0.7		
Maximum	99	3	5.6					1.5	1.0		
Minimum	40	0	0					0.5	0.4		
1	49	1	1.2					1.2	0.6		
2	74	2	3.2					1.3			
3	74	0	0								
4	74	2	3.2					0.6	0.5		
5	47	1	2.6					0.8	0.6		
6	69	1	1.7					1.2	0.6	5	
7	43	1	2.8					1.0	0.7		
8	43	2	5.6					1.5	0.9		
9	73	2	3.3					1.5	0.4		
10	60	0	0								
11	60	1	2.0					0.8	0.7		
12	52	1	2.3					0.9	0.5		
13	61	1	2.0					0.7	0.6		
14	64	2	3.9					0.7	0.5		
15	96	1	1.3					0.6	0.5		
16	62	1	1.9					0.9	0.4		
17	52	0	0								
18	53	0	0					0.8	0.6		
19	98	0	0					0.5	0.4		
20	53	1	2.3					1.3	0.8		
21	98	2	2.4					1.4	0.9		
22	50	1	2.4					1.2	0.8		
23	53	1	2.3					1.1			
24	53	0	0								
25	53	1	2.3					1.1	0.7		
26	98	1	1.0					1.4	0.9		
27	50	1	2.0					1.2	0.8		
28	75	0	0					1.5	1.0		
29	86	1	1.4					1.3	0.9		
30	68	1	1.8					1.2			
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 Name of Drinking Water System Salt Springs

Location: City or S/D Town, Salt Springs County Marin

Owned by S.S.U. Services Reporting Month July 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 417

Design Flow .375 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	HTH Chlorine gals. or lbs. Used	HTH Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	1941	34	70.6					27.7	16.9		
Average	63	1	2.3					1.1	0.7		
Maximum	98	2	6.5					1.5	0.9		
Minimum	34	0	0					0.9	0.5		
1	63	0	0								
2	62	1	1.4					1.0	0.8		
3	69	1	2.5					1.3	0.6		
4	54	1	2.2					1.2	0.7		
5	65	0	0					1.3	0.8		
6	66	2	3.6					0.9	0.6		
7	70	2	3.4								
8	70	0	0								
9	70	2	3.4					1.0	0.8		
10	35	1	3.4					1.5	0.9		
11	47	0	0					1.3	0.8	5	
12	61	2	3.9					0.9	0.6		
13	54	1	2.2					1.0	0.7		
14	52	1	2.6					1.2			
15	52	0	0								
16	52	2	4.6					1.3	0.9		
17	37	1	3.5					1.4	0.9		
18	42	1	1.4					1.2	0.8		
19	42	1	1.4					0.9	0.7		
20	36	1	1.5					1.0	0.6		
21	53	2	4.5					1.2			
22	53	0	0								
23	53	2	4.5					1.4	0.9		
24	47	0	0					1.2	0.9		
25	98	1	1.2					1.1	0.7		
26	58	1	2.1					1.0	0.8		
27	45	1	2.2					1.2	0.7		
28	74	2	3.2					0.9	0.5		
29	74	0	0								
30	74	2	3.2					1.2	0.6		
31	37	2	6.5					1.0	0.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

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[illegible]

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 2 0 4 0 8 Name of Drinking Water System Salt Springs

Location: City or S/D Subdivision, Salt Springs Village County Marion

Owned by S.S.U. Services Reporting Month August 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 417

Design Flow .375 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1367	20	60.2					27.8	17.2		
Average	44	0.6	19.4					1.1	0.7		
Maximum	89	2	8.3					1.6	1.1		
Minimum	29	0	0					0.6	0.3		
1	29	2	8.3					1.5	0.3		
2	64	1	1.9					1.3	0.7		
3	89	0	0					1.1	0.9		
4	46	0	0								
5	46	0	0								
6	46	2	5.2					0.6	0.3		
7	52	0	0					0.6	0.4		
8	52	2	4.6					0.7	0.5	5	
9	37	0	0					0.8	0.6		
10	32	1	3.7					1.0	0.6		
11	36	1	3.3					0.9			
12	36	0	0								
13	36	1	3.3					1.0	0.7		
14	36	1	3.3					1.2	0.9		
15	22	1	5.5					1.3	0.9		
16	71	0	0					1.2	0.8		
17	38	1	3.2					1.0	0.8		
18	38	0	0					1.1			
19	38	0	0								
20	38	1	3.2					1.2	0.9		
21	29	0	0					0.9	0.6		
22	52	0	0					1.6	1.1		
23	42	1	2.9					1.1	0.8		
24	43	1	2.8					1.1	0.9		
25	39	0	0					1.0			
26	34	0	0								
27	39	1	3.1					1.2	0.9		
28	35	0	0					1.0	0.7		
29	53	2	4.5					2.8	0.4		
30	85	1	1.4					1.2	1.0		
31	29	0	0					1.4	1.0		

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DER Form 17-22.999(3)
Effective November 1, 1987

(new plant)

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 Name of Drinking Water System Salt Springs

Location: City or S/D Salt Springs Subdivision County Marion

Owned by S. S. U. Services Reporting Month September 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 447

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Cannon C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1426	18						18.4	10.3		
Average	71	0.9						1.1	0.7		
Maximum	116	1						1.5	0.8		
Minimum	44	0						0.7	0.6		
1											
2											
3											
4											
5											
6											
7											
8											
9											
10	New Plant on line							1.5	0.9		
11	55	1						1.0		2	
12	62	1						0.8	0.7	8	
13	89	1						1.0	0.6		
14	44	1						0.7	0.8		
15	88	1									
16	87	1									
17	87	1						0.9	0.7		
18	82	1						1.1	0.7		
19	84	1						1.0	0.8		
20	74	1						1.1	0.7		
21	50	1						1.2	0.7		
22	61	1						1.0			
23	69	.5									
24	69	.5						1.0	0.6		
25	116	1						1.2	0.8		
26	86	1						1.2	0.9		
27	50	1						1.3	0.8		
28	44	1						1.2	0.6		
29	88	1						1.2			
30	99	0									
31											

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Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 Name of Drinking Water System Salt Springs (OLD Plant)

Location: City or S/D Subdivision County Marin

Owned by S.S.U. Services Reporting Month September 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 417

Design Flow 3.75 MGD Remarks (Use reverse side) Phone No.: 1-800-423-4501

I certify this report is correct David Conant C 44[illegible]
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	479	8	19.6					7.8	3.5		
Average	48	.8	2					1.0	0.6		
Maximum	56	2	44					1.3	0.8		
Minimum	25	0	0					0.7	0.4		
1	54	5	0					0.8			
2	54	0	0								
3	54	2	44					0.7	0.5		
4	44		27					0.9	0.6		
5	25	0	0					1.0	0.4		
6	35	1	34					0.9	0.5		
7	45	1	27					1.2	0.8		
8	56	1	21					1.2			
9	56	0	0								
10	56	2	43					1.3	0.7		
11	Well Site	Turned	off.		New	Well	Site	in	operation		
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 2 2 4 0 8 Name of Drinking Water System Salt Springs

Location: City or S/D Solomons County Marion

Owned by S.S.U. Services Reporting Month October 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 417

Design Flow .375 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Conner C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1396	24	668					33.7	21.8	6	
Average	45	0.8	2.2					1.3	0.9		
Maximum	77	2.0	4.8					1.5	1.2		
Minimum	18	2.5	1.0					1.0	0.6		
1	77	2.0	3.1					1.5	1.2		
2	48	1.0	2.5					1.3	1.0		
3	42	1.0	2.9					1.2	1.0		
4	50	1.0	2.4					1.4	1.2		
5	50	1.0	2.4					1.2	1.0		
6	63	1.0	1.9					1.0	0.6		
7	57	1.0	2.1								
8	57	1.0	2.1					1.5	0.9	4	
9	25	1.0	4.8					1.2	0.8		
10	46	1.0	2.6					1.0	0.7		
11	20	0.5	3.0					1.5	0.8		
12	18	0.5	3.3					1.5	0.9		
13	31	0.5	1.9					1.1			
14	27	0.5	2.2								
15	27	0.5	2.2					1.5	0.9		
16	47	0.5	1.3					1.2	0.7		
17	59	0.5	1.0					1.1	0.7		
18	59	0.5	1.0					1.2	0.8	2	
19	58	1.0	2.1					1.5	1.0		
20	51	0.5	1.2								
21	42	1.0	2.9					1.2	1.0		
22	42	1.0	2.9					1.2	1.0		
23	50	0.5	1.2					1.0	0.8		
24	37	1.0	3.2					1.5	1.0		
25	48	0.5	1.2					1.3	0.8		
26	45	0.5	1.3					1.2	0.7		
27	36	0.5	1.7					1.5	0.6		
28	43	0.5	1.4								
29	43	0.5	1.4								
30	43	0.5	1.4					1.4	0.8		
31	55	1.0	2.2					1.5	0.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 Name of Drinking Water System Salt Springs

Location: City or S/D Salt Springs Subdivision County Marion

Owned by SSU Services Reporting Month November 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 119

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1885	25	48.3					32.1	19.1	7	
Average	63	0.83	1.6					1.3	0.9		
Maximum	83	0.83	2.2					1.5	1.0		
Minimum	45	0.83	1.2					1.1	0.6		
1	55	0.83	1.8					1.3	0.9		
2	55	0.83	1.8								
3	55	0.83	1.8					1.4	0.8		
4	59	0.83	1.7								
5	59	0.83	1.7					1.4	0.8		
6	52	0.83	1.9					1.3	0.8		
7	71	0.83	1.4					1.4	0.8		
8	82	0.83	1.2					1.5	1.0		
9	60	0.83	1.7					1.4	1.0		
10	61	0.83	1.6					1.3	0.9		
11	55	0.83	1.8								
12	55	0.83	1.8					1.3	0.9	5	
13	58	0.83	1.7					1.4	0.8		
14	55	0.83	1.8					1.4	1.0		
15	82	0.83	1.2					1.2	0.8		
16	66	0.83	1.5					1.1	0.6		
17	54	0.83	1.8					1.2			
18	62	0.83	1.6								
19	62	0.83	1.6					1.3	1.0		
20	58	0.83	1.7					1.4	0.4	2	
21	65	0.83	1.5					1.3	0.8		
22	77	0.83	1.3					1.5	0.9		
23	45	0.83	2.2								
24	63	0.83	1.6					1.4			
25	66	0.83	1.5								
26	66	0.83	1.5					1.5	1.0		
27	83	0.83	1.2					1.1	0.9		
28	54	0.83	1.8					1.5	1.0		
29	81	0.83	1.2					1.3	0.9		
30	60	0.83	1.4					1.3	0.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.900(3)
Effective November 1, 1987 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 Name of Drinking Water System Salt Springs

Location: City or S/D Salt Springs County Marion

Owned by S.S.U. Services Reporting Month December 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month

Design Flow Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1856	25	58.4					35.3	18.7		
Average	60	0.8	1.7					1.7	0.7		
Maximum	89	0.8	3.3					1.7	1.0		
Minimum	29	0.8	1.1					1.0	0.6		
1	55	0.8	1.7					1.3	0.8		
2	70	0.8	1.2								
3	70	0.8	1.2					1.5	1.0		
4	73	0.8	1.3					1.4	0.8		
5	63	0.8	1.5					1.7	0.9		
6	74	0.8	1.3					1.5	0.8		
7	34	0.8	2.5					1.3	1.0		
8	59	0.8	1.6					1.3			
9	61	0.8	1.6								
10	61	0.8	1.6					1.4	0.9		
11	50	0.8	1.9					1.3	0.8		
12	57	0.8	1.7					1.4	0.9		
13	62	0.8	1.5					1.2	0.7		
14	29	0.8	3.3					1.4	0.9		
15	64	0.8	1.5					1.3			
16	54	0.8	1.8								
17	54	0.8	1.8					1.3	0.8		
18	50	0.8	1.9					1.2	0.7		
19	43	0.8	2.0					1.0	0.6		
20	48	0.8	2.1					1.3	0.8		
21	53	0.8	1.8					1.2	0.9		
22	48	0.8	2.0					1.3			
23	61	0.8	1.6								
24	61	0.8	1.6					1.4	1.0		
25	71	0.8	1.4					1.3	0.9		
26	88	0.8	1.1					1.5	1.0		
27	51	0.8	1.9					1.4	0.9		
28	50	0.8	1.9					1.4	1.0		
29	71	0.8	1.4					1.2			
30	71	0.8	1.4								
31	71	0.8	1.4					1.5	0.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tac

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D.E.R. 2/8/91

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Villas

Location: City or S/D Subdivision County Marion

Owned by S.S.U. Services Reporting Month January 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	126	3	33.6					17.9	11.2		
Average	4	0.1	4.3					0.9	0.6		
Maximum	7	0.1	12.0					1.1	0.9		
Minimum	1	0.1	1.7					0.8	0.5		
1	7	0.1	1.7					0.8	0.6		
2	7	0.1	1.7								
3	7	0.1	1.7					0.9	0.6		
4	7	0.1	1.7								
5	3	0.1	4.0								
6	3	0.1	4.0					1.0	0.7		
7	3	0.1	4.0					1.1	0.7	4	
8	7	0.1	1.7					1.0	0.6		
9	1	0.1	12.0					0.9	0.6		
10	7	0.1	1.7					1.0	0.9		
11	1	0.1	12.0								
12	3	0.1	4.0								
13	3	0.1	4.0					0.9	0.5		
14	3	0.1	4.0								
15	7	0.1	3.0					1.0	0.5		
16	7	0.1	3.0					0.9	0.5		
17	7	0.1	1.7					1.0	0.6		
18	1	0.1	12.0								
19	3	0.1	4.0								
20	3	0.1	4.0					0.9	0.6		
21	3	0.1	4.0					1.0	0.6		
22	6	0.1	2.0					0.9	0.6		
23	1	0.1	12.0								
24	4	0.1	4.0					0.9	0.5		
25	4	0.1	4.0								
26	3	0.1	4.0								
27	3	0.1	4.0					0.9	0.6		
28	3	0.1	4.0					0.9	0.5		
29	5	0.1	2.0					0.8	0.5		
30	2	0.1	6.0					1.1	0.7		
31	7	0.1	1.7								

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down. Fold this flap up over it, then staple or t

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Villas

Location: City or S/D Subdivision County Marion

Owned by S.S.U. Services Reporting Month February 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month

Design Flow Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	106	3	113.7					12.3	7.2	4	
Average	4	1.107	4.1					0.9	0.6		
Maximum	7	1.107	12.8					1.1	0.6		
Minimum	1	1.107	1.2					0.8	0.4		
1	1	1.107	12.8					1.1	0.7		
2	3	1.107	4.3								
3	3	1.107	7.3								
4	3	1.107	4.3					0.8	0.5	4	
5	7	1.107	1.8					1.0	0.6		
6	1	1.107	12.8					1.0	0.5		
7	4	1.107	3.5								
8	4	1.107	3.2					1.0	0.6		
9	3	1.107	4.3								
10	3	1.107	4.3								
11	3	1.107	4.3					1.0	0.6		
12	4	1.107	3.2								
13	4	1.107	3.2					1.0	0.6		
14	4	1.107	3.2								
15	4	1.107	3.2					1.0	0.5		
16	5	1.107	2.6								
17	5	1.107	2.6								
18	5	1.107	2.6					1.0	0.6		
19	4	1.107	3.2								
20	4	1.107	3.2					0.9	0.6		
21	4	1.107	3.2								
22	4	1.107	3.2					0.8	0.4		
23	3	1.107	4.3								
24	3	1.107	4.3								
25	3	1.107	4.3					0.8	0.5		
26	5	1.107	2.6								
27	5	1.107	2.6								
28	5	1.107	2.6					0.9	0.5		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Village

Location: City or S/D Subdivision County Mayor

Owned by S.S.U. Services Reporting Month March 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-450

I certify this report is correct David Connor C 4437

(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	73	3	2298					12.3	7.6		
Average	2	1.097	7.4					0.9	0.6		
Maximum	5	1.097	11.8					1.4	0.9		
Minimum	1	1.097	2.3					0.7	0.4		
1	1	1.097	11.6					0.7	0.5		
2	3	1.097	3.9								
3	3	1.097	3.9								
4	3	1.097	3.9					0.9	0.5		
5	4	1.097	3.9								
6	4	1.097	3.9					0.7	0.5		
7	1	1.097	11.6								
8	1	1.097	11.6					0.8	0.6		
9	1	1.097	11.6								
10	1	1.097	11.6								
11	1	1.097	11.6								
12	1	1.097	11.6					1.0	0.6		
13	1	1.097	11.6								
14	1	1.097	11.6					0.9	0.6		
15	1	1.097	11.6					1.0	0.5		
16	3	1.097	3.9								
17	3	1.097	3.9								
18	3	1.097	3.9					0.8	0.4		
19	4	1.097	2.9								
20	4	1.097	2.9					1.0	0.6		
21	1	1.097	11.6								
22	1	1.097	11.6					0.8	0.5		
23	5	1.097	2.3								
24	5	1.097	2.3								
25	5	1.097	2.3								
26	5	1.097	2.3					0.9	0.5		
27	1	1.097	11.6					1.2	0.7		
28	1	1.097	11.6								
29	1	1.097	11.6					0.9	0.6		
30	2	1.097	5.8								
31	2	1.097	5.8								

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

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Effective November 1, 1987

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

ID No. 6424651 Name of Drinking Water System Samira Villas

cation: City or S/D Subdivision County Marion

ed by S.S.U. Services Reporting Month April 19 91

int Effluent pH 7.5 (Avg) No. of Services at End of Month 2

sign Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

ertify this report is correct: David Cocuzzo C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	79	3	160					10.4	6.9		
Average	3	0.1	5					0.9	0.6		
Maximum	4	0.1	12					1.2	0.4		
Minimum	1	0.1	3					0.6	0.3		
1	2	0.1	6					0.8	0.5	4	
2	3	0.1	4								
3	3	0.1	4					0.8	0.6		
4	1	0.1	12					0.9	0.6		
5	3	0.1	4								
6	3	0.1	4								
7	3	0.1	4								
8	3	0.1	4								
9	3	0.1	4					1.0	0.5		
10	1	0.1	12								
11	1	0.1	12					0.9	0.5		
12	1	0.1	12					0.9	0.6		
13	3	0.1	4								
14	3	0.1	4								
15	3	0.1	4					0.8	0.6		
16	2	0.1	6								
17	2	0.1	6					0.8	0.5		
18	2	0.1	6								
19	2	0.1	6					0.6	0.3		
20	3	0.1	4								
21	3	0.1	4								
22	3	0.1	4					0.7	0.4		
23	3	0.1	4								
24	3	0.1	4					1.0	0.3		
25	4	0.1	3								
26	4	0.1	3					1.2	0.9		
27	3	0.1	4								
28	3	0.1	4								
29	3	0.1	4					1.0	0.6		
30	3	0.1	4								
31											

is form must be completed in full and submitted to the appropriate DER or County Health Department office wi
15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

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Effective November ... 1987 Page 1 of -

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

'S ID No. 6424651 Name of Drinking Water System Samira Villas

cation: City or S/D Subdivision S.W. Ocala County Marion

ned by S.S.U. Services Reporting Month May 1991

ant Effluent pH 7.6 (Avg) No. of Services at End of Month

sign Flow Remarks (Use reverse side) Phone No.: 1-800-432-4501

ertify this report is correct David Conner C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	146	2	65.7					14.1	8.7		
Average	5	.065	2.1					1.0	0.6		
Maximum	9	.065	7.8					1.3	0.9		
Minimum	1	.065	0.9					0.8	0.4		
1	3	.065	2.6					1.0	0.5		
2	6	.065	1.3								
3	6	.065	1.3					1.0	0.6		
4	4	.065	1.9								
5	4	.065	1.9								
6	4	.065	1.9					1.0	0.5	4	
7	3	.065	2.6								
8	3	.065	2.6					0.9	0.6		
9	9	.065	0.9								
10	9	.065	0.9					0.9	0.5		
11	5	.065	1.6								
12	5	.065	1.6								
13	5	.065	1.6					0.8	0.5		
14	4	.065	1.9								
15	4	.065	1.9					0.8	0.4		
16	6	.065	1.3								
17	6	.065	1.3					1.3	0.9		
18	5	.065	1.6								
19	5	.065	1.6								
20	5	.065	1.6					1.1	0.8		
21	6	.065	1.3								
22	6	.065	1.3					1.0	0.6		
23	6	.065	1.3								
24	6	.065	1.3					1.2	0.8		
25	3	.065	2.6								
26	3	.065	2.6								
27	3	.065	2.6					1.0	0.7		
28	5	.065	1.6								
29	5	.065	1.6					1.0	0.5		
30	1	.065	7.8								
31	1	.065	7.8					1.1	0.7		

form must be completed in full and submitted to the appropriate DER or County Health Department office wit
days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.900(2)
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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

D No. 6424651 Name of Drinking Water System Samira Villas

ion: City or S/D Subdivision Ocala County Marion

by S.S.U. Services Reporting Month June 19 91

Effluent pH 7.4 (Avg) No. of Services at End of Month 12

: Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

ify this report is correct David Connor C 4437

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

h	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
hly al	79	3	144					11.1	6.6	4	
age	3	0.1	5					0.9	0.6		
mum	3	0.1	12					1.1	0.7		
num	0	0.1	0					0.8	0.4		
	3	0.1	4								
	3	0.1	4								
	3	0.1	4					1.0	0.6		
	0	0.1	0					1.0	0.5	4	
	3	0.1	4								
	3	0.1	4								
	3	0.1	4					1.1	0.7		
	3	0.1	4								
	3	0.1	4								
	3	0.1	4					1.0	0.5		
	3	0.1	4								
	3	0.1	4					1.1	0.7		
	2	0.1	6								
	2	0.1	6					0.8	0.5		
	3	0.1	4								
	3	0.1	4								
	3	0.1	4					0.8	0.6		
	1	0.1	12					0.8	0.5		
	3	0.1	4								
	3	0.1	4								
	3	0.1	4					0.9	0.5		
	3	0.1	4								
	3	0.1	4								
	3	0.1	4					0.9	0.6		
	3	0.1	4								
	3	0.1	4					0.9	0.5		
	1	0.1	12								
	1	0.1	12					0.8	0.4		
	3	0.1	4								
	3	0.1	4								

m must be completed in full and submitted to the appropriate DER or County Health Department office wit: ys after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

ID No. 6424651 Name of Drinking Water System Samira Villas

ation: City or S/D S/D County Marion

ed by S.S.U. Services Reporting Month July 19 91

nt Effluent pH 7.3 (Avg) No. of Services at End of Month 2

ign Flow _____ Remarks (Use reverse side) Phone No.: 904-347-1265

ertify this report is correct David Connor C4437

(Lead Operator's Signature) (Cert. Level) (Cert. No.

ays of onth	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
onthly Total	91	1	48.4					12.5	7.1		
verage	3	1.032	1.6					0.9	0.5		
aximum	6	1.032	3.8					1.2	0.7		
inimum	1	1.032	0.6					0.7	0.4		
1	3	1.032	1.3					0.9	0.5	4	
2	3	1.032	1.3								
3	3	1.032	1.3					0.8	0.5		
4	2	1.032	1.9								
5	2	1.032	1.9					0.9	0.6		
6	3	1.032	1.3								
7	3	1.032	1.3								
8	3	1.032	1.3					0.8	0.5		
9	3	1.032	1.3								
10	4	1.032	1.0					0.7	0.4		
11	2	1.032	1.9								
12	2	1.032	1.9					0.7	0.4		
13	3	1.032	1.3								
14	3	1.032	1.3								
15	3	1.032	1.3					0.8	0.4		
16	5	1.032	0.8								
17	4	1.032	1.0					0.7	0.4		
18	1	1.032	3.8								
19	2	1.032	1.9					0.8	0.4		
20	3	1.032	1.3								
21	3	1.032	1.3								
22	3	1.032	1.3								
23	3	1.032	1.3					1.0	0.6		
24	6	1.032	0.6					1.1	0.6		
25	1	1.032	3.8								
26	1	1.032	3.8					1.1	0.5		
27	3	1.032	1.3								
28	3	1.032	1.3								
29	3	1.032	1.3					1.0	0.6		
30	4	1.032	1.0								
31	4	1.032	1.0					1.2	0.7		

s form must be completed in full and submitted to the appropriate DER or County Health Department office wi
15 days after the month of record. Note: Fold top flap down, fold this flap so over it, then staple or tap

. Form 17-22.099(2)

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Villas

Location: City or S/D S/D County Marion

Owned by S.S.U. Services Reporting Month August 199[illegible]

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month

Design Flow Remarks (Use reverse side) Phone No.: 904-347-1265

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	89	1	513					11.6	5.6		
Average	3	.032	1.7					0.9	0.4		
Maximum	7	.032	3.8					1.0	0.5		
Minimum	1	L.032	0.5					0.7	0.3		
1	1	.032	3.8								
2	1	L.032	3.8					0.7	0.4		
3	3	L.032	1.3								
4	3	L.032	1.3								
5	3	.032	1.3					0.8	0.4		
6	1	.032	3.8					0.8	0.5	4	
7	1	.032	3.8								
8	2	.032	0.5					0.9	0.5		
9	2	.032	1.9								
10	2	.032	1.9								
11	2	.032	1.9								
12	2	.032	1.9					0.9	0.5		
13	4	L.032	1.0								
14	4	L.032	1.0					1.0	0.5		
15	2	.032	1.9								
16	2	L.032	1.9					0.9	0.4		
17	3	.032	1.3								
18	3	.032	1.3								
19	3	.032	1.3					0.8	0.3		
20	4	.032	1.0								
21	4	.032	1.0					0.9	0.4		
22	2	.032	1.9					1.0	0.4	4	
23	2	.032	1.9								
24	3	.032	1.3								
25	2	.032	1.9								
26	3	L.032	1.3					0.9	0.4		
27	4	.032	1.0								
28	3	.032	1.3					1.0	0.7		
29	2	L.032	1.9								
30	2	.032	1.9					1.0	0.5		
31	3	.032	1.3								

his form must be completed in full and submitted to the appropriate DER or County Health Department office n 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple at t

[illegible] Form 17-22.900(1)
[illegible]

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Villas

Location: City or S/D S/D County Marion

Owned by S.S.U. Services Reporting Month September 1991

Plant Effluent pH 7.7 (Avg) No. of Services at End of Month 2

Design Flow _____ Remarks (Use reverse side) Phone No.: (904) 347-1265

I certify this report is correct: David Conner C 4437
(Lead Operator's Signature) (Cert. Level) (Cert

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriologic MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	82	1	61					13.1	6.3		
Average	3	.033	2.0					1.0	0.5		
Maximum	6	.033	4.0					1.2	0.6		
Minimum	1	.033	0.7					0.8	0.3		
1	3	.033	1.3								
2	2	.033	1.3								
3	3	.033	1.3					0.8	0.4		
4	6	.033	0.7					0.8	0.4	6	
5	1	.033	4.0								
6	1	.033	4.0					0.8	0.3		
7	3	.033	1.3								
8	2	.033	2.0								
9	3	.033	1.3					1.1	0.5		
10	4	.033	1.0								
11	4	.033	1.0					1.1	0.6		
12	1	.033	4.0								
13	1	.033	4.0					1.1	0.5		
14	4	.033	1.0								
15	4	.033	1.0								
16	4	.033	1.0								
17	4	.033	1.0					1.0	0.5		
18	1	.033	4.0					1.0	0.5		
19	1	.033	4.0								
20	1	.033	4.0					1.1	0.5		
21	3	.033	1.3								
22	3	.033	1.3								
23	3	.033	1.3					1.0	0.5		
24	4	.033	1.0								
25	4	.033	1.0					1.0	0.5		
26	1	.033	4.0								
27	1	.033	4.0					1.2	0.6		
28	3	.033	1.3								
29	3	.033	1.3								
30	3	.033	1.3					1.1	0.5		
31											

A form must be completed in full and submitted to the appropriate DER or County Health Department offi
15 days after the month of record. Water fold tee flap down, fold this flap up over it, then staple

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State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6424651 PWS Name Samira Villas Location: City or S/D S/D
Owned by S.S.U. Services Phone No: 904 347-1265 Reporting Month October 1991
Plant Effluent pH (Avg) 7.9 No. of Services at End of Month 2 No. of People Served at End of Month 16
Design Flow _____ Remarks (Use reverse side) 3-6
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month David Connor C 4437
Bill Yocius B 1392

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	80300		1	61.7					13.8	7.3		
Average	2600		.032	2.0					1.1	0.6		
Maximum	4200		.032	4.8					1.4	0.8		
Minimum	800		.032	0.9					0.9	0.5		
1	3000		.032	1.3								
2	4000		.032	1.0					1.0	0.8		
3	1300		.032	3.0							4	
4	1200		.032	3.2					1.4	0.7		
5	3300		.032	1.2								
6	3300		.032	1.2								
7	3300		.032	1.2					1.3	0.7		
8	4000		.032	1.0								
9	3900		.032	1.0					1.0	0.5		
10	800		.032	4.8								
11	800		.032	4.8					1.0	0.6		
12	2700		.032	1.4								
13	2700		.032	1.4								
14	2700		.032	1.4					1.0	0.5		
15	3000		.032	1.3								
16	4300		.032	1.0					1.0	0.5		
17	1000		.032	3.8								
18	1000		.032	3.8					0.9	0.5		
19	3000		.032	1.3								
20	3000		.032	1.3								
21	3000		.032	1.3					1.1	0.5		
22	4200		.032	0.9								
23	4100		.032	0.9					1.0	0.5		
24	1000		.032	3.8								
25	1000		.032	3.8					1.0	0.5		
26	2800		.032	1.4								
27	2800		.032	1.4								
28	2800		.032	1.4					1.0	0.5		
29	1400		.032	2.7								
30	1400		.032	2.7					1.1	0.5		
31	2800		.032	1.0								

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6424651 PWS Name Samira Villas Location: City or S/D S/D
Owned by S.S.U. Services Phone No: 904-547-1265 Reporting Month November 1991
Plant Effluent pH (Avg) 7.5 No. of Services at End of Month 2 x 2.5 No. of People Served at End of Month 5
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month David Connor C 443.

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	79		1	56.5					12.1	6.4		
Average	3		.033	1.9					1.0	0.5		
Maximum	4		.033	4.0					1.3	0.6		
Minimum	1		.033	1.0					0.7	0.4		
1	4		.033	1.0					1.0	0.5		
2	3		.033	1.3								
3	3		.033	1.3								
4	3		.033	1.3					1.1	0.6	4	
5	4		.033	1.0								
6	4		.033	1.0					0.9	0.5		
7	1		.033	4.0								
8	1		.033	4.0					0.8	0.4		
9	2		.033	2.0								
10	2		.033	2.0								
11	2		.033	2.0								
12	2		.033	2.0					0.8	0.5		
13	3		.033	1.3								
14	3		.033	1.3								
15	3		.033	1.3					0.7	0.6		
16	3		.033	1.3								
17	3		.033	1.3								
18	3		.033	1.3					1.0	0.5		
19	3		.033	1.3								
20	3		.033	1.3					1.0	0.5		
21	1		.033	4.0								
22	1		.033	4.0					1.2	0.6		
23	3		.033	1.3								
24	3		.033	1.3								
25	3		.033	1.3					1.2	0.6		
26	4		.033	1.0								
27	4		.033	1.0					1.3	0.6		
28	1		.033	4.0								
29	1		.033	4.0					1.1	0.5		
30	3		.033	1.3								
31												

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6424651 PWS Name Samira Villas Location: City or S/D S/D
Owned by S.S.U. Services Phone No: 904-347-1268 Reporting Month December 1991
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 2 x 3.4 No. of People Served at End of Month 7 est
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month David Connor C4437

I certify this report is correct. David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Services Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, rain and cleans, meter calibrations
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	84		1	60.3					13.6	6.7		
Average	3		.032	1.9					1.0	0.5		
Maximum	6		.032	3.8					1.2	0.6		
Minimum	1		.032	0.6					0.9	0.5		
1	3		.032	1.3								
2	3		.032	1.3					1.2	0.6		
3	4		.032	1.0							4	
4	4		.032	1.0					1.0	0.5		
5	1		.032	3.8								
6	1		.032	3.8					1.0	0.5		
7	3		.032	1.3								
8	3		.032	1.3								
9	3		.032	1.3					0.9	0.5		
10	1		.032	3.8								
11	6		.032	0.6					1.0	0.5		
12	1		.032	3.8								
13	1		.032	3.8					1.1	0.5		
14	3		.032	1.3								
15	3		.032	1.3								
16	3		.032	1.3					1.0	0.5		
17	4		.032	1.0								
18	4		.032	1.0					0.9	0.5		
19	1		.032	3.8								
20	1		.032	3.8					1.1	0.5		
21	3		.032	1.3								
22	3		.032	1.3								
23	3		.032	1.3					1.2	0.6		
24	3		.032	1.3								
25	4		.032	1.0					1.1	0.5		
26	1		.032	3.8								
27	1		.032	3.8					1.0	0.5		
28	3		.032	1.3								
29	3		.032	1.3								
30	3		.032	1.3					1.1	0.5		
31	4		032	1.0								

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Village

Location: City or S/D Samira Village subdivision, Ocala County Marion

Owned by Southern States Utilities Reporting Month January 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 7

Design Flow 122,460 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or ~~lbs.~~ Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	165	3	55					26.6	15		
Average	5	0	1.8					1.3	0.7		
Maximum	25	1	40					2.5	2.0		
Minimum	1	0	0					0.8	0.5		
1											
2	3	1	40					1.0	0.6		
3	1	0	0					1.0	0.5	1	
4	1	0	0					1.1	0.7	5	
5	1	0	0					1.4	0.8		
6	1	0	0					1.5	0.9		
7											
8	18	0	0					1.0	0.6		
9	4	0	0					2.5	2.0		
10	2	0	0					2.5	1.0		
11	9	0	0					0.9	0.5		
12	1	0	0					0.8	0.5		
13											
14											
15	25	0	0					2.3	2.0		
16	4	0	0					1.3	0.7	5	
17	13	1	10					1.3	0.8	5	
18	1	0	0					1.2	0.5		
19	18	0	0					0.9	0.5		
20											
21											
22	14	0	0					1.2	0.7		
23	12	0	0					1.3	0.7		
24	12	0	0					1.1	0.5		
25	1	0	0					1.1	0.6		
26	1	0	0					1.0	0.6		
27											
28											
29	25	1	5					1.0	0.7		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

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SG

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Village

Location: City or S/D Samira Village sub division, Ocala County Marion

Owned by Southern States Utilities Reporting Month February 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 7

Design Flow .122 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connors C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	187	5	600					17.1	9.9		
Average	7	0.2	21					1.1	0.7		
Maximum	26	5	600					1.8	1.0		
Minimum	1	0	0					0.9	0.4		
1	16	0	0					1.0	0.6	4	
2	12	0	0					1.0	0.5		
3											
4											
5											
6	26	0	0					1.0	0.6		
7	1	0	0					1.0	0.5		
8	12	0	0					1.1	0.6		
9	1	5	600					0.9	0.5		
10											
11											
12	25	0	0					0.9	0.4		
13	1	0	0					1.8	1.0		
14											
15	14	0	0					1.5	0.9		
16	1	0	0					1.3	0.8		
17											
18											
19											
20	26	0	0					1.1	0.6		
21											
22	13	0	0					1.0	0.6		
23	12	0	0					1.1	0.8		
24											
25											
26	14	0	0					1.2	0.7		
27								1.2	0.8		
28	13	0	0								
29											
30											
31											

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133

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.990(3)
Effective November 1, 1987

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JJ

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Village

Location: City or S/D Samira Village subdivision, Ocala County Marion

Owned by Southern States Utilities Reporting Month March 19 96

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 7

Design Flow .122 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connor C4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	213	6	719					14.6	8.2		
Average	7	.2	23					1.4	0.6		
Maximum	17	6	719					1.4	0.9		
Minimum	1	0	0					0.8	0.4		
1	7	0	0								
2	7	0	0					1.0	0.5		
3	7	0	0								
4	7	0	0								
5	7	0	0								
6	7	0	0					1.0	0.6		
7	17	0	0					1.4	0.7	4	0
8	1	0	0					1.4	0.7		
9	7	0	0								
10	7	0	0								
11	7	0	0								
12	7	0	0					1.2	0.6		
13	7	0	0								
14	7	0	0					1.1	0.7		
15	7	0	0								
16	7	0	0					1.1	0.6		
17	8	0	0								
18	9	0	0								
19	9	0	0					1.3	0.8		
20	5	0	0								
21	5	0	0								
22	5	0	0					1.0	0.5		
23	13	0	0					1.0	0.5		
24	5	0	0								
25	5	0	0								
26	5	0	0					0.8	0.4		
27	8	0	0								
28	8	0	0								
29	8	0	0					1.3	0.9		
30	9	6	719					1.0	0.6		
31	7	0	0								

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

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Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Village

Location: City or S/D Samira Village subdivision, Ocala County Marion

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 7

Design Flow .122 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	199	0	46.2					12.1	6.9		
Average	7	0	1.5					0.9	0.5		
Maximum	12	0	2.5					1.5	0.9		
Minimum	1	0	0					0.5	0.3		
1	7	0	0								
2	7	0	0								
3	7	1	16.7					0.9	0.5		
4	12	3	5					1.3	0.7	4	
5	7	0	0								
6	7	0	0					1.5	0.9		
7	5	0	0								
8	5	0	0								
9	5	0	0								
10	5	0	0					1.0	0.6		
11	9	0	0								
12	9	1	2.5					1.0	0.5		
13	1	0	0					1.0	0.6		
14	8	0	0								
15	8	0	0								
16	8	0	0					0.9	0.5		
17	5	0	0								
18	5	1	2.5								
19	5	0	0					0.8	0.5		
20	12	0	0					0.8	0.4		
21	2	0	0								
22	2	0	0								
23	2	0	0					0.8	0.5		
24	9	0	0								
25	9	0	0					0.7	0.4		
26	7	1	16.7								
27	7	3	5					0.9	0.5		
28	8	0	0								
29	8	0	0								
30	8	1	14.3					0.5	0.3		
31											

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This form must be completed in full and submitted to the appropriate DER or County Health Department office all in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5424651 Name of Drinking Water System Sawin Villas

Location: City or S/D Subdivision Ocala County Marion

Owned by Southern States Utilities Reporting Month May 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2

Design Flow _____ Remarks (Use reverse side) Phone No.: 1 800 432-4501

I certify this report is correct David Conner C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	214	6	107					13.2	9.5		
Average	7	22	3.5					1.7	0.6		
Maximum	12	1	24					1.5	2.9		
Minimum	3	0	0					0.5	0.3		
1	3	0	0					0.5	0.3		
2	12	0	0					0.7	0.4	-	0
3	7	1	17								
4	7	0	0					0.3	0.5		
5	5	0	0								
6	5	0	0								
7	5	1	24					0.8	0.6		
8	6	0	0								
9	6	0	0					0.8	0.5		
10	7	0	0								
11	7	1	17					1.5	0.9		
12	4	0	0								
13	4	0	0								
14	4	0	0					1.0	0.6		
15	6	0	0								
16	6	0	0					1.1	0.7		
17	8	0	0								
18	8	1	15					1.0	0.7		
19	5	0	0								
20	5	0	0								
21	5	0	0					0.8	0.6		
22	11	0	0								
23	12	1	10					1.0	0.6		
24	9	0	0								
25	7	0	0					1.3	0.8		
26	5	0	0								
27	5	0	0								
28	5	0	0								
29	5	1	24					1.0	0.7		
30	8	0	0								
31	8	0	0					2.3	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Villas

Location: City or S/D S.R. 200, subdivision Ocala County Marion

Owned by Southern States Utilities Reporting Month June 19 96

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2

Design Flow _____ Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct David Conner C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	304	6	205					13.1	7.7		
Average	7	0.2	7					0.9	0.6		
Maximum	13	1	120					1.2	0.9		
Minimum	1	0	0					0.7	0.4		
1	4	1	30					0.8	0.6		
2	3	0	0								
3	3	0	0								
4	3	0	0					0.7	0.9		
5	4	0	0								
6	7	1	17					1.1	0.9		
7	13	0	0					1.2	0.8		
8	7	0	0					0.8	0.4		
9	11	0	0								
10	11	0	0								
11	11	1	11					1.1	0.6		
12	11	0	0								
13	11	0	0					1.2	0.7		
14	1	0	0								
15	1	0	0					1.1	0.5		
16	8	0	0								
17	8	0	0								
18	8	1	13					1.0	0.6		
19	6	0	0								
20	6	0	0					1.0	0.5		
21	1	0	0								
22	1	0	0					0.7	0.4		
23	10	0	0								
24	10	0	0								
25	10	1	12					0.9	0.6		
26	9	0	0								
27	9	0	0								
28	9	0	0					0.7	0.4		
29		1	120					0.8	0.4		
30	9	0	0								
31											

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This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Villas

Location: City or S/D Subdivision, Ocala County Marion

Owned by S.S.U. Services Reporting Month July 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 4

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Conaway C4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	223	6	107					15.5	8.7		
Average	7	0.2	3					0.9	0.5		
Maximum	14	1	31					1.2	0.8		
Minimum	1	0	0					0.7	0.4		
1	8	0	0								
2	8	1	31					1.2	0.7		
3	1	0	0					1.2	0.8		
4	4	0	0								
5	4	0	0								
6	4	1	30					0.7	0.4		
7	11	0	0								
8	11	0	0								
9	11	0	0								
10	11	1	11					1.1	0.7		
11	6	0	0							4	
12	6	0	0					1.0	0.5		
13	6	0	0					0.8	0.5		
14	8	0	0								
15	8	0	0								
16	8	0	0					0.9	0.5		
17	7	0	0								
18	7	1	17					1.0	0.5	1	
19	1	0	0					0.8	0.4		
20	1	0	0					0.7	0.4		
21	13	0	0								
22	13	0	0								
23	13	1	9					0.9	0.5		
24	14	0	0					0.9	0.6		
25	12	0	0					0.8	0.5		
26	1	0	0					0.8	0.4		
27	6	0	0					0.9	0.7		
28	4	0	0								
29	4	0	0								
30	4	0	0					0.8	0.4		
31	13	1	9					1.0	0.5		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.300(3)
Effective November 11, 1987 Page 1 of 1

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Villas

Location: City or S/D Subdivision, Samira Villas Ocala County Marion

Owned by S.S.U. Services Reporting Month August 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 4

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Connor C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	221	7	312					19.2	11.8		
Average	7	0.2	10					1.0	0.6		
Maximum	14	1	120					1.4	1.0		
Minimum	0	0	0					0.5	0.3		
1	7	0	0					0.9	0.5		
2	7	1	17					0.8	0.4		
3	4	0	0								
4	9	0	0								
5	9	0	0								
6	9	1	13					0.7	0.5		
7	13	2	0								
8	13	0	0					0.5	0.3	4	
9	0	0	0					0.6	0.4		
10	2	0	0					0.7	0.4		
11	9	0	0								
12	9	0	0								
13	9	0	0					1.0	0.5		
14	1	1	120					0.7	0.4		
15	14	0	0					1.2	0.8	2	
16	3	0	0					0.9	0.6	2	
17	1	0	0					0.9	0.5		
18	10	0	0								
19	10	0	0								
20	10	1	12					1.4	1.0		
21	2	0	0					1.3	0.8		
22	13	0	0					1.3	0.7		
23	3	0	0					1.0	0.6		
24	1	1	120					0.8	0.5		
25	10	0	0								
26	10	0	0								
27	10	0	0					1.1	0.8		
28	10	0	0					1.1	0.7		
29	4	1	30					1.3	0.8		
30	2	0	0								
31	2	0	0					1.0	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.900(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Villas

Location: City or S/D Subdivision County Marion

Owned by S. S. U. Services Reporting Month September 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 4

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Conner (Lead Operator's Signature) C 4437 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	210	5	225					9.7	5.7		
Average	7	0.2	8					0.6	0.4		
Maximum	14	1	120					1.0	0.6		
Minimum	1	0	0					0.3	0.2		
1	2	0	0								
2	2	0	0								
3	2	0	0								
4	2	0	0					0.9	0.5		
5	14	0	0					0.9	0.5	4	
6	1	1	120					0.8	0.5		
7	19	0	0					0.6	0.4		
8	10	0	0								
9	10	0	0								
10	10	1	12					1.0	0.6		
11	7	0	0					0.9	0.5		
12	10	0	0					0.8	0.5		
13	2	0	0					0.5	0.2		
14	2	0	0					0.6	0.3		
15	6	0	0								
16	6	0	0								
17	6	1	20					0.4	0.2		
18	15	0	0								
19	15	0	0					0.6	0.4		
20	2	1	60					0.5	0.3		
21	2	0	0								
22	9	0	0								
23	5	0	0								
24	3	0	0								
25	0	0	0								
26	3	1	13					0.4	0.2		
27	2	0	0					0.3	0.2		
28	2	0	0					0.6	0.4		
29	10	0	0								
30	10	0	0								
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple at bott

DER Form 17-22.900(1)
Effective November 1, 1987 Page 1 of -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 Name of Drinking Water System Samira Villas

Location: City or S/D S.D. Division Ocala County Marion

Owned by S.C.U. Services Reporting Month October 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 4

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-433-4501

I certify this report is correct David Connor C-4437

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	150	6.2	246					10.7	7.1	4	
Average	5	0.2	7.9					0.7	0.5	1	
Maximum	10	0.2	12					0.9	0.7		
Minimum	1	0.2	3.4					0.7	0.4		
1	10	0.2	3.4					0.7	0.7		
2	8	0.2	3.0								
3	8	0.2	3.0					0.8	0.5		
4	2	0.2	12.0								
5	2	0.2	12.0					0.9	0.7		
6	9	0.2	2.7								
7	9	0.2	2.7								
8	9	0.2	2.7								
9	9	0.2	2.7								
10	9	0.2	2.7					0.8	0.5		
11	2	0.2	12.0					1.8	0.6	4	
12	1	0.2	24					1.8	0.5		
13	7	0.2	3.4								
14	7	0.2	3.4								
15	7	0.2	3.4								
16	7	0.2	3.4								
17	7	0.2	3.4					0.7	0.5		
18	2	0.2	12.0					0.8	0.6		
19	2	0.2	12.0					0	0.4		
20	2	0.2	12.0								
21	2	0.2	12.0								
22	2	0.2	12.0					0.7	0.5		
23	2	0.2	12.0								
24	2	0.2	12.0								
25	2	0.2	12.0					0.8	0.5		
26	7	0.2	3.4					0.7	0.5		
27	2	0.2	12.0								
28	2	0.2	12.0								
29	2	0.2	12.0					0.8	0.4		
30	4	0.2	6.0					0.8	0.5		
31	4	0.2	6.0								

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6 4 2 4 6 5 1 Name of Drinking Water System Samira Villas

Location: City or S/D Samira Villas subdivision County Marin

Owned by SSU Services Reporting Month November 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Cramer C 4437
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or ~~lbs.~~ Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	217	6	112.4					14	8.7	4	
Average	7	0.2	3.7					0.8	0.5		
Maximum	16	0.2	6.0					1.5	0.9		
Minimum	4	0.2	1.5					0.6	0.4		
1	4	0.2	6.0					0.8	0.4		
2	9	0.2	2.7								
3	9	0.2	2.7								
4	9	0.2	2.7								
5	9	0.2	2.7					0.7	0.4		
6	16	0.2	1.5					0.6	0.4		
7	5	0.2	4.8								
8	5	0.2	4.8					0.7	0.5		
9	10	0.2	2.4								
10	10	0.2	2.4								
11	10	0.2	2.4								
12	10	0.2	2.4					0.6	0.4	4	
13	9	0.2	2.7					0.8	0.5		
14	4	0.2	6.0					0.8	0.5		
15	6	0.2	4.0					1.0	0.6		
16	5	0.2	4.8					1.0	0.7		
17	6	0.2	4.0								
18	6	0.2	4.0								
19	6	0.2	4.0					0.7	0.5		
20	9	0.2	2.7					0.7	0.4		
21	7	0.2	3.4					0.7	0.5		
22	7	0.2	3.4								
23	7	0.2	3.4					0.7	0.6		
24	5	0.2	4.8								
25	5	0.2	4.8								
26	5	0.2	4.8					1.5	0.9		
27	9	0.2	2.7					1.5	0.9		
28	4	0.2	6.0					0.8	0.5		
29	7	0.2	3.4								
30	7	0.2	3.4					0.9	0.5		
31											

This form must be completed in full and submitted to the appropriate OER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

OER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5 7 3 4 6 5 1 Name of Drinking Water System Samira Villas

Location: City or S/D Subdivision, Ocala County Marion

Owned by S.S.U. Services Reporting Month December 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 4

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct David Conner - C 4437

(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	210	5	143.4					13.9	9.2		
Average	7	0.16	4.6					0.9	0.7		
Maximum	12	0.16	14.2					1.1	0.8		
Minimum	1	0.16						0.8	0.5		
1	5	0.16	3.8								
2	5	0.16	3.8								
3	5	0.16	3.8					1.0	0.6		
4	9	0.16	21					1.1	0.6	4	
5	3	0.16	6.4					1.0	0.7		
6	1	0.16	19.2					1.0	0.6		
7	2	0.16	27								
8	2	0.16	27								
9	2	0.16	27								
10	2	0.16	27					0.9	0.6		
11	6	0.16	3.2								
12	6	0.16	3.2					0.9	0.7		
13	1	0.16	19.2					0.8	0.5		
14	9	0.16	21					0.9	0.7		
15	5	0.16	3.8								
16	5	0.16	3.8								
17	5	0.16	3.8					0.8	0.5		
18	12	0.16	1.6					0.9	0.5		
19	12	0.16	1.6								
20	12	0.16	1.6					1.0	0.7		
21	9	0.16	21					1.0	0.6		
22	5	0.16	3.8								
23	5	0.16	3.8								
24	5	0.16	3.8					0.9	0.6		
25	6	0.16	3.2								
26	6	0.16	3.2					0.9	0.8		
27	9	0.16	21								
28	9	0.16	21								
29	9	0.16	21								
30	9	0.16	21								
31	9	0.16	21					0.8	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or

DER Form 17-22.900(3)

Effective November 1, 1988 Page 1 of -

Saratoga Harbour - 448

Putnam County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Jan. 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 40

Design Flow 300000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly total	401	30	305					18.2	4.4		
Average	13	.97	15					.9	.2		
Maximum	48	2	50					1.2	.3		
Minimum	2	.5	2					.6	.2		
1	48	2	5					1.0	.2		
2	39	1.5	6					1.0	.2	3	e
3	39	2	8					1.0	.2		
4	13	1	9					1.2	.3		
5											
6											
7	58	4	8					1.0	.2		
8	28	1	4					1.0	.2		
9	15	1.5	12					1.2	.3		
10	25	.5	2					1.0	.2		
11	4	.5	13					1.2	.2		
12											
13											
14	26	1	5					.6	.2		
15	6	.5	10					.8	.2		
16	8	1.5	21					.6	.2		
17	5	2	50					.6	.2		
18	8	1	14					.6	.2		
19											
20											
21	20	1.5	9					.8	.2		
22	14	.5	5					.8	.2		
23	14	.5	5					.8	.2		
24	3	.75	38					.8	.2		
25											
26											
27											
28											
29	40	3.75	11					.8	.2		
30	2	1	50					.8	.2		
31	6	1	20					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Feb. 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 40

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	383	30	152					16.1	4.3		
Average	14	1.07	10					0.9	0.2		
Maximum	38	1.5	25					1.4	0.6		
Minimum	—	—	—					0.6	0.2		
1	14	1	9					0.8	0.2		
2											
3											
4											
5	37	4.5	15					0.8	0.2		
6	8	1	20					0.8	0.2		
7	9	.2	35					0.7	0.2		
8	13	.5	5					1.2	0.3		
9											
10											
11	13	2	18					1.0	0.2		
12	—	—	—					1.0	0.2		
13	—	—	—					0.8	0.2	3	0
14	—	—	—					0.8	0.2		
15	23	1.5	8					0.8	0.2		
16											
17											
18	78	.2	3					0.8	0.2		
19	6	.3	10					0.8	0.2		
20	38	1.5	5					0.6	0.2		
21	17	1	7					0.8	0.2		
22	24	1.5	8					1.0	0.2		
23											
24											
25											
26	65	3	6					0.8	0.2		
27	16	1	8					1.4	0.4		
28	23	1	5					1.2	0.6		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Saturna County Putnam

Owned by SSI Services Reporting Month March 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 40

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	527	38.5	174					21.6	6.3		
Average	17	1.24	9					1.1	.3		
Maximum	31	1.5	31					1.4	.6		
Minimum	11	1	4					1.0	.2		
1	31	1.5	6					1.2	.4		
2											
3											
4	44	5	14					1.0	.2		
5	32	1	4					1.0	.2		
6	19	1	4					1.3	.3	3	⊖
7	11	1	11					1.0	.2		
8	27	1.5	7					1.4	.4		
9											
10											
11	45	4.5	12					1.2	.4		
12	18	1	7					1.0	.2		
13	15	1	8					1.0	.4		
14	23	1	5					1.2	.2		
15	14	1	8					1.0	.2		
16											
17											
18	16	4	31					1.0	.2		
19											
20	30	2.5	10					1.0	.2		
21	21	1	6					1.2	.6		
22	39	1	4					1.2	.6		
23											
24											
25	51	3.5	8					1.2	.4		
26											
27	31	2	8					1.4	.4		
28	20	1.5	9					1.2	.4		
29											
30											
31	63	3.5	7					1.2	.4		

This form must be completed in full and submitted to the appropriate OER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month April 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 41

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1005	32	146					22.2	7.6		
Average	30	1.10	7					1.1	.4		
Maximum	36	1.5	17					1.2	.6		
Minimum	11	.75	3					1.0	.3		
1	36	1	3					1.2	.4		
2	33	1	6					1.0	.4		
3	18	1	7					1.2	.6	3	0
4	37	.75	3					1.2	.6		
5	25	1.25	6					1.2	.4	-	
6											
7											
8	51	2.5	6					1.0	.4		
9	33	1	4					1.0	.4		
10	16	1	8					1.0	.3		
11											
12	43	3	8					1.0	.2		
13											
14											
15	79	2.5	4					1.0	.2		
16	18	1	7					1.2	.3		
17	21	1	6					1.2	.4		
18	36	1	3			—		1.0	.2		
19	19	1	6					1.0	.2		
20											
21											
22	46	2	5					1.2	.4		
23	16	1.5	11					1.2	.4		
24	11	1.5	17					1.2	.4		
25	28	1.5	7					1.0	.4		
26											
27											
28											
29	59	5	10					1.2	.6		
30	11	1.5	17					1.2	.4		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month May 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 41

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that report is correct William K. Kelsi C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	573	43	170					19.2	6.4		
Average	18	1.4	9					1.0	.4		
Maximum	30	2	23					1.4	.6		
Minimum	12	1	4					.7	.2		
1	23	1.5	8					1.0	.2		
2	29	1.5	6					.9	.2		
3	23	1	5					1.1	.2		
4											
5											
6	36	4	13					1.4	.4		
7	12	2	20					1.2	.4		
8										3	0
9	43	3	9					1.0	.2		
10	21	1.5	8					1.0	.2		
11											
12											
13	66	4.5	8					1.2	.4		
14	17	1.5	11					1.2	.4		
15											
16	32	2.5	9					1.0	.4		
17	24	1	5					1.2	.4		
18											
19											
20	49	4	10					1.0	.4		
21	17	1	7					1.2	.6		
22	30	1	4					1.0	.4		
23	17	1	7					1.0	.4		
24											
25											
26											
27											
28	84	4	6					.8	.2		
29	17	1.5	11					1.0	.6		
30											
31	33	6.5	23					1.0	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.209(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month June 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 40

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keelin C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	458	19	91					17.6	4.3		
Average	15	.63						1.0	.2		
Maximum	33	2.5									
Minimum	11	.5									
1	15	2.5	19					1.0	.2		
2											
3	—	—	—					1.2	.3		
4	23	1.5	8					1.2	.3		
5	11	.5	6					1.4	.4	3	1
6	33	.5	2					1.0	.2		
7	13	.5	4					1.2	.2		
8											
9											
10	19	.5	3					.6	.2		
11	29	1	4					1.0	.3		
12	14	1	8					1.5	.4		
13											
14											
15											
16											
17	57	4	8					1.0	.2	1	0
18	31	1	4					1.2	.2	1	0
19											
20	28	1	4					1.0	.2		
21	24	.5	3					1.0	.2		
22											
23											
24											
25	73	2.5	4					.7	.2		
26	11	.5	6					.8	.2		
27	26	.5	2					.6	.2		
28	15	.5	4					.6	.2		
29											
30	34	.5	2					.6	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

(DER Form 17-1.208(5))
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3511226.0 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Saratoga County Tuolumne

Owned by Self Service Reporting Month July 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 40

Design Flow 30,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I hereby swear that the above report is correct: William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	515	20	105					25.7	8.1		
Average	16	.65	5					1.2	.4		
Maximum	20	1	9					3.0	1.0		
Minimum	11	.5	3					.8	.2		
1	12	.5	5					1.2	.2		
2	17	1	7					1.6	.2	3	0
3	15	.5	4					1.4	.2		
4											
5	44	2	6					1.2	.2		
6											
7											
8	56	2	4					1.0	.2		
9	16	.5	4					1.2	.8		
10	18	.5	3					3.0	1.0		
11	16	1	8					1.4	.6		
12	15	.5	4					1.0	.6		
13											
14											
15	50	1.5	4					.8	.4		
16	17	.5	4					.8	.4		
17	11	.5	6					1.0	.4		
18	14	.5	4					.8	.4		
19	16	.5	4					.8	.4		
20											
21											
22	48	2	5					1.2	.4		
23	20	1	6					1.0	.4		
24	15	1	8					1.2	.4		
25	14	1	9					1.5	.3		
26											
27											
28											
29	65	2	4					1.2	.2		
30	18	.5	3					1.2	.2		
31	18	.5	3					1.2	.4		

This form must be completed in full and submitted to the appropriate OER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

"A" Form 17-L.208(5)
Revised November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Operated by S&H Services Reporting Month August 1991

Plant Effluent pH 7.1c (Avg) No. of Services at End of Month 40

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

Name of Person Responsible for Operation William K. Kuhn C. 5726

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine lbs. or (tn) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological M.C. Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	474	21.5	123								
Average	15	.69	7					1.3	.4		
Maximum	25	1	32					2.4	.6		
Minimum	5	.5	3					.8	.2		
1	9	.5	3					.8	.2		
2	14	.5	3					.6	.2		
3											
4											
5	57	.2	4					1.2	.4		
6	13	.5	5					1.4	.4	3	
7	14	.5	4					1.4	.4		
8	25	.5	2					1.0	.4		
9	12	.5	5					1.6	.4		
10											
11											
12	53	1	2					1.0	.4		
13	17	1	7					1.6	.4		
14											
15	37	1	3					1.5	.4		
16	9	1	13					2.0	.6		
17											
18											
19	58	3	7					1.0	.3		
20											
21											
22	50	2	5					1.0	.2		
23	19	1	7					1.0	.2		
24											
25											
26	13	3.5	32					2.4	.6		
27	5	5	13					1.2	.4		
28											
29											
30											
31	64	2.5	5					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

FMB ID No. 2541.008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Sept. 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 410

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

Operator's Name (Print) William K. Kuhn C 5826

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	503	25.5	144					21.9	5.2		
Average	17	.85	7					1.1	.3		
Maximum	27	1.5	14					2.0	.4		
Minimum	9	.5	4					.8	.2		
1	27	1	5					1.0	.2		
2											
3	26	1	5					1.0	.2		
4	31	1	6					1.0	.2	3	1 - WELL
5	15	1	8					1.2	.2		
6	18	1	7					1.2	.2		
7											
8											
9	59	4	9					1.0	.2		
10	10	1	11					.8	.2		
11	13	1	10					2.0	.4		
12	26	1.5	7					1.5	.2		
13	9	.5	6					1.5	.2		
14											
15										1	◆
16	67	2	4					1.0	.2	1	◆
17	20	1	6					.8	.2		
18	9	.5	7					.8	.2		
19											
20	42	1.5	4					1.0	.2		
21											
22											
23	44	1.5	4					1.0	.2		
24	9	1	14					1.2	.4		
25	17	1	7					1.0	.4		
26	9	.5	7					1.0	.4		
27	11	1	11					1.0	.4		
28											
29											
30	59	25	6					1.2	.4		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t...

(AN) Form 17-1.20(5)

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

System ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Operated by SSU Services Reporting Month Oct. 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 40

Design Flow 200000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Jay W Stahl C6963
(Last Operator's Signature) (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	5346	26.5	135					23.2	4.8		
Average	17	.85	6					1.1	.2		
Maximum	28	4	22					2.0	.4		
Minimum	8	.25	2					.6	.2		
1	8	.5	7					1.2	.2		
2	13	.5	5					1.5	.2		
3	17	.5	3					1.2	.2		
4	17	.25	2					1.0	.2		
5											
6											
7	53	.75	2					1.0	.2		
8	18	.5	3					.8	.2		
9	9	.5	6					1.0	.2	3	
10	17	.5	4					1.0	.2		
11	19	.5	3					1.2	.4		
12											
13											
14	55	2.5	5					1.2	.2		
15	18	.5	3					.8	.2		
16	10	.5	6					.8	.2		
17	28	1	4					1.0	.2		
18	17	1	7					1.0	.2		
19											
20											
21	63	1.5	3					.6	.2		
22	17	2	14					.8	.2		
23	18	1.5	10					1.0	.2		
24											
25	36	1	3					1.0	.2		
26											
27											
28	49	1	2					.8	.2		
29	21	1	6					.8	.2		
30	21	4	22					2.0	.4		
31	12	1.5	15					1.5	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

Public Water System No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU SERVICES Reporting Month November 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 40

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct [signature] [illegible]
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	486	35.5	20.5					25.2	10.5		
Average	16	1.2	11					1.3	.6		
Maximum	18	3	43					1.5	.8		
Minimum	9	.5	3					.8	.2		
1	17	1	7					1.0	.6		
2											
3											
4	12	3	6					1.0	.6		
5											
6	49	2.5	6					1.0	.6	3	~~0~~
7	9	3	43					.8	.6		
8	18	1	7					.9	.6		
9											
10											
11	49	1	3					1.5	.9		
12	5	.5	7					1.2	.3		
13	18	1.5	10					1.5	.8		
14	14	.5	5					1.4	.4		
15	17	1.5	11					1.5	.4		
16											
17											
18	44	4	11					1.5	.4		
19											
20	29	3	13					1.5	.4		
21	13	1	9					1.4	.8		
22	17	3	21					1.5	.8		
23											
24											
25	45	2	5					1.4	.6		
26	15	2	13					1.5	.4		
27	16	1.5	12					1.9	.6		
28											
29	33	2.5	9					1.5	.6		
30	18	1	7					1.3	.3		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

[illegible]

[illegible] November 30, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS I.D. No. 3541.008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Operated by SSU Services Reporting Month Dec 1991

Finished water pH 7.5 (Avg) No. of Services at End of Month 40

Design flow 200,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct [signature] C-7251
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine units lbs/day	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
1	474	29.5	1.82					26.8	6.8		
2	15	1.95	9					1.3	.3		
3	20	3	1.7					1.7	.6		
4	5	.5	.3					.6	.2		
5	20	2.5	1.5					1.6	.6		
6	20	1.5	9					.6	.2		
7	19	1.5	9					1.5	.3		
8	17	.75	5					1.5	.3	5	0
9	9	.75	9					1.5	.3		
10	9	.5	7					1.0	.3		
11											
12											
13	53	1.5	3					1.5	.3		
14											
15	26	1.5	7					1.0	.3		
16	17	.5	4					1.0	.3		
17	16	1	9					1.0	.3		
18											
19											
20	47	2	5					1.5	.3		
21	15	1.5	13					1.0	.3		
22	13	1.5	10					1.5	.3		
23	13	1.5	14					1.6	.3		
24	10	1	13					1.7	.4		
25											
26											
27	52	2.5	6					1.5	.3		
28	5	.5	13					1.4	.3		
29											
30	35	2.5	9					1.4	.5		
31											
32											
33											
34	62	3	6					1.5	.5		
35	11	1.5	17					1.5	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-1.208(5)
October 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 5 4 1 0 0 8 Name of Drinking Water System SARATOGA HARBOR

Location: City or S/D SATSUMA County PUTNAM

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 39

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	712	44	148						26.6	4.4		
Average	23	1.42	7						1.2	.2		
Maximum	34	2	10						1.4	.4		
Minimum			4						.8	.2		
1	-								1.2	.2		
2	-	1.5							1.2	.2		
3	21	1	6						1.2	.2		
4	18	1.5	10						1.0	.2		
5	25	2	10						1.2	.2		
6												
7												
8	69	3	5						1.2	.2		
9	25	1.5	7						1.4	.2		
10	18	1	7						1.2	.2		
11	25	1	5						1.2	.2	3	e
12	21	1.5	8						1.0	.2		
13												
14												
15	77	10.5	10						1.0	.2		
16	34	1	4						1.2	.2		
17	24	1	5						1.2	.2		
18	12	1	10						1.4	.2		
19	25	1	5						1.2	.4		
20												
21												
22	80	4	6						1.0	.2		
23	30	2	8						1.2	.2		
24	25	2	9						1.2	.2		
25	26	1	5						1.0	.2		
26	32	1	4						1.0	.2		
27												
28												
29	76	5.5	9						1.2	.2		
30	22	1.5	8						1.2	.2		
31	27	1.5	7						1.4	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.909(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541028 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by Southern States Utilities, Inc. Reporting Month Feb. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 39

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kahn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	677	43	149					23.6	4.7		
Average	24	1.54	8					1.2	.2		
Maximum	32	2	10					1.4	.4		
Minimum	18	1	4					1.0	.2		
1	21	1	6					1.0	.2		
2	24	1.5	8					1.2	.2		
3											
4											
5	79	6.5	10					1.4	.2		
6											
7	55	5	11					1.2	.4	3	e
8	19	1.5	9					1.2	.2		
9	19	1.5	9					1.4	.2		
10											
11											
12	69	3	5					1.2	.2		
13	32	2	8					1.4	.2		
14	19	1.5	9					1.2	.2		
15	25	1.5	7					1.2	.2		
16	31	2	8					1.4	.3		
17											
18											
19	70	5	9					1.4	.4		
20	28	1.5	7					1.2	.3		
21	25	1	5					1.2	.2		
22	19	1.5	9					1.4	.3		
23	31	2	8					1.2	.3		
24											
25											
26	68	2	4					1.0	.2		
27	35	1.5	7					1.2	.2		
28	18	1.5	10					1.2	.3		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

* Form 17-22.999(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by Southern States Utilities Reporting Month March 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 39

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	836	50	182					29.2	6.6		
Average	27	1.61	8					1.2	.3		
Maximum	36	3	14								
Minimum	13	1	3								
1	31	1.5	6					1.2	.2	3	1 - WELL
2	13	1	9					1.0	.2		
3											
4											
5	85	4.5	6					1.4	.2		
6	26	2	10					1.4	.4		
7	30	2.25	9					1.2	.3		
8	27	1.75	8					1.2	.2		
9	26	2	9					1.4	.3		
10											
11											
12	81	6	9					1.2	.3		
13											
14	60	4	8					1.4	.4	1	1 - WELL
15	25	1	5					1.2	.3		
16	26	2.5	11					1.2	.3		
17											
18	43	3	8					1.2	.3		
19	26	1	5					1.4	.4		
20	25	1	5					1.2	.3		
21	24	1	5					1.0	.3	1	⊖
22	36	2	7					1.2	.3		
23	14	1.5	14					1.2	.2		
24	26	1.5	7					1.2	.2		
25											
26	78	2	3					1.4	.3		
27	19	1.5	9					1.2	.3		
28	21	1	6					1.0	.2		
29	31	1.5	6					1.2	.2		
30	31	1.5	6					1.0	.2		
31	32	3	11					1.2	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-555.900(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by Southern States Utilities Reporting Month April 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 39

Design Flow 20,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	864	55	231					28.7	6.2		
Average	29	1.83	10					1.2	.3		
Maximum	98	4	36					2.2	.5		
Minimum	5	1	2					.8	.2		
1	12	1.5	15					1.0	.2		
2	18	1.5	10					.8	.2		
3	5	1	25					1.0	.2		
4	52	1	2					1.4	.3		
5	98	4	5					1.5	.3		
6	25	2	10					1.4	.3		
7	23	2	11					1.4	.4		
8											
9	55	5	11					1.6	.4		
10	33	1.5	5					1.4	.4		
11	35	1.5	5					1.4	.3	3	0
12	43	2	6					1.0	.2		
13	50	1.5	4					1.0	.2		
14	51	1.5	3					1.0	.3		
15											
16	13	4	36					2.2	.5		
17	24	1.5	8					1.0	.2		
18	30	1.5	6					1.0	.2		
19											
20	52	2.5	6					1.4	.3	1	
21											
22											
23	85	4	6					1.2	.3		
24	28	2.5	10					1.0	.3		
25	27	2.5	11					1.2	.2		
26	19	1.5	10					1.2	.2		
27	19	2	13					1.4	.3		
28											
29											
30	167	7	13					1.2	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.909(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by Southern States Utilities Reporting Month May 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 39

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keelin C 2926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MPL Violations
Monthly Total	839	78	215					20.3	4.8		
Average	27	2.52	13					1.2	.3		
Maximum	31	4.67	40					2.0	.6		
Minimum	6	.75	2					.8	.2		
1	22	3.5	19					1.4	.4		
2	28	5	21					1.5	.4		
3	6	2	40					2.0	.6		
4	26	4	18					1.0	.2		
5											
6											
7	88	14	19					1.4	.2		
8											
9											
10	71	10	17					1.2	.4		
11	21	2.5	14					1.4	.4		
12											
13											
14	87	11	15					.8	.2		
15	28	1.5	7					1.0	.2		
16										3	1-Well
17	59	1.5	3					.8	.2		
18											
19											
20											
21	97	2	2					.8	.2		
22	22	1.5	8					1.4	.3		
23											
24	44	2	5					1.2	.3		
25	31	1.5	6					1.0	.2		
26											
27											
28											
29	144	7.5	6					1.0	.2		
30	31	2	8					1.0	.2	1	
31	34	2	7					1.4	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Water fold top flap down, fold this flap on over it, then staple or tape

Form 17-22.909(3)
Effective January 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month June 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 137

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	845	79	167					15.7	3.8		
Average	28	2.63	10					1.0	.2		
Maximum	39	3.5	14					2.5	.5		
Minimum	20	2	6					.6	.2		
1	31	2.5	10					1.0	.2		
2											
3											
4	86	7.5	10					1.4	.3		
5											
6										3	0
7	68	2.5	10					2.5	.5		
8	25	3	14					1.4	.4		
9											
10											
11											
12	106	10	11					.6	.2		
13	34	3.5	12					1.0	.2		
14	20	2	12					.8	.2		
15	29	3	13					.8	.2		
16											
17											
18	91	9	12					.8	.2		
19	28	3	13					.8	.2		
20											
21											
22	86	7	10					.6	.2		
23											
24											
25	84	8	11					.8	.2		
26											
27	39	3	6					.8	.2		
28	22	2	11					.8	.2		
29	39	2	6					1.0	.2		
30	37	2	6					.6	.2		
31											

This form must be completed in full and submitted to the appropriate CER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.909(5)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month July 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 39

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	880	60	195					15.4	4.1		
Average	28	1.94	10					.8	.3		
Maximum	45	4	29					1.2	.4		
Minimum	6	1	4					.4	.1		
1	39	3	9					1.0	.2		
2	28	2	9					1.1	.3		
3											
4											
5	98	3	4					.5	.2	3	0
6	33	2	7					.4	.2		
7											
8											
9											
10	173	6	4					.4	.1		
11	41	4	12					.4	.1		
12	44	2	5					.4	.2		
13	45	2	5					.6	.2		
14											
15											
16	113	5.5	6					1.0	.2		
17	35	1.5	5					1.2	.3		
18											
19	45	3	8					1.0	.2		
20	22	3	17					1.0	.3		
21											
22											
23	57	3	6					.6	.2		
24	25	3	14					1.0	.2		
25	21	1.5	9					1.0	.2		
26	16	1.5	12					.8	.2		
27	6	1	20					1.2	.4		
28											
29											
30	93	5.5	29					1.0	.2		
31	16	1.5	12					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

Form 17-22.909(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Aug. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 39

Design Flow 209,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	514	56	265					18.2	4.0		
Average	18	1.81	13					.9	.2		
Maximum	32	3	20					1.2	.2		
Minimum	12	1.5	7					.6	.2		
1	32	2	7					1.0	.2		
2	12	1.5	15					1.0	.2		
3	18	1.5	10					1.2	.2		
4											
5											
6	48	4	10					1.0	.2		
7	14	3	19					1.0	.2		
8	18	2.5	17					1.2	.2		
9	12	1.5	13					.8	.2	3	0
10	19	2	13					.8	.2		
11											
12											
13	50	4	10					1.2	.2		
14	18	3	20					1.2	.2		
15											
16	30	2	8					.8	.2		
17	14	2	13					.8	.2		
18											
19											
20											
21	71	7	12					1.0	.2		
22	13	2	18					1.0	.2		
23	24	2	10					.8	.2		
24											
25											
26											
27	75	5	8					.6	.2		
28	25	3	14					.6	.2		
29	26	3	14					.8	.2		
30	19	3	19					.8	.2		
31	18	2	13					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Sept. 19 9(

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 39

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	1632	42	128						14.1	3.4		
Average	21	1.4	8						.8	.2		
Maximum	32	3	19						1.1	.2		
Minimum	15	.25	1						.4	.2		
1												
2												
3												
4	79	12	18						1.1	.2		
5	15	2.5	19						1.0	.2	3	0
6												
7	35	3.5	12						1.0	.2		
8												
9												
10	62	1	12						.8	.2		
11	22	1	6						.4	.2		
12												
13	31	3	12						.6	.2		
14	18	.5	3						.6	.2		
15												
16												
17	62	.5	1						.6	.2		
18	33	1	6						.8	.2		
19	25	1	3						1.0	.2		
20	19	1.5	9						1.0	.2		
21	23	.5	3						.8	.2		
22												
23												
24	63	2	4						.6	.2		
25												
26	43	2	6						.8	.2		
27	25	1	5						1.0	.2		
28	32	.5	2						1.0	.2		
29												
30	36	1.5	5						1.0	.2		
31												

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.20(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Oct. 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 39

Design Flow 200,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kilin C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	752	34.75	142					22.5	6.2		
Average	24	1.12	6					1.0	.3		
Maximum	109	5	20					2.0	1.0		
Minimum	15	.75	3					.6	.2		
1	18	.75	3					1.0	.2		
2	25	.75	4					1.5	.4		
3	24	1	5					1.2	.3	3	2
4	24	.75	4					.8	.2		
5	23	1.5	7					.8	.2		
6											
7											
8	63	1.5	3					1.0	.2		
9	26	1	5					.8	.2		
10	18	1.5	10					1.2	.3		
11	23	.75	4					.8	.3		
12	15	.75	6					1.0	.3		
13											
14											
15	63	2.5	5					.8	.2		
16	24	2.25	11					1.0	.2		
17	20	1.25	7					1.0	.3		
18	19	.75	5					1.0	.3		
19	19	.75	5					.8	.2		
20											
21											
22	64	2	4					.6	.2		
23	17	.75	5					.6	.2		
24	18	.75	5					.8	.2		
25	21	.75	4					1.0	.2		
26	26	1.25	6					1.0	.2		
27											
28											
29	56	3.5	8					.8	.2	1	
30	31	5	20					2.0	1.0	2	
31	109	4	4					1.0	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Nov. 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 39

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	789	36	90					19.4	4.2		
Average	26	.87	3					.9	.2		
Maximum	36	2.5	12					1.0	.2		
Minimum	14	.25	1					.4	.2		
1	25	2.5	12					1.0	.2		
2	30	1.5	6					1.0	.2		
3											
4											
5	67	2	4					1.0	.2		
6	18	1	7					1.0	.2		
7	26	1	5					.8	.2	3	0
8	28	.5	2					.8	.2		
9	21	.5	3					1.0	.2		
10											
11											
12	69	.5	1					.6	.2		
13	26	.25	1					.6	.2		
14	23	.25	1					.8	.2		
15	33	1	4					1.0	.2		
16	15	1	8					1.0	.2		
17											
18											
19	86	2	3					1.0	.2		
20	31	1	4					1.0	.2		
21	31	1	4					1.0	.2		
22											
23	61	3	6					1.0	.2		
24											
25											
26	88	4	5					.8	.2		
27	34	1	4					1.0	.2		
28	36	1	3					1.0	.2		
29	14	.5	3					1.0	.2		
30	27	.5	2					1.0	.2		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 Name of Drinking Water System Saratoga Harbor

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Dec. 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 39

Design Flow 200000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	970	27	69					16.0	3.8		
Average	31	.87	4					.8	.2		
Maximum	47	2.5	8					1.0	.2		
Minimum	27	.5	1					.6	.2		
1	43	2.5	7					1.0	.2		
2											
3	53	1	2					1.0	.2		
4	30	.5	2					.8	.2		
5	39	1.5	5					.8	.2	3	0
6	36	1.5	5					.6	.2		
7	33	.5	2					.8	.2		
8											
9											
10	82	1.5	2					1.0	.2		
11	47	.5	1					.8	.2		
12	30	1	4					1.0	.2		
13	30	1	4					.8	.2		
14	30	2	8					1.0	.2		
15											
16											
17	106	2.5	3					.8	.2		
18	43	1.5	4					.8	.2		
19	32	1	4					.8	.2		
20											
21	69	1	2					.8	.2	1	
22											
23											
24	74	2.5	4					.8	.2		
25											
26	59	2	4					.8	.2		
27	31	1	4					.8	.2		
28											
29											
30											
31	103	2	2					.8	.2		

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DER Form 17-1.208(5)
Effective November 30, 1982

Silver Lake Estates - 574

Lake County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #574

PWS ID No. 3351182 Name of Drinking Water System Silver Lake

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month January 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 889

Design Flo (625)x2 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100)

I certify this report is correct Dennis W. Moe C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	18,751.0	273.0	44.8					36.6	24.6	8	0
Average	604.9	9.8	1.9					1.5	1.0		
Maximum	909.0	13.0	3.2					1.8	1.2		
Minimum	387.0	6.0	1.3					1.2	.8		
1											
2	1,330.0	15.0	1.5					1.5	1.0		
3	594.0	7.0	1.4					1.2	.9		
4	504.0	8.0	1.9					1.5	1.0		
5											
6	1,479.0	18.0	1.5					1.5	1.2		
7	908.0	13.0	1.7					1.5	1.0		
8	651.0	9.0	1.7					1.5	1.0		
9	860.0	10.0	1.4					1.5	1.0		
10	760.0	10.0	1.6					1.2	.8	8	0
11	417.0	9.0	2.0					1.5	1.0		
12	621.0	9.0	1.7					1.5	1.0		
13											
14	1,112.0	17.0	1.8					1.5	1.0		
15	665.0	9.0	1.4					1.5	1.0		
16											
17	970.0	18.0	2.3					1.8	1.2		
18	441.0	7.0	1.9					1.5	1.0		
19	728.0	10.0	1.6					1.5	1.0		
20											
21	911.0	15.0	2.0					1.2	.9		
22	677.0	10.0	1.8					1.5	1.0		
23	551.0	6.0	1.3					1.2	.9		
24	772.0	12.0	1.9					1.5	1.0		
25	387.0	8.0	2.5					1.5	1.0		
26											
27	1,073.0	16.0	1.8					1.5	1.0		
28	662.0	11.0	2.2					1.5	1.0		
29	553.0	9.0	1.9					1.5	.9		
30	582.0	10.0	2.1					1.5	.9		
31	601.0	9.0	1.8					1.5	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tac

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #574

PWS ID No. 3351182 Name of Drinking Water System Silver Lake

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month February 1991

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 921

Design Flow 625 x 2 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Donna W. Moore C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	19,248.0	281.0	44.9					32.0	22.2	8	0
Average	687.4	10.0	1.7					1.3	.9		
Maximum	991.0	21.0	2.5					1.5	1.0		
Minimum	353.0	5.0	1.2					1.0	.7		
1	353.0	5.0	1.7					1.5	.9		
2	358.0	5.0	1.7					1.5	1.0		
3											
4	952.0	15.0	1.9					1.5	1.0		
5	584.0	9.0	1.8					1.5	1.0		
6	743.0	9.0	1.5					1.5	1.0		
7	559.0	7.0	1.5					1.5	.9	8	0
8	401.0	7.0	2.1					1.5	.9		
9	559.0	8.0	1.7					1.5	1.0		
10											
11	1,509.0	23.0	1.8					1.2	.9		
12	736.0	11.0	1.8					1.2	.9		
13	846.0	11.0	1.5					1.2	.9		
14	949.0	10.0	1.6					1.2	.9		
15	436.0	8.0	2.2					1.2	.9		
16	569.0	9.0	1.9					1.2	.9		
17											
18	1,360.0	24.0	2.1					1.5	1.0		
19	953.0	14.0	1.8					1.2	.9		
20	830.0	12.0	1.7					1.5	1.0		
21	888.0	9.0	1.2					1.5	1.0		
22	571.0	10.0	2.1					1.5	1.0		
23	701.0	7.0	1.2					1.0	0.7		
24											
25	1,945.0	26.0	1.6					1.0	.8		
26	953.0	14.0	1.8					1.2	.9		
27	697.0	7.0	1.2					1.2	.9		
28	991.0	21.0	2.5					1.2	.9		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake #574

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month March 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 912

Design Flow 625 x 2 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mann C 6491
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	21,849.0	320.0	40.7					33.8	24.0	21	1
Average	704.8	9.0	1.6					1.3	.9		
Maximum	1,000.0	13.0	2.3					1.5	1.0		
Minimum	435.0	6.0	1.1					1.0	.8		
1	632.0	10.0	1.9					1.2	.9		
2	778.0	11.0	1.7					1.5	1.0		
3											
4	1,351.0	16.0	1.4					1.2	.9		
5	895.0	9.0	1.6					1.5	1.0		
6	640.0	8.0	1.4					1.2	.9	5	1
7	754.0	8.0	1.2					1.5	1.5	3	
8	679.0	13.0	2.3					1.0	.8		
9											
10	1,174.0	15.0	1.5					1.2	.8	5	0
11	525.0	6.0	1.2					1.5	1.0	5	0
12	847.0	12.0	1.7					1.2	.9		
13	824.0	10.0	1.5					1.2	.9		
14	848.0	10.0	1.4					1.2	.9		
15	553.0	10.0	2.1					1.2	.9		
16	636.0	6.0	1.1					1.2	0.9		
17											
18	1,019.0	16.0	1.9					1.2	.9		
19	435.0	8.0	2.2					1.5	1.0		
20	516.0	7.0	1.6					1.2	.9		
21	610.2	7.0	1.4					1.5	1.0	3	0
22	565.0	7.0	1.5					1.5	1.0		
23											
24	2,000.0	25.0	1.5					1.2	.9		
25	695.0	10.0	1.7					1.0	.8		
26	937.0	8.0	1.2					1.5	1.0		
27	935.0	10.0	1.3					1.5	1.0		
28	967.0	9.0	1.1					1.2	.9		
29	688.0	11.0	1.9					1.3	1.0		
30											
31	1,576.0	19.0	1.4					1.2	.8		

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DER Form 17-1.209(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #574

PWS ID No. 3351182 Name of Drinking Water System Silver Lake

Location: (City) or S/D Leesburg County Lake

Owned by SSU Service Reporting Month April 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 932

Design Flow 625x2 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Moore C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	22497.0	248.0	35.0					29.4	22.0	11	1
Average	749.9	8.3	1.2					1.1	.8		
Maximum	1013.0	14.0	1.9					1.5	1.0		
Minimum	423.0	4.0	0.9					.9	.7		
1	833.0	9.0	1.3					1.2	.9		
2	891.0	12.0	1.6					1.2	.9		
3											
4	1,898.0	25.0	1.6					1.0	.8		
5	1,625.0	10.0	1.9					1.5	1.0		
6	679.0	7.0	1.2					1.2	.9		
7											
8	1,846.0	24.0	1.6					1.2	.9		
9	1,013.0	14.0	1.7					1.2	.9	8	1
10	984.0	12.0	1.5					1.5	1.0		
11	815.0	11.0	1.6					1.2	.9		
12	58.0	1.0	0.9					0.9	0.7		
13	938.0	8.0	1.0					1.0	.3		
14											
15	1,959.0	15.0	.9					.9	.8		
16	919.0	8.0	1.0					1.2	.9	3	0
17	735.0	7.0	1.1					1.2	.9		
18	537.0	6.0	1.3					1.2	.9		
19	1644.0	10.0	1.7					1.2	.9		
20											
21	1,193.0	11.0	1.1					1.2	.9		
22	560.0	7.0	1.4					1.2	.9		
23	679.0	8.0	1.4					1.2	.9		
24	423.0	6.0	1.7					1.2	.9		
25	525.0	9.0	1.6					1.2	.9		
26	344.0	4.0	1.2					1.2	0.9		
27											
28	1,635.0	18.0	1.3					1.2	.8		
29	422.0	6.0	1.7					1.2	.9		
30	860.0	9.0	1.3					1.0	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #574

PWS ID No. 3351182 Name of Drinking Water System Silver Lake

Location: (City) or S/D Lagoinga County Lake

Owned by SSU Services Reporting Month May 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 937

Design Flow 625(x2) GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mills C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	28,906.0	316.0	34.5					31.3	23.2	8	0
Average	932.5	10.2	1.3					1.2	.9		
Maximum	1,202.5	15.5	1.6					1.8	1.3		
Minimum	309.0	7.5	1.0					1.0	.7		
1	1,017.0	10.0	1.2					1.2	.9		
2	923.0	9.0	1.2					1.2	.9		
3	623.0	7.0	1.3					1.2	.9		
4	961.0	8.0	1.0					1.0	0.8		
5											
6	2,223.0	31.0	1.1					1.0	0.8		
7	1,129.2	12.0	1.2					1.0	.8	8	0
8	1,130.0	13.0	1.3					1.0	.8		
9	1,133.0	10.0	1.1					1.0	.2		
10	863.0	9.0	1.3					1.0	0.7		
11	1,103.0	8.0	1.0					1.0	.7		
12											
13	1,206.0	22.0	1.2					1.0	.7		
14	1,057.0	13.0	1.4					1.0	.7		
15	1,161.0	13.0	1.4					1.2	.9		
16	925.0	9.0	1.2					1.2	.9		
17	817.0	8.0	1.2					1.2	.9		
18	1,047.0	11.0	1.2					1.2	1.0		
19											
20	2,417.0	31.0	1.5					1.2	.9		
21	800.0	10.0	1.5					1.2	.9		
22	880.0	11.0	1.5					1.2	.9		
23	905.0	12.0	1.6					1.5	1.0		
24	440.0	6.0	1.6					1.5	1.0		
25											
26	618.0	7.0	1.4					1.5	1.0		
27											
28	2,333.0	30.0	1.6					1.8	1.2		
29	899.0	10.0	1.3					1.8	1.2		
30	292.0	10.0	1.3					1.2	1.0		
31	554.0	9.0	1.9					1.0	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w. in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake #574

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month June 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 937

Design Flow 625 x 2 6PM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mora C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	22,908.	268.0	36.2					46.2	23.3	8	0
Average	736.5	9.2	1.4					1.8	.9		
Maximum	1,316.0	14.0	2.3					1.5	1.0		
Minimum	433.0	4.0	1.0					1.0	.8		
1	627.0	8.0	1.5					1.0	.9		
2											
3	1,090.0	15.0	1.7					1.2	.9		
4	574.0	7.0	1.5					1.5	1.0		
5	531.0	10.0	2.3					1.2	.9		
6	518.0	7.0	1.6					1.0	.8		
7	423.0	4.0	1.2					1.2	.9		
8	519.0	7.0	1.6					1.5	1.0		
9											
10	1,497.0	21.0	1.7					1.5	1.0		
11	770.0	9.0	1.4					1.3	0.9	4	0
12	1,061.0	13.0	1.5					1.5	1.0		
13	1,109.0	14.0	1.5					1.5	1.0		
14	878.0	10.0	1.4					1.2	0.9		
15	1,316.0	14.0	1.3					1.3	1.0		
16											
17	3,453.0	24.0	1.2					1.0	.9		
18	962.0	8.0	1.1					1.0	.9		
19	826.0	8.0	1.2					1.0	.9		
20	741.0	6.0	1.0					1.0	.9		
21	581.0	5.0	1.0					1.0	.9		
22											
23	1,293.0	20.0	1.3					1.0	.9		
24	1,030.0	12.0	1.4					1.0	.9		
25	732.0	7.0	1.1					1.0	0.8		
26	688.0	10.0	1.7					1.5	1.0		
27	709.0	11.0	1.9					1.5	1.0		
28	481.0	6.0	1.5					1.5	1.0		
29	907.0	12.0	1.6					1.5	1.0		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake #574

Location: (City) or S/D Leesburg County Lake

Owned by SSU Service Reporting Month July 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 952

Design Flow .625 x 2 CFM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mote C 649
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	26,404.0	332.0	51.2					33.4	24.0	28	0
Average	851.7	10.7	1.9					1.3	.9		
Maximum	1,149.0	17.0	2.1					1.5	1.0		
Minimum	506.0	3.5	.9					.9	.8		
1	1,586.0	23.0	1.5					1.5	1.0		
2	999.0	14.0	1.7					1.5	1.0		
3	818.0	11.0	1.6					1.5	1.0		
4	678.0	8.0	1.4					1.2	1.0		
5	925.0	16.0	2.1					1.5	1.0		
6											
7	1,989.0	24.0	1.4					1.2	.9		
8	1,149.0	17.0	1.8					1.0	.8		
9	969.0	13.0	1.6					1.5	1.0	8	0
10	794.0	12.0	1.8					1.5	1.0		
11	724.0	10.0	1.7					1.5	1.0		
12	637.0	7.0	1.3					1.2	.9		
13											
14	1,419.0	17.0	1.4					1.2	.9		
15	782.0	11.0	1.7					1.2	.8		
16	737.0	10.0	1.6					1.0	.8		
17	669.0	10.0	1.8					1.0	.8		
18	641.0	9.0	1.7					1.2	.9		
19	506.0	6.0	1.4					1.0	.8		
20											
21	1,412.0	11.0	.9					.9	.8		
22	836.0	7.0	1.0					1.0	0.9	5	0
23	975.0	7.0	0.9					1.2	0.9	5	0
24											
25	2,112.0	25.0	1.4					1.4	1.0	5	0
26	630.0	10.0	1.9					1.5	1.0	5	0
27	800.0	13.0	1.9					1.5	1.0		
28											
29	1,703.0	21.0	1.5					1.5	1.0		
30	787.0	10.0	1.5					1.5	1.0		
31	829.0	10.0	1.4					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tar

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #574

PWS ID No. 3351182 Name of Drinking Water System Silver Lake

Location: (City) or S/D Leesburg County Lake

Owned by SSU Sewer Reporting Month August 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month

Design Flow 625 AA GPM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Moro C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	27,579.0	336	37.8					34.3	24.3	8	0
Average	919.3	11.2	1.3					1.3	0.8		
Maximum	1,397.0	15.0	2.0					1.5	1.0		
Minimum	534.0	7.0	1.2					1.0	0.8		
1	705.0	9.0	1.3					1.2	.9		
2	538.0	7.0	1.6					1.2	.9		
3											
4	1,928.0	24.0	1.5					1.2	.8		
5	1,034.0	13.0	1.5					1.5	1.0		
6	1,034.0	14.0	1.6					1.5	1.0		
7	1,075.0	14.0	1.6					1.5	1.0		
8	973.0	12.0	1.5					1.5	1.0		
9	974.0	12.0	1.5					1.5	1.0		
10											
11	1,876.0	25.0	1.6					1.5	1.0		
12	1,020.0	13.0	1.5					1.5	1.0	8	0
13	1,241.0	14.0	1.3					1.2	.9		
14	1,140.0	12.0	1.3					1.2	1.0		
15	1,169.0	12.0	1.3					1.2	.9		
16	1,162.0	15.0	1.5					1.2	.9		
17	1,397.0	14.0	1.3					1.2	0.9		
18											
19	2,191.0	30.0	1.6					1.0	.9		
20	1,[illegible]	1[illegible]	1[illegible]					1.[illegible]	.9		
21	586.0	10.0	2.0					1.5	1.0		
22	1,009.0	13.0	1.5					1.5	1.0		
23	781.0	12.0	1.8					1.5	1.0		
24											
25	1,312.0	14.0	1.3					1.5	1.0		
26	554.0	7.0	1.5					1.2	0.9		
27	711.0	7.0	1.2					1.2	0.9		
28	826.0	9.0	1.2					1.2	0.9		
29	749.0	9.0	1.2					1.2	0.9		
30	729.0	7.0	1.2					1.2	0.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or :

DER Form 17-1.208(5)
Effective November 30, 1982

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake #574

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month September 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 956

Design Flow 1.8 MGD Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mobb (Lead Operator's Signature) C 6497 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	34183.0	3300	314					30.1	22.6	16	0
Average	1,139.4	11.0	1.2					1.2	.9		
Maximum	1,412.0	16.0	1.7					1.5	1.0		
Minimum	554.0	6.0	.7					1.0	.7		
1	1,757.0	17.0	1.2					1.2	0.9		
2	998.0	10.0	1.2					1.2	1.0		
3	1,107	12.0	1.3					1.2	0.9	2	0
4	1,174.0	12.0	1.2					1.2	.9	2	0
5	1,174.0	12.0	1.2					1.0	.8		
6	1,120.0	10.0	1.1					1.0	.8		
7	1,004.0	8.0	1.0					1.0	.8		
8											
9	3,449.0	30.0	1.0					1.0	.8		
10	1,413.0	15.0	1.0					1.0	0.7	3	0
11	1,237.0	15.0	1.5					1.2	.9		
12	1,372.0	16.0	1.4					1.0	.8		
13	1,149.0	12.0	1.3					1.0	.8		
14	1,317.0	8.0	0.7					1.0	0.7		
15											
16	2,758.0	15.0	.9					1.0	.8		
17	1,199.0	8.0	.8					1.0	.8	3	0
18	1,197.0	8.0	.8					1.0	.8	2	0
19	1,361.0	14.0	1.3					1.2	.9		
20	1,143.0	12.0	1.5					1.2	.9		
21	908.0	6.0	.9					1.0	.8		
22											
23	2,449.0	30.0	1.5					1.5	1.0		
24	554.0	8.0	1.7					1.5	1.0		
25	1,230.0	12.0	1.2					1.2	.7		
26	987.0	16.0	1.5					1.5	1.0		
27	789.0	10.0	1.5					1.5	1.0		
28	1,059.0	15.0	1.7					1.5	1.0		
29											
30	1,256.0	15.0	1.0					1.0	.9		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

#574

PWS ID No. 3351182 Name of Drinking Water System Silver Lake

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month October 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 947

Design Flow 1.8 MGD Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Moore C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	29103.0	376.0	402					35.7	32.8	8	0
Average	1934.0	12.1	1.6					1.4	1.3		
Maximum	1,164.0	15.0	2.8					2.0	1.5		
Minimum	607.0	7.0	1.0					1.0	.8		
1	739.0	10.0	1.6					1.5	1.0		
2	782.0	10.0	1.5					1.5	1.0		
3	850.0	12.0	1.7					1.5	1.0		
4	607.0	14.0	2.9					1.8	1.2		
5											
6	1,416.0	25.0	2.1					1.4	1.2		
7	704.0	14.0	2.4					2.0	1.5	3	0
8	829.0	14.0	2.0					1.5	.8	5	0
9	824.0	11.0	1.6					1.5	.8		
10	855.0	12.0	1.7					1.5	.8		
11	896.0	14.0	1.9					1.5	.8		
12	1,025.0	11.0	1.5					1.2	.9		
13											
14	2,305.0	23.0	1.2					.2	.9		
15	996.0	9.0	1.2					.2	.8		
16	707.0	7.0	1.2					1.2	1.0		
17	984.0	10.0	1.2					1.2	.9		
18	844.0	9.0	1.3					1.2	1.0		
19	1,137.0	15.0	1.6					1.5	1.2		
20											
21	2,338.0	29.0	1.5					1.5	1.2		
22	1,096.0	14.0	1.5					1.2	.9		
23	1,125.0	14.0	1.5					1.2	.9		
24											
25	1,726.0	23.0	1.6					1.5	1.2		
26	991.0	11.0	1.3					1.5	1.2		
27											
28	2,145.0	26.0	1.5					1.5	1.0		
29											
30	2,126.0	25.0	1.5					1.2	.9		
31	1,066.0	13.0	1.7					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake #574

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month November 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 970

Design Flow .625(2) MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mott C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	28,800.0	369.0	39.1					32.8	23.3	11	1
Average	960.0	13.2	1.6					1.3	.9		
Maximum	1,213.0	21.0	3.0					1.5	1.0		
Minimum	791.0	8.5	1.1					1.0	.8		
1	951.0	11.0	1.4					1.2	1.0		
2	829.0	21.0	3.0					1.2	.9		
3											
4	1,000.0	18.0	1.1					1.0	.9		
5	848.0	15.0	2.1					1.2	.9		
6	860.0	11.0	1.5					1.2	.9		
7	928.0	12.0	1.6					1.2	.9	8	1
8	926.0	14.0	1.8					1.5	1.0		
9	904.0	9.0	1.2					1.2	0.9		
10											
11	1,532.0	17.0	1.3					1.2	.9		
12	956.0	12.0	1.7					1.5	1.0		
13	970.0	10.0	1.2					1.2	.9		
14	964.0	13.0	1.6					1.5	1.0		
15	1,092.0	13.0	1.4					1.2	.9		
16	979.0	12.0	1.5					1.2	.9		
17											
18	2,073.0	27.0	1.6					1.5	1.0		
19	989.0	12.0	1.5					1.5	.9		
20	1,024.0	11.0	1.3					1.2	.9	1	0
21	1,147.0	12.0	1.3					1.2	.9		
22	955.0	12.0	1.5					1.2	.9		
23											
24	1,850.0	21.0	1.4					1.2	.8		
25	1,047.0	13.0	1.5					1.5	1.0	1	0
26	791.0	10.0	1.5					1.5	1.0	1	0
27	1,213.0	16.0	1.6					1.5	1.0		
28											
29	1,921.0	29.0	1.8					1.5	1.0		
30	1,155.0	16.0	1.7					1.5	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #574

PWS ID No. 3351182 Name of Drinking Water System Silver Lake

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month December 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 971

Design Flow 625(x2) GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath (Lead Operator's Signature) C-5825 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	27977.0	357.0	37.6					32.1	23.1	20	0
Average	903.0	12.0	1.6					1.3	1.0		
Maximum	1200.0	17.5	2.2					1.8	1.2		
Minimum	107.0	2.0	1.4					1.2	.8		
1											
2	2,149.0	27.0	1.5					1.5	1.2	2	0
3	1,000.0	13.0	1.6					1.5	1.2	2	0
4	1,200.0	15.0	1.5					1.2	.9		
5	485.0	6.0	1.5					1.2	.9		
6	795.0	10.0	1.5					1.2	.9		
7											
8	1,993.0	25.0	1.5					1.5	1.2		
9	919.0	12.0	1.6					1.2	.9		
10	912.0	9.0	1.2					1.2	.9	4	0
11	1,200.0	14.0	1.2					1.2	.9	4	0
12	649.0	8.0	1.5					1.2	.9	8	0
13	940.0	12.0	1.5					1.5	1.0		
14	926.0	10.0	1.4					1.2	.8		
15											
16	1,853.0	33.0	1.4					1.2	.8		
17											
18	1,760.0	30.0	1.4					1.2	.8		
19	906.0	12.0	1.6					1.5	1.0		
20	599.0	9.0	1.8					1.5	1.0		
21	1,091.0	16.0	1.8					1.8	1.2		
22											
23	2,136.0	35.0	2.0					1.5	1.0		
24	792.0	13.0	2.0					1.5	1.0		
25											
26	1,942.0	33.0	1.4					1.2	.9		
27	814.0	10.0	1.5					1.2	.9		
28	884.0	11.0	1.5					1.2	.9		
29											
30	1,993.0	35.0	1.5					1.2	.9		
31	107.0	2.0	2.2					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

#574

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake/Scottish Highlan

Location: (City) or S/D Overton Drive Leesburg Florida County Lake

Owned by Southern States Utilities Reporting Month January 19

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 775

Design Flow .625(x2) GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-88c-

I certify this report is correct Dennis W. Mone C 649

(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	20235.000	194.0	30.1					27.7	21.3	8	0
Average	652.7	6.2	1.1					1.0	.8		
Maximum	867.5	9.0	1.3					1.2	.9		
Minimum	362.000	4.0	1.0					1.0	.7		
1											
2	1,267.000	11.0	1.1					1.0	.8		
3	534.000	5.0	1.1					1.0	.8		
4	734.000	7.0	1.1					1.0	.8		
5	362.000	4.0	1.3					1.0	.7		
6											
7	895.000	9.0	1.2					1.0	.8		
8	515.000	5.0	1.2					1.0	.7		
9	478.000	5.0	1.3					1.2	.8		
10	497.000	5.0	1.2					1.2	.9	8	0
11	694.000	9.0	1.2					1.2	.8		
12	603.000	5.0	1.0					1.0	.7		
13	678.000	9.0	1.2					1.2	.8		
14											
15	1,366.000	13.0	1.1					1.0	.8		
16	678.000	9.0	1.2					1.2	.9		
17	702.000	9.0	1.2					1.2	.8		
18	657.000	8.0	1.1					1.1	.8		
19	775.000	9.0	1.0					1.0	.8		
20	670.0	6.0	1.1					1.0	0.8		
21											
22	1,490.000	14.0	1.1					1.0	.9		
23	741.000	9.0	1.1					1.0	.9		
24	636.000	9.0	1.3					1.2	.9		
25	670.000	8.0	1.2					1.2	.9		
26	676.000	8.0	1.1					1.0	.9		
27	651.000	8.0	1.1					1.0	.8		
28											
29	1,735.000	16.0	1.1					1.0	.8		
30	794.000	9.0	1.2					1.2	.9		
31	836.000	9.0	1.3					1.2	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.909(2)
Effective November 1, 1987

#574

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake / Scottish Highlands

Location: (City) or S/D Leesburg County Lake

Owned by Southern States Utilities Reporting Month February 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 775

Design Flow 625(x2) GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100

I certify this report is correct Dennis W. Mono C 649
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	20668.000	192.0	23.7					22.9	16.3	8	0
Average	738.1	6.8	1.1					1.0	.7		
Maximum	936.000	11.0	1.7					1.5	1.0		
Minimum	405.5	3.0	0.6					0.8	.7		
1	840.000	9.0	1.3					1.2	.7		
2	857 000	9.0	1.3					1.2	.7		
3	858 000	9.0	1.3					1.2	.8		
4											
5	1,716 000	18.0	1.3					1.2	.8		
6	648 000	7.0	1.3					1.0	.7		
7	648.000	6.0	1.0					1.0	.7		
8	915 000	9.0	1.2					1.2	.8		
9	768 000	8.0	1.2					1.2	.8		
10											
11	1,498 000	13.0	1.0					1.2	.9		
12	644 000	7.0	1.2					1.2	.8		
13											
14	1,400 000	12.0	1.0					1.0	.8		
15	792 000	11.0	1.7					1.5	1.0	8	0
16	840 0	7.0	1.0					1.0	0.7		
17											
18	1,777 0	13.0	0.9					0.9	0.7		
19	635.0	3.0	0.6					0.9	0.7		
20	936.0	4.0	0.5					0.9	0.7		
21	722.0	5.0	0.9					0.9	0.7		
22											
23	1,311.0	11.0	1.1					0.9	0.8		
24											
25											
26	1,485.000	14.0	1.1					1.0	.8		
27	656 000	7.0	1.3					1.2	.9		
28	736 000	8.0	1.3					1.2	.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.900(3)
Effective November 1, 1987 Page 1 of -

#574

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Scottish Highlands / Silver Lake

Location: (City) or S/D Leesburg County Lake

Owned by Southern States Utilities Reporting Month March 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 782

Design Flow 625(x2) GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-010

I certify this report is correct Dennis W. Mors C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	30,172.0	291.0	300					29.2	21.1	9	0
Average	973.0	9.4	1.2					1.1	.8		
Maximum	1,179.0	14.0	1.3					1.2	.9		
Minimum	727.0	7.0	1.0					1.0	.7		
1	858.000	9.0	1.3					1.2	.8		
2	796.000	8.0	1.2					1.2	.9		
3	727.000	7.0	1.2					1.2	.9		
4											
5	1,839.000	19.0	1.2					1.2	.8		
6	796.000	8.0	1.2					1.2	.8		
7	939.0	7.0	1.0					1.0	0.7		
8	1,005.000	10.0	1.2					1.2	.8		
9	930.000	8.0	1.1					1.2	.8		
10	959.0	9.0	1.0					1.0	0.9		
11											
12	2,196.000	18.0	1.0					1.0	.9		
13	973.000	10.0	1.2					1.2	.9	9	0
14	1,161.000	13.0	1.2					1.2	.9		
15	959.0	7.0	1.0					1.0	0.7		
16	1,179.000	12.0	1.2					1.2	.8		
17	973.000	10.0	1.2					1.2	.9		
18											
19	1,639.000	17.0	1.2					1.2	.8		
20	829.000	9.0	1.2					1.2	.9		
21	871.0	7.0	1.0					1.0	0.7		
22	1,125.000	11.0	1.2					1.0	.7		
23	973.000	10.0	1.2					1.2	.9		
24											
25	2,309.000	23.0	1.1					1.0	.8		
26	1,342.000	13.0	1.2					1.2	.8		
27	855.0	7.0	1.0					1.0	0.7		
28	1,418.0	14.0	1.2					1.0	.8		
29											
30	1,934.0	20.0	1.2					1.2	.9		
31	769.0	8.0	1.2					1.0	0.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w. in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tac

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #577F

PWS ID No. 3351182 Name of Drinking Water System Scottish Highlands / Silver Lake

Location: (City) or S/D Leesburg County Lake

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 792

Design Flow .625 (.5) 6 MM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-010

I certify this report is correct Dennis W. Moss C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	25530.0	295.0	36.2						34.4	22.6	8	0
Average	851.0	9.9	1.4						1.3	.9		
Maximum	1,298.0	14.0	1.8						1.8	1.0		
Minimum	511.0	6.0	1.0						1.0	.7		
1												
2	1,481.000	15.0	1.2						1.2	.9		
3	673.0	7.0	1.2						1.0	0.8		
4	560.0	7.0	1.5						1.5	.9		
5	932.0	12.0	1.5						1.5	.9		
6	934.0	12.0	1.5						1.5	.9		
7	896.0	11.0	1.5						1.5	.9		
8												
9	1,867.0	18.0	1.2						1.2	0.8		
10	903.0	10.0	1.3						1.2	0.8		
11	853.000	12.0	1.7						1.5	.9	8	0
12	903.000	10.0	1.3						1.2	.8		
13	590.000	9.0	1.5						1.2	.8		
14	1,021.000	12.0	1.4						1.2	.9		
15	755.000	8.0	1.3						1.5	1.0		
16	1,298.000	14.0	1.3						1.2	.9		
17	979.000	12.0	1.5						1.2	.9		
18	979.000	12.0	1.5						1.5	1.0		
19	864.000	11.0	1.5						1.2	.8		
20	737.0	6.0	1.0						1.0	10.7		
21	972.0	10.0	1.2						1.2	10.8		
22												
23	1,768.000	22.0	1.5						1.5	1.0		
24	595.0	7.0	1.5						1.5	.9		
25	746.0	8.0	1.3						1.5	.9		
26	919.0	14.0	1.8						1.8	1.0		
27	1,041.0	12.0	1.4						1.2	.8		
28												
29	1,592.0	18.0	1.4						1.2	.8		
30	692.0	7.0	1.2						1.2	10.8		
31												

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.900(3)
Effective November 1, 1987 Page 1 of 1

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #574

PWS ID No. 3351182 Name of Drinking Water System Silver Lake / Scottish Highlands

Location: (City) or S/D Leesburg County Lake

Owned by Southern States Utilities Reporting Month May 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 875

Design Flow .25(x2) GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-010

I certify this report is correct Dennis W. Mora C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	32395.0	4000	36.9					34.2	21.7	8	0
Average	1045.0	129	1.4					1.3	.8		
Maximum	1507.0	190	1.8					1.5	1.0		
Minimum	692.0	90	1.1					1.2	.8		
1	938.0	120	1.5					1.5	1.0		
2	1,309.0	130	1.2					1.5	1.0		
3	692.0	90	1.6					1.5	1.0		
4	1,055.0	130	1.5					1.5	1.0		
5	1,162.0	110	1.2					1.5	.8		
6											
7	2,040.0	240	1.4					1.5	.8		
8	1,014.0	150	1.8					1.5	.9		
9	925.0	100	1.3					1.5	.4		
10	949.0	130	1.6					1.5	.9		
11	867.0	120	1.7					1.2	.8		
12	1,022.0	110	1.3					1.2	0.8		
13											
14	1,044.0	380	2.2					1.2	.8		
15	1,507.0	180	1.4					1.2	.8	8	0
16	1,298.0	170	1.6					1.5	.9		
17	1,298.0	170	1.6					1.5	.9		
18	1,116.0	150	1.6					1.5	.9		
19	1,156.0	110	1.1					1.5	.9		
20											
21											
22	2,865.0	350	1.5					1.5	0.9		
23	947.0	140	1.8					1.2	.8		
24	1,055.0	130	1.5					1.2	.8		
25	895.0	100	1.3					1.2	0.8		
26	1,002.0	110	1.3					1.2	.8		
27	1,114.0	110	1.2					1.2	.9		
28											
29	1,877.0	210	1.3					1.2	.8		
30											
31	2,298.0	260	1.4					1.2	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.900(3)
Effective: November 11, 1987 Page 1 of -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake #574

Location: (City) or S/D Leesburg County Lake

Owned by Southern States Utilities Reporting Month June 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 823

Design Flow 625 (82) GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100)

I certify this report is correct Dennis W. Mapp C 649
(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	23951.0	362.0	40.7					33.9	21.9	16	0
Average	798.3	10.4	1.5					1.3	.8		
Maximum	1378.0	22.0	2.4					1.5	.9		
Minimum	540.0	5.0	1.2					1.0	.8		
1	1,000.	12.0	1.4					1.2	.8		
2											
3	2,171.0	26.0	1.4					1.2	0.8		
4	1860	12.0	1.8					1.5	.9		
5	797.0	8.0	1.2					1.2	0.8		
6	1,113.0	22.0	2.4					1.2	.8		
7	680.0	7.0	1.2					1.2	0.8		
8	499.0	5.0	1.3					1.5	.9		
9											
10	1,385.0	13.0	1.1					1.0	.8		
11	715.0	4.0	1.3					1.2	0.9		
12	542.0	9.0	2.0					1.2	.9		
13	640.0	8.0	1.5					1.0	.8	8	0
14	915.0	10.0	1.3					1.2	.9		
15	904.0	13.0	1.7					1.5	0.9		
16	1000.0	13.0	1.6					1.5	0.9		
17											
18	1,385.0	14.0	1.2					1.2	.8		
19	1,378.0	22.0	1.9					1.2	.8		
20	1,378.0	15.0	1.3					1.2	.8	2	0
21	619.0	10.0	1.9					1.2	.8	2	0
22	1,032.0	15.0	1.7					1.5	.9		
23											
24	1,127.0	20.0	2.1					1.5	.9		
25	546.0	7.0	1.5					1.5	.9		
26	542.0	8.0	1.8					1.2	.8		
27	547.0	8.0	1.8					1.2	.8	2	0
28	603.0	7.0	1.4					1.2	.8	2	0
29	804.0	11.0	1.6					1.2	.8		
30	865.0	9.0	1.3					1.2	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or

DER Form 17-22.900(2)
Effective November 11, 1987 Page 1 of 2

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake #574

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month July 1990

Plant Effluent pH 7.2/7.1 (Avg) No. of Services at End of Month 824

Design Flow 625(x2) Remarks (Use reverse side) Phone No.: (1-800-432-4501) 407-880-01

I certify this report is correct Dennis W. Mog C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. #)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	24,239.0	313.0	55.5					30.4	21.8	16	0
Average	781.9	10.1	2.3					1.2	.9		
Maximum	1,119.5	19.0	3.7					1.5	1.0		
Minimum	262.0	3.0	1.2					1.0	.8		
1											
2	1,230.0	21.0	1.5					1.2	.9		
3	625.0	10.0	1.9					1.2	.9		
4											
5	1,730.0	21.0	1.5					1.2	.9		
6	624.0	19.0	3.7					1.2	.9		
7	624.0	9.0	1.3					1.2	.9		
8											
9	2,239.0	18.0	1.0					1.0	.8		
10	983.0	19.0	2.2					1.2	.9	2	0
11	903.0	11.0	1.5					1.2	.8	10	0
12	1,034.0	10.0	1.2					1.2	0.8		
13	262.0	3.0	1.4					1.2	0.9		
14											
15	1,000.0	15.0	1.8					1.2	.8		
16	552.0	8.0	1.7					1.2	.8	2	0
17	503.0	8.0	1.9					1.2	.8	2	0
18	561.0	7.0	1.5					1.0	.8		
19	561.0	8.0	1.7					1.0	.8		
20	734.0	9.0	1.5					1.0	.8		
21	597.0	9.0	1.6					1.2	0.9		
22											
23	1,715.0	20.0	1.4					1.2	0.9		
24	894.0	11.0	1.5					1.2	0.9		
25	873.0	10.0	1.4					1.2	0.9		
26	968.0	13.0	1.6					1.5	1.0		
27	796.0	9.0	1.4					1.2	0.9		
28	1,070.0	15.0	1.7					1.5	1.0		
29											
30	1,730.0	21.0	1.5					1.5	1.0		
31	931.0	13.0	1.7					1.5	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.900(3)
Effective November 1, 1987

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake #574

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month August 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 848

Design Flow .625(x2) Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100)

I certify this report is correct Dennis W. Mead C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	26,533.0	338.0	40.4					37.4	33.2	12	0
Average	855.9	10.58	1.5					1.4	.4		
Maximum	1,143.0	15.0	2.1					1.5	1.2		
Minimum	575.0	5.0	.6					1.0	.7		
1	968.0	13.0	1.6					1.5	.8		
2	1,091.0	15.0	1.6					1.2	.8		
3	1,143.0	6.0	.6					1.2	.8		
4											
5	1,811.0	22.0	1.5					1.2	.9		
6	1,059.0	13.0	1.5					1.0	0.7		
7	1,135.0	15.0	1.6					1.5	0.9		
8	655.0	9.0	1.7					1.5	.8	3	0
9	807.0	11.0	1.6					1.5	.8		
10	867.0	11.0	1.6					1.5	.8		
11	946.0	14.0	1.8					1.8	1.2		
12											
13	1,541.0	24.0	1.5					1.2	.8		
14	950.0	10.0	1.3					1.2	.8		
15	642.0	8.0	1.5					1.2	.8		
16	853.0	12.0	1.7					1.5	.9		
17	871.0	12.0	1.7					1.5	.9		
18	830.0	10.0	1.4					1.2	.7		
19											
20	1,805.0	25.0	1.7					1.5	.9		
21	758.0	10.0	1.6					1.5	0.9	2	0
22	796.0	10.0	1.5					1.5	1.0	2	0
23	758.0	10.0	1.6					1.5	.9		
24	575.0	10.0	2.1					1.5	.9		
25											
26	1,451.0	15.0	1.2					1.2	.8		
27	967.0	8.0	1.0					1.0	.8		
28	658.0	9.0	1.5					1.5	.9		
29	713.0	11.0	1.6					1.5	.9		
30	815.0	11.0	1.6					1.5	.9		
31	681.0	5.0	.9					1.0	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake

Location: (City) or S/D Leesburg County Lake

Owned by SSU Service Reporting Month September 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 851

Design Flow 625 (GPM) Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-6100)

I certify this report is correct Dennis W. Mole C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	26984.0	345.0	36.4			35.3	22.1	13	2
Average	930.4	11.9	1.5			1.4	.9		
Maximum	1138.0	20.0	2.2			1.8	1.0		
Minimum	483.0	5.0	1.0			1.0	.5		
1	786.0	9.0	1.4			1.5	.5		
2	858.0	10.0	1.4			1.5	1.0		
3									
4	2024.0	28.0	1.7			1.5	1.0		
5	1,068.0	14.0	1.7			1.5	.9		
6	1,016.0	10.0	1.2			1.0	.8		
7	1,085.0	20.0	2.2			1.5	1.0		
8	1,102.0	16.0	1.7			1.5	1.0		
9									
10									
11	3,416.0	48.0	1.7			1.5	1.0	8	2
12	792.0	11.0	1.7			1.5	.9		
13	791.0	11.0	1.7			1.5	1.0		
14	827.0	10.0	1.5			1.5	1.0		
15	1,031.0	12.0	1.4			1.5	1.0		
16									
17	2,024.0	28.0	1.7			1.5	1.0		
18	483.0	5.0	1.2			1.5	1.0		
19	1,024.0	14.0	1.6			1.5	.8	3	0
20	722.0	5.0	1.0			1.0	.5	2	0
21	900.0	13.0	1.7			1.5	1.8		
22									
23	1,540.0	19.0	1.3			1.5	0.9		
24	835.0	9.0	1.3			1.5	0.9		
25	842.0	9.0	1.3			1.5	0.8		
26	979.0	10.0	1.2			1.5	0.9		
27	969.0	11.0	1.4			1.5	1.0		
28	812.0	11.0	1.6			1.5	1.0		
29	821.0	13.0	1.9			1.8	1.0		
30									
31									

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #574

PWS ID No. 3351182 Name of Drinking Water System Silver Lake

Location: (City) or S/D Leesburg County Lake

Owned by SSU Sewmen Reporting Month October 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 877

Design Flow .625 MGD Remarks (Use reverse side) Phone No.: (1-800-432-4504) (407-880-0104)

I certify this report is correct Dennis W. Mere C 6447
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	34,471 C	324 C	436						39.7	24.1	15	1
Average	1,194 C	10.5	1.4						1.4	.9		
Maximum	1,100 C	19.0	2.2						1.8	1.2		
Minimum	293 C	4.0	1.0						1.2	.8		
1	1,332 C	19.0	1.7						1.2	.8		
2	751 C	11.0	1.4						1.5	.9		
3	800 C	12.0	1.8						1.5	.9		
4	1,036 C	11.0	1.3						1.2	.8	1	
5	785 C	12.0	1.2						1.5	.9	1	
6												
7	1,643 C	18.0	1.3						1.2	.8		
8	1,013 C	13.0	1.5						1.5	0.9		
9	739 C	9.0	1.5						1.5	0.9	8	1
10	693 C	9.0	1.6						1.5	1.0		
11	567 C	8.0	1.7						1.2	.8		
12	387.0	5.0	1.6						1.5	1.0		
13												
14	1,196 C	19.0	1.9						1.5	1.2		
15	854 C	12.0	1.7						1.5	.8	2	0
16	759 C	8.0	1.3						1.2	.8	2	0
17	931 C	12.0	1.5						1.5	.9		
18	1,013 C	19.0	2.2						1.5	.9		
19	293 C	4.0	1.6						1.5	.9		
20	914.0	8.0	1.0						1.2	0.8		
21												
22	1,548.0	19.0	1.5						1.5	0.9		
23	611 C	11.0	2.1						1.5	.9	1	0
24	776 C	12.0	1.9						1.8	1.0		
25	764 C	12.0	1.9						1.5	.9		
26	549 C	8.0	1.7						1.2	.8		
27	944 C	15.0	1.4						1.8	1.0		
28												
29	1,727 C	24.0	1.5						1.5	.9		
30	567 C	9.0	1.9						1.5	.9		
31	1,100 C	18.0	1.5						1.2	.8		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month November 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 889

Design Flow .625 (.2) Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0058)

I certify this report is correct Tennis W. Mong C 6427
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	24217.0	309.0	385					33.7	23.5	9	1
Average	807.2	10.3	1.5					1.3	.9		
Maximum	1,036.0	14.0	1.9					1.5	1.0		
Minimum	500.0	8.0	1.0					1.0	.8		
1	902.0	12.0	1.6					1.2	.9		
2	532.0	8.0	1.8					1.2	.9		
3	946.0	13.0	1.6					1.2	.9		
4											
5	1,872.0	25.0	1.6					1.2	.9		
6	937.0	12.0	1.5					1.2	.9		
7	1,036.0	8.0	1.0					1.0	.8		
8	834.0	10.0	1.5					1.5	.9		
9	964.0	10.0	1.5					1.2	.8		
10											
11	1,352.0	16.0	1.5					1.2	.9		
12	740.0	9.0	1.2					1.2	0.8		
13	954.0	11.0	1.5					1.5	.8	5	1
14	898.0	11.0	1.5					1.2	.8		
15	967.0	13.0	1.6					1.5	.9		
16	551.0	7.0	1.5					1.5	.9		
17	524.0	11.0	1.6					1.5	0.9		
18											
19	1,816.0	24.0	1.6					1.5	0.9		
20	990.0	14.0	1.7					1.5	1.0		
21	928.0	13.0	1.7					1.5	1.0		
22											
23	1,419.0	20.0	1.7					1.5	1.0		
24											
25	1,441.0	17.0	1.4					1.2	0.9		
26	788.0	10.0	1.5					1.5	1.0		
27	793.0	9.0	1.2					1.2	0.9	1	0
28	692.0	9.0	1.6					1.5	1.0		
29	772.0	11.0	1.7					1.5	1.0		
30	500.0	8.0	1.9					1.5	0.9		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 Name of Drinking Water System Silver Lake #574

Location: (City) or S/D Leesburg County Lake

Owned by SSU Service Reporting Month December 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 889

Design Flow (.625) MG Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-383-0111

I certify this report is correct Dennis W. Mapp C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	24423.0	334.0	42.3					36.9	24.0	10	0
Average	787.8	10.8	1.7					1.5	1.0		
Maximum	1,009.0	15.0	2.7					2.0	1.2		
Minimum	457.0	7.5	1.3					1.2	.8		
1	778.0	11.0	1.7					1.5	1.0		
2											
3	1,635.0	23.0	1.7					1.5	1.0		
4	836.0	12.0	1.7					1.5	1.0		
5	916.0	9.0	1.2					1.2	1.0		
6	734.0	9.0	1.5					1.5	0.9	8	0
7	577.0	13.0	2.7					1.5	.9		
8	601.0	9.0	1.8					1.5	.9		
9											
10	1,379.0	15.6	1.3					1.2	.8		
11	688.0	7.0	1.4					1.2	.8		
12	832.0	10.0	1.4					1.2	.8		
13	939.0	10.0	1.3					1.2	0.9		
14	457.0	10.0	2.6					1.5	1.0		
15											
16	1,708.0	23.0	1.6					1.5	1.0		
17	979.0	13.0	1.6					1.5	1.0		
18	788.0	10.0	1.5					1.5	1.0		
19	830.0	10.0	1.4					1.8	1.2		
20	1,008.0	15.0	1.8					1.5	1.0		
21	558.0	11.0	2.4					1.5	1.0		
22	976.0	10.0	1.4					1.5	1.0		
23											
24	1,674.0	24.0	1.7					1.5	1.0		
25											
26	1,650.0	24.0	1.7					1.5	.9	1	0
27	743.0	11.0	1.6					1.5	.9	1	0
28	564.0	10.0	2.1					2.0	1.2		
29	995.0	13.0	1.6					1.5	.9		
30											
31	1,620.0	21.0	1.5					1.5	.5		

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Effective November 30, 1982

Silver Lake Oaks - 473

Putnam County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month Jan. 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 30

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerkin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	214	25	303					116.7	5.1		
Average	7	.81	13					.7	.2		
Maximum	17	1	47					2.0	.4		
Minimum	3	.25	3					.5	.2		
1	9	.25	3					.5	.2		
2	9	.25	3					.5	.2		
3	6	.25	4					.6	.2		
4	8	.25	3					.5	.2		
5											
6											
7	21	.75	4					.5	.2		
8	7	.25	4					.5	.2		
9	6	.25	4					.6	.2	3	3
10	7	.25	4					.5	.2		
11	8	.25	4					.5	.2		
12											
13											
14	19	4	21					2.0	.4		
15	5	.5	11					.7	.2		
16	6	.75	13					.5	.2		
17	17	1	6					.5	.2		
18	8	.25	4					1.2	.3		
19											
20											
21	11	4	37					.7	.2		
22	8	2	28					.6	.2		
23	3	1	42					.6	.2		
24	12	.5	4					.6	.2		
25	4	.5	11					.6	.2		
26											
27											
28	19	3	16					2.0	.4		
29	5	.25	47					.5	.2		
30	9	1	16					.9	.2		
31	7	.75	14					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

IWR Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month Feb. 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 30

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelin C 5726
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	192	39.25	441					11.2	4.0		
Average	7	1.40	22					.6	.2		
Maximum	10	3.5	38					.7	.2		
Minimum	4	.75	10					.5	.2		
1	4	.75	21					.5	.2		
2											
3											
4	20	2	10					.5	.2		
5	8	1	12					.5	.2		
6	5	1	21					.7	.2		
7	5	1	21					.7	.2		
8	8	1	12					.6	.2		
9											
10											
11	16	1.6	38					.6	.2		
12	7	1.5	21					.6	.2		
13	6	2	33					.5	.2	3	⊖
14	4	1.5	25					.7	.2		
15	6	.75	13					.5	.2		
16											
17											
18	30	5.25	18					.6	.2		
19	10	3.5	37					.6	.2		
20	8	2	28					.6	.2		
21	7	1.5	21					.5	.2		
22	6	1.25	21					.5	.2		
23											
24											
25	21	2.75	13					.5	.2		
26	6	2	33					.5	.2		
27	5	1.5	31					.5	.2		
28	8	1	12					.5	.2		
29											
30											
31											

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month March 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 25

Design Flow 720,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	200	47	513					10.7	4.2		
Average	6	1.5	24					.5	.2		
Maximum	8	2.5	42					.6	.3		
Minimum	5	1	14					.5	.2		
1	5	2.5	42					.6	.2		
2											
3											
4	20	4.5	23					.5	.2		
5	5	1	21					.5	.2		
6	7	2.5	35					.5	.2	3	0
7	6	1.5	25					.5	.2		
8	6	2	33					.5	.2		
9											
10											
11	18	4.5	25					.5	.2		
12	6	1	17					.5	.2		
13	5	1.5	37					.5	.2		
14	6	1.5	25					.5	.2		
15	7	1.5	21					.5	.2		
16											
17											
18	17	3	18					.6	.2		
19											
20	11	2	19					.5	.2		
21	8	1.5	18					.5	.2		
22	5	1.5	31					.5	.2		
23											
24											
25	23	5	22					.5	.2		
26	9	3.5	30					.5	.2		
27	7	2	28					.5	.2		
28	7	1	14					.5	.2		
29	7	1	14					.5	.2		
30											
31	14	3.5	21					.5	.2		

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544283 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month April 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 32

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gas) or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	168	17.75	256					11.5	4.0		
Average	6	.60	13					.6	.2		
Maximum	10	1.5	42					.7	.2		
Minimum	3	.25	5					.4	.2		
1	4	1.5	42					.6	.2		
2	10	1	10					.5	.2		
3	4	1.5	31					.5	.2	3	0
4	6	1.5	25					.5	.2		
5	4	.5	14					.5	.2		
6											
7											
8	28	.225	8					.5	.2		
9	7	.75	11					.7	.2		
10	6	.5	8					.6	.2		
11	7	.5	7					.6	.2		
12	7	.5	7					.7	.2		
13											
14											
15	23	1.25	5					.7	.2		
16	7	1	14					.6	.2		
17											
18	8	.75	9					.6	.2		
19											
20											
21											
22	14	1.75	12					.6	.2		
23	4	.5	14					.6	.2		
24	4	.5	14					.7	.2		
25	4	.25	7					.6	.2		
26	3	.25	7					.4	.2		
27											
28											
29	13	.75	6					.5	.2		
30	5	.25	5					.5	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544231 Name of Drinking Water System Silver lake oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month May 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 32

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that report is correct: William K. Keller C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	154	10.5	147					13.6	4.4		
Average	5	.33	7					.6	.2		
Maximum	6	.75	16					.7	.2		
Minimum	4	.25	4					.5	.2		
1	5	.25	5					.6	.2		
2	5	.25	5					.6	.2		
3	4	.25	5					.6	.2		
4											
5											
6	16	1.25	7					.6	.2		
7	4	.5	11					.6	.2		
8	6	.25	4					.6	.2	3	Ø
9	6	.25	4					.6	.2		
10	5	.25	5					.7	.2		
11											
12											
13	15	1.25	9					.7	.2		
14	4	.25	7					.6	.2		
15	6	.5	8					.6	.2		
16	4	.25	5					.5	.2		
17	5	.5	11					.7	.2		
18											
19											
20	14	1	7					.6	.2		
21	5	.25	5					.6	.2		
22	5	.75	16					.7	.2		
23	4	.25	7					.6	.2		
24	4	.25	7					.6	.2		
25											
26											
27											
28	21	1.25	6					.6	.2		
29	6	.25	4					.6	.2		
30	6	.25	4					.7	.2		
31	4	.25	5					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month June 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 28

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin (Lead Operator's Signature) C 5526 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals or lbs. Used)	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	173.	9.25	105					12.0	4.2		
Average	6	.31	5					.6	.2		
Maximum	7	.43	12					.8	.2		
Minimum	3	.25	4					.5	.2		
1	7	.5	7					.6	.2		
2											
3	9	.5	5					.6	.2		
4	7	.25	4					.7	.2		
5	5	.25	5					.6	.2	3	0
6	7	.25	4					.6	.2		
7	3	.25	7					.7	.2		
8											
9											
10	15	.5	4					.6	.2		
11	7	.25	4					.5	.2		
12	5	.25	4					.6	.2		
13	4	.25	5					.5	.2		
14	5	.25	5					.5	.2		
15											
16											
17	21	2.5	12					.8	.2		
18	6	.25	4					.5	.2		
19	5	.25	4					.6	.2		
20	5	.25	5					.5	.2		
21											
22											
23											
24	25	1	4					.5	.2		
25	6	.25	4					.5	.2		
26	5	.25	5					.6	.2		
27	4	.25	5					.5	.2		
28	7	.25	4					.5	.2		
29											
30	13	.5	4					.5	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

IWR Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 28

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that reports to contain William K. Kelin C 5726
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	184	7.5	91					10.4	4.0		
Average	6	.25	5					.5	.2		
Maximum	8	.25	7					.6	.2		
Minimum	4	.25	2					.4	.2		
1	4	.25	3					.5	.2		
2	5	.25	5					.5	.2	3	0
3	14	.25	2					.6	.2		
4											
5	14	.50	4					.6	.2		
6											
7											
8	9	.25	3					.5	.2		
9	8	.25	4					.5	.2		
10	7	.25	4					.4	.2		
11	4	.25	5					.5	.2		
12	6	.25	4					.5	.2		
13											
14											
15	21	.75	4					.5	.2		
16	4	.25	5					.5	.2		
17	5	.25	5					.6	.2		
18											
19	10	.50	5					.6	.2		
20											
21											
22	14	.75	5					.5	.2		
23	4	.25	7					.5	.2		
24	4	.25	7					.5	.2		
25											
26	12	.50	4					.5	.2		
27											
28											
29	13	.75	6					.6	.2		
30	6	.25	4					.5	.2		
31	5	.25	5					.5	.2		

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This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544158 Name of Drinking Water System SILVER LAKE OAKS

Location: City or S/D PALATKA County Putnam

Owned by SSU SERVICES Reporting Month August 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 28

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I hereby sign report is correct: William K. Keller C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	213	22.25	196					11.5	4.2		
Average	7	.7	9					.5	.2		
Maximum	19	2	25					.7	.2		
Minimum	3	.25	3					.4	.2		
1	7	.25	4					.6	.2		
2	4	.25	7					.5	.2		
3											
4											
5	19	.75	4					.5	.2		
6											
7	12	.50	4					.5	.2		
8	5	.25	5					.5	.2		
9	6	.25	4					.6	.2		
10											
11											
12	28	6	22					.6	.2		
13	12	2	17					.6	.2		
14	18	2	11					.7	.2	3	3
15	11	1	9					.6	.2		
16	5	1	21					.5	.2		
17											
18											
19	19	1.5	8					.6	.2		
20	4	.25	5					.7	.2		
21											
22	13	2.5	19					.6	.2		
23	6	1.5	25					.7	.2		
24											
25										1	0
26	14	1	7					.5	.2	3	0
27	8	.25	3					.5	.2		
28	4	.25	7					.4	.2		
29	3	.25	7					.4	.2		
30	3	.25	3					.4	.2		
31	7	.25	4					.5	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple [illegible]

[illegible]

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544358 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month Sept. 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 90

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

A Certified Water Operator William K. Kubin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine lbs or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	223	10	93					8.3	3.8		
Average	7	.33	5					.4	.2		
Maximum	12	1	4					.6	.2		
Minimum	6	.25	3					.3	.2		
1											
2											
3	20	.50	2					.6	.2		
4	8	.25	3					.4	.2		
5	6	.25	4					.4	.2	3	
6	6	.25	4					.5	.2		
7											
8											
9	22	.75	4					.4	.2		
10	10	.25	3					.4	.2		
11	8	.50	6					.3	.2		
12	7	.50	8					.4	.2		
13	7	.25	4					.4	.2		
14											
15											
16	23	.50	2					.4	.2		
17	12	1.0	8					.5	.2		
18	8	.50	6					.5	.2		
19											
20	14	50	4					.4	.2		
21											
22											
23	23	1.5	7					.4	.2		
24	7	.50	7					.5	.2		
25	9	.25	3					.4	.2		
26	7	.50	7					.4	.2		
27	7	.50	7					.5	.2		
28											
29											
30	15	.75	4					.5	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Operated by SSU Services Reporting Month Oct. 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 25

Design Flow 72000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Jay D Stapf C-6963

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gas) or (Hypo) lbs Used	Chlorine mg/l	Lbs Used	mg/l	Lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly total	201	25.75	245					15.9	7.6		
Average	6	.8	14					.8	.4		
Maximum	10	5	56					3.0	1.4		
Minimum	3	.25	2					.4	.2		
1	8	.5	7					.5	.2		
2	6	.5	8					.4	.2		
3	8	.5	7					.4	.2		
4	4	.5	14					.4	.2		
5											
6											
7											
8											
9	33	4.5	14					.4	.2	9	1 - Diat.1
10	5	.5	11					.6	.2		
11	7	4	56					3.0	1.4		
12											
13											
14	25	.5	2					.6	.2		
15	9	.35	3					.4	.2		
16	4	.25	5					.6	.2		
17	10	.25	2					.8	.2		
18	3	.25	7					1.0	.2		
19											
20											
21	19	2	11					.6	.4		
22											
23	13	1	8					.8	.4		
24	7	25	4					1.0	.4		
25	7	.50	7					.8	.3		
26	10	5	52					2.0	1.0		
27	4	1	25					1.0	.6	2	
28	8	2	24					6	.3	8	
29											
30	8	1	14					.4	.3		
31	5	.5	11					.4	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER-17-1, 3/88

Supersedes DER-17-1, 1/87

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

FWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU SERVICES Reporting Month November 1993

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct [signature] C 696-3
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals or lbs Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	153	16.75	234					23.9	7.6		
Average	5	.6	12					1.3	.4		
Maximum	8	1	42					1.6	.6		
Minimum	3	.25	4					.4	.2		
1	3	1	28					.7	.3		
2											
3											
4	13	1.75	15					1.0	.3		
5											
6	7	.75	11					1.4	.3	6	0
7	5	.25	5					1.0	.3		
8	4	.25	7					1.2	.3		
9											
10											
11	12	.75	6					1.0	.2		
12	7	.25	4					1.4	.6		
13	3	1	42					1.0	.6		
14	7	.5	7					1.4	.4		
15	4	.75	16					1.4	.4		
16											
17											
18	17	1.75	10					.4	.2		
19											
20	10	1	10					1.5	.6		
21	6	.25	4					1.4	.4		
22	6	.75	13					1.5	.4		
23											
24											
25	17	1.75	10					1.5	.5		
26	6	.25	4					1.5	.4		
27	8	1	14					1.6	.4		
28											
29	10	2	19					1.5	4		
30	8	.75	9					1.4	.5		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS I.D. No. 3594258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Operated by SSU Services Reporting Month Dec. 1991

Finished pH 7.4 (Avg) No. of Services at End of Month 25

Finished Flow 72,000 Remarks (Use reverse side) Phone No.: 904-649-4143

Signature of Report Reviewer [signature] C-7251
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total daily finished flow in thousands of Gallons	Chlorine Gas (circle) or Hth Used	Chlorine mg/l	Hth Used lbs	Hth Used mg/l	Polymer Used lbs	Polymer Used mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Sample Taken	Bacteriological MCL Violations
1	144	14	226					24.6	10.6		
2	4	.5	11					1.2	.5		
3	9	1	28					3.0	2.6		
4	2	.25	3					.5	.2		
5	4	.5	5					1.4	.4		
6	7	.5	7					1.2	.6		
7	6	.5	8					.7	.3		
8	7	1	14					1.0	.3	3	
9	7	1	14					1.2	.4		
10	4	1	28					1.0	.3		
11											
12	16	.5	3					1.0	.4		
13	8	.5	6					.5	.2		
14	4	1	21					1.0	.4		
15	6	.5	8					1.6	1.0		
16	2	.5	21					1.0	.4		
17											
18	12	1	8					1.5	.4		
19											
20	6	1	17					1.2	.3		
21	3	.5	14					1.0	.3		
22	4	.5	7					1.4	.4		
23											
24											
25	11	2	19					1.2	.4		
26	4	.25	7					1.2	.5		
27											
28	8	.75	9					3.0	2.6		
29											
30											
31	17	.5	3					1.1	.4		
Monthly Totals	3	.25	7					1.4	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-1.20(5)
Effective October 31, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 5 4 4 2 5 8 Name of Drinking Water System SILVER LAKE OAKS

Location: City or S/D PALATKA County PUTNAM

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals) or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	215	56.25	571					22.1	4.7		
Average	7	1.81	29					1.1	.2		
Maximum	10	3.5	22					1.5	.4		
Minimum	4	1	19					.8	.2		
1											
2	19	3.75	21					1.0	.2		
3											
4	17	3.5	19					1.0	.2	3	~~0~~
5	10	2	21					1.0	.2		
6											
7											
8	26	5	19					.8	.2		
9	9	3.25	34					1.0	.2		
10	6	2.5	42					1.2	.3		
11	5	2.5	52					1.4	.4		
12	9	3.5	42					1.0	.2		
13											
14											
15	18	4	22					1.0	.2		
16	4	1	25					1.2	.2		
17	8	1.75	21					1.5	.4		
18											
19	15	3.5	22					1.4	.4		
20											
21											
22	16	3	19					1.0	.2		
23	6	1.25	21					1.0	.2		
24	6	1.25	21					1.0	.2		
25	4	1	28					1.0	.2		
26	5	1.5	31					1.2	.2		
27											
28											
29	16	6	36					1.2	.2		
30	8	2.25	31					1.0	.2		
31	8	2.75	33					1.2	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oak

Location: City or S/D Palatka County Putnam

Owned by Southern States Utilities, Inc. Reporting Month Feb. 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 30

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5426
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals or lbs Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l: Plant Effluent	Residual Chlorine mg/l: Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	126	24.5	446					17.8	4.2		
Average	5	1.26	21					.6	.2		
Maximum	10	3	35					1.2	.2		
Minimum	2	.25	5					.6	.2		
1	6	1.25	21					1.0	.2		
2	10	3	31					1.0	.2		
3	3	.75	21					1.2	.2		
4											
5	19	4.5	23					.8	.2		
6	5	.75	16					.6	.2		
7	4	1	28					1.0	.2	3	1- WELL
8	5	1	21					.8	.2		
9	3	.25	7					.6	.2		
10	5	.25	5					.7	.2		
11	4	.5	14					.9	.2		
12											
13	10	1.5	16					1.0	.2		
14	2	.5	21					.8	.2		
15	4	1	21					.8	.2		
16	3	.5	21					1.0	.2		
17											
18											
19	13	2	15					.7	.2		
20	3	.75	32					.8	.2		
21	2	.5	21					.9	.2	1	0
22											
23	7	2	28					.8	.2		
24											
25											
26	11	2.25	21					.8	.2		
27	4	1.25	35					.8	.2		
28	3	1	28					.8	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.909(3)
Effective January 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 30

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 3326
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gas) or (Sol) Lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	125	45	1237					27.4	6.2		
Average	4	1.45	49					1.1	.2		
Maximum	6	5.5	105					2.0	.5		
Minimum	3	1	21					.6	.2		
1	3	2	56					.9	.2	3	1-WELL
2	4	3.5	97					1.4	.4		
3											
4											
5	12	2.5	21					.8	.2		
6	4	3	63					.8	.2		
7	3	2.5	105					1.4	.5		
8	3	3	63					1.4	.4		
9	4	5.5	92					1.4	.3		
10	5	4.5	75					1.0	.2		
11											
12											
13	10	4	92					.8	.2		
14	4	1.5	42					.6	.2	1	1-WELL
15	3	2	56					.8	.2		
16	3	2	56					.9	.2		
17											
18	8	4.5	54					1.1	.2		
19	6	1.5	25					1.0	.2		
20	3	1.5	42					1.0	.2		
21	4	1	28					1.0	.2	1	
22	4	1	28					1.0	.2		
23	4	2	56					1.1	.2		
24											
25	11	4	37					1.0	.2		
26	4	2	56					1.1	.2		
27	4	1	28					1.1	.2		
28	3	1	28					1.0	.2		
29	3	1	28					2.0	.5		
30	5	1.5	31					1.6	.3		
31	4	1	28					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.900(5)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by Southern States Utilities Reporting Month April 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	233	29	434					18.5	3.5		
Average	8	1	23					1.0	.2		
Maximum	45	2.5	70					1.4	.2		
Minimum	3	.25	3					.5	.1		
1	6	2	33					1.4	.2		
2	6	2	33					1.0	.2		
3	3	.5	21					1.0	.2		
4	5	2	43					1.0	.2		
5	4	1.5	43					1.2	.2		
6	4	2.5	70					1.2	.2		
7											
8											
9	10	1	10					1.0	.2		
10	3	1	42					1.2	.2		
11										3	0
12	5	2	43					1.2	.2		
13	4	.5	14					1.0	.2		
14											
15											
16	32	4.5	14					1.2	.2		
17	32	1.5	5					.5	.1		
18	32	1	3					.8	.2		
19	45	2	5					.6	.1		
20											
21											
22											
23											
24	17	55	33					1.1	.2		
25	6	.25	4					1.0	.2		
26	5	.25	5					1.0	.2		
27	3	.25	7					.6	.2		
28											
29											
30	11	.75	7					.5	.1		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap on over it, then staple or tape

Form 17-22.909(5)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by Southern States Utilities Reporting Month May 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	143	49.5	740					24.6	5.0		
Average	5	1.60	32					1.1	.2		
Maximum	19	7.5	56					1.6	.4		
Minimum	2	.5	14					.4	.2		
1	3	1	21					1.2	.2		
2	4	2	56					1.0	.2		
3	4	1	21					1.0	.2		
4	3	1	28					1.2	.2		
5	4	1	28					1.2	.2		
6											
7	8	2.5	30					1.2	.2		
8	3	1	42					1.2	.2		
9	4	1	28					1.0	.2	3	1 - WELL
10	4	.5	14					1.0	.2		
11	5	2.5	52					1.2	.2		
12	3	1	28					1.2	.2		
13											
14	8	1	14					1.5	.4		
15	4	1	28					1.6	.3		
16											
17	.8	1.5	18					1.0	.2		
18											
19											
20											
21	17	4	21					1.5	.3		
22	3	.5	21					.4	.2		
23	4	1	28					.7	.2		
24	2	1	42					1.6	.2		
25	19	7.5	39					.5	.2		
26											
27											
28	12	6.5	54					.7	.2		
29	3	.2	56					1.4	.2		
30	4	1.5	42					.8	.2		
31	12	3.5	29					.5	.2		

This form must be completed in full and submitted to the appropriate CER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.904(5)
Effective January 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month June 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow 7.2000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	147	61	867					17.1	4.5		
Average	5	2	43								
Maximum	13	5	70								
Minimum	3	.25	10								
1	13	5	38					.8	.2		
2											
3											
4	14	3	35					.8	.2		
5	4	1.5	42					.6	.2		
6	4	2.5	70					.8	.2	3	0
7	4	2	56					.8	.2		
8	4	1.5	42					.8	.2		
9	4	1.5	42					.9	.2		
10											
11	9	3	31					1.4	.4		
12	4	2	56					2.0	.5		
13	6	2.5	42					.6	.2		
14	3	.25	10					.4	.2		
15											
16	8	4	48					.7	.2		
17											
18	5	2.75	57					.5	.2		
19											
20	26	12.5	47					.5	.2		
21	5	2.5	53					.8	.2		
22	4	2	56					.8	.2		
23											
24											
25	11	3	46					.9	.2		
26											
27	9	2	21					.8	.2		
28											
29	6	2	33					.8	.2		
30	9	1.5	42					.9	.2		
31											

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Form 17-22.999(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by GSU Services Reporting Month July 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	122	44.5	789					17.3	4.2		
Average	4	1.44	34					.8	.2		
Maximum	10	3.5	63								
Minimum	2	.2	3								
1	5	.2	42					1.0	.2		
2	4	1	28					.5	.2		
3											
4											
5	10	4.5	49					.8	.2	3	
6	4	1.5	42					.8	.2		
7	3	1.5	63					.9	.2		
8											
9	6	3.5	49					.8	.2		
10	3	1.5	42					.8	.2		
11	4	1.5	49					.9	.2		
12	4	1.5	42					.8	.2		
13	3	1.5	63					.9	.2		
14											
15											
16	7	3	42					.8	.2		
17	4	2	56					.9	.2		
18											
19	6	3	50					.5	.2		
20	10	.5	3					.6	.2		
21	4	1.5	42					.9	.2		
22											
23	7	3.5	49					.9	.2		
24											
25											
26	10	4	42					.8	.2		
27	6	2.5	42					.9	.2		
28											
29	7	3	42					1.0	.2		
30	2	1	42					.9	.2		
31	3	1.5	31					.9	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month Aug 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	181	31.5	704					19.3	4.6		
Average	6	1.46	31					.8	.2		
Maximum	33	16	104					1.3	.2		
Minimum	1	.5						.5	.2		
1	6	2	42					.4	.2		
2	3	1	24					.8	.2		
3	3	1	24					.7	.2		
4											
5											
6	9	3.5	37					.7	.2		
7	5	1	21					.8	.2		
8	14	1.5	10					.9	.2		
9	3	.5	14					.8	.2	3	0
10	2	.5	21					.8	.2		
11	3	.5	10					.8	.2		
12											
13	8	.5	6					1.3	.2		
14											
15	3	2	42					.7	.2		
16											
17	3	2	42					.8	.2		
18											
19											
20	8	3	36					1.2	.2	1	
21	4	1.5	42					.8	.2		
22	5	.5	10					.8	.2		
23											
24	2	.5	104					.6	.2		
25	33	16	58					.9	.2		
26	24	7	29					.9	.2		
27	3	2	42					1.2	.2		
28	2	1	42					.8	.2		
29	3	1	24					.7	.2		
30	3	1.25	40					.8	.2		
31	2	.75	31					1.0	.2		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Service Reporting Month Sept. 1996

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 20

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	162	50.5	1046					13.1	3.6		
Average	5	1.68	34					.7	.2		
Maximum	8	3	63					.8	.2		
Minimum	3	1	14					.4	.2		
1											
2											
3											
4	23	6.5	27					.8	.2		
5	4	2	42					.8	.2	3	⊕
6											
7	11	4.5	42					.7	.2		
8	3	1.5	42					.8	.2		
9											
10	16	6	34					.8	.2		
11	6	2.5	42					.8	.2		
12	4	2	42					.8	.2		
13	6	1.5	25					.8	.2		
14	7	1	14					.8	.2		
15											
16											
17	77	3	18					.6	.2		
18	5	3	63					.8	.2		
19	5	2	42					.7	.2		
20	5	2	42					.6	.2	1	
21											
22											
23											
24	23	4	18					.6	.2		
25	3	1	42					.8	.2		
26											
27	11	3.5	32					.6	.2		
28	5	2	42					.8	.2		
29											
30	8	2.5	35					.8	.2		
31											

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DER Form 17-1.20(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month Oct 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	149	44	742					16.7	4.6		
Average	5	1.42	92					.7	.2		
Maximum	21	5.5	70					1.1	.2		
Minimum	2	.5	17					.5	.2		
1	6	2	42					.8	.2		
2	4	2.5	70					.5	.2		
3	4	1.5	31					.7	.2	3	0
4	6	1.5	25					.8	.2		
5	6	1	17					.8	.2		
6											
7											
8	17	5.5	31					.7	.2		
9	5	1.5	31					.7	.2		
10	5	2	42					.6	.2		
11	21	5.5	27					1.1	.2		
12	4	1	28					.8	.2		
13											
14											
15	14	4	28					.8	.2		
16	3	.6	21					.8	.2		
17	5	1.5	31					.8	.2		
18	4	1	21					.7	.2		
19	2	1	42					.7	.2		
20											
21											
22	14	3.5	24					.4	.2		
23	3	1	42					.6	.2		
24	5	1.5	31					.7	.2		
25	4	1	28					.7	.2		
26	3	.5	21					.7	.2		
27											
28											
29	10	3	31					.7	.2		
30	4	1	28					.7	.2		
31	3	.5	20					.7	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)

Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month Nov. 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kukin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	114	15.25	257					11.5	3.8		
Average	4	.5	14					.6	.2		
Maximum	7	2	31					.8	.2		
Minimum	2	.25	4					.4	.2		
1	4	.5	14					.7	.2		
2	4	.5	14					.6	.2		
3											
4											
5											
6	17	2.0	12					.3	.2		
7	3	.5	14					.6	.2	3	0
8	5	.5	10					.6	.2		
9	3	.5	14					.6	.2		
10											
11											
12	9	3.0	31					.7	.2		
13											
14	7	.5	7					.6	.2		
15	7	2.0	28					.7	.2		
16	2	.5	21					.4	.2		
17											
18											
19	10	.5	5					.7	.2		
20	4	.5	14					.7	.2		
21	2	.5	21					.6	.2	1	
22											
23	7	1.0	14					.6	.2		
24											
25											
26	12	1.0	8					.5	.2		
27	4	.25	7					.5	.2		
28	6	.25	4					.5	.2		
29	6	.25	5					.6	.2		
30	2	.25	11					.5	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 Name of Drinking Water System Silver Lake Oaks

Location: City or S/D Palatka County Putnam

Owned by SSU Services Reporting Month Dec. 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 30

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals or lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	210	10	142					12.7	4.2		
Average	7	.32	7					.4	.2		
Maximum	13	.63	21					.8	.2		
Minimum	2	.25	2					.5	.2		
1	2	.5	21					.7	.2		
2											
3	12	1.25	10					.7	.2		
4	7	.5	7					.8	.2	2	0
5	4	.5	14					.8	.2	3	0
6	4	.5	11					.8	.2		
7	4	.5	11					.7	.2		
8											
9											
10	16	1	16					.7	.2		
11	10	.5	5					.7	.2		
12	5	.25	5					.5	.2		
13	3	.25	11					.5	.2		
14	5	.25	5					.6	.2		
15											
16											
17	14	.75	5					.6	.2		
18	3	.25	7					.5	.2		
19	8	.25	3					.5	.2		
20	9	.25	3					.5	.2		
21	8	.25	3					.5	.2	1	
22											
23											
24	30	.75	3					.6	.2		
25											
26	20	.5	3					.5	.2		
27	13	.25	2					.5	.2		
28	7	.25	4					.5	.2		
29											
30											
31	24	.5	3					.5	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Skycrest - 551

Lake County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skycrest #551

Location: City or S/D Skycrest Blvd County Lake

Owned by SSU Services Reporting Month January 19 91

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 121

Design Flow 175 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	574.9	12.5	71.5					35.6	24.5	5	NONE
Average	18.5	0.4	2.3					1.4	0.9		
Maximum	29.9	0.5	3.6					1.5	1.2		
Minimum	13.4	0.25	2.0					1.0	0.8		
1											
2	38.7	.75	2.3					1.5	1.0		
3	29.9	.5	2.1					1.5	1.0		
4	21.5	.5	3.4					1.2	.8		
5	22.4	.5	2.9					1.5	.9		
6											
7	41.1	.75	2.2					1.5	.9		
8	19.7	.5	3.0					1.5	.8		
9	18.9	.5	3.2					1.2	1.0		
10	27.4	.5	2.2					1.5	1.0	5	-0-
11	14.4	.25	2.1					1.2	.9		
12	17.1	.5	3.5					1.2	.9		
13											
14	38.8	.75	2.3					1.2	.8		
15	15.3	.5	3.7					1.5	1.0		
16	17.3	.5	3.5					1.5	1.0		
17	14.9	.25	2.0					1.5	1.0		
18	15.1	.25	2.0					1.5	1.0		
19											
20	41.4	.75	2.2					1.5	1.0		
21	13.4	.25	2.2					1.2	.9		
22	13.5	.25	2.2					1.2	.9		
23	14.9	.5	3.2					1.2	.9		
24	19.5	.5	3.1					1.5	1.0		
25	20.0	.5	3.0					1.5	.9		
26	18.1	.5	3.3					1.5	1.0		
27											
28	32.6	.75	2.5					1.5	1.0		
29	14.8	.5	3.4					1.5	1.2		
30	14.9	.25	2.0					1.0	1.0		
31	14.4	.25	2.1					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skycrest #551

Location: City or S/D Skycrest County Lake

Owned by S.S.U. Services Reporting Month February 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 120

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	540.9	12.75	72					26.2	19.1	5	NONE
Average	22.5	0.5	3.0					1.1	0.8		
Maximum	31.2	0.9	5.4					1.2	0.9		
Minimum	10.3	.25	1.3					1.0	0.7		
1	16.6	.25	1.5					1.0	.8		
2	17.3	.5	3.5					1.0	.8		
3											
4	40.4	.75	2.2					1.2	.9		
5	14.3	.5	3.3					1.0	.7		
6	15.6	.25	1.9					1.2	.9	5	-0-
7	12.0	.25	5.0					1.2	.8		
8	17.0	.5	3.5					1.0	.7		
9											
10	33.2	.75	2.7					1.0	.8		
11	19.8	.5	2.5					1.0	.7		
12	24.4	.5	2.5					1.0	.7		
13	12.8	.25	2.3					1.0	.8		
14	20.8	.5	2.9					1.0	.8		
15	17.2	.5	3.5					1.0	.7		
16											
17	62.4	1.75	3.4					1.2	.8		
18	15.3	.5	3.3					1.2	.8		
19	10.3	.5	5.8					1.2	.9		
20	26.6	.5	2.3					1.2	.9		
21	15.4	.5	3.3					1.2	.8		
22	17.3	.5	3.5					1.2	.8		
23	21.5	.5	2.8					1.0	.8		
24											
25	45.3	.75	2.0					1.2	.9		
26	15.3	.5	3.3					1.2	.8		
27	21.4	.5	2.5					1.0	.8		
28	15.7	.25	1.9					1.0	.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

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Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351305 Name of Drinking Water System Shyerest #551

Location: City or S/D Shyerest County Lake

Owned by S.S.U. Services Reporting Month March 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 120

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William E. Heath C-5325
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	588.5	14.25	77.8					29.5	21.3	5	-0-
Average	19.6	0.5	3.0					1.1	0.8		
Maximum	22.7	0.8	4.4					1.5	1.6		
Minimum	11.7	0.25	2.1					1.0	0.6		
1	19.3	.5	3.3					1.2	.8		
2	19.5	.5	3.1					1.2	.8		
3											
4	43.8	.75	2.1					1.0	.8		
5	18.1	.5	3.3					1.0	.5		
6	19.4	.5	3.1					1.2	.9		
7	20.1	.5	3.0					1.2	.5	5	-0-
8	18.3	.5	3.3					1.0	.8		
9	19.5	.5	3.1					1.0	.8		
10											
11	45.5	1.0	2.6					1.2	.5		
12	20.1	.5	3.0					1.2	.5		
13	19.2	.5	3.1					1.0	.5		
14	20.5	.5	2.9					1.0	.5		
15	21.4	.5	2.8					1.0	.7		
16	11.7	.25	2.6					1.0	.5		
17											
18	39.8	.75	2.3					1.2	.7		
19	19.4	.5	3.1					1.0	.7		
20	20.5	.5	2.9					1.0	.7		
21	20.1	.5	3.0					1.0	.8		
22	19.6	.5	4.1					1.0	1.0		
23	13.7	.5	4.4					1.0	1.0		
24											
25	36.6	1.0	3.3					1.2	.8		
26	21.2	.5	2.5					1.2	.9		
27	20.6	.5	2.9					1.2	.9		
28	20.4	.5	2.9					1.5	1.0		
29	22.3	.5	2.7					1.5	1.0		
30	19.2	.5	3.1					1.5	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skycrest #5C1

Location: City or S/D Skycrest County Lake

Owned by S.S.U. Services Reporting Month April 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 121

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath d-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	541.7	12.25	74.2					33.6	22.3	5	NO-VE
Average	18.1	0.41	2.9					1.3	0.9		
Maximum	25.9	.5	4.1					1.5	1.0		
Minimum	7.9	.25	1.7					1.0	0.7		
1	38.4	.25	2.3					1.5	1.0		
2	19.3	.5	3.1					1.5	1.4		
3	24.6	.5	2.0					1.5	1.0	5	-0-
4	12.9	.25	2.3					1.5	1.0		
5	15.5	.5	3.9					1.5	1.0		
6	14.7	.5	4.1					1.3	1.0		
7											
8	44.2	1.0	2.7					1.5	1.0		
9	10.6	.25	2.1					1.2	.9		
10	14.0	.5	3.2					1.5	1.0		
11	14.4	.25	2.1					1.3	.9		
12	19.0	.5	3.2					1.2	1.0		
13	16.8	.25	2.4					1.2	.8		
14											
15	51.7	.75	1.7					1.2	.9		
16	14.1	.25	2.1					1.2	.8		
17	14.7	.25	2.0					1.2	.9		
18	7.4	.5	3.4					1.2	.9		
19	5.0	.5	14.0					1.0	.7		
20	14.4	.25	3.1					1.2	.8		
21											
22	21.9	.75	2.8					1.2	.9		
23	13.0	.25	2.3					1.0	.8		
24	15.9	.5	3.2					1.0	.8		
25	9.0	.5	3.1					1.2	.8		
26	15.0	.5	3.3					1.2	.9		
27	7.9	.25	3.8					1.2	.9		
28											
29	43.1	.25	2.1					1.0	.8		
30	14.7	.5	4.1					1.2	.9		
31											

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skycrest #351

Location: City or S/D Skycrest, Fruitland Park County Lake

Owned by S.S.U. Services Reporting Month May 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 124

Design Flow 175gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	709.1	15.25	20.5					27.2	20.3	8	2
Average	22.9	0.5	2.7					1.0	0.8		
Maximum	31.0	1.0	3.4					1.3	0.9		
Minimum	14.9	0.25	1.7					1.0	0.7		
1	28.8	.5	2.1					1.2	.8		
2	18.1	.5	3.3					1.2	.7		
3	19.0	.5	3.2					1.0	.7		
4	20.1	.5	3.0					1.0	.7		
5											
6	29.8	1.0	3.4					1.0	.8		
7	22.1	.5	2.7					1.0	.8		
8	20.9	.5	2.9					1.0	.8	5	
9	18.3	.5	3.2					1.0	.7		
10	19.2	.5	3.1					1.0	.9		
11	22.4	.5	2.7					1.2	.8		
12											
13	26.0	1.25	3.1					1.0	.7		
14	27.0	1.0	2.1					1.0	.7	2	
15	17.7	.5	3.4					1.0	.7	1	
16	17.9	.5	3.3					1.0	.8		
17	22.5	.5	2.7					1.0	.8		
18	20.4	.5	2.9					1.2	.9		
19											
20	45.8	1.25	3.3					1.2	.9		
21	19.1	.5	3.1					1.2	.9		
22	17.8	.25	1.7					1.0	.7		
23	20.1	.5	3.0					1.0	.8		
24	15.2	.25	2.0					1.0	.8		
25	14.9	.25	2.0					1.0	.8		
26											
27											
28	20.1	1.0	3.4					1.0	.9		
29	18.2	.5	3.3					1.0	.9		
30	22.5	.5	2.7					1.0	.8		
31	21.0	.5	2.9					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skyforest #551

Location: City or S/D Skyforest, Fawnskin Park County Lake

Owned by SSU Services Reporting Month June 19

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 121

Design Flow 17.56M Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-55

(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	610.4	2.25	6.19					28.1	20.2	5	NONE
Average	21.0	2.42	2.5					1.1	0.8		
Maximum	33.7	.5	4.2					1.2	0.9		
Minimum	11.3	0.25	1.8					1.0	0.7		
1											
2	38.8	.75	3.1					1.0	.8		
3	12.7	.25	2.4					1.0	.8		
4	4.3	.25	2.0					1.2	.9		
5	14.6	<	3.2					1.2	.9	<	-0-
6	20.1	<	3.0					.2	.9		
7	21.2	<	2.8					1.2	.9		
8	14.5	.25	2.1					.2	.9		
9											
10	53.1	1.0	2.0					1.2	.7		
11	37.4	.5	2.2					1.2	.7		
12	22.5	.5	2.7					1.2	.7		
13	25.9	<	2.8					1.0	.8		
14	21.4	<	2.8					1.0	.7		
15	19.6	<	3.1					1.0	.8		
16											
17	56.9	1.0	2.1					1.2	.7		
18	33.7	.5	1.8					1.2	.7		
19	28.1	.5	2.1					1.0	.8		
20	25.4	.5	2.1					1.2	.8		
21	18.4	.5	3.3					1.2	.8		
22	15.4	.25	1.4					1.2	.8		
23											
24	56.5	1.0	2.1					1.2	.7		
25	13.1	.34	2.3					1.2	.9		
26	14.4	.25	2.1					1.2	.9		
27	13.9	.25	2.2					1.2	.9		
28	12.6	.25	2.4					1.2	.9		
29	14.2	.5	4.2					1.2	.9		
30											
31											

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Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skycrest #551

Location: City or S/D Skycrest / Burnt Village County Lake

Owned by SSU Services Reporting Month July 19

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 121

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath C.5525
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	518.7	11.5	67.4					30.9	23.0	5	-0-
Average	16.7	0.37	2.7					1.2	0.9		
Maximum	20.2	0.5	3.7					1.5	1.2		
Minimum	11.0	0.25	2.0					1.2	0.7		
1	18.4	.5	3.3					1.2	.8		
2	19.6	.5	3.1					1.5	1.0		
3	16.8	.5	3.6					1.2	1.0		
4	20.1	.5	3.0					1.2	1.0		
5	19.1	.5	3.1					1.2	.9		
6	17.1	.5	3.5					1.2	1.0		
7											
8	41.1	.75	2.2					1.2	.9		
9	10.9	.25	2.0					1.5	1.0	5	
10											
11	33.6	.75	2.7					1.2	.8		
12	11.0	.25	2.7					1.2	.9		
13											
14	32.5	.75	2.8					1.2	.7		
15	14.8	.25	2.0					1.2	.7		
16	14.3	.25	2.1					1.2	1.0		
17	13.9	.25	2.2					1.2	.8		
18	14.6	.25	2.0					1.2	.8		
19	16.2	.5	3.7					1.2	1.0		
20											
21	29.3	.5	2.0					1.2	.9		
22	18.3	.5	3.3					1.2	.9		
23	16.4	.5	3.6					1.5	1.2		
24											
25	34.9	.75	2.6					1.2	1.0		
26	14.9	.25	2.0					1.2	1.0		
27	17.4	.5	3.4					1.2	.9		
28											
29	40.4	.75	2.2					1.2	.9		
30	14.5	.25	2.1					1.2	.9		
31	13.8	.25	2.2					1.2	1.0		

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skycrest #551

Location: City or S/D Skycrest County Lake

Owned by SSU Services Reporting Month August 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 121

Design Flow 135gpm Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	647.9	13.75	69.3					34.5	24.0	5	NONE
Average	21.6	0.46	2.7					1.3	0.9		
Maximum	29.8	0.75	5.2					1.5	1.0		
Minimum	11.3	0.25	1.9					1.2	0.7		
1	13.4	.25	1.9					1.3	.8		
2	15.0	.25	2.0					1.2	1.0		
3											
4	44.3	.75	2.6					1.5	1.0		
5	14.4	.25	2.0					1.5	1.0		
6	17.4	.25	5.2					1.5	.9		
7	18.5	.5	3.7					1.2	1.0		
8	14.1	.5	3.1					1.2	.6		
9	18.6	.5	3.2					1.3	.8		
10	13.7	.25	2.2					1.2	.8		
11											
12	54.7	1.0	2.2					1.2	.7	<	-0-
13	19.2	.5	3.1					1.3	.9		
14	11.3	.25	2.7					1.5	.6		
15	19.7	.5	3.0					1.5	1.0		
16	19.3	.5	3.3					1.5	1.0		
17	23.2	.5	2.6					1.5	.9		
18											
19	55.1	1.0	2.2					1.2	.9		
20	23.1	.5	2.6					1.3	1.0		
21	19.9	.5	3.0					1.5	1.0		
22	24.8	.5	2.4					1.5	1.0		
23	22.6	.5	2.7					1.5	.9		
24											
25	59.6	1.0	2.6					1.2	.8		
26	26.4	.5	2.3					1.3	.9		
27	25.5	.5	2.4					1.2	.9		
28	23.0	.5	2.6					1.3	1.0		
29	24.6	.5	2.4					1.2	1.0		
30	20.1	.5	3.0					1.5	1.0		
31											

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skycrest #551

Location: City or S/D Skycrest, Sunset Village County Lake

Owned by SSU Services Reporting Month September 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 121

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	625.9	13.25	69.5					34.2	24.9	5	NONE
Average	20.9	0.44	2.7					1.3	1.0		
Maximum	29.9	0.5	3.6					1.5	1.0		
Minimum	13.6	0.25	1.9					1.2	0.8		
1	45.6	.25	2.0					1.5	.9		
2	25.5	.5	2.4					1.3	1.0		
3	20.9	.5	2.9					1.5	1.0		
4	18.4	.5	3.2					1.5	1.0	5	-0-
5	17.9	.5	3.3					1.5	1.0		
6	18.4	.5	3.3					1.5	1.0		
7	16.1	.35	1.9					1.2	.9		
8											
9	47.8	.75	1.9					1.2	.9		
10	18.1	.5	3.3					1.5	.9		
11	16.8	.5	3.6					1.2	.8		
12	13.6	.25	2.2					1.2	.9		
13	19.1	.5	3.1					1.5	1.0		
14	16.9	.5	3.5					1.5	1.0		
15											
16	59.7	1.0	2.0					1.5	1.0		
17	18.6	.5	3.3					1.2	.9		
18	25.3	.5	2.4					1.5	1.0		
19	14.6	.25	2.1					1.5	.9		
20	17.4	.5	3.4					1.5	1.0		
21	23.6	.5	2.7					1.2	.9		
22											
23	37.5	.75	2.9					1.5	1.0		
24	20.1	.5	3.0					1.5	1.0		
25	19.7	.5	3.0					1.5	.9		
26	24.3	.5	2.1					1.5	1.0		
27	14.0	.25	2.1					1.5	1.0		
28											
29	39.3	.75	2.3					1.5	1.0		
30	14.6	.25	2.1					1.5	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Shurrat #5551

Location: City or S/D Shurrat County Lake

Owned by [illegible] Reporting Month Oct 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 107

Design Flow 125 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4551

I certify this report is correct Brian Heath [illegible]
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	519.5	11.5	70.5					33.4	24.6	5	[illegible]
Average	16.7	0.37	2.6					1.2	0.9		
Maximum	24.4	0.5	3.5					1.5	1.0		
Minimum	12.1	0.25	1.8					1.0	0.8		
1	12.4	.25	2.4					1.5	1.0		
2	18.1	.5	3.2					1.5	1.0		
3	14.1	.25	2.1					1.5	1.0		
4	14.9	.25	2.0					1.5	.9		
5	17.1	.5	3.5					1.2	.9		
6											
7	30.7	.25	2.9					1.2	.8	5	-C
8	12.9	.25	2.3					1.2	.8		
9	16.1	.25	3.0					1.2	.9		
10	14.9	.25	2.0					1.5	1.0		
11	13.1	.25	2.3					1.5	1.0		
12	16.9	.5	3.5					1.5	1.0		
13											
14	32.4	.25	2.4					1.5	1.2		
15	18.1	.5	3.3					1.5	1.0		
16	11.1	.25	2.1					1.2	.8		
17	12.6	.25	2.4					1.2	.9		
18	18.4	.5	3.3					1.5	.9		
19	9.9	.5	2.0					1.5	1.0		
20											
21	41.5	.75	2.2					1.5	.9		
22	15.1	.25	2.0					1.5	.8		
23	14.7	.25	2.0					1.2	.8		
24	17.5	.5	3.4					1.2	.9		
25	16.8	.25	1.5					1.2	.8		
26	18.6	.5	3.2					1.2	.9		
27											
28	48.7	1.0	2.5					1.2	.8		
29	19.8	.5	2.4					1.0	.8		
30	18.0	.5	3.3					1.2	.9		
31	15.1	.25	2.0					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skycrest #551

Location: City or S/D Skycrest County Lake

Owned by SSU Services Reporting Month November 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 123

Design Flow 175gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	526.0	10.5	61.3					30.3	21.9	5	none
Average	17.5	0.35	2.5					1.2	0.9		
Maximum	25.9	0.5	3.4					1.5	1.0		
Minimum	12.9	0.25	1.7					1.2	0.7		
1	15.1	.25	2.0					1.2	.8		
2											
3	21.2	.75	2.6					1.2	.9		
4	17.8	.5	3.4					1.2	.9		
5	15.6	.25	1.9					1.2	.8		
6	14.5	.5	3.2					1.2	.9		
7	19.1	.5	3.1					1.2	.8	5	-0-
8	19.4	.5	3.1					1.2	1.0		
9	9.6	.25	3.1					1.2	.9		
10											
11	37.8	.75	2.6					1.2	.8		
12	15.1	.25	2.0					1.5	1.0		
13	16.9	.5	3.5					1.5	.9		
14	20.1	.5	3.0					1.2	.8		
15	18.9	.5	3.2					1.2	.8		
16	18.5	.5	3.2					1.2	.9		
17											
18	39.7	.5	1.5					1.2	.8		
19	15.1	.25	2.0					1.2	.8		
20	16.2	.25	1.8					1.2	1.0		
21	14.1	.25	1.9					1.5	1.0		
22	17.5	.25	1.7					1.5	1.0		
23	25.9	.5	2.3					1.5	1.0		
24											
25	48.6	.75	1.9					1.2	.8		
26	12.9	.25	2.3					1.2	.7		
27	13.4	.25	2.2					1.2	.8		
28											
29	26.9	.5	2.2					1.2	.9		
30	15.1	.25	2.0					1.2	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351225 Name of Drinking Water System Skycrest #551

Location: City or S/D Skycrest / Sunset Village County Lake

Owned by SSU Services Reporting Month December 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 125

Design Flow 125 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	568.1	11.5	588					29.6	21.3	5	none
Average	18.3	0.37	2.5					1.2	0.9		
Maximum	22.9	0.5	3.4					1.5	1.0		
Minimum	13.8	0.25	1.9					1.0	0.8		
1											
2	44.1	.75	2.0					1.2	.8		
3	18.9	.5	3.2					1.5	1.0		
4	12.5	.5	3.4					1.5	1.0		
5	14.3	.25	2.1					1.2	.8		
6	15.1	.25	2.0					1.2	.8		
7											
8	35.7	.75	2.5					1.2	.8		
9											
10	42.8	.75	2.1					1.2	.8		
11	19.9	.5	3.0					1.2	1.0		
12	22.9	.5	2.6					1.2	1.0	5	-0-
13	20.6	.5	2.9					1.2	.9		
14	19.1	.5	3.1					1.2	.9		
15											
16	38.9	.75	2.3					1.5	1.0		
17	14.3	.25	2.1					1.5	1.0		
18	15.0	.25	2.0					1.2	1.0		
19	17.6	.5	3.4					1.2	.8		
20	13.8	.25	2.2					1.0	.8		
21	14.1	.25	2.1					1.0	.8		
22											
23	38.4	.75	2.3					1.3	.9		
24	14.5	.25	2.1					1.2	.9		
25											
26	37.6	.75	2.4					1.2	.9		
27	22.9	.5	2.6					1.2	.8		
28	22.8	.5	2.6					1.2	.8		
29											
30	31.0	.5	1.9					1.2	.9		
31	15.9	.25	1.9					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System SKYCREST

Location: City or S/D Skycrest / Sunset Village County Lake

Owned by Southern States Utilities Reporting Month January 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 123

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath A-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	613.6	13.75	66.7					31.5	22.3	5	NONE
Average	19.8	0.4	2.8					1.4	1.0		
Maximum	27.6	0.6	3.7					1.5	1.6		
Minimum	14.6	0.25	1.8					1.2	0.8		
1											
2	34.2	.75	2.6					1.2	0.9		
3	27.6	.5	2.2					1.5	0.9		
4											
5	36.5	.75	2.5					1.2	0.9		
6											
7	43.5	1.25	3.4					1.5	1.0		
8	20.2	.5	3.0					1.5	1.0		
9	14.6	.25	2.0					1.5	1.0		
10	20.0	.5	3.0					1.5	1.0	5	-0-
11	19.0	.5	3.2					1.5	1.0		
12											
13	32.7	.5	1.8					1.5	1.0		
14											
15	38.0	.75	2.4					1.5	1.0		
16	19.2	.5	3.1					1.2	0.9		
17	16.3	.5	3.7					1.2	0.9		
18	18.1	.5	3.3					1.2	0.8		
19	19.7	.5	3.0					1.2	0.8		
20	16.4	.5	3.7					1.2	0.9		
21											
22	52.7	1.0	2.3					1.2	1.0		
23	21.1	.5	2.8					1.2	1.0		
24	13.5	.25	2.2					1.5	1.0		
25	26.0	.5	2.3					1.2	0.9		
26	17.1	.5	3.5					1.2	1.0		
27	18.1	.5	3.3					1.2	1.0		
28											
29	41.1	.75	2.2					1.2	0.8		
30	20.2	.5	3.0					1.2	0.8		
31	27.5	.5	2.2					1.2	0.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skyforest

Location: City or S/D Skyforest Sunset Village County Lake

Owned by Southern States Utilities Reporting Month February 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 123

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 602-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. #

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	718.4	15.25	61.1					30.3	21.9	9	NO.VE
Average	25.7	.5	2.7					1.3	1.0		
Maximum	36.5	.75	3.3					1.5	1.0		
Minimum	15.9	.25	1.9					1.2	.8		
1	30.3	.75	3.0					1.2	.9		
2	18.3	.5	3.3					1.2	.9		
3	15.9	.25	1.9					1.2	.8		
4											
5	53.6	1.0	2.2					1.2	.9		
6	41.2	.5	2.4					1.2	1.0		
7	24.9	.5	2.4					1.2	.8		
8	25.7	.5	3.3					1.2	.8		
9	25.9	.5	2.3					1.5	1.0		
10											
11	61.9	1.5	2.9					1.5	1.6		
12	36.1	.5	3.0					1.5	1.0		
13	22.1	.5	2.7					1.5	1.0		
14	24.8	.5	2.4					1.2	1.0		
15	26.4	.5	2.3					1.5	1.0	5	-0-
16	31.3	.75	2.9					1.5	1.0		
17	34.0	.75	2.6					1.2	.9		
18											
19	68.7	1.25	2.6					1.2	.9		
20	36.5	.75	3.3					1.3	1.0		
21	19.8	.5	3.0					1.2	1.0		
22	22.4	.5	2.6					1.2	1.0		
23	20.5	.5	2.9					1.2	1.0		
24	17.5										
25										2	-0-
26	49.5	1.0	2.4					1.5	1.0	2	-0-
27	31.2	.75	2.9					1.5	1.0		
28	25.0	.5	2.0					1.5	1.0		
29											
30											
31											

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DER Form 17-22.099(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skyforest

Location: City or S/D Skyforest/Bearsport/Sumut Village County Lake

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 123.

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath C-582
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	997.1	21.0	6.9					36.3	25.6	5	NONE
Average	32.2	.7	2.6					1.3	.9		
Maximum	61.3	1.25	3.3					1.5	1.0		
Minimum	12.7	.25	1.9					1.2	.8		
1	25.0	.5	2.4					1.5	1.0		
2	22.0	.5	2.7					1.5	1.0		
3	23.9	.5	2.5					1.5	1.0		
4											
5	45.3	1.0	2.5					1.5	.9		
6	21.0	.5	2.9					1.5	1.0		
7	26.5	.5	2.3					1.5	1.0		
8	24.3	.5	2.5					1.5	1.0		
9	31.8	.75	2.8					1.5	1.0		
10	21.9	0.5	2.7					1.2	0.9		
11											
12	22.6	1.25	1.9					1.2	1.0		
13	29.4	.75	3.0					1.2	1.0	5	-0-
14	20.7	.25	2.9					1.2	1.0		
15	38.0	.75	2.4					1.2	.9		
16	28.9	.5	2.1					1.2	.8		
17	27.4	.5	2.2					1.5	1.0		
18											
19	63.8	1.25	3.3					1.5	1.0		
20	23.9	.5	2.5					1.2	.9		
21	43.2	.75	2.1					1.2	.9		
22	37.1	.25	2.4					1.2	.8		
23	34.4	.75	2.6					1.2	.9		
24											
25	108.2	2.0	2.3					1.5	1.0		
26	32.1	.75	2.8					1.5	1.0		
27	61.3	1.25	2.4					1.5	1.0		
28	25.7	.5	2.3					1.2	.9		
29	30.1	.75	3.0					1.2	.9		
30	47.5	1.25	3.2					1.2	.9		
31	12.7	.25	2.4					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skyecrest

Location: City or S/D Skyecrest County Lake

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	615.5	17.25	63.5					34.2	23.8	5	NONE
Average	27.3	0.6	2.5					1.4	1.0		
Maximum	36.5	0.75	3.2					1.8	1.2		
Minimum	14.7	0.25	1.9					1.2	0.8		
1											
2	30.8	1.0	2.4					1.3	.9		
3	21.3	.5	2.8					1.3	.9		
4	21.1	.5	2.8					1.3	.8	5	-0-
5	27.8	.5	2.2					1.3	.9		
6	36.0	.75	2.5					1.2	1.0		
7	20.9	.5	2.9					1.3	1.0		
8											
9	59.1	1.5	3.0					1.3	.8		
10	27.9	.5	2.1					1.3	.9		
11	25.9	.5	2.3					1.3	.9		
12	21.1	.5	2.8					1.3	.8		
13	27.8	.75	3.2					1.2	.9		
14	26.0	.5	2.3					1.3	.9		
15											
16	65.7	1.5	2.7					1.5	.9		
17	36.1	.75	2.5					1.5	1.0		
18	36.5	.75	2.5					1.5	1.0		
19	31.3	.75	2.9					1.5	1.0		
20	19.0	.5	3.2					1.5	1.0		
21	14.7	.25	2.0					1.5	1.0		
22											
23	63.9	1.25	2.3					1.5	1.0		
24	20.3	.5	3.0					1.5	1.0		
25	27.9	.5	2.1					1.5	1.0		
26	30.5	.75	2.9					1.5	1.0		
27	28.5	.5	2.1					1.5	1.0		
28											
29	47.5	.75	1.9					1.8	1.2		
30	28.5	.5	2.1					1.5	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t.

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skyforest - #551

Location: City or S/D Skyforest / Sunset Village County Lake

Owned by S.S.U. Services Reporting Month May 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 123

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C 5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1027.2	22.75	76.3					35.8	24.4	5	NONE
Average	33.1	0.73	2.8					1.3	0.9		
Maximum	64.5	1.25	10.0					1.8	1.0		
Minimum	12.0	0.5	1.6					1.0	0.7		
1	25.7	.5	2.3					1.5	1.0		
2	26.2	.5	2.2					1.5	1.0		
3	36.5	.75	2.5					1.5	1.0		
4	24.7	.5	2.3					1.5	1.0		
5	25.8	.5	2.3					1.5	1.0		
6											
7	61.5	1.25	2.4					1.5	1.0		
8	32.8 ✓	.75	2.4					1.5	.8		
9	30.0	.75	3.0					1.5	1.0		
10	26.4	.5	2.3					1.5	1.0		
11	31.9	.75	2.8					1.5	1.0		
12	24.3	.5	2.5					1.0	.7		
13											
14	70.4	1.5	2.6					1.2	.8	5	-0-
15	27.7	.5	2.2					1.2	.9		
16	37.9	.5	1.6					1.2	.9		
17	31.4	.75	2.9					1.5	1.0		
18	46.4	1.25	3.2					1.2	1.0		
19	22.4	.5	2.7					1.2	.8		
20											
21	75.1	2.0	3.2					1.2	.9		
22	28.5	.75	3.2					1.2	.8		
23	30.6	.75	2.9					1.2	.9		
24	12.0	1.0	10.0					1.2	.9		
25	64.5	1.25	2.3					1.2	.9		
26	31.9	.75	2.8					1.2	.8		
27	37.9	.75	2.4					1.2	.8		
28											
29	90.2	1.75	2.6					1.2	.8		
30	32.4 ✓	.75	2.4					1.2	.9		
31	38.1	.75	2.4					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skyforest #351

Location: City or S/D Skyforest County Lake

Owned by SSU Services Reporting Month June

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 123

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	791.6	15.75	1.70					28.4	20.5		
Average	27.3	.5	2.2					1.1	0.8		
Maximum	47.3	1.0	3.2					1.3	1.0		
Minimum	10.0	0.25	1.8					1.0	0.5		
1	47.3	1.0	2.5					1.3	.5		
2	18.6	.5	3.2					1.0	.6		
3											
4	81.1	1.5	2.2					1.3	.8		
5	18.5	.5	3.2					1.2	.7		
6	27.3	.5	2.2					1.3	.4		
7	21.3	.5	2.8					1.3	.9		
8	19.6	.5	3.2					1.2	.5		
9	14.9	.25	2.0					1.2	.8		
10											
11	47.6	1.0	2.1					1.2	.9		
12	20.1	.5	3.0					1.2	.9		
13	34.1	.5	1.8					1.2	.9	<	
14	47.3	.10	2.5					1.2	.5		
15	36.1	.75	2.5					1.2	.9		
16	21.3	.5	1.9					1.0	.8		
17											
18	29.8	1.0	3.0					1.0	.8		
19	28.7	.5	2.					1.0	.7		
20	32.5	.75	2.3					1.0	.8		
21	28.3	.5	2.1					1.0	.8		
22	26.9	.5	3.2					1.0	.7		
23	10.0	.25	3.0					1.0	.5		
24											
25	39.1	.75	2.3					1.2	.9		
26	32.1	.5	2.7					1.2	1.0		
27	21.3	.5	2.8					1.2	.9		
28	21.1	.5	3.3					1.3	1.0		
29	27.3	.5	2.2					1.2	.8		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

DER Form 17-22.999(3)
Effective November 1, 1987

VTK/TN

AP

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System SKYCREST

Location: City or S/D Skycrest County Lake

Owned by S.S.U. Services Reporting Month July 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 118

Design Flow 175 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	838.7	16.25	62.3					28.9	21.0	5	NONE
Average	27.1	0.5	2.4					1.1	0.8		
Maximum	37.8	0.75	2.8					1.5	1.0		
Minimum	15.0	.25	1.7					1.0	.7		
1	51.8	1.0	2.3					1.2	.7		
2	36.9	.5	2.3					1.2	1.0		
3	25.0	.5	2.4					1.2	.8		
4											
5	51.1	1.0	2.3					1.2	.9		
6	31.8	.75	2.8					1.5	1.0		
7	37.8	.75	2.4					1.0	.7		
8											
9	69.2	1.25	2.2					1.0	.8	5	-0-
10	32.6	.75	2.8					1.2	.9		
11	35.4	.75	2.5					1.2	.9		
12	35.2	.75	2.6					1.5	1.0		
13	25.6	.5	2.3					1.5	1.0		
14	15.0	.25	2.0					1.0	.8		
15											
16	49.8	1.0	2.4					1.0	.7		
17	22.6	.5	2.7					1.2	.9		
18	27.7	.5	2.2					1.0	.8		
19	23.8	.5	2.5					1.0	.7		
20	25.6	.5	2.3					1.0	.8		
21											
22	50.6	1.0	2.4					1.0	.8		
23	26.9	.5	2.2					1.0	.7		
24	25.0	.5	2.4					1.0	.7		
25	25.1	.5	2.4					1.0	.7		
26	18.8	.5	3.2					1.0	.7		
27	17.6	.25	1.7					1.0	.7		
28											
29	35.7	.75	2.5					1.0	.7		
30	26.8	.5	2.2					1.0	.8		
31	25.3	.5	2.4					1.0	.8		

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DER Form 17-1.208(5)
Effective November 30, 1982

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Eng

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Shyrest

Location: City or S/D Shyrest County Lake

Owned by SSU Services Reporting Month August 19 90

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 118

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	622.5	14.75	77.8					31.9	22.8	11	3
Average	20.1	0.5	2.9					1.2	0.8		
Maximum	32.6	0.75	4.3					1.5	1.0		
Minimum	12.2	0.25	1.5					1.0	0.7		
1	23.8	.5	2.5					1.3	.9		
2	26.3	.5	2.3					1.3	.9		
3	20.0	.25	1.5					1.0	.7		
4											
5	32.4	.75	2.8					1.5	1.0		
6	20.1	.5	3.0					1.3	1.0		
7	20.3	.5	3.0					1.5	1.0		
8	18.0	.5	3.3					1.5	1.0	5	3
9	15.9	.5	3.8					1.2	0.8		
10	13.3	.25	3.5					1.0	0.7		
11	22.4	.5	2.7					1.0	0.7		
12											
13	37.1	.75	2.4					1.3	.8		
14	20.1	.5	3.0					1.0	.8		
15	20.1	.5	3.0					1.0	.8		
16	14.0	.5	4.3					1.0	.9		
17	20.3	.5	3.0					1.3	.8		
18	20.3	.5	3.0					1.3	.8		
19											
20	36.5	1.0	3.3					1.3	.8		
21	20.8	.5	2.9					1.3	.8	3	-0-
22	21.5	.5	2.8					1.3	.9	3	-0-
23	20.1	.5	3.0					1.3	.9		
24	18.7	.5	3.2					1.3	.9		
25	14.0	.25	3.1					1.3	.9		
26											
27	55.6	1.25	2.6					1.3	.8		
28	16.8	.5	3.6					1.3	.8		
29	13.2	.25	2.5					1.3	.8		
30	20.5	.25	2.9					1.3	.8		
31	32.6	.75	3.5					1.3	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skycrest

Location: City or S/D Skycrest County Lake

Owned by S.S.U. Services Reporting Month Sept. 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 118

Design Flow 1756 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Susan E. Heath C 5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	817.4	17.75	66.1					29.4	21.3	7	1
Average	27.2	0.6	2.6					1.2	0.9		
Maximum	60.4	1.25	3.1					1.2	1.0		
Minimum	19.4	0.5	2.2					1.0	0.7		
1	25.6	.5	2.3					1.2	.4		
2	21.2	.5	2.4					1.2	.4		
3											
4	58.0	1.25	2.6					1.2	.9		
5	31.6	.75	2.4					1.2	.9		
6	14.9	.5	3.0					1.2	.9		
7	24.5	.75	3.0					1.2	.9		
8	60.4	1.25	2.5					1.0	.7		
9											
10	62.1	1.25	2.4					1.2	.4	5	1
11	22.6	.5	2.2					1.2	.9		
12	29.0	.75	3.1					1.2	.9		
13	20.7	.5	2.4					1.2	.9		
14	22.0	.5	2.3					1.2	.4		
15	25.7	.5	2.3					1.2	.9		
16											
17	64.6	1.25	2.3					1.2	.9		
18	20.1	.5	3.0					1.2	.9		
19	21.8	.5	2.5					1.2	.4		
20	27.6	.5	2.2					1.2	.9		
21	21.3	.5	2.4					1.2	.9		
22	31.7	.75	2.4					1.2	1.0		
23											
24	58.8	1.25	2.5					1.2	1.0	1	Bacteria Positive
25	26.2	.5	2.2					1.0	.8	1	Re-Tests
26	23.7	.5	2.4					1.2	.8		
27	22.2	.5	2.7					1.2	.8		
28	20.7	.5	2.9					1.2	.4		
29											
30	41.2	1.0	2.5					1.0	.7		
31											

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This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skycrest #551

Location: City or S/D Skycrest County Lake

Owned by S.S.U. Services Reporting Month October 19 90

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 120

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Top	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1665.8	14.75	73.8					31.7	22.8	12	3
Average	21.5	0.5	3.7					1.3	0.8		
Maximum	33.2	0.75	3.8					1.5	1.0		
Minimum	14.9	0.25	1.7					1.0	0.7		
1	33.2	.75	2.7					1.2	.9		
2	25.7	.5	2.3					1.2	.8		
3	22.1	.5	2.7					1.2	.8		
4	29.3	.5	2.0					1.2	.8		
5	30.6	.75	2.9					1.2	.9		
6	15.7	.5	3.8					1.2	.7		
7											
8	41.2	1.25	3.4					1.2	.9		
9	16.2	.25	1.8					1.2	.8	7	3
10	17.8	.5	3.4					1.2	.8		
11	14.9	.25	2.0					1.0	.8		
12	20.5	.5	2.9					1.2	.9		
13	20.0	.5	3.0					1.2	.8		
14											
15	39.9	.75	2.3					1.2	.9		
16	16.6	.25	1.8					1.0	.8		
17	25.7	.5	2.3					1.2	.8		
18	30.6	.5	2.0					1.0	.7		
19	17.8	.5	3.4					1.0	.8		
20											
21	28.9	.5	2.1					1.0	.8		
22	25.2	.75	3.6					1.2	.9		
23	17.1	.25	1.7					1.2	.9	3	
24	25.6	.5	2.3					1.2	.9	2	
25	17.7	.5	3.4					1.2	.9		
26	16.2	.5	3.7					1.2	.9		
27											
28	40.1	.75	2.3					1.3	1.0		
29	15.7	.5	3.6					1.3	1.0		
30	25.7	.75	3.5					1.2	1.0		
31	15.8	.5	3.8					1.5	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 Name of Drinking Water System Skyforest #551

Location: City or S/D Skyforest County Lake

Owned by S.S.U. Services Reporting Month Nov. 19 90

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 120

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct: Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap	
Monthly Total	578.6	13.0	83.0					29.2	20.7	5	NONE
Average	19.3	0.43	3.4					1.2	0.9		
Maximum	25.7	0.75	4.2					1.5	1.0		
Minimum	8.7	0.25	2.0					1.0	0.8		
1	25.7	.5	2.3					1.2	.9		
2	21.5	.5	2.5					1.2	.8		
3											
4	45.2	.75	2.0					1.5	.9		
5	16.5	.5	3.6					1.5	.9		
6	22.0	.5	2.7					1.2	.9		
7	14.9	.5	3.2					1.0	.8		
8											
9	43.0	.75	2.0					1.0	.8		
10	16.3	.5	3.7					1.0	.8		
11											
12	51.4	1.0	2.5					1.2	.8		
13	10.0	.25	3.0					1.2	.8	5	-0-
14	8.7	.25	3.4					1.2	.9		
15	19.1	.5	3.1					1.2	.9		
16	20.6	.5	2.9					1.2	.9		
17	17.4	.5	3.4					1.2	.9		
18											
19	34.3	.75	2.3					1.2	.8		
20	19.9	.5	3.2					1.2	.8		
21	20.5	.5	2.9					1.2	.9		
22											
23	45.1	.75	2.0					1.2	.9		
24											
25	24.1	.5	2.5					1.2	.8		
26	21.5	.5	2.3					1.5	1.0		
27	20.1	.5	3.0					1.5	1.0		
28	15.1	.5	4.0					1.2	.8		
29	21.6	.75	4.2					1.2	.9		
30	14.5	.25	2.1					1.0	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tac

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351295 Name of Drinking Water System Skycrest #551

Location: City or S/D Skycrest County Lake

Owned by S.S.U. Services Reporting Month Dec. 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 120

Design Flow 175GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	563.5	13.0	73.9					34.4	22.9	6	1
Average	18.2	0.4	3.0					1.4	0.9		
Maximum	25.6	0.5	5.7					1.5	1.0		
Minimum	7.1	0.25	1.9					1.0	0.7		
1	15.5	.25	1.9					1.2	.9		
2											
3	35.7	.25	2.5					1.3	.9		
4	19.5	.5	3.1					1.0	.7		
5	16.0	.5	3.7					1.3	.9		
6	18.1	.5	3.3					1.2	.7	5	1
7	16.3	.5	3.7					1.5	1.0		
8	10.5	.5	5.7					1.5	1.0		
9											
10	39.0	1.0	3.1					1.5	1.0		
11	15.9	.25	1.9					1.5	.9		
12	15.1	.25	2.0					1.5	.9		
13	20.1	.5	3.0					1.5	1.0		
14	19.5	.5	3.1					1.5	1.0		
15	16.1	.5	3.7					1.5	1.0		
16											
17	41.1	.75	2.2					1.2	.8		
18	18.2	.5	3.3					1.5	1.0		
19	19.4	.5	3.1					1.5	1.0	1	-0-
20	25.6	.5	2.3					1.5	1.0		
21	19.2	.5	3.1					1.5	1.0		
22	18.9	.5	3.3					1.5	1.0		
23											
24	36.5	.75	2.5					1.5	1.0		
25											
26	30.8	.5	1.9					1.5	.9		
27	19.7	.5	3.0					1.0	.7		
28	26.0	.5	2.3					1.3	.9		
29	7.1	.25	4.2					1.2	.8		
30											
31	44.2	.75	2.0					1.3	.9		

This form must be completed in full and submitted to the appropriate OER or County Health Department office w
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

OER Form 17-1.208(5)
Effective November 30, 1982

Spring Hill Utilities - 27001

Hernando County (DUI)

Water

- 1992 FPSC Filing -

DATE: JANUARY 1991 **SPRING HILL UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL Nº 2 JAMAICA / APRICOT UNIT - I TRACT L									WELL Nº 11 JAMAICA / APRICOT UNIT - I TRACT L								N. B. CENTRIFUGAL UNIT - I JAMAICA / APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS. CL.	CL. RES.	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS
1								.6					12.6	.220		1.0	.6			
2								.6					25.3	.309		2.0	.6			
3								.6					20.7	.252		1.0	.6			
4				5.4	.104		1.0	.6					20.4	.252		1.0	.6		1.2	
5				.2	.005			.6					23.5	.291		1.0	.6			
6								.6					8.0	.099		1.0	.6			
7	17'	76'8"		3.3	.065			.6		171'	65'11"		14.0	.170		1.0	.6		2.7	
8				13.5	.269		1.0	.6					24.9	.304		2.0	.6		3.5	
9				11.2	.224		1.0	.6					18.3	.226		1.0	.6			
10								.6					19.5	.239		1.0	.6			
11								.6	1.17				8.4	.100		1.0	.6			
12								.6					2.5	.030			.6			
13								.6									.6			
14								.6					4.8	.063			.6			
15								.6	.10				8.4	.099		1.0	.6			
16						15.0		.6					7.3	.087	17.0		.6			
17								.6					9.6	.116		1.0	.6			
18								.6					14.5	.173		1.0	.6			
19								.6	.04				18.0	.213		1.0	.6			
20								.6					8.6	.100			.6			
21								.6					12.5	.226		1.0	.6			
22				3.0	.058			.6					14.8	.176		1.0	.6		2.8	
23				9.4	.186		1.0	.6					17.7	.209		1.0	.6			
24								.6	.25				14.5	.169		1.0	.6			
25								.6					6.5	.024			.6			
26								.6					17.4	.205		1.0	.6			
27								.6					9.8	.114			.6			
28								.6	.90				1.6	.019		1.0	.6			
29								.6	.05				19.8	.233		1.0	.6			
30								.6					8.2	.088			.6			
31								.6	.70				5.8	.069		1.0	.6			
MTH TOTAL				46.0	.911		4.0	18.6	3.21				407.9	4.925		25.0	18.6		10.2	
RUN TO DATE				46.0	.911		4.0		3.21				407.9	4.925		25.0			10.2	
AVG.				1.5	.029		1.0	.6	.10				13.2	.159		1.09	.6		.3	
MAX.				13.5	.269		1.0	.6	1.17				25.3	.309		2.0	.6		3.5	
MIN				.2	0		1.0	.6	0				1.6	0		1.0	.6		1.2	

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DAY	WELL Nº 12 ELDRIDGE RD. UNIT-7 TRACT "K"								WELL Nº 10 CARTER/REYSVILLE UNIT-29 TRACT "H"								
	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	lbs CL	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER ROG.	HOURS	GALLONS	lbs CL	LBS. CL.	CL. RES.	RAINFALL
1				8.3	.272		1.0	.6				20.0	.495		2.0	.6	
2				8.9	.282		1.0	.6				15.2	.365		2.0	.6	
3				8.3	.266		1.0	.6				17.4	.421		2.0	.6	
4				6.9	.220		1.0	.6				13.2	.319		2.0	.6	
5				11.1	.354		2.0	.6				21.9	.528		3.0	.6	
6				3.7	.115		1.0	.6				23.1	.309		2.0	.6	
7	201'	40'		5.6	.183		1.0	.6	171'0"	51'5"		16.5	.406		2.0	.6	
8				9.5	.306		2.0	.6				18.1	.439		2.0	.6	
9				4.5	.148		1.0	.6				18.7	.447		2.0	.6	
10				5.6	.177		1.0	.6				16.7	.405		2.0	.6	
11				1.9	.060		1.0	.6				6.7	.156		1.0	.6	1.10
12								.6				12.7	.305		2.0	.6	
13								.6				7.2	.166		1.0	.6	
14				4.0	.130		1.0	.6				13.0	.314		2.0	.6	
15				2.5	.076		1.0	.6				8.0	.192		1.0	.6	.12
16						13.0		.6				9.3	.249	10.0	1.0	.6	
17								.6				12.7	.301		1.0	.6	
18				4.8	.154		1.0	.6				13.2	.316		2.0	.6	
19				1.6	.043			.6				10.4	.245		1.0	.6	.04
20								.6				7.2	.172		1.0	.6	
21								.6				5.4	.129		1.0	.6	
22								.6								.6	
23				1.0	.033			.6				16.0	.384		2.0	.6	
24				2.2	.068		1.0	.6				4.2	.099			.6	.27
25								.6				8.4	.200		1.0	.6	
26								.6				10.5	.252		1.0	.6	
27								.6				14.4	.341		2.0	.6	.18
28								.6				7.4	.174		1.0	.6	.40
29								.6				6.2	.150		1.0	.6	.04
30								.6				12.6	.304		1.0	.6	
31								.6				6.1	.139		1.0	.6	.60
MONTH TOTAL				90.4	2.887		17.0	18.6				363.4	8.717		45.0	18.6	2.75
YEAR TO DATE				90.4	2.887		17.0					363.4	8.717		45.0		2.75
AVG.				2.9	.093			.6				11.7	.281		1.55	.6	.09
MAX.				11.1	.354			.6				23.1	.528		3.0	.6	1.10
MIN.				1.0	0			.6				4.2	0		1.0	.6	0

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DAY	WELL N° 13 UNIT-25 TRACT H CARTEE / KEYSVILLE								H. B. CENTRIFUGAL UNIT-25 CARTEE / KEYSVILLE			WELL N° 7 UNIT-15 TRACT 8 ANTELOPE / BARROW								
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	RAINFA
1								.6		6.2									.6	
2				11.0	.385		2.0	.6		6.2					5.7	.232		1.0	.6	
3				14.0	.464		2.0	.6							3.4	.120		1.0	.6	
4				6.3	.262		1.0	.6							3.6	.125		1.0	.6	
5				12.7	.581		3.0	.6		7.9					3.5	.144		1.0	.6	
6				9.7	.344		2.0	.6		2.8					5.3	.203		1.0	.6	
7	178"			7.4	.255		1.0	.6		5.9					2.0	.076		1.0	.6	
8				14.7	.511		3.0	.6		8.1					5.1	.197		1.0	.6	
9				16.5	.575		3.0	.6		7.7					6.1	.226		1.0	.6	
10				13.8	.468		2.0	.6		6.2					2.7	.111		1.0	.6	
11				3.8	.141		1.0	.6							2.6	.100		1.0	.6	
12				3.5	.121		1.0	.6		2.0					.1	.004			.6	1.10
13								.6											.6	
14				5.6	.195		1.0	.6		4.2									.6	
15				5.7	.197		1.0	.6		1.7					2.6	.102		1.0	.6	
16					.001	13.5		.6											.6	.16
17				4.6	.146			.6		2.4							14.0		.6	
18				3.6	.135		1.0	.6		3.1					2.2	.058			.6	
19				3.3	.115			.6		1.0						.002			.6	.08
20				.4	.014		1.0	.6							1.3	.070			.6	
21				5.4	.182		1.0	.6		5.3					9.0	.359		2.0	.6	
22				14.1	.495		2.0	.6		6.7					4.6	.175		1.0	.6	
23				12.4	.432		2.0	.6		5.5					1.3	.047			.6	
24				5.6	.202		1.0	6		1.5									.6	.25
25				.5	.018			.6											.6	
26				3.5	.121		1.0	.6		3.9									.6	
27				4.0	.138			.6											.6	.20
28								.6											.6	.50
29				1.9	.059		1.0	.6		2.4									.6	.05
30				5.6	.198		1.0	.6		2.3									.6	
31				.6	.024			.6											.6	.30
MONTH TOTAL				195.4	6.779		34.0	18.6		93.0					61.1	2.351		14.0	18.6	2.64
YEAR TO DATE				195.4	6.779		34.0			93.0					61.1	2.351		14.0		2.64
AVG.				6.3	.219		1.55	.6		3.0					2.0	.076		1.07	.6	.09
MAX.				17.7	.581		3.0	.6		8.1					9.0	359		2.0	.6	1.10
MIN				.4	0		1.0	.6		1.0					.1	0		1.0	.6	.05

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WELL N°6 UNIT-E TRACT "A" PIONEER PARK								WELL N°18 UNIT-B TRACT "D" WEST LINDEN DRIVE								WELL N°20 UNIT-18 ANTELOPE / BARRO				
STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS
			13.2	.265		1.0	.6				23.0	.951		5.0	.6				18.6	1.089
			17.6	.337		2.0	.6				23.5	.951		5.0	.6				18.8	1.093
			15.3	.295		1.0	.6				23.7	.953		5.0	.6				16.3	.946
			16.7	.322		2.0	.6				24.7	.987		5.0	.6				17.0	.990
			16.7	.327		2.0	.6				24.8	1.007		5.0	.6				21.3	1.235
			14.1	.267		1.0	.6				23.0	.903		5.0	.6				18.7	1.064
			14.1	.267		1.0	.6	21'	229'		21.0	.844		4.0	.6				14.5	.843
			15.8	.305		2.0	.6				23.0	.945		5.0	.6				16.3	.960
			13.5	.262		1.0	.6				24.8	1.002		5.0	.6				17.1	.989
			14.9	.285		1.0	.6				20.8	.841		4.0	.6				15.4	.901
			14.4	.268		1.0	.6				15.1	.572		3.0	.6				13.3	.756
			15.6	.289		1.0	.6				6.4	.261		1.0	.6				13.6	.764
			2.2	.131		1.0	.6				14.1	.527		3.0	.6				7.6	.420
			15.3	.290		1.0	.6				6.2	.265		1.0	.6				13.1	.755
			12.5	.234		1.0	.6				9.8	.382		2.0	.6				10.8	.612
			9.1	.172	12.5	1.0	.6				7.9	.304	12.5	1.0	.6				9.2	.519
			12.5	.232		1.0	.6				20.4	.788		4.0	.6				10.4	.596
			16.5	.313		2.0	.6				21.0	.825		4.0	.6				13.2	.759
			15.6	.290		1.0	.6				24.7	.942		4.0	.6				12.3	.688
			5.4	.100		1.0	.6				14.2	.553		2.0	.6				1.6	.066
			13.7	.269		1.0	.6				24.6	.951		4.0	.6					
			13.1	.250		1.0	.6				23.4	.940		4.0	.6				12.5	.719
			11.8	.227		1.0	.6				24.2	.957		4.0	.6				13.0	.753
			11.3	.211		1.0	.6				22.7	.886		4.0	.6				10.6	.600
			13.0	.245		1.0	.6				12.0	.471		2.0	.6				8.6	.493
			10.9	.207		1.0	.6				23.6	.909		4.0	.6				11.1	.636
			7.2	.132		1.0	.6				14.5	.564		2.0	.6				12.2	.664
			8.8	.163		1.0	.6				2.6	.103		1.0	.6				7.0	.398
			14.9	.283		1.0	.6				9.5	.371		1.0	.6				11.0	.616
			12.9	.246		1.0	.6				18.4	.723		3.0	.6				12.3	.712
			10.7	.179		1.0	.6				4.5	.163		1.0	.6				6.9	.385
			404.3	7.663		36.0	18.6				553.1	21.863		103.0	18.6				384.3	22.044
			404.3	7.663		36.0					553.1	21.862		103.0					384.3	22.044
			13.0	.247		1.16	.6				17.8	.705		3.32	.6				12.4	.711
			17.6	.337		2.0	.6				24.8	1.007		5.0	.6				21.3	1.235
			5.4	.100		1.0	.6				2.6	.103		1.0	.6				1.6	0

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DAY	WELL Nº 17 UNIT-19 TRACT "A-C" MARINER BLVD / KILLIAN ST									WELL Nº 19 UNIT-19 TRACT "A-C" MARINER BLVD / KILLIAN ST.							N. S. CENTRIFUGAL UNIT-19 MARINER BLVD/KILLIAN ST.		
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL	CL. RES.	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS
1				1.0	.026		1.0	.6					7.3	.215		1.0	.6			
2				8.6	.255		1.0	.6					10.5	.325		2.0	.6		4.2	
3				20.2	.567		3.0	.6					23.0	.686		3.0	.6		3.1	
4				4.4	.126		1.0	.6					8.3	.254		1.0	.6		1.7	
5				.1				.6					6.0	.175		1.0	.6			
6				7.2	.201		1.0	.6					9.2	.275		1.0	.6			
7	56'	76'		24.0	.667		3.0	.6		62'			19.6	.593		3.0	.6		1.7	
8				7.2	.214		1.0	.6					18.2	.560		3.0	.6		10.7	
9				14.1	.406		2.0	.6					23.9	.745		4.0	.6		23.1	
10				15.1	.424		2.0	.6					19.9	.611		3.0	.6		23.7	
11				20.7	.569		3.0	.6	1.20				24.1	.721		4.0	.6			
12				24.1	.662		3.0	.6					24.5	.730		4.0	.6		.7	
13				19.1	.519		3.0	.6					23.1	.686		3.0	.6			
14				23.3	.648		3.0	.6					24.7	.745		4.0	.6		3.6	
15				5.8	.158		1.0	.6	.12				7.3	.216		1.0	.6			
16				1.0	.028	12.5	1.0	.6					1.9	.056	12.5		.6			
17				1.6	.041			.6					4.8	.139		1.0	.6			
18				.1	.009			.6					3.3	.095			.6			
19				1.0	.028			.6	.05								.6			
20				.3	.009			.6					5.0	.148		1.0	.6			
21				2.3	.064			.6					1.0	.031			.6		3.2	
22				4.7	.129		1.0	.6									.6		.3	
23				.7	.021			.6					7.6	.226		1.0	.6			
24				1.0	.029			.6	.28								.6			
25				1.1	.030			.6					4.7	.141		1.0	.6			
26				.4	.012			.6	.03				5.7	.170		1.0	.6			
27				1.4	.041			.6	.40				2.5	.076			.6			
28				1.5	.041		1.0	.6	.42				4.9	.154		1.0	.6			
29								.6	.05				3.2	.100			.6			
30								.6					3.1	.091		1.0	.6			
31				1.2	.034			.6	.72				4.5	.137		1.0	.6			
MONTH TOTAL				213.2	5.958		31.0	18.6	3.27				301.7	9.101		46.0	18.6		75.3	
YEAR TO DATE				213.2	5.958		31.0		3.27				301.7	9.101		46.0			75.3	
AVG.				6.9	.192		1.0	.6	.11				9.7	.294		2.0	.6		2.4	
MAX.				24.1	667		3.0	.6	1.20				24.7	.745		4.0	.6		23.7	
MIN.				.1	0		1.0	.6	.03				1.0	0		1.0	.6		.3	

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DAY	WELL Nº 21 UNIT-9 TRACT "D" WEST LINDEN DRIVE								WELL Nº 22 UNIT-7 TRACT "K" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.
1				5.9	.367		4.0	1.0				21.2	1.624		8.0	.6
2				4.2	.250		3.0	1.0				24.7	1.840		9.0	.6
3				4.1	.242		2.0	1.0				23.7	1.750		9.0	.6
4				6.1	.362		4.0	1.0				25.2	1.855		9.0	.6
5				6.5	.390		4.0	1.0				24.6	1.841		9.0	.6
6								.6				22.8	1.629		8.0	.6
7	19'6"	34'10"		6.2	.368		4.0	1.0				23.3	1.720		9.0	.6
8								.6				24.3	1.820		9.0	.6
9								.6				23.4	1.733		9.0	.6
10								.6				23.9	1.768		9.0	.6
11								.6				26.4	1.855		9.0	.6
12								.6				24.0	1.711		9.0	.6
13								.6				24.9	1.467		7.0	.6
14								.6				23.7	1.730		9.0	.6
15								.6				24.6	1.724		9.0	.6
16				.3	.021	13.0		1.0				23.5	1.633	15.0	8.0	.6
17								.6				24.0	1.686		8.0	.6
18								.6				25.2	1.807		9.0	.6
19				1.8	.101		1.0	1.0				20.8	1.479		7.0	.6
20								.6				21.7	1.477		7.0	.6
21								.6				25.0	1.817		6.0	.6
22								.6				23.7	1.722		7.0	.6
23				.6	.034		1.0	1.0				23.2	1.671		8.0	.6
24								.6				24.1	1.646		8.0	.6
25								.6				26.2	1.837		9.0	.6
26								.6				23.4	1.688		8.0	.6
27								.6				22.2	1.528		7.0	.6
28								.6				23.4	1.584		7.0	.6
29								.6				24.8	1.749		7.0	.6
30								.6				23.2	1.655		8.0	.6
31								.6				24.4	1.630		8.0	.6
MONTH TOTAL				35.7	2.135		23.0	22.2				737.0	52.676		253.0	18.6
YEAR TO DATE				35.7	2.135		23.0	7				737.0	52.676		253.0	
AVG.				1.2	.069		0.99	.7				23.8	1.699		8.16	.6
MAX.				6.5	.390		4.0	1.0				26.4	1.855		9.0	.6
MIN.				.3	0		1.0	.6				20.8	1.467		6.0	.6

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DATE: January 1991

SPRING HILL UTILITIES

MONTHLY WATER REPORT

WELL - 26 UNIT - 7 TRACT - E
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL RES
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
MONTH TOTAL																					
YEAR TO DATE																					
AVG.																					
MAX.																					
MIN.																					

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JANUARY 1991 — SPRING HILL UTILITIES — MONTHLY WATER REPORT

DAY	WELL NO 25 UNIT-19 TRACT "R-C" MARINER BLVD./KILLIAN ST.								WELL NO 24 UNIT-13 TRACT "B" ANTELOPE/BARROW								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. Cl	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. Cl	LBS. CL.	CL. RES	
1				24.2	1.504		15.0	.6				22.3	1.370		7.0	.6	8.630
2				16.0	1.022		10.0	.6				24.0	1.360		7.0	.6	8.893
3				4.2	.261		3.0	.6				23.6	1.310		6.0	.6	8.538
4				19.6	1.190		12.0	.6				25.9	1.640		8.0	.6	9.027
5				24.9	1.571		16.0	.6				23.9	1.450		7.0	.6	9.958
6				15.4	.948		9.0	.6				22.8	1.240		6.0	.6	7.470
7	65'	71'		5.6	.388		4.0	.6				24.1	1.490		7.0	.6	8.456
8				9.5	.666		7.0	.6				23.6	.980		5.0	.6	8.505
9				3.6	.320		3.0	.6				24.0	1.510		7.0	.6	8.698
10								.6				23.8	1.500		7.0	.6	7.719
11								.6				25.9	1.510		7.0	.6	6.712
12								.6				23.9	1.470		7.0	.6	6.293
13								.6				22.9	1.390		7.0	.6	5.306
14								.6				23.6	1.480		7.0	.6	7.764
15				17.4	1.047		10.0	.6				24.6	1.470		7.0	.6	5.365
16				20.3	1.193	17.0	11.0	.6				22.9	1.296	14.0	6.0	.6	5.548
17				22.2	1.310		13.0	.6				24.1	1.510		7.0	.6	6.865
18				23.1	1.394		13.0	.6				24.9	1.540		7.0	.6	7.578
19				23.5	1.419		14.0	.6				25.0	1.360		6.0	.6	6.925
20				16.7	1.114		11.0	.6				22.7	1.290		6.0	.6	5.133
21				21.7	1.319		13.0	.6				24.2	1.680		7.0	.6	7.027
22				22.9	1.378		13.0	.6				23.8	1.500		7.0	.6	7.542
23				22.4	1.329		13.0	.6				23.9	1.520		6.0	.6	8.029
24				20.8	1.238		12.0	.6				23.2	1.396		6.0	.6	6.538
25				20.1	1.180		11.0	.6				26.2	1.520		6.0	.6	6.269
26				21.8	1.243		12.0	.6				23.7	1.490		6.0	.6	6.933
27				21.2	1.250		12.0	.6				23.0	1.320		6.0	.6	6.158
28				18.7	1.083		10.0	.6				23.5	1.400		6.0	.6	5.119
29				20.9	1.229		12.0	.6				24.2	1.440		6.0	.6	6.230
30				22.3	1.327		13.0	.6				23.6	1.400		6.0	.6	6.754
31				20.0	1.158		11.0	.6				24.8	1.330		6.0	.6	5.952
MONTH TOTAL				480.2	29.091		283.0	18.6				742.6	44.100		202.0	18.6	221.174
YEAR TO DATE				480.2	29.091		283.0					742.6	44.100		202.0		221.174
AVG.				15.5	.938		10.85	.6				24.0	1.423		6.52	.6	7.135
MAX.				24.9	1.571		16.0	.6				26.2	1.680		8.0	.6	9.958
MIN.				3.6	0		3.0	.6				22.3	.980		5.0	.6	5.119

I.D. NO. 6271696 OPERATOR SIGNATURE: Ricky Leach

OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: A-4803

TOTAL METERED SERVICES AT END OF MONTH: 2,442

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DAY	WELL No 3 UNIT-1 JAMAICA / APRICOT TRACT L									WELL No 11 UNIT-1 JAMAICA / APRICOT TRACT L								N.E. CENTRIFUGAL UNIT-1 JAMAICA/APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS. CL	CL. RES.	METER RDG	HOURS	GALLONS
1								.6	.02				3.3	.039			.6			
2								.6	.02				16.3	.196		1.0	.6			.098
3								.6					1.1	.014			.6			.060
4								.6					22.8	.273		1.0	.6		2.0	.012
5								.6					21.1	.254		1.0	.6			.008
6								.6	.10				19.1	.222		1.0	.6			.015
7								.6	.30				9.5	.109		1.0	.6			.047
8	17' 76.8"							.6		15'1"	65'11"		10.0	.120		1.0	.6			.039
9								.6					16.8	.193		1.0	.6			.022
10								.6					12.4	.144		1.0	.6			.023
11								.6					11.9	.142		1.0	.6		2.9	.040
12								.6					23.6	.280		1.0	.6		3.4	.002
13						9.5		.6					23.8	.285	7.5	1.0	.6		.2	
14								.6	.66				7.0	.081			.6			.049
15								.6					12.0	.140		1.0	.6			.048
16				.1				.6					18.6	.214		1.0	.6			.021
17								.6					7.2	.086			.6			.048
18								.6					20.2	.230		1.0	.6		1.9	.014
19								.6					23.7	.291		1.0	.6		4.2	
20				2.6	.049			.6					19.4	.238		1.0	.6		2.3	.019
21				10.5	.204		1.0	.6					20.7	.245		1.0	.6		.6	.012
22								.6					24.6	.292		1.0	.6			
23				5.5	.105		1.0	.6					23.7	.277		1.0	.6		3.5	.011
24				1.9	.041			.6					13.0	.159		1.0	.6		.1	.037
25				2.8	.052			.6	.10				17.9	.204		1.0	.6		2.8	.016
26				16.4	.323		2.0	.6					14.2	.172		1.0	.6		3.7	.021
27				7.3	.145		1.0	.6					15.7	.187		1.0	.6		3.7	.013
28				13.8	.272		1.0	.6					22.5	.262		1.0	.6		.7	.013
29																				
30																				
31																				
MONTH TOTAL				60.9	1191		6.0	16.8	1.20				451.7	5335		24.0	16.8		71.5	6.88
YEAR TO DATE				106.9	2.102		10.0		4.41				859.6	10.260		49.0			41.7	
AVG.				2.2	.043		1.2	.6	.43				16.1	.191		1.0	.6		1.1	.025
MAX.				16.4	.041		2.0	.6	.66				29.6	.292		1.0	.6		4.2	.098
MIN.				.1	0		1.0	.6	.02				1.1	.014		1.0	.6		.1	0

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DAY	WELL Nº 12 ELDRIDGE RD UNIT-7 TRACT K								WELL Nº 10 CARTEE / REYNOLDS UNIT - 23 TRACT N								
	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No CI	LBS. CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No CI	LBS. CL	CL. RES.	RAINFALL
1								.6				5.7	148		1.0	.6	.06
2								.6				9.6	.234		1.0	.6	.07
3								.6				9.3	226		1.0	.6	
4				4.1	131		1.0	.6				12.9	313		2.0	.6	
5				8.7	.277		1.0	.6				18.0	.435		2.0	.6	
6				3.1	.095			.6				12.2	.293		1.0	.6	.04
7								.6				6.8	.163		1.0	.6	.20
8	201'	40'		20.1	.610		3.0	.6	223'	55'1"		8.8	.213		1.0	.6	
9				24.3	.733		4.0	.6				10.4	.255		1.0	.6	
10								.6				16.9	.410		2.0	.6	
11				4.5	.148		1.0	.6				16.4	.403		2.0	.6	
12				6.5	.207		1.0	.6				18.8	.457		2.0	.6	
13				9.4	.295	7.5	1.0	.6				17.8	.445	8.5	2.0	.6	
14				1.3	.041			.6				6.7	.163		1.0	.6	.60
15								.6				14.6	.347		2.0	.6	
16								.6				14.2	.335		2.0	.6	
17								.6				16.4	.402		2.0	.6	
18				4.6	.152		1.0	.6				19.8	.484		2.0	.6	
19				12.9	.413		2.0	.6				21.2	.515		3.0	.6	
20				9.6	.305		2.0	.6				24.3	.596		3.0	.6	
21				8.9	.285		1.0	.6				16.9	.412		2.0	.6	
22				7.2	.231		1.0	.6				15.8	.385		2.0	.6	
23				10.5	.333		2.0	.6				22.3	.535		3.0	.6	
24				6.4	.200		1.0	.6				19.1	.469		2.0	.6	
25								.6				16.2	.395		2.0	.6	.02
26								.6				23.6	.560		3.0	.6	
27								.6				24.7	.578		3.0	.6	
28								.6				14.5	.350		2.0	.6	
29																	
30																	
31																	
MONTH TOTAL				142.1	4456		22.0	16.8				433.5	10522		63.0	16.8	.99
YEAR TO DATE				233.5	7343		39.0					799.3	19.239		98.0		3.74
AVG.				5.1	159		1.6	.6				15.5	.376		1.9	.6	.04
MAX.				24.3	.733		4.0	.6				24.7	.596		3.0	.6	.60
MIN				1.3	0		1.0	.6				5.7	.148		1.0	.6	.02

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DAY	WELL N° 13 UNIT-25 TRACT H CARTEE / REYSVILLE								H. S. CENTRIFUGAL UNIT-25 CARTEE / REYSVILLE			WELL N° 7 UNIT-13 TRACT 8 ANTELOPE / BARROW								
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES.	RAINFALL
1								.6											.6	.02
2								.6											.6	.01
3								.6											.6	
4				5.0	171		1.0	.6		5.7					2.5	093			.6	
5				18.3	.636		3.0	.6		7.7					4.2	.161		1.0	.6	
6				8.0	.276		1.0	.6		7.9					6	.022			.6	.03
7								.6											.6	.20
8	18.5	65		2.0	.075			.6											.6	
9								.6							.5	019			.6	
10								.6							.8	.026			.6	
11								.6							4.7	.179		1.0	.6	
12								.6							5.0	.191		1.0	.6	
13						7.5		.6							3.2	.120	7.5	1.0	.6	
14								.6											.6	.70
15				2.7	.091			.6											.6	
16				5.5	.191		1.0	.6		3.9					8.2	.315		2.0	.6	
17				9.4	.329		2.0	.6		3.5					.5	.018			.6	
18				10.4	.361		2.0	.6		8.3					4.2	.173		1.0	.6	
19				20.7	.717		4.0	.6		10.2					7.5	.280		1.0	.6	
20				20.6	.720		4.0	.6		9.6					7.6	.257		1.0	.6	
21				17.9	.621		3.0	.6		8.5					6.7	.246		1.0	.6	
22				14.3	.496		3.0	.6		6.7					5.0	.188		1.0	.6	
23				17.6	.611		3.0	.6		8.9					5.7	.205		1.0	.6	
24				15.8	.552		3.0	.6		5.9					2.5	.096			.6	
25				8.3	.283		1.0	.6		6.0					4.2	.160		1.0	.6	.03
26				15.4	.533		3.0	.6		7.5					4.4	.172		1.0	.6	
27				13.2	.476		2.0	.6		5.8					3.0	.120		1.0	.6	
28				13.7	.451		2.0	.6		7.9					5.7	.206		1.0	.6	
29																				
30																				
31																				
MONTH TOTAL				186.4	7.590		37.0	16.8		109.5					86.3	3.287		16.0	16.8	1.01
YEAR TO DATE				351.8	14.396		71.0			203.5					147.4	5.638		30.0		3.65
AVG.				6.7	.271		2.7	.6		3.9					3.1	.117		1.1	.6	.04
MAX.				20.7	.720		4.0	.6		10.2					8.2	.315		2.0	6	.70
MIN.				2.0	0		1.0	.6		3.5					.5	0		1.0	.6	.02

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DAY	WELL Nº 6 UNIT-2 TRACT "A" PIONEER PARK								WELL Nº 10 UNIT-9 TRACT "D" WEST LINDEN DRIVE								WELL Nº 20 UNIT-18 TRACT "B" ANTELOPE / SARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.
1				13.6	.277		1.0	.6								.6				7.4	411		3.0	.6
2				11.3	.214		1.0	.6				17.7	673		3.0	.6				10.0	569		3.0	.6
3				9.0	.175		1.0	.6				15.1	578		3.0	.6				8.5	475		2.0	.6
4				20.9	.405		2.0	.6				17.3	679		3.0	.6				12.3	713		4.0	.6
5				19.0	.379		2.0	.6				25.8	1.033		5.0	.6				17.1	948		5.0	.6
6				14.3	.279		1.0	.6				19.1	758		4.0	.6				14.8	850		4.0	.6
7				10.1	.197		1.0	.6				8.2	.318		2.0	.6				7.2	409		2.0	.6
8	209'	358'		11.6	.221		1.0	.6	22.6'	23.3'		10.9	.430		2.0	.6				9.5	.544		3.0	.6
9				12.6	.244		1.0	.6				18.0	.701		4.0	.6				14.0	.796		4.0	.6
10				9.2	.177		1.0	.6				15.01	.585		3.0	.6				13.0	.733		4.0	.6
11				15.4	.300		2.0	.6				21.0	.831		4.0	.6				14.6	815		4.0	.6
12				19.0	.379		2.0	.6				23.3	932		5.0	.6				16.2	.942		5.0	.6
13				18.3	.372	8.0	2.0	.6				23.7	.947	8.0	5.0	.6				15.9	.915	7.5	5.0	.6
14				9.2	.179		1.0	.6				7.2	.279		1.0	.6				9.1	514		3.0	.6
15				15.0	.296		1.0	.6				10.8	429		2.0	.6				12.7	.723		4.0	.6
16				12.9	.253		1.0	.6				32.2	.850		4.0	.6				4.4	.246		1.0	.6
17				12.2	.240		1.0	.6				15.4	.614		3.0	.6				14.7	.837		4.0	.6
18				17.6	.355		2.0	.6				20.5	.830		4.0	.6				16.9	.988		5.0	.6
19				21.0	.424		2.0	.6				24.0	.975		5.0	.6				20.5	1.198		6.0	.6
20				19.6	.408		2.0	.6				22.7	.910		5.0	.6				19.9	1.162		6.0	.6
21				18.5	.379		2.0	.6				23.7	.947		5.0	.6				18.5	1.075		5.0	.6
22				19.0	.390		2.0	.6				25.2	1.006		5.0	.6				18.9	1.070		5.0	.6
23				17.9	.353		2.0	.6				23.9	.956		5.0	.6				21.1	1.215		6.0	.6
24				17.2	.355		2.0	.6				13.6	.536		3.0	.6				19.2	1109		6.0	.6
25				13.9	.281		1.0	.6				21.1	.844		4.0	.6				14.7	.858		4.0	.6
26				15.6	.024			.6				22.5	.865		4.0	.6				11.8	.699		3.0	.6
27								.6				24.4	.884		4.0	.6				12.7	.744		4.0	.6
28				24.5	.279		1.0	.6				20.5	.813		4.0	.6				14.6	.842		4.0	.6
29																								
30																								
31																								
MONTH TOTAL				417.9	7.845		38.0	16.8				515.8	20.203		101.0	16.8				389.0	22.440		117.0	16.8
YEAR TO DATE				832.2	15.508		74.01					1066.9	42.066		204.0					773.3	44.484		232.0	
AVG.				14.9	.280		1.5	.6				19.4	.722		3.7	.6				13.9	.801		4.0	.6
MAX.				24.5	.424		2.0	.6				25.8	1.033		5.0	.6				21.1	1.215		6.0	.6
MIN.				9.0	0		1.0	.6				7.2	0		1.0	6				4.4	.246		1.0	.6

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DAY	WELL Nº17 UNIT-19 TRACT 'A-C' MARINER BLVD / GILLIAM ST									WELL Nº19 UNIT-19 TRACT 'A-C' MARINER BLVD / GILLIAM ST								U.S. CENTRIFUGAL UNIT-19 MARINER BLVD/GILLIAM ST		
	STATIC LEVEL	PUMPING LEVEL	METER ROS	HOURS	GALLONS	lbs CL	LBS. CL.	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER ROS	HOURS	GALLONS	lbs CL	LBS. CL.	CL. RES	METER ROS	HOURS	GALLONS
1				16.3	.443		2.0	.6	.05				18.5	550		3.0	.6			
2				21.3	.578		3.0	.6	.05				24.8	.748		4.0	.6			
3				20.4	.560		3.0	.6					23.3	.700		4.0	.6		2	
4				22.2	.614		3.0	.6					23.9	.715		4.0	.6		4.6	
5				15.5	.432		2.0	.6					25.9	.802		4.0	.6		26.3	
6								.6	.03				2.3	.056			.6			
7								.6	.21								.6			
8	76'	95'		.3	.009			.6		58'1"			4.3	.121		1.0	.6		.1	
9								.6					3.9	.129		1.0	.6			
10								.6					6	.015			.6			
11								.6					6.6	.198		1.0	.6			
12				.3	.001			.6					8.1	.236		1.0	.6			
13						5.5		.6					7.9	.237	8.0	1.0	.6			
14								.6	.52				3.0	.085			.6			
15								.6					3.2	.090			.6			
16								.6					4.1	.112		1.0	.6			
17								.6					4.9	.137		1.0	.6			
18								.6					7.5	.223		1.0	.6			
19				3.0	.085			.6					7.0	.211		1.0	.6			
20								.6					10.3	.306		2.0	.6			
21								.6					8.8	.261		1.0	.6			
22				.1	.001			.6					7.6	.228		1.0	.6			
23								.6					9.6	.281		1.0	.6			
24								.6					5.1	.142		1.0	.6			
25								.6	.02				7.7	.231		1.0	.6			
26				1.3	.035			.6					23.5	.670		3.0	.6			
27								.6					24.4	.697		3.0	.6			
28				1.2	.032			.6					6.0	.175		1.0	.6			
29																				
30																				
31																				
MONTH TOTAL				101.5	2.800		13.0	16.8	.88				282.7	8.352		42.0	16.8		31.2	
YEAR TO DATE				315.1	8.758		44.0		4.15				584.4	17.453		88.0			106.5	
AVG				3.6	.100		2.6	.6	.03				10.1	.298		1.8	.6		1.1	
MAX				22.2	.614		3.0	.6	.52				25.9	.802		4.0	.6		26.3	
MIN.				.1	0		2.0	.6	.02				.6	0		1.0	.6		.1	

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DAY	WELL NO 21 WEST UNIT-8 LINDEN TRACT "D" DRIVE								WELL NO 22 UNIT-7 TRACT "R" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.
1								.6				24.9	1.724		9.0	.6
2								.6				25.7	1.785		9.0	.6
3								.6				20.9	1.423		7.0	.6
4								.6				25.2	1.777		9.0	.6
5				4.6	.275		3.0	.6				23.5	1.733		9.0	.6
6								.6				26.2	1.894		9.0	.6
7								.6				22.3	1.522		8.0	.6
8	302'	316"						.6				23.5	1.597		8.0	.6
9				4.8	268		3.0	.6				24.0	1.644		8.0	.6
10								.6				24.7	1.801		8.0	.6
11				5.4	324		3.0	.6				24.4	1.756		9.0	.6
12				6.9	.407		4.0	.6				23.9	1.773		9.0	.6
13				4.7	.277	8.5	3.0	.6				23.7	1.748	7.5	9.0	.6
14								.6				24.2	1.644		8.0	.6
15				6	.033			.6				24.8	1.755		9.0	.6
16								.6				25.8	1.807		9.0	.6
17								.6				21.4	1.524		8.0	.6
18				4.6	.274		3.0	.6				23.8	1.762		9.0	.6
19				9.5	.566		6.0	.6				25.1	1.906		10.0	.6
20				9.6	.557		6.0	.6				20.3	1.496		7.0	.6
21				9.1	.527		5.0	.6				23.8	1.775		9.0	.6
22				6.2	.367		4.0	.6				26.3	1.960		10.0	.6
23				5.5	.329		3.0	.6				24.0	1.768		9.0	.6
24				7.1	.400		4.0	.6				22.4	1.646		8.0	.6
25				5.2	.314		3.0	.6				23.7	1.740		9.0	.6
26				23.6	1.294		13.0	.6				23.6	1.686		8.0	.6
27				24.3	1.322		13.0	.6				24.0	1.689		8.0	.6
28				5.5	.329		3.0	.6				24.9	1.844		9.0	.6
29																
30																
31																
MONTH TOTAL				1372	7.851		79.0	16.8				6680	47.889		241.0	16.8
YEAR TO DATE				1729	9.986		1020					14050	100.565		459.0	
AVG.				4.9	.280		5.0	.6				23.9	1.710		8.6	.6
MAX.				24.3	1.322		13.0	.6				26.3	1.960		10.0	.6
MIN.				.6	0		3.0	.6				20.3	1423		8.0	.6

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WELL - 2S UNIT - 7 TRACT - 6
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL. RES.
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19				5.6	540	3.0	.6														
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
MONTH TOTAL				5.6	540	3.0	.6														
YEAR TO DATE				5.6	540	3.0															
AVG.				.2	019	3.0	.6														
MAX.				5.6	540	3.0	.6														
MIN.				5.6	0	3.0	.6														

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DAY	WELL NO 23 UNIT - 19 TRACT 'A-C' GARNER BLVD/ GILLIAN ST. STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	WELL NO 24 UNIT - 18 TRACT 'B' ANTELOPE / SARGOU STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CI	LBS. CL	CL. RES.	TOTAL GALLONS PER DAY
1				4.3	.241		2.0	.6				24.6	1.500		8.0	.6	5.333
2								.6				25.6	1.580		8.0	.6	6.577
3								.6				21.5	1.280		6.0	.6	5.431
4								.6				24.6	1.420		7.0	.6	7.304
5								.6				25.3	1.550		8.0	.6	8.955
6				21.9	1.313		13.0	.6				23.2	1.400		7.0	.6	7.458
7				23.6	1.343		13.0	.6				23.1	1.350		7.0	.6	5.411
8	663'	773'		24.0	1.331		13.0	.6				25.7	1.510		8.0	.6	6.381
9				24.6	1.433		14.0	.6				24.1	1.490		7.0	.6	7.505
10				23.1	1.320		13.0	.6				22.6	1.350		7.0	.6	6.361
11				25.5	1.464		15.0	.6				24.8	1.590		8.0	.6	8.150
12				22.4	1.307		13.0	.6				24.0	1.540		8.0	.6	8.652
13				24.2	1.407	8.0	14.0	.6				23.2	1.460	8.5	7.0	.6	8508
14				23.2	1.245		12.0	.6				23.8	1.380		7.0	.6	5.611
15				24.0	1.328		13.0	.6				25.0	1.550		8.0	.6	6.782
16				25.2	1.402		14.0	.6				25.4	1.660		8.0	.6	7.385
17				23.1	1.287		13.0	.6				21.9	1.360		7.0	.6	6.844
18				24.2	1.385		14.0	.6				24.1	1.540		8.0	.6	8757
19				23.9	1.407		14.0	.6				23.9	1.520		8.0	.6	11.058
20				24.3	1.418		14.0	.6				24.4	1.540		8.0	.6	10.002
21				23.7	1.361		14.0	.6				23.7	1.480		7.0	.6	9.819
22				23.9	1.372		14.0	.6				25.8	1.620		8.0	.6	9.606
23				24.4	1.388		14.0	.6				24.0	1.480		7.0	.6	9.826
24				23.1	1.316		13.0	.6				22.5	1.320		7.0	.6	8341
25				25.2	1.401		14.0	.6				24.4	1.530		8.0	.6	8.293
26				18.0	.957		10.0	.6				23.4	1.460		7.0	.6	9450
27				17.7	.937		5.0	.6				24.4	1.490		7.0	.6	9.261
28				22.1	1.335		13.0	.6				24.1	1.520		8.0	.6	8.704
29																	
30																	
31																	
MONTH TOTAL				540.2	30.654		1305.0	16.8				1671.9	41.470		1209.0	16.8	222.465
YEAR TO DATE				1020.4	59.785		588.0					1414.5	85.570		411.0		443.635
AVG.				19.3	1.096		12.7	.6				24.0	1.491		7.5	.6	7.945
MAX.				25.5	1.464		15.0	.6				25.8	1.660		8.0	.6	11.058
MIN.				4.3	0		2.0	.6				21.5	1.280		6.0	.6	5333

I.D. NO. 6271696 OPERATOR SIGNATURE: Ricky Leach

OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: A4803

TOTAL METERED SERVICES AT END OF MONTH: 22,500 631

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DAY	WELL Nº 2 UNIT - 1 TRACT L JAMAICA / APRICOT									WELL Nº 11 UNIT - 1 TRACT L JAMAICA / APRICOT									H.S. UNIT - 1 CENTRIFUGAL JAMAICA / APRICOT	
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS. CL	CL. RES	METER RDG.	HOURS	GALLONS
1				5.6	.111		1.0	.5					24.8	.286		1.0	.6		5.1	
2				4.9	.098			.5					19.7	.237		1.0	.6			
3				.6	.010			.5	.98				2.5	.028			.6		.1	
4				.5	.011		1.0	.5					10.1	.117		1.0	.6			
5	177'	171'		1.4	.028			.5		160'	66'0"		19.6	.194		1.0	.6		1.8	
6				7.8	.148		1.0	.5					20.9	.275		1.0	.6		.1	
7								.5					21.9	.260		1.0	.6			
8				2.6	.052			.5	.72				22.3	.255		1.0	.6		.3	
9								.5	.06				8.2	.094			.6			
10				3.2	.061			.5					3.2	.035			.6			
11				3.2	.062		1.0	.5					10.7	.126		1.0	.6		3.3	
12				6.9	.135		1.0	.5					20.3	.240		1.0	.6		4.4	
13				15.5	.311	9.0	2.0	.5	.20				13.6	.154	7.5	1.0	.6		.3	
14								.5					20.2	.227		1.0	.6			
15								.5	.12				20.8	.234		1.0	.6			
16				3.8	.072			.5	.83				9.7	.105			.6			
17				.4	.010			.5	2.34				.6	.007		1.0	.6			
18				1.8	.033		1.0	.5	.02				2.4	.028			.6			
19								.5					18.9	.214		1.0	.6			
20								.5					11.4	.126			.6			
21				3.5	.069			.5					11.6	.132		1.0	.6			
22				6.3	.124		1.0	.5					22.1	.254		1.0	.6		5.2	
23				5.2	.102		1.0	.5					17.5	.208		1.0	.6		1.9	
24				4.7	.093			.5					18.6	.215		1.0	.6		1.7	
25				3.3	.067			.5					20.8	.235		1.0	.6		3.7	
26				14.2	.281		1.0	.5					17.3	.204		1.0	.6		5.9	
27				12.8	.254		1.0	.5					23.4	.267		1.0	.6		2.6	
28								.5					19.0	.218		1.0	.6			
29				2.8	.053			.5	.45				19.5	.212		1.0	.6		1.4	
30				3.1	.061		1.0	.5	.05				15.3	.172		1.0	.6			
31								.5						.007			.6			
MONTH TOTAL				114.1	2.250		13.0	15.5	5.77				466.9	5.366		24.0	18.6		37.8	
YEAR TO DATE				221.0	4.352		23.0		10.18				1326.5	15.626		73.0			79.5	
AVG.				3.7	.073		1.09	.5	.19				15.1	.173		1.0	.6		1.2	
MAX.				15.5	.311		2.0	.5	2.34				24.8	.286		1.0	.6		5.9	
MIN.				15.5	0		1.0	.5	0				.6	.007		1.0	.6		.1	

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DAY	WELL Nº 10 UNIT-7 TRACT K ELDRIDGE RD								WELL Nº 10 UNIT - 25 TRACT "N" CARTER / REYNOLDS								
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES.	RAINFALL
1								.6				18.6	.455		2.0	.6	
2								.6				22.3	.540		3.0	.6	
3				.1	.002			.6				11.2	.261		1.0	.6	1.25
4				5.0	.160		1.0	.6				10.8	.256		1.0	.6	
5	217'	41'1"		17.2	.529		3.0	.6	22'1"	41'8"		16.6	.396		2.0	.6	
6				8.9	.283		1.0	.6				16.4	.392		2.0	.6	
7				10.2	.325		2.0	.6				19.0	.455		2.0	.6	
8				3.6	.114		1.0	.6				12.1	.284		1.0	.6	
9								.6				24.1	.539		3.0	.6	.19
10								.6				24.9	.569		3.0	.6	
11								.6				24.2	.560		3.0	.6	
12				3.7	.123		1.0	.6				26.1	.616		3.0	.6	
13						85		.6				11.1	.265	80	1.0	.6	.02
14								.6				15.1	.350		1.0	.6	
15				5.2	.166		1.0	.6				10.0	.248		1.0	.6	.01
16								.6				9.6	.221		1.0	.6	1.00
17								.6				3.9	.092			.6	2.90
18								.6				4.2	.100		1.0	.6	.03
19				3.2	.101			.6				11.8	.282		1.0	.6	
20				2.1	.061		1.0	.6				25.3	.583		3.0	.6	
21								.6				22.1	.507		2.0	.6	
22				3.6	.125			.6				23.5	.556		3.0	.6	
23				7.9	.253		1.0	.6				19.4	.478		2.0	.6	
24				3.2	.099			.6				14.3	.347		2.0	.6	
25				4.7	.153		1.0	.6				18.0	.440		2.0	.6	
26				4.4	.140			.6				16.1	.392		2.0	.6	
27				.8	.028		1.0	.6				17.8	.426		2.0	.6	
28				7.7	.235		1.0	.6				10.6	.251		1.0	.6	
29				3.7	.131			.6				7.0	.180		1.0	.6	.30
30				3.0	.076		1.0	.6				11.0	.252		1.0	.6	.06
31								.6				6.8	.160		1.0	.6	
MONTH TOTAL				98.2	3.105		16.0	15.6				483.9	11455		54.0	18.6	5.76
YEAR TO DATE				330.7	10.448		55.0					1281.2	30694		152.0		9.50
AVG				3.2	.100		1.2	.6				15.6	.370		1.8	.6	.19
MAX				17.2	.529		3.0	.6				26.1	.616		3.0	.6	2.90
MIN				.1	0		1.0	.6				3.9	.092		1.0	.6	0

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DAY	WELL Nº 13 UNIT-25 TRACT H CORTEZ / KEYSVILLE								WELL Nº 8 CENTRIFUGAL UNIT-25 CORTEZ / KEYSVILLE			WELL Nº 7 UNIT-13 TRACT B ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES.	RAINFALL
1				20.0	.670		3.0	.6		10.0					7.9	.302		2.0	.6	
2				21.2	.756		4.0	.6		9.8					4.1	.157		1.0	.6	
3				4.2	.148		2.0	.6		.1									.6	1.00
4				5.3	.179		1.0	.6		4.1					4.0	.152		1.0	.6	
5	77.4	45'8"		11.6	.400		2.0	.6		7.1					11.0	.429		2.0	.6	
6				17.0	.588		3.0	.6		8.7					5.7	.218		1.0	.6	
7				20.1	.670		3.0	.6		14.3					9.2				.6	
8				14.0	.502		2.0	.6								345		2.0	.6	.52
9				1.1	.042		1.0	.6											.6	.11
10								.6		5.7					1.1	.043		1.0	.6	
11				5.2	.178		1.0	.6		10.7					6.0	.231		1.0	.6	
12				24.2	.832		4.0	.6		2.5					8.3	.322		1.0	.6	
13				8.3	.293	6.5	2.0	.6		2.1							60		.6	
14				4.5	.156		1.0	.6		1.1									.6	
15				5.2	.140		1.0	.6		.1					2.7	.124		1.0	.6	.30
16				4.7	.203		1.0	.6							.5				.6	
17								.6											.6	1.27
18								.6											.6	.95
19				3.5	.119		1.0	.6		3.8					2.2	.085		1.0	.6	
20				4.6	.160		1.0	.6		.4					.5	.018		1.0	.6	
21				1.7	.058		1.0	.6		3.8									.6	
22				5.8	.199		1.0	.6		4.6					5.5	.223		1.0	.6	
23				19.0	.664		3.0	.6		9.0					7.2	.281		1.0	.6	
24				10.7	.371		2.0	.6		1.6					.9	.035		1.0	.6	
25				7.4	.240		1.0	.6		6.1					6.8	.273		1.0	.6	
26				15.7	.560		3.0	.6		5.1					14.0	.539		2.0	.6	
27				22.5	.784		4.0	.6		3.8					16.2	.605		3.0	.6	
28				2.6	.093		1.0	.6							12.3	.462		2.0	.6	
29				2.7	.103		1.0	.6		3.6					12.1	.446		2.0	.6	
30				8.9	.297		1.0	.6		3.2					11.6	.447		2.0	.6	.08
31				7.3	.240		1.0	.6							6.6	.252		1.0	.6	
MONTH TOTAL				279.0	9.645		52.0	10.6		121.3					156.4	5.989		31.0	18.6	4.23
YEAR TO DATE				660.8	24.041		127.0			323.8					303.8	11.627		61.0		7.88
AVG.				9.0	.311		1.86	.6		3.9					5.0	.193		1.41	.6	.14
MAX.				24.2	.832		4.0	6		14.3					16.2	.605		3.0	.6	1.27
MIN				1.1	0		1.0	.6		.1					.5	0		1.0	.6	0

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DAY	WELL N°8 UNIT-2 TRACT "A" PIONEER PARK								WELL N°10 UNIT-5 TRACT "D" WEST LINDEN DRIVE								WELL N°20 UNIT-15 TRACT "G" ANTELOPE/DARROW							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL	CL RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL	CL RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL	CL RES
1				29.1	.401		2.0	.6				23.8	962		5.0	.6				20.2	1.186		6.0	.6
2				21.0	.434		2.0	.6				20.6	.830		4.0	.6				20.5	1.186		6.0	.6
3				9.6	.189		1.0	.6				4.2	.161		1.0	.6				8.5	.478		2.0	.6
4				13.4	.271		2.0	.6				5.3	.220		1.0	.6				10.6	.597		3.0	.6
5				15.6	.321		2.0	.6	228'	234'		21.3	.841		4.0	.6								.6
6				15.4	.322		2.0	.6				24.0	.959		5.0	.6				18.5	1.070		5.0	.6
7				17.1	.360		2.0	.6				23.5	.944		5.0	.6				19.7	1.142		5.0	.6
8				17.0	.346		2.0	.6				19.2	.754		4.0	.6				15.1	.846		4.0	.6
9				7.3	.148		1.0	.6				23.9	.832		4.0	.6				7.6	.433		2.0	.6
10				5.3	.107		1.0	.6				22.8	.797		4.0	.6				5.4	.300		2.0	.6
11				12.4	.254		1.0	.6				24.3	.911		4.0	.6				8.1	.480		2.0	.6
12				16.3	.353		2.0	.6				26.2	1.038		5.0	.6				17.0	1.016		5.0	.6
13				12.0	.248	8.0	1.0	.6				12.0	.457	7.5	2.0	.6				11.6	.669	9.0	3.0	.6
14				14.5	.295		1.0	.6				17.8	.692		3.0	.6				12.8	.736		3.0	.6
15				9.9	.206		1.0	.6				10.9	.430		2.0	.6				11.5	.653		3.0	.6
16				7.4	.147		1.0	.6				5.0	.178		1.0	.6				9.8	.543		3.0	.6
17				6.1	.121		1.0	.6								.6				4.3	.231		1.0	.6
18				6.1	.123		1.0	.6				2.5	.102		1.0	.6				8.8	.495		2.0	.6
19				12.6	.258		1.0	.6				8.7	.351		2.0	.6				11.1	.634		3.0	.6
20				8.3	.172		1.0	.6				24.7	.890		4.0	.6				9.7	.555		3.0	.6
21				9.5	.196		1.0	.6				23.7	.824		4.0	.6				9.9	.569		3.0	.6
22				14.9	.315		2.0	.6				24.1	.951		5.0	.6				12.5	.755		4.0	.6
23				20.0	.445		2.0	.6				23.2	.950		5.0	.6				22.9	1.341		6.0	.6
24				9.6	.202		1.0	.6				10.3	.410		2.0	.6				13.1	.770		4.0	.6
25				15.4	.325		1.0	.6				19.9	.813		4.0	.6				13.0	.770		4.0	.6
26				17.6	.381		2.0	.6				11.3	.476		2.0	.6				13.1	.793		4.0	.6
27				16.6	.355		2.0	.6				13.4	.544		2.0	.6				12.8	.743		4.0	.6
28				13.5	.281		1.0	.6				17.4	.691		3.0	.6				10.5	.601		3.0	.6
29				12.8	.266		1.0	.6				16.4	.648		3.0	.6				5.0	.292		1.0	.6
30				9.4	.198		1.0	.6				8.1	.326		2.0	.6				13.7	.793		4.0	.6
31				5.6	.111		1.0	.6				.7	.026		1.0	.6				1.8	.104		1.0	.6
MONTH TOTAL				401.3	8.151		43.0	18.6				489.2	19.058		94.0	18.6				359.1	20.791		101.0	18.6
YEAR TO DATE				1223.5	23.659		117.0					1556.1	61.124		298.0					1132.4	65.275		323.0	
AVG.				12.9	.263		1.39	.6				15.8	.615		3.13	.6				11.6	.671		3.27	.6
MAX.				29.1	.445		2.0	.6				26.2	1.038		5.0	.6				22.9	1.341		6.0	.6
MIN.				5.3	.107		1.0	.6				.7	0		1.0	.6				1.8	0		1.0	.6

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DAY	WELL #17 UNIT-19 TRACT "A-C" MARINER BLVD / GILLIAN ST										WELL #18 UNIT-19 TRACT "A-C" MARINER BLVD / GILLIAN ST							N.B. CENTRIFUGAL (UNIT-19 MARINER BLVD/GILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES	METER ROG	HOURS	GALLONS
1				3.0	.085		1.0	.6					6.8	.201		1.0	.6			
2				.7	.019			.6					5.8	.174		1.0	.6			
3								.6	1.10				.2	.005			.6			
4				.1	.001			.6					5.4	.156		1.0	.6			
5	58'	77'		1.7	.045		1.0	.6		61'			6.1	.179		1.0	.6			
6								.6									.6		18.4	
7								.6					10.3	.297		1.0	.6			
8				1.4	.036		1.0	.6					3.6	.106			.6		.8	
9								.6									.6			
10				.1	.005			.6									.6			
11								.6									.6			
12				13.9	.397		2.0	.6									.6		.1	
13						7.0		.6	.03						6.5		.6			
14				3.0	.077		1.0	.6					1.4	.039			.6			
15								.6	.02				5.6	.164		1.0	.6			
16					.002			.6	.94				2.3	.070			.6			
17				.1	.001			.6	3.25								.6			
18								.6	.20				2.2	.061			.6			
19								.6					3.8	.122		1.0	.6			
20				.3	.009			.6					.3	.011			.6		18.8	
21								.6									.6		23.3	
22				5.1	.150		1.0	.6									.6		23.9	
23				3.5	.098			.6					15.1	.436		2.0	.6		11.8	
24								.6					5.8	.167		1.0	.6			
25				5.1	.144		1.0	.6					7.5	.227		1.0	.6		.9	
26				10.0	.284		2.0	.6					3.3	.101			.6		.9	
27				7.7	.212		1.0	.6									.6		.2	
28				5.3	.141		1.0	.6									.6			
29				3.4	.086			.6	.30				.9	.026			.6			
30				3.5	.105		1.0	.6					27.0	.768		4.0	.6			
31				.7	.020			.6					4.5	.125		1.0	.6			
MONTH TOTAL				68.6	1.917		12.0	18.6	5.84				117.8	3.435		16.0	16.6		99.1	
YEAR TO DATE				383.7	10.675		56.0		9.99				702.2	20.888		104.0			205.6	
AVG				2.2	.062		1.09	.6	.19				3.8	.111		1.33	.6		3.2	
MAX				10.0	.397		2.0	.6	3.25				27.0	.768		4.0	.6		23.9	
MIN.				.1	0		1.0	.6	0				.3	0		1.0	.6		.1	

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DAY	WELL NO 21 UNIT-0 TRACT "D" WEST LINDEN DRIVE								WELL NO 22 UNIT-7 TRACT "E" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.
1				10.8	.640		6.0	1.0				24.0	1.824		9.0	.6
2				9.1	.531		5.0	1.0				25.6	1.942		10.0	.6
3								1.0				20.5	1.413		7.0	.6
4				2.5	.144		1.0	1.0				24.1	1.697		8.0	.6
5	10'7"	35'10"		5.5	.325		3.0	1.0				24.0	1.726		8.0	.6
6				4.8	.285		3.0	1.0				24.0	1.781		9.0	.6
7				8.2	.480		5.0	1.0				24.8	1.856		9.0	.6
8				.1	.002			1.0				25.3	1823		9.0	.6
9								1.0				24.8	1.587		8.0	.6
10					.001			1.0				21.1	1339		7.0	.6
11				1.6	.102		1.0	1.0				23.7	1.640		8.0	.6
12				.8	.045		1.0	1.0				25.4	1925		10.0	.6
13						7.5		1.0				23.2	1.650	7.0	8.0	.6
14								1.0				23.7	1.688		8.0	.6
15				3.8	.224		2.0	1.0				25.8	1.813		9.0	.6
16								1.0				25.7	1.705		8.0	.6
17								1.0				16.3	1.082		5.0	.6
18								1.0				22.0	1.516		7.0	.6
19								1.0				24.7	1739		8.0	.6
20								1.0				23.1	1537		8.0	.6
21								1.0				25.5	1732		8.0	.6
22				3.9	.262		3.0	1.0				28.3	1.773		9.0	.6
23				5.2	.319		3.0	1.0				26.7	1.858		9.0	.6
24				2.9	.163		2.0	1.0				18.0	1.290		6.0	.6
25								1.0				22.7	1.656		8.0	.6
26				5.2	.338		3.0	1.0				17.2	1.096		5.0	.6
27				7.8	.472		5.0	1.0				19.4	1.350		7.0	.6
28				3.8	.215		2.0	1.0				23.8	1.720		8.0	.6
29				2.0	.120		1.0	1.0				21.6	1.530		8.0	.6
30				5.8	.340		3.0	1.0				15.6	.931		5.0	.6
31				.2	.008			1.0				2.0	.099		1.0	.6
MONTH TOTAL				84.0	5.016		49.0	31.0				688.6	48.318		237.0	18.6
YEAR TO DATE				256.9	15.002		151.0					709.6	148.883		731.0	
AVG.				2.7	.162		2.98	1.0				22.2	1.559		7.65	.6
MAX.				10.8	.640		6.0	1.0				26.7	1.942		10.0	.6
MIN.				.1	0		1.0	1.0				2.0	.099		1.0	.6

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WELL - 26 UNIT - 7 TRACT - 6
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES
1							.6														
2							.6														
3							.6														
4							.6														
5							.6														
6							.6														
7							.6														
8							.6														
9							.6														
10							.6														
11							.6														
12							.6														
13							.6														
14							.6														
15							.6														
16							.6														
17							.6														
18							.6														
19							.1														
20							.6														
21							.6														
22							.6														
23				7.3	.964	5.0	.6														
24				9.5	1.254	6.0	.6														
25				3.8	.502	2.0	.6														
26				24.4	3.221	16.0	.6														
27				13.1	1.452	7.0	.6														
28							.6														
29				5.0	.600	3.0	.6														
30				24.7	2.964	15.0	.6														
31				21.2	2.544	13.0	.6														
MONTH TOTAL				108.0	13.501	67.0	18.6														
YEAR TO DATE				113.6	14.041	70.0	1														
AVG.				3.5	.426	8.26	1														
MAX.				24.7	3.221	16.0	.6														
MIN.				3.8	0	2.0	.6														

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WELL - 26 UNIT - 7 TRACT - 6
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES
1							.6														
2							.6														
3							.6														
4							.6														
5							.6														
6							.6														
7							.6														
8							.6														
9							.6														
10							.6														
11							.6														
12							.6														
13							.6														
14							.6														
15							.6														
16							.6														
17							.6														
18							.6														
19							.1														
20							.6														
21							.6														
22							.6														
23				7.3	.964	5.0	.6														
24				9.5	1.254	6.0	.6														
25				3.8	.502	2.0	.6														
26				24.4	3.221	16.0	.6														
27				13.1	1.452	7.0	.6														
28							.6														
29				5.0	.600	3.0	.6														
30				24.7	2.964	15.0	.6														
31				21.2	2.544	13.0	.6														
MONTH TOTAL				108.0	13.501	67.0	18.6														
YEAR TO DATE				113.6	14.041	70.0	1														
AVG.				3.5	.426	8.26	1														
MAX.				24.7	3.221	16.0	.6														
MIN.				3.8	0	2.0	.6														

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DAY	WELL NO 23 UNIT - 13 TRACT "B-C" GARDNER BLVD / ELLIAN ST.								WELL NO 24 UNIT - 13 TRACT "B" ANTELOPE / GARDNER								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	Dis. Cl	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	Dis. Cl	LBS. CL.	CL. RES.	
1				23.8	1.467		15.0	.6				23.9	1.520		7.0	.6	10.110
2				25.6	1.569		16.0	.6				25.4	1.560		8.0	.6	10.033
3				22.9	1.322		13.0	.6				22.1	1.310		6.0	.6	5.328
4				24.0	1.342		13.0	.6				24.4	1.520		7.0	.6	6.823
5	67'1"	75'3"		24.1	1.406		14.0	.6				24.0	1.670		9.0	.6	8.489
6				24.1	1.361		14.0	.6				23.9	1.500		7.0	.6	9.182
7				25.9	1.501		15.0	.6				25.2	1.530		7.0	.6	9.820
8				21.7	1.238		12.0	.6				24.3	1.460		7.0	.6	8.183
9				23.8	1.291		13.0	.6				24.7	1.400		7.0	.6	6.366
10				22.9	1.294		13.0	.6				21.9	1.280		6.0	.6	5.831
11				23.8	1.366		14.0	.6				23.5	1.480		7.0	.6	7.390
12				27.0	1.624		16.0	.6				26.1	1.700		8.0	.6	10.356
13				20.7	1.218	7.5	12.0	.6				23.1	1.440	10.0	7.0	.6	6.705
14				23.8	1.346		13.0	.6				23.6	1.440		7.0	.6	7.046
15				24.3	1.390		14.0	.6				24.6	1.530		7.0	.6	7.322
16				23.9	1.318		13.0	.6				25.7	1.520		7.0	.6	6.084
17				22.5	1.239		12.0	.6				20.9	1.260		6.0	.6	4.043
18				23.4	1.326		13.0	.6				24.2	1.460		7.0	.6	5.244
19				23.2	1.320		13.0	.6				23.8	1.450		7.0	.6	6.675
20				21.5	1.165		12.0	.6				24.5	1.460		7.0	.6	6.747
21				19.4	1.027		10.0	.6				24.3	1.430		7.0	.6	6.594
22				22.5	1.245		12.0	.6				24.3	1.560		7.0	.6	8.496
23				23.3	1.330		13.0	.6				26.3	1.660		8.0	.6	11.387
24				23.9	1.381		14.0	.6				21.3	1.200		6.0	.6	7.997
25				24.6	1.464		15.0	.6				24.0	1.650		8.0	.6	8.959
26				23.8	1.457		15.0	.6				24.3	1.580		8.0	.6	11.843
27				24.4	1.462		15.0	.6				24.5	1.510		7.0	.6	10.466
28				22.0	1.265		13.0	.6				22.9	1.400		7.0	.6	7.573
29				22.9	1.302		13.0	.6				21.6	1.350		7.0	.6	7.345
30				19.8	1.025		10.0	.6				28.8	1.710		8.0	.6	10.465
31				20.7	1.157		13.0	.6				22.2	1.250		6.0	.6	6.103
MONTH TOTAL				720.1	41.218		417.0	18.6				744.3	45.790		220.0	18.6	245.005
YEAR TO DATE				17405	101.003		10000					21568	131.360		6310		688.644
AVG.				23.2	1.330		13.29	.6				24.0	1.477		7.10	.6	7.903
MAX.				27.0	1.624		16.0	.6				26.8	1.710		9.0	.6	11.843
MIN.				19.4	1.025		10.0	.6				21.3	1.200		6.0	.6	4.043

OPERATOR SIGNATURE: Ricky Leach

CERTIFICATE NUMBER: A-4503

I.D. NO. 6271696

OPERATORS' NAME: Ricky Leach

TOTAL METERED SERVICES AT END OF MONTH: 22,112

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DAY	WELL Nº 3 UNIT - 1 JAMAICA / APRICOT TRACT L										WELL Nº 11 UNIT - 1 JAMAICA / APRICOT TRACT L							N. S. CENTRIFUGAL UNIT-1 JAMAICA / APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No Cl	LBS. CL.	CL. RES.	RAINFALL		STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No Cl	LBS. CL	CL. RES.	METER RDG.	HOURS	GALLONS
1				3.9	077			.6						22.1	239		1.0	.6		4.3	
2				5.8	116		1.0	.6						14.0	166		1.0	.6		3.2	
3				8.3	165		1.0	.6						19.3	.209		1.0	.6		2.3	
4				5.4	.105		1.0	.6						13.3	.147		1.0	.6		1.2	
5								.6	.46					18.9	.156		1.0	.6			
6								.6	.09					14.2	.209		1.0	.6			
7								.6						7.6	054			.6			
8				4.5	.090		1.0	.6						15.4	.172		1.0	.6		4.1	
9				10.3	.201		1.0	.6						12.9	.152		1.0	.6		4.5	
10				5.4	.109		1.0	.6						9.3	.106			.6		.9	
11								.6						11.6	.127		1.0	.6			
12				7.3	.147		1.0	.6						16.6	.179		1.0	.6		4.4	
13				15.8	.313		1.0	.6						19.6	.223		1.0	.6		4.5	
14				3.0	.060			.6						19.7	.213		1.0	.6			
15				2.6	.051			.6						24.1	.260		1.0	.6		3.2	
16				16.5	.327		1.0	.6						24.6	.278		1.0	.6		7.6	
17				15.9	.316		1.0	.6						15.4	.164		1.0	.6		1.5	
18								.6						8.5	.088			.6			
19				5.4	.106		1.0	.6						8.0	.082			.6		3.3	
20				15.6	.305		1.0	.6	.16					11.7	.120			.6		3.9	
21				2.3	.045			.6						7.8	.084			.6			
22				4.6	.092			.6						11.6	.121		1.0	.6		4.2	
23				2.8	.056			.6	3.55					5.4	.059			.6		.5	
24								.6	.25					4.0	.039			.6			
25								.6	1.34									.6			
26								.6	.02					6.0	.058			.6			
27								.6						7.3	.082			.6			
28								.6						4.4	.048			.6			
29				3.0	.061			.6						8.1	.079			.6		3.7	
30				7.1	.134		1.0	.6						13.4	.150		1.0	.6		4.6	
31																					
MONTH TOTAL				145.5	2.876		13.0	18.0	5.86					373.5	4 091		17.0	18.0		61.8	
YEAR TO DATE				366.5	7.228		36.0		16.04					1700.0	19.717		90.0			146.3	
AV'G.				4.9	.096		1.0	.6	.20					12.5	.136		1.0	.6		2.1	
MAX.				16.5	.327		1.0	.6	3.55					24.6	.278		1.0	.6		7.6	
MIN.				2.3	0		1.0	.6	0					4.0	0		1.0	.6		.5	

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DAY	WELL Nº 12 ELDRIDGE #2 UNIT-F TRACT K								WELL Nº 10 CARTEE/BETTYVILLE UNIT - E5 TRACT N								
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No Cl	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No Cl	LBS. CL.	CL. RES.	RAINFALL
1				7.8	.253		1.0	.6				17.2	408		2.0	.6	
2				4.1	.132		1.0	.6				14.9	.364		2.0	.6	
3				1.6	.048			.6				5.4	.130		1.0	.6	
4				1.6	.051			.6				13.4	.320		1.0	.6	
5				1.5	.048			.6				6.4	.153		1.0	.6	.30
6				4.0	.128		1.0	.6				8.3	.199		1.0	.6	
7								.6				10.7	.257		2.0	.6	.08
8				4.4	.145		1.0	.6				11.8	.285		2.0	.6	
9				3.4	.110			.6				12.3	.297		2.0	.6	
10				.8	.020			.6				7.2	.179		1.0	.6	.38
11								.6				9.6	.222		1.0	.6	
12				4.0	.136		1.0	.6				8.1	.208		1.0	.6	
13				4.2	.138		1.0	.6				14.3	.359		2.0	.6	
14								.6				12.3	.295		2.0	.6	
15				3.7	.123		1.0	.6				12.7	.318		2.0	.6	
16				4.8				.6				14.6	.363		2.0	.6	
17								.6				7.3	.173		1.0	.6	.08
18				.1	.004			.6				7.5	.179		1.0	.6	
19				2.4	.073			.6				4.4	.118			.6	
20				3.0	.094			.6				5.4	.130			.6	.13
21								.6				3.8	.097			.6	.24
22				3.8	.124		1.0	.6				6.5	.157		1.0	.6	
23								.6				7.4	.173		1.0	.6	2.90
24								.6				1.8	.043			.6	
25								.6								.6	1.25
26								.6				3.5	.090			.6	.03
27				2.4	.072			.6				5.6	.127			.6	
28								.6				4.6	.111			.6	
29				3.8	.121		1.0	.6				8.3	.202		1.0	.6	
30				4.2	.120		1.0	.6				14.1	.348		2.0	.6	
31																	
MONTH TOTAL				65.6	2 096		10.0	18.0				258.8	6 294		37.0	18.0	5.39
YEAR TO DATE				396.3	12.544		65.0					1540.0	36.988		184.0		14.89
AVG.				2.2	.070		1.0	.6				8.6	.210		1.45	.6	.18
MAX.				7.8	.253		1.0	.6				17.2	.408		2.0	.6	1.25
MIN.				.1	0		1.0	.6				1.8	0		1.0	.6	0

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DAY	WELL #5 UNIT-25 TRACT H CARTEE / BETTSVILLE								N. S. CENTRIFUGAL UNIT-25 CARTEE / BETTSVILLE					WELL #7 UNIT-13 TRACT B ANTELOPE / BARROW					
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No Cl	Lbs. Cl.	Cl. Res.	METER REG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No Cl	Lbs. Cl.	Cl. Res.	RAINFALL
1				5.3	.199		1.0	.6		10.2					12.2	.493		2.0	.6	
2				23.2	.809		4.0	.6		10.9					12.6	501		2.0	.6	
3				23.8	925		4.0	.6		7.6					15.6	.574		3.0	.6	
4				5.1	.184		1.0	.6							12.0	.435		2.0	.6	
5				.7	.024			.6		.9					8.1	.320		2.0	.6	2.15
6				3.2	.110			.6		4.6					3.1	.115		1.0	.6	.07
7				6.6	.230		1.0	.6		3					3.3	.133		1.0	.6	
8				4.8	.166		1.0	.6		8.1									.6	
9				17.2	.577		3.0	.6		8.0					10.6	.447		2.0	.6	
10				12.7	.463		2.0	.6							4.4	.146		1.0	.6	.30
11								.6							4	.026			.6	
12				3.0	.156		1.0	.6		4.1									.6	
13				13.3	.409		2.0	.6		6.3					12.9	.543		2.0	.6	
14				7.5	.274		1.0	.6		.3					10.0	.379		2.0	.6	
15				4.6	.142		1.0	.6		4.6					9.1	.391		2.0	.6	
16				16.6	.534		2.0	.6		10.5					15.2	.593		3.0	.6	
17				15.3	.538		2.0	.6							9.9	.302		1.0	.6	
18								.6							.6	.028			.6	
19				3.0	.098			.6		5.8					4.8	.279		1.0	.6	
20				11.9	.416		2.0	.6		6.1					7.8	.305		1.0	.6	.34
21				8.8	.309		1.0	.6		4					7.0	.271		1.0	.6	
22				4.3	.150		1.0	.6		8.2					11.0	.428		2.0	.6	
23				11.9	.422		2.0	.6							4.3	.159		1.0	.6	2.00
24								.6							2.6	.120		1.0	.6	
25								.6							6.5	.226		1.0	.6	.99
26								.6		.2					6.1	.226		1.0	.6	.03
27				2.8	.096			.6		3.2					7.4	.259		1.0	.6	
28								.6							4.7	.184		1.0	.6	
29				8.6	.275		1.0	.6		8.4					6.6	.275		1.0	.6	
30				19.7	.655		3.0	.6		8.8					12.0	.475		2.0	.6	
31																				
MONTH TOTAL				232.3	8.054		36.0	18.0		114.5					211.9	8.639		41.0	18.0	5.88
YEAR TO DATE				893.1	32.095		159.0			438.3					515.7	20.266		102.0		13.76
AVG.				7.7	.268		1.8	.6		3.8					7.1	.288		1.58	.6	.20
MAX.				23.8	.828		4.0	.6		10.9					15.6	.593		3.0	.6	2.00
MIN.				.7	0		1.0	.6		.2					.4	0		1.0	.6	0

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DAY	WELL NO 8 PIONEER PARK UNIT-2 TRACT "A"								WELL NO 16 WEST LINDEN DRIVE UNIT-3 TRACT "B"								WELL NO 20 ANTELOPE / BARROW UNIT-13 TRACT "B"							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CL	LBS CL	CL RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CL	LBS CL	CL RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CL	LBS CL	CL RES.
1				12.1	.261		1.0	.6				17.7	743		4.0	.6				8.7	539		3.0	.6
2				15.4	.343		2.0	.6				11.5	.469		2.0	.6				15.1	.900		4.0	.6
3				15.2	.325		1.0	.6				2.1	075			.6				13.3	.721		3.0	.6
4				14.5	.303		1.0	.6				16.0	.625		3.0	.6				9.2	.524		2.0	.6
5				10.5	.217		1.0	.6				15.6	.606		3.0	.6				8.1	.456		2.0	.6
6				9.7	.205		1.0	.6				9.9	.394		2.0	.6				7.9	.465		2.0	.6
7				6.5	.135			.6				6.0	233		1.0	.6				8.2	.466		2.0	.6
8				14.3	.304		1.0	.6				6.6	.256		1.0	.6				13.7	.830		4.0	.6
9				15.2	.333		1.0	.6				12.9	.516		2.0	.6				11.0	.664		3.0	.6
10				10.6	.216		1.0	.6				1.0	.635			.6				7.9	.455		2.0	.6
11				9.0	.194		1.0	.6				4.9	.194		1.0	.6				10.1	.591		3.0	.6
12				13.6	.290		1.0	.6				12.2	.321		1.0	.6				11.7	.733		3.0	.6
13				15.6	.342		2.0	.6				7.1	.526		2.0	.6				16.9	1.010		5.0	.6
14				16.2	.225		1.0	.6				4.1	164		1.0	.6				8.7	.502		2.0	.6
15				11.2	.242		1.0	.6				5.6	.270		1.0	.6				13.9	.790		4.0	.6
16				18.2	.404		2.0	.6				13.0	.556		2.0	.6				16.9	1.033		5.0	.6
17				1.1	.022			.6				3.6	.144		1.0	.6				9.4	.540		2.0	.6
18				9.4	.233		1.0	.6								.6				13.0	.746		3.0	.6
19				6.3	.160			.6				4.6	201		1.0	.6				7.2	.428		2.0	.6
20				11.1	.290		1.0	.6				4.9	.212		1.0	.6				9.3	.551		2.0	.6
21				9.5	.243		1.0	.6								.6				4.1	.238		1.0	.6
22				13.7	.346		2.0	.6				9.7	.216		1.0	.6				8.8	.535		2.0	.6
23				6.5	.169		1.0	.6				4.3	.170		1.0	.6				5.1	.295		1.0	.6
24				6.5	.158		1.0	.6				4	.014			.6				3.9	.216		1.0	.6
25				9.7	.212		1.0	.6								.6				1.1	058			.6
26				7.2	.194		1.0	.6				3.1	.145			.6				4.6	.246		1.0	.6
27				9.5	.237		1.0	.6				5.1	.211		1.0	.6				10.7	.629		3.0	.6
28				6.5	.164		1.0	.6				.7	.021			.6				7.4	.424		2.0	.6
29				10.8	.276		1.0	.6				4.4	.205		1.0	.6				11.5	.688		3.0	.6
30				14.7	.384		2.0	.6				11.0	.474		2.0	.6				15.9	.963		4.0	.6
31																								
MONTH TOTAL				323.6	7.423		32.0	18.0				191.5	7.997		35.0	18.0				291.1	17.246		76.0	18.0
YEAR TO DATE				1547.1	31.082		149.0					1747.6	69.121		333.0					1423.5	82.521		399.0	
AVG.				10.8	.247		1.19	.6				6.4	.267		1.6	.6				9.7	.575		2.62	.6
MAX.				18.2	.404		2.0	.6				17.7	.743		4.0	.6				16.9	1.033		5.0	.6
MIN.				1.1	.022		1.0	.6				.4	0		1.0	.6				1.1	.058		1.0	.6

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DAY	WELL #17 UNIT-10 TRACT "B-C" MARINER BLVD / WILLIAM ST									WELL #18 UNIT-10 TRACT "B-C" MARINER BLVD / WILLIAM ST									N.B CENTRIFUGAL UNIT-10 MARINER BLVD/WILLIAM ST		
	STATIC LEVEL	PUMPING LEVEL	METER ROO	HOURS	GALLONS	PPM CL	LBS CL	CL RES	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER ROO	HOURS	GALLONS	PPM CL	LBS CL	CL RES	METER ROO	HOURS	GALLONS
1				6.1	175		1.0	.6					3.0	.063			.6			
2				9.5	.273		1.0	.6									.6		3.2	
3				7.6	209		1.0	.6									.6			
4				4.0	.113			.6					9	.054			.6			
5				4.1	.107			.6	.90								.6			
6				4.5	.136			.6	.09								.6			
7				1.6	.044			.6	.12								.6			
8				6.9	.195		1.0	.6	.07								.6		.7	
9				8.0	225		1.0	.6					1.6	.118		1.0	.6			
10				1.6	.048			.6									.6			
11				4.1	.106			.6					2.6	.078			.6			
12				4.9	.140			.6					3.7	.115			.6		1.4	
13				9.5	.277		1.0	.6					6.0	.182		1.0	.6			
14				4.4	.122			.6					3.6	.105			.6			
15				15.9	.166		1.0	.6					5.2	.163		1.0	.6		2.5	
16				10.3	.299		1.0	.6					9.9	.296		1.0	.6		5.2	
17				19.9	.564		3.0	.6	.07				19.3	.587		3.0	.6		2.0	
18				17.7	.513		2.0	.6					23.4	.721		3.0	.6			
19				14.1	.385		2.0	.6					8.7	.282		1.0	.6			
20				14.1	.404		2.0	.6	.30				19.0	.547		3.0	.6			
21				14.8	.406		2.0	.6	.09				14.9	.542		3.0	.6			
22				17.9	.508		2.0	.6					9.8	.305		1.0	.6		24.9	
23				9.0	.262		1.0	.6	2.15				10.5	.325		2.0	.6		23.2	
24				12.5	.355		2.0	.6					5.2	.160		1.0	.6		20.8	
25				14.7	.410		2.0	.6	.95				6.0	.186		1.0	.6		22.0	
26				7.8	.229		1.0	.6	.02				10.1	.313		1.0	.6		23.4	
27				15.8	.450		2.0	.6					11.3	.353		2.0	.6		22.3	
28				21.1	.589		3.0	.6					6.2	.194		1.0	.6		22.1	
29				13.7	.398		2.0	.6					10.5	.229		1.0	.6		23.6	
30				20.3	.586		3.0	.6					3.8	.440		2.0	.6		23.8	
31																				
MONTH TOTAL				316.9	8.682		37.0	18.0	4.75				194.2	6.358		29.0	18.0		220.1	
YEAR TO DATE				700.6	19.357		93.0		14.74				896.4	27.246		133.0			425.7	
AVG.				10.6	.289		1.68	.6	.16				6.5	.212		1.61	.6		7.3	
MAX.				21.1	.589		3.0	.6	2.15				23.4	.721		3.0	.6		24.9	
MIN.				1.6	.044		1.0	.6	0				.9	0		1.0	.6		.7	

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DAY	WELL NO 21 UNIT-0 TRACT "B" WEST LINDEN DRIVE								WELL NO 22 UNIT-7 TRACT "G" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES
1				4.4	.293		3.0	1.0				23.5	1.725		8.0	.6
2				8.5	.506		5.0	1.0				16.1	1.041		5.0	.6
3				1.3	.830		8.0	1.0				4.2	.227		1.0	.6
4				.9	.045		1.0	1.0				21.9	1.570		8.0	.6
5								1.0				23.8	1.593		8.0	.6
6				4.3	.254		2.0	1.0				.3	.013			.6
7							3.0	1.0								.6
8				4.9	.313		3.0	1.0								.6
9				4.1	.261		3.0	1.0				15.2	990		5.0	.6
10				1.0	.053		1.0	1.0				5.3	.277		1.0	.6
11								1.0								.6
12				4.6	.295		3.0	1.0				9.0	.625		3.0	.6
13				9.7	.574		6.0	1.0				22.6	1.426		7.0	.6
14				2.1	.119		1.0	1.0				12.1	.710		3.0	.6
15				4.9	.327		3.0	1.0				14.2	.903		4.0	.6
16				9.7	.594		6.0	1.0				21.0	1.368		7.0	.6
17								1.0				10.6	.620		3.0	.6
18								1.0				8.9	.505		2.0	.6
19				3.7	.223		2.0	1.0				8.6	.537		2.0	.6
20				4.0	.243		2.0	1.0				9.2	.523		2.0	.6
21								1.0				7.5	.417		2.0	.6
22				3.9	.247		2.0	1.0				8.1	.554		3.0	.6
23				.8	.086		1.0	1.0				18.9	1.225		6.0	.6
24								1.0				20.4	1.351		6.0	.6
25								1.0				10.8	.700		3.0	.6
26								1.0				10.0	.654		3.0	.6
27				3.8	.224		2.0	1.0				9.0	.550		3.0	.6
28								1.0				7.1	.398		2.0	.6
29				4.0	.250		2.0	1.0				5.8	.431		2.0	.6
30				5.4	.338		3.0	1.0				15.2	.990		5.0	.6
31																
MONTH TOTAL				854	5.317		62.0	30.0				338.3	21.923		104.0	18.0
YEAR TO DATE				3423	20.319		216.0					2431.9	170.806		835.0	
AVG.				2.85	.177		2.952	1.0				11.3	.731		4.0	.6
MAX.				9.7	.594		8.0	1.0				23.8	1.725		8.0	.6
MIN.				.8	0		1.0	1.0				.3	0		1.0	.6

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WELL - 25 UNIT - 7 TRACT - A
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES
1				4	036		.6														
2				24.4	2.688	13.0	.6														
3				22.8	2.956	14.0	.6														
4							.6														
5							.6														
6				30.8	3.672	18.0	.6														
7				19.0	2280	11.0	.6														
8				24.4	2.928	15.0	.6														
9				23.8	2.856	14.0	.6														
10				23.8	2.856	14.0	.6														
11				24.1	2.892	14.0	.6														
12				24.7	2.465	12.0	.6														
13				26.6	3.511	16.0	.6														
14				20.6	2.472	12.0	.6														
15				24.0	2.880	14.0	.6														
16				24.7	3260	16.0	.6														
17				23.6	3.115	15.0	.6														
18				23.9	3.155	15.0	.6														
19				25.6	3.379	17.0	.6														
20				24.1	3.181	16.0	.6														
21				22.4	2.956	15.0	.6														
22				25.6	3.379	17.0	.6														
23				2.3	304	1.0	.6														
24							.6														
25							.6														
26				19.3	2.548	12.0	.6														
27				24.7	3.260	16.0	.6														
28				22.1	2.917	15.0	.6														
29				24.8	3.274	16.0	.6														
30				23.5	3.102	15.0	.6														
31																					
MONTH TOTAL				577.0	72.222	353.0	18.0														
YEAR TO DATE				690.6	86.263	423.0															
AVG.				19.23	2.407	14.2	.6														
MAX.				30.8	3.672	18.0	.6														
MIN.				2.3	0	1.0	.6														

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DAY	WELL NO 23 UNIT - 10 TRACT "B-C" MANNING BLVD / DILLIAN ST.								WELL NO 24 UNIT - 12 TRACT "B" ANTELOPE / BASSOON								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	
1				22.9	1.394		14.0	.6				23.2	1.540		7.0	.6	8.428
2				24.3	1.507		15.0	.6				24.2	1.590		8.0	.6	11.405
3				24.6	1.464		15.0	.6				24.3	1.500		7.0	.6	9.417
4				24.0	1.372		14.0	.6				23.5	1.430		7.0	.6	7.278
5				23.4	1.305		13.0	.6				25.1	1.480		7.0	.6	6.465
6				23.4	1.337		13.0	.6				25.0	1.500		7.0	.6	8.739
7				22.0	1.279		13.0	.6				21.4	1.210		6.0	.6	6.351
8				22.4	1.344		13.0	.6				23.5	1.470		7.0	.6	8.499
9				22.9	1.367		14.0	.6				23.3	1.480		7.0	.6	10.594
10				20.7	1.163		12.0	.6				24.3	1.350		7.0	.6	7.479
11				21.4	1.241		12.0	.6				24.1	1.390		7.0	.6	7.051
12				22.9	1.347		13.0	.6				24.3	1.570		8.0	.6	8.717
13				25.2	1.536		15.0	.6				25.7	1.640		8.0	.6	13.003
14				20.0	1.176		12.0	.6				21.5	1.250		6.0	.6	8.064
15				23.4	1.414		14.0	.6				25.4	1.610		8.0	.6	10.040
16				25.5	1.543		15.0	.6				24.6	1.606		8.0	.6	12.103
17				23.1	1.493		15.0	.6				23.2	1.320		6.0	.6	9.898
18				23.8	1.631		16.0	.6				23.6	1.380		7.0	.6	9.183
19				23.3	1.582		16.0	.6				25.0	1.400		7.0	.6	9.333
20				24.3	1.623		16.0	.6				23.9	1.440		7.0	.6	10.374
21				23.7	1.474		15.0	.6				22.6	1.250		6.0	.6	8.332
22				23.8	1.578		16.0	.6				24.0	1.470		7.0	.6	10.210
23				25.2	1.723		17.0	.6				24.9	1.420		7.0	.6	6.848
24				22.6	1.521		15.0	.6				22.9	1.360		7.0	.6	5.337
25				24.0	1.523		15.0	.6				24.1	1.410		7.0	.6	4.730
26				23.8	1.465		15.0	.6				25.1	1.380		7.0	.6	7.558
27				24.2	1.658		16.0	.6				24.5	1.500		7.0	.6	9.727
28				23.4	1.518		15.0	.6				22.7	1.360		7.0	.6	7.928
29				23.4	1.617		10.0	.6				23.8	1.460		7.0	.6	9.834
30				23.7	1.843		18.0	.6				24.5	1.590		8.0	.6	12.592
31																	
MONTH TOTAL				700.3	44.038		432.0	18.0				718.4	43.350		212.0	18.0	266.606
YEAR TO DATE				2440.8	145.041		1432.0					2877.2	174.710		843.0		955.250
AVG.				23.3	1.468		14.4	.6				23.9	1.445		7.06	.6	8.887
MAX.				25.5	1.843		18.0	.6				25.7	1.640		8.0	.6	13.193
MIN.				20.0	1.012		10.0	.6				21.4	1.210		6.0	.6	4.730

I.D. NO. 6271696

OPERATORS' NAME: Ricky Leach

TOTAL METERED SERVICES AT END OF MONTH: 218 72

OPERATOR SIGNATURE: Ricky Leach

CERTIFICATE NUMBER: VA 4903

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DAY	WELL Nº I UNIT-1 TRACT L JAMAICA / APRICOT									WELL Nº II UNIT-1 TRACT L JAMAICA / APRICOT									H.S. UNIT-1 CENTRIFUGAL JAMAICA/APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS
1				16.5	.333		1.0	.6					10.1	.110			.6		.7	
2								.6					9.4	.097		1.0	.6			
3				6.0	.123			.6					13.6	.148			.6		4.6	
4				14.5	.285		1.0	.6					20.5	.231		1.0	.6		6.2	
5				9.9	.197		1.0	.6					12.9	.143			.6		2.7	
6				3.2	.064			.6					11.8	.134		1.0	.6		3.9	
7				14.2	.280		1.0	.6					16.9	.195		1.0	.6		5.8	
8	26'	91'		9.8	.194		1.0	.6		23'2"	66'5"		23.5	.262		1.0	.6		2.3	
9								.6	.27				24.1	.257		1.0	.6			
10				5.8	.116			.6	.08				26.6	.295		1.0	.6		5.2	
11				11.9	.238		1.0	.6	.51				24.1	.305		1.0	.6		5.7	
12				7.5	.146		1.0	.6					19.6	.220		1.0	.6		1.8	
13				3.2	.061			.6					16.9	.196		1.0	.6		3.4	
14				19.4	.389		2.0	.6					20.7	.257		1.0	.6		10.2	
15				14.3	.288		1.0	.6					17.6	.211		1.0	.6		4.6	
16								.6	.02				2.9	.031			.6		.1	
17				.2	.005			.6	1.65				6.7	.083			.6			
18				5.8	.114			.6					6.0	.076			.6		3.8	
19				2.3	.045		1.0	.6	2.65				2.3	.030		1.0	.6			
20								.6					2.2	.020			.6			
21				2.1	.043			.6	.95				4.4	.056			.6		2.6	
22				9.7	.187		1.0	.6	.12				.7	.009			.6			
23								.6	.50								.6			
24								.6	.95				3.6	.041		1.0	.6			
25								.6					5.1	.063			.6			
26								.6	1.07								.6			
27								.6	1.04				3.5	.041			.6			
28				1.4	.027			.6	.30				3.8	—			.6		1.9	
29				7.1	.140		1.0	.6					3.8	.032			.6			
30						10.0		.6							7.5		.6			
31								.6	.55				3.7	.042		1.0	.6			
MONTH TOTAL				164.8	3.275		13.0	18.6	10.66				317.1	3.579		15.0	16.6		65.5	
YEAR TO DATE				531.3	10.503		49.0		26.80				2017.1	23.296		105.0			206.9	
AVG.				5.3	.106		1.0	.6	.34				10.2	.115		1.0	.6		2.1	
MAX.				19.4	.389		2.0	.6	2.65				26.6	305		1.0	.6		10.2	
MIN.				.2	0		1.0	.6	0				.7	0		1.0	.6		.1	

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DAY	WELL N° 12 UNIT-7 TRACT "A" ELDRIDGE RD.								WELL N° 10 UNIT - 23 TRACT "N" CARTER / REYNOLDSVILLE								
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES.	RAINFALL
1								.6				10.0	.239		1.0	.6	
2								.6				6.1	.142			.6	
3				4.5	.165		1.0	.6				11.3	279		1.0	6	
4				4.7	.152			.6				15.2	.376		1.0	6	
5				2.8	088		1.0	.6				13.7	.335		1.0	6	
6				4.2	.137			.6				10.5	.258		1.0	.6	
7				4.6	.153		1.0	.6				15.2	.379		2.0	.6	
8	216'	402'		1.0	.028			.6	192'	513'		1.5	.038			.6	
9								.6								.6	
10				4.2	.143		1.0	.6				3.9	.105		1.6	6	
11				1.4	.046			.6				7.8	.203		1.0	.6	
12								.6				2.8	.075			.6	
13				4.0	137		1.0	.6				6.0	.160		1.0	.6	
14				7.3	.250		1.0	.6				10.7	284		1.0	.6	
15				4.7	.148			.6				17.2	.426		2.0	.6	
16				.1	.001			.6				11.6	.277		1.0	.6	.62
17				2.7	.085		1.0	.6				7.7	.191		1.0	.6	.06
18				4.5	.140		1.0	.6				15.3	.376		2.0	.6	
19								.6				5.3	.125			.6	.74
20								.6				4.4	.105		1.0	.6	
21				4.6	.152			.6				6.4	.158			.6	1.15
22				.3	.010		1.0	.6				2.1	.051		1.0	.6	.26
23								.6				2.1	.047			.6	.50
24								.6				5.2	.120		1.0	.6	1.50
25				4.9	.160		1.0	.6				8.3	210		1.0	.6	
26								.6				3.9	.091			.6	1.40
27				3.4	.108			.6				6.8	.164		1.0	.6	.14
28				4.6	.148		1.0	.6				7.1	.174		1.0	.6	
29				4	.011			.6				8.4	.201		1.0	.6	
30						7.5		.6				5.4	.127	7.0		.6	
31								.6				5.5	.212		1.0	.6	1.40
MONTH TOTAL				68.9	2.262		11.0	18.6				237.4	5.928		25.0	18.6	7.77
YEAR TO DATE	—			465.2	14.806		76.0					1777.4	42.916		209.0		22.16
AVG.				2.2	.073		1.0	.6				7.7	.191		1.14	.6	.25
MAX.				7.3	.250		1.0	.6				17.2	.426		2.0	.6	1.50
MIN.	—			.1	0		1.0	.6	—			1.5	0		1.0	.6	0

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DAY	WELL Nº 13 UNIT-25 TRACT N° CARTEE / REYSVILLE								N. S. CENTRIFUGAL UNIT-25 CARTEE / REYSVILLE			WELL Nº 7 UNIT-13 TRACT Nº ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL.	CL. RES.	METER REG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL.	CL. RES.	RAINFALL
1				11.6	.407		2.0	.6							10.7	.405		2.0	.6	
2								.6							6.6	249		1.0	.6	
3				4.1	144		1.0	.6		9.6					11.9	.475		2.0	.6	
4				21.5	751		4.0	.6		11.0					14.9	.593		2.0	.6	
5				18.8	.656		3.0	.6		2.4					12.2	.473		2.0	.6	
6				5.7	.197		1.0	.6		10.2					10.2	.408		2.0	.6	
7				20.4	.713		4.0	.6		10.6					14.2	.573		2.0	.6	
8	19'8	63'6		16.4	.571		3.0	.6		.7					12.6	488		2.0	.6	
9								.6		.4					11.8	.451		2.0	.6	
10				5.8	.260		1.0	.6		5.6					9.7	.395		2.0	.6	
11				18.4	.576		3.0	.6		8.2					19.8	.780		4.0	.6	.20
12				16.0	.558		3.0	.6		2.5					9.1	.356		2.0	.6	
13				9.3	.320		1.0	.6		7.7					14.4	.574		2.0	.6	
14				24.2	8.39		4.0	.6		11.8					18.2	742		4.0	.6	
15				16.7	.584		3.0	.6		2.1					15.0	.585		2.0	.6	
16								.6							10.1	.375		2.0	.6	.20
17				3.4	.116		1.0	.6		6.7					10.3	395		2.0	.6	.05
18				16.8	.582		3.0	.6		11.0					14.2	.553		2.0	.6	
19				15.1	.529		3.0	.6		1.1					5.3	.196		1.0	.6	.76
20								.6							4.3	.156		1.0	.6	
21				4.5	.155		1.0	.6		5.0					10.1	.383		1.0	.6	.90
22				4.3	.149		1.0	.6							5.7	.207		1.0	.6	.52
23								.6							9.1	.333		1.0	.6	.24
24								.6							5.0	.180		1.0	.6	.60
25				2.2	.075			.6		3.0					9.4	.357		1.0	.6	-
26				3.3	.118			.6							5.1	.193		1.0	.6	1.50
27				2.1	.073		1.0	.6		1.3					7.6	.286		1.0	.6	.07
28				4.9	.166			.6		5.2					8.1	.313		1.0	.6	
29				4.7	.165		1.0	.6							10.9	.406		2.0	.6	
30						7.5		.6							7.5	.277	7.0	1.0	.6	
31								.6							4.4	.164		1.0	.6	2.30
MONTH TOTAL				250.2	8.704		44.0	18.6		116.5					318.4	12.321		53.0	18.6	7.34
YEAR TO DATE				11433	40.799		203.0			554.8					834.1	32.587		155.0		21.10
AVG.				8.1	.281		2.20	.6		3.8					10.3	.397		1.71	.6	.24
MAX.				24.2	.839		4.0	.6		11.8					19.8	.780		4.0	.6	1.50
MIN.				2.1	0		1.0	.6		.4					4.3	.156		1.0	.6	0

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DAY	WELL Nº 6 UNIT-5 TRACT "A" PIONEER PARK								WELL Nº 16 UNIT-5 TRACT "B" WEST LINDEN DRIVE								WELL Nº 20 UNIT-15 TRACT "B" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.
1				9.5	.242		1.0	.6				4.7	.183		1.0	.6				10.6	.614		3.0	.6
2				7.3	.183		1.0	.6								.6				7.5	427		2.0	.6
3				14.2	.364		2.0	.6				7.6	.343		1.0	.6				13.3	.819		4.0	.6
4				17.2	.454		2.0	.6				12.8	.547		2.0	.6				17.5	1.066		5.0	.6
5				12.9	.338		2.0	.6				6.5	.273		1.0	.6				12.6	.745		4.0	.6
6				11.5	.300		1.0	.6				6.0	.282		1.0	.6				13.5	.829		4.0	.6
7				17.3	.455		2.0	.6				12.0	.528		2.0	.6				16.1	.944		5.0	.6
8				14.2	.370		2.0	.6	23'	23'5"		1.4	.051			.6				14.4	.853		4.0	.6
9				8.8	.225		1.0	.6								.6				11.0	.646		3.0	.6
10				13.0	.338		1.0	.6				4.0	.200		1.0	.6				12.8	.795		4.0	.6
11				19.8	.524		2.0	.6				4.7	.229		1.0	.6				21.9	1.350		6.0	.6
12				12.5	.326		1.0	.6								.6				20.8	1.215		6.0	.6
13				15.2	.398		2.0	.6				4.4	.214		1.0	.6				16.6	1.024		5.0	.6
14				21.6	.580		3.0	.6				7.4	.366		1.0	.6				19.8	1.254		6.0	.6
15				18.9	.497		2.0	.6				6.2	.285		1.0	.6				20.8	1.228		6.0	.6
16				10.2	.257		1.0	.6								.6				6.8	.381		1.0	.6
17				11.8	.301		1.0	.6				7.2	.303		1.0	.6				9.0	.547		3.0	.6
18				13.4	.345		1.0	.6				9.3	.395		1.0	.6				14.8	.900		4.0	.6
19				3.6	.093			.6				1.0	.035			.6				1.0	.050			.6
20				4.4	.111		1.0	.6				4.3	.163		1.0	.6				3.7	.211		1.0	.6
21				11.2	.284		1.0	.6				5.2	.228			.6				8.6	.512		2.0	.6
22				3.9	.100			.6				2.1	.076		1.0	.6				2.4	.136			.6
23				7.6	.194		1.0	.6								.6								.6
24				7.7	.195		1.0	.6								.6				4.1	.233		1.0	.6
25	—			14.0	.355		2.0	.6				5.1	.222		1.0	.6				12.6	.728		4.0	.6
26				6.4	.161		1.0	.6				3.3	.121			.6				1.9	.114		—	.6
27				7.5	.192		1.0	.6				6.2	.249		1.0	.6				5.5	.320		2.0	.6
28				9.5	.241		1.0	.6				8.2	.335		1.0	.6				12.0	.762		4.0	.6
29				10.1	.256		1.0	.6				3.7	.143		1.0	.6				10.8	.614		3.0	.6
30				5.7	.144	8.0	1.0	.6						7.5		.6				3.5	.199	8.5	1.0	.6
31				8.8	.222		1.0	.6				2.9	.119		1.0	.6				5.4	.304		1.0	.6
MONTH TOTAL				349.9	9.045		41.0	18.6				136.2	5.895		22.0	18.6	—			332.0	19.870		94.0	18.6
YEAR TO DATE		—		1997.0	40.127		190.0					1883.9	75.016		355.0					1755.5	102.391	—	493.0	
AVE.	—			11.3	.292		1.41	.6				4.4	.190		1.10	.6				10.7	.641		3.48	.6
MAX.	—	—	—	21.6	.580		3.0	.6				12.8	.547		2.0	.6				21.9	1.350		6.0	.6
MIN.	—	—	—	3.6	.093		1.0	.6				1.0	0		1.0	.6				1.0	0		1.0	.6

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DAY	WELL N°17 UNIT-10 TRACT "A-C" MARINER BLVD / KILLIAN ST									WELL N°18 UNIT-10 TRACT "A-C" MARINER BLVD / KILLIAN ST.									N. S. CENTRIFUGAL UNIT-10 MARINER BLVD/KILLIAN ST.		
	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	ml CL	LBS. CL.	CL. RES.	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	ml CL	LBS. CL.	CL. RES.	METER ROG	HOURS	GALLONS
1				17.6	.500		2.0	.6					11.8	.371		1.0	.6		22.3	
2				16.1	.452		2.0	.6					8.4	.255		1.0	.6		21.0	
3				17.9	.513		2.0	.6					12.5	.356		1.0	.6		24.5	
4				24.1	.709		3.0	.6					14.7	.474		2.0	.6		22.8	
5				16.7	.492		2.0	.6					18.5	.576		2.0	.6		21.8	
6				14.4	.422		2.0	.6					14.9	.461		2.0	.6		25.4	
7				19.3	.572		2.0	.6					17.7	.562		2.0	.6		23.5	
8	84'	80'		21.4	.626		3.0	.6		61'10"			11.3	.364		1.0	.6		20.9	
9				16.9	.489		2.0	.6					6.5	209		1.0	.6		21.8	
10				18.5	.533		2.0	.6					8.3	.272		1.0	.6		24.8	
11				24.6	.729		3.0	.6					14.7	.479		2.0	.6		25.0	
12				24.1	.717		3.0	.6					10.1	.337		1.0	.6		21.0	
13				23.5	.697		3.0	.6					11.4	.373		1.0	.6		25.7	
14				23.8	.719		3.0	.6					14.8	.486		2.0	.6		26.1	
15				22.0	.651		3.0	.6					17.6	.556		2.0	.6		22.1	
16				14.7	.433		2.0	.6	.32				14.5	.454		2.0	.6		19.5	
17	R			11.9	.355		1.0	.6	.03				12.6	.401		2.0	.6		21.5	
18				15.2	.538		2.0	.6					18.1	.568		2.0	.6		23.9	
19				6.2	.184		1.0	.6	.51				15.1	459		2.0	.6		21.9	
20				6.6	.194		1.0	.6					8.5	.264		1.0	.6		23.3	
21				11.3	335		1.0	.6	.88				13.5	.423		2.0	.6		20.6	
22				6.0	.176		1.0	.6	.19				11.5	.355		1.0	.6		21.0	
23				18.0	.508		2.0	.6	.66				5.6	.171		1.0	.6		26.6	
24				7.7	.223		1.0	.6	1.25				7.0	.221		1.0	.6		27.2	
25				10.0	.298		1.0	.6					21.5	.657		3.0	.6		22.3	
26				14.2	.402		2.0	.6	1.03				2.9	.094			.6		22.6	
27				20.3	.576		2.0	.6	.05				8.8	.273		1.0	.6		23.6	
28				17.6	.515		2.0	.6					11.5	.364		2.0	.6		20.7	
29				16.1	.460		2.0	.6					12.9	.395		2.0	.6		22.2	
30				11.9	.347	9.0	2.0	.6	.08				6.2	.193	8.0	1.0	.6		21.1	
31				9.9	.284		1.0	.6	1.50				5.9	.184		1.0	.6		15.0	
MONTH TOTAL				500.9	14.649		59.0	18.6	6.49				369.3	11.647		46.0	18.6		679.4	
YEAR TO DATE				1201.5	34.006		152.0		21.23				1265.7	38.893		179.0			1105.1	
AVG				16.2	.473		1.90	.6	.21				11.9	.376		1.53	.6		21.9	
MAX.				24.1	.719		3.0	.6	1.25				21.5	.657		3.0	.6		27.2	
MIN.				6.2	.184		1.0	.6	0				2.9	.094		1.0	.6		15.0	

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DAY	WELL #8 UNIT-8 TRACT "B" WEST LINDEN DRIVE								WELL #28 UNIT-7 TRACT "E" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.
1				2.1	.120		1.0	1.0				8.3	.488		2.0	.6
2								1.0				6.5	.253		1.0	.6
3				5.7	.341		4.0	1.0				12.7	.884		5.0	.6
4				8.3	.522		5.0	1.0				23.6	1.503		10.0	.6
5								1.0				13.7	820		5.0	.6
6				5.2	.334		3.0	1.0				8.7	.591		3.0	.6
7				8.6	.534		5.0	1.0				15.0	1.000		7.0	.6
8	20'8"	37'2"		.6	.036			1.0				10.0	.596		4.0	.6
9								1.0								.6
10				4.8	.323		3.0	1.0				3.7	.315		2.0	.6
11				8.6	.520		5.0	1.0				3.6	.299		1.0	.6
12				2.7	.169		2.0	1.0								.6
13				6.2	.410		4.0	1.0				3.8	.325		2.0	.6
14				10.5	.697		7.0	1.0				4.4	.383		2.0	.6
15				.1	.004			1.0				15.6	1.015		7.0	.6
16				.1	.005			1.0				17.9	1.205		8.0	.6
17				4.3	.256		2.0	1.0				13.4	886		5.0	.6
18				5.2	.328		3.0	1.0				19.0	1.158		7.0	.6
19								1.0				5.5	.294		1.0	.6
20								1.0				3.6	.224		2.0	.6
21				4.7	.277		3.0	1.0				24.2	1.710		13.0	.6
22								1.0				24.6	1.616		13.0	.6
23								1.0				11.8	.763		4.0	.6
24								1.0				22.4	1.508		12.0	.6
25				4.2	.258		2.0	1.0				24.8	1.777		13.0	.6
26				.1	.001			1.0				18.0	1.181		9.0	.6
27								1.0				23.6	1.625		14.0	.6
28				4.4	.267		3.0	1.0				21.3	1.550		13.0	.6
29								1.0				23.5	1.663		12.0	.6
30						6.0		1.0				23.1	1.556	7.0	12.0	.6
31								1.0				24.2	1.595		12.0	.6
MONTH TOTAL				85.8	5.422		52.0	31.0				429.0	28.783		201.0	18.6
YEAR TO DATE				428.1	25.741		2150					2810.9	199.589		1036	
AVG.				2.9	.175		3.50	1.0				13.8	.929		6.90	.6
MAX.				10.5	.697		7.0	1.0				24.8	1.777		14.0	.6
MIN.				.1	0		1.0	1.0				3.6	0		1.0	.6

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WELL - 20 UNIT - Y TRACT - E
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL.	CL. RES.
1				24.3	2.916	15.0	.6														
2				24.0	2.880	15.0	.6														
3				25.8	3.096	15.0	.6														
4				23.7	3.128	16.0	.6														
5				22.5	2.970	15.0	.6														
6				24.0	2.880	14.0	.6														
7				23.4	2.808	14.0	.6														
8				23.9	2.868	14.0	.6														
9				24.2	2.904	15.0	.6														
10				25.0	3.000	15.0	.6														
11				25.6	3.072	16.0	.6														
12				21.6	2.592	13.0	.6														
13				24.1	2.892	14.0	.6														
14				24.4	2.928	15.0	.6														
15				23.5	2.820	15.0	.6														
16				10.5	1.260	7.0	.6														
17				20.5	2.460	14.0	.6														
18				24.2	2.904	15.0	.6														
19				22.3	2.676	15.0	.6														
20				23.9	2.868	15.0	.6														
21							.6														
22							.6														
23							.6														
24							.6														
25							.6														
26							.6														
27							.6														
28							.6														
29							.6														
30							.6														
31							.6														
MONTH TOTAL				461.4	55.922	297.0	18.6														
YEAR TO DATE				1152.0	142.195	710															
AVG.				14.9	1.804	MISS	.6														
MAX.				25.8	3.128	16.0	.6														
MIN.				10.5	0	7.0	.6														

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DAY	WELL NO 25 UNIT - 10 TRACT "A-C" BARBER BLVD/GILLIAN ST.								WELL NO 24 UNIT - 13 TRACT "B" ANTELOPE / BARROW								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	
1				25.3	1.773		15.0	.6				25.1	1.520		10.0	.6	10.221
2				22.7	1.535		14.0	.6				23.2	1.400		10.0	.6	7.873
3				23.3	1.676		15.0	.6				25.0	1.660		10.0	.6	11.446
4				24.2	1.963		17.0	.6				23.9	1.630		10.0	.6	14.384 x
5				24.5	1.939		18.0	.6				23.1	1510		10.0	.6	11.555
6				23.9	1.877		16.0	.6				24.0	1.590		10.0	.6	10.714
7				23.9	2.017		17.0	.6				23.5	1.640		10.0	.6	13.403 x
8	44'	74'		24 5	2.003		17.0	.6				24.2	1.580		10.6	.6	10.928
9				23.7	1.951		17.0	.6				24.5	1.540		10.0	.6	8.672
10				22.7	1.874		15.0	.6				23.8	1.640		10.0	.6	10.604
11				24.4	2.346		16.0	.6				24.8	1.790		11.0	.6	13.386 x
12				24.7	2.278		16.0	.6				23.2	1.500		10.0	.6	10.489
13				25.0	2.095		15.0	.6				24.6	1.710		11.0	.6	11.591
14				23.9	2.542		18.0	.6				23.9	1.800		12.0	.6	14.516 x
15				23.8	3.020		19.0	.6				23.3	1.580		10.0	.6	13.698 x
16				23.4	2.364		17.0	.6				24.4	1.500		10.0	.6	8.563
17				23.1	1.915		15.0	.6				24.8	1.560		10.0	.6	9.859
18				24.4	2.181		16.0	.6				24.0	1.630		10.0	.6	12.782
19				24.7	1.978		16.0	.6				23.1	1.360		9.0	.6	8.054
20				23.8	1.597		15.0	.6				25.0	1.330		9.0	.6	7.243
21				25.5	1.794		15.0	.6				24.8	1.440		10.0	.6	7.950
22				23.1	1.681		14.0	.6				24.5	1.490		10.0	.6	6.233
23				26.2	1.995		15.0	.6				24.9	1.530		10.0	.6	5.541
24				19.0	1.420		13.0	.6				22.0	1.360		9.0	.6	5.501
25				24.4	1.776		14.0	.6				25.2	1.560		10.0	.6	8.496
26				24.5	1.683		14.0	.6				24.7	1.540		10.0	.6	5.699
27				25.5	1.711		14.0	.6				25.2	1.580		10.0	.6	7.198
28				22.9	1.692		14.0	.6				21.8	1.000		7.0	.6	7.554
29				24.4	1.720		14.0	.6				24.2	1.920		14.0	.6	8.126
30				23.0	1.724	6.0	14.0	.6				23.2	1.420	9.0	10.0	.6	5.987
31				23.2	1460		14.0	.6				25.1	1.460		10.0	.6	6.246
MONTH TOTAL				740.6	59.700		479.0	18.6				745.0	47.760		312.0	18.6	294.762
YEAR TO DATE				3191.4	204.741		1911.0					3622.2	222.470		1155		1250.012
AVG.				23.9	1.925		15.45	.6				24.0	1.541		10.0	.6	9.508
MAX.				28.2	3020		19.0	.6				25.2	1800		14.0	.6	14.516
MIN.				19.0	1.420		13.0	.6				21.8	1.000		7.0	.6	5.501

OPERATOR SIGNATURE: Ricky Leach

CERTIFICATE NUMBER: A 4803

I.D. NO. 62711696

OPERATORS' NAME: Ricky Leach

TOTAL METERED SERVICES AT END OF MONTH: 22,201

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DAY	WELL NO 3 UNIT-1 JAMAICA / APRICOT TRACT L									WELL NO 11 UNIT-1 JAMAICA / APRICOT TRACT L								H.S. CENTRIFUGAL UNIT-1 JAMAICA/APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS. CL	CL. RES.	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CL	LBS. CL	CL. RES.	METER RDG	HOURS	GALLONS
1				.1	.001			.6	.03				7.6	.058			.6			
2								.6									.6			
3				2.1	.039			.6					4.0	.045			.6		2.5	
4				9.5	.188		1.0	.6	1.86				3.3	.036		1.0	.6			
5	116'0"	775'						.6		137'	54'99		.4	.005			.6			
6								.6	.08				.1	.002			.6			
7					.002			.6	.01				5.7	.069			.6			
8				5.7	.111		1.0	.6					8.9	.102		1.0	.6		2.5	
9				1.9	.039			.6					6.5	.079			.6			
10				2.9	.057			.6					8.4	.103		1.0	.6		3.5	
11				20.1	.404		2.0	.6					13.7	.169			.6		5.0	
12				7.3	.150		1.0	.6					10.2	.125		1.0	.6		.8	
13								.6					6.2	.077			.6			
14				5.4	.109		1.0	.6					11.4	.141		1.0	.6		4.8	
15				14.4	.288		1.0	.6					17.6	.246		1.0	.6		6.6	
16				14.2	.163		1.0	.6					10.8	.136			.6		2.5	
17				3.0	.058			.6					8.6	.107		1.0	.6		3.5	
18				8.4	.169		2.0	.6	2.03				12.7	.140			.6		2.6	
19				4.0	.078			.6	.13					.019		1.0	.6			
20								.6					2.0	.023			.6			
21				6.0	.121		1.0	.6	.02				9.4	.115		1.0	.6		4.2	
22				7.4	.144		1.0	.6	.15				7.1	.089			.6		3.0	
23				5.0	.100		.10	.6					4.7	.057			.6		.2	
24				2.1	.042			.6	.16				4.7	.057			.6		2.8	
25				19.0	.375	8.5	2.0	.6					13.5	.164	8.5	1.0	.6		4.6	
26				2.4	.050			.6	.35				6.5	.084			.6			
27								.6									.6			
28				4.1	.012			.6					6.7	.085			.6		4.5	
29				9.0	.249		1.0	.6					5.8	.124		1.0	.6		3.6	
30				1.8	.037			.6	1.02				1.9	.027			.6			
31																				
MONTH TOTAL				155.4	2986		16.0	18.0	5.84				199.6	2479		11.0	18.0		582	
YEAR TO DATE				687.1	13469		65.0		37.54				2216.7	25.775		116.0			265.0	
AVG.				5.2	.100		1.22	.6	.19				6.7	.083		11.0	.6		1.94	
MAX.				20.1	.404		2.0	.6	2.03				17.6	.246		1.0	.6		6.6	
MIN.				.1	0		1.0	.6	0				.1	0		1.0	.6		.2	

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DAY	WELL Nº 12 ELDRIDGE RD UNIT-7 TRACT X STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No CL	LBS CL	CL RES	WELL Nº 10 CARTEE / KETTSVILLE UNIT - 09 TRACT "A" STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No CL	LBS CL	CL RES	RAINFALL
1				4.8	.157		1.0	.6				8.1	.118			.6	.02
2								.6				3.6	.085		1.0	.6	.04
3				4.4	.143			.6				7.3	.179			.6	1.75
4				.1	.001		1.0	.6				5.7	.135		1.0	.6	1.70
5	70'1"	38'2"						.6	179"	46'8"		2.0	.047			.6	
6								.6				4.8	.111			.6	.10
7				4.5	.144			.6				6.3	.151		1.0	.6	.05
8				5.4	.177		1.0	.6				8.5	.208		1.0	.6	
9				2.3	.071			.6				10.1	.240		1.0	.6	
10				5.2	.160		1.0	.6				9.4	.235		1.0	.6	
11				6.0	.193		1.0	.6				19.6	.484		2.0	.6	
12				.5	.015			.6				11.2	.273		1.0	.6	
13								.6				12.3	.292		1.0	.6	
14				4.8	.157		1.0	.6				11.7	.291		1.0	.6	
15				5.0	.164		1.0	.6				21.2	.531		2.0	.6	
16								.6				21.7	.528		2.0	.6	
17				4.0	.135			.6				14.4	.364		1.0	.6	
18				5.0	.159		1.0	.6				13.1	.314		1.0	.6	.113
19				.1	.003			.6				21.9	.518		2.0	.6	
20								.6				24.3	.568		2.0	.6	
21				5.2	.175		1.0	.6				22.0	.520		2.0	.6	.44
22				2.9	.092			.6				24.5	.576		2.0	.6	.42
23								.6				25.7	.590		2.0	.6	
24				4.3	.139			.6				23.7	.554		2.0	.6	.80
25				5.8	.191	8.0	1.0	.6				10.9	.264	8.0	1.0	.6	
26								.6				5.1	.124		1.0	.6	.04
27								.6				3.6	.061			.6	
28				2.8	.088			.6				7.8	.197		1.0	.6	
29				6.0	.193		1.0	.6				13.1	.318		1.0	.6	.62
30								.6				3.5	.075			.6	1.05
31																	
MONTH TOTAL				79.1	2.577		11.0	18.0				376.1	8.951		33.0	18.0	8.16
YEAR TO DATE				544.3	17.383		87.0					2153.5	51.867		242.0		30.52
AVG.				2.6	.086		11.0	.6				12.5	.298		1.38	.6	27
MAX.				6.0	.193		1.0	.6				25.7	.590		2.0	.6	1.75
MIN.				.1	0		1.0	.6				2.0	.047		1.0	.6	0

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DAY	WELL #13 UNIT-23 TRACT H CARTEE / SEYSVILLE								N.B CENTRIFUGAL UNIT-23 CARTEE / SEYSVILLE			WELL #7 UNIT-13 TRACT B ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS. CL.	CL. RES	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS. CL.	CL. RES.	RAINFALL
1				2.6	.687			.6		2.7					11.4	425		2.0	.6	.93
2				2.4	.088			.6							9.7	.356		1.0	.6	.04
3				5.1	.176		1.0	.6		3.6					12.3	464		2.0	.6	.84
4				1.6	.057			.6							7.9	291		1.0	.6	.72
5	27'8"	—						.6							6.0	.220		1.0	.6	
6								.6							5.4	.205		1.0	.6	
7				2.3	.075			.6		2.4					6.9	.258		1.0	.6	.02
8				5.4	.189		1.0	.6		3.5					8.4	.325		1.0	.6	
9				3.5	.125			.6							9.2	.344		1.0	.6	
10				4.6	.159		1.0	.6		9.1					12.6	.489		2.0	.6	
11				26.4	.926		4.0	.6		12.1					14.9	.584		2.0	.6	
12				11.4	.400		2.0	.6		4					13.0	.455		2.0	.6	
13								.6							12.7	.473		2.0	.6	
14				4.2	.142		1.0	.6		8.5					12.0	.470		2.0	.6	
15				24.4	.860		4.0	.6		16.3					17.3	.677		3.0	.6	
16				26.1	.922		4.0	.6		5.0					7.5	.289		1.0	.6	
17				11.0	.385		1.0	.6		3.6					13.8	.540		2.0	.6	
18				22.5	.784		3.0	.6							12.7	.475		2.0	.6	1.50
19				1.0	.037			.6							10.4	.385		1.0	.6	.10
20								.6		7.5					10.2	.381		1.0	6	
21				3.9	.137		1.0	.6		6.1					11.9	.453		2.0	.6	.02
22				16.3	.566		3.0	.6		1					9.7	.368		1.0	.6	.05
23				6.4	.225		1.0	.6		4.6					6.1	.227		1.0	6	1.55
24				5.1	.175		1.0	6		5.7					9.5	.353		1.0	.6	1.05
25				8.4	.291	6.5	1.0	.6							13.9	.521	6.0	2.0	.6	.20
26				6.0	.210		1.0	.6							9.0	.331		1.0	.6	
27								.6		6.3					15.1	.558		2.0	6	
28				3.2	.110			6		5.5					10.7	.443		2.0	6	
29				20.3	.712		4.0	.6							16.7	.617		3.0	.6	.04
30				5.6	.196		1.0	6							2.7	.104		1.0	6	1.15
31																				
MONTH TOTAL				229.7	8.034		35.0	18.0		116.0					318.6	12.085		47.0	18.0	7.31
YEAR TO DATE				1372.8	48.833		238.0			670.8					1152.7	44672		202.0		25.41
AVG.				7.7	.268		1.94	.6		3.87					10.6	.403		1.57	.6	.24
MAX.				26.4	.926		4.0	.6		16.3					17.3	.677		3.0	.6	1.55
MIN				1.0	0		1.0	.6		.1					2.7	104		1.0	.6	0

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DAY	WELL #8 UNIT-E TRACT "A" PIONEER PARK								WELL #10 UNIT-B TRACT "D" WEST LINDEN DRIVE								WELL #20 UNIT-12 TRACT "B" ANTELOPE / GARROD							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL	CL. RES
1				13.8	.347		1.0	.6				9.0	.362		1.0	.6				8.5	.493		2.0	.6
2				8.6	.220		1.0	.6				2.5	.089			.6				.5	.025			.6
3				10.6	.270		1.0	.6				9.1	.377		1.0	.6				4.8	.292		1.0	.6
4				9.7	.246		1.0	.6				4.0	.154			.6				4.0	.228		1.0	.6
5				9.1	.235		1.0	.6	22.5	21.87						.6				1	.002			.6
6				4.2	.107			.6								.6								.6
7				10.1	.260		1.0	.6				7.2	.295		1.0	.6				6.4	.378		1.0	.6
8				11.2	.417		2.0	.6				11.5	.466		2.0	.6				14.7	.852		4.0	.6
9				11.3	.288		1.0	.6				13.0	.502		2.0	.6				11.7	.667		3.0	.6
10				16.5	.471		2.0	.6				7.0	.322		1.0	.6				14.2	.850		4.0	.6
11				18.4	.484		2.0	.6				16.7	.696		2.0	.6				17.2	1.044		5.0	.6
12				17.3	.448		2.0	.6				5.3	.216		1.0	.6				14.3	.827		4.0	.6
13				14.7	.372		1.0	.6								.6				14.5	.826		4.0	.6
14				17.4	.457		2.0	.6				6.6	.310		1.0	.6				12.4	.757		3.0	.6
15				24.4	.646		2.0	.6				21.0	.892		4.0	.6				22.3	1.342		6.0	.6
16				17.0	.446		2.0	.6				19.8	.788		3.0	.6				20.6	1.186		5.0	.6
17				16.2	.424		2.0	.6				7.2	.335		1.0	.6				14.8	.906		4.0	.6
18				16.7	.438		2.0	.6				11.2	.454		2.0	.6				9.4	.544		2.0	.6
19				15.1	.381		1.0	.6				2.1	.082			.6								.6
20				16.4	.413		2.0	.6				2.0	.078			.6				2.4	.136			.6
21				18.0	.465		2.0	.6				8.5	.370		1.0	.6				8.7	.524		3.0	.6
22				14.0	.363		1.0	.6				10.0	.403		2.0	.6				9.0	.527		3.0	.6
23				2.2	.186		1.0	.6								.6				4.4	.249		1.0	.6
24				10.7	.274		1.0	.6				6.0	.254		1.0	.6				6.0	.350		1.0	.6
25				22.3	.576	8.0	2.0	.6				11.7	.485	9.0	2.0	.6				7.8	.453	10.0	2.0	.6
26				16.6	.423		2.0	.6				2.0	.781		1.0	.6				5.6	.718		1.0	.6
27				15.9	.396		1.0	.6								.6								.6
28				21.4	.554		2.0	.6				5.1	.226		1.0	.6				2.0	.411		2.0	.6
29				15.9	.416		2.0	.6				13.5	.566		2.0	.6				12.9	1.098		5.0	.6
30				4.4	.114		1.0	.6				2.2	.081			.6								.6
31																								
MONTH TOTAL				431.1	11.099		44.0	16.0				219.2	9.086		31.0	16.0				259.2	15.290		68.0	19.0
YEAR TO DATE				2329.1	51.226		234.0					2103.0	84.102		366.0					2014.7	117.691		560.0	
AVG.				14.4	.370		1.52	.6				7.3	.303		1.55	.6				9.6	.510		2.96	.6
MAX.				24.4	.646		2.0	.6				21.0	.892		4.0	.6				22.3	1.342		6.0	.6
MIN.				4.2	.107		1.0	.6				2.0	0		1.0	.6				.1	0		1.0	.6

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DAY	WELL #17 UNIT-10 TRACT A-C MARINER BLVD / GILLIAM ST									WELL #19 UNIT-10 TRACT A-C MARINER BLVD / GILLIAM ST							H.S. CENTRIFUGAL UNIT-10 MARINER BLVD/GILLIAM ST		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	METER RDG	HOURS	GALLONS
1				7.9	.394		1.0	.6					21.6	.656		3.0	.6			
2				16.5	.471		2.0	.6	.34				2.1	.074			.6			
3				19.7	.557		2.0	.6	1.40				6.1	.198		1.0	.6			
4				13.9	.392		1.0	.6	2.30				8.0	.247		1.0	.6		23.8	
5	52'	22'		12.1	.352		1.0	.6		52'2"	—		2.1	.075			.6		19.1	
6				14.1	.400		2.0	.6	.15				2.2	.076			.6		22.6	
7				15.5	.447		2.0	.6	.06				6.7	.213		1.0	.6		20.8	
8				9.8	.294		1.0	.6					22.6	.693		3.0	.6		22.5	
9				12.5	.364		1.0	.6					13.8	.423		2.0	.6		21.4	
10				22.9	.665		3.0	.6					8.9	.270		1.0	.6		23.4	
11				27.1	.794		3.0	.6					16.0	.514		2.0	.6		26.1	
12				16.5	.485		2.0	.6					12.2	.384		1.0	.6		15.8	
13				25.8	.733		3.0	.6					9.2	.285		1.0	.6		24.3	
14				17.3	.518		2.0	.6					8.1	.263		1.0	.6		23.1	
15				24.8	.739		3.0	.6					17.8	.575		2.0	.6		23.8	
16				24.6	.724		3.0	.6					12.0	.385		1.0	.6		20.9	
17				23.4	.682		3.0	.6					12.4	.396		1.0	.6		24.8	
18				23.6	.688		3.0	.6	.90				9.2	.301		1.0	.6		22.1	
19				21.9	.625		3.0	.6									.6		20.0	
20				20.7	.586		2.0	.6					8.4	.262		1.0	.6		22.3	
21				21.1	.619		3.0	.6	1.75								.6		23.0	
22				15.6	.467		2.0	.6	.15				11.7	.372		1.0	.6		23.4	
23				11.4	.334		1.0	.6					2.7	.075			.6		20.3	
24				15.9	.465		2.0	.6	1.35				9.5	.301		1.0	.6		21.7	
25				23.0	.664	7.5	3.0	.6	1.75				7.3	.224	6.5	1.0	.6		21.0	
26				23.8	.692		3.0	.6	.02				2.3	.081			.6		23.0	
27				23.5	.676		3.0	.6					2.2	.077			.6		21.3	
28				22.4	.658		3.0	.6					7.7	.252		1.0	.6		21.3	
29				20.7	.615		3.0	.6	.07				11.3	.362		1.0	.6		22.8	
30				12.0	.149		1.0	.6	1.65				2.7	.990		4.0	.6		23.3	
31																				
MONTH TOTAL				561.6	16.340		67.0	18.0	11.92				255.2	8133		32.0	18.0		599.9	
YEAR TO DATE				17631	50.396		219.0		33.15				1521.6	47.026		211.0			1705.0	
AVG.				18.7	.545		2.23	.6	.40				9.1	.271		1.45	.6		20.9	
MAX.				27.1	.794		3.0	.6	2.30				22.6	.990		4.0	.6		28.1	
MIN.				9.8	.294		1.0	.6	0				2.1	0		1.0	.6		15.8	

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WELL NO 01 UNIT-8 TRACT "B" WEST LINDEN DRIVE

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CI	LIQ. CL.	CL. RES.
1				4.0	.239		2.0	1.0
2								1.0
3				3.1	.186		2.0	1.0
4								1.0
5	207'	331'		.1	.003			1.0
6								1.0
7				2.5	.146		2.0	1.0
8				4.2	.253		2.0	1.0
9								1.0
10				5.0	.317		3.0	1.0
11				7.4	.452		4.0	1.0
12				2.6	.152		2.0	1.0
13								1.0
14				4.8	.315		2.0	1.0
15				11.0	.671		7.0	1.0
16				3.9	.229		2.0	1.0
17				5.5	.355		4.0	1.0
18				4.2	.245		2.0	1.0
19								1.0
20								1.0
21				4.5	.281		3.0	1.0
22				4.5	.278		2.0	1.0
23								1.0
24				4.1	.242		2.0	1.0
25				4.4	.258	8.5	3.0	1.0
26								1.0
27								1.0
28				2.7	.172		2.0	1.0
29				7.9	.466		5.0	1.0
30								1.0
31								
MONTH TOTAL				86.7	5260		57.0	30.0
YEAR TO DATE				514.5	31,001		321.0	
AVG.				2.9	.175		2.94	1.0
MAX.				11.0	.671		7.0	1.0
MIN.				.1	0		2.0	1.0

WELL NO 02 UNIT-7 TRACT "A" ELDRIDGE RD.

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LIQ. CL.	CL. RES.
1				24.6	1.759		10.0	.6
2				18.5	1.281		7.0	.6
3				23.2	1.636		9.0	.6
4				17.7	1.190		7.0	.6
5				18.5	1.217		7.0	.6
6				19.0	1.277		7.0	.6
7				24.6	1.728		10.0	.6
8				24.2	1.773		10.0	.6
9				22.0	1.563		9.0	.6
10				23.9	1.610		9.0	.6
11				18.8	1.308		8.0	.6
12				7.4	.465		2.0	.6
13				3.0	.185		1.0	.6
14				7.2	.554		3.0	.6
15				16.4	1.143		6.0	.6
16				6.2	.417		2.0	.6
17				8.9	.651		3.0	.6
18				16.0	1.182		6.0	.6
19				12.9	.896		4.0	.6
20				16.2	1.140		6.0	.6
21				16.4	1.129		6.0	.6
22				7.6	.55		3.0	.6
23								.6
24				10.2	.817		4.0	.6
25				21.0	1.649	6.5	9.0	.6
26				17.5	1.280		7.0	.6
27				16.8	1.177		6.0	.6
28				26.0	1.484		7.0	.6
29				11.9	.807		4.0	.6
30								.6
31								
MONTH TOTAL				452.5	32.093		172.0	18.0
YEAR TO DATE				3313.4	231.692		1209.0	
AVG.				15.0	1.070		5.70	.6
MAX.				24.6	1.810		10.0	.6
MIN.				3.0	0		1.0	.6

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WELL - 2S UNIT - 7 TRACT - 2
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.
1							.6														
2							.6														
3							.6														
4							.6														
5							.6														
6							.6														
7							.6														
8							.6														
9							.6														
10				.4			.6														
11				18.7	1574	13.0	.6														
12				24.3	2916	15.0	.6														
13				23.2	2.784	18.0	.6														
14				25.0	3.000	15.0	.6														
15				25.3	3.036	15.0	.6														
16				22.3	2.676	14.0	.6														
17				23.5	2.820	14.0	.6														
18				6.7	.744	4.0	.6														
19							.6														
20							.6														
21							.6														
22				26.1	3.132	16.0	.6														
23				22.4	2.688	14.0	.6														
24				8.4	1.008	5.0	.6														
25							.6														
26							.6														
27							.6														
28							.6														
29				28.8	3.456	17.0	.6														
30				22.3	2.676	13.0	.6														
31																					
MONTH TOTAL				271.4	32.510	170.0	6.0														
YEAR TO DATE				1429.4	174.695																
AVG.				9.2	1.084		.6														
MAX.				28.8	3.456		.6														
MIN.				.4	0		.6														

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DAY	WELL NO 03 UNIT-10 TRACT "A-C" MANNER SLVR/GILLIAN ST								WELL NO 04 UNIT-12 TRACT "D" ANVELOPE/HARROD								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	Lbs. CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	Lbs. CL	CL. RES.	
1				25.0	1.767		15.0	.6				24.3	1.550		13.0	.6	8317
2				23.1	1.719		14.0	.6				23.1	1.450		13.0	.6	5858
3				24.9	1.843		15.0	.6				23.7	1.500		13.0	.6	7900
4				25.8	1.824		16.0	.6				25.5	1.550		14.0	.6	6529
5	655'	841'		21.0	1595		12.0	.6				22.6	1.380		12.0	.6	5121
6				25.3	1838		15.0	.6				24.5	1.490		13.0	.6	5466
7				22.8	1656		12.0	.6				24.4	1.540		13.0	.6	7362
8				24.6	1860		15.0	.6				24.3	1.550		13.0	.6	9.270
9				23.4	1818		15.0	.6				23.1	1.450		13.0	.6	7972
10				23.8	1.598		15.0	.6				27.6	1.580		13.0	.6	9.466
11				29.4	2.538		18.0	.6				25.2	1.730		14.0	.6	13.894
12				18.7	1591		9.0	.6				23.2	1.480		13.0	.6	10.382
13				26.3	1.965		16.0	.6				25.0	1.560		14.0	.6	9.548
14				21.4	1.872		11.0	.6				22.1	1.540		12.0	.6	10.896
15				24.8	2.353		15.0	.6				25.1	1.740		13.0	.6	15.903
16				24.5	2.483		15.0	.6				23.1	1.470		13.0	.6	12.842
17				23.5	2.542		15.0	.6				23.4	1.610		12.0	.6	12.310
18				26.2	2.874		16.0	.6				26.4	1.640		14.0	.6	11.151
19				22.1	1.565		14.0	.6				22.6	1.400		12.0	.6	6.289
20				24.1	1.946		15.0	.6				24.2	1.540		13.0	.6	7.077
21				23.7	2090		15.0	.6				25.1	1.640		13.0	.6	8.739
22				26.3	2.167		16.0	.6				23.0	1.440		13.0	.6	11.500
23				22.2	1.612		12.0	.6				21.0	1.330		11.0	.6	7.873
24				23.7	1.662		15.0	.6				19.7	1.250		11.0	.6	8.143
25				23.1	1.641	5.0	14.0	.6				24.8	1.570	9.0	13.0	.6	9.542
26				25.1	2014		15.0	.6				23.1	1.440		13.0	.6	7.738
27				23.3	1.927		14.0	.6				24.8	1.580		13.0	.6	6.454
28				22.5	2.450		13.0	.6				20.5	1.340		10.0	.6	8.052
29				25.5	2.354		15.0	.6				17.5	1.090		8.0	.6	13.445
30				25.1	2.002		15.0	.6				18.2	1.090		8.0	.6	6.840
31																	
MONTH TOTAL				721.4	60.077		432.0	15.0				697.7	44510		374.0	18.0	271.515
YEAR TO DATE				3902.5	264.813		2343.0					4389	266.990		1529		1521.527
AVG.				24.0	2.002		14.40	.6				23.3	1.484		12.50	.6	9.051
MAX.				29.4	2.874		18.0	.6				26.4	1.740		14.0	.6	15.903
MIN.				18.7	1.591		9.0	.6				17.5	1.090		8.0	.6	5121

I.D. NO. 6271696

OPERATOR SIGNATURE: Ricky Leach

OPERATORS' NAME: Ricky Leach

CERTIFICATE NUMBER: A 4803

TOTAL METERED SERVICES AT END OF MONTH: _____

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DAY	WELL NO 5 UNIT-1 JAMAICA / APRICOT TRACT L									WELL NO 11 UNIT-1 JAMAICA / APRICOT TRACT L								N.B. UNIT-1 CENTRIFUGAL JAMAICA/APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CL	LBS. CL.	CL RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CL	LBS CL	CL RES	METER RDG	HOURS	GALLONS
1								6	6.72				3.5	.042			6			
2								6	.76				3.8	.046			.6			
3	160	215						6	.68				.8	.010			.6			
4								.6	.28								.6			
5								6	.46				5.6	.070			.6			
6								.6					6.0	.079			.6			
7								.6					3.4	.040		1.0	.6			
8				3.1	.058			6					7.8	.095			.6		3.7	
9				7.6	.157			.6	.14				10.3	.130			.6		2.0	
10				7.1	.142		1.0	.6					5.9	.073			.6		.7	
11								.6	1.18				.2	.002			.6			
12								.6	.40				4.8	.058			.6			
13								.6	.98				3.0	.037		1.0	.6			
14				.1	.001			.6									.6			
15				3.3	.067			.6					4.9	.063			.6			
16				4.5	.089	9.0		.6					12.6	.158	8.0		.6		3.6	
17				6.2	.128		1.0	.6					6.8	.088			.6		.2	
18								.6					3.4	.040		1.0	.6			
19				5.4	.107			.6	.09				9.4	.117			.6		2.9	
20				13.3	.267			.6	.23				6.4	.081			.6		3.6	
21				3.0	.061			.6					6.0	.078			.6		.1	
22				3.0	.061		1.0	.6					7.4	.095			.6		2.8	
23				9.5	.190			.6					17.5	.235		1.0	.6		5.1	
24				9.3	.193			.6					12.0	.158			.6		1.0	
25								.6	.02				2.6	.034			.6			
26				5.2	.106		1.0	.6	.02				8.2	.106			.6		4.5	
27				8.6	.172			.6	.50				13.6	.184		1.0	.6		7.6	
28				1.9	.041			.6	.34				2.1	.030			.6			
29				1.3	.025			.6	.11				4.6	.060			.6			
30				4.8	.095		1.0	.6	.27				6.4	.084			.6			
31								.6	3.65				2.3	.028		1.0	.6			
MONTH TOTAL				97.0	1.960		5.0	18.6	16.83				181.3	2.321		6.0	18.6		35.9	
YEAR TO DATE				784.1	15.449		70.0		49.37				2398.0	28.096		172.0			310.9	
AVG.				3.1	.063		1.0	.6	.54				5.8	.075		1.0	.6		11.1	
MAX.				13.3	.267		1.0	.6	6.72				17.5	.235		1.0	.6		5.1	
MIN.				.1	0		1.0	.6	0				.2	0		1.0	.6		.1	

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DAY	WELL Nº 12 UNIT-7 TRACT K FLORIDA RD.								WELL Nº 10 UNIT - 23 TRACT "H" CARTER / REYSVILLE							
	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No Cl	LBS CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No Cl	LBS CL	CL. RES.	RAINFALL
1				1.8	.055			.6				6.3	.158			.6	.510
2				1.8	.057			.6				4.8	.117			.6	.44
3	29'	39.7'						.6	179'	416.2'		2.1	.050			.6	
4								.6				2.2	.050			.6	.58
5				4.2	.137			.6				7.3	.179		1.0	.6	.11
6				4.7	.157		1.0	.6				11.6	.285			.6	
7								.6				8.0	.192			.6	
8				5.2	.172			.6				11.5	.290		2.0	.6	
9				4.1	.132			.6				13.6	.331			.6	1.30
10				.3	.010			.6				6.3	.147		2.0	.6	
11				.2	.004		1.0	.6				1.8	.049			.6	1.25
12								.6				4.3	.100		1.0	.6	.60
13								.6				5.6	.134			.6	.90
14								.6				3.4	.081			.6	
15				3.7	.124			.6				9.8	.240		2.0	.6	
16				6.3	.209	90		.6				14.7	.356	75		.6	
17				2.7	.084		1.0	.6				10.2	.241			.6	
18								.6				7.0	.172		2.0	.6	
19								.6				8.1	.199			.6	.08
20				6.5	.212			.6				12.9	.310			.6	
21				2.0	.064			.6				11.1	.276		2.0	.6	
22				5.3	.184			.6				12.1	.299			.6	
23				10.5	.355			.6				16.5	.414		3.0	.6	
24				4.3	.139		2.0	.6				14.7	.358			.6	
25								.6				5.2	.124		2.0	.6	.10
26				6.3	.214			.6				8.6	.216			.6	
27				7.3	.240		2.0	.6				18.5	.449		3.0	.6	.34
28								.6				10.2	.245			.6	.18
29				4.5	.148			.6				9.9	.242		3.0	.6	.10
30				4.2	.134		1.0	.6				9.0	.222			.6	.24
31								.6				.5	.011		2.0	.6	3.75
MONTH TOTAL				85.9	2.831		8.0	18.6				267.7	6.537		25.0	15.6	15.07
YEAR TO DATE				630.2	20.214		95.0					2421.7	59.404		27.0		45.84
AVE.				2.8	.091		1.37	.6				8.6	.211		2.0	.6	.49
MAX.				10.5	.355		2.0	.6				18.5	.449		3.0	.6	5.10
MIN.				.2	0		1.0	.6				.5	.011		1.0	.6	0

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DAY	WELL Nº 13 UNIT-25 TRACT H CARTEE / REYSVILLE								M-8 CENTRIFUGAL UNIT-25 CARTEE/REYSVILLE			WELL Nº 7 UNIT-13 TRACT B ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS CL	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS CL	CL. RES.	RAINFALL
1								.6							7.3	268		2.0	.6	7.00
2								.6							9.2	348		3.0	.6	.64
3	270	—						.6							7.7	.287		2.0	.6	
4								.6							12.6	462		4.0	.6	.12
5				2.3	.080			.6		3.0					11.9	.452		4.0	.6	.04
6				6.3	.218			.6		3.6					10.3	404		4.0	.6	
7				3.8	.138		1.0	.6							10.1	386		4.0	.6	.09
8				7.9	.272			.6		8.3					14.0	542		7.0	.6	
9				14.8	.523		2.0	.6		3.4					10.2	.382		2.0	.6	1.10
10								.6							12.1	.458		2.0	.6	.02
11								.6							6.2	.234		1.0	.6	.73
12								.6							4.4	.170		1.0	.6	.15
13								.6							8.0	.295		1.0	.6	.50
14								.6							6.8	.256		1.0	.6	
15				5.0	.173			.6		4.0					12.0	.449		2.0	.6	
16				8.3	.291	7.0	2.0	.6		6.6					11.8	.430	6.5	2.0	.6	
17				7.1	.252			.6							13.7	.518		2.0	.6	
18								.6							4.0	.153		1.0	.6	
19				4.2	.147		2.0	.6		7.9					11.0	.429		2.0	.6	
20				15.9	.559			.6		7.7					9.5	.371		1.0	.6	
21				9.6	.341		3.0	.6		.1					13.2	.501		2.0	.6	
22				7.3	.259			.6		10.8					11.9	.453		2.0	.6	
23				22.7	.805		4.0	.6		8.2					15.2	.557		2.0	.6	.07
24				7.8	.277			.6		.1					10.1	.387		2.0	.6	.03
25								.6							5.6	.215		1.0	.6	.06
26				4.9	.172		2.0	.6		9.5					14.7	.570		2.0	.6	
27				21.0	.746			.6		9.0					11.5	.445		2.0	.6	.18
28				10.1	.358		7.0	.6							10.7	.400		2.0	.6	.90
29				7.2	.251			.6		5.1					10.5	.402		2.0	.6	.02
30				10.0	.351		3.0	.6		3.5					9.5	.361		2.0	.6	.30
31				.1	.008			.6							2.6	.109		1.0	.6	2.00
MONTH TOTAL				176.3	6221		23.0	15.6		90.8					307.3	11742		63.0	15.6	14.03
YEAR TO DATE				1599.3	55054		261.0			766					14600	561414		2151.0		42.44
AVG.				5.7	.200		2.55	.6		2.9					9.9	.379		7.0	.6	.45
MAX.				22.7	.805		4.0	.6		10.8					15.2	.597		4.0	.6	2.00
MIN.				.1	0		1.0	.6		.1					2.6	.109		1.0	.6	0

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DAY	WELL #8 UNIT-8 TRACT "A" PIONEER PARK								WELL #10 UNIT-8 TRACT "D" WEST LINDEN DRIVE								WELL #20 UNIT-18 TRACT "D" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No Cl	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No Cl	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No Cl	LBS. CL.	CL. RES.
1				13.2	.325		1.0	.6				4.2	169		1.0	.6				4.2	.236		1.0	.6
2				14.9	.378		1.0	.6				5.9	.234		1.0	.6				5.3	.303		1.0	.6
3				14.5	.363		1.0	.6	224	214		14.3	.544		2.0	.6								.6
4				10.2	.257		1.0	.6								.6								.6
5				16.0	.408		2.0	.6				7.5	.321		1.0	.6				6.3	.375		2.0	.6
6				16.7	.431		2.0	.6				10.9	.449		2.0	.6				13.3	.776		3.0	.6
7				12.0	.304		1.0	.6				6.2	.238		1.0	.6				4.7	.273		1.0	.6
8				17.4	.451		2.0	.6				9.6	.420		2.0	.6				10.8	.646		3.0	.6
9				18.6	.490		2.0	.6				14.1	.590		2.0	.6				12.0	.697		3.0	.6
10				17.7	.449		2.0	.6				3.6	.141		1.0	.6				1.7	.095		1.0	.6
11				11.1	.278		1.0	.6				8	.029			.6				.7	.036			.6
12				16.0	.411		2.0	.6				3.5	.146		1.0	.6				3.9	.229		1.0	.6
13				20.1	.503		2.0	.6				2.6	.100		1.0	.6				4.9	.283		1.0	.6
14				11.4	.287		1.0	.6								.6				1.2	.070			.6
15				11.4	.298		1.0	.6				10.7	.451		2.0	.6				5.2	.304		2.0	.6
16				21.1	.548	85	2.0	.6				16.4	.698	75	3.0	.6				16.8	.995	100	4.0	.6
17				17.3	.447		2.0	.6				18.6	.752		3.0	.6				9.4	.539		2.0	.6
18				15.5	.476		2.0	.6				3.2	.134		1.0	.6				14.2	.525		4.0	.6
19				18.9	.493		2.0	.6				7.5	.235		2.0	.6				10.9	.655		3.0	.6
20				18.0	.472		2.0	.6				10.9	.468		2.0	.6				14.9	.877		4.0	.6
21				12.3	.325		1.0	.6				10.7	.434		2.0	.6				10.0	.583		2.0	.6
22				18.1	.481		2.0	.6				8.0	.346		1.0	.6				13.8	.844		4.0	.6
23				22.3	.605		3.0	.6				21.4	.929		5.0	.6				19.2	1.102		5.0	.6
24				21.4	.568		3.0	.6				19.0	.779		3.0	.6				13.8	.809		4.0	.6
25				15.4	.359		2.0	.6				5.4	.207		1.0	.6				9.4	.541		2.0	.6
26				20.0	.530		2.0	.6				8.7	.345		2.0	.6				8.5	.525		2.0	.6
27				21.0	.562		2.0	.6				18.1	.761		3.0	.6				14.4	.856		4.0	.6
28				11.5	.314		2.0	.6				.2	.009			.6				.6	.210		1.0	.6
29				17.4	.454		2.0	.6				9.5	.402		2.0	.6				6.3	.380		2.0	.6
30				18.6	.485		2.0	.6				9.2	.384		2.0	.6				7.5	.441		2.0	.6
31				12.5	.322		2.0	.6				3.5	.135		1.0	.6				1.9	.108		1.0	.6
MONTH TOTAL				565.9	13.124		54.0	18.6				264.2	10.997		50.0	18.6				247.8	14.613		65.0	18.6
YEAR TO DATE				2934.0	64.350		268.0					2367.2	95.099		436.0					2262.5	132.294		626.0	
AVG.				16.3	.423		1.74	.6				9.5	.355		1.85	.6				8.0	.471		2.4	.6
MAX.				22.3	.605		3.0	.6				19.0	.779		5.0	.6				19.2	1.107		5.0	.6
MIN.				10.2	.257		1.0	.6				.2	0		1.0	.6				.7	0		1.0	.6

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DAY	WELL #7 UNIT-10 TRACT "A-C" MARINER BLVD / GILLIAN ST									WELL #10 UNIT-10 TRACT "A-C" MARINER BLVD / GILLIAN ST								#8 CENTRIFUGAL UNIT-10 MARINER BLVD/GILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No CL	LBS CL	CL RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No CL	LBS CL	CL. RES	METER REG	HOURS	GALLONS
1				19.3	551		2.0	.6	355				7.7	.240		1.0	.6		21.2	
2				10.7	318		1.0	.6	.62				18.9	576		2.0	.6		22.2	
3				21.0	601		3.0	.6					3.8	.123		1.0	.6		20.9	
4				23.1	.663		3.0	.6					2.3	.076			.6		22.4	
5				23.9	.672		3.0	.6					7.0	.229		2.0	.6		21.2	
6				24.4	.723		3.0	.6					8.3	.271		1.0	.6		21.2	
7				17.5	512		2.0	.6					11.4	.352		2.0	.6		22.4	
8				21.1	.634		3.0	.6					13.2	.421		2.0	.6		22.4	
9				18.7	.571		2.0	.6	1.10				13.0	.418		2.0	.6		24.1	
10				24.4	.726		3.0	.6					3.4	.120		1.0	.6		22.7	
11				18.2	.529		2.0	.6	1.20				3.2	.105		1.0	.6		21.6	
12				21.7	.633		3.0	.6	.30				6.2	.197		1.0	.6		21.3	
13				8.2	.247		1.0	.6	.34				21.4	.649		3.0	.6		20.5	
14				11.1	.346		2.0	.6					22.3	.685		3.0	.6		22.4	
15				23.2	.722		3.0	.6					19.8	.642		3.0	.6		23.0	
16				22.3	.719	75	3.0	.6					23.0	.751	60	3.0	.6		24.3	
17				24.9	.762		3.0	.6					14.3	.464		2.0	.6		24.8	
18				22.4	.066		1.0	.6					11.8	.366		2.0	.6		21.0	
19				23.3	.696		3.0	.6					8.8	.283		1.0	.6		24.6	
20				16.2	.496		2.0	.6					20.3	.628		3.0	.6		21.9	
21				17.0	.515		3.0	.6					16.1	.498		2.0	.6		22.4	
22				23.5	.706		3.0	.6					11.5	.366		2.0	.6		22.3	
23				27.5	.687		3.0	.6	.05				18.0	.570		2.0	.6		23.6	
24				17.1	.525		2.0	.6					15.8	.497		2.0	.6		23.6	
25				24.6	.723		3.0	.6	.06				12.3	.378		1.0	.6		20.1	
26				18.7	.570		2.0	.6					8.8	.285		2.0	.6		26.4	
27				24.5	.743		3.0	.6	.05				13.6	.441		2.0	.6		32.6	
28				24.6	.783		3.0	.6	.48				24.8	.803		4.0	.6		21.5	
29				23.4	.713		3.0	.6	.07				10.1	.334		1.0	.6		22.3	
30				12.6	.397		2.0	.6	.28				20.6	.647		3.0	.6		25.1	
31				10.9	.342		2.0	.6	2.30				24.4	.753		4.0	.6		20.3	
MONTH TOTAL				614.0	18.479		77.0	18.6	10.40				411.1	13.168		61.0	16.6		703.1	
YEAR TO DATE				2377.1	68.824		296.0		43.55				1937.7	60.194		272.0			2408.1	
AVG.				19.8	.596		2.98	.1	.34				13.4	.424		2.0	.6		22.7	
MAX.				24.9	.783		3.0	.6	3.55				24.8	.803		3.0	.6		32.6	
MIN.				8.2	.247		1.0	.6	0				2.3	.076		1.0	.6		20.1	

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DAY	WELL NO 2 UNIT-6 TRACT "B" WEST LINDEN DRIVE								WELL NO 22 UNIT-7 TRACT "A" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS CL.	CL. RES.
1								1.0				9.7	.709		3.0	.6
2								1.0				14.0	1.011		5.0	.6
3	20'1	33'4"						1.0				14.9	1.040		5.0	.6
4								1.0				8.3	.580		3.0	.6
5								1.0				19.7	1.466		7.0	.6
6				4.1	.244		2.0	1.0				23.3	1.776		7.0	.6
7								1.0				16.6	1.222		6.0	.6
8				5.1	.317		3.0	1.0				24.2	1.832		9.0	.6
9				2	.006			1.0				15.4	1.231		6.0	.6
10								1.0				18.5	1.359		7.0	.6
11								1.0				10.6	.732		3.0	.6
12								1.0				11.4	.858		4.0	.6
13				.1	.005			1.0				10.6	.798		4.0	.6
14								1.0				10.6	.760		4.0	.6
15				3.4	.201		2.0	1.0				22.0	1.640		8.0	.6
16				5.2	.318	7.5	3.0	1.0				20.7	1.625	7.0	8.0	.6
17				.9	.048			1.0				23.8	1.795		9.0	.6
18								1.0				21.6	1.600		8.0	.6
19				3.8	.240		3.0	1.0				21.0	1.603		8.0	.6
20				6.3	.375		4.0	1.0				19.5	1.520		7.0	.6
21								1.0				22.6	1.687		8.0	.6
22				5.6	.359		3.0	1.0				23.4	1.848		9.0	.6
23				10.6	.656		6.0	1.0				22.8	1.861		9.0	.6
24				3.7	.214		2.0	1.0				24.3	1.869		9.0	.6
25								1.0				21.3	1.577		8.0	.6
26				5.1	.323		3.0	1.0				23.5	1.826		9.0	.6
27				6.4	.384		4.0	1.0				24.4	1.912		9.0	.6
28								1.0				18.1	1.337		7.0	.6
29				4.1	.240		2.0	1.0				16.5	1.254		6.0	.6
30				4.1	.239		3.0	1.0				17.5	1.322		7.0	.6
31								1.0				8.2	.578		3.0	.6
MONTH TOTAL				68.7	4169		41.0	31.0				559.0	42.213		204.0	15.6
YEAR TO DATE				583.5	35,170		361.0					3872.4	273.895		1412.0	
AVG.				.4	.134		3.0	1.0				18.0	1.361		6.5	.6
MAX.				10.6	.656		6.0	1.0				24.4	1.912		9.0	.6
MIN.				.1	0		2.0	1.0				9.2	.578		3.0	.6

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WELL - 10 UNIT - 7 TRACT - 8
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS. CL.	CL. RES.
1				4.3	.516	3.0	.6														
2							.6														
3							.6														
4							.6														
5							.6														
6							.6														
7							.6														
8				3.7	.444	2.0	.6														
9				6.0	.720	3.0	.6														
10							.6														
11							.6														
12							.6														
13							.6														
14							.6														
15							.6														
16							.6														
17							.6														
18							.6														
19				7.3	.876	4.0	.6														
20							.6														
21							.6														
22							.6														
23							.6														
24							.6														
25							.6														
26							.6														
27							.6														
28							.6														
29							.6														
30							.6														
31							.6														
MONTH TOTAL				21.3	2556	12.0	18.6														
YEAR TO DATE				4507	177.251	1620															
AVG.				.7	.082	3.0	.6														
MAX.				7.3	.876	4.0	.6														
MIN.				3.7	0	2.0	.6														

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DAY	WELL NO 23 UNIT-13 TRACT "A-C" HARMON BLVD/HILLIAN ST.								WELL NO 24 UNIT-13 TRACT "B" ANTELOPE/BARBOW								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No. CI	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No. CI	LBS. CL	CL. RES	
1				23.1	1.776		17.0	.6				23.4	1.460		7.0	.6	6.515
2				24.3	1.869		18.0	.6				24.2	1.530		8.0	.6	6.787
3	PSS'	SH'S'		21.8	1.670		17.0	.6				24.9	1.590		8.0	.6	6.278
4				24.7	2.000		20.0	.6				23.9	1.530		8.0	.6	5.618
5				23.3	1992		20.0	.6				24.0	1.550		8.0	.6	7.931
6				24.5	2.387		24.0	.6				24.1	1.570		8.0	.6	9.769
7				24.2	2285		23.0	.6				22.7	1.470		7.0	.6	7.412
8				25.5	2.447		24.0	.6				25.3	1.710		8.0	.6	10.741
9				22.9	1.321		13.0	.6				22.3	1.400		7.0	.6	9.099
10				24.8	2.560		26.0	.6				24.6	1.600		8.0	.6	7.874
11				22.0	2.205		22.0	.6				23.4	1.500		7.0	.6	5.703
12				22.5	2.031		20.0	.6				23.6	1.540		8.0	.6	6.373
13				24.3	2.181		22.0	.6				25.8	1.610		8.0	.6	6.842
14				24.7	1.556		14.0	.6				22.3	1.520		7.0	.6	5.562
15				23.8	.271		2.0	.6				23.8	1.550		8.0	.6	7.195
16				19.4	080	7.5	1.0	.6				23.3	1.540	75	8.0	.6	8.807
17				18.9	1.917		19.0	.6				24.9	1.620		8.0	.6	6.655
18				23.8	1.954		19.0	.6				24.0	1.540		8.0	.6	7.905
19				23.3	2.048		20.0	.6				26.9	1.680		8.0	.6	9.032
20				24.1	2.124		21.0	.6				21.8	1.600		8.0	.6	11.236
21				24.8	1.999		20.0	.6				23.4	1530		8.0	.6	8.892
22				23.5	1.360		14.0	.6				23.6	1660		8.0	.6	9.341
23				25.0	1.670		17.0	.6				24.4	1.720		8.0	.6	12.396
24				24.0	1.401		14.0	.6				23.9	1.570		8.0	.6	9.744
25				23.4	1.125		11.0	.6				23.0	1.490		7.0	.6	6.868
26				18.6	1.259		13.0	.6				25.0	1.740		9.0	.6	8.837
27				24.6	1.595		16.0	.6				24.7	1.670		8.0	.6	11.160
28				25.0	.012		.	.6				23.6	1.560		7.0	.6	6.107
29				23.6	432		5.0	.6				23.5	1.580		8.0	.6	6.907
30				24.1	1.223		12.0	.6				24.3	1.610		8.0	.6	7.995
31				24.8	.129		6.0	.6				24.1	1.600		8.0	.6	4.623
MONTH TOTAL				733.3	49.369		492.1	18.6				742.7	49.590		242.0	18.6	249.139
YEAR TO DATE				4621	314.162		2835.0					5626	315.630		1771.0		1770.666
AVG.				23.7	1593		16.4	.6				24.0	1.575		7.8	.6	8036
MAX.				27.4	2.560		26.0	.6				26.9	1.680		9.0	.6	12.396
MIN.				18.6	.012		5.0	.6				21.8	1.400		7.0	.6	4.623

I.D. NO. 6271696 — OPERATORS' NAME: Ricky Leigh — OPERATOR SIGNATURE: [signature] — CERTIFICATE NUMBER: TA 4662

TOTAL METERED SERVICES AT END OF MONTH: 2202

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DAY	WELL Nº 2 UNIT-1 JAMAICA / APRICOT TRACT L									WELL Nº 11 UNIT-1 JAMAICA / APRICOT TRACT L								H.B UNIT-1 CENTRIFUGAL JAMAICA / APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS. CL	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	METER REG.	HOURS	GALLONS
1								.6									.6			
2								.6					6.2	.080			.6		.1	
3								.6					7.8	.101		1.0	.6			
4								.6					5.8	.073			.6			
5				9.7	.095			.6					7.3	.095			.6		3.7	
6				15.1	.309		2.0	.6	.10				13.5	.132		1.0	.6		3.8	
7				19.9	303		2.0	.6					7.9	.101			.6		.1	
8								.6					3.7	.049		1.0	.6			
9				5.2	109		1.0	.6					10.9	.141			.6		4.8	
10				17.2	.348		2.0	.6					21.3	.285		2.0	.6		6.6	
11				12.2	.249		1.0	.6					10.1	.134		1.0	.6		2.1	
12				5.8	.113		1.0	.6					13.1	.169		1.0	.6		4.6	
13	140	155		17.7	.359	9.0	2.0	.6		14'	70'		13.8	.290	8.0	1.0	.6		7.0	
14				22.3	.451		2.0	.6	.40				11.2	.199		1.0	.6		2.9	
15								.6									.6			
16				6.3	.131		2.0	.6					15.9	.204		1.0	.6		5.1	
17				9.6	.194		1.0	.6	.52				17.0	.231		1.0	.6		3.7	
18				10.4	.209		1.0	.6	.33				.5	.006			.6		.1	
19								.6	1.00				5.5	.072			.6			
20								.6	.69				5.2	.069		1.0	.6			
21								.6					22.3	.250		1.0	.6			
22								.6	.02				13.6	.172		1.0	.6			
23								.6	2.05				7.6	.098			.6			
24								.6	.65				10.1	.129		1.0	.6			
25								.6	.59				4.6	.058			.6			
26				5.0	.101			.6	.02				17.4	.222		1.0	.6		3.9	
27				3.2	.064		1.0	.6	.22				12.3	.169		1.0	.6		1.9	
28				.5	.011			.6	.80				7.1	.089			.6		.5	
29								.6	.17				5.9	.066			.6			
30								.6	.10				9.7	.125		1.0	.6			
31								.6	.70				15.4	.201		1.0	.6			
MONTH TOTAL				150.1	3.341		18.0	18.6	8.30				306.1	3950		19.0	18.6		49.5	
YEAR TO DATE				934.2	18.790		88.0		57.67				2704.1	32.046		141.0			250.4	
AVG.				4.6	.108		1.50	.6	.27				9.9	.127		1.06	.6		1.6	
MAX.				22.3	.451		2.0	.6	2.05				22.3	.285		2.0	.6		7.0	
MIN.				.5	0		1.0	.6	0				.5	0		1.0	.6		.1	

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DAY	WELL Nº 12 UNIT-7 TRACT 5 ELDRIDGE RD.								WELL Nº 10 UNIT - 25 TRACT "N" CARTEE / REYNOLDS								
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CL	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS. CL.	CL. RES.	RAINFALL
1								.6				.4	.008			.6	.28
2				4.0	.129			.6				8.1	.200		1.0	.6	
3								.6				10.5	.256		1.0	.6	
4				1.2	.037		1.0	.6				19.6	.359		1.0	.6	
5				5.1	.133		1.0	.6				9.6	.237		1.0	.6	
6				9.8	.325		1.0	.6				16.2	.900		2.0	.6	
7				2.1	.066			.6				14.0	.337		1.0	.6	
8								.6				9.9	.237		1.0	.6	
9				6.7	.230		1.0	.6				10.7	.261		1.0	.6	
10				11.7	.392		1.0	.6				20.4	.509		2.0	.6	.09
11				3.8	.122		1.0	.6				12.1	.294		1.0	.6	
12				4.2	.138		1.0	.6				13.1	.319		1.0	.6	
13	23'	39'		11.0	.370	9.0	1.0	.6	15'	46'		16.2	.402	7.5	2.0	.6	
14				9.3	.139		1.0	.6				9.7	.239		1.0	.6	1.20
15								.6				2.7	.065			.6	
16				5.1	.177		1.0	.6				8.2	.207		1.0	.6	
17				4.9	.155		1.0	.6				13.3	.329		1.0	.6	
18				.1	.003			.6				2.5	.060			.6	.74
19				2.8	.094		1.0	.6				7.7	.197		1.0	.6	1.25
20				3.5	.112		1.0	.6				7.6	.195		1.0	.6	.90
21				24.1	.705		3.0	.6				24.0	.532		2.0	.6	
22				.3	.009			.6				3.1	.070			.6	
23								.6				6.2	.152		1.0	.6	.60
24								.6				7.1	.170		1.0	.6	1.10
25								.6				1.0	.023			.6	1.00
26				4.4	.148		1.0	.6				9.2	.224		1.0	.6	.01
27				4.1	.141		1.0	.6				12.4	.302		1.0	.6	.13
28				.9	.029			.6				.2	.005			.6	1.54
29								.6				.2	.003			.6	.03
30				3.4	.109		1.0	.6				6.7	.162		1.0	.6	.50
31				5.2	.170		1.0	.6				12.9	.313		1.0	.6	
MONTH TOTAL				123.5	3.973		20.0	18.6				290.5	7.042		28.0	18.6	9.67
YEAR TO DATE				753.7	24.187		115.0					2711.7	65.446		295.0		55.56
AVG.				4.0	.129		1.11	.6				9.4	.227		1.17	.6	.31
MAX.				24.1	.705		3.0	.6				24.0	.532		2.0	.6	1.54
MIN.				.1	0		1.0	.6				.2	.003		1.0	.6	0

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DAY	WELL Nº 15 UNIT - 25 TRACT N CARTEE / KEYSVILLE								M 8 CENTRIFUGAL UNIT - 25 CARTEE / KEYSVILLE			WELL Nº 7 UNIT - 19 TRACT 8 ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES	METER RDG	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	RAINFALL
1								.6							9.3	.143		1.0	.6	.95
2				3.1	.106		1.0	.6		2.1					10.4	.396		1.0	.6	.02
3				6.4	.225		1.0	.6		5.8					8.7	.343		1.0	.6	
4				5.5	.200		1.0	.6		.1					13.8	.519		2.0	.6	
5				7.3	.259		1.0	.6		9.1					9.4	.369		1.0	.6	.07
6				19.3	.680		3.0	.6		7.3					12.4	.484		2.0	.6	.03
7				6.5	.236		1.0	.6							9.9	.383		1.0	.6	
8								.6							6.9	.263		1.0	.6	
9				5.4	.187		1.0	.6		9.2					11.5	.465		2.0	.6	
10				22.9	.909		4.0	.6		8.9					16.9	.679		3.0	.6	
11				9.9	.359		2.0	.6		.9					15.4	.593		2.0	.6	
12				7.1	.297		1.0	.6		10.5					12.5	.496		2.0	.6	
13	27'	-		26.1	.919	7.0	4.0	.6		11.7					12.9	.519	6.5	3.0	.6	.07
14				11.6	.410		2.0	.6		.1					8.8	.359		1.0	.6	.14
15								.6							8.9	.341		1.0	.6	.05
16				6.1	.213		1.0	.6		9.4					10.2	.402		2.0	.6	
17				15.5	.538		2.0	.6		9.9					13.1	.514		3.0	.6	.03
18				13.4	.474		2.0	.6		.6					6.7	.240		1.0	.6	.42
19				4.8	.166		1.0	.6		2.2					10.5	.405		2.0	.6	1.55
20				1.8	.061			.6		1.0					6.0	.231		1.0	.6	.58
21								.6							.3	.012			.6	
22								.6							8.5	.329		2.0	.6	.02
23								.6							6.2	.240		1.0	.6	.60
24								.6							5.1	.196		1.0	.6	1.50
25								.6							5.4	.207		1.0	.6	.30
26				3.7	.129		1.0	.6		2.4					10.6	.408		2.0	.6	.02
27				4.6	.159		1.0	.6		5.5					12.8	.501		2.0	.6	.23
28				5.8	.205		1.0	.6							6.7	.261		1.0	.6	
29								.6							5.8	.220		1.0	.6	
30								.6							8.4	.336		1.0	.6	1.20
31				25	.035			.6		3.1					12.0	.470		2.0	.6	
MONTH TOTAL				189.2	6.661		31.0	18.6		97.3					291.2	11.356		47.0	18.6	7.27
YEAR TO DATE				1735.5	61.715		2920			8589					1751.2	67.770		3120		49.71
AVG.				6.1	.215		1.63	.6		3.1					9.4	.366		1.57	.6	.23
MAX.				26.1	.919		4.0	.6		11.7					16.9	.674		3.0	.6	1.55
MIN.				1.8	0		1.0	.6		.1					3	.012		1.0	.6	0

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DAY	WELL N°5 UNIT-2 PIONEER TRACT "A" PARK								WELL N°10 UNIT-8 TRACT "B" WEST LINDEN DRIVE							WELL N°13 UNIT-13 TRACT "B" ANTELOPE/BARROW						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS CL	CL. RES.
1				10.9	.273		1.0	.6								.6				3	.019			.6
2				32.9	.866		4.0	.6				7.9	.333		1.0	.6				6.3	.363		1.0	.6
3								.6				10.3	.423		2.0	.6				10.7	.610		3.0	.6
4				13.8	.359		1.0	.6				11.0	.446		2.0	.6				5.8	.340		1.0	.6
5				21.2	.555		3.0	.6				7.6	.337		1.0	.6				9.4	.569		3.0	.6
6				16.9	.450		2.0	.6				18.7	.791		3.0	.6				16.8	1.009		5.0	.6
7				16.8	.441		2.0	.6				15.2	.622		3.0	.6				12.1	.713		4.0	.6
8				19.1	.494		2.0	.6								.6				11.3	.655		3.0	.6
9				20.3	.540		2.0	.6				7.3	.342		1.0	.6				15.6	.944		5.0	.6
10				24.0	.651		3.0	.6				20.9	.910		4.0	.6				21.4	1.316		6.0	.6
11				16.7	.443		2.0	.6				21.5	.875		4.0	.6				11.6	.684		3.0	.6
12				19.7	.518		2.0	.6				8.0	.361		1.0	.6				15.5	.945		5.0	.6
13				19.7	.534	8.5	3.0	.6	22'	25'		13.6	.813	2.5	4.0	.6				16.3	1.000	100	5.0	.6
14				17.0	.422		2.0	.6				14.5	.595		2.0	.6				10.9	.638		2.0	.6
15				14.5	.402		2.0	.6								.6				9.1	.238		1.0	.6
16				19.0	.503		2.0	.6				6.7	.318		1.0	.6				9.3	.573		3.0	.6
17				13.7	.505		2.0	.6				17.2	.719		3.0	.6				18.3	1.101		5.0	.6
18				12.3	.314		2.0	.6				.1	.005			.6				9.4	.247		1.0	.6
19				16.9	.440		2.0	.6				6.7	.282		1.0	.6				6.9	.398		1.0	.6
20				12.2	.316		2.0	.6				6.4	.269		1.0	.6				5.5	.327		1.0	.6
21								.6				23.8	.799		3.0	.6				.4	.021			.6
22								.6								.6				4.0	.235		1.0	.6
23								.6				3.7	.159		1.0	.6				5.7	.331		1.0	.6
24								.6				6.8	.268		1.0	.6				6.2	.356		1.0	.6
25								.6				2.6	.101		1.0	.6				.8	.046			.6
26								.6				5.8	.251		1.0	.6				6.2	.373		1.0	.6
27								.6				9.3	.405		2.0	.6				10.3	.628		3.0	.6
28								.6				.2	.017			.6				3.0	.171		1.0	.6
29								.6								.6				3.3	.186		1.0	.6
30								.6				9.7	.198		1.0	.6				5.9	.345		2.0	.6
31								.6				8.1	.346		1.0	.6				7.6	.460		2.0	.6
MONTH TOTAL				342.6	9.034		41.0	18.6				265.6	11.055		45.0	18.6				265.2	15.839		72.0	18.6
YEAR TO DATE				3176.6	73.384		329.0					2632.8	106.154		451.0					2527.7	148.133		699.0	
AVG.				11.1	.291		2.16	.6				8.6	.357		1.88	.6				9.6	.511		2.57	6
MAX.				32.9	.866		9.0	.6				23.8	.875		4.0	.6				21.4	1.316		6.0	.6
MIN.				10.9	0		1.0	.6				.1	0		1.0	.6				.3	.019		1.0	.6

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DAY	WELL #17 UNIT-10 TRACT "A-C" MARINER BLVD / SULLIAN ST									WELL #18 UNIT-10 TRACT "A-C" MARINER BLVD / SULLIAN ST							U.S. CENTRIFUGAL UNIT-10 MARINER BLVD/SULLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	lbs CL	LBS. CL.	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	lbs CL	LBS. CL.	CL. RES	METER RDG	HOURS	GALLONS
1				1.85	.551		3.0	.6	.55				3.4	.114		1.0	.6		20.9	
2				19.4	.605		3.0	.6	.02				17.7	.569		3.0	.6		23.0	
3				16.0	.509		3.0	.6					15.4	.497		2.0	.6		23.7	
4				19.8	.639		3.0	.6					20.8	.679		3.0	.6		22.4	
5				22.6	.710		3.0	.6	.25				19.3	.979		2.0	.6		21.7	
6				25.0	.796		3.0	.6	.06				21.7	.712		3.0	.6		24.8	
7				23.8	.724		3.0	.6					8.6	.281		1.0	.6		15.3	
8				19.6	.696		3.0	.6					8.9	.281		1.0	.6		20.0	
9				23.3	.601		3.0	.6					12.6	.400		2.0	.6		22.6	
10				24.6	.759		3.0	.6	.43				18.0	.574		3.0	.6		22.9	
11				18.3	.551		3.0	.6					15.6	.987		2.0	.6		22.4	
12				17.3	.530		3.0	.6					15.9	.999		2.0	.6		22.9	
13				26.3	.801	75	3.0	.6					16.1	.517	6.0	2.0	.6		27.2	
14				18.6	.579		3.0	.6	.92				5.3	.161		1.0	.6		16.3	
15				16.9	.500		3.0	.6					10.3	.320		1.0	.6		21.3	
16				23.6	.718		3.0	.6	.10				7.8	.257		1.0	.6		22.5	
17				23.6	.727		3.0	.6					10.6	.351		1.0	.6		20.7	
18				22.2	.640		3.0	.6	1.01				5.3	.173		1.0	.6		23.3	
19				12.8	388		2.0	.6	1.70				15.9	.987		2.0	.6		21.0	
20				22.0	.653		3.0	.6	.62				6.8	.218		1.0	.6		21.7	
21				3.2	.104		1.0	.6					25.8	.768		3.0	.6		24.1	
22				10.4	.313		1.0	.6	.02				13.5	.920		2.0	.6		20.2	
23				15.2	.932		2.0	.6	.40				11.9	.369		1.0	.6		11.1	
24				15.5	.950		2.0	.6	1.50				13.8	.929		2.0	.6		22.3	
25				22.5	.667		3.0	.6	.64				2.6	.086		1.0	.6		23.3	
26				22.5	.673		2.0	.6	.01				8.8	.281		1.0	.6		22.0	
27				15.4	.939		2.0	.6					16.4	.514		3.0	.6		20.5	
28				22.6	.668		3.0	.6	1.26				3.1	.105		1.0	.6		22.3	
29				22.2	.665		3.0	.6	.07				3.4	.113		1.0	.6		22.6	
30				19.3	.575		3.0	.6	.60				8.8	.278		1.0	.6		21.2	
31				9.5	.300		1.0	.6					20.9	.649		3.0	.6		21.9	
MONTH TOTAL				592.5	19.053		83.0	16.6	10.17				379.7	12.065		54.0	18.6		623.7	
YEAR TO DATE				2916.4	86.577		379.0		53.72				2317.4	72.259		326.0			3081.9	
AVG.				19.1	.582		2.69	.6	.33				12.2	.389		1.74	.6		21.7	
MAX.				26.3	.801		3.0	.6	1.50				25.8	.768		3.0	6		27.2	
MIN.				3.2	.104		1.0	.6	0				2.6	.086		1.0	.6		11.1	

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DAY	WELL NO #1 UNIT-8 TRACT "D" WEST LINDEN DRIVE								WELL NO #2 UNIT-7 TRACT "E" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES
1								1.0				8.5	.589		3.0	.6
2				3.0	.180		2.0	1.0				13.7	1.339		6.0	.6
3				3.7	.212		2.0	1.0				10.7	.752		4.0	.6
4								1.0				16.6	1.264		6.0	.6
5				5.9	.359		4.0	1.0				16.9	1.309		6.0	.6
6				8.8	.515		5.0	1.0				29.2	1.915		10.0	.6
7				.1	.002			1.0				24.0	1.583		8.0	.6
8								1.0				21.9	1.648		8.0	.6
9				5.1	.328		3.0	1.0				29.7	1.959		10.0	.6
10				11.9	.745		7.0	1.0				25.2	2.050		10.0	.6
11				4.5	.259		3.0	1.0				22.5	1.730		9.0	.6
12				5.5	.344		3.0	1.0				14.2	1.045		5.0	.6
13	20'	32'		10.2	.645	7.5	6.0	1.0				17.9	1.493	7.0	7.0	.6
14				4.5	.275		3.0	1.0				17.0	1.309		6.0	.6
15								1.0				20.3	1.493		7.0	.6
16				5.4	.349		3.0	1.0				21.7	1.695		8.0	.6
17				6.3	.403		4.0	1.0				13.2	.938		5.0	.6
18								1.0				13.9	.998		5.0	.6
19								1.0				13.2	1.013		5.0	.6
20								1.0				10.7	.821		4.0	.6
21								1.0				24.2	1.457		7.0	.6
22								1.0				18.7	1.342		6.0	.6
23								1.0				13.1	.966		5.0	.6
24								1.0				20.5	1.209		6.0	.6
25								1.0				9.0	.922		5.0	.6
26								1.0				16.8	1.286		6.0	.6
27								1.0				18.4	1.459		7.0	.6
28								1.0				13.7	.978		5.0	.6
29								1.0				13.1	.994		5.0	.6
30								1.0				15.2	1.149		6.0	.6
31								1.0				20.3	1.576		8.0	.6
MONTH TOTAL				74.9	4.636		45.0	31.0				534.5	40.127		198.0	18.6
YEAR TO DATE				1658.4	39.806		406.0					4406.9	314022		1610.0	
AVG.				2.4	150		3.75	1.0				17.2	1294		6.39	.6
MAX.				11.9	.745		6.0	1.0				25.2	2050		10.0	.6
MIN.				.1	0		2.0	1.0				8.5	.589		3.0	.6

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WELL - 24 UNIT - 7 TRACT - 8
CHLORIDE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS. CL.	CL. RES.
1							.6														
2							.6														
3				19.8	2.376	15.0	.6														
4				9.1	.492	2.0	.6														
5							.6														
6							.6														
7							.6														
8							.6														
9							.6														
10							.6														
11							.6														
12				17.1	2052	15.0	.6														
13				6.6	792	4.0	.6														
14				6.5	780	4.0	.6														
15							.6														
16							.6														
17				26.9	3.228	20.0	.6														
18							.6														
19							.6														
20							.6														
21							.6														
22							.6														
23							.6														
24							.6														
25							.6														
26							.6														
27							.6														
28							.6														
29							.6														
30							.6														
31							.6														
MONTH TOTAL				81.7	9.720	80.0	18.6														
YEAR TO DATE				1532.4	186.971	2420															
AVG.				2.6	314	10.0	.6														
MAX.				26.9	3.228	20.0	.6														
MIN.				4.1	0	4.0	.6														

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DAY	WELL NO 23 UNIT - 10 TRACT "R-C" MARKER BLVD/ KILLIAN ST.								WELL NO 24 UNIT - 10 TRACT "R" ANTELOPE / BARROW								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	
1				22.0	1.440		15.0	.6				24.0	1.500			.6	4.661
2				22.7	.667		3.0	.6				23.5	1.450			.6	7.983
3				29.9	.857		4.0	.6				22.9	1.660			.6	8.821
4				26.3	.476		2.0	.6				23.8	1.490			.6	2.268
5				22.8	.381		1.0	.6				23.9	1.570			.6	7.490
6				24.8	.381		1.0	.6				24.1	1.700			.6	10.654
7				23.6	1.238		6.0	.6				23.6	1.570			.6	8.600
8				23.2	1.392		7.0	.6				23.6	1.550			.6	7.263
9				23.0	1.380		7.0	.6				23.0	1.670			.6	9.555
10				24.5	1.470		7.0	.6				25.0	1.800			.6	13.289
11				25.3	1.518		7.0	.6				22.9	1.570			.6	9.887
12				23.5	1.410		7.0	.6				24.1	1.670			.6	10.860
13	45'	84'		28.3	1.698	7.5	8.0	.6				24.1	1.720	7.5		.6	12.772
14				20.1	1.206		6.0	.6				22.2	1.590			.6	9.285
15				23.6	1.416		7.0	.6				23.0	1.600			.6	6.375
16				26.8	1.608		8.0	.6				23.3	1.620			.6	9.277
17				23.6	1.416		7.0	.6				25.7	1.780			.6	13.131
18				25.5	1.530		8.0	.6				23.7	1.560			.6	6.499
19				23.2	1.392		7.0	.6				22.6	1.520			.6	6.844
20				23.8	1.428		7.0	.6				22.0	1.960			.6	6.198
21				21.9	1.314		7.0	.6				19.3	.890			.6	6.852
22				22.1	1.326		7.0	.6				24.1	1.590			.6	5.801
23				22.9	1.374		7.0	.6				23.0	1.510			.6	5.671
24				24.3	1.458		7.0	.6				24.4	1.610			.6	6.274
25				25.0	1.500		7.0	.6				23.7	1.560			.6	5.170
26				23.9	1.434		7.0	.6				23.8	1.620			.6	7.150
27				23.1	1.386		7.0	.6				23.3	1.620			.6	7.826
28				24.2	1.452		8.0	.6				24.2	1.590			.6	5.651
29				24.6	1.476		8.0	.6				24.3	1.610			.6	5.283
30				23.1	1.386		8.0	.6				24.9	1.640			.6	6.302
31				24.0	1.440		8.0	.6				24.5	1.670			.6	7.630
MONTH TOTAL				739.1	39.850		206.0	19.6				731.4	49.170			16.6	245872
YEAR TO DATE				5352	354.032		3041.0					5794.0	365.000				2016.538
AVG.				23.8	1.285		6.65	.6				23.6	1.586			.6	7.931
MAX.				28.3	1.698		15.0	.6				29.9	1.800			.6	13.289
MIN				20.1	.381		1.0	.6				19.3	.890			.6	4.661

I.D. NO. 6271696 OPERATOR SIGNATURE: Ricky Leach

OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: AC4803

TOTAL METERED SERVICES AT END OF MONTH: 2210

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DAY	WELL #3 JAMAICA / APRICOT UNIT-1 TRACT L								WELL #11 JAMAICA / APRICOT UNIT-1 TRACT L								D.P. UNIT-1 CENTRIFUGAL JAMAICA/APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	No. CL	LBS. CL	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	LBS CL	CL. RES	METER READ	HOURS	GALLONS
1								.6					5.0	698			.6			
2				3.4	470			.6					13.4	186		1.0	.6		4.6	
3				18.7	382		2.0	.6					14.2	185		1.0	.6		2.7	
4				24.1	496		2.0	.6					14.8	194		1.0	.6		2.3	
5				10.4	207		1.0	.6					18.2	237		1.0	.6		1.6	
6				16.0	303		1.0	.6					22.5	298		1.0	.6		2.9	
7				9.0	188		1.0	.6	.05				18.2	244		1.0	.6		2.2	
8				3.6	074			.6					11.4	152		1.0	.6			
9				5.5	112		1.0	.6					14.0	182		1.0	.6		4.7	
10				16.4	337		2.0	.6	.63				16.8	227		1.0	.6		6.7	
11				22.8	467		2.0	.6					21.4	351		1.0	.6		4.5	
12				15.7	317		2.0	.6					15.1	195		1.0	.6		2.8	
13				6.7	136		1.0	.6	.06				18.5	240		1.0	.6		4.4	
14				5.4	192		1.0	.6	.09				20.1	265		1.0	.6		4.5	
15				11.2	226		1.0	.6					19.7	262		1.0	.6		1.8	
16				5.7	117		1.0	.6					25.0	326		1.0	.6		5.9	
17				21.5	441		2.0	.6					21.8	292		1.0	.6		7.3	
18				4.3	077			.6	.86				8.6	123		1.0	.6			
19	13'3"	-				4.5		.6		15'7"	60'3"		12.6	164	5.5	1.0	.6			
20				4.1	126		1.0	.6					25.2	280		1.0	.6		6.0	
21				12.7	362		2.0	.6					19.6	329		1.0	.6		7.7	
22				8.5	170		1.0	.6					23.1	320		1.0	.6		3.0	
23				12.4	354		1.0	.6					22.9	306		1.0	.6		7.3	
24				9.5	193		1.0	.6					18.3	253		1.0	.6		5.4	
25				16.6	342		2.0	.6	.15				10.7	138		1.0	.6		1.1	
26								.5					14.7	189		1.0	.5			
27				7.6	153		1.0	.5					21.3	277		1.0	.5		8.0	
28				15.8	320		2.0	.6					19.3	258		1.0	.6		7.3	
29				5.6	112		1.0	.6					13.5	183		1.0	.6			
30				1.9	038			.6	.33				10.1	125		1.0	.6		2.0	
31																				
MONTH TOTAL				300.1	6.103		32.0	17.8	1.57				514.3	6.822		29.0	17.8		113.8	
YEAR TO DATE				1234.3	24.893		120.0		59.24				3389	38.868		170.0			964.2	
AVG.				10.0	.203		1.4	.6	.05				17.2	.227		1.0	.6		3.8	
MAX.				24.1	.496		2.0	.6	.86				25.2	.329		1.0	.6		7.8	
MIN.				1.9	0		1.0	.5	0				8.0	.098		1.0	.5		1.1	

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DAY	WELL Nº 12 CLOVERDALE RD UNIT-7 TRACT "A"								WELL Nº 20 CARTER/SPRINGHILL UNIT-23 TRACT "N"							
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	Ma. Cl	LOG. Cl.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	Ma. Cl	LOG. Cl.	CL. RES.	RAINFALL
1				.4	.015			.6				5.6	.139		1.0	.6	
2				5.9	.195		1.0	.6				16.6	.402		2.0	.6	
3				6.5	.223		1.0	.6				14.6	.359		2.0	.6	
4				7.3	.235		1.0	.6				15.0	.366		2.0	.6	
5				7.6	.248		1.0	.6				14.3	.349		2.0	.6	
6				10.0	.333		2.0	.6				12.5	.311		2.0	.6	
7				4.3	.144		1.0	.6				15.8	.382		2.0	.6	
8								.6				9.3	.223		1.0	.6	.14
9				4.1	.133		1.0	.6				12.4	.303		2.0	.6	
10				4.5	.148		1.0	.6				16.9	.416		2.0	.6	
11				4	.011			.6				14.3	.345		2.0	.6	
12								.6				16.5	.399		2.0	.6	
13				4.8	.157		1.0	.6				9.9	.236		1.0	.6	.26
14				6.4	.214		1.0	.6				11.2	.272		1.0	.6	.50
15				6.3	.202		1.0	.6				16.7	.401		2.0	.6	
16				10.0	.343		2.0	.6				13.5	.337		2.0	.6	
17				6.5	.213		1.0	.6				15.3	.385		2.0	.6	
18								.6				7.1	.169		1.0	.6	
19	13'1"	33'0"		3.8	.123	5.0	1.0	.6	13'9"	45'5"		12.0	.289	5.5	1.0	.6	
20				1.0	.368		2.0	.6				13.5	.340		2.0	.6	
21				23.7	.466		2.0	.6				20.9	.509		2.0	.6	
22				10.6	.343		2.0	.6				20.6	.501		2.0	.6	
23				9.9	.341		2.0	.6				17.1	.422		2.0	.6	
24				8.5	.276		1.0	.6				17.5	.430		2.0	.6	
25				.6	.019			.6				5.4	.129		1.0	.6	.28
26				3.2	.103			.6				8.3	.200		1.0	.8	
27				6.2	.203		1.0	.6				11.2	.277		1.0	.5	
28				3.4	.111			.6				16.5	.403		2.0	.5	
29				.8	.025			.6				14.4	.347		2.0	.6	
30								.6				11.0	.264		1.0	.6	
31																	
MONTH TOTAL				156.7	5.188		26.0	18.0				406.2	9.906		50.0	18.0	1.18
YEAR TO DATE				910.4	29.375		141.0					3117.9	75.352		345.0		56.74
AVG.				5.2	.173		1.3	.6				13.5	.330		1.7	.6	.04
MAX.				23.7	.466		2.0	.6				20.9	.509		2.0	.8	.50
MIN.				.4	0		1.0	.6				5.4	.129		1.0	.5	0

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DAY	WELL #1 UNIT-25 TRACT "A" CARTEE / REYDVILLE								WELL #2 UNIT-25 CENTRIFUGAL CARTEE / REYDVILLE			WELL #7 UNIT-15 TRACT "B" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	Inc Cl	LBS. CL.	CL. RES.	METER REG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	Inc Cl	LBS. CL.	CL. RES.	RAINFALL
1				3.2	.111		1.0	.6		.1					9.6	329		2.0	.6	
2				5.7	.198		1.0	.6		7.0					7.5	307		2.0	.6	
3				15.5	.507		3.0	.6		9.5					10.5	423		2.0	.6	.03
4				5.6	.370		2.0	.6		.2					10.5	421		2.0	.6	
5				1.9	.063			.6		1.0					9.1	363		2.0	.6	
6				6.0	.216		1.0	.6		9.8					13.1	525		3.0	.6	
7				23.5	.811		4.0	.6		11.3					11.0	.499		2.0	.6	.67
8				12.0	.422		2.0	.6		.7					7.4	.287		1.0	.6	.20
9				4.6	.156		1.0	.6		8.2					9.1	.365		2.0	.6	
10				18.4	.642		3.0	.6		10.7					11.1	.453		2.0	.6	
11				13.9	.485		2.0	.6		.5					9.6	.379		2.0	.6	
12				3.4	.118		1.0	.6		1.9					9.3	.362		2.0	.6	.14
13				4.9	.168		1.0	.6		8.6					9.2	.372		2.0	.6	.01
14				16.7	.581		3.0	.6		7.8					9.4	.365		2.0	.6	.15
15				9.8	.344		2.0	.6		.6					11.7	.437		2.0	.6	
16				6.4	.220		1.0	.6		10.8					11.8	.477		2.0	.6	
17				23.9	.879		4.0	.6		12.3					16.6	.661		3.0	.6	
18				14.4	.458		2.0	.6		.8					5.7	.246		1.0	.6	
19	148'	—		4.0	.133	5.0	1.0	.6		2.5					11.4	.446	5.0	2.0	.6	
20				6.1	.290		1.0	.6		9.5					14.2	.569		3.0	.6	
21				24.2	.767		3.0	.6		9.5					14.2	.586		3.0	.6	
22				15.7	.545		2.0	.6		3.4					11.7	.459		2.0	.6	
23				11.4	.395		2.0	.6		13.9					14.7	.602		3.0	.6	
24				24.0	.839		4.0	.6		13.0					13.5	.554		3.0	.6	
25				19.4	.683		3.0	.6							13.0	.504		2.0	.6	.45
26								.6							7.5	.311		2.0	.5	
27				5.2	.176		1.0	.6		5.5					10.6	.440		2.0	.5	
28				12.0	.411		2.0	.6		5.6					13.0	.515		2.0	.5	
29				7.7	.275		1.0	.6		.6					7.3	.327		2.0	.5	
30				4.6	.158		1.0	.6		2.3					10.2	.395		2.0	.5	.04
31																				
MONTH TOTAL				328.1	11425		55.0	18.0		167.6					326.4	13.032		65.0	15.5	1.09
YEAR TO DATE				2044.6	73.140		347.0			1136.5					2077.6	80.802		372.0		50.80
AVG.				10.9	.381		2.0	.6		5.6					10.9	.434		2.2	.5	.04
MAX.				24.2	.879		4.0	.6		13.9					16.6	.661		3.0	.6	.45
MIN.				1.9	0		1.0	.6		.1					7.4	.287		1.0	.5	0

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DAY	WELL NO 6 UNIT - 8 TRACT "A" PIONEER PARK								WELL NO 10 UNIT - 9 TRACT "D" WEST LINDEN DRIVE								WELL NO ED UNIT - 15 TRACT "D" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL.	CL. RES
1												6.0	.378		1.0	.6				3.6	.203		1.0	.6
2												7.8	.352		2.0	.6				16.4	.983		5.0	.6
3					OFF							14.4	.629		3.0	.6				14.0	.858		4.0	.6
4												15.1	.636		3.0	.6				13.7	.810		4.0	.6
5					LINE							16.4	.685		3.0	.6				16.7	.991		5.0	.6
6												16.0	.712		4.0	.6				13.7	.851		4.0	.6
7					FOR							15.8	.674		3.0	.6				17.1	1.036		5.0	.6
8												4.9	.155		1.0	.6				3.5	.200		1.0	.6
9					REPAIR							5.5	.224		1.0	.6				11.4	.706		4.0	.6
10												15.0	.655		3.0	.6				15.4	.952		5.0	.6
11												9.1	.383		2.0	.6				15.9	.945		5.0	.6
12												8.6	.359		2.0	.6				11.5	.681		3.0	.6
13												7.8	.346		2.0	.6				17.6	.832		4.0	.6
14												5.1	.407		2.0	.6				18.0	1.077		5.0	.6
15												24.0	.952		5.0	.6				16.3	.964		5.0	.6
16												15.4	.692		3.0	.6				14.4	.903		4.0	.6
17												12.0	.551		2.0	.6				14.8	.929		3.0	.6
18												5.2	.201		1.0	.6				6.7	.362		2.0	.3
19									16.11"	17.8"		13.3	.536	6.0	2.0	.6				11.8	.707	6.5	2.0	.3
20												15.6	.672		2.0	.6				17.4	1.075		5.0	.3
21												23.7	1.062		5.0	.6				23.8	1.486		7.0	.3
22												24.6	1.035		5.0	.6				21.4	1.376		6.0	.4
23												19.3	.866		4.0	.6				19.0	1.196		6.0	.4
24												16.3	.726		4.0	.6				17.0	1.074		5.0	.4
25												4.5	.183		1.0	.6				16.4	.992		5.0	.4
26												5.6	.240		1.0	.4				11.4	.674		3.0	.3
27												9.6	.429		2.0	.3				15.1	.917		5.0	.4
28												13.2	.570		3.0	.6				17.2	1.045		5.0	.4
29												5.6	.236		1.0	.6				10.7	.632		3.0	.4
30												6.0	.248		1.0	.6				5.0	.303		1.0	.4
31																								
TOTAL									366.2	15.939					76.0	17.7				422.9	25.685		125.0	15.2
YEAR TO DATE				3176.6	73.384		329.0		2999.0	121.993					557.0					2950.6	173.818		823.0	
AVG.									12.2	.528					2.5	.6				14.1	.856		4.2	.5
MAX.									24.6	1.062					5.0	.6				23.8	1.486		7.0	.6
MIN.									45	183					1.0	4				35	200		10	4

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DAY	WELL #9 MARINER BLVD / GILLIAM ST UNIT-10 TRACT "B-C"									WELL #10 MARINER BLVD / GILLIAM ST UNIT-10 TRACT "B-C"								CENTRIFUGAL UNIT-10 MARINER BLVD / GILLIAM ST		
	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	Inc Cl	Lbs. Cl.	Cl. Res.	BACKWASH	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	Inc Cl	Lbs. Cl.	Cl. Res.	METER 000	HOURS	GALLONS
1				19.3	.592		3.0	.6					4.9	.159		1.0	.6		51.0	
2				21.4	.650		2.0	.6					15.1	.477		2.0	.6		33.5	
3				18.5	.570		3.0	.6					16.8	.232		2.5	.6		22.2	
4				14.8	.457		3.0	.6					20.0	.625		3.0	.6		26.7	
5				15.9	.495		3.0	.6					21.5	.670		3.0	.6		22.6	
6				22.2	.687		3.0	.6					11.7	.380		3.0	.6		21.5	
7				17.5	.545		2.0	.6					19.9	.635		3.0	.6		21.4	
8				19.9	.599		3.0	.6	.40				5.0	.164		1.0	.6		22.2	
9				15.0	.469		2.0	.6					13.1	.420		2.0	.6		22.7	
10				18.5	.575		3.0	.6					19.7	.592		3.0	.6		23.5	
11				19.1	.561		3.0	.6					17.9	.567		3.0	.6		19.9	
12				19.2	.584		3.0	.6					15.3	.476		3.0	.6		23.1	
13				13.9	.437		2.0	.6	.04				14.0	.449		2.0	.6		21.7	
14				16.6	.524		3.0	.6	.09				13.2	.576		3.0	.6		20.5	
15				25.8	.771		4.0	.6					19.3	56.2		3.0	.6		23.6	
16				22.7	.702		3.0	.6					12.6	.409		2.0	.6		22.9	
17				16.0	.517		3.0	.6					23.9	.763		4.0	.6		23.1	
18				17.1	.518		3.0	.6	.13				15.5	.474		2.0	.6		22.5	
19	53.0'	75.0'		15.1	.458	5.5	2.0	.6		63.7'	-		18.8	.580	5.0	3.0	.6		21.2	
20				22.4	.592		3.0	.6					14.0	.447		2.0	.6		22.9	
21				21.6	.777		4.0	.6					20.3	.647		3.0	.6		22.6	
22				22.4	.692		3.0	.6					20.2	.633		3.0	.6		21.1	
23				19.3	.600		3.0	.6					22.4	.707		3.0	.6		25.5	
24				17.1	.550		2.0	.6					22.1	.704		3.0	.6		22.7	
25				19.7	.601		3.0	.6	.30				20.4	.629		3.0	.6		21.1	
26				23.0	.691		3.0	.6					21.9	.675		3.0	.6		23.5	
27				24.3	.748		4.0	.6					21.0	.658		3.0	.6		28.4	
28				23.8	.753		4.0	.6					21.4	.689		3.0	.6		24.5	
29				24.8	.767		4.0	.6	.04				20.7	.654		3.0	.6		21	
30				23.6	.742		4.0	.6					16.2	.533		3.0	.6		19	
31																				
MONTH TOTAL				589.7	18.204		92.0	18.0	.99				521.8	11.493		78.0	18.0		644.0	
YEAR TO DATE				3559.3	105.081		471.0		5.471				2239.2	89.752		404.0			3725.8	
AVG.				19.7	.607		3.1	.6	.03				17.4	.550		2.6	.6		21.5	
MAX.				25.8	.777		4.0	.6	.40				23.9	.763		4.0	.6		28.4	
MIN.				13.9	.437		2.0	.6	0				4.9	.159		1.0	.6		4.9	

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DAY	WELL NO 21 UNIT-9 TRACT "D" WEST LINDEN DRIVE								WELL NO 20 UNIT-7 TRACT "D" CLOVERDALE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No. 01	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No. 01	LBS. CL.	CL. RES.
1												20.4	1.489		7.0	.6
2					OFF							22.4	1.747		9.0	.6
3												23.2	1.825		7.0	.6
4					LINE							24.1	1.895		7.0	.6
5												23.3	1.817		9.0	.6
6					FOR							24.6	2.000		10.0	.6
7												11.0	.778		4.0	.6
8					REPAIR							.3	.021			.6
9												9.7	.695		3.0	.6
10												11.6	.860		4.0	.6
11												12.4	.840		4.0	.6
12												9.0	.634		3.0	.6
13												10.0	.713		3.0	.6
14												18.1	1.440		7.0	.6
15												23.0	1.820		9.0	.6
16												24.1	1953		10.0	.6
17												12.9	.960		5.0	.6
18												2.5	.157	5.0	1.0	.6
19	146'	—				6.5						22.5	1.697		8.0	.6
20												25.2	2.032		10.0	.6
21												24.2	2.059		10.0	.6
22												23.6	1.885		9.0	.6
23												22.0	1.809		9.0	.6
24												13.5	1.028		5.0	.6
25												12.3	.913		5.0	.6
26												18.4	1.405		7.0	.5
27												23.6	1909		9.0	.6
28												12.4	.840		4.0	.6
29												2.2	.156		1.0	.6
30												5.2	.356		2.0	.6
31																
MONTH TOTAL												488.1	37.663		184.0	17.9
YEAR TO DATE				658.4	39.806		406.0					4885.0	351.685		1794.0	
AVG.												16.3	1.255		6.3	.6
MAX.												25.2	2.059		10.0	.6
MIN.												.3	.021		1.0	.5

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WELL - 28 UNIT - 7 YEAR - 8
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	LBS. CL.	CL. RES.
1							.6														
2							.6														
3							.6														
4							.6														
5							.6														
6							.6														
7							.6														
8				24.0	2.880	14.0	.6														
9				25.2	3.024	15.0	.6														
10				23.6	2.832	14.0	.6														
11				22.7	2724	14.0	.6														
12				24.9	2.988	15.0	.6														
13				22.9	2.748	14.0	.6														
14				25.6	3.072	15.0	.6														
15				5.1	.612	3.0	.6														
16							.6														
17				.1	.012		.6														
18				24.1	2.892	14.0	.6														
19				22.7	2724	14.0	.6														
20							.6														
21							.6														
22							.6														
23							.6														
24							.6														
25				24.9	2988	15.0	.6														
26				10.7	1284	6.0	.6														
27							.6														
28							.6														
29				26.8	3.216	16.0	.6														
30				21.7	2.604	13.0	.6														
31				24.1	2.892	14.0	.6														
MONTH TOTAL				329.1	39.492	196.0	18.0														
YEAR TO DATE				1861.5	226.463	938.0															
AVG.				11.0	1.316	13.1	.6														
MAX.				26.8	3.216	16.0	.6														
MIN.				.1	0	3.0	.6														

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DAY	WELL NO 88 UNIT - 18 TRACT "B-8" HARRISON BLVD./ WILLIAM ST.								WELL NO 86 UNIT - 18 TRACT "B" ANTELOPE / BARROW								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. OF	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. OF	LBS. CL.	CL. RES.	
1				23.2	1392		14.0	.6				23.1	1550		8.0	.6	6306
2				25.4	1524		15.0	.6				23.3	1600		8.0	.6	8695
3				23.8	1428		14.0	.6				23.6	1650		8.0	.6	9577
4				23.5	1410		14.0	.6				23.7	1620		8.0	.6	5525
5				24.6	1476		15.0	.6				24.9	1660		8.0	.6	5355
6				22.3	1338		13.0	.6				23.2	1690		8.0	.6	9544
7				24.0	1440		14.0	.6				24.0	1660		8.0	.6	11956
8				24.5	1470		15.0	.6				24.7	1660		8.0	.6	8430
9				24.0	1440		14.0	.6				22.5	1550		8.0	.6	9636
10				24.9	1494		15.0	.6				23.6	1680		8.0	.6	11751
11				22.9	1374		14.0	.6				24.0	1630		8.0	.6	11359
12				25.2	1512		15.0	.6				23.3	1540		8.0	.6	9925
13				23.2	1392		14.0	.6				24.7	1760		8.0	.6	16348
14				23.2	1392		14.0	.6				23.3	1550		8.0	.6	9563
15				25.9	1548		15.0	.6				26.1	1770		9.0	.6	16395
16				22.7	1362		13.0	.6				22.4	1.640		8.0	.6	9493
17				23.8	1428		14.0	.6				23.9	1.770		9.0	.6	12681
18	60'in"	70'5"		25.3	1.518	6.5	15.0	.6				22.7	1.530	5.5	8.0	.6	8.706
19				23.2	1.392		14.0	.6				23.3	1.600		8.0	.6	8.144
20				23.6	1416		14.0	.6				24.9	1.830		9.0	.6	10.050
21				23.8	1428		14.0	.6				23.8	1.800		9.0	.6	12.278
22				24.3	1458		15.0	.6				24.3	1.690		8.0	.6	11.014
23				24.6	1476		15.0	.6				23.6	1.770		9.0	.6	10.744
24				24.0	1440		14.0	.6				24.0	1.820		9.0	.6	12.880
25				24.2	1452		14.0	.6				4.6	.290		1.0	.6	8.159
26				23.1	1386		14.0	.4				23.8	1.590		8.0	.5	7.467
27				24.4	1464		15.0	.5				24.3	1.700		8.0	.5	9.251
28				23.5	1410		14.0	.5				23.7	1.660		8.0	.5	12.254
29				25.1	1506		15.0	.6				22.8	1.520		8.0	.5	9.344
30				23.7	1422		14.0	.6				20.6	1.390		7.0	.5	8.866
31																	
MONTH TOTAL				719.5	43189		429.0	17.6				690.2	48.090		238.0	17.5	297.130
YEAR TO DATE				6095.0	397.220		3470.0					6484.2	413.090		22520		2313.668
AVG.				24.0	1.140		14.3	.6				23.0	1.603		7.9	.6	9.904
MAX.				25.8	1548		15.0	.6				26.1	1.830		9.0	.6	12.880
MIN.				22.3	1338		13.0	.4				4.6	.290		1.0	.5	6.306

I.D. NO. 6271696 OPERATOR SIGNATURE: Ray Lee

OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: 1-A-4803

TOTAL METERED SERVICES AT END OF MONTH: 22/62

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DAY	WELL No 2 JAMAICA / APRICOT UNIT-1 TRACT L								WELL No 11 JAMAICA / APRICOT UNIT-1 TRACT L								No 8 CENTRIFUGAL UNIT-1 JAMAICA / APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No CL	LBS. CL	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No CL	LBS. CL	CL. RES	METER ROD	HOURS	GALLONS
1				10.2	305		1.0	.6	.40				12.5	249		1.0	.6		7.2	
2				11.5	326		1.0	.6	.47				10.7	136		1.0	.6		.7	
3								.6	.54				15.9	261		1.0	.6		.1	
4				4.0	076			.5	.30				12.5	.160		1.0	.6			
5				1.8	037			.6	.07				12.4	.157		1.0	.6		1.1	
6				4.7	096			.6	.36				11.7	.146		1.0	.6		.7	
7				5.3	106			.6					16.4	.213		1.0	.6		2.7	
8				15.4	307		1.0	1.0					15.4	197		1.0	.6		4.1	
9				20.3	419		2.0	.6					21.7	.276		1.0	.6		3.6	
10				10.5	206		1.0	.6					15.8	200		1.0	.6		.1	
11				22.7	.456		2.0	.6					30.0	360		1.0	.6		13.7	
12				17.3	.344		2.0	.6					20.3	280		1.0	.6		8.3	
13				10.2	202		1.0	.6					24.7	326		2.0	.6		2.4	
14				9.9	196		1.0	.6					14.4	185		1.0	.6		5.6	
15				23.5	.484		2.0	.6					22.7	.297		1.0	.6		8.2	
16				10.8	.213		1.0	.5					27.2	368		2.0	.5		2.8	
17				11.6	226		1.0	.6					16.0	205		1.0	.6		3.7	
18				20.7	409		2.0	.6					22.2	293		1.0	.6		7.3	
19				20.2	399		1.0	.6					23.7	319		2.0	.6		5.1	
20				13.2	.260		1.0	.6					20.0	272		1.0	.6		3.5	
21				15.3	297		1.0	.6					21.8	281		1.0	.6		6.8	
22				16.7	335		2.0	.2					26.7	367		2.0	.2		7.4	
23				9.5	.187		1.0	.6					20.0	266		1.0	.6		5.2	
24	13'3"	—		20.2	395	7.0	1.0	.6		15'7"	60'3"		20.0	256	9.0	1.0	.6		5.9	
25				23.7	.471		2.0	.6					22.3	.292		1.0	.6		6.7	
26				20.6	404		2.0	.6					22.7	.305		2.0	.6		8.2	
27				14.6	280		1.0	.6					25.3	.337		2.0	.6		3.5	
28				12.1	.236		1.0	.6					15.8	.256		1.0	.6		6.8	
29				25.5	567		3.0	.6					25.5	.338		2.0	.6		11.7	
30				18.0	.348		2.0	.8					22.1	.284		1.0	.8		6.4	
31				17.9	.365		1.0	.6					21.2	.276		1.0	.6		5.5	
MONTH TOTAL				4392	8690		37.0	15.9	2.07				6077	7935		38.0	18.6		152.5	
YEAR TO DATE				16735	33.583		157.0		6.38				38326.4	46.803		208.0			621.7	
AVG.				14.2	.280		1.4	.1	.06				19.6	.256		1.2	.6		5.1	
MAX.				25.5	.507		3.0	1.0	.54				26.7	.367		2.0	.8		11.7	
MIN.				1.8	0		1.0	.2	.07				10.9	.136		1.0	.2		.1	

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DAY	WELL Nº 12 ELDRIDGE RD UNIT-7 TRACT K								WELL Nº 10 CARTEE/KEYSVILLE UNIT - 23 TRACT "N"								
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	Re Cl	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	Re Cl	LBS. CL.	CL. RES.	RAINFALL
1				4.7	156		1.0	.5				11.1	266		1.0	.6	.05
2				7	234			.6				5.5	129		1.0	.6	.40
3								.6				6.3	149		1.0	.6	.17
4				5.	163		1.0	.6				4.8	115			.6	.68
5				2.3	073			.6				10.5	253		1.0	.6	.24
6				1.7	053			.6				2.2	048			.6	
7				4.9	157		1.0	.6				5.6	137			.6	
8				5.1	169		1.0	.6				15.6	381		2.0	.5	
9				1.0	032			.6				14.5	347		2.0	.6	
10				1.5	045			.6				14.6	354		2.0	.6	
11				6.7	223		1.0	.6				12.6	307		2.0	.6	
12				6.4	210		1.0	.6				15.8	459		2.0	.6	
13								.6				22.9	542		2.0	.6	
14				5.0	166		1.0	.6				13.5	329		1.0	.6	
15				7.8	260		1.0	.5				15.1	368		2.0	.6	
16				7.0	232		1.0	.5				15.5	383		2.0	.5	
17				4.4	140		1.0	.6				16.1	391		2.0	.6	
18				8.0	267		1.0	.6				14.4	348		2.0	.6	
19				11.3	366		2.0	.6				18.9	461		2.0	.6	
20				5.6	176		1.0	.6				20.9	459		2.0	.6	
21				7.7	255		1.0	.6				20.1	492		2.0	.6	
22				12.6	431		2.0	.6				19.7	486		2.0	.6	
23				7.2	235		1.0	.6				17.5	733		2.0	.6	
24	13'11"	33'0"		5.4	173	7.0	1.4	.6	13'5"	41'5"		15.4	464	6.0	2.0	.5	
25				10.1	335		2.0	.6				13.6	333		2.0	.5	
26				12.1	397		2.0	.6				19.9	485		2.0	.5	
27				3.0	096			.6				21.6	524		3.0	.6	
28				7.1	241		1.0	.6				18.6	452		2.0	.6	
29				23.3	713		4.0	.6				22.3	542		3.0	.6	
30				10.1	336		2.0	.6				24.2	589		3.0	.6	
31				8.3	265		1.0	.5				23.3	563		3.0	.6	
MONTH TOTAL				196.1	6361		31.0	15.7				476.0	11.529		56.0	15.1	1.84
YEAR TO DATE				1106.5	35.734		172.0					3593.9	86.881		401.0		53.38
AVG.				6.3	.205		1.3	.6				15.4	372		2.0	.6	.05
MAX.				23.3	.713		4.0	.6				24.2	589		3.0	.6	.68
MIN.				.7	0		1.0	.5				2.2	.048		1.0	.5	.05

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DAY	WELL Nº 13 UNIT-25 TRACT H CANTEE / KEYSVILLE								H.B. CENTRIFUGAL UNIT-25 CANTEE / KEYSVILLE			WELL Nº 7 UNIT-15 TRACT B ANTELOPE / BARROW								
	STATIC LEVEL	PUMPING LEVEL	METER ROD.	HOURS	GALLONS	No Cl	LBS CL	CL. RES	METER ROD	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER ROD.	HOURS	GALLONS	No Cl	LBS CL	CL. RES.	RAINFALL
1				6.0	.210		1.0	.6		5.7					14.3	.522		3.0	.5	.07
2				5.2	.175		1.0	.6							10.7	.414		3.0	.6	.52
3								.6							12.0	.455		2.0	.6	.16
4								.6		3					10.5	.404		2.0	.6	
5								.6							10.1	.389		2.0	.6	1.90
6								.6							7.3	.296		1.0	.6	.34
7				2.6	.086			.6		6.9					13.1	.504		2.0	.6	
8				7.0	.240		1.0	.5		4.3					14.8	.568		3.0	.4	
9				2.0	.077			.6							12.6	.492		2.0	.6	
10								.6							13.5	.534		2.0	.6	
11				5.5	.187		1.0	.6		6.4					17.0	.660		3.0	.6	
12				12.3	.419		2.0	.6		7.2					18.5	.715		4.0	.6	
13				9.3	.323		2.0	.6		.2					15.3	.706		4.0	.6	
14				6.3	.219		1.0	.6		6.5					13.7	.539		3.0	.6	
15				13.1	.452		2.0	.6		7.7					17.4	.677		3.0	.6	
16				10.7	.325		2.0	.5		.2					15.5	.593		3.0	.5	
17				.8	.028			.6		.6					14.2	.538		3.0	.6	
18				5.0	.181		1.0	.6		7.9					15.2	.600		3.0	.6	
19				17.3	.589		3.0	.6		8.3					20.9	.804		4.0	.6	
20				11.3	.396		2.0	.6		.6					20.8	.795		4.0	.6	
21				8.7	.300		2.0	.6		7.7					20.0	.776		4.0	.6	
22				18.3	.633		3.0	.6		11.3					17.3	.683		3.0	.5	
23				15.9	.553		3.0	.6		1.5					17.8	.687		3.0	.6	
24	198'	-		.7	.035	6.0		.5		.4					13.5	.516	6.5	3.0	.6	
25				6.0	.206		1.0	.5		8.9					14.7	.577		3.0	.6	
26				17.9	.615		3.0	.5		7.7					21.9	.848		4.0	.6	
27				9.6	.337		2.0	.6		.3					17.1	.654		3.0	.6	
28				9.6	.308		2.0	.6		6.4					16.9	.657		3.0	.6	
29				11.6	.419		2.0	.6		6.8					12.7	.500		3.0	.6	
30				15.5	.536		3.0	.6		3.6					20.5	.800		4.0	.5	
31				.6	.231		1.0	.6		4.3					20.6	.788		4.0	.6	
MONTH TOTAL				234.5	8.137		41.0	18.1		119.0					484.1	18.735		92.0	18.1	3.39
YEAR TO DATE				2305	91.277		388.0			1145					5561.7	99.537		469.0		54.09
AVG.				7.6	.262		1.9	.6		3.9					15.6	.604		3.0	.6	.87
MAX.				18.3	.632		3.0	.6		11.3					21.9	.848		4.0	.6	1.90
MIN.				.7	0		1.0	.5		.2					7.3	.296		1.0	.4	.07

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DAY	WELL Nº 8 PIONEER PARK UNIT-S TRACT "A" STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	LBS CL	CL. RES	WELL Nº 10 WEST LINDEN DRIVE STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	LBS CL	CL. RES	WELL Nº 20 UNIT-15 TRACT "D" ANTELOPE / BARROW STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	LBS CL	CL. RES
1												23	323		20	6				21	382		20	4
2					OFF							18	065			6				3	016			4
3												33	132		10	6				29	170		10	5
4					LINE							44	192		10	6				43	253		10	5
5												96	391		20	6				39	231		10	5
6					FOR							35	138		10	6				7	040			5
7												61	241		10	6				50	299		10	3
8					REPAIR							85	367		20	5				64	393		20	5
9												88	367		20	6				51	296		10	5
10												126	517		30	6				69	408		20	5
11												110	472		20	6				102	623		30	5
12												203	851		40	6				103	627		30	5
13												176	722		30	6				63	369		20	5
14												137	576		30	6				107	651		30	5
15												156	661		30	6				107	652		30	6
16												26.2	833		40	6				91	543		20	5
17												13.8	565		10	6				51	534		20	6
18												22.1	963		90	6				118	771		40	6
19												24.1	1018		50	6				12.5	751		40	6
20												25.0	1070		50	6				8.8	520		20	6
21												18.7	800		40	6				10.7	662		30	6
22												23.3	999		50	5				14.2	885		40	5
23												18.7	780		40	6				13.2	785		40	5
24									16'6"	17'8"		19.3	796	90	40	6				13.4	803	6.0	40	5
25												16.4	693		30	6				13.6	827		40	5
26												23.9	1012		50	6				13.1	805		40	5
27												24.6	1023		50	6				12.5	760		40	6
28												19.0	797		40	6				14.4	880		40	6
29												5.6	232		10	6				11.2	701		40	6
30												24.3	1023		50	6				12.3	730		40	6
31												24.0	1010		50	6				10.2	603		30	6
MONTH TOTAL												468.0	19651		970	184				2803	16 939		840	162
YEAR TO DATE				3174.6	73384		3310					3467.0	1411.00		59.0					3230.9	198.757		767.0	
AVG.												15.1	634		31.3	6				90	546		29	5
MAX.												25.0	1030		50	6				144	885		40	6
MIN.												1.8	065		10	5				3	016		10	3

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DAY	WELL #P10 UNIT-10 TRACT "A-C" MARINER BLVD / SILLIAN ST										WELL #P10 UNIT-10 TRACT "A-C" MARINER BLVD / SILLIAN ST						N.S CENTRIFUGAL UNIT-10 MARINER BLVD / SILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER #06	HOURS	GALLONS	No CL	LOG CL	CL RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER #06	HOURS	GALLONS	No CL	LOG CL	CL RES	METER #06	HOURS	GALLONS
1				22.7	691		3C	.5	/R				23.1	652		3C	.6		24.1	
2				23.4	707		4C	.4	.44				24.6	695		3C	.6		25.6	
3				22.5	676		3C	.5	.17				21.2	654		3C	.6		23.6	
4				22.6	679		3C	.5					22.1	676		3C	.5		24.5	
5				22.6	690		3C	.5	2.15				19.5	617		3C	.6		20.6	
6				25.4	755		4C	.5	.20				24.4	750		4C	.6		26.1	
7				22.6	667		3C	.5					22.6	695		3C	.6		24.9	
8				24.4	747		4C	.5					24.4	764		4C	.5		25.9	
9				24.4	748		4C	.6					22.4	705		4C	.6		24.6	
10				22.2	681		3C	.6					18.9	591		3C	.6		23.3	
11				23.2	717		4C	.6					21.1	667		3C	.6		23.1	
12				23.4	730		4C	.6					20.6	675		3C	.6		23.6	
13				26.3	812		4C	.6					24.1	759		4C	.6		25.6	
14				22.3	691		3C	.6					19.4	615		3C	.6		23.6	
15				23.5	733		4C	.6					21.4	681		3C	.6		23.9	
16				24.9	765		4C	.6					25.1	786		4C	.6		24.4	
17				22.9	703		4C	.6					23.5	735		4C	.6		23.9	
18				22.5	715		4C	.6					17.5	633		3C	.6		24.4	
19				24.0	750		4C	.6					24.2	765		4C	.6		25.5	
20				25.7	796		4C	.6					24.7	782		4C	.6		24.9	
21				23.3	756		4C	.6					22.1	725		4C	.6		23.9	
22				23.7	746		4C	.6					23.0	733		4C	.6		25.2	
23				24.5	758		4C	.6					23.4	731		4C	.6		25.2	
24	55'0"	75'0"		23.9	741	1.0	4C	.6	.03	67'	—		21.6	681	2.0	3C	.6		26.5	
25				24.1	750		4C	.6					22.0	697		3C	.6		24.6	
26				23.7	745		4C	.6	.06				24.0	758		4C	.6		25.5	
27				24.3	753		4C	.6					24.1	759		4C	.6		23.7	
28				25.6	799		4C	.6					22.4	711		4C	.6		24.6	
29				15.5	494		2C	.6					23.1	718		4C	.6		25.3	
30				17.1	513		3C	.6					3.4	112		1C	.6			
31				15.2	436		3C	.6									.6			
MONTH TOTAL				712.7	21952		120	177	3.17				695.5	21.527		103C	15.4		1743	
YEAR TO DATE				4232C	127.033		583C		57.41				3447	109.379		507C			3405.1	
AVG.				23C	.705		3.6	.6	.10				21C	.617		3.4	.6		56	
MAX.				26.3	812		4.0	.6	2.15				25.1	786		4C	.6		96	
MIN.				15.2	436		3.0	.4	.03				3.4	C		1C	.5		.3	

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DAY	WELL NO 01 WEST LINDEN UNIT-D TRACT "D" DRIVE								WELL NO 02 UNIT-Y TRACT "A" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.
1								4				17.8	1,332		7C	1
2								4				14.2	1,064		5C	6
3								5				16.0	1,194		6C	.6
4								5				13.4	1,000		5C	.6
5								5				18.8	1,436		7C	.6
6								5				13.0	.930		5C	.6
7				.1	006			5				18.4	1,381		7C	.6
8				3.9	.256		3C	6				17.7	1,316		7C	4
9								6				22.3	1,699		8C	.5
10								6				22.7	1,739		8C	.5
11				5.4	.353		3C	6				23.3	1,857		9C	5
12				5.5	.363		4C	6				23.2	1,848		9C	.6
13				2.4	.134		1C	6				17.7	1,325		10C	.6
14				5.6	.335		3C	6				17.6	1,409		7C	6
15				5.9	.327		3C	6				24.4	1,918		10C	.6
16				.1	.001			6C				24.5	1,975		9C	.4
17								6C				19.3	1,536		8C	.5
18				1.6	.329		2C	6C				24.5	1,921		10C	.5
19				7.5	.496		4C	6C				24.6	1,973		10C	.5
20				5.0	.296		3C	6C				23.4	1,833		9C	.4
21				4.6	.347		3C	6C				22.4	1,801		9C	.5
22				14.0	.727		7C	6C				26.1	2,142		11C	.4
23				3.3	.210		2C	6C				21.5	1,719		9C	.5
24	145'	—				8.0		6C				23.3	1,855	2C	9C	.5
25				6.2	.398		4C	6C				25.8	2,065		10C	.5
26				8.7	.534		5C	6C				23.4	1,879		10C	.5
27				2.6	.143		1C	6C				22.2	1,993		10C	.5
28				2.4	.232		4C	6C				22.1	1,770		9C	.5
29				23.2	1,328		13.0	6C				23.3	1,672		9C	.5
30				2.3	.333		3C	6C				24.4	1,937		10C	.6
31								6C				23.4	1,249		9C	.6
MONTH TOTAL				86.4	7,294		69.0	491				671.0	53,234		266.0	16.6
YEAR TO DATE				766.5	47,105		475.0					564.0	403,914		1954.0	
AVG.				3.5	.235		3.5	.5				21.6	1685		8.4	.5
MAX.				23.2	1328		13.0	1.0				26.2	2,142		11.5	.6
MIN.				.1	0		1.0	4				13.0	.930		5.0	.4

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WELL - 26 UNIT 7 TRACT - 2
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES
1							.6														
2							.6														
3							.6														
4							.5														
5							.6														
6							.6														
7							.6														
8							.6														
9							.6														
10							.6														
11							.6														
12							.6														
13							.6														
14							.6														
15							.6														
16							.6														
17							.6														
18							.6														
19							.6														
20							.6														
21							.6														
22							.6														
23							.6														
24							.6														
25							.6														
26							.6														
27							.6														
28							.6														
29				6 3	756	4.0	.6														
30							.6														
31							.6														
MONTH TOTAL				6 3	756	4.0	18.5														
YEAR TO DATE				1867	227.219	4420															
AVG.				3	0DU	4.0	.6														
MAX.				6 3	756	4.0	.6														
MIN.				6 3	0	4.0	.6														

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DAY	WELL NO #3 UNIT-13 TRACT "B-C" DARNELL BLVD / SULLIVAN ST.							WELL NO #4 UNIT-13 TRACT "B" ANTELOPE / DARDONE							TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	Sa. Cl	Lbs. Cl.	Cl. RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	Sa. Cl	Lbs. Cl.	Cl. RES	
1				23.2	1,392		14.0	.6				23.9	1,660		9.0	.6	3,158
2				23.7	1,542		15.0	.6				25.4	1,700		9.0	.6	3,358
3				22.5	1,350		14.0	.6				22.7	1,540		9.0	.6	2,521
4				23.7	1,350		14.0	.6				23.4	1,560		9.0	.6	6,655
5				24.5	1,470		15.0	.6				23.2	1,590		8.0	.5	7,124
6				23.4	1,524		15.0	.6				24.5	1,620		9.0	.6	6,399
7				23.7	1,362		14.0	.6				24.2	1,620		9.0	.6	7,461
8				24.5	1,455		15.0	.6				23.0	1,590		9.0	.7	5,853
9				24.6	1,476		15.0	.6				24.2	1,620		9.0	.5	8,614
10				23.4	1,404		14.0	.6				23.2	1,590		9.0	.6	8,269
11				23.3	1,330		14.0	.6				25.3	1,780		9.0	.6	9,952
12				23.5	1,413		14.0	.6				23.4	1,660		9.0	.4	10,530
13				26.5	1,534		16.0	.6				24.7	1,740		9.0	.6	10,354
14				23.3	1,341		14.0	.6				23.7	1,660		9.0	.6	8,868
15				23.6	1,428		14.0	.6				25.1	1,760		9.0	.6	10,700
16				25.0	1,490		15.0	.7				24.5	1,690		8.0	.6	10,081
17				23.7	1,403		14.0	.6				22.1	1,510		7.0	.6	8,503
18				23.2	1,391		14.0	.6				24.0	1,710		9.0	.6	10,490
19				24.0	1,452		14.0	.6				24.7	1,730		9.0	.6	11,829
20				25.4	1,558		15.0	.6				24.4	1,690		9.0	.6	10,705
21				23.4	1,506		15.0	.6				23.1	1,660		9.0	.6	10,665
22				23.4	1,446		14.0	.6				23.5	1,730		10.0	.6	12,232
23				24.7	1,485		15.0	.6				24.5	1,710		9.0	.6	10,435
24	60'4"	76.5"		23.9	1,440	6.5	14.0	.6				24.0	1,650	5.0	9.0	.6	9,803
25				24.0	1,460		15.0	.6				25.3	1,780		9.0	.6	10,580
26				23.7	1,450		14.0	.6				23.7	1,710		9.0	.6	12,008
27				24.2	1,467		15.0	.6				24.3	1,660		9.0	.6	10,755
28				25.6	1,567		16.0	.6				24.4	1,720		9.0	.6	10,827
29				20.7	1,225		12.0	.6				24.5	1,470		7.0	.6	11,645
30				24.2	1,374		14.0	.6				24.5	1,700		9.0	.6	10,605
31				24.5	1,329		13.0	.6				23.6	1,640		9.0	.6	9,257
TOTALS THIS PAGE				747.2	44,586		446.0	18.7				764.2	51,460		251.0	17.9	296,796
TOTALS TO DATE				6317.2	441,801		3916.0					7185.4	464,550		2503.5		3610,454
AVG PER DAY				23.9	1,425		14.4	.6				23.7	1,660		9.1	.6	9,574
MAX				26.5	1,594		16.0	.7				25.4	1,780		9.0	.6	12,332
MIN				20.7	1,225		12.0	.6				20.5	1,470		7.0	.5	6,399

I.D. NO. 6271169 OPERATOR SIGNATURE: Rudy Lee

OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: B 4803

TOTAL METERED SERVICES AT END OF MONTH: 2,418

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DAY	WELL NO 2 JAMAICA / APRICOT UNIT - 1 TRACT L STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL. RES	RAINFALL	WELL NO 4 JAMAICA / APRICOT UNIT - 1 TRACT L STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL. RES	R. O UNIT-1 CENTRIFUGAL JAMAICA / APRICOT METER RDG.	HOURS	GALLONS
1				24.4	473		2	.6					23.7	.336		2	.6		10.3	
2				12.6	248		1	.6					23.5	.316		2	.6		6.2	
3				13.3	239		1	.6	.10				16.4	.230		1	.6		3.6	
4				8.6	164		1	.6	.03				17.1	.236		1	.6		4.3	
5				18.9	353		2	.6	.02				15.9	.195		1	.6		2.2	
6				15.1	257		1	.6					15.8	.248		1	.6			
7				11.0	205		1	.6					23.3	.293		1	.6		6.1	
8				20.4	351		2	.6	.13				23.1	.250		1	.6		5.6	
9				18.1	349		2	.6					15.0	.188		1	.6		5.1	
10				3.9	075			.6					16.5	.218		1	.6		1.1	
11				9.9	188		1	.6					23.2	.284		1	.6		7.8	
12				15.9	258	7.0	1	.6					20.6	.276	8.0	1	.6		8.1	
13				16.2	308		2	.6					23.2	.244		1	.6		6.3	
14				17.3	332		2	.6					19.5	.247		1	.6		6.3	
15				24.3	469		2	.6					24.6	.345		2	.6		9.7	
16				20.2	385		2	.6					23.3	.312		2	.6		8.0	
17				16.2	328		2	.6					21.8	.265		1	.6		4.3	
18				18.9	353		2	.6					20.5	.266		1	.6		6.2	
19				19.0	376		2	.6					24.7	.326		2	.6		7.7	
20				4.3	085			.6	.24				16.7	.185		1	.6		2.3	
21				4.1	042			.6					12.2	.151		1	.6		1.7	
22				11.2	222		1	.6					16.3	.200		1	.6		4.5	
23				18.6	368		2	.6	.02				18.4	.227		1	.6		4.4	
24				3.4	067			.6					13.1	.177		1	.6		1.1	
25				7.7	152		1	.6					17.3	.217		1	.6		5.1	
26				18.0	356		2	.6					16.1	.209		1	.6		5.7	
27				25.7	509		3	.6					26.6	.341		2	.6		7.3	
28				18.0	356		2	.6					20.4	.255		1	.6		2.7	
29				18.6	368		2	.6					19.4	.246		1	.6		6.1	
30				20.5	406		2	.6					23.2	.251		1	.6		5.7	
31																				
MONTH TOTAL				454.3	8383		44.0	18.0	1.09				553.9	7.055		76.0	15.0		155.8	
YEAR TO DATE				2137.8	42766		201.0		6.27				4495	54.962		344.0			775	
AVG.				15.1	293		1.5	.6	.04				19.8	.252		12	.6		5.3	
MAX.				25.7	478		3.0	.6	.24				26.6	.345		2.0	.6		11.7	
MIN.				3.4	.067		1.0	.6	0				13.1	151		1.0	.6		1	

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DAY	WELL Nº 12 UNIT-7 TRACT K ELDRIDGE RD								WELL Nº 10 UNIT-25 TRACT "H" CARTEE / SEYDOVILLE								
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL.	CL. RES.	RAINFALL
1				11.1	.365		2	.6				16.7	445		2	.6	
2				7.6	330		1	.6				20.1	.484		2	.6	
3				5.6	178		1	.6				25.2	611		2	.6	.15
4				6.0	193		1	.6				17.6	416		2	.6	.10
5				7.1	234		1	.6				15.5	386		2	.6	.02
6				5.5	177		1	.6				17.6	419		2	.6	
7				6.5	210		1	.6				23.4	575		3	.6	
8				9.8	314		2	.6				21.0	499		2	.6	.15
9				7.8	251		1	.6				19.8	471		2	.6	
10				3.0	.695			.6				21.5	515		2	.6	
11				7.2	235		1	.6				20.1	.480		2	.6	
12				8.1	267	7.0	1	.6				19.6	476	6.5	2	.6	
13				7.5	241		1	.6				24.5	608		3	.6	
14				10.3	.330		2	.6				23.2	551		3	.6	
15				8.1	197		2	.6				22.1	533		3	.6	
16				14.2	474		2	.6				23.6	565		4	.6	
17				13.9	463		2	.6				26.7	795		4	.6	
18				10.5	345		2	.6				21.6	499		3	.6	
19				11.1	365		2	.6				25.1	594		3	.6	
20				2.9	075			.6				15.0	445		2	.6	.42
21				7.7	115		1	.6				14.2	335		2	.6	
22				7.9	253		1	.6				9.4	226		1	.6	
23				7.0	230		1	.6				19.6	.466		2	.6	.04
24								.6				18.4	433		3	.6	
25				6.5	225		1	.6				21.9	510		3	.6	
26				6.7	230		1	.6				21.1	495		3	.6	
27				8.0	275		1	.6				23.7	533		3	.6	
28				2.6	.583			.6				19.7	456		3	.6	
29				5.7	191		1	.6				18.8	.446		3	.6	
30				11.7	372		2	.6				19.9	.476		3	.6	
31																	
MONTH TOTAL				226.5	7353		350	18.0				665.5	14355		66.0	18.0	1.86
YEAR TO DATE				1333.0	436.99		2670					4159.4	101 326		407.0		57.14
AVG				7.6	345		1.3	.6				20.3	.480		13	.6	.03
MAX				14.2	.474		2.0	.6				26.5	795		4.0	.6	.42
MIN				2.9	0		1.0	.6				9.4	.226		1.0	.6	0

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DAY	WELL #13 UNIT-29 TRACT H CARTEE / REYNVILLE								H.S. CENTRIFUGAL UNIT-29 CARTEE / REYNVILLE			WELL #7 UNIT-13 TRACT A ARTELOPE / BARROW						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	no. CL	LBS. CL	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	no. CL	LBS. CL	CL. RES.	RAINFALL
1				8.3	285		1	.6		9.8					22.9	.583		4	.6	
2				13.9	.649		3	.6		7.9					17.0	.522		3	.6	
3				12.0	.416		2	.6		11					19.1	.735		4	.6	.05
4				9.3	.357		1	.6		5.1					15.5	.553		3	.6	.08
5				9.8	.376		2	.6		8.1					12.9	.497		3	.6	.03
6				14.2	.484		2	.6		4.7					17.6	.569		3	.6	
7				8.0	.281		1	.6		7.2					19.1	.783		4	.6	
8				6.6	.230		1	.6		4.0					26.8	.994		4	.6	.05
9				7.8	.265		1	.6		5.0					16.3	.626		3	.6	
10				4.9	.174		1	.6							14.7	.557		3	.6	
11				5.4	.183		1	.6		8.3					20.6	.796		4	.6	
12				16.4	.568	6.0	3	.6		8.5					14.3	.543	7.0	3	.6	
13				17.2	.599		3	.6		2.5					19.3	.731		4	.6	
14				6.5	.223		1	.6		7.7					16.7	.639		3	.6	
15				7.6	.260		1	.6		10.5					23.8	.893		4	.6	
16				24.1	.778		3	.6		11.0					22.5	.858		4	.6	
17				14.9	1.069		5	.6		2.4					19.8	.746		4	.6	
18				6.9	.235		1	.6		11.6					18.4	.760		4	.6	
19				26.1	.908		5	.6		11.3					21.3	.817		4	.6	
20				12.6	.436		3	.6		3					7.7	.314		3	.6	.16
21										3					11.4	.423		3	.6	
22				4.9	.166		1	.6		3.7					13.0	.489		3	.6	
23				7.3	.251		1	.6		5.3					16.9	.633		3	.6	.16
24				5.8	.204		1	.6							13.6	.503		3	.6	
25				6.9	.234		1	.6		6.7					17.1	.651		3	.6	
26				15.5	.553		3	.6		8.3					15.3	.601		3	.6	
27				12.7	.431		2	.6		1.8					23.0	.916		4	.6	
28				5.0	.170		1	.6		2.5					17.7	.663		3	.6	
29				5.6	.193		1	.6		5.3					20.1	.765		4	.6	
30				19.4	.659		7	.6		9.2					18.0	.693		3	.6	
31																				
MONTH TOTAL				336.3	11.677		53.0	18.0		177.6					530.7	19.790		99.6	18.0	.76
YEAR TO DATE				2631.7	52.756		441.0			2986.6					7629.9	119.727		568.0		5.455
AVG				10.7	.369		1.8	.6		5.4					17.4	.660		3.3	.6	.02
MAX				26.1	1.069		5.0	.6		11.6					33.9	1.283		7.0	.6	.16
MIN				4.9	0		1.0	.6		.7					11.4	.438		2.6	.6	.01

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DAY	WELL #5 UNIT-E TRACT "A" PIONEER PARK								WELL #10 UNIT-B TRACT "B" WEST LINDEN DRIVE								WELL #20 UNIT-13 TRACT "B" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CL	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CL	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CL	LBS CL	CL. RES
1												23.6	1613		5	.6				15.6	.570		4	.6
2					OFF							13.0	965		5	.6				13.0	.781		4	.6
3												24.5	1633		5	.6				12.1	.711		4	.6
4					LINE							23.1	956		5	.6				7.7	.469		3	.6
5												21.6	899		4	.6				11.3	.678		3	.6
6					FUR							23.1	958		5	.6				14.3	.828		4	.6
7												20.8	.872		4	.6				11.7	.693		3	.6
8					REPAIR							22.6	.918		5	.6				9.8	.582		3	.6
9												22.3	.955		6	.6				7.6	.462		3	.6
10												19.6	.808		4	.6				5.8	.340		2	.6
11												24.0	1610		5	.6				11.7	.706		3	.6
12												23.8	.952	90	5	.6				15.6	.940	65	5	.6
13												21.3	896		4	.6				14.4	.878		4	.6
14												24.1	996		5	.6				13.7	.825		5	.6
15												23.7	1615		5	.6				14.0	.852		4	.6
16												24.4	1636		5	.6				12.7	1.076		5	.6
17												25.1	1046		5	.6				12.1	1.067		5	.6
18												23.8	1615		5	.6				7.5	.456		4	.6
19												23.7	998		5	.6				14.0	.855		4	.6
20												16.6	656		3	.6				8.3	.517		3	.6
21												18.3	736		4	.6				8.4	.495		3	.6
22												13.6	.525		3	.6				9.8	.529		3	.6
23												23.5	962		5	.6				9.7	.525		3	.6
24												19.3	777		4	.6				8.7	.721		2	.6
25												23.7	938		5	.6				8.3	.565		3	.6
26												23.4	924		5	.6				12.3	.746		4	.6
27												24.3	1.017		5	.6				16.4	.971		5	.6
28												21.5	891		4	.6				11.1	.654		3	.6
29												23.1	969		5	.6				11.2	.666		3	.6
30												24.5	1.016		5	.6				17.5	1.045		5	.6
31																								
MONTH TOTAL												667.1	27 791		159.6	18.6				359.7	21 512		106.0	18.6
YEAR TO DATE				3726	73 384		339.0					4741	169 475		775.6					1559.6	218 365		1060	
AVG.												22.2	926		4.6	.6				11.6	.717		3.5	.6
MAX.												25.1	1640		5.0	.6				17.7	1.076		5	.6
MIN.												12.6	0		3	.6				5.8	.340		2	.6

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DAY	WELL NO 17 UNIT-10 TRACT R-C MARINER BLVD / BILLIAN ST										WELL NO 19 UNIT-10 TRACT R-C MARINER BLVD / BILLIAN ST						NO 8 CENTRIFUGAL UNIT-10 MARINER BLVD/BILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No CL	LBS CL	CL RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No CL	LBS CL	CL RES	METER 000	HOURS	GALLONS
1				142	849		4	5					40	124		1	6			
2				72	212		1	4					39	119		1	6		218	
3				94	281		1	6	.15				61	191		1	6		215	
4				99	281		1	6	.10				54	149		1	6			
5				126	359		2	5	.02				44	133		1	6			
6				135	390		2	5									6			
7				134	387		2	4									6			
8				112	317		2	4	.15				60	175		1	6			
9				76	216		1	4					56	164		1	6			
10				7	018			4									6		260	
11				101	289		1	5					56	168		1	6		47	
12				111	320	6.5	2	6					91	296	8.5	1	6			
13				156	448		2	6					19	055			6			
14				117	359		2	6					59	199		1	6		175	
15				115	339		3	6					65	204		1	6		196	
16				140	421		2	6					62	196		1	6		205	
17				89	249		1	6									6		251	
18				91	293		1	6					67	226		1	6		173	
19				160	462		2	6					55	166		1	6		18	
20				121	346		2	6	.50				1	002			6			
21				90	259		1	4					1	003			6			
22				59	167		1	6					54	160		1	6			
23				98	280		1	6	.11				49	146		1	6			
24				94	264		1	6					5	014			6			
25				83	237		1	6					57	166		1	6			
26				168	306		2	6					44	189		1	6			
27				198	459		2	6									6			
28				148	429		2	6									6			
29				71	185		1	6					21	060			6		292	
30				96	293		1	6					19	055			6		241	
31																				
MONTH TOTAL				3805	9715		41 0	166	1.03				1086	3.300		18 0	180		2331	
YEAR TO DATE				45933	136748		625 0		5881				35733	112.579		525 0			41383	
AVG				107	324		1.5	6	.03				36	.110		.6	6		74	
MAX				160	849		40	6	50				81	336		1	6		260	
MIN				7	018		1	4	0				1	0		1	6		1.8	

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DAY	WELL NO 81 UNIT-8 TRACT "B" WEST LINDEN DRIVE								WELL NO 82 UNIT-7 TRACT "H" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES
1				9.5	.755		8	1.0				25.3	2.041		10	.6
2				10.1	.628		6	1.0				22.1	1.832		9	.6
3				6.3	.349		3	1.0				22.8	1.775		9	.6
4				5.2	.321		3	1.0				24.8	1.915		10	.6
5				5.7	.387		4	1.0				23.0	1.780		9	.6
6				3.4	.190		2	1.0				23.4	1.802		9	.6
7								1.0				23.5	1.840		9	.6
8					.311		3	1.0				26.4	2.047		10	.6
9				4.4	.313		3	1.0				24.1	1.847		9	.6
10				1.0	.058		1	1.0				21.2	1.611		8	.6
11				5.2	.317		3	1.0				25.1	1.938		10	.6
12				11.3	1.034	7.0	10	1.0				24.3	1.917	2.0	10	.6
13				4.9	.272		3	1.0				22.9	1.806		9	.6
14				2.6	.353		4	1.0				23.3	1.895		9	.6
15				2.4	.091		7	1.0				25.4	2.041		10	.6
16				6.1	1.115		11	1.0				24.1	1.965		10	.6
17				10.1	.693		7	1.0				25.3	1.960		10	.6
18				7.6	.479		5	1.0				23.3	1.851		9	.6
19				9.0	.969		10	1.0				25.0	1.957		10	.6
20					.111		1	1.0				19.7	1.512		8	.6
21								1.0				22.8	1.693		8	.6
22					.316		3	1.0				25.6	1.978		10	.6
23					.516		5	1.0				23.4	1.779		9	.6
24					.268		3	1.0				22.6	1.658		8	.6
25					.416		4	1.0				24.3	1.981		10	.6
26				5.5	.386		4	1.0				21.3	1.651		8	.6
27				1.9	.107		1	1.0				25.5	2.033		10	.6
28								1.0				23.4	1.806		9	.6
29				.1	.354		4	1.0				23.0	1.813		9	.6
30				5.8	1.075		11	1.0				25.4	1.994		10	.6
31																
MONTH TOTAL				120.1	12.786		129.0	30.0				714.6	55.652		378.0	19.0
YEAR TO DATE				886.9	59.891		604.0					6384.0	459.564		3777.0	
AVG.				.4	.426		4.3	1.0				23.8	1.855		9.3	.6
MAX.				12.1	1.119		11.0	1.0				26.3	2.047		10.	.6
MIN.				.1	0		1.0	1.0				19.7	1.512		8	.6

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WELL - 20 UNIT - Y TRACT - a
EL BRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL RES
1							6														
2							6														
3							6														
4							6														
5							6														
6							6														
7							6														
8							6														
9							6														
10							6														
11							6														
12							6														
13							6														
14							6														
15							6														
16							6														
17							6														
18							6														
19							6														
20							6														
21							6														
22							6														
23							6														
24							6														
25							6														
26							6														
27							6														
28							6														
29							6														
30							6														
31							6														
MONTH TOTAL							180														
YEAR TO DATE				13678	227219	1420															
AVG							6														
MAX							6														
MIN							6														

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DAY	WELL NO 23 UNIT-10 TRACT "B-C" HANNED BLVD/GILLIAN ST. STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CI	LBS CL	CL. RES	WELL NO 24 UNIT-13 TRACT "B" ANTELOPE / HARROW STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CI	LBS CL	CL. RES	TOTAL GALLONS PER DAY
1				22.5	1,244		13.0	.6				21.3	1,760		9.0	.6	11,427
2				23.0	1,231		13.0	.6				23.3	1,610		8.0	.6	9,502
3				22.3	1,253		13.0	.6				23.5	1,640		8.0	.6	9,665
4				25.2	1,389		14.0	.6				23.5	1,760		9.0	.6	9,101
5				23.7	1,280		13.0	.6				23.4	1,640		8.0	.6	9,150
6				23.4	1,275		13.0	.6				23.6	1,580		9.0	.6	9,167
7				23.3	1,271		13.0	.6				23.7	1,660		8.0	.6	8,936
8				24.1	1,298		13.0	.6				25.6	1,770		9.0	.6	9,932
9				23.0	1,238		13.0	.6				23.4	1,610		8.0	.6	8,956
10				26.0	1,345		13.0	.6				23.7	1,640		8.0	.6	7,454
11				23.3	1,287		13.0	.6				24.5	1,720		9.0	.6	9,535
12				24.1	1,291	6.0	13.0	.6				25.6	1,650	8.5	8.0	.6	10,952
13				25.1	1,345		13.0	.6				24.2	1,640		8.0	.6	10,101
14				23.9	1,324		13.0	.6				24.5	1,710		8.0	.6	9,566
15				23.5	1,257		13.0	.6				24.3	1,770		9.0	.6	11,048
16				24.1	1,262		13.0	.6				24.4	1,730		9.0	.6	11,495
17				25.0	1,350		13.0	.6				25.5	1,720		9.0	.6	11,617
18				23.1	1,263		12.0	.6				23.3	1,670		8.0	.6	10,076
19				25.1	1,368		14.0	.6				25.1	1,790		9.0	.6	11,951
20				23.5	1,280		13.0	.6				21.6	1,450		7.0	.6	7,636
21				22.9	1,252		13.0	.6				24.2	1,630		8.0	.6	7,174
22				23.5	1,294		13.0	.6				25.2	1,700		8.0	.6	8,219
23				23.3	1,238		13.0	.6				23.4	1,630		8.0	.6	9,269
24				25.2	1,340		13.0	.6				23.9	1,610		8.0	.6	7,651
25				23.5	1,241		13.0	.6				23.5	1,670		8.0	.6	8,980
26				24.2	1,295		13.0	.6				23.7	1,660		8.0	.6	9,540
27				23.4	1,251		13.0	.6				24.0	1,750		9.0	.6	10,491
28				24.3	1,292		13.0	.6				23.2	1,540		7.0	.6	8,613
29				23.1	1,193		12.0	.6				23.5	1,630		8.0	.6	9,083
30				24.0	1,249		13.0	.6				24.6	1,730		9.0	.6	11,335
31																	
MONTH TOTAL				715.9	38457		384.0	18.0				720.3	50350		378.0	18.0	358,210
YEAR TO DATE				7557.1	480,267		4760.0					7509.7	514,500		2751.0		2858,614
AVG.				23.9	1283		12.8	.6				24.0	1665		8.7	.6	9,607
MAX.				26.0	1369		14.0	.6				25.6	1790		9.0	.6	11,951
MIN.				22.3	1157		12.0	.6				21.6	1450		7.0	.6	7,174

I.D. NO. 6271696 OPERATOR SIGNATURE: [signature]

OPERATORS' NAME: Ricky Lynch CERTIFICATE NUMBER: VA 4503

TOTAL METERED SERVICES AT END OF MONTH: 22421

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DAY	WELL Nº 2 UNIT - 1 TRACT L JAMAICA / APRICOT									WELL Nº 11 UNIT - 1 TRACT L JAMAICA / APRICOT							N. S CENTRIFUGAL UNIT - 1 JAMAICA / APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS. CL	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS. CL	CL. RES	METER RDG	HOURS	GALLONS
1				17.2	.340		2	6					19.0	.242		1	.6		4.1	
2				16.7	.331		2	6					18.4	.236		1	6		5.9	
3				20.1	.398		2	6	1.04				17.5	.216		1	6		1.6	
4				1.6	.032			6					10.5	.133		1	6		.1	
5				1.9	.038			6					11.6	.147		1	6		1.4	
6				13.4	.265		1	6					19.5	.244		1	.6		5.0	
7				19.5	.386		2	6					22.6	.285		1	6		7.4	
8				10.2	.202		1	6					17.2	.223		1	6		2.4	
9				10.8	.214		1	6					16.8	.214		1	6		5.3	
10				24.9	.493		2	6					21.4	.270		1	6		7.3	
11				19.5	.386	7.5	2	6					21.6	.265	8.5	1	6		5.6	
12				7.3	.145		1	6					19.3	.245		1	.6		4.2	
13				22.8	.451		2	6					23.5	.291		1	6		7.6	
14				17.6	.348		2	6					19.4	.250		1	.6		5.5	
15				6.6	.131		1	6					17.3	.221		1	6		.9	
16				5.4	.107		1	6					13.7	.170		1	6		4.7	
17				24.0	.475		2	6					23.2	.286		1	.6		2.3	
18				7.3	.145		1	6					18.2	.229		1	6		2.9	
19				11.6	.230		1	6					14.6	.180		1	6		1.7	
20				13.2	.261		1	6					20.0	.250		1	6		7.7	
21				12.2	.242		1	6					19.0	.253		1	6		0	
22				3.6	.071			6					18.0	.220		1	6		1.9	
23				11.2	.222		1	6	.07				19.4	.236		1	.6		5.2	
24				15.8	.317		2	6					21.9	.280		1	6		0	
25				5.4	.107		1	6					16.4	.192		1	6		1.5	
26				3.8	.075			6					13.4	.160		1	6		1.0	
27				12.4	.246		1	6	.18				24.4	.300		2	6		9.3	
28				10.1	.200		1	6					14.3	.167		1	6		3.2	
29				7.7	.152		1	6					14.6	.181		1	6		.3	
30				5.3	.105		1	6					14.4	.172		1	.6		4.5	
31				24.0	.475		2	6					23.3	.281		1	.6		4.5	
MONTH TOTAL				383.1	7586		38.0	18.6	1.29				564.5	7.035		32.0	15.6		114.3	
YEAR TO DATE				25109	49.952		239		68.66				498.40	11.497		276.0			891.9	
AVG.				12.4	.245		1.2	.6	.04				18.2	.227		1.03	.6		3.7	
MAX.				24.9	.493		2.0	.6	1.04				24.4	.300		2.0	.6		7.7	
MIN.				1.6	.032		1.0	.6	0				10.5	.133		1.0	.6		.1	

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DAY	WELL Nº 18 UNIT-7 TRACT K ELDRIDGE RD								WELL Nº 10 UNIT-23 TRACT "N" CARTER/REYNOLDS								
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	lbs Cl	LBS CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	lbs Cl	LBS CL	CL. RES.	RAINFALL
1								.6				21.0	.493		2	.6	
2				7.3	.221		1	.6				19.4	.457		2	.6	.03
3				4.0	.146		1	.6				9.0	.211		1	.6	.92
4				.1	.001			.6				14.5	.335		2	.6	
5								.6				11.5	.263		1	.6	
6				8.5	.273		1	.6				18.1	.421		2	.6	
7				8.1	.259		1	.6				20.5	.479		2	.6	
8				8.1	.262		1	.6				21.8	.510		2	.6	
9				8.0	.264		1	.6				20.6	.479		2	.6	
10				7.9	.255		1	.6				16.0	.376		2	.6	
11				3.1	.096	7.5		.6				18.6	.433	6.5	2	.6	
12				6.1	.196		1	.6				17.5	.414		2	.6	
13				7.4	.240		1	.6				14.8	.344		2	.6	
14				9.1	.294		1	.6				20.2	.474		2	.6	
15								.6				19.6	.416		2	.6	
16				5.8	.189		1	.6				20.0	.504		3	.6	
17				8.1	.265		1	.6				20.1	.471		2	.6	
18				4.2	.135		1	.6				20.5	.480		2	.6	
19				5.9	.183		1	.6				14.4	.335		2	.6	
20				8.5	.275		1	.6				18.0	.416		2	.6	
21				8.4	.273		1	.6				19.3	.458		2	.6	
22				.9	.026			.6				23.1	.542		3	.6	
23				5.0	.164		1	.6				19.1	.447		2	.6	.13
24				2.7	.220		1	.6				11.5	.270		1	.6	
25								.6				17.2	.397		2	.6	
26								.6				14.5	.337		2	.6	
27								.6				17.0	.403		2	.6	.72
28								.6				13.2	.304		2	.6	
29							1	.6				13.3	.307		2	.6	.04
30				5.6	.175			.6				16.3	.381		2	.6	
31								.6				14.4	.336		2	.6	
MONTH TOTAL				137.4	4.426		11.0	18.6				535.0	12.498		62.0	18.6	1.83
YEAR TO DATE				1470.4	47.515		22.6					4734.4	113.764		531		60.97
AVG				4.4	.143		1.6	.6				17.3	.403		2.0	.6	.06
MAX.				9.1	.294		1.0	.6				23.1	.542		3.0	.6	.92
MIN				.1	0		1.0	.6				9.0	.211		1.0	.6	0

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DAY	WELL Nº 13 UNIT - 23 TRACT H CARTEE / REYDVILLE								H 8 CENTRIFUGAL UNIT - 23 CARTEE / REYDVILLE			WELL Nº 7 UNIT - 13 TRACT 8 ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	PPM CL	LBS CL	CL. RES	METER REG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	PPM CL	LBS CL	CL-RES	RAINFALL
1				13.6	.468		2.0	.6		2.1					15.1	563		3.0	.6	
2				7.5	.259		1.0	.6		8.3					19.3	732		4.0	.6	
3				9.8	.343		2.0	.6		1.0					11.1	413		2.0	.6	.90
4								.6		0					10.7	400		2.0	.6	
5								.6		.5					10.6	396		2.0	.6	
6				6.4	.216		1.0	.6		5.6					12.1	454		2.0	.6	
7				10.0	.345		2.0	.6		5.3					20.3	765		4.0	.6	
8				5.7	.197		1.0	.6		.3					14.6	547		3.0	.6	
9				7.7	.265		1.0	.6		9.0					15.9	605		3.0	.6	
10				16.6	.575		3.0	.6		8.5						743		4.0	.6	
11				13.2	.455	6.0	2.0	.6		7.4					15.0	.560	6.5	3.0	.6	
12				4.9	.172		1.0	.6		1.6					16.6	624		3.0	.6	
13				5.3	.297		1.0	.6		9.1					17.8	670		3.0	.6	
14				17.8	.557		3.0	.6		8.0					17.6	669		3.0	.6	
15				8.6	.300		2.0	.6		.2					11.6	434		2.0	.6	
16				6.8	.231		1.0	.6		7.9					14.5	549		3.0	.6	
17				14.9	.517		3.0	.6		8.5					15.2	576		3.0	.6	
18				8.8	.309		2.0	.6		.2					13.1	485		2.0	.6	
19				1.4	.030			.6		.4					11.0	410		2.0	.6	
20				5.3	.200		1.0	.6		8.6					15.5	586		3.0	.6	
21				15.0	.517		3.0	.6		8.3					12.3	470		2.0	.6	
22				12.3	.429		2.0	.6		1.0					12.9	477		2.0	.6	
23				6.4	.220		1.0	.6		4.2					12.7	478		2.0	.6	.04
24				6.9	.240		1.0	.6		7.2					13.0	492		2.0	.6	
25				9.5	.326		2.0	.6		.6					11.0	407		2.0	.6	
26				.9	.021			.6		.6					10.8	397		2.0	.6	
27				5.5	.185		1.0	.6		3.3					12.7	475		2.0	.6	1.02
28				3.1	.109			.6		1.2					10.4	388		2.0	.6	
29								.6		0					16.1	605		3.0	.6	.04
30				6.2	.219		1.0	.6		3.4					10.6	393		2.0	.6	
31				5.4	.187		1.0	.6		3.9					15.0	561		3.0	.6	
MONTH TOTAL				235.5	8.138		41.0	19.6		122.2					434.8	16.324		80.0	19.6	2.00
YEAR TO DATE				2857.2	100.482		482.0			406.8					3517.2	135.651		148.1		56.55
AVG.				7.6	.262		1.3	.6		3.9					14.0	.527		2.58	.6	.06
MAX.				17.8	.575		3.0	.6		9.1					20.3	.765		4.0	.6	1.02
MIN.				.9	0		1.0	.6		.2					10.4	388		2.0	.6	0

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DAY	WELL Nº 8 UNIT-8 TRACT "A" PIONEER PARK								WELL Nº 10 UNIT-8 TRACT "D" WEST LINDEN DRIVE							WELL Nº 20 UNIT-15 TRACT "B" ANTELOPE / SARROW						
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No CL	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No CL	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No CL	LBS CL	CL. RES
1												24.6	1.022		5.0	.6				15.9	.427		5.0	.6
2												19.8	.826		4.0	.6				10.3	.622		3.0	.6
3					OFF							17.7	.709		4.0	.6				6.5	.391		2.0	.6
4												3.4	.355		2.0	.6				2.9	.168		1.0	.6
5												5.1	.749		4.0	.6				6.4	.375		2.0	.6
6					LINE							25.0	1.019		5.0	.6				13.3	.782		4.0	.6
7												22.8	.951		5.0	.6				9.6	.573		3.0	.6
8												25.2	1.030		5.0	.6				11.4	.662		3.0	.6
9												20.1	.835		4.0	.6				8.9	.538		3.0	.6
10												23.0	.962		5.0	.6				10.7	.650		3.0	.6
11												24.4	.998	9.5	5.0	.6				10.2	.626	6.5	3.0	.6
12												24.5	1.013		5.0	.6				10.9	.635		3.0	.6
13												23.4	.974		5.0	.6				11.2	.631		3.0	.6
14												24.1	.990		5.0	.6				12.3	.730		4.0	.6
15												19.1	.774		4.0	.6				9.3	.537		3.0	.6
16												21.5	.876		4.0	.6				7.8	.474		2.0	.6
17												24.9	1.025		5.0	.6				12.5	.747		4.0	.6
18												24.6	1.004		5.0	.6				14.4	.830		4.0	.6
19												18.9	.759		4.0	.6				6.7	.382		2.0	.6
20												23.8	.975		5.0	.6				11.0	.655		3.0	.6
21												23.2	.959		5.0	.6				16.8	.999		5.0	.6
22												21.8	.887		4.0	.6				14.4	.832		4.0	.6
23												19.9	.815		4.0	.6				12.9	.760		4.0	.6
24												24.1	.977		5.0	.6				8.1	.481		2.0	.6
25												25.3	1.013		5.0	.6				7.8	.455		2.0	.6
26												17.0	.683		3.0	.6				7.1	.411		2.0	.6
27												19.4	.785		4.0	.6				12.1	.706		3.0	.6
28												21.4	.855		4.0	.6				5.0	.291		1.0	.6
29												15.9	.635		3.0	.6				2.4	.142		1.0	.6
30												20.1	.809		4.0	.6				9.1	.529		2.0	.6
31												24.7	.989		5.0	.6				9.0	.526		2.0	.6
MONTH TOTAL												648.9	27.243		136.0	17.6				307.3	18.120		86.0	18.6
YEAR TO DATE												478.3	196.678		929.8					390.9	230.389		101	
AVG.												20.9	.879		4.4	.6				9.9	.585		2.8	.6
MAX.												25.3	1.025		5.0	.6				16.8	.999		5.0	.6
MIN.												3.4	.355		2.0	.6				2.4	.142		1.0	.6

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DAY	WELL NO 17 MARINER BLVD / HILLIAN ST									WELL NO 19 MARINER BLVD / HILLIAN ST								N. B. CENTRIFUGAL UNIT-19 MARINER BLVD/HILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS CL	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES	METER RDG.	HOURS	GALLONS
1				12.7	.308		3.0	.6					.1	.003			.6			
2				15.0	.428		2.0	.6					4.1	.123			.6			
3				7.7	.220		1.0	.6	.60								.6			
4				7.4	.208		1.0	.6									.6			
5				8.0	.226		1.0	.6									.6			
6				11.5	.332		2.0	.6					3.4	.097			.6			
7				13.7	.393		2.0	.6					3.1	.092			.6			
8				16.3	.467		2.0	.6									.6			
9				12.3	.351		2.0	.6					4.0	.119			.6			
10				12.2	.349		2.0	.6					5.8	.170			.6			
11				11.8	.341	6.0	2.0	.6					.2	.009	9.0		.6			
12				15.3	.440		2.0	.6									.6			
13				12.2	.351		2.0	.6					4.4	.132		1.0	.6			
14				14.8	.424		2.0	.6					4.1	.121			.6			
15				10.8	.303		2.0	.6					1.4	.039			.6			
16				10.4	.295		1.0	.6					5.5	.163		1.0	.6			
17				10.6	.307		2.0	.6					6.3	.183		1.0	.6			
18				10.9	.309		2.0	.6					4.4	.126		1.0	.6			
19				9.8	.281		1.0	.6									.6			
20				9.0	.256		1.0	.6					6.2	.183		1.0	.6			
21				12.6	.359		2.0	.6					6.6	.193		1.0	.6			
22				16.2	.465		2.0	.6									.6			
23				12.4	.353		2.0	.6	.06				3.3	.095			.6			
24				9.6	.274		1.0	.6									.6			
25				10.2	.294		1.0	.6					3.0	.088			.6			
26				10.0	.282		1.0	.6									.6			
27				10.8	.318		2.0	.6	1.70								.6			
28				9.2	.256		1.0	.6									.6			
29								.6	.04								.6		237	
30				4.5	.131			.6									.6		256	
31				7.7	.216		1.0	.6					3.4	.099			.6			
MONTH TOTAL				3406	9.737		48.0	18.6	2.60				69.4	2.035		6.0	18.6		49.3	
YEAR TO DATE				4932.9	146.485		677.0		61.44				364.7	114.6M		53.0			407.5	
AVG.				11.0	.314		1.5	.6	.09				2.2	.066		1.0	.6		1.6	
MAX.				17.7	.508		3.0	.6	1.70				6.6	.193		1.0	.6		25.6	
MIN.				4.5	0		1.0	.6	0				.1	0		1.0	.6		22.7	

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DAY	WELL #8 (81 WEST) UNIT-6 LINDEN TRACT "B" DRIVE								WELL #28 UNIT-7 TRACT "A" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.
1				4.8	.429		4.0	1.0				219	1.688		8.0	.6
2				5.7	351		3.0	1.0				234	1.839		9.0	.6
3				11	.057		1.0	1.0				247	1.810		9.0	.6
4								1.0				218	1.589		8.0	.6
5								1.0				223	1.621		8.0	.6
6				6.1	365		4.0	1.0				255	1.927		10.0	.6
7				5.0	.302		3.0	1.0				228	1.771		9.0	.6
8				6.9	.374		4.0	1.0				209	1.572		8.0	.6
9				6.2	.377		4.0	1.0				237	1.836		9.0	.6
10				6.8	.386		4.0	1.0				264	2.051		10.0	.6
11					.165	7.0	2.0	1.0				224	1.718	7.5	9.0	.6
12								1.0				211	1.623		8.0	.6
13				5.3	330		3.0	1.0				249	1.922		10.0	.6
14				6.2	.649		6.0	1.0				241	1.863		9.0	.6
15					.307		3.0	1.0				240	1.805		9.0	.6
16				5.3	.327		3.0	1.0				209	1.571		8.0	.6
17				8.3	.491		5.0	1.0				259	1.997		10.0	.6
18					.041			1.0				210	1.597		8.0	.6
19								1.0				243	1.770		9.0	.6
20				6.4	.388		4.0	1.0				254	1.928		10.0	.6
21				15.7	.915		9.0	1.0				232	1.817		9.0	.6
22				5.6	340		3.0	1.0				230	1.735		9.0	.6
23				4.9	.294		3.0	1.0				236	1.757		9.0	.6
24				8.9	.490		5.0	1.0				253	1.905		10.0	.6
25					.197		1.0	1.0				235	1.731		9.0	.6
26								1.0				217	1.598		8.0	.6
27								1.0				233	1.728		9.0	.6
28					.110		1.0	1.0				234	1.741		9.0	.6
29								1.0				222	1.630		9.0	.6
30				6.1	.355		4.0	1.0				220	1.618		9.0	.6
31				8.0	.456		5.0	1.0				272	2.024		10.0	.6
MONTH TOTAL					9.416		84.0	30				725.2	54.772		274.0	18.6
YEAR TO DATE				993.2	69.367		1660					7005.6	514.338		2606.0	
AVG.				3.4	.271		2.7	1.0				23.4	1.767		8.9	.6
MAX.				15.7	.915		9.0	1.0				272	2.051		10.0	.6
MIN.				1.1	0		1.0	1.0				209	1.571		8.0	.6

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WELL - 10 UNIT - 7 TRACT - 2
ELDRIDGE ROAD

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DAY	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	LBS CL	CL. RES
1							.6														
2							.6														
3							.6														
4							.6														
5							.6														
6							.6														
7							.6														
8							.6														
9							.6														
10							.6														
11							.6														
12							.6														
13							.6														
14							.6														
15							.6														
16							.6														
17							.6														
18							.6														
19							.6														
20							.6														
21							.6														
22							.6														
23							.6														
24							.6														
25							.6														
26							.6														
27							.6														
28							.6														
29							.6														
30							.6														
31							.6														
MONTH TOTAL				0	0		.6														
YEAR TO DATE				1967.6	227-219	4120															
AVG.							.6														
MAX.							.6														
MIN.							.6														

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DAY	WELL NO 20 UNIT - 10 TRACT "B-C" HANNER OLIVE/ GILLIAN ST								WELL NO 20 UNIT - 12 TRACT "B" ANTELOPE / BARROW								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CI	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CI	LBS CL	CL. RES	
1				24.6	1.311		13.0	.6				23.2	1.530		9.0	.6	9.524
2				24.1	1.270		13.0	.6				23.2	1.620		9.0	.6	9.365
3				23.9	1.265		13.0	.6				24.4	1.620		9.0	.6	7.739
4				24.5	1.281		13.0	.6				24.3	1.630		9.0	.6	6.132
5				23.3	1.219		12.0	.6				23.2	1.530		8.0	.6	6.564
6				24.6	1.290		13.0	.6				25.6	1.720		9.0	.6	9.405
7				22.6	1.196		12.0	.6				23.2	1.530		8.0	.6	9.387
8				25.9	1.348		13.0	.6				23.8	1.570		9.0	.6	8.959
9				23.4	1.234		12.0	.6				23.3	1.630		8.0	.6	8.961
10				23.5	1.241		12.0	.6				25.8	1.780		9.0	.6	10.304
11				23.1	1.223	7.0	12.0	.6				22.3	1.500	8.0	7.0	.6	8.775
12				25.2	1.319		13.0	.6				23.9	1.610		8.0	.6	8.436
13				22.6	1.213		12.0	.6				24.3	1.660		8.0	.6	9.502
14				24.0	1.251		13.0	.6				24.2	1.680		8.0	.6	10.296
15				24.4	1.259		13.0	.6				24.2	1.620		8.0	.6	8.146
16				24.4	1.281		13.0	.6				23.1	1.600		8.0	.6	8.337
17				23.5	1.246		12.0	.6				25.3	1.730		9.0	.6	10.312
18				25.0	1.286		13.0	.6				24.5	1.600		8.0	.6	8.576
19				24.2	1.252		13.0	.6				23.1	1.510		9.0	.6	7.332
20				23.1	1.216		12.0	.6				24.3	1.660		8.0	.6	9.254
21				23.1	1.196		12.0	.6				23.5	1.610		8.0	.6	10.267
22				25.5	1.345		13.0	.6				24.2	1.590		8.0	.6	8.929
23				23.0	1.191		12.0	.6				23.1	1.560		8.0	.6	8.592
24				23.7	1.242		12.0	.6				24.8	1.690		8.0	.6	8.974
25				24.9	1.304		13.0	.6				25.2	1.680		8.0	.6	8.141
26				24.0	1.292		12.0	.6				22.5	1.490		7.0	.6	6.706
27				22.3	1.195		12.0	.6				28.0	1.860		9.0	.6	8.200
28				25.4	1.302		13.0	.6				19.6	1.290		6.0	.6	7.013
29				23.8	1.159		12.0	.6				25.6	1.710		9.0	.6	6.521
30				25.6	1.267		13.0	.6				23.6	1.540		8.0	.6	7.689
31				22.9	1.200		12.0	.6				25.7	1.900		9.0	.6	9.246
MONTH TOTAL				745.2	38.844		388.0	18.6				748.0	50.310		250.0	18.6	365.470
YEAR TO DATE				8[illegible]63	519.107		4658.0					8[illegible]77	S		3010		3114.134
1ST				24.0	1.253		12.5	.6				24.1	1.623		8.0	.6	8.564
2ND				25.9	1.348		13.0	.6				28.7	1.900		9.0	.6	10.312
3RD				22.3	1.159		12.0	.6				19.6	1.290		6.0	.6	6.132

I.D. NO. 6271696

OPERATORS' NAME: Ricky Leach

TOTAL METERED SERVICES AT END OF MONTH: _____

CERTIFICATE NUMBER: T-A-4503

OPERATOR SIGNATURE: Ricky Leach

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DAY	WELL No 2 UNIT-1 JAMAICA / APRICOT TRACT L									WELL No 1 UNIT-1 JAMAICA / APRICOT TRACT L							N.D. CENTRIFUGAL UNIT-1 JAMAICA / APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No Cl	Lbs. Cl	Cl. Res	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No Cl	Lbs. Cl	Cl. Res	METER 000	HOURS	GALLONS
1				4.7	.097		1.0	.6					15.1	.311		2.0	.6			
2				3.8	.077			.6					20.7	.426		2.0	.6		1.0	
3				5.2	.108		1.0	.6	1.90				23.5	.484		2.0	.6		1.3	
4				3.4	.065			.6					12.1	.249		1.0	.6		.9	
5				3.4	.075		1.0	.6					21.5	.442		2.0	.6		.5	
6				3.7	.076			.6	.20				13.8	.284		1.0	.6		.2	
7				3.0	.062			.6					14.8	.305		2.0	.6		.9	
8				3.1	.025			.6					15.7	.323		2.0	.6		1.0	
9				3.3	.108		1.0	.6					11.7	.241		1.0	.6		.7	
10				6.4	.127		1.0	.6					20.2	.416		2.0	.6		.2	
11				6.3	.130		1.0	.6					12.2	.251		1.0	.6		1.9	
12				1.1	.022			.6					22.5	.463		2.0	.6		1.3	
13				7.0	.146		1.0	.6					19.8	.407		2.0	.6		.5	
14				2.5	.052			.6					16.5	.340		2.0	.6		1.2	
15				10.2	.210		1.0	.6					22.9	.471		2.0	.6		1.6	
16				17.8	.372		2.0	.6					20.7	.426		2.0	.6		3.0	
17				8.3	.169		1.0	.6					23.3	.480		2.0	.6		2.5	
18				14.0	.288		1.0	.6					21.3	.438		2.0	.6		1.4	
19				17.7	.370		2.0	.6					22.0	.453		2.0	.6		4.3	
20				6.5	.135		1.0	.6					21.4	.440		2.0	.6		5.0	
21	153'	76'10"		4.9	.101		1.0	.6					19.6	.402		2.0	.6		.5	
22				6.9	.141	7.5	1.0	.6		131'	82'10"		18.9	.389		2.0	.6		2.0	
23				13.4	.278		1.0	.6					22.3	.459	7.5	2.0	.6		1.9	
24				8.7	.179		1.0	.6	.20				22.4	.461		2.0	.6		3.3	
25				7.6	.156		1.0	.6					21.5	.442		2.0	.6		1.1	
26				9.1	.189		1.0	.6					22.4	.461		2.0	.6		2.1	
27				7.4	.154		1.0	.6					21.9	.451		2.0	.6		2.4	
28				10.4	.214		1.0	.6					22.4	.461		2.0	.6		1.1	
29				15.4	.318		2.0	.6					23.2	.477		2.0	.6		3.1	
30				19.8	.352		2.0	.6					20.6	.424		2.0	.6		3.6	
31													22.1	.455		2.0	.6		3.9	
MONTH TOTAL				233.7	4836		27.0	18.6	2.10				669.0	13.533		58.0	18.6		56.2	
YEAR TO DATE				233.7	4836		27.0		2.10				669.0	13.533		58.0			56.2	
AVG				7.5	.156		1.2	.6	.07				19.6	.404		1.9	.6		1.8	
MAX				19.8	.392		2.0	.6	1.90				23.5	.484		2.0	.6		5.0	
MIN				1.1	0		1.0	.6	.20				11.7	.241		1.0	.6		.2	

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DAY	WELL Nº 12 UNIT-7 TRACT A ELDRIDGE RD								WELL Nº 10 UNIT-23 TRACT A CARTER / KEYSVILLE								
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	Hn Cl	LOS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	Hn Cl	LOS CL	CL. RES	RAINFALL
1				.2	.001			.6				.2	.004			.6	
2				2.6	.082		1.0	.6				.6	.013			.6	
3				1.2	.039			.6				.6	.019			.6	
4				1.0	.030			.6				.3	.010			.6	2.00
5				.5	.014			.6								.6	
6								.6				.1	.001			.6	
7				1.0	.029			.6				.7	.018			.6	.90
8				.7	.022			.6								.6	
9				.4	.013			.6				.2	.007			.6	
10								.6								.6	
11				2.8	.088		1.0	.6				1.3	.033			.6	
12				.6	.017			.6				.5	.015			.6	
13				.5	.017			.6				.1	.002			.6	
14				1.4	.043			.6				.4	.009			.6	
15				3.6	.121		1.0	.6				.9	.026			.6	
16				3.6	.114		1.0	.6				1.0	.021			.6	
17				4.1	.131		1.0	.6				2.6	.077		1.0	.6	
18				3.7	.119		1.0	.6				1.1	.030			.6	
19				5.9	.189		1.0	.6				.4	.030			.6	
20				6.6	.213		1.0	.6				2.2	.041			.6	
21				2.3	.070			.6				1.1	.020			.6	
22				4.2	.136		1.0	.6				2.7	.085		1.0	.6	
23	176'	52'10"		4.9	.159	7.0	1.0	.6	15'0"	66'6"		2.4	.065	6.0		.6	
24				10.5	.368		2.0	.6				3.3	.094		1.0	.6	
25				7.9	.265		1.0	.6				.3	.009			.6	.15
26				7.2	.247		1.0	.6				1.5	.043			.6	
27				10.5	.350		2.0	.6				.8	.015			.6	
28				10.0	.336		2.0	.6				1.2	.038			.6	
29				10.6	.361		2.0	.6				3.1	.091			.6	
30				10.0	.340		2.0	.6				5.6	.161		1.0	.6	
31				10.9	.374		2.0	.6				3.1	.089		1.0	.6	
MONTH TOTAL				139.7	4.288		24.0	18.6				37.3	1.035		5.0	18.6	2.95
YEAR TO DATE				139.7	4.288		24.0					37.3	1.035		5.0		2.95
AVG.				4.2	.138		1.3	.6				1.2	.033		1.0	.6	.10
MAX.				10.9	.374		2.0	.6				5.6	.161		1.0	.6	2.00
MIN				.2	0		1.0	.6				.1	0		1.0	.6	.15

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DAY	WELL N° 13 UNIT-25 TRACT H CANTEE / BEYDVILLE								N 9 CENTRIFUGAL UNIT-25 CANTEE / BEYDVILLE			WELL N° 7 UNIT-13 TRACT 9 ANTELOPE / BARROD							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	METER RDG	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	RAINFALL
1								.6							21.0	.822		4.0	.6	
2								.6		2					21.7	.896		4.0	.6	
3								.6							23.6	.900		5.0	.6	
4								.6							20.4	.804		4.0	.6	1.80
5								.6		.2					18.6	.734		4.0	.6	
6								.6							24.1	.956		5.0	.6	
7								.6		1					16.5	.671		3.0	.6	.10
8								.6							14.1	.545		3.0	.6	
9								.6							19.9	.742		4.0	.6	
10								.6							19.3	.738		4.0	.6	
11				1.7	.057			.6		8					19.8	.760		4.0	.6	
12								.6		1					20.1	.770		4.0	.6	
13								.6							20.7	.795		4.0	.6	
14								.6							3.3	.130		1.0	.6	
15				20.1	.676		3.0	.6		12.5					22.7	.889		4.0	.6	
16				12.6	.424		2.0	.6		6.8					18.8	.734		4.0	.6	
17				7.1	.242		1.0	.6		3.9					23.8	.933		5.0	.6	
18				2.6	.091		1.0	.6		.9					22.7	.876		4.0	.6	
19				3.1	.128		1.0	.6		1.9					25.0	.959		5.0	.6	
20				6.2	.184		1.0	.6		2.7					24.0	.922		5.0	.6	
21				1.6	.058			.6		.9					24.0	.931		5.0	.6	
22				1.3	.048			.6		.6					24.0	.933		5.0	.6	
23	15'1"	48'0"		3.2	.098	6.0	1.0	.6		1.4					24.3	.945	7.5	5.0	.6	
24				4.1	.143		1.0	.6		3.0					23.0	.898		4.0	.6	
25				3.4	.106		1.0	.6		.5					24.0	.938		5.0	.6	.10
26				1.1	.084		1.0	.6		1.1					24.8	.963		5.0	.6	
27				4.9	.117		1.0	.6		2.7					23.8	.928		5.0	.6	
28				1.7	.077			.6		.4					23.5	.921		5.0	.6	
29				4.2	.141		1.0	.6		3.2					24.7	.966		5.0	.6	
30				4.9	.169		1.0	.6		6.2					22.9	.896		4.0	.6	
31				6.0	.206		1.0	.6		4.3					24.5	.954		5.0	.6	
MONTH TOTAL				89.8	3.049		17.0	18.6		54.4					663.6	25.875		133.0	18.6	2.00
YEAR TO DATE				99.8	3.049		17.0			54.4					6676	25.875		133.0		2.00
AVG.				2.9	.098		1.2	.6		1.8					21.4	.834		4.3	.6	.06
MAX.				20.1	.676		3.0	.6		12.5					25.0	.966		5.0	.6	1.80
MIN				1.1	0		1.0	.6		.1					3.3	.130		1.0	.6	.10

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DAY	WELL #'S UNIT - 2 TRACT "A" PIONEER PARK								WELL #'S UNIT - 2 TRACT "B" WEST LINDEN DRIVE								WELL #'S UNIT - 13 TRACT "B" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No Cl	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No Cl	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No Cl	LBS CL	CL RES
1				10.2	.253		1.0	.6								.6				6.5	.408		2.0	.6
2				15.2	.381		2.0	.6								.6				4.9	.299		1.0	.6
3				17.9	.447		2.0	.6				2.8	.134		1.0	.6				5.1	.322		2.0	.6
4				5.4	.395		2.0	.6				.4	.018			.6				5.2	.330		2.0	.6
5				13.8	.072		1.0	.6								.6				8.6	.514		3.0	.6
6				9.9	.247		1.0	.6								.6				4.6	.272		1.0	.6
7				9.8	.260		1.0	.6				.6	.034			.6								.6
8				5.9	.120		1.0	.6				.2	.006			.6								.6
9				10.1	.256		1.0	.6								.6								.6
10				11.0	.240		1.0	.6								.6								.6
11				11.5	.312		2.0	.6				1.8	.079		1.0	.6								.6
12				13.8	.339		2.0	.6				.6	.023			.6								.6
13				14.1	.349		2.0	.6								.6								.6
14				12.8	.314		2.0	.6								.6								.6
15				15.1	.377		2.0	.6								.6								.6
16				14.1	.305		2.0	.6				2.3	.057			.6				1.2	.072			.6
17				17.6	.480		2.0	.6				5.5	.288		1.0	.6				.5	.032			.6
18				20.0	.493		2.0	.6				8.2	.363		2.0	.6				2.4	.147		1.0	.6
19				23.0	.507		3.0	.6				11.0	.475		2.0	.6				3.4	.205		1.0	.6
20				19.5	.538		3.0	.6				7.9	.342		2.0	.6				4.6	.268		1.0	.6
21				18.7	.455		2.0	.6				6.1	.251		1.0	.6								.6
22				20.3	.497		2.0	.6				5.9	.260		1.0	.6				3.4	.213		1.0	.6
23				23.0	.567	7.8	3.0	.6	19'9"	15'3"		9.7	.430	9.0	2.0	.6				8.8	.538	6.0	3.0	.6
24				23.6	.582		3.0	.6				11.9	.536		3.0	.6				6.7	.405		2.0	.6
25				20.1	.497		2.0	.6				11.9	.525		3.0	.6				3.9	.230		1.0	.6
26				23.6	.579		3.0	.6				7.3	.326		2.0	.6				4.6	.275		1.0	.6
27				23.3	.576		3.0	.6				13.5	.593		3.0	.6				4.1	.242		1.0	.6
28				21.0	.519		3.0	.6				13.7	.596		3.0	.6				2.5	.157		1.0	.6
29				23.3	.579		3.0	.6				12.6	.555		3.0	.6				8.0	.487		2.0	.6
30				20.0	.495		2.0	.6				13.6	.609		3.0	.6				5.8	.601		3.0	.6
31				23.5	.580		3.0	.6				13.5	.619		3.0	.6				8.6	.530		3.0	.6
MONTH TOTAL				511.1	13.611		69.0	18.6				161.4	7.117		36.0	18.6				102.4	6.537		32.0	18.6
YEAR TO DATE				511.1	13.611		69.0					161.4	7.117		36.0					102.4	6.537		32.0	
AVG.				16.5	.407		2.1	.6				5.2	.230		2.1	.6				3.5	.211		1.7	.6
MAX.				23.6	.582		3.0	.6				13.9	.618		3.0	.6				5.8	.601		3.0	.6
MIN.				.5	.072		1.0	.6				.2	0		1.0	.6				.5	0		1.0	.6

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DAY	WELL #11 UNIT-10 TRACT "A-C" MARINER BLVD / KILLIAN ST										WELL #10 UNIT-10 TRACT "A-C" MARINER BLVD / KILLIAN ST							4 & 6 CENTRIFUGAL UNIT-10 MARINER BLVD/KILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	METER 000	HOURS	GALLONS
1				24.1	.692		3.0	.6					17.4	.589		3.0	.6		1.0	
2				22.5	.651		3.0	.6					16.4	.545		3.0	.6		3.1	
3				14.7	.440		2.0	.6					23.3	.761		4.0	.6		5.6	
4				13.7	.497		2.0	.6	1.75				18.5	.605		3.0	.6		1.7	
5				11.1	.325		2.0	.6					21.8	.714		4.0	.6		.7	
6				15.2	.441		2.0	.6					24.1	.790		4.0	.6		.4	
7				10.7	.310		2.0	.6	.70				17.3	.564		3.0	.6		1.4	
8				4.3	.125		1.0	.6					19.1	.626		3.0	.6		.3	
9				14.0	.411		2.0	.6					21.2	.699		3.0	.6		.7	
10				13.2	.382		2.0	.6					20.2	.660		3.0	.6		.7	
11				9.0	.160		1.0	.6					21.2	.700		4.0	.6		1.1	
12				10.6	.308		2.0	.6					23.0	.746		4.0	.6		.4	
13				16.2	.470		2.0	.6					21.9	.720		4.0	.6		.6	
14				17.3	.499		2.0	.6					22.2	.725		4.0	.6		4.4	
15				10.6	.312		2.0	.6					20.5	.674		3.0	.6		.28	
16				12.1	.362		2.0	.6					17.8	.595		3.0	.6		.43	
17				17.6	.521		3.0	.6					22.7	.772		4.0	.6		13.4	
18				13.8	.410		2.0	.6					21.3	.702		4.0	.6		15.6	
19				12.7	.373		2.0	.6					22.0	.726		4.0	.6		15.2	
20				17.7	.517		3.0	.6					21.6	.715		4.0	.6		16.2	
21				15.1	.441		2.0	.6					21.6	.715		4.0	.6		13.7	
22				13.1	.382		2.0	.6					22.6	.743		4.0	.6		17.0	
23	57.0	78.0		17.6	.517	9.5	3.0	.6					23.0	.762	6.5	4.0	.6		14.1	
24				16.9	.495		2.0	.6					18.2	.605		3.0	.6		17.4	
25				15.3	.448		2.0	.6	.11				22.8	.757		4.0	.6		15.6	
26				16.2	.469		2.0	.6					22.8	.748		4.0	.6		14.8	
27				19.3	.557		3.0	.6					22.6	.742		4.0	.6		16.4	
28				17.6	.506		3.0	.6					22.7	.747		4.0	.6		16.9	
29				16.8	.492		2.0	.6					21.5	.714		4.0	.6		16.4	
30				17.6	.517		3.0	.6					20.8	.690		3.0	.6		15.0	
31				16.0	.473		2.0	.6					21.6	.719		4.0	.6			
MONTH TOTAL				463.6	13.503		68.0	18.6	2.56				652.6	21.570		113.0	18.6		246.9	
YEAR TO DATE				463.6	13.503		68.0		3.56				652.6	21.570		113.0			246.9	
AVG.				14.9	.436		2.2	.6	.08				21.1	.696		3.6	.6		8.0	
MAX.				24.1	.692		3.0	.6	1.75				24.1	.790		4.0	.6		17.4	
MIN.				4.3	.125		1.0	.6	.11				16.4	.545		3.0	.6		.3	

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DAY	WELL NO 21 UNIT-D TRACT "D" WEST LINDEN DRIVE								WELL NO 22 UNIT-7 TRACT "B" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES
1								1.0				3.4	.277		1.0	.6
2								1.0				1.1	.517		3.0	.6
3								1.0				6.0	.585		3.0	.6
4								1.0				.7	.091		1.0	.6
5				.2	.007			1.0				.3	.042			.6
6								1.0				.1	.015			.6
7								1.0				.5	.077			.6
8								1.0				.4	.092		1.0	.6
9								1.0				2.8	.250		1.0	.6
10								1.0				.6	.350		2.0	.6
11								1.0				1.1	.214		1.0	.6
12								1.0				5.7	.500		3.0	.6
13								1.0				6.4	.517		3.0	.6
14								1.0				5.6	.435		2.0	.6
15								1.0				7.6	.646		3.0	.6
16				.1	.952		10.0	1.0				7.4	.599		3.0	.6
17								1.0				10.5	.853		4.0	.6
18								1.0				9.4	.771		4.0	.6
19								1.0				9.6	.773		4.0	.6
20								1.0				9.5	.740		4.0	.6
21								1.0				8.0	.623		3.0	.6
22								1.0				8.9	.721		4.0	.6
23	16'5"	34'0				6.5		1.0				11.4	.944	5.5	5.0	.6
24								1.0								.6
25								1.0								.6
26								1.0								.6
27								1.0								.6
28								1.0								.6
29				2.6	.165		2.0	1.0								.6
30				4.1	.253		3.0	1.0								.6
31				.1	.040			1.0								.6
MONTH TOTAL				7.7	1.417		15.0	30				117.0	10.632		55.0	19.6
YEAR TO DATE				7.7	1.417		15.0					117.0	10.632		55.0	
AVG.				.2	.046		5.0	1.0				3.8	.343		2.8	.6
MAX.				4.1	.952		10.0	1.0				11.4	.944		5.0	.6
MIN.				.1	0		2.0	1.0				.1	0		1.0	.6

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WELL - #4 UNIT - 7 TRACT - K
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER #86	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER #86	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER #86	HOURS	GALLONS	LBS CL	CL. RES
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16			N/A								N/A						N/A				
17																					
18																					
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
MONTH TOTAL																					
YEAR TO DATE																					
AVG.																					
MAX.																					
MIN.																					

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DAY	WELL NO 20 UNIT - 13 TRACT "D-C" MARKED OLIVE/KILLIAN ST.								WELL NO 24 UNIT - 13 TRACT "D" ANTELOPE / GARROD							TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	LBS. CL	CL. RES.	
1				24.0	1.509		15.0	.6				9.3	.630		3.0	.6	5.986
2				23.7	1.460		15.0	.6				13.9	1.000		5.0	.6	6367
3				24.1	1.553		16.0	.6				15.4	1.120		6.0	.6	6881
4				24.7	1.554		16.0	.6				8.2	.530		3.0	.6	5.221
5				22.4	1.402		14.0	.6				8.3	.560		3.0	.6	4891
6				26.0	1.639		16.0	.6				14.0	.950		5.0	.6	5.679
7				21.5	1.348		13.0	.6				8.1	.540		3.0	.6	4.232
8				23.1	1.443		14.0	.6				23.6	1.550		8.0	.6	4.914
9				22.8	1.440		14.0	.6				22.4	1.520		8.0	.6	5.607
10				25.0	1.578		16.0	.6				24.3	1.640		8.0	.6	6.106
11				23.1	1.460		15.0	.6				23.9	1.630		8.0	.6	5.871
12				24.3	1.538		15.0	.6				25.2	1.730		9.0	.6	6.575
13				24.0	1.519		15.0	.6				24.5	1.680		8.0	.6	6.500
14				24.8	1.570		16.0	.6				22.7	1.730		9.0	.6	5.939
15				24.7	1.600		16.0	.6				24.9	1.810		9.0	.6	7.654
16				21.5	1.414		14.0	.6				23.3	1.600		8.0	.6	7.885
17				26.0	1.710		17.0	.6				25.0	1.770		9.0	.6	8661
18				23.5	1.495		15.0	.6				22.3	1.572		8.0	.6	7675
19				23.7	1.564		16.0	.6				25.0	2.080		10.0	.6	8750
20				23.8	1.531		16.0	.6				23.8	1.680		8.0	.6	8541
21				25.4	1.662		17.0	.6				24.2	1.710		9.0	.6	7474
22				24.3	1.568		16.0	.6				24.0	1.690		8.0	.6	7706
23	62'11"	73'10"		24.8	1.637	7.5	16.0	.6				17.4	1.230	5.0	6.0	.6	8492
24				21.4	1.425		14.0	.6				19.0	1.350		7.0	.6	7690
25				24.5	1.649		16.0	.6				17.5	1.250		6.0	.6	7295
26				23.8	1.560		16.0	.6				16.7	1.150		6.0	.6	7061
27				24.0	1.586		16.0	.6				20.6	1.490		7.0	.6	7836
28				23.4	1.536		15.0	.6				20.1	1.470		7.0	.6	7518
29				24.4	1.607		16.0	.6				18.9	1.350		7.0	.6	8169
30				23.9	1.593		16.0	.6				16.9	1.210		6.0	.6	8276
31				24.4	1.634		16.0	.6				18.8	1.330		7.0	.6	9393
MONTH TOTAL				739.8	47.818		478.0	18.6				601.1	42.492		214.0	18.6	215.277
YEAR TO DATE				739.8	47.818		478.0					601.1	42.492		214.0		215.277
AVG.				23.9	1.543		15.4	.6				19.4	1.371		6.9	.6	6.944
MAX.				26.0	1.710		17.0	.6				25.2	2.080		10.0	.6	8750
MIN				21.5	1.348		13.0	.6				8.1	.530		3.0	.6	4232

I.D. NO. 627696 OPERATOR SIGNATURE: Rick Lea

OPERATORS' NAME: Rick Leach CERTIFICATE NUMBER: B-4(F02)

TOTAL METERED SERVICES AT END OF MONTH: 2047F

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DAY	WELL #5 UNIT-1 JAMAICA / APRICOT TRACT L: STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL RES	RAINFALL	WELL #11 UNIT-1 JAMAICA / APRICOT TRACT L: STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL RES	N.B. CENTRIFUGAL UNIT-1 JAMAICA / APRICOT: METER RDG	HOURS	GALLONS
1				17.1	.356		2.0	.6					23.3	.480		2.0	.6		3.8	
2				20.9	.435		2.0	.6					26.5	.545		3.0	.6		5.4	
3				22.1	.459		2.0	.6					23.0	.473		3.0	.6		4.8	
4				8.4	.176		1.0	.6	.18				19.2	.395		2.0	.6		1	
5				3.7	.077			.6					20.3	.422		2.0	.6		2.5	
6				19.1	.397		2.0	.6					22.3	.459		2.0	.6		5.5	
7				23.9	.511		3.0	.6					23.3	.480		2.0	.6		7.1	
8				20.2	.430		2.0	.6					23.7	.488		2.0	.6		3.9	
9				19.1	.396		2.0	.6					25.3	.521		3.0	.6		5.6	
10				10.0	.207		1.0	.6	1.10				20.1	.414		2.0	.6		.6	
11				1.6	.034			.6					15.8	.325		2.0	.6		.8	
12				6.3	.127		1.0	.6					22.1	.455		2.0	.6		1.6	
13				5.7	.116		1.0	.6					21.9	.451		2.0	.6		1.9	
14	15'8"	16'4"		13.2	.272		1.0	.6		14'5"	17'3"		23.8	.490		2.0	.6		3.5	
15				17.4	.359		2.0	.6					22.4	.461		2.0	.6		4.9	
16				22.2	.459		3.0	.6					26.5	.545		3.0	.6		8.7	
17				21.0	.445		2.0	.6					22.5	.463		2.0	.6		18.1	
18				10.2	.211		1.0	.6					19.9	.410		2.0	.6		2.1	
19				8.6	.174		1.0	.6					23.0	.473		2.0	.6		4.3	
20				12.2	.251		1.0	.6	.10				19.6	.403		2.0	.6		.4	
21				1.5	.032	6.5		.6	.02				18.6	.383	8.0	2.0	.6		.2	
22				.6	.012			.6	.52				15.8	.325		2.0	.6		.2	
23				2.9	.058			.6	2.42				14.1	.290		1.0	.6		.7	
24				3.1	.062			.6					14.5	.298		1.0	.6		.2	
25				1.9	.039			.6					17.0	.350		2.0	.6		1.2	
26				10.9	.219		1.0	.6					17.2	.354		2.0	.6		2.6	
27				11.3	.230		1.0	.6					21.4	.440		2.0	.6		3.3	
28				10.7	.218		1.0	.6					20.8	.428		2.0	.6		2.7	
29																				
30																				
31																				
MONTH TOTAL				32<8	6755		32.0	16.8	5.04				584.1	12.021		57.0	16.8		96.7	
YEAR TO DATE				559.5	11.591		59.0		7.34				1193.1	24 554		115.0			153.9	
AVG.				11.6	.241		1.5	.6	.18				20.9	.429		2.0	.6		3.5	
MAX.				23.9	.511		3.0	.6	2.42				26.5	.545		3.0	.6		18.1	
MIN.				.6	.012		1.0	.6	.02				14.1	.290		1.0	.6		.1	

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DAY	WELL Nº 18 UNIT-7 TRACT A ELDRIDGE RD								WELL Nº 19 UNIT - 25 TRACT "H" CARTER / REYNOLDS								
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No Cl	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No Cl	LBS. CL.	CL. RES.	RAINFALL
1				13.2	.413		2.0	.6				2.9	.080			.6	
2				13.9	.475		2.0	.6				3.1	.090			.6	
3				14.0	.477		2.0	.6				3.5	.098			.6	
4				7.6	.352		1.0	.6				1.6	.043			.6	.22
5				7.1	.296		1.0	.6				1.7	.050			.6	
6				10.9	.364		2.0	.6				3.9	.111		1.0	.6	
7				11.1	.379		2.0	.6				13.9	.397		2.0	.6	
8				9.2	.306		2.0	.6				5.2	.146		1.0	.6	
9				7.4	.235		1.0	.6				1.5	.038			.6	
10				1.4	.043			.6								.6	.94
11				1.4	.046			.6								.6	
12				4.7	.151		1.0	.6								.6	
13				4.7	.157		1.0	.6				8.3	.240		1.0	.6	
14	18.5'	41.5'		6.4	.207		1.0	.6	16.4'	63.2'		5.5	.158		1.0	.6	
15				7.0	.230		1.0	.6				6.7	.189		1.0	.6	
16				7.3	.236		1.0	.6				5.8	.165		1.0	.6	
17				1.3	.042			.6				2.6	.075			.6	
18				3.6	.116		1.0	.6				5.2	.146		1.0	.6	
19				6.7	.218		1.0	.6				5.7	.161		1.0	.6	
20				.1	.032			.6				1.2	.034			.6	.84
21				23.3	.744	8.5	4.0	.6				.1	.004	7.5		.6	.22
22				24.1	.766		4.0	.6								.6	.26
23				1.0	.031			.6				.2	.002			.6	2.95
24				.5	.014			.6				.2	.006			.6	
25				1.9	.058			.6				.8	.023			.6	
26				3.6	.117		1.0	.6				3.1	.085			.6	
27				6.5	.221		1.0	.6				4.8	.131		1.0	.6	
28				8.0	.254		1.0	.6				8.7	.242		1.0	.6	
29																	
30																	
31																	
MONTH TOTAL				209.2	6.830		33.0	16.8				96.2	2.714		13.0	16.8	5.43
YEAR TO DATE				337.9	11.119		57.0					133.5	3.749		17.0		8.38
AVG				7.4	.244		1.6	.6				3.4	.097		.9	.6	.19
MAX				24.1	.766		4.0	.6				13.9	.397		2.0	.6	2.95
MIN				.5	.014		1.0	.6				.1	0		1.0	.6	.22

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DAY	WELL #13 UNIT-05 TRACT "A" CARTEE / REYNOLDS								H.S. CENTRIFUGAL UNIT-05 CARTEE / REYNOLDS			WELL #7 UNIT-13 TRACT "B" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	RAINFALL
1				10.4	.359		2.0	.6		5.2					23.6	929		5.0	.6	
2				9.4	.326		2.0	.6		4.1					25.5	994		5.0	.6	
3				10.3	.353		2.0	.6		5.5					24.0	942		5.0	.6	
4				5.8	.202		1.0	.6		.9					23.3	910		5.0	.6	.21
5				5.4	.188		1.0	.6		3.5					25.7	997		5.0	.6	
6				8.1	.282		1.0	.6		4.3					21.8	850		4.0	.6	
7								.6							23.7	927		5.0	.6	
8								.6							24.3	950		5.0	.6	
9								.6							25.3	984		5.0	.6	
10								.6							23.6	915		5.0	.6	1.10
11								.6							22.9	879		4.0	.6	
12								.6							24.8	959		5.0	.6	
13								.6							23.4	912		5.0	.6	
14	163'							.6							26.1	1018		5.0	.6	
15								.6							21.9	855		4.0	.6	
16								.6							26.0	1.004		5.0	.6	
17								.6							22.3	819		4.0	.6	
18								.6							24.2	924		5.0	.6	
19								.6							23.6	927		5.0	.6	
20								.6							24.6	955		5.0	.6	.64
21						9.5		.6		2.8					23.4	909	9.5	5.0	.6	.04
22				26.7	703		4.0	.6							24.0	926		5.0	.6	.90
23				8.3	.282		1.0	.6							26.1	1.007		5.0	.6	2.45
24								.6							22.6	.873		4.0	.6	
25								.6							23.2	.895		4.0	.6	
26								.6							24.3	933		5.0	.6	
27								.6							24.0	936		5.0	.6	
28								.6		.1					24.0	921		5.0	.6	
29																				
30																				
31																				
MONTH TOTAL				78.4	2.690		14.0	16.8		26.4					672.1	26050		134.0	16.8	4.84
YEAR TO DATE				168.2	5.739		31.0			80.8					1335.7	51.889		267.0		6.84
AVG.				2.8	.096		1.8	.6		.9					24.0	930		4.8	.6	.17
MAX.				20.7	.707		4.0	.6		5.5					26.1	1018		5.0	.6	2.45
MIN.				5.4	0		1.0	.6		.1					21.9	819		4.0	.6	.04

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DAY	WELL N°9 UNIT-E TRACT "A" PIONEER PARK								WELL N°10 UNIT-D TRACT "D" WEST LINDEN DRIVE								WELL N°20 UNIT-13 TRACT "B" ANTELOPE / DARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	lbs Cl	LBS. CL	CL. RES
1				22.5	.560		3.0	.6				14.0	.639		3.0	.6				9.2	.566		3.0	.6
2				25.4	.634		3.0	.6				15.2	.682		3.0	.6				8.1	.499		2.0	.6
3				23.3	.579		3.0	.6				16.4	.728		4.0	.6				6.3	.390		2.0	.6
4				19.3	.476		2.0	.6				9.2	.404		2.0	.6				1.9	.075			.6
5				21.0	.514		3.0	.6				9.7	.433		2.0	.6				6.6	.395		2.0	.6
6				21.2	.519		3.0	.6				11.7	.522		3.0	.6				6.6	.405		2.0	.6
7				22.5	.555		3.0	.6				13.8	.624		3.0	.6				8.3	.508		3.0	.6
8				23.1	.574		3.0	.6				13.3	.593		3.0	.6				12.3	.763		4.0	.6
9				23.1	.569		3.0	.6				12.5	.550		3.0	.6				10.2	.624		3.0	.6
10				17.1	.414		2.0	.6				2.5	.104		1.0	.6				5.0	.297		1.0	.6
11				14.9	.346		2.0	.6				3.6	.149		1.0	.6				5.9	.349		2.0	.6
12				8.5	.206		3.0	.6				8.6	.389		2.0	.6				7.0	.423		2.0	.6
13				21.5	.528		3.0	.6								.6				7.2	.434		2.0	.6
14				22.6	.554		3.0	.6	209'	2016'		10.4	.470		2.0	.6				9.5	.582		3.0	.6
15				21.1	.522		3.0	.6				10.3	.461		2.0	.6				8.1	.494		2.0	.6
16				24.7	.600		3.0	.6				13.1	.574		3.0	.6				13.1	.788		4.0	.6
17				22.6	.525		3.0	.6				22.9	.855		4.0	.6				22.4	1.203		6.0	.6
18				20.9	.520		3.0	.6				13.6	.597		3.0	.6				8.1	.494		2.0	.6
19				21.7	.536		3.0	.6				9.8	.435		2.0	.6				7.3	.454		2.0	.6
20				17.2	.415		2.0	.6				6.0	.260		1.0	.6				5.6	.331		2.0	.6
21				12.3	.299	8.5	1.0	.6				5.0	.218	9.0	1.0	.6				3.8	.229	10.0	1.0	.6
22				13.0	.314		2.0	.6				1.4	.060			.6				4.6	.269		1.0	.6
23				19.5	.470		2.0	.6				.5	.017			.6				4.9	.285		1.0	.6
24				20.9	.504		3.0	.6								.6				4.4	.254		1.0	.6
25				17.4	.423		2.0	.6				1.1	.052			.6				5.1	.312		2.0	.6
26				20.0	.485		2.0	.6				6.2	.273		1.0	.6				8.4	.505		3.0	.6
27				23.5	.563		3.0	.6				9.6	.432		2.0	.6				7.8	.483		2.0	.6
28				20.5	.539		3.0	.6				10.8	.453		2.0	.6				8.8	.527		2.0	.6
29																								
30																								
31																								
MONTH TOTAL				560.8	14.042		74.0	16.8				251.2	10.954		53.0	16.8				216.3	12.938		63.0	16.8
YEAR TO DATE				1071.9	26.653		139.0					412.6	18.071		86.0					323.7	19.475		95.0	
AVG.				20.0	501.5		2.6	.6				9.0	.391		2.3	.6				7.7	.462		2.3	.6
MAX.				25.4	.634		3.0	.6				22.9	.855		4.0	.6				22.4	1.203		6.0	.6
MIN.				8.5	.299		1.0	.6				.5	0		1.0	.6				1.3	.075		1.0	.6

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DAY	WELL #17 UNIT-10 TRACT "A-C" MARINER BLVD / SILLIAN ST										WELL #18 UNIT-10 TRACT "A-C" MARINER BLVD / SILLIAN ST						#3 CENTRIFUGAL UNIT-10 MARINER BLVD/SILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL RES	RAINFALL		STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL.	CL RES	METER RDG	HOURS	GALLONS
1				16.3	.488		2.0	.6						19.8	.665		3.0	.6		15.6	
2				18.4	.547		3.0	.6						20.2	.675		3.0	.6		14.3	
3				16.0	.479		2.0	.6						20.7	.690		3.0	.6		15.8	
4				15.8	.468		2.0	.6	.20					23.2	.772		4.0	.6		15.8	
5				11.4	.338		2.0	.6						20.7	.694		3.0	.6		15.3	
6				11.4	.348		2.0	.6						18.9	.633		3.0	.6		15.2	
7				18.3	.545		3.0	.6						20.7	.694		3.0	.6		15.2	
8				17.5	.521		3.0	.6						19.9	.663		3.0	.6		15.6	
9				13.3	.405		2.0	.6						18.0	.608		3.0	.6		15.1	
10				10.3	.322		2.0	.6	.98					19.0	.633		3.0	.6		13.6	
11				12.5	.374		2.0	.6						19.3	.666		3.0	.6		14.5	
12				12.3	.368		2.0	.6						19.6	.655		3.0	.6		15.4	
13				10.2	.314		2.0	.6						18.9	.634		3.0	.6		15.2	
14	540	740'		15.1	.455		2.0	.6						19.5	.675		3.0	.6		16.4	
15				12.9	.396		2.0	.6						18.1	.612		3.0	.6		16.6	
16				15.6	.424		2.0	.6						17.4	.585		3.0	.6		16.9	
17				5.5	.225		1.0	.6						5.1	.183		1.0	.6		10.2	
18				13.5	.408		2.0	.6						20.6	.692		3.0	.6		19.8	
19				11.8	.361		2.0	.6						17.2	.373		2.0	.6		15.6	
20				15.1	.449		2.0	.6	.52					21.3	.510		3.0	.6		14.4	
21				12.8	.385	6.0	2.0	.6	.04					16.0	.540	6.5	3.0	.6		13.8	
22				11.0	.328		2.0	.6	.28					17.8	.586		3.0	.6		13.0	
23				9.3	.271		1.0	.6	2.65					19.1	.621		3.0	.6		13.9	
24				9.2	.270		1.0	.6						20.0	.653		3.0	.6		14.2	
25				12.9	.376		2.0	.6						20.1	.648		3.0	.6		15.4	
26				13.2	.389		2.0	.6						21.5	.710		4.0	.6		17.6	
27				12.6	.380		2.0	.6						20.0	.666		3.0	.6		14.7	
28				14.1	.422		2.0	.6						19.4	.640		3.0	.6		14.2	
29																					
30																					
31																					
MONTH TOTAL				369.3	11.056		56.0	16.8	4.67					532.0	17.375		83.0	16.8		423.3	
YEAR TO DATE				930.9	24.559		129.0		7.23					1184.6	38.945		196.0			670.2	
AVG				13.2	.395		2.0	.6	.17					19.	.621		3.0	.6		15.1	
MAX				18.4	.547		3.0	.6	2.65					23.2	.772		4.0	.6		19.8	
MIN.				5.5	.225		1.0	.6	.04					5.1	.183		1.0	.6		10.2	

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DATE: Feb. 1990 **SPRING HILL UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL NO. 21 UNIT-8 TRACT "B" WEST LINDEN DRIVE								WELL NO. 22 UNIT-7 TRACT "B" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.
1				1.0	.060		1.0	1.0								.6
2				5.0	.310		3.0	1.0								.6
3				1.3	.083		1.0	1.0								.6
4								1.0								.6
5				.4	.025			1.0								.6
6				1.2	.072		1.0	1.0								.6
7				3.9	.245		2.0	1.0								.6
8				1.3	.082		1.0	1.0				11.0	.909		5.0	.6
9				1.3	.074		1.0	1.0				14.4	1.169		6.0	.6
10								1.0				3.1	.229		1.0	.6
11								1.0				2.4	.168		1.0	.6
12				.4	.027			1.0				8.7	.715		4.0	.6
13								1.0				10.4	.868		4.0	.6
14	17'10"	35'0"		8	.052		1.0	1.0				13.0	1.077		5.0	.6
15				1.2	.071		1.0	1.0				12.6	1.034		5.0	.6
16				1.2	.074			1.0				14.7	1.164		6.0	.6
17				1	.006			1.0				22.0	1.519		8.0	.6
18				.5	.024			1.0				14.4	1.171		6.0	.6
19				1.9	.117		1.0	1.0				13.0	1.079		5.0	.6
20								1.0				6.2	.499		2.0	.6
21					.003	6.5		1.0				3.5	.310	8.0	2.0	.6
22								1.0				.2	.019			.6
23								1.0				2.9	.216		1.0	.6
24								1.0				2.1	.157		1.0	.6
25								1.0				2.1	.144		1.0	.6
26				.2	.009			1.0				5.4	.425		2.0	.6
27				.3	.019			1.0				12.0	.976		5.0	.6
28				1.0	.058		1.0	1.0				9.6	.759		4.0	.6
29																
30																
31																
MONTH TOTAL				23.0	1.411		19.0	28.0				184.1	14.607		74.0	16.8
YEAR TO DATE				307.7	2.828		290					3011	25.239		1290	
AVG.				.8	.050		1.3	1.0				6.6	.522		3.7	.6
MAX.				5.0	.310		3.0	1.0				22.0	1.519		8.0	.6
MIN.				.1	0		1.0	1.0				.2	0		1.0	.6

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DAY	WELL - 20 ELDRIDGE ROAD UNIT - 7 TRACT - 4							WELL - 21 UNIT - 7 TRACT - 4							WELL - 22 UNIT - 7 TRACT - 4						
	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	LBS CL	CL RES
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
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15																					
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21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
MONTH TOTAL																					
YEAR TO DATE																					
AVG.																					
MAX.																					
MIN.																					

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DATE: Feb 1990 **SPRING HILL UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL NO #5 UNIT-19 TRACT "B-C" SKINNER BLVD/GILLIAM ST								WELL NO #4 UNIT-13 TRACT "B" ANTELOPE/MARROW							TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CT	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CT	LBS CL	CL. RES	
1				23.7	1.587		16.0	.6				19.2	1.400		7.0	.6	8565
2				24.1	1.613		16.0	.6				23.2	1.670		8.0	.6	9495
3				23.6	1.593		16.0	.6				22.6	1.660		8.0	.6	9.004
4				25.1	1.675		17.0	.6				19.7	1.370		7.0	.6	7.218
5				24.7	1.642		16.0	.6				19.7	1.360		7.0	.6	7381
6				22.8	1.553		16.0	.6				19.3	1.380		7.0	.6	7895
7				24.6	1.678		17.0	.6				21.4	1.550		8.0	.6	9.093
8				23.4	1.608		16.0	.6				17.6	1.280		6.0	.6	9312
9				23.7	1.645		16.0	.6				19.4	1.380		7.0	.6	9195
10				23.5	1.592		16.0	.6				13.4	.850		4.0	.6	6060
11				25.6	1.680		17.0	.6				10.7	.660		3.0	.6	5676
12				23.4	1.527		15.0	.6				18.0	1.240		6.0	.6	7153
13				23.2	1.545		15.0	.6				18.2	1.280		6.0	.6	7868
14	64'0"	76'1"		25.2	1.674		17.0	.6				20.7	1.470		7.0	.6	9154
15				23.0	1.541		15.0	.6				18.3	1.320		7.0	.6	8540
16				24.3	1.647		16.0	.6				19.1	1.330		7.0	.6	9595
17				22.8	1.538		15.0	.6				22.8	1.260		6.0	.6	9158
18				25.6	1.736		17.0	.6				17.9	1.310		7.0	.6	8759
19				23.0	1.506		15.0	.6				19.9	1.470		7.0	.6	8284
20				25.8	1.714		17.0	.6				12.3	.820		4.0	.6	6673
21				22.5	1.486	9.0	15.0	.6				12.3	.840	9.5	4.0	.6	6402
22				24.1	1.570		16.0	.6				10.4	.650		3.0	.6	6528
23				24.2	1.573		16.0	.6				8.7	.520		3.0	.6	5642
24				22.8	1.482		15.0	.6				13.2	.870		4.0	.6	5443
25				23.5	1.570		15.0	.6				14.1	.930		5.0	.6	5779
26				25.8	1.673		17.0	.6				14.2	.950		5.0	.6	7127
27				22.6	1.506		15.0	.6				17.3	1.230		6.0	.6	8205
28				22.0	1.464		15.0	.6				18.3	1.220		6.0	.6	8195
29																	
30																	
31																	
MONTH TOTAL				6676	44577		445.0	16.8				4821	33380		165.0	16.8	217400
YEAR TO DATE				14074	92.395		923.0					10833	75.872		339.0		432.677
AVG.				23.8	1.592		15.9	.6				17.2	1.192		5.9	.6	7764
MAX.				25.8	1.736		17.0	.6				23.2	1.670		8.0	.6	9595
MIN.				22.0	1.464		15.0	.6				8.7	.520		3.0	.6	5443

I.D. NO. 6271696 OPERATOR SIGNATURE: Ricky Leach

OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: A-4803

TOTAL METERED SERVICES AT END OF MONTH: 2424

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DATE: March 1990 **SPRING HILL UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL N° 8 UNIT-1 JAMBICA / APRICOT TRACT "L"									WELL N° 11 UNIT-1 JAMBICA / APRICOT TRACT "L"								N 6 UNIT-1 CENTRIFUGAL JAMBICA/APRICOT		
	STATIC LEVEL	PUMPING LEVEL	WATER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	RAINFALL	STATIC LEVEL	PUMPING LEVEL	WATER RDG	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS
1				12.0	.344		1.0	.6					23.0	.573		2.0	.6		3.2	
2				7.8	.159		1.0	.6					20.3	.418		2.0	.6		1.0	
3				8.9	.181		1.0	.6					21.8	.218		1.0	.6		3.1	
4				11.7	.239		1.0	.6					21.3	.438		2.0	.6		1.9	
5				6.7	.137		1.0	.6					21.9	.451		2.0	.6		3.3	
6				19.3	.400		2.0	.6					23.9	.492		2.0	.6		4.8	
7				18.0	.364		2.0	.6					22.5	.463		2.0	.6		4.4	
8				17.9	.368		2.0	.6					23.5	.484		2.0	.6		4.4	
9	15'8"	76'4"		21.8	.444		2.0	.6		14'5"	77'4"		25.7	.529		3.0	.6		6.7	
10				20.3	.416		2.0	.6					23.3	.480		2.0	.6		6.1	
11				15.2	.311		2.0	.6					21.2	.436		2.0	.6		4.6	
12				13.7	.277		1.0	.6					22.8	.469		2.0	.6		6.1	
13				22.0	.458		2.0	.6					23.6	.486		2.0	.6		7.2	
14				15.9	.326		2.0	.6					24.0	.494		2.0	.6		6.7	
15				21.1	.436		2.0	.6					23.6	.486		2.0	.6		7.1	
16				13.3	.271		1.0	.6					26.5	.545		3.0	.6		5.5	
17				14.0	.280		1.0	.6	.42				18.2	.375		1.0	.6		3.0	
18				16.3	.325		2.0	.6					20.3	.418		2.0	.6		5.1	
19				19.9	.403		2.0	.6					22.7	.467		2.0	.6		7.8	
20				13.7	.279		1.0	.6					24.0	.494		2.0	.6		5.1	
21				21.7	.441		2.0	.6					23.7	.488		2.0	.6		6.2	
22				22.5	.458		2.0	.6					22.0	.237		1.0	.6		9.0	
23				26.1	.533		3.0	.6					27.1	.379		2.0	.6		7.6	
24				18.9	.382		2.0	.6					20.1	.387		2.0	.6		8.5	
25				23.0	.468		2.0	.6					24.3	.500		2.0	.6		5.8	
26				22.9	.459		2.0	.6					24.0	.244		1.6	.6		9.3	
27				15.9	.319		2.0	.6					23.7	.332		2.0	.6		6.8	
28				20.1	.400	7.5	2.0	.6					24.4	.335	9.0	2.0	.6		5.2	
29				16.4	.320		2.0	.6	.04				21.5	.298		2.0	.6		2.6	
30				8.2	.158		1.0	.6	2.00				24.4	.322		2.0	.6		.3	
31								.6					21.1	.278		1.0	.6		.1	
MONTH TOTAL				505.1	10.256		51.0	18.6	2.46				710.4	12.906		59.0	19.6		157.5	
YEAR TO DATE				1064.6	21.847		110.0		9.80				1903.5	37.460		174.0			324	
AVG.				16.3	.331		1.8	.6	.08				22.9	.416		1.9	.6		5.1	
MAX.				26.1	.533		3.0	.6	2.00				27.1	.545		3.0	.6		9.3	
MIN.				6.7	0		1.0	.6	0				18.2	.237		1.0	.6		.1	

1,999.00

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DATE: 3-1990 **SPRING HILL UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL Nº 10 UNIT-7 TRACT 4 ELDRIDGE RD								WELL Nº 10 UNIT - 03 TRACT H CARTER / REYNOLDS VILLE								
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	Mg CL	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	Mg CL	LBS CL	CL RES	RAINFALL
1				6.1	.199		1.0	.6				4.8	.137		1.0	.6	
2				6.1	.198		1.0	.6				2.0	.055			.6	
3				6.4	.206		1.0	.6				3.8	.108		1.0	.6	
4				3.8	.122		1.0	.6				2.4	.066			.6	
5				5.7	.189		1.0	.6				5.3	.152		1.0	.6	
6				9.5	.315		2.0	.6				6.0	.165		1.0	.6	
7				7.4	.245		1.0	.6				5.2	.154		1.0	.6	
8				9.0	.297		1.0	.6				5.0	.140		1.0	.6	
9	83'5"	41'5"		9.9	.324		2.0	.6	16'4"	63'4"		13.7	.396		2.0	.6	
10				11.6	.379		2.0	.6				14.9	.418		2.0	.6	
11				8.6	.278		1.0	.6				15.4	.430		2.0	.6	
12				8.3	.271		1.0	.6				14.2	.401		2.0	.6	
13				11.8	.393		2.0	.6				13.5	.380		2.0	.6	
14				10.8	.357		2.0	.6				23.0	.646		3.0	.6	
15				11.3	.374		2.0	.6				20.8	.582		3.0	.6	
16				11.2	.369		2.0	.6				23.5	.657		3.0	.6	
17				4.2	.130		1.0	.6				19.9	.541		3.0	.6	.40
18				5.0	.156		1.0	.6				21.9	.598		3.0	.6	
19				9.3	.303		2.0	.6				23.5	.651		3.0	.6	
20				8.5	.279		1.0	.6				23.8	.651		3.0	.6	
21				10.7	.359		2.0	.6				23.7	.668		3.0	.6	
22				12.0	.399		2.0	.6				23.6	.655		3.0	.6	
23				15.2	.503		3.0	.6				21.5	.599		3.0	.6	
24				15.2	.497		2.0	.6				24.1	.671		3.0	.6	
25				11.6	.393		2.0	.6				23.5	.652		3.0	.6	
26				13.3	.445		2.0	.6				23.5	.659		3.0	.6	
27				11.4	.386		2.0	.6				25.8	.725		4.0	.6	
28				10.6	.355	8.5	2.0	.6				22.8	.629	8.0	3.0	.6	
29				7.2	.235		1.0	.6				22.0	.608		3.0	.6	
30				1.9	.060		1.0	.6				20.2	.550		3.0	.6	1.70
31				1.0	.031		1.0	.6				21.6	.583		3.0	.6	
MONTH TOTAL				274.6	9.047		48.0	18.6				514.9	14.317		71.0	18.6	2.10
YEAR TO DATE				612.5	20.165		105.0					648.4	18.066		88.0		10.48
AVG.				8.9	.292		1.6	.6				16.6	.462		2.5	.6	.07
MAX.				15.2	.503		3.0	.6				25.8	.725		4.0	.6	1.70
MIN.				1.0	.031		1.0	.6				2.0	.055		1.0	.6	0

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DATE: 3-90

SPRING HILL UTILITIES — MONTHLY WATER REPORT

DAY	WELL Nº 13 UNIT-25 TRACT H CARTER / REYNOLDS								H 8 CENTRIFUGAL UNIT-25 CARTER / REYNOLDS			WELL Nº 7 UNIT-13 TRACT B ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL.	CL. RES	METER REG	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CI	LBS CL.	CL. RES.	RAINFALL
1								.6							23.9	.930		5.0	.6	
2								.6		.8					21.1	.818		4.0	.6	
3								.6		.9					22.5	.871		4.0	.6	
4								.6		.9					23.1	.898		4.0	.6	
5				11.2	.380		2.0	.6		4.7					23.6	.921		5.0	.6	
6				11.7	.397		2.0	.6		5.2					8.3	.329		2.0	.6	
7				12.5	.425		2.0	.6		6.3					7.0	.274		1.0	.6	
8				10.0	.340		2.0	.6		4.5					6.2	.248		1.0	.6	
9	16'3"	64'0"		11.5	.391		2.0	.6		5.5					8.2	.326		2.0	.6	
10				12.1	.411		2.0	.6		5.9					8.4	.328		2.0	.6	
11				11.3	.384		2.0	.6		3.3					4.0	.165		1.0	.6	
12				6.3	.214		1.0	.6		5.0					7.5	.299		1.0	.6	
13				16.1	.548		3.0	.6		7.8					9.7	.352		2.0	.6	
14				15.6	.530		3.0	.6		7.1					9.5	.379		2.0	.6	
15				13.5	.458		2.0	.6		6.9					10.5	.417		2.0	.6	
16				13.2	.448		2.0	.6		6.3					8.7	.348		2.0	.6	
17				6.9	.233		1.0	.6		1.2					5.4	.221		1.0	.6	.45
18				.8	.028		1.0	.6		.4					2.8	.100		1.0	.6	
19				6.4	.208		1.0	.6		5.1					8.0	.320		2.0	.6	
20				10.3	.342		2.0	.6		4.4					7.2	.286		1.0	.6	
21				13.8	.457		2.0	.6		6.9					12.0	.476		2.0	.6	
22				16.6	.550		3.0	.6		7.6					11.1	.444		2.0	.6	
23				13.2	.440		2.0	.6		7.0					10.6	.424		2.0	.6	
24				18.7	.618		3.0	.6		9.0					9.7	.388		2.0	.6	
25				17.3	.574		3.0	.6		6.3					8.5	.338		2.0	.6	
26				11.2	.369		2.0	.6		8.5					10.5	.427		2.0	.6	
27				14.5	.479		2.0	.6		6.8					11.0	.456		2.0	.6	
28				16.4	.548	8.0	3.0	.6		4.2					9.6	.377	8.0	2.0	.6	.05
29				4.6	.153		1.0	.6		.6					7.6	.298		1.0	.6	.34
30								.6							8.1	.320		2.0	.6	1.63
31								.6							5.0	.215		1.0	.6	
MONTH TOTAL				295.7	9925		51.0	18.6		139.2					329.3	13.037		66.0	18.6	2.47
YEAR TO DATE				463.9	15.664		82.0			220.0					1665.0	64.926		333		9.31
AVG				9.5	.320		2.0	.6		4.5					10.6	.421		2.1	.6	.08
MAX.				19.7	.618		3.0	.6		9.0					23.9	.930		5.0	.6	1.63
MIN				8	0		1.0	.6		4					28	100		1.0	1	0

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DAY	WELL Nº 8 UNIT - 8 TRACT "A" PIONEER PARK								WELL Nº 10 UNIT - 8 TRACT "D" WEST LINDEN DRIVE								WELL Nº 20 UNIT - 13 TRACT "B" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS CL	CL RES
1				24.5	.605		3.0	.6				10.9	.489		2.0	.6				7.8	.482		2.0	.6
2				25.0	.614		3.0	.6				8.4	.368		2.0	.6				13.1	.778		4.0	.6
3				20.8	.516		3.0	.6				8.7	.384		2.0	.6				11.2	.682		3.0	.6
4				21.4	.533		3.0	.6				13.6	.593		3.0	.6				11.5	.691		3.0	.6
5				22.9	.571		3.0	.6				13.4	.598		3.0	.6				11.8	.734		4.0	.6
6				23.6	.594		3.0	.6				11.3	.510		3.0	.6				22.1	1.305		7.0	.6
7				22.1	.551		3.0	.6				12.3	.552		3.0	.6				20.4	1.317		7.0	.6
8				22.6	.566		3.0	.6				10.9	.485		2.0	.6				18.5	1.143		6.0	.6
9				24.2	.605		3.0	.6	20'4"	20'10"		13.7	.617		3.0	.6				22.3	1.375		7.0	.6
10				21.8	.548		3.0	.6				15.5	.689		3.0	.6				21.5	1.326		7.0	.6
11				20.8	.518		3.0	.6				14.4	.641		3.0	.6				21.6	1.331		7.0	.6
12				21.6	.539		3.0	.6				12.7	.565		3.0	.6				22.4	1.372		7.0	.6
13				23.3	.587		3.0	.6				16.1	.729		4.0	.6				21.8	1.364		7.0	.6
14				23.7	.601		3.0	.6				17.1	.766		4.0	.6				21.6	1.350		7.0	.6
15				23.1	.583		3.0	.6				16.0	.714		4.0	.6				21.2	1.320		7.0	.6
16				25.8	.652		3.0	.6				16.6	.748		4.0	.6				23.1	1.429		7.0	.6
17				19.3	.350		2.0	.6				7.5	.317		2.0	.6				17.0	1.025		5.0	.6
18								.6				8.7	.367		2.0	.6				19.9	1.208		6.0	.6
19				.4	.009		1.0	.6				11.5	.506		3.0	.6				20.6	1.265		6.0	.6
20				14.2	.324		2.0	.6				11.3	.503		3.0	.6				22.0	1.359		7.0	.6
21				13.7	.304		2.0	.6				15.6	.702		4.0	.6				22.8	1.417		8.0	.6
22				7.5	.171		1.0	.6				16.9	.753		4.0	.6				22.8	1.412		8.0	.6
23				12.1	.276		1.0	.6				17.1	.765		4.0	.6				23.1	1.441		8.0	.6
24				4.6	.104		1.0	.6				19.1	.861		4.0	.6				23.3	1.449		8.0	.6
25				3.6	.081		1.0	.6				16.7	.739		4.0	.6				22.2	1.374		8.0	.6
26				7.3	.167		1.0	.6				15.7	.711		4.0	.6				21.9	1.373		8.0	.6
27				23.9	.544		3.0	.6				19.1	.876		4.0	.6				23.5	1.479		8.0	.6
28				24.2	.536	7.5	3.0	.6				17.0	.756	8.0	4.0	.6				21.7	1.344	9.0	8.0	.6
29				23.5	.501		3.0	.6				9.2	.413		2.0	.6				19.2	1.177		6.0	.6
30				26.4	.610		3.0	.6				4.8	.215		1.0	.6				15.0	.925		5.0	.6
31				22.0	.399		2.0	.6				4.8	.211		1.0	.6				19.4	1.174		6.0	.6
MONTH TOTAL				569.9	13.549		74.0	18.6				406.6	18.143		94.0	18.6				606.3	37.416		197.0	18.6
YEAR TO DATE				1641.8	40.202		212.0					819.2	36.214		183					930	56.891		242	
AVG.				18.4	.437		2.5	.6				13.1	.585		3.0	.6				19.6	1.207		6.4	.6
MAX.				26.4	.652		3.0	.6				19.1	.876		4.0	.6				23.5	1.479		8.0	.6
MIN				4	0		1.0	.6				4.8	.211		1.0	.6				7.8	.482		2.0	.6

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SPRING HILL UTILITIES

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DAY	WELL #17 UNIT-19 TRACT A-C MARINER BLVD / KILLIAN ST									WELL #19 UNIT-19 TRACT A-C MARINER BLVD / KILLIAN ST							K & B CENTRIFUGAL UNIT-19 MARINER BLVD/KILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER #00	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	MARIELLA	STATIC LEVEL	PUMPING LEVEL	METER #00	HOURS	GALLONS	No CI	LBS. CL.	CL. RES.	METER #00	HOURS	GALLONS
1				13.8	.418		2.0	.6					20.7	.688		3.0	.6		5.4	
2				11.6	.353		2.0	.6					19.9	.663		3.0	.6		15.4	
3				17.9	.529		3.0	.6					22.0	.736		4.0	.6		13.2	
4				13.5	.417		2.0	.6					21.3	.708		4.0	.6		15.5	
5				16.3	.514		3.0	.6					22.3	.740		4.0	.6		16.9	
6				21.7	.645		3.0	.6					20.1	.666		3.0	.6		12.3	
7				23.1	.686		3.0	.6					21.2	.703		4.0	.6		14.0	
8				20.7	.616		3.0	.6					19.4	.642		3.0	.6		10.9	
9	54'	74'		22.5	.668		3.0	.6					20.0	.662		3.0	.6		14.4	
10				22.3	.663		3.0	.6					16.0	.536		3.0	.6		16.5	
11				21.9	.651		3.0	.6					19.1	.635		3.0	.6		16.8	
12				23.4	.696		3.0	.6					21.8	.722		4.0	.6		15.4	
13				23.2	.688		3.0	.6					20.6	.683		3.0	.6		18.2	
14				23.4	.699		3.0	.6					19.4	.649		3.0	.6		14.6	
15				19.0	.602		3.0	.6					20.3	.676		3.0	.6		11.4	
16				22.1	.660		3.0	.6					20.2	.667		3.0	.6		11.9	
17				19.0	.563		3.0	.6					13.9	.450		2.0	.6		7.1	
18				18.0	.540		3.0	.6	.30				15.2	.528		3.0	.6		11.0	
19				17.9	.541		3.0	.6					19.9	.602		3.0	.6		11.7	
20				17.9	.598		3.0	.6					20.9	.681		3.0	.6		11.1	
21				22.4	.672		3.0	.6									.6		18.7	
22				21.7	.633		3.0	.6					23.8	.775		4.0	.6		10.5	
23				20.6	.592		3.0	.6					23.1	.743		4.0	.6		10.2	
24				22.6	.660		3.0	.6					24.0	.779		4.0	.6		12.3	
25				21.9	.634		3.0	.6					23.2	.751		4.0	.6		11.1	
26				21.7	.602		3.0	.6					24.3	.782		4.0	.6		12.0	
27				23.7	.711		4.0	.6					25.1	.818		4.0	.6		13.3	
28				19.4	.568	7.5	3.0	.6					22.8	.740	7.5	4.0	.6		11.7	
29				18.4	.530		3.0	.6					23.4	.752		4.0	.6		9.4	
30				9.7	.283		1.0	.6	1.75				23.8	.766		4.0	.6		7.4	
31				9.1	.264		1.0	.6					24.2	.780		4.0	.6		8.7	
MONTH TOTAL				600.3	17.896		87	18.6	2.05				631.9	20.712		104.0	18.6		389.0	
YEAR TO DATE				1431.2	42.455		211		9.28				1816.5	59.657		300			1059.2	
AVG				19.4	.577		2.8	.6	.07				20.4	.668		3.5	.6		12.5	
MAX				23.7	.711		4.0	.6	1.75				25.1	.819		4.0	.6		18.7	
MIN				9.1	.264		1.0	.6	0				13.9	0		2.0	.6		5.4	

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SPRING HILL UTILITIES — MONTHLY WATER REPORT

DAY	WELL NO 21 UNIT-8 TRACT "D" WEST LINDEN DRIVE								WELL NO 22 UNIT-7 TRACT "K" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.
1				.6	.040			1.0				11.9	991		5.0	.6
2				.2	.005			1.0				10.3	.847		4.0	.6
3								1.0				10.8	.894		4.0	.6
4								1.0				17.0	1.406		7.0	.6
5				2.1	.135		1.0	1.0				12.3	1031		5.0	.6
6				1.4	.087		1.0	1.0				14.3	1.211		6.0	.6
7				1.1	.072		1.0	1.0				12.6	1.055		5.0	.6
8				.7	.042			1.0				13.0	1.095		5.0	.6
9	1710'	3510'		2.8	.177		2.0	1.0				15.4	1.291		6.0	.6
10				1.9	.116		1.0	1.0				17.8	1464		7.0	.6
11				.2	.015			1.0				18.2	1.484		7.0	.6
12				5.4	.335		3.0	1.0				12.6	1.063		5.0	.6
13				4.4	.276		3.0	1.0				17.1	1.438		7.0	.6
14				2.7	.166		2.0	1.0				18.5	1569		8.0	.6
15				5.7	.360		4.0	1.0				17.4	1462		7.0	.6
16				3.9	.244		2.0	1.0				16.9	1.430		7.0	.6
17								1.0				7.1	.533		3.0	.6
18								1.0				11.3	.896		4.0	.6
19				3.0	.187		2.0	1.0				13.6	1.101		6.0	.6
20				1.0	.061		1.0	1.0				14.8	1.236		6.0	.6
21				5.4	.339		3.0	1.0				16.3	1.393		7.0	.6
22				6.3	.392		4.0	1.0				19.6	1.665		8.0	.6
23				5.0	.315		3.0	1.0				19.7	1.678		8.0	.6
24				5.2	.329		3.0	1.0				22.9	1.956		10.0	.6
25				1.0	.079		1.0	1.0				18.2	1.527		7.0	.6
26				5.7	.361		4.0	1.0				16.3	1.477		7.0	.6
27				7.6	.484		5.0	1.0				19.7	1.703		9.0	.6
28				3.9	.247	9.0	3.0	1.0				16.2	1383	8.5	7.0	.6
29				2.5	.158		2.0	1.0				11.0	.926		5.0	.6
30								1.0				8.2	.522		3.0	.6
31								1.0				5.7	.456		2.0	.6
MONTH TOTAL				79.7	5.022		51.0	31.0				456.6	38233		197.0	18.6
YEAR TO DATE				110.4	7.850		80					757.7	63.472		316.0	
AVG.				2.5	.162		2.4	1.0				14.7	1.233		6.0	.6
MAX.				7.6	.484		5.0	1.0				22.9	1.956		10.0	.6
MIN.				.7	0		1.0	1.0				5.7	.456		2.0	.6

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SPRING HILL UTILITIES — MONTHLY WATER REPORT

WELL - 28 UNIT - 7 TRACT - E
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL. RES
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
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22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
MONTH TOTAL																					
YEAR TO DATE																					
AVG.																					
MAX.																					
MIN.																					

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DATE: March 1990 SPRING HILL UTILITIES MONTHLY WATER REPORT

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DAY	WELL NO 20 UNIT - 13 TRACT "B-C" BARRON BLVD/HILLIAR ST.								WELL NO 24 UNIT - 13 TRACT "B" ANTELOPE/BARROW								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	
1				24.0	1.594		16.0	.6				19.5	1410		7.0	.6	8.700
2				24.3	1.611		16.0	.6				15.4	1.020		5.0	.6	7.907
3				23.5	1.559		16.6	.6				17.1	1.250		6.0	.6	8.124
4				24.0	1.612		16.0	.6				18.7	1.330		7.0	.6	9.053
5				25.1	1.693		17.0	.6				19.1	1.380		7.0	.6	9.626
6				23.1	1.563		16.0	.6				19.6	1.450		7.0	.6	10.129
7				25.3	1.745		17.0	.6				19.8	1.440		7.0	.6	10.041
8				22.6	1.571		16.0	.6				20.5	1.530		8.0	.6	9.567
9	64'0	76'1"		24.4	1.698		17.0	.6				21.6	1.580		6.0	.6	11.023
10				23.4	1.721		17.0	.6				21.5	1.600		8.0	.6	11.095
11				24.1	1.803		18.0	.6				21.6	1.580		8.0	.6	10.662
12				25.1	1.896		19.0	.6				23.3	1.620		8.0	.6	10.739
13				24.3	1.832		18.0	.6				20.5	1.560		8.0	.6	11.814
14				24.0	1.828		18.0	.6				20.4	1.540		8.0	.6	11.900
15				22.6	1.750		18.0	.6				19.8	1.500		8.0	.6	11.720
16				24.3	1.875		20.0	.6				22.4	1.660		9.0	.6	12.002
17				23.8	1.600		19.0	.6				14.5	.950		5.0	.6	7.568
18				22.1	1.412		16.0	.6				19.9	1.390		7.0	.6	7.966
19				24.9	1.576		16.0	.6				18.7	1.350		7.0	.6	9.489
20				24.3	1.562		16.0	.6				19.5	1.420		8.0	.6	10.075
21				23.9	1.592		16.0	.6				19.1	1.410		8.0	.6	10.718
22				23.9	1.573		17.0	.6				20.2	1.510		8.0	.6	11.627
23				23.1	1.490		16.0	.6				22.3	1.670		9.0	.6	11.848
24				24.0	1.577		19.0	.6				23.0	1.740		9.0	.6	12.398
25				23.3	1.506		17.0	.6				21.9	1.620		8.0	.6	11.236
26				24.2	1.564		18.0	.6				20.8	1.590		8.0	.6	11.230
27				25.5	1.653		19.0	.6				21.8	1.690		8.0	.6	12.655
28				23.0	1.490	9.0	17.0	.6				20.1	1.510	9.5	8.0	.6	11.208
29				21.8	1.415		17.0	.6				17.0	1.210		6.0	.6	8.984
30				22.5	1.430		17.0	.6				13.7	.960		5.0	.6	7.171
31				22.1	1.381		17.0	.6				14.6	.970		5.0	.6	6.742
MONTH TOTAL				727.5	50 172		531.0	18.6				607.9	44440		228.0	18.6	315.067
YEAR TO DATE				2134.9	142.567		1454					1691.1	120.217		607		747.744
AVG.				23.5	1.619		17.1	.6				19.6	1.434		7.35	.6	10.163
MAX.				25.5	1.896		20.0	.6				23.3	1.690		9.0	.6	12.655
MIN.				21.8	1.381		16.0	.6				14.5	.950		5.0	.6	6.742

OPERATOR SIGNATURE: Ricky Leach

I.D. NO. 6271696 OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: A 4803

TOTAL METERED SERVICES AT END OF MONTH: 2139

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DAY	WELL No 8 UNIT-1 JAMAICA / APRICOT TRACT L									WELL No 11 UNIT-1 JAMAICA / APRICOT TRACT L								H.B UNIT-1 CENTRIFUGAL JAMAICA/APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No Cl	LBS CL	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No Cl	LBS CL	CL. RES	METER ROG	HOURS	GALLONS
1								.6					17.4	233		1.0	.6		.1	
2								.6	.15				20.8	275		1.0	.6			
3				4.5	.087		1.0	.6					19.5	.259		1.0	.6		.8	
4				4.5	.087		1.0	.6					22.4	302		2.0	.6		1.9	
5				16.3	.319		2.0	.6					22.6	.302		2.0	.6		3.6	
6	23'	63'		16.1	.328		2.0	.6		24'	62'		25.8	.349		2.0	.6		2.2	
7				13.1	.256		1.0	.6					23.9	323		2.0	.6		3.5	
8				14.3	.279		1.0	.6					21.1	287		1.0	.6		2.0	
9				2.7	.054		1.0	.6					23.5	.319		2.0	.6		3.2	
10				22.2	.449		2.0	.6	.12				23.7	.328		2.0	.6		5.2	
11				3	.008			.6					21.0	281		1.0	.6		.2	
12				2.3	.043		1.0	.6					22.3	300		2.0	.6		1.3	
13				18.0	.352		2.0	.6					26.3	.354		2.0	.6		5.7	
14				21.0	.421		2.0	.6					24.5	.334		2.0	.6		3.6	
15				5.4	.106		1.0	.6					21.1	.282		1.0	.6		.5	
16				4.3	.082		1.0	.6					23.8	322		2.0	.6		4.1	
17				16.3	.363		2.0	.6					23.1	320		2.0	.6		2.6	
18				21.7	.399		2.0	.6					24.0	.331		2.0	.6		8.1	
19				16.5	.307	6.5	2.0	.6					24.2	.328	8.5	2.0	.6		5.6	
20				22.2	.443		2.0	.6					25.4	.344		2.0	.6		6.7	
21				24.8	.502		3.0	.6					24.9	.052		1.0	.6		7.9	
22				12.1	.243		1.0	.6					19.2	.263		1.0	.6		2.9	
23				5.7	.110		1.0	.6					22.7	.312		2.0	.6		5.3	
24				18.3	.367		2.0	.6					23.2	.329		2.0	.6		9.2	
25				16.7	333		2.0	.6					22.0	.312		2.0	.6		7.9	
26				19.5	387		2.0	.6					25.6	.362		2.0	.6		9.1	
27				17.5	.346		2.0	.6					23.5	.329		2.0	.6		6.3	
28				21.5	.428		2.0	.6					23.4	.318		2.0	.6		6.7	
29				17.3	.339		1.0	.6					19.5	.226		1.0	.6		5.2	
30				9.9	.197		1.0	.6					24.7	.338		2.0	.6		5.2	
31																				
MONTH TOTAL				384.6	7635		430	18	.27				695.1	9.064		510	16		132.6	
YEAR TO DATE				1449.2	29482		1530		1007				2599.6	46524		2250			445	
AVG.				12.8	.255		1.60	.6	.009				22.8	.302		1.70	.6		4.4	
MAX.				24.8	.502		3.0	.6	.15				26.3	.362		2.0	.6		9.2	
MIN.				.3	0		1.0	.6	.12				17.4	.052		1.0	.6		.1	

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DAY	WELL Nº 12 UNIT-7 TRACT X ELDRIDGE RD								WELL Nº 10 UNIT-29 TRACT "N" CARTER/REYNOLDS								
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	lbs Cl	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	lbs Cl	LBS CL	CL RES	RAINFALL
1				1.4	.094		1.0	.6				20.0	.540		3.0	.6	
2				2.3	.073		1.0	.6				23.2	.630		3.0	.6	.18
3				4.4	.146		1.0	.6				22.8	615		3.0	.6	
4				4.9	.164		1.0	.6				22.5	617		3.0	.6	
5				7.4	.246		1.0	.6				23.6	648		3.0	.6	
6	238'	472'		9.4	.311		1.0	.6	259'	15'		22.8	621		3.0	.6	
7				8.8	.294		1.0	.6				24.1	670		3.0	.6	
8				8.7	.286		1.0	.6				25.6	710		3.0	.6	
9				6.4	215		1.0	.6				23.7	.659		3.0	.6	
10				11.4	.378		2.0	.6				23.5	.658		3.0	.6	.32
11				4.7	.153		1.0	.6				19.5	.525		3.0	.6	
12				7.3	241		1.0	.6				24.9	.681		3.0	.6	
13				9.7	.325		1.0	.6				22.8	.624		3.0	.6	
14				10.2	.340		2.0	.6				24.1	.663		3.0	.6	
15				5.6	181		1.0	.6				25.7	702		3.0	.6	
16				8.9	.298		1.0	.6				21.2	583		3.0	.6	
17				12.6	.411		2.0	.6				25.1	.692		3.0	.6	
18				12.9	.442		2.0	.6				23.9	.662		3.0	.6	
19				10.8	357	6.5	2.0	.6				22.4	611	6.5	3.0	.6	
20				9.9	347		2.0	.6				23.4	.645		3.0	.6	
21				13.8	.450		2.0	.6				24.2	.664		3.0	.6	
22				7.9	.261		1.0	.6				26.0	712		4.0	.6	
23				8.2	.276		1.0	.6				21.3	.584		3.0	.6	
24				12.9	.440		2.0	.6				23.8	662		3.0	.6	
25				12.7	.431		2.0	.6				25.5	.704		4.0	.6	
26				14.4	.491		2.0	.6				22.8	628		3.0	.6	
27				11.5	.420		2.0	.6				23.3	.639		3.0	.6	
28				10.2	.339		2.0	.6				24.3	.659		3.0	.6	
29				9.6	.352		2.0	.6				26.4	.718		4.0	.6	
30				10.1	.344		2.0	.6				19.6	.537		4.0	.6	
31																	
MONTH TOTAL				220.9	9055		44.0	18				702.3	19.263		94.0	18.0	50
YEAR TO DATE				952.4	29320		149.0					1350.7	37329		162.0		1098
AVG.				9.0	.302		1.50	.6				23.4	.642		3.13	.6	.017
MAX.				14.4	491		2.0	.6				26.4	.719		4.0	.6	.32
MIN				1.4	.044		1.0	.6				19.5	.525		3.0	.6	.18

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DAY	WELL Nº 15 UNIT-25 TRACT H CARTER / HEYBVILLE									N 8 CENTRIFUGAL UNIT-25 CARTER / HEYBVILLE			WELL Nº 7 UNIT-13 TRACT B' ANTELOPE / BARROW								
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	Sm Cl	LBS CL	CL RES		METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	Sm Cl	LBS CL	CL RES	RAINFALL
1								.5								4.5	.200		1.0	.6	
2								.5			1					3.6	.116		1.0	.6	.38
3								.5			34									.6	
4								.5			40					2.8	.110		1.0	.6	
5				6.0	.198		1.0	.6			50					3.7	.147		1.0	.6	
6				6.5	.212		1.0	.6			29					1.6	.063		1.0	.6	
7				3.2	.107		1.0	.6								4.3	.170		1.0	.6	
8								.5								2.3	.092		1.0	.6	
9								.5			15					4.2	.172		1.0	.6	
10								.5			35					5.0	197		1.0	.6	.90
11				2.1	.068		1.0	.6			50					.1	.007			.6	
12				3.9	.130		1.0	.6			63						.002			.6	
13				10.5	.344		2.0	.6			6					5.4	215		1.0	.6	
14				13.6	.452		2.0	.6								6.4	.256		1.0	.6	
15				4.1	.143		1.0	6								1.7	.069		1.0	.6	
16				3.9	.120		1.0	.6			33					6.4	.261		1.0	6	
17				19.6	.648		3.0	6			90					9.1	.372		2.0	6	
18				18.0	.594		3.0	6			79					10.7	.432		2.6	6	
19				11.1	.368	7.5	2.0	6			55					4.6	.185	7.5	1.0	6	
20				13.5	.445		2.0	6			63					4.7	191		1.0	6	
21				18.5	614		3.0	6			85					9.1	.367		2.0	6	
22				14.5	.483		2.0	6			49					3.9	.159		1.0	.6	
23				3.8	.129		1.0	.6			42					3.7	.151		1.0	.6	.10
24				21.6	.691		3.0	6			5.8					7.8	330		2.0	.6	
25				21.9	.730		4.0	6			101					8.5	346		2.0	6	
26				19.7	.652		3.0	6			86					8.4	350		2.0	6	
27				18.7	610		3.0	6			86					6.8	273		1.0	6	
28				12.3	.404		2.0	6			58					2.8	.116		1.0	6	
29				20.2	.664		3.0	6			70					3.9	.162		1.0	6	
30				6.0	.195		3.0	6			54					5.0	.215		2.0	6	
31																					
MONTH TOTAL				2731	9001		48.0	19.0			1362					1410	5732		34.0	18.0	.88
YEAR TO DATE				7370	24665		1300				3963					18060	70658		3670		1019
AVG.				9.1	.300		209	6			45					4.7	.191		126	.6	.029
MAX.				21.9	.730		4.0	6			101					10.7	432		2.0	6	.40
MIN				2.1	0		1.0	6			1					.1	0		1.0	6	.10

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DAY	WELL Nº 6 UNIT - 2 TRACT "A" PIONEER PARK								WELL Nº 10 UNIT - 9 TRACT "D" WEST LINDEN DRIVE								WELL Nº 20 UNIT - 13 TRACT "B" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS CL	CL RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL	CL RES
1				17.8	375		2.0	.6				4.8	217		1.0	.6				15.2	932		5.0	.6
2				21.3	346		2.0	.6				4.8	209		1.0	.6				14.1	853		4.0	.6
3				22.7	473		2.0	.6				5.5	240		1.0	.6				11.2	684		3.0	.6
4				23.5	496		2.0	.6				5.8	267		1.0	.6				12.7	845		4.0	.6
5				23.7	509		3.0	.6				10.9	489		2.0	.6				16.5	1.026		5.0	.6
6				26.0	558		3.0	.6	257	264		10.6	479		2.0	.6				18.0	1113		5.0	.6
7				22.9	513		3.0	.6				12.6	568		3.0	.6				21.1	1.304		6.0	.6
8				21.3	458		2.0	.6				11.5	514		2.0	.6				20.1	1.245		6.0	.6
9				22.8	490		2.0	.6				9.9	455		2.0	.6				17.3	1.074		5.0	.6
10				23.7	515		3.0	.6				15.6	703		3.0	.6				20.5	1.280		6.0	.6
11				22.7	474		2.0	.6				5.7	252		1.0	.6				11.5	694		3.0	.6
12				23.7	503		3.0	.6				9.9	446		2.0	.6				18.3	1.138		5.0	.6
13				26.1	656		3.0	.6				13.9	623		2.0	.6				20.9	1.297		6.0	.6
14				24.5	532		3.0	.6				13.6	610		3.0	.6				21.5	1.327		6.0	.6
15				21.3	453		2.0	.6				10.0	441		2.0	.6				19.8	1.220		6.0	.6
16				23.4	504		3.0	.6				10.2	466		2.0	.6				20.2	1.272		6.0	.6
17				23.4	517		3.0	.6				18.2	831		4.0	.6				21.8	1368		7.0	.6
18				24.0	525		3.0	.6				18.8	847		4.0	.6				22.3	1393		7.0	.6
19				24.1	521	7.5	3.0	.6				14.0	626	7.5	3.0	.6				20.2	1247	180	6.0	.6
20				25.1	543		3.0	.6				14.1	635		3.0	.6				21.9	1372		7.0	.6
21				25.4	559		3.0	.6				19.5	875		4.0	.6				23.6	1472		7.0	.6
22				21.0	458		2.0	.6				16.5	726		4.0	.6				21.5	1332		7.0	.6
23				25.3	542		3.0	.6				7.9	366		2.0	.6				18.1	1127		6.0	.6
24				23.8	525		3.0	.6				18.0	831		4.0	.6				21.3	1343		7.0	.6
25				23.0	513		3.0	.6				18.1	834		4.0	.6				22.5	1422		7.0	.6
26				26.0	579		3.0	.6				19.8	900		4.0	.6				20.9	1325		7.0	.6
27				23.5	517		3.0	.6				17.5	750		4.0	.6				21.4	1341		7.0	.6
28				25.1	537		3.0	.6				15.9	715		4.0	.6				21.3	1318		7.0	.6
29				21.0	462		2.0	.6				15.8	703		4.0	.6				21.8	1356		7.0	.6
30				25.8	560		3.0	.6				11.9	555		4.0	.6				22.1	1401		7.0	.6
31																								
MONTH TOTAL				704.8	15333		77.0	18.0				381.7	17317		93.0	18.0				559.6	36125		177	18.0
YEAR TO DATE				3346	55425		289.0					1206.5	53471		366.0					1510.6	93.016		397.0	
AVG.				23.5	507		2.57	.6				13.7	574		2.77	.6				19.4	1204		5.90	.6
MAX.				26.1	656		3.0	.6				19.8	900		4.0	.6				23.6	1472		7.0	.6
MIN.				17.8	346		2.0	.6				4.8	209		1.0	.6				11.2	694		3.0	.6

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DAY	WELL N°10 UNIT-10 TRACT B-C MARINER BLVD / HILLIAN ST									WELL N°10 UNIT-10 TRACT B-C MARINER BLVD / HILLIAN ST							H.B. CENTRIFUGAL UNIT-10 MARINER BLVD/HILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	lbs Cl	LBS CL	CL RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	lbs Cl	LBS CL	CL RES	METER 000	HOURS	GALLONS
1				13.3	.373		2.0	.6					21.5	.706		4.0	.6			
2				15.9	.450		2.0	.6	.13				25.9	.800		4.0	.6			
3				10.0	.283		1.6	.6					24.8	.786		4.0	.6			
4				16.4	.472		2.0	.6					22.7	.232		4.0	.6			
5				16.9	.490		2.0	.6					23.0	.692		3.0	.6			
6	32'	75'		19.0	.537		3.0	.6					24.0	.762		4.0	.6			
7				17.8	.524		3.0	.6					23.8	.259		4.0	.6			
8				21.3	.610		3.0	.6					24.8	.798		4.0	.6			
9				16.9	.485		2.0	.6					23.6	.760		4.0	.6			
10				19.1	.558		3.0	.6	.26				24.2	.786		4.0	.6			
11				12.8	.369		2.0	.6					22.5	.722		4.0	.6			
12				18.1	.521		3.0	.6					24.4	.791		4.0	.6			
13				19.0	.546		3.0	.6					23.6	.760		4.0	.6			
14				22.1	.640		3.0	.6					24.1	.783		4.0	.6			
15				19.2	.549		3.0	.6					24.6	.791		4.0	.6			
16				18.1	.517		2.0	.6					22.1	.706		4.0	.6			
17				21.5	.623		3.0	.6					24.7	.803		4.0	.6			
18				22.2	.652		3.0	.6					25.0	.815		4.0	.6			
19				17.4	.503	7.0	3.0	.6					22.4	.725	7.5	4.0	.6			
20				20.2	.581		3.0	.6					23.8	.770		4.0	.6			
21				20.7	.610		3.0	.6					24.6	.806		4.0	.6			
22				21.3	.617		3.0	.6					25.1	.825		4.0	.6			
23				16.2	.463		2.0	.6					22.4	.726		4.0	.6			
24				20.9	.620		3.0	.6					23.5	.795		4.0	.6			
25				20.5	.608		3.0	.6					25.0	.828		4.0	.6			
26				18.8	.560		3.0	.6					23.3	.771		4.0	.6			
27				20.0	.582		3.0	.6					23.7	.781		4.0	.6			
28				19.8	.583		3.0	.6					24.8	.807		4.0	.6			
29				24.1	.700		4.0	.6					25.5	.832		4.0	.6			
30				18.7	.543		4.0	.6					21.2	.686		4.0	.6			
31																				
MONTH TOTAL				555.3	16.169		82.6	19.0	.39				715.0	23.108		119.0	19.0			
YEAR TO DATE				1985.5	58.624		297.0		9.67				2571.5	83.765		415.0				
AVG				18.4	.539		2.73	.6	.013				23.8	.770		3.97	.6			
MAX				24.1	.700		4.0	.6	.26				25.9	.832		4.0	.6			
MIN.				10.0	.283		1.0	.6	.13				21.2	.686		3.0	.6			

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DAY	WELL NO 2 UNIT-D TRACT "D" WEST LINDEN DRIVE								WELL NO 20 UNIT-F TRACT "B" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CI	LBS CL.	CL. RES
1								.6				8.6	698		3.0	.6
2								.6				8.9	.717		4.0	.6
3				2.7	.164		2.0	1.0				8.1	.623		4.0	.6
4				2.6	.167		2.0	1.0				11.5	.930		5.0	.6
5				.19	.117		1.0	1.0				14.6	1.230		6.0	.6
6	23'1"	41'2"		2.1	.134		1.0	1.0				14.2	1.200		6.0	.6
7				3.6	.229		2.0	1.0				16.8	1.412		7.0	.6
8				1.1	.069		1.0	1.0				15.2	1.256		6.0	.6
9				5.1	.328		3.0	1.0				12.4	1.062		5.0	.6
10				4.8	.303		2.0	1.0				17.2	1.453		7.0	.6
11								.6				6.9	.571		3.0	.6
12				.8	.050		1.0	1.0				11.0	.930		5.0	6
13				5.0	.310		3.0	1.0				17.0	1.424		7.0	6
14				4.6	.292		2.0	1.0				19.5	1.571		7.0	.6
15								.6				12.1	1.006		5.0	6
16				4.5	.297		2.0	1.0				14.6	1.245		7.0	.6
17				7.3	.465		5.0	1.0				17.5	1.547		9.0	.6
18				7.8	.491		5.0	1.0				15.2	1.447		9.0	.6
19				4.1	.258	7.5	2.0	1.0				17.0	1.429	7.0	8.0	.6
20				5.1	329		3.0	1.0				16.0	1.377		8.0	6
21				7.5	475		5.0	1.0				21.4	1.832		9.0	6
22				2.8	.175		2.0	1.0				19.1	1.607		8.0	.6
23				5.0	.326		4.0	1.0				14.6	1.246		6.0	.6
24				9.8	.635		7.0	1.0				20.7	1.825		9.0	.6
25				11.0	707		7.0	1.0				20.1	1755		9.0	6
26				10.4	.670		7.0	1.0				22.0	1.916		10.0	6
27				9.5	.605		6.0	1.0				21.1	1.815		9.0	6
28				4.4	.279		3.0	1.0				18.5	1.555		8.0	6
29				5.7	.362		4.0	1.0				18.9	1586		8.0	.6
30				5.8	.385		4.0	1.0				16.0	1390		8.0	.6
31																
MONTH TOTAL				1350	8622		90.0	264				2964	39951		2050	15.0
YEAR TO DATE				2454	16472		1700	554				10541	103423		5210	
AVG.				4.5	287		3.46	.9				9.9	1372		6.83	6
MAX.				11.0	707		7.0	1.0				21.4	1832		10.0	.6
MIN.				.8	0		1.0	.6				6.9	571		3.0	.6

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WELL - 28 UNIT - 7 TRACT - 4
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	LBS CL	CL RES
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
MONTH TOTAL																					
YEAR TO DATE																					
AVG.																					
MAX.																					
MIN.																					

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DAY	WELL NO 20 UNIT - 10 TRACT "A-C" GARNER BLVD/ GILLIAM ST.								WELL NO 20 UNIT - 10 TRACT "B" ANTELOPE / GARROW								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CI	LBS. CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CI	LBS. CL	CL. RES.	
1				22.1	1.355		18.0	.6				15.8	1.100		6.0	.6	6.773
2				22.9	1.417		18.0	.6				18.0	1.300		7.0	.6	7.186
3				24.3	1.506		18.0	.6				21.9	1.590		8.0	.6	7.506
4				21.2	1.339		18.0	.6				21.8	1.630		8.0	.6	8.198
5				22.0	1.408		18.0	.6				23.6	1.780		9.0	.6	9.101
6	38'4"	78'4"		22.2	1.417		18.0	.6				23.9	1.800		9.0	.6	9.884
7				24.3	1.549		18.0	.6				23.9	1.780		9.0	.6	10.458
8				23.4	1.490		18.0	.6				22.2	1.640		8.0	.6	9.734
9				23.2	1.469		18.0	.6				22.5	1.700		8.0	.6	9.242
10				24.0	1.549		19.0	.6				22.9	1.750		9.0	.6	10.907
11				20.4	1.279		14.0	.6				20.3	1.440		7.0	.6	6.843
12				22.3	1.423		17.0	.6				20.1	1.540		8.0	.6	8.739
13				23.7	1.520		19.0	.6				22.0	1.640		8.0	.6	11.000
14				24.1	1.560		19.0	.6				23.4	1.750		9.0	.6	11.531
15				25.0	1.589		19.0	.6				19.0	1.450		7.0	.6	8.982
16				23.3	1.408		18.0	.6				11.5	1.760		7.0	.6	9.441
17				24.7	1.607		20.0	.6				17.1	1.440		8.0	.6	12.307
18				25.0	1.622		20.0	.6				13.5	1.620		8.0	.6	12.468
19				22.4	1.434	8.0	16.0	.6				8.7	1.510	11.0	7.0	.6	10.409
20				23.5	1.533		20.0	.6				17.7	1.620		7.0	.6	11.165
21				24.7	1.616		20.0	.6				14.3	1.820		9.0	.6	12.714
22				25.1	1.617		20.0	.6				8.7	1.520		7.0	.6	10.594
23				22.3	1.413		16.0	.6				11.2	1.490		7.0	.6	9.261
24				23.9	1.573		19.0	.6				2.4	1.690		9.0	.6	12.670
25				25.0	1.641		20.0	.6				20.0	1.750		9.0	.6	12.914
26				23.8	1.533		20.0	.6				22.3	1.850		9.0	.6	12.577
27				24.7	1.538		20.0	.6				3.4	1.770		9.0	.6	12.322
28				24.5	1.590		20.0	.6				16.7	1.680		8.0	.6	11.328
29				24.8	1.590		20.0	.6				21.3	1.670		8.0	.6	11.772
30				20.8	1.335		20.0	.6				3.9	1.650		9.0	.6	10.379
31																	
MONTH TOTAL				701.7	44.910		562.0	18.0				514.0	48.530		239.0	18.0	309.665
YEAR TO DATE				2836.4	181.477		2016.0					2205.1	168.843		896.0		1057.349
AVG				22.4	1.497		18.73	.6				17.1	1.618		7.97	.6	10.320
MAX.				25.1	1.641		20.0	.6				23.9	1.850		9.0	.6	12.977
MIN.				20.4	1.279		14.0	.6				2.4	1.100		6.0	.6	6.773

I.D. NO. 6271696 OPERATOR SIGNATURE: Ricky Leach

OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: A 9803

TOTAL METERED SERVICES AT END OF MONTH: 2094

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DAY	WELL Nº 5 UNIT-1 JAMAICA / APRICOT TRACT L										WELL Nº 11 UNIT-1 JAMAICA / APRICOT TRACT L								H.S. CENTRIFUGAL UNIT-1 JAMAICA / APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No CI	LBS. CL	CL. RES	RAINFALL		STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No CI	LBS. CL	CL. RES	METER ROG.	HOURS	GALLONS
1				19.4	.365		2.0	.5						20.9	.299		1.0	.6		8.2	
2				22.7	.455		2.0	.5						21.6	291		1.0	.6		9.9	
3				20.0	.399		2.0	.5						24.9	319		2.0	.6		9.3	
4				20.9	.420		2.0	.5						27.0	361		2.0	.6		9.0	
5				18.2	.356		2.0	.5						21.5	.295		1.0	.6		8.1	
6				10.0	.197		2.0	.5						14.9	.197		1.0	.6		3.5	
7	23'	233'		4.1	.079		1.0	.5			24'	62'		19.6	.252		1.0	.6		4.4	
8				21.9	.438		2.0	.5						21.0	281		1.0	.6		9.2	
9				14.1	.276		1.0	.5	1.05					20.2	259		1.0	.6		4.0	
10				10.5	.203		1.0	.5						21.0	262		1.0	.6		3.8	
11				18.4	.364		2.0	.5						22.1	286		1.0	.6		8.1	
12				19.9	.393		2.0	.5						22.4	.294		1.0	.6		8.9	
13				13.1	.260		1.0	.5						17.0	222		1.0	.6		3.8	
14				4.2	.092		1.0	.5						22.6	.292		1.0	.6		4.1	
15				22.4	.442		2.0	.5						22.9	.295		1.0	.6		9.7	
16				18.9	.374		2.0	.5						22.5	.301		2.0	.6		10.7	
17				17.1	.339		2.0	.5						20.0	.267		1.0	.6		8.7	
18				21.3	.423		2.0	.5						24.2	320		2.0	.6		10.6	
19				22.5	.451		2.0	.5						19.3	.259		1.0	.6		8.3	
20				14.5	.287		1.0	.5						20.9	.286		1.0	.6		5.3	
21				4.8	.093		1.0	.5						15.9	.204		1.0	.6		5.1	
22				8.0	.158		1.0	.5	.18					21.4	.278		1.0	.6		4.9	
23				23.8	.474		2.0	.5						22.7	.303		2.0	.6		8.3	
24				5.4	.104	75	1.0	.5	.10					14.2	.184	90	1.0	.6		1.9	
25				14.2	.278		1.0	.5						22.4	.284		1.0	.6		4.9	
26				18.5	.365		2.0	.5						22.0	.293		1.0	.6		10.3	
27				5.7	.110		1.0	.5						8.8	.115		1.0	.6			
28				4.8	.095		1.0	.5						12.7	.164		1.0	.6		5.4	
29				23.0	.463		2.0	.5						16.9	.221		1.0	.6		7.7	
30				13.3	.259		1.0	.5						18.2	.244		1.0	.6		7.5	
31				18.7	.370		2.0	.5						21.2	.279		1.0	.6		8.7	
MONTH TOTAL				473.3	9.370		48.0	15.5	1.23					621.5	8.196		36.0	18.6		212.7	
YEAR TO DATE				1925	38.852		201.0		11.43					3216.1	54.720		261.0			657.2	
AVG.				15.3	.302		1.55	.5	.04					20.0	264		1.16	.6		6.8	
MAX				23.8	.474		2.0	.5	1.08					27.0	361		2.0	.6		10.7	
MIN				4.1	.078		1.0	.5	.10					8.8	.115		1.0	.6		1.9	

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DAY	WELL NO 12 UNIT-7 TRACT E ELDRIDGE RD								WELL NO 10 UNIT-23 TRACT "H" CARTEE / REYNOLDS							
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No CL	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No CL	LBS CL	CL RES	RAINFALL
1				15.2	.522		30	.6				24.8	690		2.0	.6	
2				5.7	.192		1.0	.6				22.2	606		3.0	.6	
3				4.8	.138		1.0	.6				23.5	643		3.0	.6	
4				5.7	.182		1.0	.6				20.2	549		3.0	.6	
5				4.9	.147		1.0	.6				22.7	616		3.0	.6	
6				.8	.018		1.0	.6				22.5	591		3.0	.6	
7	236'	47.5'		4.4	.147		1.0	.6	255'	65'		18.7	608		3.0	.6	
8				3.2	.101		1.0	.6				21.5	583		3.0	.6	
9				.4	.013			.6				19.7	528		3.0	.6	1.20
10				4.7	.155		1.0	.6				19.9	538		3.0	.6	
11				2.7	.087		1.0	.6				16.9	459		2.0	.6	
12				2.6	.082		1.0	.6				21.8	600		3.0	.6	
13					.003			.6				21.0	568		3.0	.6	
14				7.0	2.46		1.0	.6				23.4	647		3.0	.6	
15				5.7	.181		1.0	.6				18.3	502		3.0	.6	
16				5.9	.191		1.0	.6				21.1	578		3.0	.6	
17				3.4	.108		1.0	.6				19.0	519		3.0	.6	
18				4.3	.141		1.0	.6				18.7	512		3.0	.6	
19				6.0	.192		1.0	.6				18.6	512		3.0	.6	
20				7.9	2.64		1.0	.6				26.7	699		3.0	.6	
21				3.7	.121		1.0	.6				11.9	350		2.0	.6	
22				5.9	.196		1.0	.6				24.2	650		3.0	.6	.10
23				12.9	4.32		2.0	.6				17.3	475		2.0	.6	
24				.1	.004	75		.6				10.6	286	85	2.0	.6	.40
25				.7	.023			.6				17.4	465		2.0	.6	
26				3.7	1.26		1.0	.6				9.2	231		1.0	.6	
27								.6								.6	
28				4.1	.140		1.0	.6				6.2	.175		1.0	.6	
29				.1	.002			.6				14.5	390		2.0	.6	
30				5.7	1.82		1.0	.6				20.0	552		3.0	.6	
31				.8	.024		1.0	.6				16.9	460		2.0	.6	
MONTH TOTAL				132.4	4.350		2.60	18.6				568.4	15480		79.0	18.6	2.20
YEAR TO DATE				1015.8	33.570		1770					1270.7	52.809		261.6		13.18
AVG				4.3	.140		1.12	.6				18.3	.499		2.63	.6	.07
MAX				15.2	.522		3.0	.6				21.7	.699		3.0	.6	1.20
MIN				.1	0		1.0	.6				6.2	0		1.0	.6	.10

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DAY	WELL #5 UNIT-03 TRACT "M" CARTEE / REYNOLDS: STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	NO CL	LBS CL	CL RES	#6 UNIT-03 CENTRIFUGAL CARTEE/REYNOLDS: METER RDG.	HOURS	GALLONS	WELL #7 UNIT-13 TRACT "B" ANTELOPE / BARROW: STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	NO CL	LBS CL	CL RES	RAINFALL
1				24.6	804		4.0	5		13.3					10.2	434		2.0	.6	
2				24.1	796		4.0	5		14.0					9.9	415		2.0	.6	
3				24.2	793		4.0	5		8.2					8.1	339		2.0	.6	
4				17.8	578		3.0	5		9.4					8.0	332		2.0	.6	
5				20.0	.648		3.0	5		8.1									.6	.70
6				11.1	360		2.0	5		6.2									.6	.28
7				8.8	286		2.0	5		6.7					4.4	.186		1.0	.6	
8				22.2	.716		3.0	5		9.8					5.5	.224		1.0	.6	
9				6.5	.203		1.0	5		9					.9	035		1.0	.6	.60
10								5		2									.6	
11				11.1	.356		2.0	5		5.6					4.2	172		2.0	.6	
12				9.4	307		2.0	5		11.5					4.2	.170		1.0	.6	
13								5							2.1	084		1.0	.6	
14								5		1					6.6	278		2.0	.6	
15				15.1	.483		2.0	5		10.1					9.1	378		2.0	.6	
16				23.8	.793		4.0	5		10.2					10.6	.424		2.0	.6	
17				22.5	.717		4.0	5		10.9					8.7	.356		2.0	.6	
18				22.1	.711		4.0	5		7					9.7	398		2.0	.6	
19				24.3	795		4.0	5		15.0					10.6	.435		2.0	.6	
20				26.3	873		4.0	5		11.3					4.8	200		1.0	.6	
21				17.6	.562		3.0	5		5.8					7.2	.294		1.0	.6	
22				19.8	.635		3.0	5		6.6					6.4	256		1.0	.6	.05
23				15.7	510		3.0	5		12.5					9.3	384		2.0	.6	
24				13.0	.439	50	2.0	5		4					24.1	926	90	5.0	.6	2.00
25				5.9	.172		2.0	5		4.2					4.7	.190		1.0	.6	
26				18.5	.591		3.0	5		7.7					13.8	.582		3.0	.6	
27				1.3	.068		1.0	5		3.0									.6	
28				5.4	152		1.0	5		2.3					7.1	307		2.0	.6	
29				11.8	.378		2.0	5		9.1					2.6	.102		1.0	.6	
30				23.9	.772		4.0	5		10.3					6.8	.276		1.0	.6	
31				22.1	713		4.0	5		10.8					5.8	.235		1.0	.6	
MONTH TOTAL				468.7	15.211		80.0	155		225.0					205.4	8.420		41.0	18.6	3.83
YEAR TO DATE				1.057	29.576		210.			581.2					201.4	79.079		41.3		14.02
AVG				15.1	.491		2.86	5		7.3					6.6	.272		1.70	6	.12
MAX				26.3	873		4.0	5		15.0					24.1	.926		5.0	.6	2.00
MIN				1.3	0		1.0	.5		1					9	0		1.0	.6	.05

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DAY	WELL NO 8 UNIT-E TRACT A PIONEER PASS								WELL NO 9 UNIT 8 TRACT D WEST LINDEN DRIVE								WELL NO 20 UNIT - 15 TRACT B ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER NO	HOURS	GALLONS	No CL	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER NO	HOURS	GALLONS	No CL	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER NO	HOURS	GALLONS	No CL	LBS CL	CL RES
1				215	494		20	.6				17.8	836		40	.6				21.8	1.413		70	.6
2				227	491		10	.6				16.7	762		70	.6				19.4	1.247		60	.6
3				233	502		30	.6				12.2	561		30	.6				20.8	1.312		70	.6
4				259	557		30	.6				13.0	597		30	.6				21.2	1.338		70	.6
5				228	485		20	.6				13.3	594		30	.6				17.9	1.066		50	.6
6				191	405		20	.6				6.2	219		10	.6				16.2	.950		70	.6
7				171	362		20	.6	54	2'4		6.9	327		20	.6				15.1	.945		50	.6
8				212	458		20	.6				11.8	540		30	.6				20.0	1.253		60	.6
9				189	395		20	.6				4.6	219		10	.6				15.1	.930		50	.6
10				236	482		20	.6				6.0	269		10	.6				14.2	867		70	.6
11				237	498		20	.6				9.8	.445		20	.6				16.3	1.018		50	.6
12				248	527		30	.6				13.7	.625		30	.6				20.6	1.290		60	.6
13				157	332		20	.6				4.8	.216		10	.6				18.8	1.149		60	.6
14				238	502		20	.6				9.4	.464		20	.6				16.8	1.069		50	.6
15				200	435		20	.6				12.1	559		30	.6				19.7	1.247		60	.6
16				212	464		20	.6				15.0	699		30	.6				22.6	1.413		70	.6
17				205	439		20	.6				13.3	.606		30	.6				20.1	1.263		60	.6
18				226	487		20	.6				13.3	611		30	.6				19.0	1.200		60	.6
19				248	526		30	.6				14.0	640		30	.6				19.4	1.233		60	.6
20				188	415		20	.6				13.1	596		30	.6				21.0	1.307		70	.6
21				193	396		20	.6				6.3	293		10	.6				15.6	978		60	.6
22				207	432		20	.6				8.6	384		20	.6				18.5	1.136		50	.6
23				241	517		20	.6				13.1	609		30	.6				16.4	1.045		50	.6
24				134	280	75	10	.6				5.4	232	89	10	.6				3.0	180	90	10	.6
25				228	468		20	.6				6.1	274		10	.6				15.5	944		50	.6
26				100	228		10	.6				4.7	231		10	.6				22.2	1.442		70	.6
27				28	062		10	.6								.6				23.3	1.376		70	.6
28				49	110		10	.6				4.1	197		10	.6				24.5	1.507		50	.6
29				176	370		20	.6				9.6	433		20	.6				16.1	.935		50	.6
30				185	399		20	.6				11.5	521		30	.6				17.6	1.100		60	.6
31				194	416		20	.6				11.1	502		30	.6				18.6	1.546		70	.6
MONTH TOTAL				6055	12924		630	18.6				307.5	14.050		690	19.6				565.8	35699		1830	18.6
YEAR TO DATE				27525	68359		3520					1508.3	67481		3350					2076.4	128715		5540	
AVG.				195	.417		203	.6				9.9	.453		23.0	.6				18.3	1152		59	.6
MAX				259	557		30	.6				17.8	836		40	.6				24.5	1546		80	.6
MIN.				28	062		10	.6				4.1	0		10	.6				3.0	.180		1.0	.6

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DAY	WELL #7 MARINER BLVD / GILLIAN ST									WELL #10 MARINER BLVD / GILLIAN ST UNIT-18 TRACT A-C							N.S CENTRIFUGAL UNIT-19 MARINER BLVD/GILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No CL	LBS CL	CL RES	GAL/MILL	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No CL	LBS CL	CL RES	METER ROD	HOURS	GALLONS
1				18.6	567		30	.6					24.4	.807		40	.6		12.8	
2				17.6	524		30	.6					24.2	795		40	.6		12.8	
3				16.9	560		30	.6					25.4	839		40	.6		14.6	
4				16.1	497		20	.6					22.3	752		40	.6		12.0	
5				19.7	581		30	.6					24.4	.794		40	.6		10.6	
6				15.4	452		20	.6					24.1	779		40	.6		9.2	
7	57'	75'		16.1	473		20	.6					24.1	781		40	.6		9.4	
8				17.3	.514		30	.6					22.9	778		40	.6		9.6	
9				14.4	.429		20	.6	1.30				24.0	790		40	.6		5.5	
10				23.4	684		30	.6									.6		15.0	
11				22.9	659		30	.6					21.8	704		40	.6		11.6	
12				19.5	577		30	.6					25.1	.818		40	.6		10.8	
13				14.9	.515		30	.6					24.1	.780		40	.6		8.3	
14				17.7	475		20	.6					23.3	.735		40	.6		12.3	
15				16.2	487		20	.6					23.2	.750		40	.6		10.7	
16				19.9	.582		30	.6					24.9	.676		30	.6			
17				17.2	.515		30	.6					23.6	.763		40	.6		10.7	
18				16.0	478		20	.6					23.3	.762		40	.6		10.8	
19				19.1	.567		30	.6					24.5	799		40	.6		11.7	
20				22.5	.654		30	.6					25.1	.817		40	.6		11.0	
21				18.3	540		30	.6					22.3	.726		40	.6		7.3	
22				26.1	.758		40	.6	.08				29.0	.942		50	.6		11.9	
23				18.5	.548		30	.6					19.0	.622		30	.6		12.1	
24				15.3	451	80	20	.6	2.20				24.4	.791	75	40	.6		7.8	
25				17.0	.495		20	.6					23.7	.768		40	.6		11.6	
26				17.3	.518		30	.6					24.6	.803		40	.6		19.1	
27				12.9	.379		20	.6					23.6	.762		40	.6		15.8	
28				12.9	.382		20	.6					25.6	.822		40	.6		10.7	
29				13.8	.410		20	.6					21.6	.702		40	.6		16.9	
30				18.3	.540		30	.6					25.3	.824		40	.6		21.1	
31				15.3	453		20	.6					22.9	.746		40	.6		15.2	
MONTH TOTAL				549.5	16,224		810	18.6	3.58				717.5	23,207		1190	18.6		358.4	
YEAR TO DATE				2539.0	74,848		374		13.25				3249.6	105,972		538.0			1720.6	
AVG				17.7	.523		2.61	.6	.12				23.1	.749		3.97	.6		11.6	
MAX				26.1	.758		40	.6	2.20				25.6	.942		50	.6		19.1	
MIN.				12.9	.379		20	.6	.08				19.0	0		30	.6		5.5	

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DAY	WELL NO 21 UNIT-0 TRACT "B" WEST LINDEN DRIVE								WELL NO 22 UNIT-7 TRACT "B" CLOVERDALE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES.
1				11.3	.750		70	1.0				21.4	1.885		90	.6
2				9.2	.591		60	1.0				16.5	1.333		60	.6
3				7.1	.432		40	1.0				18.3	1.364		70	.6
4				7.0	.471		50	1.0				14.0	1.047		50	.6
5				5.8	.362		40	1.0				11.6	.819		40	.6
6				2.9	.127		10	1.0				5.6	.332		20	.6
7	231'	413'		5.7	.369		40	1.0				5.6	.446		20	.6
8				6.4	.407		40	1.0				12.3	.926		50	.6
9				2.3	.146		10	1.0				6.5	.495		20	.6
10				2.0	.129		10	1.0				13.6	1.113		60	.6
11				4.6	.292		30	1.0				11.7	.834		40	.6
12				5.0	.324		30	1.0				10.4	.768		40	.6
13				1.1	.070		10	1.0				3.9	.288		10	.6
14				5.9	.403		40	1.0				17.8	1.513		80	.6
15				7.4	.476		50	1.0				12.1	.916		50	.6
16				7.8	.507		50	1.0				13.1	.989		50	.6
17				6.7	.413		40	1.0				11.4	.858		40	.6
18				7.2	.477		50	1.0				13.5	1.019		50	.6
19				7.8	.495		50	1.0				14.0	1.077		50	.6
20				4.0	.261		30	1.0				22.5	1.911		100	.6
21				5.2	.334		30	1.0				9.6	.731		40	.6
22				3.5	.220		20	1.0				20.4	1.659		80	.6
23				8.2	.529		50	1.0				16.1	1.422		70	.6
24				1	.007	90		1.0				1.5	.126	85	1.0	.6
25				3	.018		1.0	1.0				6.3	.475		20	.6
26				5.9	.384		40	1.0				3	.025		10	.6
27								1.0								.6
28				5.8	.378		40	1.0								.6
29				3.5	.222		20	1.0				8.3	.626		30	.6
30				4.8	.292		30	1.0				11.4	.838		40	.6
31				3.1	.203		20	1.0				10.3	.782		40	.6
MONTH TOTAL				157.6	10 089		1010	31.0				340	26.567		1330	18.6
YEAR TO DATE				403.0	26 561		2710					1794	129 990		6540	
AVG.				5.1	.325		34.5	1.0				11.0	.857		45.9	.6
MAX.				11.3	.750		70	1.0				22.5	1.885		100	.6
MIN.				.1	0		1.0	1.0				.3	0		1.0	.6

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WELL - 26 UNIT - 7 TRACT - B
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES
1				20	216	10	.6														
2				26.0	2.506	14	.6														
3				20.5	2.214	11	.6														
4				21.5	2.322	12	.6														
5				24.9	2.646	13	.6														
6				21.4	2.311	12	.6														
7				22.7	2.452	12	.6														
8				24.0	2.592	13	.6														
9				21.9	2.365	13	.6														
10							.6														
11				18.2	1.966	10	.6														
12				23.6	2.549	13	.6														
13				23.6	2.549	13	.6														
14							.6														
15				27.2	2.938	15	.6														
16				21.8	2.354	12	.6														
17				23.3	2.549	13	.6														
18				25.0	2.700	14	.6														
19				23.0	2.484	12	.6														
20							.6														
21				16.9	1825	90	.6														
22				1.2	130	10	.6														
23							.6														
24				22.1	1307	70	.6														
25				18.9	2041	10	.6														
26				24.1	2.602	13	.6														
27				23.7	2.505	14	.6														
28				24.4	2.635	14	.6														
29				22.0	2.376	12	.6														
30				24.4	2.635	14	.6														
31				23.9	2.541	13	.6														
MONTH TOTAL				571.3	60.652	340	18.6														
YEAR TO DATE				571.3	60.652	340															
AVG.				18.4	1957	11	.6														
MAX.				27.2	2.938	15	.6														
MIN.				1.2	0	10	.6														

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DAY	WELL NO #3 UNIT - 13 TRACT "B-C" BARBED WIRE / GILLIAM ST									WELL NO #4 UNIT - 13 TRACT "B" ANTELOPE / BARBED								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CI	LBS CL	CL RES		STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CI	LBS CL	CL RES	
1				24.3	1.631		16.0	.6					19.1	1.740		7.0	.6	12 453
2				24.2	1.589		16.0	.6					22.2	1.760		9.0	.6	14 545
3				25.4	1.663		17.0	.6					23.4	1.810		9.0	.6	12 774
4				23.3	1.474		15.0	.6					23.4	1.810		9.0	.6	13 257
5				24.2	1.582		16.0	.6					21.1	1.540		8.0	.6	12 521
6				23.3	1992		15.0	.6					20.7	1.390		7.0	.6	9 820
7	384	754"		24.3	1.555		16.0	.6					20.1	1.510		8.0	.6	10 677
8				23.7	1.555		16.0	.6					19.0	1.460		7.0	.6	12 826
9				24.1	1.557		16.0	.6					20.1	1.430		7.0	.6	10 060
10				24.1	1.557		16.0	.6					22.3	1.610		8.0	.6	7 969
11				21.3	1.381		14.0	.6					22.3	1.670		9.0	.6	11 241
12				25.1	1.648		17.0	.6					22.9	1.750		9.0	.6	12 748
13				24.0	1.570		16.0	.6					18.3	1.330		7.0	.6	9 936
14				23.7	1.516		15.0	.6					20.8	1.610		8.0	.6	9 812
15				23.0	1.509		15.0	.6					19.2	1.500		7.0	.6	13 095
16				24.9	1.614		16.0	.6					20.1	1.560		8.0	.6	13 518
17				23.6	1.551		16.0	.6					19.5	1.500		7.0	.6	12 742
18				23.3	1.537		15.0	.6					21.2	1.630		8.0	.6	12 405
19				24.6	1.631		16.0	.6					23.9	1.870		9.0	.6	13 966
20				25.1	1.640		16.0	.6					23.3	1.760		9.0	.6	11 970
21				22.0	1.453		15.0	.6					18.1	1.350		7.0	.6	10 250
22				29.3	1.900		19.0	.6					23.6	1.700		9.0	.6	11 434
23				18.9	1.265		13.0	.6					19.3	1.460	110	7.0	.6	12 515
24				24.6	1.605	8.5	16.0	.6					8.0	.570		3.0	.6	7 492
25				23.7	1.535		15.0	.6					19.9	1.320		7.0	.6	9 750
26				24.8	1.617		16.0	.6					1.0	.060		1.0	.6	10 098
27				15.1	.968		10.0	.6									.6	6 345
28				25.1	1.583		16.0	.6									.6	9 647
29				21.7	1.414		14.0	.6					16.5	1.250		6.0	.6	10 244
30				25.4	1.639		16.0	.6					19.0	1.450		7.0	.6	12 523
31				23.6	1.533		15.0	.6					18.9	1.410		7.0	.6	12 253
MONTH TOTAL				732.9	47.784		480.0	18.6					515.2	42.810		212.0	18.6	351 043
YEAR TO DATE				3519.5	235.261		2394.0						2776.3	211.652		1056.5		1408 342
AVG.				23.6	1.541		15.48	.6					18.2	1.381		7.31	.6	11.324
MAX.				29.3	1.900		19.0	.6					23.9	.060		9.0	.6	14 545
MIN				15.1	.968		10.0	.6					1.0	0		1.0	.6	7 492

I.D. NO. 6627696

OPERATORS' NAME: Ricky Leach

OPERATOR SIGNATURE: Ricky Leach

CERTIFICATE NUMBER: #4803

TOTAL METERED SERVICES AT END OF MONTH: 2450

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DAY	WELL #3 JAMAICA / APRICOT UNIT-1 TRACT L										WELL #11 JAMAICA / APRICOT UNIT-1 TRACT L								N.B. CENTRIFUGAL UNIT-1 JAMAICA / APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	Mg Cl	LBS CL	CL. RES	RAINFALL		STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	Mg Cl	LBS CL	CL. RES	METER RDG	HOURS	GALLONS
1	266'	569'		9.3	.185		1.0	.5	.40		262'	754'		19.8	.253		1.0	.6			
2								4	.04					13.7	.174		1.0	.6		1.2	
3				6.9	.124		1.0	5						13.6	.172		1.0	.6		3.0	
4				4.0	.078		1.0	5						14.5	.183		1.0	.6		4.4	
5				20.6	.409		2.0	5						21.1	.278		1.0	.6		10.1	
6				14.7	.289		1.0	5						18.3	.244		1.0	.6		7.7	
7				9.8	.195		1.0	.5	1.50					18.7	.239		1.0	.6		2.3	
8				5.5	.106		1.0	.5	1.00					16.2	.203		1.0	.6			
9								5	.17					18.7	.229		1.0	.6			
10								5						12.0	.152		1.0	.6			
11				3.6	.071		1.0	5						16.8	.213		1.0	.6		4.1	
12				22.6	.446		2.0	5						23.1	.305		1.0	.6		9.8	
13				19.6	.391		2.0	5						21.7	.288		1.0	.6		9.4	
14				15.9	.314		2.0	5						20.5	.274		1.0	.6		8.7	
15				16.8	.336		2.0	5						20.5	.281		1.0	.6		8.8	
16				20.6	.410		2.0	5						22.1	.304		2.0	6		10.1	
17				11.6	.229		1.0	5						21.1	.287		1.0	6		4.6	
18				5.6	.110		1.0	5						20.1	.264		1.0	6		5.6	
19				14.9	.295	8.5	2.0	5						20.1	.275	8.5	1.0	6		8.1	
20				24.6	.495		2.0	5						17.9	.424		2.0	6		8.5	
21				14.3	.281		1.0	5						18.4	.074		1.0	6		8.1	
22				17.0	.333		2.0	5	.35					17.6	.236		1.0	.6		5.0	
23				5.6	.107		1.0	5	.12					9.2	.118		1.0	6			
24								4						9.7	.124		1.0	.6			
25				3.3	.066		1.0	5						10.7	.139		1.0	6		4.1	
26				9.3	.183		1.0	5	.50					18.6	.248		1.0	.6		2.5	
27				8.3	.161		1.0	5						14.9	.198		1.0	.6		3.7	
28				6.3	.125		1.0	5						15.7	.210		1.0	.6		3.5	
29				22.7	.446		2.0	5						18.4	.242		1.0	.6		6.7	
30				18.2	.360		2.0	5						26.9	.365		2.0	.6		6.7	
31																					
MONTH TOTAL				331.1	6545		37.0	14.9	3.98					530.6	6997		33.0	18.0		147.1	
YEAR TO DATE				2256.6	45397		238.0		15.41					3240.7	61717		299.0			607.8	
AVG.				11.0	.218		1.4	5	.13					17.7	.233		1.1	6		4.9	
MAX				24.6	495		2.0	5	1.50					26.9	.424		2.0	6		10.1	
MIN				3.3	0		1.0	4	.04					9.2	.074		1.0	.6		1.2	

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DAY	WELL Nº 18 FLORIDIAN RD UNIT-7 TRACT K								WELL Nº 20 CARTER / REYNOLDS UNIT - ES TRACT "N"							
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	lbs Cl	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	lbs Cl	LBS CL	CL. RES	RAINFALL
1					V			.6	194'	554'		10.0	.269		1.0	.6	
2								.6				12.2	326		1.0	.6	1.20
3					.002			.6				16.1	430		2.0	.6	
4				3.7	.117			.6				12.7	342		1.0	.6	
5				2.6	.093		1.0	.6				14.9	410		2.0	.6	
6				3.4	.109			.6				19.0	514		2.0	.6	
7				1.2	.037		1.0	.6				14.3	385		2.0	.6	.49
8					.012			.6				14.2	376		2.0	.6	.80
9				1.4	.045			.6				20.0	524		3.0	.6	.20
10				.2	.005			.6				16.0	414		2.0	.6	
11				4.9	.165		1.0	.6				15.5	413		2.0	.6	
12				11.6	.388		2.0	.6				22.2	601		3.0	.6	
13				1.4	.043			.6				15.7	428		2.0	.6	
14								.6				19.3	521		3.0	.6	
15				9.9	.337		2.0	.6				18.8	.513		2.0	.6	
16				23.8	760		4.0	.6				25.0	669		3.0	.6	
17				4.3	.144		1.0	.6				23.3	625		3.0	.6	
18								.6				18.0	496		2.0	.6	
19				7.0	.241	7.5	1.0	.6				21.2	561	7.5	3.0	.6	
20				3.1	.096		1.0	.6				23.5	599		3.0	.6	
21				1.9	.061			.6				17.3	468		2.0	.6	
22								.6				11.8	316		2.0	.6	.60
23				.1	.002			.6				6.9	183		1.0	.6	.26
24								.6				7.9	203		1.0	.6	
25				.4	.014			.6				10.2	276		1.0	.6	
26								.6				15.2	400		2.0	.6	.05
27								.6				16.2	.435		2.0	.6	
28								.6				14.0	.370		2.0	.6	1.00
29				1.0	.030			.6				12.2	330		2.0	.6	
30				4.3	.141		1.0	.6				23.3	611		3.0	.6	.55
31																	
MONTH TOTAL				86.2	2822		15.0	18.0				488.9	13068		62.0	18.0	5.14
YEAR TO DATE				1102.0	36752		192.0					1759.6	65877		337.0		18.72
AVG.				2.9	.094		1.5	.6				16.3	.436		2.1		.17
MAX.				23.8	.760		4.0	.6				25.0	.669		3.0		1.20
MIN				.1	0		1.0	.6				6.9	.183		1.0		.05

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DAY	WELL Nº 13 UNIT-09 TRACT H CARTER / KEYSVILLE								N.O. CENTRIFUGAL UNIT-09 CARTER / KEYSVILLE			WELL Nº 7 UNIT-13 TRACT D ANTELOPE / BARROW								
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS /	In CI	LBS CL.	CL. RES.	METER REG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS M	In CI	LBS CL.	CL. RES.	RAINFALL
1	187'	160'2"		11.1	.359		2.0	.5		1.9					1.4	.056			.6	
2				.7	.022			5		.4					.2	.007			.6	.07
3					.001			5		.1					2.4	.096		1.0	6	
4				8.3	.265		1.0	5		6.1					4.7	.192		1.0	.6	
5				19.0	.597		3.0	5		11.5					7.2	.292		1.0	6	
6				22.9	.734		4.0	5		9.5					4.4	.179		1.0	6	
7				2.4	.219		1.0	.5		.2									.6	2.80
8								5											.6	.90
9								5							.2	.005			.6	.12
10								5											6	
11				4.5	.162		1.0	.5		4.1					3.6	.171		1.0	.6	
12				18.9	.621		3.0	5		11.2					2.5	.278		1.0	.6	
13				22.2	.688		3.0	.5		9.2					4.4	.177		1.0	.6	
14				22.0	.699		3.0	5		10.0					5.1	.209		1.0	6	
15				19.7	.637		3.0	.5		10.7					9.0	.360		2.0	6	
16				25.1	.803		4.0	5		8.3					6.1	.209		1.0	6	
17				14.7	.471		2.0	5		5.4					3.6	.147		1.0	.6	
18				6.5	.202		1.0	.5		6.6					5.0	.207		1.0	6	
19				19.3	.612	7.5	3.0	.5		6.4							8.0		.6	.44
20				19.3	.613		3.0	.5		.4					3.5	.138		1.0	.6	
21				21.3	.671		3.0	.5		10.3					5.2	.206		1.0	.6	.05
22				14.3	.460		2.0	5		7.7					1.5	.067			.6	.20
23				3				5							.2	.002			.6	.20
24								5											6	
25				6.5	.205		1.0	5		5.3					4.3	.172		1.0	6	
26				9.1	.290		1.0	.5		3.1					.4	.018			.6	
27				12.2	.382		2.0	5		6.8					3.3	.143		1.0	.6	.02
28				4.6	.149		1.0	.5		.3					1.4	.043			.6	.10
29				5.1	.159		1.0	.5		4.2					3.8	.151		1.0	.6	
30				10.2	.323		2.0	.5		4.3					1.0	.040			.6	.26
31																				
MONTH TOTAL				325.0	10.343		50.0	15.0		149.2					89.4	3.565		18.0	18.0	5.36
YEAR TO DATE				1530.7	50.219		260.0			730.4					210.08	11.985		431.0		19.38
AVG				10.8	.345		2.2	.5		5.0					3.0	.119		1.1	.6	.18
MAX				25.1	.803		4.0	.5		11.5					9.0	.360		2.0	.6	2.80
MIN				3	0		1.0	.5		1					.2	0		1.0	.6	.02

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DAY	WELL N°8 UNIT-2 TRACT "A" PIONEER PASS							WELL N°9 UNIT-9 TRACT "D" WEST LINDEN DRIVE							WELL N°20 UNIT-12 TRACT "B" ANTELOPE / BARROW						
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS /	No CI	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS /	No CI	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS /	No CI	LBS CL	CL RES
1				17.0	.334		2.0	.6	227'	278"		4.5	.208		1.0	.6				13.8	.814		4.0	.6
2				12.3	.268		2.0	.6				4.8	.217		1.0	.6				10.6	.643		3.0	.6
3				13.8	.281		1.0	.6				3.0	.133		1.0	.6				15.3	.933		4.0	.6
4				13.3	.272		1.0	.6				6.8	.310		1.0	.6				13.8	.851		4.0	.6
5				20.9	.447		2.0	.6				10.9	.497		2.0	.6				18.1	.672		3.0	.6
6				16.5	.397		2.0	.6				10.1	.454		2.0	.6				16.5	1.480		6.0	.6
7				20.6	.424		2.0	.6				6.6	.288		1.0	.6				13.6	.807		4.0	.6
8				24.0	.475		2.0	.6				.1	.006			.6				6.8	.408		2.0	.6
9				23.1	.456		2.0	.6				3.3	.139		1.0	.6				7.6	.447		2.0	.6
10				19.7	.391		2.0	.6								.6				8.9	.520		3.0	.6
11				22.0	.440		2.0	.6				6.6	.274		1.0	.6				10.0	.621		3.0	.6
12				21.7	.463		2.0	.6				12.4	.564		3.0	.6				18.7	.467		5.0	.6
13				23.6	.494		2.0	.6				9.7	.440		2.0	.6				16.3	1.018		5.0	.6
14				20.1	.428		2.0	.6				11.6	.514		3.0	.6				19.6	1.216		6.0	.6
15				20.9	.452		2.0	.6				12.6	.586		3.0	.6				17.2	1.081		5.0	.6
16				26.1	.553		3.0	.6				25.1	1052		5.0	.6				25.5	1.540		8.0	.6
17				21.0	.445		2.0	.6				10.8	.471		2.0	.6				18.1	1.107		6.0	.6
18				23.5	.487		2.0	.6				6.3	.320		2.0	.6				16.3	1.011		5.0	.6
19				21.1	.452	8.5	2.0	.6				7.4	.321	7.5	2.0	.6				17.1	1.031	10.8	5.0	.6
20				23.4	.463		2.0	.6				17.4	.638		2.0	.6				22.6	1.274		6.0	.6
21				18.5	.396		2.0	.6				10.8	.486		2.0	.6				15.9	.977		5.0	.6
22				20.5	.421		2.0	.6								.6				13.4	.820		4.0	.6
23				5.6	.113		1.0	.6								.6				10.2	.601		3.0	.6
24				10.1	.196		1.0	.6								.6				9.4	.553		3.0	.6
25				12.7	.256		1.0	.6				5.9	.267		1.0	.6				11.0	.670		3.0	.6
26				12.6	.263		1.0	.6				4.0	.178		1.0	.6				11.1	.683		3.0	.6
27				14.2	.290		1.0	.6				7.6	.341		2.0	.6				15.0	.922		5.0	.6
28				14.2	.292		1.0	.6				2.0	.088			.6				13.9	.840		4.0	.6
29				18.3	.372		2.0	.6				5.7	.257		1.0	.6				16.4	1.002		5.0	.6
30				27.8	.575		3.0	.6				4.4	.196		1.0	.6				18.9	1.154		6.0	.6
31																								
MONTH TOTAL				562.1	11.616		54.0	18.0				210.2	9.245		44.0	18.0				441.6	26.858		130.0	18.0
YEAR TO DATE				3514.6	79.935		406.0					1718.3	76.726		379.0					3518.0	155.577		689.0	
AVG.				18.7	.387		1.8	.6				7.0	.308		1.8	.6				14.7	.895		4.3	6
MAX.				27.8	.575		3.0	.6				25.1	1.052		5.0	.6				25.5	1.540		8.0	.6
MIN.				5.6	.113		1.0	.6				.1	0		1.0	.6				6.8	.408		1.0	.6

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DAY	WELL #17 MARINER BLVD / KILLIAN ST UNIT-19 TRACT "A-C"									WELL #18 MARINER BLVD / KILLIAN ST UNIT-19 TRACT "A-C"							H.S. CENTRIFUGAL UNIT-19 MARINER BLVD/KILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS /	% CI	LBS. CL.	CL. RES	GAL/MILL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS /	% CI	LBS. CL.	CL. RES	METER RDG	HOURS	GALLONS
1	56'	76'		19.0	.575		3.0	.6	.60				23.4	.768		4.6	.6		18.2	
2				9.6	.285		1.0	.6	.24				23.1	.744		3.0	.6		15.8	
3				16.4	.480		2.0	.6					22.1	.717		3.0	.6		15.4	
4				12.5	.369		1.0	.6					24.6	.794		4.0	.6		19.8	
5				16.8	.501		2.0	.6					21.6	.704		3.0	.6		7.0	
6				19.0	.557		3.0	.6					24.8	.810		4.0	.6		5.9	
7				17.0	.499		2.0	.6	.96				23.5	.765		4.0	.6		1.4	
8				20.6	.526		3.0	.6	.80				23.7	.767		4.0	.6		.4	
9				18.8	.549		3.0	.6	.20				25.3	.811		4.0	.6		.4	
10				19.6	.555		3.0	.6					24.2	.775		4.0	.6		.3	
11				18.4	.522		3.0	.6					23.1	.776		3.0	.6		3.7	
12				22.0	.649		3.0	.6					24.5	.802		4.0	.6		5.7	
13				19.9	.585		3.0	.6					22.8	.744		3.0	.6		4.7	
14				19.8	.592		3.0	.6					24.7	.809		4.0	.6		5.1	
15				19.0	.568		3.0	.6					23.4	.771		3.0	.6		6.4	
16				17.9	.540		3.0	.6					26.2	.849		4.0	.6		8.1	
17				21.7	.645		3.0	.6					21.9	.721		4.0	.6		3.7	
18				22.4	.653		3.0	.6	.10				24.2	.788		4.0	.6		4.6	
19				21.9	.679	6.0	3.0	.6	.40				25.1	.820	8.0	4.0	.6		2.6	
20				23.2	.663		3.0	.6					25.1	.800		4.0	.6		6.2	
21				20.4	.613		3.0	.6					2.6	.079			.6		5.5	
22				16.0	.476		2.0	.6	.80				22.8	.744		4.0	.6		4.1	
23				10.8	.314		2.0	.6	.35				24.7	.791		4.0	.6		1.4	
24				13.3	.374		2.0	.6					23.1	.731		4.0	.6			
25				15.1	.429		2.0	.6					25.1	.801		4.0	.6		4.5	
26				17.2	.495		2.0	.6	.03				23.2	.747		4.0	.6		3.4	
27				16.2	.479		2.0	.6					24.1	.780		4.0	.6		5.0	
28				17.8	.511		3.0	.6	.30				24.0	.774		4.0	.6		2.3	
29				16.9	.483		2.0	.6	.28				23.1	.742		4.0	.6		3.5	
30				25.0	.755		4.0	.6	.56				6.3	.200		1.0	.6		.1	
31																				
MONTH TOTAL				544.3	15.931		77.0	18.0	6.12				676.3	21.884		107.0	18.0		172.4	
YEAR TO DATE				3083.2	90.779		451.0		193.7				1935.3	127.856		645.0			1857.0	
AVG.				18.1	.531		2.6	.6	.20				22.5	.729		3.7	.6		5.7	
MAX.				25.0	.755		4.0	.6	.96				26.2	.849		4.0	.6		19.8	
MIN.				9.6	.285		1.0	.6	.03				6.3	.200		1.0	.6		.1	

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DAY	WELL NO 21 WEST LINDEN DRIVE UNIT-9 TRACT "B"								WELL NO 22 UNIT-7 TRACT "H" FLORIDOE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS ✓	No. CI	LBS CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS ✓	No. CI	LBS CL.	CL. RES
1	19.9'	35.3'						.6				5.3	.365		2.0	.6
2				.1	.007			1.0				5.4	.391		2.0	.6
3								.6								.6
4				4.3	.270		3.0	1.0				5.7	.432		2.0	.6
5				4.1	.259		3.0	1.0				11.8	.864		4.0	.6
6				3.8	.244		3.0	1.0				10.5	.759		4.0	.6
7								.6				8.0	.649		2.0	.6
8								.6				7.0	.567		3.0	.6
9								.6				14.7	1.118		5.0	.6
10								.6				13.6	1.049		5.0	.6
11				5.9	.197		2.0	1.0				12.0	.965		4.0	.6
12				3.0	.359		4.0	1.0				12.8	1.516		9.0	.6
13				3.5	.221		3.0	1.0				16.1	1.192		6.0	.6
14				1.8	.111		1.0	1.0				10.8	.780		4.0	.6
15				6.4	.420		4.0	1.0				13.7	1.222		6.0	.6
16				8.9	.577		6.0	1.0				26.4	2.086		10.0	.6
17				2.1	.131		1.0	1.0				19.8	1.651		8.0	.6
18				6.0	.390		4.0	1.0				18.7	1.534		8.0	.6
19								.6				9.6	.747		4.0	.6
20				4.9	.303		3.0	1.0				17.6	1.047		5.0	.6
21				1.4	.085	90	1.0	1.0				11.7	.858	80	4.0	.6
22				1.1	.071		1.0	1.0				5.8	.414		2.0	.6
23								.6				2.7	.183		1.0	.6
24								.6								.6
25				2.8	.174		2.0	1.0				5.0	.388		2.0	.6
26								.6				5.5	.394		2.0	.6
27				.6	.040			1.0				6.8	.500		3.0	.6
28								.6				5.1	.352		2.0	.6
29				1.1	.065		1.0	1.0				6.8	.491		2.0	.6
30								.6				20.3	1.643		8.0	.6
31																
MONTH TOTAL				61.8	3.924		42.0	25.2				314.2	24.177		120.0	18.0
YEAR TO DATE				464.8	30.485		313.0					1708.3	154.167		774.0	
AVG.				2.1	.131		2.6	.8				10.5	.806		4.3	.6
MAX.				8.9	.577		6.0	1.0				26.4	2.086		10.0	.6
MIN.				.1	0		1.0	.6				2.7	0		1.0	.6

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WELL - #8 UNIT - 7 TRACT - 6
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS /	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	LBS CL	CL. RES
1				25.2	2.722	14.0	.6														
2				28.2	2.938	15.0	.6														
3				18.3	1.976	10.0	.6														
4				24.3	2.624	13.0	.6														
5				24.2	2.419	12.0	.6														
6				23.4	2.527	13.0	.6														
7				8.9	.961	5.0	.6														
8							.6														
9							.6														
10							.6														
11							.6														
12				2.8	.302		.6														
13				17.8	1.922	10.0	.6														
14				24.6	2.657	13.0	.6														
15				10.1	1.091	5.0	.6														
16							.6														
17							.6														
18							.6														
19				18.0	1.944	10.0	.6														
20				23.8	2.570	13.0	.6														
21				23.9	2.581	13.0	.6														
22				26.3	2.840	14.0	.6														
23				24.0	2.592	13.0	.6														
24				22.4	2.419	12.9	.6														
25				23.2	2.506	13.0	.6														
26				25.2	2.722	14.0	.6														
27				22.6	2.441	13.0	.6														
28				24.4	2.635	13.0	.6														
29				25.1	2.711	14.0	.6														
30				4.9	.529	3.0	.6														
31																					
MONTH TOTAL				470.6	50.629	254.0	18.0														
YEAR TO DATE				1043.9	111.281	564.0															
AVG.				15.7	1.688	11.5	.6														
MAX.				28.2	2.938	15.0	.6														
MIN.				2.8	0	3.0	.6														

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DAY	WELL NO 25 UNIT-19 TRACT "A-C" GARDNER BLVD/GILLIAM ST. STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No. CI	LBS CL	CL RES	WELL NO 24 UNIT-19 TRACT "B" ANTELOPE/BARROW STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No. CI	LBS CL	CL RES	TOTAL GALLONS PER DAY
1	650'	762'		4.8	.292		1.0	.6				14.2	920		5.0	.6	8120
2				24.3	1.536		15.0	.6				15.6	1.090		5.0	.6	8.648
3				24.3	1.558		15.0	.6				13.4	.930		5.0	.6	7.634
4				24.9	1.588		15.0	.6				14.1	1.640		5.0	.6	9.727
5				21.5	1.419		15.0	.6				18.5	1.400		7.0	.6	11.261
6				24.8	1.624		16.0	.6				18.8	1.410		7.0	.6	12.331
7				23.6	1.529		16.0	.6				17.5	1.200		6.0	.6	8.192
8				23.5	1.518		16.0	.6				21.9	1.530		8.0	.6	6.544
9				25.4	1.594		16.0	.6				24.0	1.640		8.0	.6	7.557
10				24.1	1.514		16.0	.6				21.2	1.460		7.0	.6	6.895
11				23.1	1.427		15.0	.6				22.1	1.570		7.0	.6	7.947
12				24.5	1.593		16.0	.6				22.0	1.660		8.0	.6	11.734
13				22.8	1.484		15.0	.6				22.0	1.650		8.0	.6	11.765
14				24.7	1.626		16.0	.6				20.3	1.520		8.0	.6	12.274
15				23.4	1.571		16.0	.6				20.0	1.520		8.0	.6	11.745
16				26.0	1.710		17.0	.6				26.0	1.890		9.0	.6	13.952
17				22.1	1.493		15.0	.6				21.4	1.586		8.0	.6	10.152
18				24.2	1.603		16.0	.6				21.2	1.580		8.0	.6	5.645
19				24.8	1.653	7.5	17.0	.6				21.2	1.500	8.0	8.0	.6	11.091
20				19.3	1.366		13.0	.6				25.6	1.650		8.0	.6	13.039
21				22.5	1.488		15.0	.6				17.5	1.300		7.0	.6	10.624
22				22.8	1.480		15.0	.6				17.3	1.210		6.0	.6	5.888
23				24.8	1.557		16.0	.6				8.0	.500		3.0	.6	7.067
24				23.2	1.427		14.0	.6				11.5	.740		4.0	.6	6.767
25				24.8	1.554		16.0	.6				15.8	1.140		6.0	.6	9.057
26				23.6	1.483		15.0	.6				18.4	1.310		7.0	.6	9.414
27				24.1	1.542		15.0	.6				16.8	1.230		6.0	.6	9.884
28				24.4	1.532		15.0	.6				14.3	.980		5.0	.6	8.901
29				23.1	1.456		15.0	.6				16.1	1.170		6.0	.6	10.107
30				26.4	1.791		18.0	.6				18.5	1.330		7.0	.6	10.013
31																	
MONTH TOTAL				695.8	44.917		451.0	18.0				555.6	39.650		200.0	18.0	292.171
YEAR TO DATE				4065.3	280.178		2947.0					3235.4	251.302		1258.0		1700.563
AVG.				23.2	1.497		15.0	.6				18.5	1.322		6.7	.6	9.739
MAX.				26.4	1.791		18.0	.6				26.0	1.890		9.0	.6	13.952
MIN				4.8	.292		1.0	.6				8.0	.500		3.0	.6	6.767

I.D. NO. 6271696 OPERATOR SIGNATURE: Ricky Leach

OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: A5618

TOTAL METERED SERVICES AT END OF MONTH: 2,950

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DAY	WELL N°8 UNIT-1 JAMAICA / APRICOT TRACT L									WELL N°11 UNIT-1 JAMAICA / APRICOT TRACT L								H.S. UNIT-1 CENTRIFUGAL JAMAICA / APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CI	LBS. CL	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CI	LBS. CL	CL. RES	METER RDG	HOURS	GALLONS
1				7.1	139		1.0	.6	.03				16.9	224		1.0	.6		3.5	
2				2.9	057			.6	.02				15.9	253		1.0	.6		3.0	
3				16.5	3.18		2.0	.6					24.9	320		2.0	.6		1.2	
4	15'8"	86'0"		5.1	101		1.0	.6		21'5	77½"		15.7	255		1.0	.6			1,151.00 U.S.
5				21.7	434		2.0	.6	.20				22.3	298		1.0	.6		1.4	
6				21.1	421		2.0	.6					23.4	308		2.0	.6		9.5	
7				3.0	058			.6	.30				16.0	212		1.0	.6			
8								.6	.13				8.6	106		1.0	.6			
9				3.5	070			.6	.33				14.7	187		1.0	.6		2.6	
10				13.5	271	7.5	1.0	.6	.65				19.1	245	9.5	1.0	.6		.1	
11				8.5	169		1.0	.6	.74				15.8	265		1.0	.6		5.1	
12								.6					12.3	162		1.0	.6			
13					001			.6	2.40				7.0	086			.6			
14								.6	3.55				2.8				.6			
15								.6					5.6	107		1.0	.6			
16								.5	.50				9.6	120		1.0	.6			
17								.5	.22				11.7	150		1.0	.6			
18								.5	.86				6.9	089			.6			
19								.5					13.7	176		1.0	.6			
20								.5	.33				12.8	164		1.0	.6			
21								.5					13.9	122		1.0	.6			
22								.5	.74				5.6	.072			.6			
23								.5					8.2	108			.6			
24								.5	.55				17.6	231		1.0	.6		.4	
25								.5	.10				13.1	172		1.0	.6			
26								.5	.34				11.9	151		1.0	.6			
27				1.6	.030			.5					15.9	211		1.0	.6			
28								.5	.05				15.6	204		1.0	.6			
29								.5					11.0	141		1.0	.6		.8	
30				.2	.003			.5					12.4	163		1.0	.6			
31				11.2	.224		1.0	.5					18.6	254		1.0	.6		3.5	
MONTH TOTAL				116.3	2.296		11.0	16.5	12.04				431.5	5.611		28.0	18.6		44.1	
YEAR TO DATE				2374.9	47.693		249.0		27.45				4172.2	67.328		322.0			546.4	
AVG.				3.8	.074		1.0	.5	.40				13.9	.181		1.0	.6		1.4	
MAX				21.7	.434		2.0	.6	3.55				24.9	.320		2.0	.6		9.5	
MIN				.2	0		1.0	.5	0				2.8	0		1.0	.6		.1	

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DAY	WELL Nº 12 ELDRIDGE RD UNIT-1 TRACT 6								WELL Nº 10 CARTER/KEYSVILLE UNIT - 23 TRACT "H"								
	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No Cl	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No Cl	LBS CL	CL RES	RAINFALL
1				.1	.005			.6				22.6	607		3.0	.6	1.15
2				3.1	.102		1.0	.6				18.3	483		2.0	.6	.08
3				1.6	.051			.6				16.8	443		2.0	.6	
4	21'8"	41'5"		3.0	.097			.6	22'1"	49'5"		18.2	481		2.0	.6	.10
5				5.5	.194		1.0	.6				25.0	.664		3.0	.6	
6								.6				16.4	441		2.0	.6	
7				.1	.003			.6				17.5	.463		2.0	.6	.20
8								.6				5.8	.151		1.0	.6	.15
9				2.0	.066			.6				11.0	290		1.0	.6	1.40
10				.7	.021	8.5		.6				16.2	428	75	2.0	.6	1.55
11								.6				21.4	560		3.0	.6	1.45
12								.6				10.0	259		1.0	.6	
13								.6				6.5	183		1.0	.6	1.30
14				.1	.004			.6				7.9	204		1.0	.6	1.25
15								.6				7.1	182		1.0	.6	.05
16								.6				12.4	322		2.0	.6	
17								.6				12.6	329		2.0	.6	.50
18								.6				10.0	258		1.0	.6	1.20
19								.6				17.4	455		2.0	.6	
20				.3	.011		1.0	.6				13.6	354		1.0	.6	2.03
21				.1	.001			.6				15.9	415		2.0	.6	
22								.6				9.9	257		1.0	.6	.10
23				.1	.003			.6				12.3	321		1.0	.6	
24				.1	.004			.6				21.7	575		2.0	.6	.60
25								.6				24.9	655		3.0	.6	.68
26								.6				15.6	402		2.0	.6	.08
27								.6				11.8	329		1.0	.6	
28					.002			.6				15.6	400		2.0	.6	.85
29								.6				10.5	273		1.0	.6	
30				2.7	.088			.6				12.5	328		1.0	.6	
31				5.1	.170		1.0	.6				20.0	542		3.0	.6	
MONTH TOTAL				25.0	.822		4.0	18.6				457.8	12.054		54.0	18.6	14.72
YEAR TO DATE				1127.0	37.214		196.0					22174	77.931		3220		33.04
AVG.				.8	.027		1.0	.6				14.8	.389		1.74	.6	1.47
MAX.				5.9	.194		1.0	.6				25.0	.664		3.0	.6	2.03
MIN.				.1	0		1.0	.6				5.8	.151		1.0	.6	0

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DAY	WELL Nº 15 UNIT - 03 TRACT "A" CANTEE / KETOVILLE								H.S. CENTRIFUGAL UNIT - 03 CANTEE / KETOVILLE			WELL Nº 7 UNIT - 13 TRACT "B" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS CL	CL. RES	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS CL	CL. RES	RAINFALL
1				9.4	.298		1.0	.6		3.2					3.6	.142		1.0	.6	1.30
2				5.8	.186		1.0	.6		2.7					1.6	.065			6	.03
3				2.5	.079			.6		1.3					1.3	.049			6	
4	184'	60'0"		5.1	.159		1.0	.6		2.4					2	.007			.6	2.35
5				8.7	.280		1.0	.6		5.5					6.0	.244		1.0	.6	.05
6				10.3	.307		2.0	.6		5.5					10.0	.406		2.0	6	
7				7.7	.249		1.0	.6		1.4					3.9	.152		1.0	.6	.50
8								.6											.6	.50
9								.6		.3					5.1	.204		1.0	.6	.07
10						8.5		.6							2.2	.088	8.5		.6	.26
11				2.0	.060			.6		.9					2.2	.087			.6	.80
12								.6							3.8	.062			.6	
13								.6								.090		1.0	.6	1.30
14								.6											6	1.85
15								.6											.6	.12
16								.5											.6	
17								.5											.6	.15
18								.5		.1					1.7	.068			.6	
19								.5											.6	
20								.5							1.9	.074			.6	2.10
21								.5											.6	
22								.5											.6	
23								.5							1.1	.041			.6	.32
24								.5		.4					2.3	.092		1.0	.6	.25
25								.5							5	.021			.6	.25
26								.5											.6	.06
27								.5		.1									.6	
28								.5							.3	.010			.6	.80
29								.5											.6	.12
30				3.8	.117		1.0	.5		2.5					5.7	.281		1.0	.6	
31				8.7	.282		1.0	.5		6.3					18.6	.742		4.0	.6	
MONTH TOTAL				63.5	2.017		9.0	16.5		32.6					72.0	2.925		13.0	18.6	13.08
YEAR TO DATE				1594.2	52.236		269.0			763.0					2172.8	14.910		44.0		32.46
AVG.				2.0	.065		11.7	.5		1.1					2.3	.094		1.4	.6	.42
MAX.				10.3	.307		2.0	.6		5.5					10.0	.406		4.0	.6	2.25
MIN.				2.0	0		1.0	.5		.1					.3	0		1.0	.6	0

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DAY	WELL N°8 UNIT-E TRACT "A" PIONEER PARK								WELL N°10 UNIT-D TRACT "B" WEST LINDEN DRIVE								WELL N°20 UNIT-15 TRACT "B" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CL	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CL	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No CL	LBS CL	CL RES
1				12.2	.353		2.0	.6				.2	.008			.6				13.6	.824		4.0	.6
2				16.9	.334		2.0	.6				4.8	.212		1.0	.6				11.8	.719		4.0	.6
3				23.8	.470		3.0	.6				3.4	.145		1.0	.6				12.0	1.017		5.0	.6
4				6.5	.062			.6	22'4"	22'9"						.6				2.3	.136		1.0	.6
5								.6								.6								.6
6				24.9	.508		3.0	.6								.6								.6
7				19.6	.393		2.0	.6								.6								.6
8								.6								.6								.6
9								.6				4.6	.199		1.0	.6				19.3	1.396		6.0	.6
10				16.5	.327	8.0	2.0	.6				2.8	.121	7.5	1.0	.6				24.2	1.486	7.5	7.0	.6
11				18.2	.371		2.0	.6								.6				24.2	1.454		7.0	.6
12				25.2	.495		2.0	.6				3.5	.151		1.0	.6				25.2	1.510		8.0	.6
13				15.9	.301		2.0	.6								.6								.6
14				21.7	.411		2.0	.6								.6								.6
15				14.8	.284		1.0	.6								.6				22.7	1.348		7.0	.6
16				18.3	.354		1.0	.6								.6				23.9	1.413		7.0	.6
17				20.6	.399		2.0	.6								.6				24.9	1.485		7.0	.6
18				15.8	.301		1.0	.6								.6				23.3	1.398		7.0	.6
19				22.0	.429		2.0	.6								.6								.6
20				26.5	.506		2.0	.6								.6								.6
21				21.3	.406		2.0	.6								.6								.6
22				15.0	.285		1.0	.6								.6								.6
23				25.6	.491		2.0	.6				1.8	.085			.6								.6
24				23.4	.464		2.0	.6								.6								.6
25				22.6	.445		2.0	.6								.6								.6
26				16.7	.314		1.0	.6								.6								.6
27				18.2	.361		1.0	.6								.6								.6
28				25.6	.500		2.0	.6								.6								.6
29				15.4	.310		1.0	.6								.6								.6
30				18.4	.348		1.0	.6				4.5	202		1.0	.6								.6
31				24.0	.485		2.0	.6				12.5	568		3.0	.6								.6
MONTH TOTAL				550.6	10.709		47.0	18.6				38.1	1.691		9.0	18.6				231.4	13.996		71.0	18.6
YEAR TO DATE				4065.2	90.684		453					1756.3	78.417		388					2749.4	169.569		754	
AVG.				17.8	.345		1.74	.6				1.2	.055		1.29	.6				7.5	.451		5.93	.6
MAX.				26.5	.506		3.0	.6				4.8	.212		3.0	.6				25.2	1.510		8.0	.6
MIN.				1.5	0		1.0	.6				.2	0		1.0	.6				2.3	0		1.0	.6

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DAY	WELL #17 MARINER BLVD / GILLIAN ST UNIT-10 TRACT R-C									WELL #19 MARINER BLVD / GILLIAN ST UNIT-10 TRACT R-C							N. 9 CENTRIFUGAL UNIT-10 MARINER BLVD/GILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No CL	LBS CL	CL RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No CL	LBS. CL	CL RES	METER ROG	HOURS	GALLONS
1				21.6	.646		3.0	.6	1.50				22.1	731		4.0	.6		13.6	
2				23.2	.697		3.0	.6	.67				23.7	788		4.0	.6		13.0	
3				20.6	.607		3.0	.6					23.9	782		4.0	.6		3.9	
4	55'	75'		21.7	.644		3.0	.6	.80	64'	—		5.6	174		1.0	.6		2.7	
5				20.7	.612		3.0	.6					21.8	718		4.0	.6		3.9	
6				19.6	.568		3.0	.6					22.7	766		4.0	.6		4.5	
7				24.0	.708		4.0	.6	.13				9.5	.362		2.0	.6		6.7	
8				15.7	.447		2.0	.6					21.1	.676		3.0	.6			
9				17.9	.479		2.0	.6	.62				24.6	781		4.0	.6		3.0	
10				20.7	.585	7.0	2.0	.6	.84				25.1	.802	2.5	4.0	.6		2.8	
11				21.8	.631		3.0	.6	1.45				8.0	.250		1.0	.6		4.6	
12				15.5	.447		2.0	.6					23.0	.729		4.0	.6		.9	
13				19.1	.576		2.0	.6	1.25				24.1	.758		4.0	.6			
14				14.9	.423		2.0	.6	1.75				24.8	.778		4.0	.6			
15				11.2	.310		2.0	.6	.08				22.0	.683		3.0	.6			
16				16.0	.448		2.0	.6					24.8	.785		4.0	.6		.4	
17				17.6	.494		2.0	.6	.08				24.6	.773		4.0	.6		.2	
18				11.2	.310		1.0	.6	.80				23.2	.730		4.0	.6			
19				18.2	.516		2.0	.6					24.0	.757		4.0	.6			
20				18.6	.514		2.0	.6	1.80				23.6	.737		3.0	.6			
21				21.3	.598		3.0	.6					25.1	.786		3.0	.6			
22				16.7	.463		2.0	.6	.40				23.7	.727		3.0	.6			
23				15.8	.445		2.0	.6	.15				24.3	.775		3.0	.6		1.2	
24				20.6	.601		3.0	.6	.60				3.5	.108		1.0	.6		6.7	
25				17.8	.518		2.0	.6	1.28				22.7	.723		3.0	.6		1.7	
26				16.1	.481		2.0	.6	.05				23.8	.758		3.0	.6			
27				21.5	.615		3.0	.6					23.4	.746		3.0	.6		3.3	
28				24.7	.719		3.0	.6	1.15				24.9	.805		4.0	.6		1.0	
29				22.2	.657		3.0	.6	.30				23.4	738		3.0	.6			
30				23.5	.670		3.0	.6					24.2	.772		3.0	.6		3.4	
31				23.5	.692		3.0	.6					24.2	790		4.0	.6		5.9	
MONTH TOTAL				589.1	16.890		78.0	15.6	15.10				665.8	21.228		102.0	18.6		83.1	
YEAR TO DATE				3672.3	107.669		529		34.47				459.1	149.084		747			1926.1	
AVG.				19.0	.545		2.52	.6	.49				21.5	.684		3.29	.6		2.7	
MAX.				24.7	.718		4.0	.6	1.80				25.1	.805		4.0	.6		13.6	
MIN.				11.2	.310		1.0	.6	0				3.5	.108		1.0	.6		.2	

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DAY	WELL NO 2 UNIT-2 TRACT "B" ELDRIDGE RD.								WELL NO 3 UNIT-2 TRACT "B" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. Cl	Lbs. Cl.	Cl. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. Cl	Lbs. Cl.	Cl. RES
1								1.0				15.2	1246		6.0	.6
2				.5	.028			1.0				10.0	.799		4.0	.6
3				1	.003			1.0				10.5	.837		4.0	.6
4	20'1"	36'2"						1.0				18.0	1.408		7.0	.6
5				1.5	.096		1.0	1.0				23.0	1.852		9.0	.6
6				2.5	.154		2.0	1.0				10.9	.803		4.0	.6
7				1	.006			1.0				4.6	.294		1.0	.6
8								1.0								.6
9								1.0				9.8	.790		4.0	.6
10						7.0		1.0				11.7	.931	8.0	5.0	.6
11								1.0				13.6	1.049		5.0	.6
12								1.0				12.2	.945		5.0	.6
13				.1	.006			1.0				6.9	.498		2.0	.6
14								.6				7.9	.558		3.0	.6
15								.6				3.2	.229		1.0	.6
16								.6				6.0	.464		2.0	.6
17								.6				7.1	.546		2.0	.6
18								.6				4.0	.283		1.0	.6
19								.6				11.8	.885		4.0	.6
20								.6				11.2	.813		4.0	.6
21								.6				21.6	1.606		7.0	.6
22								.6				12.5	.927		5.0	.6
23								.6				19.8	1.490		6.0	.6
24								.6				3.5	.258		1.0	.6
25								.6				.2	.019			.6
26								.6				18.8	1.388		7.0	.6
27								.6				14.5	1.134		5.0	.6
28								.6				7.6	.573		3.0	.6
29								.6				7.6	.554		3.0	.6
30								.6				20.6	1.603		7.0	.6
31								.6				24.1	1.987		9.0	.6
MONTH TOTAL				4.8	.293		3.0	24.0				348.4	26.769		126.0	18.6
YEAR TO DATE				469.6	30.778		316					2056.7	180.936		900	
AVG.				.2	.009		1.50	.8				11.2	.864		4.34	.6
MAX.				2.5	.154		2.0	1.0				24.1	1.987		9.0	.6
MIN.				.1	0		1.0	.6				.2	0		1.0	.6

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WELL - 2S UNIT - 7 TRACT - 8
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES
1							.6														
2							.6														
3							.6														
4							.6														
5							.6														
6				20.3	2.192	10	.6														
7				25.3	2.732	14	.6														
8				22.3	2.408	12	.6														
9				9.8	1.058	5	.6														
10							.6														
11							.6														
12							.6														
13							.6														
14							.6														
15							.6														
16							.6														
17							.6														
18							.6														
19							.6														
20							.6														
21							.6														
22							.6														
23							.6														
24							.6														
25							.6														
26							.6														
27							.6														
28							.6														
29							.6														
30							.6														
31							.6														
MONTH TOTAL				77.7	8.390	41	K.6														
YEAR TO DATE				11201	119.671	605															
AVG.				2.5	.271	10.25	.6														
MAX.				25.3	2.732	14.0	.6														
MIN.				9.8	0	5.0	.6														

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DAY	WELL NO 20 UNIT-10 TRACT "A-C" BANNER BLVD/GILLIAM ST. STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	LBS CL	CL. RES	WELL NO 20 UNIT-10 TRACT "B" ANTELOPE/BARROW STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	LBS CL	CL. RES	TOTAL GALLONS PER DAY
1								.6				14.0	970		5.0	.6	6.193
2								.6				12.3	1200		6.0	.6	5927
3				18.1	1169		12.0	.6				17.7	1170		6.0	.6	7.460
4	65'10"	71'6"		23.2	1515		15.0	.6				16.1	1230		6.0	.6	6.255
5				24.5	1606		16.0	.6				17.5	1400		7.0	.6	8.398
6				23.7	1512		15.0	.6				22.2	1770		9.0	.6	10.116
7				25.8	1694		17.0	.6				16.3	1230		6.0	.6	8.496
8				20.9	1326		13.0	.6				2.7	180		1.0	.6	5.294
9				24.5	1560		16.0	.6				12.8	980		5.0	.6	6.664
10				25.2	1595	7.5	16.0	.6				18.2	1370	9.0	7.0	.6	6.788
11				23.4	1548		15.0	.6				.5	040			.6	6.236
12				23.1	1490		15.6	.6								.6	6.226
13				22.1	1537		15.0	.6								.6	5.290
14				22.0	1588		16.0	.6								.6	5.476
15				22.4	1417		14.0	.6								.6	4560
16				24.9	1601		19.0	.6				.9	.060			.6	5.567
17				24.5	1582		16.0	.6								.6	5.758
18				23.0	1485		14.0	.6				.3	.010			.6	4.932
19				23.9	1549		11.0	.6				16.0	1.200		6.0	.6	5.967
20				23.6	6.493		20.0	.6				7.9	.560		2.0	.6	5.226
21				25.0	1.585		16.0	.6				10.1	.730		4.0	.6	6.306
22				22.2	1.474		20.0	.6				3.6	.280		1.0	.6	4.485
23				24.4	1.572		15.0	.6				11.3	.840		4.0	.6	6.171
24				23.4	1.538		14.0	.6				16.5	1.250		6.0	.6	5.121
25				24.4	1.597		10.0	.6				17.3	1.350		6.0	.6	5.500
26				24.0	1.532		18.0	.6				9.6	.660		3.0	.6	5.656
27				23.2	1.527		11.0	.6				15.5	1.230		6.0	.6	6.178
28				25.0	1.661		23.0	.6				15.2	1.140		6.0	.6	6.013
29				23.3	1.494		14.0	.6				15.2	1.080		5.0	.6	5.247
30				24.2	1.574		15.0	.6				6.3	.440		2.0	.6	6.589
31				24.3	1.627		15.0	.6								.6	8.763
MONTH TOTAL				1.686	44.447		446.0	19.6				301.2	22.320		1100	18.6	192.458
YEAR TO DATE				49539	324.625		3393					3530.6	273622		1368		1893.021
AVG.				22.2	1434		15.40	.6				9.7	.720		5.0	.6	6.208
MAX.				27.0	1694		23.0	.6				22.2	1.730		9.0	.6	10.116
MIN				18.1	0		10.0	.6				.3	0		1.0	.6	4.485

I.D. NO. 6271696 OPERATOR SIGNATURE: Ricky Leach

OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: OA 4803

TOTAL METERED SERVICES AT END OF MONTH: 24,080 EST.

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DAY	WELL NO 3 UNIT-1 TRACT L JAMAICA / APRICOT									WELL NO 11 UNIT-1 TRACT L JAMAICA / APRICOT								H.B CENTRIFUGAL UNIT-1 JAMAICA/APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL RES	METER RDG	HOURS	GALLONS
1								.4					12.7	.238		1.0	.6			
2	152'	548'		11.6	.232		1.0	.5		163'	564'		19.6	.260		1.0	.6		6.1	
3				21.1	.425		2.0	.5					18.0	.242		1.0	.6		7.7	
4				9.4	.187		1.0	.5	.48				22.3	.284		1.0	.6		1.7	
5				5.3	.107		1.0	.5					17.6	.246		1.0	.6		1.4	
6				3.8	.076			.5					17.0	.223		1.0	.6		4.3	
7				23.3	.480		2.0	.5					23.1	.304		1.0	.6		8.0	
8				18.0	.366		2.0	.5					22.4	.304		1.0	.6		8.5	
9				16.2	.330		2.0	.5	.58				16.5	.212		1.0	.6		.8	
10				4.7	.095			.5					17.3	.223		1.0	.6		2.2	
11				15.6	.312		2.0	.5					20.0	.263		1.0	.6		3.4	
12				17.9	.299		1.0	.5					18.3	.244		1.0	.6		3.0	
13				4.6	.071			.5					20.3	.262		1.0	.6		2.1	
14				13.5	.291		1.0	.5					14.9	.194		1.0	.6		3.0	
15				8.7	.173	8.5	1.0	.5					9.8	.128	5.5	1.0	.6			
16				3.3	.066			.4					14.4	.192		1.0	.6		2.3	
17				18.4	.369		2.0	.5					18.6	.249		1.0	.6		6.7	
18				8.9	.179		1.0	.5	.16				19.0	.259		1.0	.6		7.5	
19								.4	.40				2.3	.094		1.0	.6			
20				2.8	.056			.4	1.55				20.6	.201		1.0	.6		2.1	
21				8.1	.159		1.0	.5	1.20				18.7	.249		1.0	.6		1.1	
22				2.9	.059			.4	.50				16.6	.217		1.0	.6			
23								.5	1.70				18.8	.244		1.0	.6			
24								.5	.65				16.4	.206		1.0	.6			
25								.5	1.12				21.5	.284		1.0	.6			
26								.5					11.3	.151		1.0	.6			
27				2.7	.051		1.0	.5					15.5	.205		1.0	.6		2.4	
28				12.5	.251		1.0	.5					22.2	.298		1.0	.6		3.5	
29				18.9	.366		2.0	.5	.20				22.0	.296		1.0	.6		4.9	
30				20.0	.420		2.0	.5					20.1	.277		1.0	.6		4.8	
31				9.5	.198		1.0	.5	.38				15.2	.240		1.0	.6			
MONTH TOTAL				287	5.613		27.0	15.0	8.87				550.4	7.289		31.0	18.6		84.5	
YEAR TO DATE				2653.8	53.306		276.0		36.27				4722.4	74.617		353.0			732.9	
AVG.				9.0	.181		1.47	.5	.28				17.8	.235		1.0	.6		2.7	
MAX				23.3	.480		2.0	.5	1.70				22.4	.304		1.0	.6		8.5	
MIN.				2.7	0		1.0	.4	0				2.3	.094		1.0	.6		.8	

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DAY	WELL Nº 12 ELDRIDGE RD UNIT-7 TRACT A								WELL Nº 10 CARTER/REYNOLDS UNIT-25 TRACT H								
	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	lbs Cl	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	lbs Cl	LBS CL	CL RES	RAINFALL
1	179'	417'		4.0	.131			.6	248'	55'		15.5	.411		2.0	.6	
2				3.3	.110		1.0	.6				17.9	.487		2.0	.6	
3				5.6	.187		1.0	.6				16.7	.443		2.0	.6	
4				5.4	.178		1.0	.6				21.2	.572		3.0	.6	
5				3.7	.123			.6				22.4	.596		3.0	.6	
6				5.4	.183		1.0	.6				18.2	.490		2.0	.6	
7				13.6	.461		2.0	.6				21.6	.586		3.0	.6	
8				11.4	.384		2.0	.6				20.8	.582		3.0	.6	
9				.2	.006			.6				13.6	.376		2.0	.6	.70
10				3.1	.101			.6				15.5	.410		2.0	.6	
11				7.3	.241		1.0	.6				23.0	.615		3.0	.6	
12				2.1	.070			.6				21.1	.563		2.0	.6	
13				4.6	.152		1.0	.6				14.7	.393		2.0	.6	.05
14				2.8	.091		1.0	.6				16.5	.440		2.0	.6	.05
15						8.5		.6				7.9	.212	6.5	1.0	.6	.10
16								.6				14.0	.378		2.0	.6	
17								.6				15.6	.425		2.0	.6	
18					.005			.6				17.3	.465		2.0	.6	.30
19								.6				2.2	.052		1.0	.6	
20				5.0	.160		1.0	.6				10.7	.296		1.0	.6	
21				5.1	.171		1.0	.6				19.6	.524		2.0	.6	
22				2.6	.094			.6				15.8	.490		2.0	.6	1.25
23								.6				9.4	.253		1.0	.6	.40
24								.6				8.3	.210		1.0	.6	1.40
25				.1	.003			.6				14.2	.377		2.0	.6	.56
26				.1	.003			.6				9.8	.255		1.0	.6	
27				3.4	.115		1.0	.6				13.8	.366		2.0	.6	
28				6.7	.221		1.0	.6				15.0	.407		2.0	.6	
29				7.3	.243		1.0	.6				18.6	.503		2.0	.6	
30				4.1	.136		1.0	.6				16.2	.431		2.0	.6	
31				.1	.002			.6				10.8	.283		1.0	.6	.32
MONTH TOTAL				107.0	3.561		17.0	18.6				480.9	12.851		61.0	18.6	5.13
YEAR TO DATE				1234.0	40.775		213.0					2699.3	90.782		426.0		38.17
AVG.				3.5	.115		1.13	.6				15.5	.415		1.97	.6	.17
MAX.				13.6	.461		2.0	.6				23.0	.615		3.0	.6	1.40
MIN.				1	0		1.0	.6				2.2	.052		1.0	.6	0

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DAY	WELL N° 13 UNIT-25 TRACT H CARTEE / REYDVILLE								N. 8 CENTRIFUGAL UNIT-25 CARTEE / REYDVILLE			WELL N° 7 UNIT-13 TRACT B' ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No Cl	Log. Cl.	Cl. Res.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No Cl	Log. Cl.	Cl. Res.	RAINFALL
1	155'	162'		11.9	.378		2.0	.6		5.6					6.0	.243		1.0	.6	
2				8.0	.268		1.0	.6		1.9					1	.006			.6	
3				7.1	.226		1.0	.6		6.3					1.7	.067			.6	
4				12.2	.392		2.0	.6		4.6					1.4	.054			.6	
5				12.3	.413		2.0	.6		3.5					3.2	.129		1.0	.6	
6				7.5	.227		1.0	.6		5.5					4.3	.175		1.0	.6	
7				20.7	.674		3.0	.6		11.8					8.6	.348		1.0	.6	
8				23.1	.742		3.0	.6		9.2					6.2	.253		1.0	.6	
9				7.7	.252		1.0	.6		.8									.6	.68
10				4.9	.154		1.0	.6		2.1									.6	
11				6.9	.224		1.0	.6		6.1					1.3	.053			.6	
12				4.3	.139		1.0	.6											.6	
13								.5											.6	.15
14								.5											.6	.60
15						7.5		.5									75		.6	.12
16								.5											.6	
17								.5											.6	
18								.5							2.7	.106			.6	.22
19								.5							.1	.007		1.0	.6	
20								.5							3.2	.127			.6	
21								.5							2.1	.083		1.0	.6	.06
22								.5											.6	.90
23								.5											.6	.90
24								.5											.6	.35
25								.5											.6	.09
26								.5											.6	.50
27								.5											.6	
28								.5											.6	
29								.5											.6	.05
30								.5											.6	.60
31								.5											.6	.80
MONTH TOTAL				126.6	4.089		19.0	16.7		57.4					40.9	1.650		7.0	1.86	5.32
YEAR TO DATE				1720.8	56.325		258.0			820.4					221.37	16.560		45.0		37.78
AVG.				4.1	.132		1.58	.5		1.9					1.3	.053		.23	.6	.17
MAX.				23.1	.742		3.0	.6		11.8					8.6	.348		1.0	.6	.90
MIN				4.3	0		1.0	.5		.8					.1	0		1.0	.6	0

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DAY	WELL No 6 UNIT-2 TRACT "A" PIONEER PARK								WELL No 10 UNIT-9 TRACT "D" WEST LINDEN DRIVE								WELL No 20 UNIT-13 TRACT "D" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No CL	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No CL	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No CL	LBS CL	CL RES
1				23.9	.479		2.0	.6	20'2"	21'6"		6.1	.359		2.0	.6								.6
2				26.6	.530		2.0	.6				11.7	.513		2.0	.6				12.9	.800		4.6	.6
3				24.3	.489		2.0	.6				7.5	.338		1.6	.6				15.4	.964		5.0	.6
4				24.2	.495		2.0	.6				9.5	.423		2.0	.6				15.3	.960		5.0	.6
5				19.0	.377		1.0	.6				5.2	.232		1.6	.6				8.1	.510		2.0	.6
6				23.2	.458		2.0	.6				6.6	.320		1.0	.6				14.2	.897		4.0	.6
7				23.8	.497		2.0	.6				15.2	.693		3.0	.6				21.4	1.348		6.0	.6
8				23.8	.491		2.0	.6				13.5	.616		3.0	.6				17.7	1.119		6.0	.6
9				22.7	.441		2.0	.6				4.3	.184		1.0	.6				16.9	1.033		5.0	.6
10				24.7	.433		2.0	.6				5.0	.225		1.0	.6				16.0	1.109		5.0	.6
11				25.0	.544		3.0	.6				10.3	.462		2.0	.6				16.2	1.011		5.0	.6
12				21.7	.434		2.0	.6				8.1	.357		1.0	.6				13.8	.848		4.0	.6
13				25.1	.488		2.0	.6				5.6	.254		1.6	.6				19.9	1.238		6.0	.6
14				23.9	.463		2.0	.6				6.0	.270		1.0	.6				19.7	1.213		6.0	.6
15				6.2	.125	2.5	1.0	.6				4.5	.196	2.0	1.0	.6				13.3	.822		4.0	.6
16				19.7	.369		2.0	.6				7.1	.316		2.0	.6				16.3	1.010		5.0	.6
17				20.4	.410		2.0	.6				10.3	.467		2.0	.6				17.9	1.116		6.0	.6
18				17.5	.359		2.0	.6				7.6	.335		1.0	.6				20.2	1.252		6.0	.6
19				7.9	.149		1.0	.6								.6				11.8	.726		4.0	.6
20				11.9	.233		1.0	.6				5.4	.249		1.0	.6				15.5	.984		5.0	.6
21				24.2	.480		2.0	.6				8.6	.384		1.0	.6				22.7	1.400		7.0	.6
22				24.1	.466		2.0	.6				5.2	.233		1.0	.6				20.5	1.270		6.0	.6
23				17.1	.343		1.0	.6				1.0	.040			.6				19.9	1.172		6.0	.6
24				19.5	.371		1.0	.6					.020			.6				20.9	1.230		6.0	.6
25				9.0	.155		1.0	.6								.6				25.0	1.546		7.0	.6
26				15.8	.357		1.0	.6								.6				17.5	1.089		5.0	.6
27				23.7	.469		2.0	.6				5.0	.206		1.0	.6				20.5	1.254		6.0	.6
28				24.8	.493		2.0	.6				9.4	.424		2.0	.6				22.3	1.376		7.0	.6
29				22.9	.455		2.0	.6				12.5	.566		2.0	.6				22.8	1.413		7.0	.6
30				25.3	.503		2.0	.6				10.4	.456		2.0	.6				21.5	1.313		7.0	.6
31				25.4	.496		2.0	.6				.6	.028			.6				19.6	1.199		6.0	.6
MONTH TOTAL				648.2	12.855		55.0	18.6				204.4	9162		78.0	18.6				536.9	33272		160.0	18.6
YEAR TO DATE				47134	103,539		508.0					1960.7	87 579		426.0					3286.3	202 841		917.0	
AVG.				20.9	.415		1.77	.6				6.6	.296		1.23	.6				17.3	1.073		5.26	.6
MAX.				26.6	.544		3.0	.6				15.2	.693		3.0	.6				25.0	1546		7.0	.6
MIN.				6.2	.125		1.0	.6				.6	0		1.0	.6				8.1	0		2.0	.6

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DAY	WELL #11 UNIT-10 TRACT "A-C" MARINER BLVD / KILLIAN ST									WELL #10 UNIT-10 TRACT "A-C" MARINER BLVD / KILLIAN ST								#3 CENTRIFUGAL UNIT-10 MARINER BLVD/KILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL RES	METER RDG	HOURS	GALLONS
1	54'	75'		21.6	.636		30	.6	.50	61'8"			23.2	.250		4.0	.6		3.7	
2				24.1	.706		3.0	.6					25.0	.814		4.0	.6		2.9	
3				22.1	.679		3.0	.6					23.5	.764		4.0	.6		5.4	
4				24.0	.719		3.0	.6					24.9	.816		4.6	.6		4.6	
5				23.0	.683		2.0	.6					23.1	.758		4.0	.6		3.4	
6				24.4	.710		3.0	.6					24.7	.614		3.0	.6		5.9	
7				23.4	.698		3.0	.6					24.1	.758		4.0	.6		8.4	
8				22.8	.681		3.0	.6	.70				23.1	.726		4.0	.6		7.3	
9				23.6	.689		2.0	.6					22.7	.745		4.0	.6		.8	
10				23.3	.677		2.0	.6					23.5	.729		4.0	.6		2.9	
11				24.1	.713		2.0	.6					25.0	.786		4.0	.6		5.8	
12				23.5	.695		3.0	.6					23.6	.742		4.0	.6		3.4	
13				24.0	.693		2.0	.6	.06				23.9	.751		4.0	.6		3.6	
14				23.4	.679		2.0	.6	.30				24.0	.755		4.0	.6		2.6	
15				17.8	.514	60	3.0	.6	.10				24.0	.755		4.0	.6		1.9	
16				21.8	.635		2.0	.6					23.3	.734		4.0	.6		4.4	
17				22.5	.673		2.0	.6					23.4	.736		4.0	.6		5.4	
18				25.2	.738		2.0	.6	.12				25.3	.795		4.0	.6		3.9	
19				21.5	.612		2.0	.6					23.5	.734		4.0	.6		.1	
20				22.0	.629		3.0	.6					23.8	.749		4.0	.6		3.2	
21				23.0	.684		2.0	.6					23.7	.745		4.0	.6		4.2	
22				25.5	.744		3.0	.6	1.35				25.8	.811		4.0	.6		3.2	
23				21.7	.635		3.0	.6	.65				21.7	.682		4.0	.6		1.0	
24				23.0	.664		2.0	.6	1.90				23.5	.739		4.0	.6		.3	
25				25.6	.725		3.0	.6					25.6	.805		4.0	.6		.7	
26				23.2	.669		3.0	.6					23.1	.726		4.0	.6		.6	
27				24.2	.693		3.0	.6					24.5	.770		4.0	.6		4.0	
28				22.8	.676		2.0	.6					22.8	.717		4.0	.6		4.4	
29				23.5	.700		3.0	.6					24.0	.755		4.0	.6		5.4	
30				23.9	.708		3.0	.6	.50				24.1	.758		4.0	.6		5.1	
31				24.0	.699		2.0	.6	3.00				24.0	.755		4.0	.6		.9	
MONTH TOTAL				719.5	21.054		93.0	18.6	9.18				741.4	23.339		123.0	18.6		108.4	
YEAR TO DATE				4991.8	128.727		622		43.65				53325	172.423		870.0			2054.9	
AVG				23.2	.679		3.0	.6	.30				23.9	.753		3.97	.6		3.5	
MAX				25.6	.744		3.0	.6	3.00				25.8	.816		4.0	.6		8.4	
MIN.				17.8	.514		3.0	.6	0				21.7	.664		3.0	.6		.1	

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DAY	WELL NO 21 UNIT-9 TRACT "B" WEST LINDEN DRIVE								WELL NO 22 UNIT-7 TRACT "E" FLORIDOR RD.							
	STATIC LEVEL	PUMPING LEVEL	WATER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	WATER RDG.	HOURS	GALLONS	No. CI	LBS. CL.	CL. RES
1	127'	38'10"		.1	.006			1.0				17.0	1.424		7.0	.6
2								.6				26.2	2.131		11.0	.6
3								.6				24.1	1.993		10.0	.6
4				.5	.031			1.0				26.7	2.194		11.0	.6
5								.6				15.8	1.324		7.0	.6
6				4.9	.310		7.0	1.0				23.1	1.896		9.0	.6
7				8.1	.505		5.0	1.0				21.3	1.625		9.0	.6
8				5.0	.316		3.0	1.0				21.5	1.820		9.0	.6
9								.6				12.0	.962		5.0	.6
10								.6				15.2	1.227		6.0	.6
11				.6	.040		1.0	1.0				23.1	1.886		9.0	.6
12								.6				20.2	1.629		8.0	.6
13				2.9	.178		2.0	1.0				11.3	.917		5.0	.6
14								.6				16.7	1.332		7.0	.6
15						7.5		.6				.2	.013	6.5		.6
16								.6				6.5	.463		2.0	.6
17				2.9	.179		2.0	1.0				7.2	.542		2.0	.6
18								.6				5.3	.372		2.0	.6
19								.6								.6
20				3.3	.199		2.0	1.0				7.5	.619		3.0	.6
21				1.8	.112		1.0	1.0				15.9	1.305		7.0	.6
22								.6				15.1	1.204		6.0	.6
23								.6				5.1	.401		2.0	.6
24								.6				6.6	.533		3.0	.6
25								.6				11.2	.971		4.0	.6
26								.6				5.0	.363		2.0	.6
27				.4	.025		1.0	1.0				10.6	.940		4.0	.6
28				1.5	.096		1.0	1.0				15.7	1.549		7.0	.6
29				3.3	.206		2.0	1.0				17.3	1.449		7.0	.6
30								.6				17.3	1.411		7.0	.6
31				.1	.003			1.0				9.6	.772		3.0	.6
MONTH TOTAL				35.7	2.231		22.0	23.2				433	35267		174.0	18.6
YEAR TO DATE				505.3	33.009		339.0					2490.0	216.203		1074.0	
AVG.				1.2	.072		7.4	.75				14.0	1.138		5.61	.6
MAX.				8.1	505		50	1.0				26.7	2.194		11.0	.6
MIN.				.1	0		1.0	.6				.2	0		2.0	.6

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WELL - 26 UNIT - 7 TRACT - 8
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL RES
1							.6														
2							.6														
3							.6														
4							.6														
5							.6														
6							.6														
7							.6														
8							.6														
9							.6														
10							.6														
11							.6														
12							.6														
13							.6														
14							.6														
15				24.4	2635	130	.6														
16				24.0	2.592	200	.6														
17				24.4	2635	200	.6														
18				25.9	2797	21.0	.6														
19				21.4	2311	19.0	.6														
20				10.3	1112	100	.6														
21							.6														
22							.6														
23							.6														
24							.6														
25							.6														
26							.6														
27							.6														
28							.6														
29							.6														
30							.6														
31							.6														
MONTH TOTAL				130.4	14082	103	16.6														
YEAR TO DATE				1251.0	133753																
AVG.				4.2	.454		.6														
MAX.				25.9	2.797		.6														
MIN.				10.3	0		.6														

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DAY	WELL #1 & #3 UNIT-19 TRACT "A-C" WARNER BLVD/HILLIARD ST — STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CL	LBS. CL	CL. RES	WELL #2 & #4 UNIT-13 TRACT "B" ANTELOPE/BARBOW — STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CL	LBS. CL	CL. RES	TOTAL GALLONS PER DAY
1	63'6"	76'8"		23.1	1,521		19.0	.6				20.7	1,646		8.0	.6	8,236
2				25.2	1,681		21.0	.6				19.3	1,480		7.0	.6	10,014
3				23.4	1,516		19.0	.6				16.1	1,380		8.6	.6	9,713
4				24.7	1,667		20.0	.6				21.0	1,670		8.6	.6	10,642
5				23.3	1,565		19.0	.6				22.3	1,760		9.6	.6	8,823
6				24.6	1,621		20.0	.6				16.9	1,350		7.6	.6	9,600
7				24.0	1,607		20.0	.6				20.8	1,650		8.0	.6	12,434
8				23.1	1,561		19.0	.6				21.7	1,680		8.0	.6	11,691
9				23.6	1,572		19.0	.6				11.1	780		5.0	.6	7,542
10				23.6	1,546		20.0	.6				15.4	1150		6.0	.6	8,089
11				24.9	1,654		20.0	.6				19.9	1,510		8.0	.6	10,313
12				23.7	1,587		19.0	.6				20.8	1,570		8.0	.6	9,177
13				24.0	1,556		20.0	.6				10.2	780		4.0	.6	2,733
14				24.0	1,553		20.0	.6				6.8	470		2.0	.6	7,751
15				24.6	1,505	6.0	20.0	.6				2.9	280	9.0	1.0	.6	7,358
16				23.4	1,478		20.0	.6				10.5	730		4.0	.6	9,013
17				23.4	1,529		20.0	.6				13.4	980		5.0	.6	10,310
18				25.4	1,692		21.0	.6				9.4	760		4.0	.6	10,135
19				23.2	1,462		20.0	.6								.6	6,152
20				23.9	1,552		20.0	.6				7.9	600		3.0	.6	7,766
21				24.4	1,614		20.0	.6				12.3	930		5.0	.6	8,840
22				25.7	1,664		21.0	.6				11.3	960		5.0	.6	8,102
23				21.8	1,408		18.0	.6				1.2	070			.6	5,246
24				23.5	1,503		20.0	.6				1.9	070		1.0	.6	5,596
25				25.5	1,673		21.0	.6				1.3	140		1.0	.6	6,579
26				23.2	1,517		21.0	.6				3.7	530		3.0	.6	5,660
27				24.3	1,499		20.0	.6				2.4	310		2.0	.6	6,806
28				23.0	1,484		19.0	.6				16.3	770		4.0	.6	8,762
29				23.8	1,560		20.0	.6				12.2	940		5.0	.6	9,451
30				24.3	1,590		20.0	.6				10.7	760		5.0	.6	8,763
31				24.0	1,550		20.0	.6				7.0	510		3.0	.6	6,735
MONTH TOTAL				742.8	48487		616.0	18.6				396.6	28,180		142.0	18.6	262,982
YEAR TO DATE				569.7	373,112		4009					390.2	201502.		1515		2156003
AVG.				24.0	1,564		19.9	.6				12.8	909		5.0	.6	8,483
MAX.				25.7	1,692		21.0	.6				22.3	1760		9.0	.6	12,434
MIN.				21.9	1,408		18.0	.6				1.2	0		1.0	.6	5,246

I.D. NO. 6271696

OPERATORS' NAME: Ricky Leach

OPERATOR SIGNATURE: Ricky Leach

CERTIFICATE NUMBER: VA4803

TOTAL METERED SERVICES AT END OF MONTH: 21,679

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DAY	WELL Nº 5 UNIT-1 JAMAICA / APRICOT TRACT L										WELL Nº 11 UNIT-1 JAMAICA / APRICOT TRACT L								H.D. UNIT-1 CENTRIFUGAL JAMAICA / APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL RES	RAINFALL		STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CI	LBS CL	CL RES	METER RDG.	HOURS	GALLONS
1								4	1.68					16.0	212		1.0	.6			
2								4						12.8	170		1.0	.6			
3				4.9	.097			5						15.5	204		1.0	.6		3.5	
4	245'	571'		18.8	381		2.0	5			161'	42'5"		18.7	250		1.0	.6		6.6	
5				25.0	517		3.0	.5						25.6	355		2.0	.6		10.3	
6				18.3	375		2.0	.5						22.6	320		1.0	.6		9.5	
7				18.9	384		2.0	5						25.2	342		1.0	.6		9.4	
8				20.2	410		2.0	5						21.5	292		1.0	.6		8.1	
9				3.1	.064			5	.17					16.4	.220		1.0	.6		1	
10				3.4	.067		1.0	.5						19.4	.251		1.0	.6		4.0	
11				8.7	.178	11.5	1.0	5	.15					21.7	.294	13.0	1.0	.6		4.9	
12				23.3	.481		2.0	.5						24.0	.326		1.0	.6		11.1	
13				20.6	.418		2.0	.5						23.3	.320		1.0	.6		7.8	
14				25.7	.527		3.0	5						26.6	.363		2.0	.6		10.5	
15				16.2	.326		2.0	5	.24					21.2	.297		1.0	.6		6.4	
16				3.3	.066			5	.20					18.0	.247		1.0	.6		2	
17				4.0	.099		1.0	.5						20.6	.277		1.0	.6		4.0	
18				22.7	.443		2.0	5						23.8	.334		1.0	.6		11.3	
19				20.1	.406		2.0	5						23.8	.325		1.0	.6		10.9	
20				17.0	.343		2.0	5						20.6	.281		1.0	.6		5.5	
21				15.9	.400		2.0	5						31.2	.280		1.0	.6		7.7	
22				17.5	.348		2.0	.5						19.7	.263		1.0	.6		6.9	
23				9.0	.181		1.0	.5						19.2	.192		1.0	.6		2.7	
24				3.2	.062			.5						11.7	.155		1.0	.6		3.7	
25				10.5	.212		1.0	.5						20.1	.259		1.0	.6		6.4	
26				22.5	.458		2.0	.5						17.6	.259		1.0	.6		7.8	
27				16.8	.337		2.0	.5						16.4	.224		1.0	.6		6.7	
28				22.5	.442		2.0	.5	.10					14.7	.186		1.0	.6		4.5	
29				5.6	.111		6.0	.5	2.58					4.3	.057			.6			
30				.1	.001			.5							.001			.6			
31																					
MONTH TOTAL				401.7	8134		47.0	14.8	5.16					555.7	7.556		7.0	18.0		169.7	
YEAR TO DATE				3653	61.440		323		41.43					5793	82.173		383.0			1102.8	
AVG.				13.4	.271		2.0	.5	.17					18.6	.252		1.0	.6		5.7	
MAX				25.7	.527		6.0	.5	2.58					31.2	.763		2.0	.6		11.2	
MIN.				.1	0		1.0	.4	0					4.3	.001		1.0	.6		.1	

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DAY	WELL Nº 18 UNIT-7 TRACT A ELDRIDGE RD								WELL Nº 20 UNIT-25 TRACT "H" CORTEE/REYNOLDS								
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS. CL	CL. RES.	RAINFALL
1				.6	.020			.6				17.7	462		2.0	.6	2.6
2								.6				14.0	363		2.0	.6	
3				4.2	.139			.6				14.2	.370		2.0	.6	
4	154'	44'		8.0	.273		1.0	.6	224'	66'		10.0	263		1.0	.6	
5				9.6	331		1.0	.6				1.5	.039			.6	
6				13.6	474		2.0	.6				3.8	.105		1.0	.6	
7				8.8	291		1.0	.6				20.0	531		2.0	.6	
8				9.0	300		1.0	.6				21.7	577		2.0	.6	
9				1.7	056			.6				22.6	604		3.0	.6	
10				5.4	183		1.0	.6				17.9	469		2.0	.6	
11				7.8	.254	11.0	1.0	.6				23.0	.607	11.5	3.0	.6	
12				6.2	.211		1.0	.6				22.8	.605		3.0	.6	
13				5.6	186		1.0	.6				21.9	.580		2.0	.6	.25
14				6.2	.208		1.0	.6				23.0	.607		3.0	.6	1.45
15				5.5	.185		1.0	.6				25.0	664		3.0	.6	
16				.1	.003			.6				19.8	516		3.0	.6	
17				5.7	.193			.6				19.7	516		3.0	.6	
18				8.6	287		1.0	.6				21.3	568		3.0	.6	
19				3.7	118		1.0	.6				21.8	577		3.0	.6	
20				1.6	051			.6				15.3	.405		2.0	.6	
21								.6				16.8	.448		2.0	.6	
22				.1	.003			.6				21.5	570		3.0	.6	
23								.6				20.0	532		3.0	.6	.10
24				3.6	.115		1.0	.6				13.7	352		2.0	.6	
25				4.6	.147		1.0	.6				19.8	.520		3.0	.6	
26				2.1	068			.6				20.2	535		3.0	.6	
27				4.8	.149		1.0	.6				14.5	375		2.0	.6	
28								.6				10.7	275		1.0	.6	.11
29								.6				7.1	175		1.0	.6	2.80
30				.1	.001			.6				5.0	128		1.0	.6	
31																	
MONTH TOTAL				137.2	4245		17.0	18.0				505.5	13.346		66.0	18.0	4.97
YEAR TO DATE				1361.2	45020		230.0					3204.2	104.126		504		43.14
AVG				4.29	.142		1.06	.6				16.9	445		2.28	.6	.17
MAX.				13.6	474		2.0	.6				25.0	.664		3.0	.6	2.80
MIN.				1	0		1.0	.6				1.5	.039		1.0	.6	.01

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DAY	WELL #15 UNIT-29 TRACT N CARTEE / REYNOLDS								N-8 UNIT-23 CENTRIFUGAL CARTEE / REYNOLDS			WELL #7 UNIT-13 TRACT B ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	lbs CL	LBS CL	CL. RES	METER READ.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	lbs CL	LBS CL	CL. RES.	RAINFALL
1								4								.001			.6	.23
2								4							.4	.016			6	
3								4											6	
4								4											6	.10
5	162'	60'11"		13.6	.461		20	5		12.3					3.3	.181		1.0	6	
6				25.1	.803		4.0	5		13.2					6.1	2.14		1.0	6	
7				22.0	.739		4.0	5		7.7					8.7	331		1.0	6	
8				19.6	.618		3.0	5		8.5					4.4	.178		1.0	6	
9				10.0	.316		2.0	5		1.5					1.7	.040			6	
10				6.7	.224		1.0	5		6.0					3.7	.139		1.0	6	
11				16.4	.545	110	2.0	5		7.6					3.6	.159	12.0		6	
12				17.4	.567		2.0	5		9.5					6.0	230		1.0	6	
13				20.4	.660		3.0	5		5.1					5.9	252		1.0	6	
14				13.6	.445		2.0	5		6.1					5.6	213		1.0	6	
15				14.9	.482		2.0	5		6.2					2.4	.097			6	
16				4.1	.136		1.0	5							4.5	.196		1.0	6	.35
17				6.6	.213		1.0	5		5.5					4.2	169		1.0	6	
18				20.0	.651		2.0	5		10.4					4.2	172		1.0	6	
19				21.5	.675		2.0	5		5.1					5.8	232		1.0	6	
20				18.9	.627		2.0	5		9.4					5.6	235		1.0	6	
21				19.8	.645		3.0	5		9.4					14.9	596		3.0	6	
22				21.7	.670		3.0	5		9.1					16.8	672		3.0	6	
23				10.6	.357		2.0	5		2.5					12.9	513		3.0	6	
24				6.0	.196		1.0	5		5.2					11.3	461		2.0	6	
25				19.6	.628		3.0	5		10.3					15.7	637		3.0	6	
26				25.1	.810		4.0	5		11.0					16.1	625		3.0	6	
27				19.6	.641		3.0	5		11.4					9.8	405		2.0	.6	
28				15.4	.487		2.0	5		5.0					5.7	218		1.0	6	.40
29				5.6	.184		1.0	5		1.2					.3	.012			.6	1.30
30								4											.6	
31																				
MONTH TOTAL				394.2	12.775		60.0	145		197.2					179.0	7.192		33.0	18.0	2.30
YEAR TO DATE				2115.0	69.104		348.0			1007.6					239.2.7	23.752		484.0		40.08
AVG.				13.1	426		2.40	5		6.2					6.0	.240		1.57	.6	.08
MAX.				25.1	.810		4.0	5		13.2					16.8	672		3.0	.6	1.30
MIN				4.1	0		1.0	5		1.2					.3	0		1.0	.6	0

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DAY	WELL Nº 8 UNIT - 8 TRACT "A" PIONEER PARK								WELL Nº 10 UNIT - 8 TRACT "D" WEST LINDEN DRIVE								WELL Nº 20 UNIT - 13 TRACT "D" ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No Cl	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No Cl	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	No Cl	LBS. CL	CL RES
1				24.6	476		2.0	.6				3.7	134		1.0	.6				15.8	967		5.0	.6
2				23.2	432		2.0	.6								.6				16.1	994		5.6	.6
3				24.3	472		2.0	.6				5.1	.228		1.0	.6				20.2	1.261		6.0	.6
4				22.1	452		2.0	.6	19'11"	20'4"						.6				23.4	1455		7.0	.6
5				25.4	531		3.0	.6				3.3	.151		1.0	.6				24.1	1.524		8.0	.6
6				22.9	493		2.0	.6								.6				23.2	1468		7.0	.6
7				25.5	525		3.0	.6				11.5	.517		3.0	.6				23.6	1476		7.0	.6
8				25.1	517		3.0	.6				15.0	.671		3.0	.6				25.1	1567		8.0	.6
9				21.4	432		2.0	.6				3.7	.164		1.0	.6				21.4	1.374		7.0	.6
10				23.7	467		2.0	.6				6.5	.304		2.0	.6				23.2	1383		7.0	.6
11				24.0	489	12.5	2.0	.6				10.9	.487	12.5	2.0	.6				22.7	1426	12.5	7.0	.6
12				24.1	503		3.0	.6				10.6	482		2.0	.6				23.5	1420		7.0	.6
13				23.5	504		3.0	.6				10.9	.493		2.0	.6				24.0	1506		8.0	.6
14				26.4	557		3.0	.6				8.1	.365		2.0	.6				24.4	1528		8.0	.6
15				21.2	455		2.0	.6				11.3	.508		3.0	.6				24.9	1567		8.0	.6
16				24.6	.510		3.0	.6				4.6	.192		1.0	.6				17.4	1084		5.0	.6
17				23.9	484		2.0	.6				6.4	.300		2.0	.6				23.9	1502		8.0	.6
18				24.0	530		3.0	.6				11.4	.528		3.0	.6				24.0	1501		8.0	.6
19				1.9	042			.6				10.3	.468		2.0	.6				23.2	1465		7.0	.6
20								.6				10.6	.475		2.0	.6				20.3	1266		6.0	.6
21				19.3	392		2.0	.6				11.8	.532		3.0	.6				22.3	1386		7.0	.6
22				25.6	527		3.0	.6				13.7	.611		3.0	.6				25.6	1592		8.0	.6
23				20.7	411		2.0	.6				3.0	.137		1.0	.6				21.2	1306		7.0	.6
24				23.7	463		2.0	.6				7.6	.342		2.0	.6				20.6	1286		6.0	.6
25				24.1	499		2.0	.6				12.0	.553		3.0	.6				23.8	1486		7.0	.6
26				24.1	489		2.0	.6				13.1	.594		2.0	.6				21.1	1337		7.0	.6
27				23.7	473		2.0	.6				9.8	.418		2.0	.6				22.5	1356		7.0	.6
28				26.8	.505		3.0	.6				5.4	.226		1.0	.6				12.7	.755		4.0	.6
29				25.5	474		2.0	.6				6.6	.269		1.0	.6				6.6	.380		2.0	.6
30				20.0	366		2.0	.6				.5	.018			.6				4.9	.273		1.0	.6
31																								
MONTH TOTAL				664.9	13469		66.0	18.0				327.6	10.165		52.0	18.0				623.9	38865		195.0	18.0
YEAR TO DATE				5378.3	117.008		574.0					2188.3	97.779		478.0					3910.2	241706		1112	
AVG.				22.2	449		2.36	.6				7.59	339		2.0	.6				20.8	1.296		6.50	.6
MAX.				26.8	.553		3.0	.6				15.0	.671		3.0	.6				25.6	1592		8.0	.6
MIN.				1.9	0		2.0	.6				.5	0		1.0	.6				4.9	.273		1.0	.6

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DAY	WELL #17 MARINER BLVD / KILLIAN ST UNIT-19 TRACT "A-C"									WELL #18 MARINER BLVD / KILLIAN ST UNIT-19 TRACT "A-C"								H.S. CENTRIFUGAL UNIT-19 MARINER BLVD / KILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES	BARRELS	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	lbs Cl	LBS. CL.	CL. RES	METER 000	HOURS	GALLONS
1				25.2	735		4.0	.6	05				25.4	.759		4.0	.6		.7	
2				22.8	652		3.0	.6					22.5	.707		4.0	.6		.5	
3				23.9	710		4.0	.6					24.5	.770		4.0	.6		4.0	
4	54'	76'		23.7	712		4.0	6		.52'			24.4	.767		4.0	.6		14.9	
5				21.3	655		3.0	6					23.5	.739		4.0	6		10.7	
6				21.2	652		3.0	.6					24.1	.758		4.0	6		7.1	
7				22.8	687		3.0	.6					23.4	.742		4.0	.6		7.1	
8				24.8	749		4.0	6					25.3	.795		4.0	.6		3.2	
9				24.3	732		4.0	.6					24.3	.764		4.0	6		5.0	
10				23.3	700		4.0	.6					23.3	.733		4.0	.6		7.4	
11				23.9	718	13.0	4.0	.6					23.8	.748	8.0	4.0	.6		8.0	
12				23.5	711		4.0	.6					23.7	.745		4.0	.6		8.2	
13				23.3	705		4.0	6					23.5	.739		4.0	.6		4.4	
14				24.2	737		4.0	.6	.17				24.1	.758		4.0	6			
15				25.0	769		4.0	.6					25.3	.795		4.0	.6		5.7	
16				23.1	699		3.0	.6	.10				23.2	.729		4.0	.6		2.0	
17				23.8	708		4.0	6					24.1	.758		4.0	6		4.5	
18				24.1	740		4.0	.6					24.1	.758		4.0	.6		7.5	
19				23.3	715		4.0	.6					23.5	.739		4.0	.6		7.1	
20				23.5	714		4.0	.6					23.6	.742		4.0	6		6.5	
21				23.5	705		4.0	.6					23.9	.751		4.0	.6		6.5	
22				25.1	.766		4.0	.6					25.4	.799		4.0	.6		7.8	
23				20.5	623		3.0	.6	.05				23.0	.723		4.0	6		3.3	
24				23.7	698		3.0	.6					24.1	.758		4.0	.6		6.2	
25				23.0	707		4.0	.6					23.6	.742		4.0	6		7.6	
26				25.1	778		4.0	.6					25.6	.805		4.0	.6		7.8	
27				22.5	669		3.0	.6					22.0	.692		3.0	.6		20.3	
28				23.6	685		3.0	.6	.11				11.3	.575		3.0	.6		9.2	
29				22.8	663		3.0	.6	1.30				13.9	.437		2.0	6		12.4	
30				23.2	671		3.0	.6					13.9	.437		2.0	.6		11.4	
31																				
MONTH TOTAL				706	21.177		109.0	18.0	1.78				693.3	21.804		114.0	18.0		208.2	
YEAR TO DATE				5096.4	149 896		731.0		45.43				6025.4	194 227		984.0			2293.1	
AVG				23.5	706		3.63	.6	.06				23.1	.727		3.80	.6		6.9	
MAX				25.2	.778		4.0	6	1.30				25.6	.805		4.0	.6		20.3	
MIN.				20.5	.623		3.0	.6	.00				13.9	.437		2.0	.6		.5	

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DAY	WELL NO 31 UNIT-9 TRACT "D" WEST LINDEN DRIVE								WELL NO 32 UNIT-7 TRACT "B" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES
1								.6				14.0	1.086		5.0	.6
2								.6				2.5	.181		1.0	.6
3								.6				17.2	1.377		7.0	.6
4	12'4"	22'11"		6.1	391		4.0	1.0				5.1	.421		2.0	.6
5				6.5	.432		4.0	1.0				4.7	.435		2.0	.6
6				6.4	.421		4.0	1.0				3.2	.287		1.0	.6
7				5.1	.355		4.0	1.0				20.5	1.727		9.0	.6
8				2.9	.179		2.0	1.0				25.3	2.118		11.0	.6
9								.6				22.0	1.786		9.0	.6
10				2.7	.168		2.0	1.0				14.0	1.317		7.0	.6
11				2.3	.148		1.0	1.0				21.5	1.813		9.0	.6
12				3.5	.218		2.0	1.0				17.7	1.497		7.0	.6
13				1.2	.078		1.0	1.0				21.6	1.786		9.0	.6
14				3.9	.246		2.0	1.0				20.6	1.714		9.0	.6
15				3.5	.219		2.0	1.0				24.0	1.985		10.0	.6
16								.6				14.4	1.120		6.0	.6
17				4.0	.254		3.0	1.0				13.4	1.116		6.0	.6
18				5.3	.335		3.0	1.0				20.8	1.741		9.0	.6
19				2.8	.178		2.0	1.0				15.2	1.148		6.0	.6
20				.8	.048			.6				11.1	.826		4.0	.6
21				3.3	.210	125	2.0	1.0				11.2	.812	100	4.0	.6
22				2.6	.170		2.0	1.0				11.5	.836		4.0	.6
23								.6				1.8	.117		1.0	.6
24								.6				4.8	.367		2.0	.6
25				10.9	.688		7.0	1.0				11.5	.868		4.0	.6
26				6.0	.379		4.0	1.0				12.8	.962		5.0	.6
27				14.3	.826		8.0	1.0				13.7	.909		5.0	.6
28				3.9	.227		2.0	1.0				16.7	1.085		5.0	.6
29								.6				18.1	1.365		6.5	.6
30								.6				19.1	1.701		7.0	.6
31																
MONTH TOTAL				99.2	6170		41.0	26.0				432.0	33.947		172	19.0
YEAR TO DATE				604.5	39.179		400.0					2922	250 150		1246.	
AVG.				3.3	206		3.05	.86				14.4	1.132		5.73	.6
MAX.				14.3	.826		8.0	1.0				25.3	2.118		11.0	.6
MIN.				.8	0		1.0	.6				1.8	.117		1.0	.6

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SPRING HILL UTILITIES

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WELL - #6 UNIT - 7 TRACT - E
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	LBS CL	CL RES
1							.6														
2							.6														
3							.6														
4							.6														
5							.6														
6							.6														
7							.6														
8							.6														
9							.6														
10							.6														
11							.6														
12							.6														
13							.6														
14							.6														
15							.6														
16							.6														
17							.6														
18							.6														
19				24.2	1858	9.0	.6														
20				24.9	2614	13.0	.6														
21				25.8	2689	13.0	.6														
22				21.4	2786	14.0	.6														
23				23.8	2311	12.0	.6														
24				24.0	2570	13.0	.6														
25				23.7	2592	13.0	.6														
26				24.0	2668	13.0	.6														
27				24.5	2592	13.0	.6														
28							.6														
29							.6														
30							.6														
31																					
MONTH TOTAL				216.3	22 680	113.0	18.0														
YEAR TO DATE				1467.3	156,437	821															
AVG.				7.2	.756	12.5L	.6														
MAX.				25.8	2786	14.0	.6														
MIN.				21.4	0	9.0	.6														

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DAY	WELL NO 20 UNIT - 15 TRACT "B-C" HARRIED BLVD/KILLIAN ST.								WELL NO 20 UNIT - 15 TRACT "B" GUTELOPE / BARROW								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No. CI	LBS. CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No. CI	LBS. CL	CL. RES.	
1				25.4	1.646		16.0	.6				8.6	.690		3.0	.6	7228
2				22.4	1.450		15.0	.6				5.6	.410		2.0	.6	5375
3				24.6	1.596		16.0	.6				7.0	.550		3.0	.6	7773
4	638'	782'		24.4	1.654		17.0	.6				14.3	1110		6.0	.6	8.149
5				23.4	1.630		16.0	.6				17.8	1380		7.0	.6	9361
6				24.3	1.763		18.0	.6				18.4	1440		7.0	.6	9.572
7				23.4	1.747		17.0	.6				14.0	1090		5.0	.6	11484
8				25.1	1.923		19.0	.6				19.8	1500		8.0	.6	12394
9				24.4	1.955		19.0	.6				13.5	950		5.0	.6	5457
10				23.4	1845		18.0	.6				10.3	820		4.0	.6	9.070
11				22.9	1.907	11.5	19.0	.6				15.2	1190	12.0	6.0	.6	10.963
12				23.7	1.902		19.0	.6				16.3	1300		7.0	.6	11.198
13				22.5	1865		19.0	.6				15.8	1250		6.0	.6	11.342
14				24.1	1.930		19.0	.6				15.3	1200		6.0	.6	11408
15				25.6	2012		20.0	.6				17.3	1300		7.0	.6	11.669
16				23.0	1782		18.0	.6				2.4	.350		2.0	.6	7.630
17				23.8	2.005		20.0	.6				7.5	.640		3.0	.6	9.229
18				24.3	2178		22.0	.6				16.8	1320		7.0	.6	12.076
19				23.5	1907		19.0	.6				14.8	1170		6.0	.6	12.021
20				23.6	1879		18.0	.6				15.9	1240		6.0	.6	11.716
21				23.8	1803		18.0	.6				11.6	.900		5.0	.6	12.547
22				25.3	2058		21.0	.6				15.5	1180		6.0	.6	13.851
23				23.2	2011		20.0	.6				6.2	.470		2.0	.6	9.874
24				24.1	1992		19.0	.6				5.3	.420		2.0	.6	10.186
25				23.6	2.174		22.0	.6				14.0	1120		6.0	.6	13 821
26				25.7	2304		23.0	.6				13.6	1040		5.0	.6	14.111
27				22.7	1819		18.0	.6				16.7	1200		6.0	.6	13.095
28				23.6	1984		20.0	.6				21.8	1.550		8.0	.6	9.184
29				23.6	1.914		19.0	.6				22.6	1530		8.0	.6	7.424
30				24.9	1822		18.0	.6				22.1	1440		7.0	.6	6.459
31																	
MONTH TOTAL				721.3	56.366		562.0	18.				432.0	31830		161.0	18	309 721
YEAR TO DATE				641.79	429.478		4571					4324.2	333.632		1676		2465.724
AVG.				24.0	1979		18.73	.6				14.1	1061		5.36	.6	10324
MAX.				25.7	2304		23.0	6				27.6	1.590		8.0	.6	13.851
MIN.				22.4	1450		15.0	.6				2.4	.350		2.0	.6	5375

I.D. NO. 6271696 OPERATOR SIGNATURE: Becky Leach

OPERATORS' NAME: Becky Leach CERTIFICATE NUMBER: A4803

TOTAL METERED SERVICES AT END OF MONTH: 2165

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DAY	WELL No 8 UNIT-1 TRACT L JAMAICA / APRICOT									WELL No 11 UNIT-1 TRACT L JAMAICA / APRICOT								H.D. UNIT-1 CENTRIFUGAL JAMAICA/APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CL	LBS CL	CL RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CL	LBS CL	CL RES	METER RDG.	HOURS	GALLONS
1	289'	595		3.0	.059			.6		187'	628'		11.4	.146		1.0	.6		3.7	
2				19.6	.388		2.0	.6					18.1	.239		1.0	.6		5.5	
3				21.2	.421		2.0	.6					18.7	.248		1.0	.6		6.5	
4				22.5	.453		2.0	.6					19.5	.264		1.0	.6		7.9	
5				10.8	.216		1.0	.6					17.5	.241		1.0	.6		5.1	
6				17.1	.341		2.0	.6					21.3	.291		1.0	.6		7.9	
7				8.4	.166		1.0	.6					12.1	.168		1.0	.6		2.2	
8				4.0	.076			.6					11.7	.158		1.0	.6		4.2	
9				19.0	.379	13.5	2.0	.6	.87				15.2	.200	10.5	1.0	.6		1.5	
10				.3	.006			.6	.20				4.6	.054			.6			
11								.6	2.32				1.8	.030			.6			
12								.6					13.5	.192		1.0	.6			
13				5.6	.109		1.0	.6					17.9	.237		1.0	.6		1.5	
14				.9	.015			.6					10.6	.143		1.0	.6			
15				3.5	.071			.6					15.6	.214		1.0	.6		4.1	
16				21.9	.446		2.0	.6					17.3	.240		1.0	.6		7.8	
17				15.6	.312		2.0	.6					20.5	.284		1.0	.6		6.8	
18				18.8	.374		2.0	.6	.20				10.6	.142		1.0	.6		2.9	
19				12.5	.249		1.0	.6					14.5	.198		1.0	.6		4.4	
20				5.9	.196		1.0	.6					17.1	.235		1.0	.6		4.8	
21				2.6	.052			.6	.30				7.3	.105		1.0	.6			
22				2.6	.051			.6					9.3	.125		1.0	.6		2.9	
23				16.9	.327		2.0	.6					13.5	.182		1.0	.6		4.2	
24				11.6	.230		1.0	.6					15.4	.218		1.0	.6		4.6	
25				18.6	.367		2.0	.6					14.7	.196		1.0	.6		3.4	
26				18.4	.365		2.0	.6					14.3	.201		1.0	.6		4.2	
27				10.5	.207		1.0	.6					20.5	.284		1.0	.6		4.0	
28				10.0	.195		1.0	.6					9.4	.128		1.0	.6			
29				4.4	.085			.6					13.5	.185		1.0	.6		5.1	
30				19.7	.350		2.0	.6					17.8	.252		1.0	.6		6.5	
31				14.5	.285		1.0	.6					20.0	.276		1.0	.6		5.1	
MONTH TOTAL				344.4	6839		33.0	18.4	3.79				446.2	6.080		29.0	18.6		116.8	
YEAR TO DATE				3399.7	68,279		356.0		45.72				5725.5	98,253		412.0			1219.6	
AVG.				11.1	.221		1.5	.6	.12				14.4	.196		1.0	.6		3.8	
MAX				22.5	.453		2.0	.6	2.32				21.3	.291		1.0	.6		7.9	
MIN				.3	0		1.0	.6	0				1.8	.030		1.0	.6		1.5	

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DAY	WELL Nº 18 UNIT-7 TRACT H ELDORADO RD								WELL Nº 10 UNIT-23 TRACT "H" CARTER / KEYSVILLE							
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. Cl	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. Cl	LBS CL	CL. RES	RAINFALL
1				5.0	.158		1.0	.6				7.7	.198		1.0	.6	.70
2				10.7	.341		2.0	.6				13.4	.342		2.0	.6	
3				10.1	.324		2.0	.6				15.9	.410		2.0	.6	
4				11.8	.383		2.0	.6				15.0	.394		2.0	.6	
5				10.9	.353		2.0	.6				11.6	.296		1.0	.6	
6				9.4	.305		2.0	.6				16.3	.420		2.0	.6	
7				1.1	.043			.6				14.5	.368		2.0	.6	
8				5.3	.170		1.0	.6				8.8	.228		1.0	.6	
9				5.0	.160	145	1.0	.6				11.8	.297	11.5	1.0	.6	1.50
10				1.5	.047			.6				3.6	.097			.6	.25
11								.6				2.5	.063			.6	2.00
12	19'7"	36'		4.8	.151		1.0	.6	16'	526'		15.7	.402		2.0	.6	
13				7.3	.237		1.0	.6				24.8	.634		3.0	.6	
14				3.8	.121		1.0	.6				20.6	.528		3.0	.6	
15				6.1	.207		1.0	.6				18.1	.470		3.0	.6	
16				11.6	.380		2.0	.6				22.5	.584		3.0	.6	
17				13.5	.442		2.0	.6				23.4	.607		3.0	.6	
18				6.4	.205		1.0	.6				17.5	.446		2.0	.6	.30
19				11.1	.360		2.0	.6				23.6	.607		3.0	.6	
20				10.4	.340		2.0	.6				20.8	.539		3.0	.6	
21				2.6	.080			.6				19.0	.481		2.0	.6	.25
22				4.2	.155		1.0	.6				17.7	.453		2.0	.6	.07
23				10.5	.341		2.0	.6				19.2	.494		2.0	.6	
24				11.1	.362		2.0	.6				21.0	.547		3.0	.6	
25				6.7	.220		1.0	.6				23.5	.605		3.0	.6	
26				12.3	.396		2.0	.6				22.0	.563		3.0	.6	
27				17.8	.571		3.0	.6				25.7	.662		3.0	.6	
28				4.2	.130		1.0	.6				24.7	.636		3.0	.6	
29				6.7	.214		1.0	.6				21.7	.544		3.0	.6	
30				15.2	.495		2.0	.6				24.7	.637		3.0	.6	
31				15.5	.504		3.0	.6				25.5	.644		3.0	.6	
MONTH TOTAL				253.7	8.190		41.0	18.6				553.2	14.173		68.0	18.6	5.57
YEAR TO DATE				1613.9	53.210		271.0					3757.4	118.301		572.0		49.71
AVG				8.2	2.69		1.5	.6				17.9	.457		2.3	.6	.19
MAX				17.8	.571		3.0	.6				25.9	.644		3.0	.6	2.00
MIN				1.1	0		3.0	.6				2.5	.063		1.0	.6	0

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DAY	WELL #15 UNIT-25 TRACT M CARTEE / KEYSVILLE								#3 CENTRIFUGAL UNIT-25 CARTEE / KEYSVILLE			WELL #7 UNIT-13 TRACT 8 ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	Mg Cl	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	Mg Cl	LBS. CL.	CL. RES.	RAINFALL
1	167'	66"		4.3	.136		1.0	.6		2.7					3.5	.135		1.0	.6	
2				6.1	.142		1.0	.6		4.9					6.4	.245		1.0	.6	
3				11.3	.416		2.0	.6		5.6					7.6	.296		1.0	.6	
4				14.8	.473		2.0	.6		9.0					15.8	.635		3.0	.6	
5				14.1	.454		2.0	.6		6.2					8.0	.315		2.0	.6	.05
6				16.6	.535		3.0	.6		8.7					8.9	.346		2.0	.6	
7				10.6	.342		2.0	.6		2.3					3.5	.135		1.0	.6	
8				5.9	.185		1.0	.6		5.2					5.4	.214		1.0	.6	
9				8.9	.291	11.0	1.0	.6		2.0					.6	.025	14.5		.6	1.25
10								.5							1.3	.048			.6	.30
11								.5							1.5	.082			.6	1.75
12				3.1	.116		1.0	.6		4.1					7.8	.278		1.0	.6	.05
13				15.9	.492		2.0	.6		8.0					5.7	.220		1.0	.6	
14				12.1	.391		2.0	.6		4.2					5.1	.195		1.0	.6	
15				8.5	.273		1.0	.6		7.4					8.9	.350		2.0	.6	
16				21.5	.690		3.0	.6		10.2					11.0	.427		2.0	.6	
17				25.0	.803		4.0	.6		12.0					13.7	.538		3.0	.6	
18				12.7	.424		2.0	.6		4.6					5.3	.360		2.0	.6	.05
19				11.0	.465		2.0	.6		8.4					10.3	.401		2.0	.6	
20				22.2	.715		4.0	.6		11.2					13.7	.538		3.0	.6	
21				11.8	.350		2.0	.6		2.7					5.3	.357		2.0	.6	.50
22				7.8	.235		1.0	.6		5.6					8.1	.313		2.0	.6	.08
23				18.7	.603		3.0	.6		10.1					7.8	.304		2.0	.6	
24				20.2	.651		3.0	.6		9.6					12.0	.470		2.0	.6	
25				20.2	.651		3.0	.6		5.4					7.9	.305		2.0	.6	
26				14.7	.470		2.0	.6		7.5					9.4	.368		2.0	.6	
27				26.5	.854		4.0	.6		12.1					13.7	.531		3.0	.6	
28				14.5	.480		2.0	.6		3.6					8.1	.351		2.0	.6	
29				7.0	.226		1.0	.6		7.0					11.4	.405		2.0	.6	
30				24.5	.789		4.0	.6		12.5					13.6	.540		3.0	.6	
31				25.5	.834		4.0	.6		11.3					13.8	.536		3.0	.6	
MONTH TOTAL				432.3	13.536		65.0	18.9		209.1					262.3	10.251		54.0	18.6	4.07
YEAR TO DATE				25177	82 630		4130			1216.7					26550	34003		5380		44.11
AVG.				13.6	.436		2.2	.6		6.7					8.5	.331		1.9	.6	1.3
MAX.				26.5	.854		4.0	.6		13.1					15.8	.635		3.0	.6	1.75
MIN				3.1	0		1.0	.6		2.0					.6	.025		1.0	.6	0

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DAY	WELL N°8 UNIT-8 TRACT "A" PIONEER PARK								WELL N°10 UNIT-8 TRACT "D" WEST LINDEN DRIVE								WELL N°20 UNIT-15 TRACT "D" ANTELOPE / SAGEBROOK							
	STATIC LEVEL	PUMPING LEVEL	METER NOS.	HOURS	GALLONS	Hp CI	LOG CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER NOS.	HOURS	GALLONS	Hp CI	LOG CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER NOS.	HOURS	GALLONS	Hp CI	LOG CL.	CL. RES.
1				3.4	.070			.6	1970	355		6.6	.275		1.0	.6				9.1	.535		3.0	.6
2				10.2	.208		1.0	.6				11.7	.485		2.0	.6				12.1	1.010		5.0	.6
3				11.4	.233		1.0	.6				15.6	.653		3.0	.6				16.8	1.007		5.0	.6
4				21.4	.437		2.0	.6				15.8	.682		3.0	.6				1.7	.073			.6
5				22.5	.453		2.0	.6				16.3	.687		3.0	.6				15.7	.963		5.0	.6
6				23.0	.468		2.0	.6				19.9	.830		4.0	.6				21.0	1.251		6.0	.6
7				17.6	.356		2.0	.6				11.5	.464		2.0	.6				18.9	1.099		5.0	.6
8				17.2	.340		2.0	.6				6.1	.227		1.0	.6				14.0	.835		4.0	.6
9				16.7	.330	19.5	2.0	.6				13.7	.546	19.5	3.0	.6				15.7	.923	205	5.0	.6
10				8.9	.172		1.0	.6				4.4	.178		1.0	.6				16.8	.990		5.0	.6
11				5.5	.105		1.0	.6				.5	.018			.6				15.5	.905		5.0	.6
12				15.2	.325		2.0	.6				7.5	.316		2.0	.6				22.6	1.368		7.0	.6
13				23.6	.460		2.0	.6				25.3	1.053		5.0	.6				25.7	1.521		8.0	.6
14				18.3	.352		2.0	.6				23.0	947		5.0	.6				22.5	1.348		7.0	.6
15				22.2	.440		2.0	.6				23.9	1.020		5.0	.6				23.9	1.464		7.0	.6
16				22.0	.441		2.0	.6				23.5	.958		5.0	.6				23.7	1.450		7.0	.6
17				24.0	.484		2.0	.6				21.6	.928		5.0	.6				24.0	1.461		7.0	.6
18				22.1	.450		2.0	.6				24.0	.993		5.0	.6				24.4	1.476		7.0	.6
19				22.2	.456		2.0	.6				24.6	1.040		5.0	.6				24.5	1.481		7.0	.6
20				25.1	.503		3.0	.6				25.0	1.062		5.0	.6				25.1	1.525		8.0	.6
21				17.7	.350		2.0	.6				23.2	.908		5.0	.6				21.5	1.316		7.0	.6
22				15.3	.324		2.0	.6				22.5	.525		5.0	.6				24.5	1.468		7.0	.6
23				21.8	.431		2.0	.6				23.8	1.008		5.0	.6				23.6	1.434		7.0	.6
24				21.9	.428		2.0	.6				18.9	.817		4.0	.6				24.0	1.454		7.0	.6
25				20.9	.410		2.0	.6				24.9	1.036		5.0	.6				24.5	1.471		7.0	.6
26				25.6	.499		2.0	.6				23.2	.976		5.0	.6				23.7	1.425		7.0	.6
27				26.0	.524		3.0	.6				26.0	1.114		6.0	.6				26.0	1.562		8.0	.6
28				19.9	.387		2.0	.6				23.2	.956		5.0	.6				22.6	1.358		7.0	.6
29				22.6	.439		2.0	.6				23.7	1.007		5.0	.6				24.1	1.464		7.0	.6
30				23.3	.469		2.0	.6				23.5	1.027		5.0	.6				23.5	1.425		7.0	.6
31				23.8	.477		2.0	.6				25.2	1.080		5.0	.6				25.2	1.524		8.0	.6
MONTH TOTAL				603.3	11,961		58.0	18.6				578.0	24.704		120.0	18.6				642.1	38.595		153.0	18.6
YEAR TO DATE				5981.5	128,969		632.0					2766.3	122.048		598.0					1155.3	280.201		1304	
AVG.				19.5	.386		1.9	.6				18.6	.784		4.0	.6				20.7	1.245		6.4	.6
MAX.				26.0	.524		3.0	.6				26.0	1.114		6.0	.6				26.0	1.562		8.0	.6
MIN.				3.4	.070		1.0	.6				.5	.018		1.0	.6				1.7	.073		3.0	.6

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DAY	WELL NO 11 UNIT-10 TRACT A-C MARINER BLVD / KILLIAN ST										WELL NO 10 UNIT-10 TRACT A-C MARINER BLVD / KILLIAN ST						N.S CENTRIFUGAL UNIT-10 MARINER BLVD/KILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No CL	LBS CL	CL RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No CL	LBS. CL.	CL. RES	METER REG	HOURS	GALLONS
1	X-	97'		23.0	.678		3.0	.6	.20	(1")			22.0	.692		3.0	.6		21	
2				23.6	.690		3.0	.6					23.6	.742		4.0	.6		6.6	
3				25.3	.746		4.0	.6					24.9	.783		4.0	.6		7.1	
4				23.0	.680		3.0	.6					23.3	.733		4.0	.6		7.5	
5				23.5	.694		3.0	.6					22.0	.692		3.0	.6		6.4	
6				25.4	.758		4.0	.6					25.4	.799		4.0	.6		7.9	
7				23.4	.695		3.0	.6					23.5	.739		4.0	.6		4.9	
8				23.8	.697		3.0	.6					23.6	.742		4.0	.6		6.4	
9				25.7	.755	14.0	4.0	.6	1.27				23.0	.723	15.5	4.0	.6		7.5	
10				19.4	.637		3.0	.6	.25				22.2	.698		3.0	.6		2.2	
11				26.1	.671		3.0	.6	1.77				23.5	.739		4.0	.6		1.0	
12				16.3	.461		2.0	.6	.05				8.6	.270		1.0	.6		2	
13				19.2	.531		3.0	.6					3.1	.097			.6			
14				17.9	.477		2.0	.6					2.2	.069			.6			
15				18.1	.503		3.0	.6					3.6	.113		1.0	.6			
16				16.4	.457		2.0	.6					1.2	.038			.6			
17				.2	.008			.6					13.5	.707		4.0	.6		1.2	
18				8.7	.233		1.0	.6	.20				2.5	.079			.6			
19				14.1	.385		2.0	.6					3.2	.101		1.0	.6			
20				17.7	.496		2.0	.6					1.8	.057			.6			
21				.1	.002			.6	1.25				10.0	.314		2.0	.6			
22				4.9	.136		1.0	.6	.05				12.5	.393		2.0	.6			
23				6.1	.168		1.0	.6					11.4	.358		2.0	.6			
24				5.0	.141		1.0	.6					13.1	.412		2.0	.6		2.9	
25				.2	.029			.6					14.2	.446		2.0	.6		5.2	
26				5.5	.124		1.0	.6					14.1	.441		2.0	.6			
27				10.0	.281		1.0	.6					12.4	.396		2.0	.6			
28				2.0	.053			.6					14.0	.435		2.0	.6			
29				6.1	.169		1.0	.6					14.6	.446		2.0	.6			
30				11.7	.325		2.0	.6					11.8	.362		2.0	.6			
31				10.5	.294		1.0	.6					13.2	.401		2.0	.6		.2	
MONTH TOTAL				452.5	13.577		62.0	18.6	5.04				478.2	14.017		70.0	18.6		65.7	
YEAR TO DATE				5549.9	162.873		792		50.47				6464.0	206.244		1054			2358.4	
AVG.				14.6	.419		2.3	.6	.16				14.1	.452		2.7	.6		2.1	
MAX.				26.6	.758		4.0	.6	1.77				25.4	.799		4.0	.6		7.9	
MIN.				.1	.002		1.0	.6	.05				1.2	.038		1.0	.6		.2	

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DAY	WELL NO. 1 UNIT-0 TRACT "B" WEST LINDEN DRIVE								WELL NO. 2 UNIT-7 TRACT "B" ELDRIDGE RD							
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	No. CL	LBS CL.	CL. RES.
1	17'8	31'3"		4.4	.253		3.0	1.0				23.7	1.487		8.0	.6
2				5.5	.316		3.0	1.0				25.0	1.874		9.0	.6
3				5.5	.333		3.0	1.0				23.4	1.776		9.0	.6
4				6.2	.378		4.0	1.0				24.5	1.888		9.0	.6
5				6.1	.370		4.0	1.0				19.1	1.522		8.0	.6
6				6.8	.408		4.0	1.0				25.7	2010		10.0	.6
7								.6				21.3	1.583		8.0	.6
8				5.3	.330		3.0	1.0				23.6	1.825		9.0	.6
9				3.3	.188	19.0	2.0	1.0				25.2	1.844	12.5	9.0	.6
10								.6				23.0	1.600		8.0	.6
11								.6				22.1	1.524		8.0	.6
12								.6				25.0	1.888		9.0	.6
13				5.1	.308		3.0	1.0				25.5	1.982		10.0	.6
14								.6				21.3	1.627		8.0	.6
15				6.0	.384		4.0	1.0				24.1	1.920		10.0	.6
16				16.2	.574		10.0	1.0				24.0	1.913		10.0	.6
17				15.6	.924		9.0	1.0				23.9	1.928		10.0	.6
18				6.7	.399		4.0	1.0				24.4	1.852		9.0	.6
19				8.7	.508		5.0	1.0				25.3	1.980		10.0	.6
20				16.1	.954		10.0	1.0				25.1	2.013		10.0	.6
21				4.2	.277		3.0	1.0				21.2	1.619		8.0	.6
22				5.4	.322		3.0	1.0				24.1	1.834		9.0	.6
23				5.7	.359		4.0	1.0				24.3	1.917		10.0	.6
24				8.5	.520		5.0	1.0				23.7	1.895		9.0	.6
25				6.8	.408		4.0	1.0				24.0	1.867		9.0	.6
26				7.2	.447		4.0	1.0				25.6	1.945		10.0	.6
27				12.1	.723		7.0	1.0				26.1	2.076		10.0	.6
28				8.4	.468		5.0	1.0				21.8	1.634		8.0	.6
29				5.9	.355		4.0	1.0				24.1	1.908		5.0	.6
30				14.2	.857		5.0	1.0				24.0	1.921		5.0	.6
31				10.0	.605		6.0	1.0				24.6	1955		5.0	.6
MONTH TOTAL				205.5	12 364		124.0	29.0				738.1	56.915		281.0	18.6
YEAR TO DATE				510	51.543		524					3460.1	307.065		1527	
AVG.				6.6	.399		5.0	.5				23.8	1.836		9.1	.6
MAX.				16.2	.974		10.0	1.0				26.1	2.076		10.0	.6
MIN.				3.3	0		2.0	.6				19.1	1.522		8.0	.6

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WELL - 2A UNIT - 7 TRACT - K
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	LBS CL	CL RES
1							.6														
2							.6														
3							.6														
4							.6														
5				4.5	346	2.0	.6														
6							.6														
7							.6														
8							.6														
9							.6														
10							.6														
11							.6														
12							.6														
13							.6														
14							.6														
15							.6														
16							.6														
17							.6														
18							.6														
19							.6														
20							.6														
21							.6														
22							.6														
23							.6														
24							.6														
25							.6														
26							.6														
27							.6														
28							.6														
29							.6														
30							.6														
31							.6														
MONTH TOTAL				4.5	346	2.0	18.6														
YEAR TO DATE				14118	23.026	62.0															
AVG.				.1	.011	2.0	.6														
MAX.				4.5	.346	2.0	.6														
MIN.				4.5	0	2.0	.6														

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DAY	WELL NO 20 UNIT-19 TRACT "B-C" BARNARD RIVER/GILLIAN ST.								WELL NO 26 UNIT-19 TRACT "B" ANTELOPE/BARROW							TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No. CL	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No. CL	LBS. CL	CL. RES
1	650	767		22.9	1.770		18.0	.6				23.4	1490		7.0	.6	8.282
2				21.5	1.608		16.0	.6				24.5	1590		8.0	.6	10.220
3				25.4	1.550		16.0	.6				23.9	1400		8.0	.6	10.796
4				22.9	1.550		11.0	.6				24.6	1830		9.0	.6	10.843
5				21.5	1.336		17.0	.6				23.8	1600		8.0	.6	10.938
6				25.4	2.061		21.0	.6				25.5	1720		9.0	.6	12.543
7				23.4	1.942		19.0	.6				22.0	1420		7.0	.6	9.519
8				23.7	1.397		14.0	.6				23.6	1590		8.0	.6	9.074
9				25.8	1.386	14.0	14.0	.6				25.7	1640	16.0	8.0	.6	9.686
10				22.2	1.180		12.0	.6				3.6	.250		1.0	.6	5.957
11				22.6	1.292		13.0	.6				1.8	.080			.6	5.509
12				6.3	.366		4.0	.6				4.2	1.360		2.0	.6	6.543
13				.2	.003			.6				14.7	.950		5.0	.6	8.830
14								.6				10.1	.680		3.0	.6	6.897
15				1.92	.037			.6				11.5	.840		4.0	.6	8.306
16				2.9	.164		2.0	.6				13.0	.960		5.0	.6	10.162
17				.1	.006			.6				14.1	1.020		5.0	.6	10.452
18								.6				10.5	.740		4.0	.6	8.212
19								.6				14.9	1.050		5.0	.6	9.285
20								.6				16.0	1.250		6.0	.6	10.427
21				.2	.006			.6				3.8	.250		1.0	.6	6.467
22								.6				7.1	.480		2.0	.6	7.264
23								.6				12.2	.870		4.0	.6	8.756
24								.6				13.2	.940		5.0	.6	9.135
25								.6				13.1	.880		4.0	.6	8.893
26								.6				11.7	.870		4.0	.6	9.039
27								.6				15.7	1.350		7.0	.6	11.135
28								.6				10.8	.700		4.0	.6	7.539
29								.6				12.2	.900		5.0	.6	8.335
30								.6				15.0	1.070		5.0	.6	10.559
31								.6				16.0	1.110		6.0	.6	10.529
MONTH TOTAL				291.3	18.054		182.0	18.6				468.6	32.040		159.0	18.6	280.632
YEAR TO DATE				6709.1	447.532		4755					4702.8	365.672		1935		2746.356
AVG.				9.4	.582		14.0	.6				15.7	1.034		5.3	.6	9057
MAX.				25.8	2.061		21.0	.6				25.7	1.830		9.0	.6	12.543
MIN.				.1	0		2.0	.6				1.8	.090		1.0	.6	5.509

I.D. NO. 6271696 OPERATOR SIGNATURE: Ricky Leach

OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: A 6803

TOTAL METERED SERVICES AT END OF MONTH: 2156

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DAY	WELL Nº 3 JAMAICA / APRICOT UNIT-1 TRACT L									WELL Nº 11 JAMAICA / APRICOT UNIT-1 TRACT L								N.B CENTRIFUGAL UNIT-1 JAMAICA/APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No CI	LBS. CL	CL. RES.	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No CI	LBS. CL	CL. RES.	METER ROD	HOURS	GALLONS
1				12.2	.241		2.0	.6					13.3	.189		1.0	.6		4.6	
2				20.2	.401		2.0	.6					11.1	.163		1.0	.6		4.9	
3				18.5	.363			.6					12.6	.172		1.0	.6		3.5	
4				1.6	.031		1.0	.6	.05				6.0	.082			.6		.4	
5								.6	.05				9.9	.134		1.0	.6			
6								.6					10.9	.155		1.0	.6			
7					.033			.6					11.7	.166		1.0	.6			
8							1.0	.6					10.9	.154		1.0	.6			
9								.6	.25				12.2	.164		1.0	.6			
10								.6					12.0	.167		1.0	.6			
11								.6					9.5	.128		1.0	.6			
12								.6					15.0	.213		1.0	.6			
13	160'	558'		.1	.002			.6		15'10	70'3		14.6	.213		1.0	.6			
14					.004			.6					17.0	.239		1.0	.6			
15						17.0		.6					14.2	.197	11.0	1.0	.6			
16								.6					15.0	.219		1.0	.6			
17								.6					22.6	.316		2.0	.6			
18								.6					12.4	.166		1.0	.6		1.0	
19				5.8	.117		1.0	.6					17.2	.236		1.0	.6			
20								.6					14.4	.202		1.0	.6			
21								.6					16.9	.236		1.0	.6			
22				.9	.015			.6					8.9	.119		1.0	.6		.5	
23				.9	.019			.6	.60				5.4	.068			.6			
24								.6	.02								.6			
25				.2	.005			.6					.4	.005			.6			
26				3.6	.071		1.0	.6					11.1	.141		1.0	.6		4.3	
27				12.3	.245		2.0	.6					10.8	.141		1.0	.6		1.6	
28				4.6	.091			.6	.50				10.8	.141		1.0	.6		.1	
29				2.2	.041		1.0	.6	.02				11.6	.150		1.0	.6		.8	
30				9.3	.188		1.0	.6					15.5	.199		1.0	.6		3.7	
31																				
MONTH TOTAL				99.1	1.962		12.0	16.0	1.49				354.6	4855		27.0	16.0		25.4	
YEAR TO DATE				398.9	70.241		316.0		41.71				1080.1	93.108		439.0			1245.2	
AVG.				3.3	.065		1.2	.6	.05				11.9	.162		1.0	.6		.9	
MAX.				20.2	.401		2.0	.6	.60				22.6	.316		1.0	.6		4.3	
MIN				.1	0		1.0	.6	0				4	0		1.0	.6		.1	

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DAY	WELL #5 FLORIDIDE RD UNIT-7 TRACT K								WELL #10 CARTER / SPRYSVILLE UNIT-25 TRACT "H"								
	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	Rx Cl	LBS CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER READ	HOURS	GALLONS	Rx Cl	LBS CL	CL. RES.	RAINFALL
1				.5	.013			.6				15.1	396		2.0	.6	
2				4.8	.148		1.0	.6				7.9	046			.6	
3				4.5	.139		1.0	.6				17.6	.499		2.0	.6	
4								.6				17.5	.436		2.0	.6	
5				4.7	.149		1.0	.6				16.6	.421		2.0	.6	
6				4.8	.152		1.0	.6				13.6	.344		2.0	.6	
7				4.2	.131		1.0	.6				16.3	.418		2.0	.6	
8				3.9	.121		1.0	.6				16.1	407		2.0	.6	
9				6.0	.187		1.0	.6				18.1	.456		2.0	.6	.20
10				10.5	350		2.0	.6				24.6	.618		3.0	.6	.02
11				.7	.021			.6				20.8	.518		3.0	.6	
12				7.1	242		1.0	.6				20.9	.532		3.0	.6	
13	214'	38'6"		10.1	340		2.0	.6	22'4"	6'4"		24.7	.630		3.0	.6	
14				15.6	.509		3.0	.6				24.6	.622		3.0	.6	
15				12.5	410	13.0	2.0	.6				24.0	.607	13.5	3.0	.6	
16				14.0	.468		2.0	.6				22.6	.575		3.0	.6	
17				12.1	.401		2.0	.6				24.4	.617		2.0	.6	
18				5.0	.158		1.0	.6				24.8	.618		2.0	.6	
19				6.0	.212		1.0	.6				24.2	.614		3.0	.6	
20				15.4	.506		2.0	.6				22.1	.562		3.0	.6	
21				7.7	235		1.0	.6				22.4	.559		3.0	.6	
22								.6				18.6	.460		2.0	.6	
23								.6				15.4	.376		2.0	.6	.50
24								.6				13.7	.336		2.0	.6	.18
25								.6				11.2	.273		1.0	.6	
26				5.7	.187			.6				22.0	.544		3.0	.6	
27				9.3	.295		1.0	.6				21.2	.522		3.0	.6	
28				5.7	.182		1.0	.6				17.6	.437		2.0	.6	.06
29				6.0	.192		1.0	.6				20.6	.510		3.0	.6	
30				9.1	.289		1.0	.6				19.8	.487		2.0	.6	
31																	
MONTH TOTAL				196.3	6.035		30.0	18.0				581.0	14.440		72.0	18.0	.96
YEAR TO DATE				1800.2	59.245		301.0					4334.4	132.741		644.0		49.67
AVG.				6.2	.201		1.36	.6				19.4	.481		2.48	.6	.03
MAX.				15.6	.509		3.0	.6				24.8	.630		3.0	.6	.50
MIN.				.5	0		1.0	.6				7.9	.046		1.0	.6	0

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DAY	WELL Nº 13 UNIT-23 TRACT N CARTEE / KEYSVILLE								WELL Nº 8 CENTRIFUGAL UNIT-23 CARTEE / KEYSVILLE			WELL Nº 7 UNIT-13 TRACT 8 ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	No Cl	LBS. CL.	CL. RES.	METER READ.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	No Cl	LBS. CL.	CL. RES.	RAINFALL
1				19.0	.580		3.0	.6		9.5					10.1	.431		2.0	.6	
2				16.7	.603		3.0	.6		9.4					11.4	.442		2.0	.6	
3				21.6	.696		3.0	.6		10.9					10.6	.414		2.0	.6	
4				14.5	.467		2.0	.6		3.5					9.8	.327		2.0	.6	
5				8.3	.267		1.0	.6		.7					10.6	.414		2.0	.6	.14
6				16.4	.529		3.0	.6		8.1					9.9	.398		2.0	.6	
7				17.0	.548		3.0	.6		7.6					10.0	.379		2.0	.6	
8				16.9	.398		2.0	.6		4.1					9.6	.366		2.0	.6	
9				11.1	.358		2.0	.6		5.8					8.7	.390		2.0	.6	.05
10				9.5	.330		2.0	.6		.6					10.1	.388		2.0	.6	
11				14.9	.387		2.0	.6		7.4					8.8	.327		3.0	.6	
12				7.7	.262		1.0	.6		12.1					14.8	.570		2.0	.6	
13	70'	65'		24.7	.865		4.0	.6		11.4					12.6	.490		3.0	.6	
14				24.6	.861		4.0	.6		10.7					13.1	.517		3.0	.6	
15				24.4	.857	11.5	4.0	.6		9.9					12.1	.503	14.0	3.0	.6	
16				20.7	.718		3.0	.6		11.2					2.9	.089			.6	
17				24.4	.854		4.0	.6		5.0									.6	
18				20.2	.709		3.0	.6		8.1					6.5	.250		1.0	.6	
19				8.9	.311		1.0	.6		11.1					11.9	.474		2.0	.6	
20				23.3	.817		4.0	.6		8.6					13.6	.538		2.0	.6	
21				23.3	.815		4.0	.6		4.0					9.9	.385		1.0	.6	
22				10.9	.378		2.0	.6		4.8					5.7	.220		1.0	.6	
23				3.8	.136		1.0	.6		2.0					4.7	.185		1.0	.6	.60
24				3.7	.127		1.0	.6							5.5	.208		1.0	.6	.10
25								.6		6.7					7.0	.270		1.0	.6	
26				6.7	.218		1.0	.6		7.7					8.4	.324		1.0	.6	
27				16.1	.642		3.0	.6		7.7					6.8	.270		1.0	.6	
28				14.9	.574		2.0	.6		6.9					6.5	.252		1.0	.6	.07
29				12.6	.450		2.0	.6		6.3					7.8	.300		1.0	.6	.05
30				9.4	.329		1.0	.6		6.0					7.8	.300		1.0	.6	
31																				
MONTH TOTAL				447.1	15.075		71.0	18.0		207.0					267.2	10.443		48.0	14.0	1.04
YEAR TO DATE				29843	97705		4840			4423.7					2922.2	44.446		586.0		45.15
AVG.				14.9	.503		2.45	.6		6.9					8.9	.348		1.71	.6	.03
MAX.				24.7	.867		4.0	.6		12.1					14.8	.590		3.0	.6	.60
MIN.				3.7	0		1.0	.6		.6					2.9	0		1.0	.6	0

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DAY	WELL Nº 6 PIONEER PARK UNIT - E TRACT "A"								WELL Nº 10 WEST LINDEN DRIVE UNIT - G TRACT "D"								WELL Nº 13 ANTELOPE / BARROW UNIT - 13 TRACT "D"							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS CL.	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CI	LBS. CL.	CL. RES
1				207	.409		3.0	.6				15.6	.650		4.0	.6				23.8	1430		7.0	.6
2				19.1	.370		3.0	.6				21.0	.873		3.0	.6				24.9	1499		7.0	.6
3				17.2	.341		1.0	.6				23.6	.990		2.0	.6				24.0	1.541		8.0	.6
4				13.2	.259		2.0	.6				17.6	.709		3.0	.6				22.4	1.345		7.0	.6
5				14.6	.292		3.0	.6				12.4	.527		4.0	.6				24.7	1.587		8.0	.6
6				15.9	.317		2.0	.6				14.6	.623		2.0	.6				23.8	1.423		7.0	.6
7				16.4	.329		2.0	.6				18.9	.776		2.0	.6				24.0	1.442		7.0	.6
8				15.1	.305		2.0	.6				15.2	.623		1.0	.6				23.9	1.419		7.0	.6
9				20.7	.401		2.0	.6				9.8	.410		3.0	.6				24.7	1.470		7.0	.6
10				22.2	.435		3.0	.6				25.1	1.039		4.0	.6				24.7	1488		7.0	.6
11				19.9	.372		3.0	.6				22.6	.923		3.0	.6				22.4	1.340		7.0	.6
12				20.8	.432		3.0	.6				24.3	1038		5.0	.6				24.2	1472		7.0	.6
13				24.0	.485		3.0	.6	26.7'	21.4'		23.9	1030		4.0	.6				23.6	1.430		7.0	.6
14				23.3	.469		2.0	.6				23.9	1.021		4.0	.6				23.9	1.447		7.0	.6
15				22.2	.445	13.0	2.0	.6				24.4	1090	11.0	3.0	.6				24.4	1.469	13.5	7.0	.6
16				23.2	.465		2.0	.6				24.9	1.076		3.0	.6				25.3	1553		7.0	.6
17				27.8	.559		3.0	.6				24.1	1.029		3.0	.6				24.5	1486		7.0	.6
18				18.2	.353		2.0	.6				22.9	.948		3.0	.6				22.1	1.301		6.0	.6
19				24.4	.489		2.0	.6				23.7	1.027		3.0	.6				23.8	1446		7.0	.6
20				21.3	.434		2.0	.6				24.1	1.034		3.0	.6				24.0	1455		7.0	.6
21				23.3	.454		2.0	.6				24.9	1.025		3.0	.6				26.2	1565		7.0	.6
22				14.5	.279		1.0	.6				12.5	.507		2.0	.6				23.7	1.399		6.0	.6
23				10.3	.196		1.0	.6				14.4	.570		2.0	.6				22.6	1.340		6.0	.6
24				11.4	.212		1.0	.6				12.3	.490		1.0	.6				24.5	1.462		6.0	.6
25				9.7	.176		1.0	.6				8.4	.323		1.0	.6				22.9	1354		6.0	.6
26				18.9	.360		1.0	.6				23.9	.989		3.0	.6				23.5	1405		6.0	.6
27				20.1	.387		1.0	.6				24.6	1.016		3.0	.6				24.6	1473		6.0	.6
28				22.7	.434		2.0	.6				24.6	1.019		3.0	.6				24.5	1463		6.0	.6
29				18.8	.360		2.0	.6				27.5	1.069		3.0	.6				25.0	1498		6.0	.6
30				22.8	.433		2.0	.6				20.4	.967		3.0	.6				23.3	1387		6.0	.6
31																								
MONTH TOTAL				572.5	11.252		61.0	15.0				606.1	25.294		86.0	15.0				719.9	43.391		202.0	15.0
YEAR TO DATE				65543	140221		693.0					3372.4	147.342		1690					5272.2	323.692		1506.0	
AVG.				19.1	.375		2.0	.6				20.2	.843		2.87	.6				24.0	1446		6.73	.6
MAX.				27.8	.559		3.0	.6				27.5	1.076		5.0	.6				26.2	1589		8.0	.6
MIN.				9.7	.176		1.0	.6				8.4	.323		1.0	.6				22.1	1301		6.0	.6

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DAY	WELL #17 UNIT-10 TRACT R-C MARINER BLVD / GILLIAN ST									WELL #18 UNIT-10 TRACT R-C MARINER BLVD / GILLIAN ST								H.S. CENTRIFUGAL UNIT-10 MARINER BLVD/GILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No. CI	LBS CL	CL RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No. CI	LBS CL.	CL. RES	METER REG	HOURS	GALLONS
1				8.4	.232		1.0	.6					10.4	333		2.0	.6		.7	
2				5.3	.146		1.0	.6					12.0	.367		2.0	.6		12.7	
3				11.0	310		2.0	.6					13.0	.359		2.0	.6			
4				6.9	.188		1.0	.6					11.8	.366		2.0	.6			
5				12.4	341		2.0	.6	.06				10.3	.317		2.0	.6			
6				11.9	.329		1.0	.6					9.3	286		1.0	.6			
7				12.9	.354		2.0	.6					11.0	.336		2.0	.6			
8				11.8	.328		2.0	.6					10.0	.309		2.0	.6			
9				9.2	.251		1.0	.6	.25				6.4	.202		1.0	.6			
10				2.8	.078			.6					12.4	.381		2.0	.6			
11				5.0	.133		1.0	.6					9.9	.272		1.0	.6			
12				5.7	.157		1.0	.6					13.7	.421		2.0	.6			
13	52'	77'		9.2	.253		1.0	.6		57.4'			12.4	.379		2.0	.6			
14				5.6	.151		1.0	.6					6.3	.193		1.0	.6		12.0	
15						12.0		.6					9.2	.279	11.0	1.0	.6		19.3	
16				20.8	.581		3.0	.6					12.4	.371		1.0	.6		18.9	
17				24.2	.672		2.0	.6					13.2	.390		1.0	.6		19.2	
18				23.7	.636		3.0	.6					22.9	.669		2.0	.6			
19				23.8	.654		2.0	.6					21.3	.663		3.0	.6		4.4	
20				5.5	146		1.0	.6									.6			
21				20.7	.569		3.0	.6					10.8	.319		1.0	.6			
22				13.0	.352		2.6	.6					4.6	.145		1.0	.6			
23				12.3	.331		2.0	.6	.50				4.2	.132		1.0	.6			
24				9.9	.265		1.0	.6	.22				5.3	.166		1.0	.6			
25				7.8	.212		1.0	.6					3.5	.112		1.0	.6			
26				13.1	.351		1.0	.6					5.5	.172		1.0	.6			
27				13.7	.372		1.0	.6					4.6	.144		1.0	.6			
28				16.9	.469		2.0	.6	.05								.6		1.9	
29				5.0	.142		1.0	.6					13.0	.402		2.0	.6			
30				5.9	.163		1.0	.6					11.2	.340		2.0	.6			
31																				
MONTH TOTAL				334.3	9066		45.0	18.0	1.04				290.5	8564		43.0	18.0		94.7	
YEAR TO DATE				5883.2	171.939		830.0		51.55				6795	217.108		1097.0			2453.1	
AVG				11.1	.302		1.61	.6	.04				9.7	.295		1.54	.6		3.16	
MAX				24.2	.672		3.0	.6	.50				22.9	.669		3.0	.6		19.3	
MIN.				2.8	0		1.0	.6	0				4.2	0		1.0	.6		4	

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DAY	WELL NO 21 UNIT-9 TRACT "D" WEST LINDEN DRIVE								WELL NO 22 UNIT-7 TRACT "E" FLORIDOR RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.
1				5.6	.339		3.0	1.0				24.5	1536		7.0	.6
2				7.5	.449		4.0	1.0				23.0	1441		7.0	.6
3				6.4	.396		4.0	1.0				23.7	1490		7.0	.6
4				.2	.011		1.0	1.0				23.4	1.053		6.0	.6
5				6.1	.378		4.0	1.0				24.4	1.524		7.0	.6
6				5.4	.342		4.0	1.0				20.7	1.310		7.0	.6
7				8.6	.517		5.0	1.0				21.2	1341		7.0	.6
8				8.2	.487		4.0	1.0				24.0	1.490		7.0	.6
9				.5	.260		3.0	1.0				23.3	1.692		6.0	.6
10				6.7	.405		4.0	1.0				25.1	1.917		10.0	.6
11				3.2	.176		2.0	1.0				22.0	1.680		8.0	.6
12				6.1	.402		4.0	1.0				24.9	1.950		10.0	.6
13	16.1"	34.6"		14.4	.894		9.0	1.0				23.6	1.926		10.0	.6
14				13.9	.848		9.0	1.0				24.2	1.938		10.0	.6
15				14.2	.859	12.5	9.0	1.0				24.5	1.961	16.0	10.0	.6
16				16.9	1.043		10.0	1.0				26.4	2.133		10.0	.6
17				19.0	1.139		11.0	1.0				24.1	1.927		10.0	.6
18				2.5	.140		1.0	1.0				21.2	1.632		8.0	.6
19				6.3	.421		4.0	1.0				24.0	1.453		10.0	.6
20				19.7	1.188		11.0	1.0				23.8	1.916		10.0	.6
21				13.6	.792		8.0	1.0				26.5	1.772		8.0	.6
22				6.0	.344		4.0	1.0				23.3	1.400		7.0	.6
23								.6				18.1	1.070		5.0	.6
24								.6				11.2	.652		3.0	.6
25								.6				12.4	.679		2.0	.6
26				5.3	.329		7.0	1.0				24.2	1.856		9.0	.6
27				8.0	.480		5.0	1.0				24.1	1.847		9.0	.6
28				7.4	.424		4.0	1.0				24.5	1.899		9.0	.6
29				7.6	.441		4.0	1.0				23.1	1.758		8.0	.6
30				7.5	.454		5.0	1.0				25.9	1.976		9.0	.6
31																
MONTH TOTAL				226.8	13.714		139.0	24.6				683.7	49609		237.0	18.0
YEAR TO DATE				1036.8	65.257		662.0					4343.8	354.674		176.4	
AVG.				7.6	.457		5.15	.1				22.8	1.587		7.90	.6
MAX.				19.7	1.188		11.0	1.1				26.5	2.133		10.0	.6
MIN.				.2	0		1.0	.6				11.2	.652		3.0	.6

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WELL - 20 UNIT - 7 TRACT - 2
FLORIDIE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	LBS CL	CL RES
1				25.2	2.722	130	.6														
2				25.2	2.722	130	.6														
3				23.7	2.560	130	.6														
4				21.8	2.354	110	.6														
5				24.4	2.635	130	.6														
6				23.9	2.581	130	.6														
7				24.0	2.592	130	.6														
8				24.0	2.592	130	.6														
9				6.7	.724	30	.6														
10							.6														
11							.6														
12							.6														
13							.6														
14							.6														
15							.6														
16							.6														
17							.6														
18							.6														
19							.6														
20							.6														
21				26.2	2.182	130	.6														
22				23.2	2.506	140	.6														
23				22.6	2.441	150	.6														
24				23.4	2.570	150	.6														
25				23.2	2.506	150	.6														
26							.6														
27							.6														
28							.6														
29							.6														
30							.6														
31																					
MONTH TOTAL				311.9	33687	1770	5.0														
YEAR TO DATE				1753.7	190.466																
AVG.				10.4	1.122		.6														
MAX.				25.2	2.722		.6														
MIN.				6.7	0		.6														

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DAY	WELL NO 25 UNIT - 10 TRACT "B-C" MARINER BLVD / KILLIAN ST.								WELL NO 26 UNIT - 13 TRACT "B" ANTELOPE / BARROW								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No. CI	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER 000	HOURS	GALLONS	No. CI	LBS. CL	CL. RES	
1								.6				12.0	820		4.0	.6	10.321
2								.6				13.5	930		5.0	.6	10.600
3								.6				13.6	960		5.0	.6	11.259
4								.6				6.9	450		2.0	.6	8.128
5								.6				9.6	680		3.0	.6	9.675
6								.6				11.9	800		4.0	.6	9.488
7								.6				13.0	880		4.0	.6	16.242
8								.6				12.0	820		4.0	.6	9.818
9								.6				11.1	440		2.0	.6	8.121
10								.6				8.9	540		3.0	.6	8.136
11								.6				5.3	350		2.0	.6	6.627
12								.6				9.2	670		4.0	.6	8.381
13								.6				13.3	980		5.0	.6	9.807
14								.6				13.6	980		5.0	.6	9.804
15								.6				14.3	1.000	11.5	5.0	.6	9.621
16								.6				18.5	1.350		7.0	.6	10.681
17								.6				19.4	1.400		7.0	.6	10.790
18								.6				16.2	1050		5.0	.6	8.625
19								.6				12.7	990		5.0	.6	9.552
20								.6				14.1	1.050		5.0	.6	11.252
21				24.5	1404		60.0	.6				15.7	1020		5.0	.6	11.957
22								.6				14.1	930		5.0	.6	9.049
23								.6				6.5	420		2.0	.6	7.284
24								.6				3.4	230		1.0	.6	6.718
25								.6				.4	030			.6	5.945
26								.6				10.2	690		3.0	.6	7.637
27								.6				11.4	720		4.0	.6	8.654
28				.9	053			.6				10.6	570		3.0	.6	8.008
29				3.4	233		2.0	.6				8.3	520		2.0	.6	8.000
30								.6				10.3	700		2.0	.6	8.207
31																	
MONTH TOTAL				24.5	1.690		22.0	14.0				339.9	23.010		115.0	18.0	271.387
YEAR TO DATE				6238.0	449.212		4775.0					5131.7	388.692		1950.0		3017.743
AVG.				1.0	.056		11.0	.6				11.3	.767		3.97	.6	9.046
MAX.				24.5	1404		60.0	.6				19.4	1400		7.0	.6	11.957
MIN.				.9	0		2.0	.6				.4	.030		1.0	.6	5945

I.D. NO. 2671696 OPERATOR SIGNATURE: Ricky Leach

OPERATORS' NAME: Ricky Leach CERTIFICATE NUMBER: OA 4603

TOTAL METERED SERVICES AT END OF MONTH: 2612

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DAY	WELL Nº 8 UNIT-1 JAMAICA / APRICOT TRACT L									WELL Nº 11 UNIT-1 JAMAICA / APRICOT TRACT L								N-8 CENTRIFUGAL UNIT-1 JAMAICA/APRICOT		
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CL	LBS CL	CL. RES	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	No CL	LBS CL	CL. RES	METER RDG	HOURS	GALLONS
1				16.3	.324		2.0	.6					15.0	.193		1.0	.6		3.1	
2				6.9	.138		1.0	.6					9.5	.125		1.0	.6			
3				2.4	.045		1.0	.6	.40				12.9	.166		1.0	.6		2.0	
4				9.2	.185		1.0	.6					13.0	.167		1.0	.6		2.5	
5	23'	77'6"		10.9	.217		2.0	.6		19'6"	70'2"		11.9	.161		1.0	.6		2.8	
6				16.9	.339		2.0	.6					15.0	.189		1.0	.6		1.3	
7				3.1	.059		1.0	.6	.45				13.1	.158		1.0	.6			
8								.6					10.2	.128		1.0	.6			
9								.6					4.2	.052			.6			
10				4.0	.080		1.0	.6					11.6	.145		1.0	.6		3.5	
11				14.4	.296		2.0	.6					11.9	.149		1.0	.6		2.4	
12				10.3	.202		2.0	.6					11.5	.147		1.0	.6		.7	
13				3.3	.064	10.5	1.0	.6					11.5	.147	10.0	1.0	.6		.8	
14				8.3	.163		1.0	.6					15.7	.194		1.0	.6		2.6	
15				8.9	.174		1.0	.6					12.1	.149		1.0	.6		2.1	
16				6.7	.132		1.0	.6					16.5	.162		1.0	.6			
17				4.5	.090			.6					11.3	.143		1.0	.6		4.0	
18				14.1	.281		1.0	.6					15.0	.196		1.0	.6		.3	
19								.6					14.5	.191		1.0	.6			
20								.6					19.3	.240		1.0	.6			
21				6.9	.139		1.0	.6					22.1	.324		2.0	.6		5.1	
22				9.2	.181		1.0	.6					21.4	.269		2.0	.6		2.1	
23				3.0	.060			.6	.04				12.9	.156		1.0	.6			
24								.6					20.4	.247		1.0	.6			
25								.6					21.4	.259		1.0	.6			
26								.6					22.3	.270		1.0	.6			
27								.6					23.3	.287		1.0	.6			
28								.6					13.0	.164		1.0	.6			
29								.6	.03				24.8	.304		1.0	.6			
30								.6					12.3	.147		1.0	.6			
31								.6					21.1	.260		1.0	.6			
MONTH TOTAL				159.9	3.160		22.0	18.6	.96				470.7	5.896		32.0	18.6		353	
YEAR TO DATE				3658.4	73.401		390.0		47.67				65508	99.004		477.0			12803	
AVG.				5.2	.102		1.29	.6	.03				15.2	.190		1.1	.6		1.1	
MAX				16.9	.339		2.0	.6	.45				27.1	.324		2.0	.6		5.1	
MIN.				2.9	0		1.0	.6	.03				4.2	.052		1.0	.6		.3	

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DAY	WELL Nº 11E ELDRIDGE RD UNIT-7 TRACT A								WELL Nº 10 CARTER / KEYSVILLE UNIT-23 TRACT "H"							
	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No CI	LBS CL	CL RES	STATIC LEVEL	PUMPING LEVEL	METER ROG	HOURS	GALLONS	No CI	LBS CL	CL RES	RAINFALL
1				12.7	.404		2.0	.6				2.48	.613		3.0	.6	
2				5.6	.175		1.0	.6				21.7	.536		3.0	.6	
3				5.5	.176		1.0	.6				21.2	.520		3.0	.6	.15
4				5.6	.183		1.0	.6				21.5	.524		3.0	.6	
5	291'	449'		6.2	.202		1.0	.6	15'10"	92'		23.4	.564		3.0	.6	
6				6.1	.195		1.0	.6				23.3	.565		3.0	.6	
7				.6	.015			.6				19.0	.465		2.0	.6	.40
8				5.1	.161		1.0	.6				22.1	.524		3.0	.6	
9				1.1	.033			.6				22.6	.617		3.0	.6	
10				5.9	.187		1.0	.6				18.6	.448		3.0	.6	
11				9.1	.277		1.0	.6				24.7	.603		3.0	.6	
12				9.1	.286		1.0	.6				21.5	.523		3.0	.6	
13				10.1	.339	16.5	2.0	.6				24.0	.583	10.0	3.0	.6	
14				10.4	.330		2.0	.6				23.1	.563		3.0	.6	
15				14.0	.440		2.0	.6				25.3	.617		3.0	.6	
16				4.3	.134		1.0	.6				20.9	.506		3.0	.6	
17				6.2	.204		1.0	.6				22.7	.554		3.0	.6	
18				4.2	.143		1.0	.6				23.5	.575		3.0	.6	
19								.6				23.9	.587		3.0	.6	
20				8.2	.261		1.0	.6				23.4	.574		3.0	.6	
21				11.0	.356		2.0	.6				22.3	.557		3.0	.6	
22				12.5	.396		2.0	.6				25.4	.601		3.0	.6	
23								.6				24.6	.573		3.0	.6	.03
24				5.2	.168		1.0	.6				19.9	.459		2.0	.6	
25				5.2	.172		1.0	.6				24.5	.596		3.0	.6	
26				8.4	.262		1.0	.6				15.5	.377		2.0	.6	
27				9.3	.296		1.0	.6				15.9	.385		2.0	.6	
28				6.7	.220		1.0	.6				13.7	.334		2.0	.6	.06
29				8.8	.282		1.0	.6				17.9	.430		2.0	.6	
30				2.5	.091		1.0	.6				12.7	.301		2.0	.6	
31				7.0	.225		1.0	.6				11.0	.278		1.0	.6	
MONTH TOTAL				206.7	6.615		33.0	18.6				652.4	15.955		84.0	18.6	.64
YEAR TO DATE				2006.9	65.860		334.0					9990.8	148.696		228.0		50.31
AVG				6.7	.213		1.22	.6				21.0	.515		2.7	.6	.02
MAX				14.0	.404		2.0	.6				25.4	.617		3.0	.6	.40
MIN				.6	0		1.0	.6				11.0	.278		1.0	.6	.03

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DAY	WELL Nº 15 UNIT - 25 TRACT H CARTEE / REYNOLDS								N-8 UNIT-25 CENTRIFUGAL CARTEE / REYNOLDS			WELL Nº 7 UNIT - 15 TRACT D' ANTELOPE / BARROW							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS CL.	CL. RES	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No CL	LBS CL.	CL. RES.	RAINFALL
1				20.1	.703		3.0	.6		10.5					9.6	.370		2.0	.6	
2				14.8	.509		3.0	.6		3.7					7.4	.288		1.0	.6	
3				6.4	.241		1.0	.6		5.3					8.3	.338		2.0	.6	.05
4				13.2	.461		2.0	.6		6.6					7.8	.301		1.0	.6	
5				12.0	.434		2.0	.6		6.7					4.1	.167		1.0	.6	
6				24.5	.504		3.0	.6		6.9					3.2	.102		1.0	.6	
7				6.6	.116		1.0	.6		1.6									.6	.40
8				4.5	.225		1.0	.6		3.6						.023			.6	
9				2.6	.085			.6											.6	
10				6.4	.235		1.0	.6		5.9					3.7	.143		1.0	.6	
11				17.8	.591		3.0	.6		9.2					4.3	.164		1.0	.6	
12				15.0	.513		3.0	.6		7.9					3.3	.130		1.0	.6	
13				16.2	.573	11.0	3.0	.6		8.0					2.9	.120	12.0	1.0	.6	
14				14.5	.507		3.0	.6		9.4					5.7	.211		1.0	.6	
15				21.4	.795		4.0	.6		7.4					5.1	.199		1.0	.6	
16				10.0	.336		2.6	.6		2.2									.6	
17				6.3	.231		1.0	.6		6.8					5.6	.217		1.0	.6	
18				21.1	.732		4.0	.6		10.0					7.1	.282		1.0	.6	
19				24.1	.829		4.0	.6		10.8					7.4	.296		1.0	.6	
20				20.1	.704		4.0	.6		9.1					3.6	.138		1.0	.6	
21				17.1	.591		3.0	.6		9.0					4.1	.161		1.0	.6	
22				23.7	.791		4.0	.6		11.0					4.1	.158		1.0	.6	
23				12.7	.439		2.0	.6											.6	.08
24				5.5	.190		1.0	.6		7.9					3.2	.133		1.0	.6	
25				11.5	.399		2.0	.6		5.4					3.9	.124		1.0	.6	
26				2.9	.093		1.0	.6							2.1	.096		1.0	.6	
27								.6							3.7	.141		1.0	.6	
28								.6							3.7	.142		1.0	.6	.04
29								.6							3.2	.128		1.0	.6	
30								.6							.6	.020			.6	
31								.6							4.0	.157		1.0	.6	
MONTH TOTAL				350.0	11.797		61.0	18.6		164.9					121.7	4.738		27.0	18.6	.57
YEAR TO DATE				3334.3	109.502		545.0			1588.6					3043.9	119.842		613.0		45.22
AVG				11.3	.381		2.4	.6		5.3					3.9	.153		1.1	.6	.02
MAX.				24.5	.829		4.0	.6		11.0					9.6	.370		2.0	.6	.40
MIN.				2.9	0		1.0	.6		1.6					.6	0		1.0	.6	.04

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DAY	WELL #'S UNIT-2 TRACT "A" PIONEER PARK								WELL #'S UNIT-9 TRACT "B" WEST LINDEN DRIVE								WELL #'S UNIT-13 TRACT "B" ANTELOPE / BAMBOO							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.
1				24.3	.466		3.0	.6				24.4	1.019		3.0	.6				24.7	1.474		6.0	.6
2				18.5	.353		3.0	.6				23.1	.955		3.0	.6				22.5	1.348		6.0	.6
3				20.4	.388		3.0	.6				23.8	.981		3.0	.6				23.8	1.423		6.0	.6
4				18.5	.362		3.0	.6				24.5	1.013		3.0	.6				24.5	1.453		6.0	.6
5				18.3	.360		3.0	.6	21'2"	21'11"		23.8	.977		3.0	.6				15.3	.896		4.0	.6
6				18.1	.349		3.0	.6				23.3	.946		3.0	.6				15.2	.878		4.0	.6
7				15.1	.269		2.0	.6				12.1	.399		1.0	.6				13.0	.729		4.0	.6
8				13.9	.235		2.0	.6				24.0	.952		3.0	.6				10.7	.612		3.0	.6
9				13.1	.243		2.0	.6				24.7	.969		3.0	.6				14.3	.802		4.0	.6
10				18.7	.047			.6				21.6	.860		3.0	.6				13.9	.760		4.0	.6
11				16.4	.374		3.0	.6				24.6	1.004		3.0	.6				16.7	.969		5.0	.6
12				19.1	.362		3.0	.6				23.1	.940		3.0	.6				14.7	.852		4.0	.6
13				21.0	.399	13.5	3.0	.6				24.1	.980	12.5	3.0	.6				17.6	1.020	12.5	6.0	.6
14				22.1	.420		3.0	.6				24.9	1.020		3.0	.6				18.9	1.100		6.0	.6
15				21.5	.390		3.0	.6				24.9	1027		3.0	.6				22.8	1.325		6.0	.6
16				19.2	.359		3.0	.6				22.3	.994		3.0	.6				17.5	.995		5.0	.6
17				20.2	.383		3.0	.6				23.7	.974		3.0	.6				15.9	.928		5.0	.6
18				21.1	.413		3.0	.6				24.2	1.023		3.0	.6				19.0	1.130		6.0	.6
19				21.4	.420		3.0	.6				23.9	1.012		3.0	.6				19.4	1.145		6.0	.6
20				20.3	.390		3.0	.6				24.0	.987		3.0	.6				19.5	1.079		5.0	.6
21				23.6	.041			.6				24.1	.995		3.0	.6				20.6	1.209		6.0	.6
22				22.1	.433		3.0	.6				22.2	.923		3.0	.6				24.2	1.403		7.0	.6
23				13.3	.249		2.0	.6				22.7	.904		3.0	.6				17.0	.965		5.0	.6
24				15.2	.291		2.0	.6				25.6	1.034		3.0	.6				19.2	.923		4.0	.6
25				11.5	.221		2.0	.6				22.5	.905		3.0	.6				15.5	.899		4.0	.6
26				15.6	.299		3.0	.6				24.5	.972		3.0	.6				15.3	.882		4.0	.6
27				15.5	.301		3.0	.6				23.7	.963		3.0	.6				17.6	1.021		5.0	.6
28				15.5	.300		3.0	.6				24.3	1.019		3.0	.6				13.4	.788		4.0	.6
29				20.1	.389		3.0	.6				25.5	.999		3.0	.6				19.3	1.123		6.0	.6
30				7.4	.137		1.0	.6				22.2	.862		3.0	.6				11.9	.678		3.0	.6
31				18.0	.346		3.0	.6				21.1	.859		3.0	.6				17.8	1.028		5.0	.6
MONTH TOTAL				675.9	10.024		79.0	18.6				699.7	29.359		91.0	18.6				595.1	31.725		154.0	18.6
YEAR TO DATE				7230.2	150.245		772.0					4071.1	176.701		775.0					6030.6	355.417		1460.0	
AVG.				21.8	.323		2.7	.6				22.5	.947		2.9	.6				17.6	1.023		5.0	.6
MAX.				24.3	.466		3.0	.6				25.6	1.034		3.0	.6				24.7	1.474		7.0	.6
MIN.				7.4	.047		1.0	.6				12.1	.399		1.0	.6				10.7	.612		3.0	.6

0821

DATE: 12-90

SPRING HILL UTILITIES — MONTHLY WATER REPORT

DAY	WELL #7 MARINER BLVD / GILLIAN ST UNIT-19 TRACT "R-C"									WELL #10 MARINER BLVD / GILLIAN ST. UNIT-19 TRACT "R-C"								N. S. CENTRIFUGAL UNIT-19 MARINER BLVD/GILLIAN ST		
	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No CL	LBS. CL.	CL. RES.	RAINFALL	STATIC LEVEL	PUMPING LEVEL	METER REG	HOURS	GALLONS	No CL	LBS. CL.	CL. RES.	METER REG.	HOURS	GALLONS
1				3.2	.098			.6					14.7	.447		2.0	.6			
2								.6					17.3	.446		2.0	.6			
3				4.4	.120		1.0	.6					9.7	.319		2.0	.6			
4				3.6	.099			.6	.05				13.6	.413		2.0	.6			
5	55'	77'		2.3	.06			.6					14.0	.422		2.0	.6			
6				3.9	.105		1.0	.6					11.2	.342		2.0	.6			
7				.6	.037			.6	.30				11.3	.346		2.0	.6			
8								.6					11.2	.339		2.0	.6			
9								.6					13.0	.397		2.0	.6			
10				4.5	.103		1.0	.6					11.1	.335		2.0	.6			
11				1.9	.049			.6					14.3	.435		2.0	.6			
12				3.3	.093			.6					12.0	.361		2.0	.6			
13						12.0		.6					15.2	.458	11.0	2.0	.6			
14				5.0	.140		1.0	.6					11.6	.355		2.0	.6			
15				4.3	.119		1.0	.6					15.3	.460		2.0	.6			
16													12.6	.385		2.0	.6			
17				5.7	.156		1.0	.6					12.9	.391		2.0	.6			
18				4.7	.130		1.0	.6					12.5	.378		2.0	.6			
19				4.0	.108		1.0	.6					13.2	.409		2.0	.6			
20				4.9	.136		1.0	.6					12.8	.383		2.0	.6			
21				5.2	.147		1.0	.6					11.4	.348		2.0	.6			
22				7.2	.195		1.0	.6					12.5	.380		2.0	.6			
23									.10				13.2	.409		2.0	.6			
24				1.8	.047			.6					13.3	.407		2.0	.6			
25				2.6	.075			.6					12.1	.368		2.0	.6			
26				21.5	.591		3.0	.6					18.7	.558		3.0	.6			
27				23.7	.653		3.0	.6					18.6	.554		3.0	.6			
28				18.2	.497		3.0	.6	.04				22.4	.663		3.0	.6			
29													5.9	.175		1.0	.6			
30				6.8	.186		1.0	.6					9.3	.277		2.0	.6			
31				20.0	.552		3.0	.6					21.2	.634		3.0	.6			
MONTH TOTAL				163.2	4.491		24.0	16.8	.49				418.1	12.645		65.0	18.6			
YEAR TO DATE				1044.4	176.430		86.0		52.04				7172.6	229.753		1162.0			2457.1	
AVG				5.3	.145		1.5	.6					13.5	.408		2.1	.6			
MAX				23.7	.653		3.0	.6					22.4	.663		3.0	.6			

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DATE: 12-90 **SPRING HILL UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL NO 23 UNIT-13 TRACT "A-C" BARBER BLVD/ KILLIAN ST.								WELL NO 24 UNIT-13 TRACT "B" ANTELOPE / BARROW								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No. CI	LBS. CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER ROD	HOURS	GALLONS	No. CI	LBS. CL	CL. RES	
1												12.6	.900		5.0	.6	9.487
2												9.4	.560		3.0	.6	7.282
3												8.4	.630		4.0	.6	2.543
4												11.7	.760		4.0	.6	8.127
5	677'	716'										23.1	1.570		8.0	.6	8.221
6												23.4	1.490		7.0	.6	8.086
7												24.8	1.530		8.0	.6	6.297
8												23.9	1.530		8.0	.6	6.500
9												24.2	1.490		7.0	.6	6.331
10												23.4	1.500		8.0	.6	6.908
11												24.6	1.580		8.0	.6	8.421
12												23.7	1.510		8.0	.6	8.020
13						12.0						24.0	1.530	10.5	8.0	.6	8.319
14												25.5	1.650		9.0	.6	9.050
15												25.1	1.590		8.0	.6	9.607
16												21.6	1.330		6.0	.6	6.802
17												23.7	1.530		7.0	.6	7.962
18												24.6	1.630		8.0	.6	9.194
19												24.0	1.550		8.0	.6	8.607
20												23.5	1.510		7.0	.6	8.712
21												24.6	1.560		8.0	.6	8.767
22					.002							25.6	1.580		8.0	.6	9.967
23												22.2	1.260		6.0	.6	6636
24												25.5	1.160		5.0	.6	7.193
25												22.1	1.400		7.0	.6	7.329
26				4.0	.246		2.0	.6				24.9	1.580		8.0	.6	8.372
27				5.8	.347		2.0	.6				23.6	1.390		7.0	.6	8.349
28				6.0	.376		3.0	.6				24.3	1.450		7.0	.6	8.151
29				25.2	1.558		14.0	.6				25.3	1.540		7.0	.6	9.344
30				14.1	.852		9.0	.6				22.3	1.170		6.0	.6	6.202
31				6.8	.433		4.0	.6				25.6	1.520		7.0	.6	8.585
MONTH TOTAL				61.9	3.814		36.0	3.6				690.9	42.980		215.0	18.6	248.571
YEAR TO DATE				6799.9	453.036		4811.0					5823.6	431.662		2165.0		3266.314
AVG.				2.0	.123		6.0	.6				22.3	1.386		6.9	.6	8.018
MAX.				25.2	1.558		16.0	.6				25.6	1.650		9.0	.6	9.967
MIN.				4.0	0		2.0	.6				8.4	.560		3.0	.6	6.202

OPERATOR SIGNATURE: Ricky Leach

CERTIFICATE NUMBER: A 4803

I.D. NO. 6271696

OPERATORS' NAME: Ricky Leach

TOTAL METERED SERVICES AT END OF MONTH: 2154

PAGE 8 OF 8

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DATE: 12-90

SPRING HILL UTILITIES

MONTHLY WATER REPORT

WELL - 26 UNIT - 7 TRACT - K
ELDRIDGE ROAD

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL. RES	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS CL	CL. RES
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
MONTH TOTAL				0	0																
YEAR TO DATE				1783.7	190.466	1000.0															
AVG.																					
MAX.																					
MIN.																					

0824

DATE: 12-90 **SPRING HILL UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL No 21 UNIT-8 TRACT "B" WEST LINDEN DRIVE								WELL No 22 UNIT-7 TRACT "E" ELDRIDGE RD.							
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	No. CL	LBS CL.	CL. RES.
1				9.8	.588		5.0	.6				24.5	1.898		9.0	.6
2				3.5	.194		2.0	.6				21.6	1.655		8.0	.6
3				5.1	.310		4.0	.6				23.9	1.826		9.0	.6
4				5.8	.350		4.0	.6				24.2	1.857		9.0	.6
5	215'	39'		5.6	.341		4.0	.6				24.0	1.824		9.0	.6
6				5.0	.301		4.0	.6				23.9	1.786		8.0	.6
7				7.0	.376		4.0	.6				24.4	1.798		8.0	.6
8								.6				24.0	1.732		8.0	.6
9								.6				23.1	1.643		8.0	.6
10				4.7	.279		3.0	.6				24.3	1.786		8.0	.6
11				5.8	.350		4.0	.6				23.7	1.778		8.0	.6
12				4.4	.266		3.0	.6				24.5	1835		9.0	.6
13				5.9	.351	10.0	3.0	.6				23.4	1.755	9.0	8.0	.6
14				7.0	.426		4.0	.6				26.0	1.966		10.0	.6
15				7.9	.471		4.0	.6				25.0	1.901		10.0	.6
16												21.3	1.568		8.0	.6
17				5.5	.348		3.0	.6				24.0	1.813		9.0	.6
18				5.5	.353		4.0	.6				24.4	1.928		9.0	.6
19				3.4	.217		2.0	.6				23.4	1.853		9.0	.6
20				7.9	.470		5.0	.6				24.1	1.841		9.0	.6
21				7.5	.453		5.0	.6				24.7	1.886		9.0	.6
22				11.6	.688		7.0	.6				25.6	1.967		10.0	.6
23				1.2	.069		1.0	.6				21.3	1.561		8.0	.6
24				4.8	.288		3.0	.6				26.4	1.946		10.0	.6
25				5.2	.320		3.0	.6				21.6	1.578		8.0	.6
26				4.9	.284		3.0	.6				25.6	1.862		10.0	.6
27				5.3	.242		3.0	.6				23.3	1.741		9.0	.6
28				5.9	.410		4.0	.6				24.4	1.789		9.0	.6
29				8.2	.487		5.0	.6				25.6	1.938		10.0	.6
30												21.4	1.491		7.0	.6
31				5.0	.312		3.0	.6				26.6	1.981		10.0	.6
MONTH TOTAL				159.4	9.569		99.0	17.4				744.7	55.803		273.0	18.6
YEAR TO DATE				1196.2	74.826		762.0					5088.5	410.477		2037.0	
AVG.				5.1	.309		3.7	.6				24.0	1.800		8.81	.6
MAX.				11.6	.688		7.0	.6				26.6	1.981		10.0	.6

0825

St. John's Highlands - 471

Putnam County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540482 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Jan. 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	819	20.5	82					14.8	4.2		
Average	26	.66	4					.7	.2		
Maximum	97	1.5	11					.8	.2		
Minimum	6	.25	1					.6	.2		
1	23	.5	3					.8	.2		
2	23	.5	3					.8	.2	3	0
3	13	.5	5					.8	.2		
4	10	.25	3					.6	.2		
5											
6											
7	41	1.25	4					.6	.2		
8	19	.25	2					.8	.2		
9	15	.25	2					.6	.2		
10	19	.25	2					.6	.2		
11											
12											
13											
14	61	1.75	3					.8	.2		
15	17	1.5	11					.8	.2		
16	21	.5	3					.6	.2		
17	15	.5	4					.8	.2		
18	25	.25	1					.6	.2		
19											
20											
21	76	1.25	2					.8	.2		
22	23	.5	3					.6	.2		
23											
24	52	3.5	8					.8	.2		
25	39	1.5	5					.8	.2		
26											
27											
28	296	4.5	2					.6	.2		
29	8	.25	4					.6	.2		
30	6	.5	10					.8	.2		
31	17	.25	2					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.209(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2542481 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by USSU Services Reporting Month Feb. 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kilin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	336	11	74					12.6	3.6		
Average	12	.39	4					.7	.2		
Maximum	22	1	10					1.0	.2		
Minimum	6	.25	3					.6	.2		
1	7	.25	4					.6	.2		
2											
3											
4											
5	36	1.25	4					.8	.2		
6	12	.25	3					.8	.2		
7	9	.25	3					.8	.2		
8	6	.5	10					.8	.2		
9											
10											
11	36	1.5	5					.8	.2		
12	9	.25	3					.6	.2		
13	10	.25	3					.6	.2	3	0
14	11	.25	3					.6	.2		
15	10	.25	3					.6	.2		
16											
17											
18	16	1.5	3					.6	.2		
19	11	.25	3					.6	.2		
20	16	1	8					1.0	.2		
21	13	.25	2					.8	.2		
22	14	.25	2					.6	.2		
23											
24											
25											
26	48	1.75	4					.8	.2		
27	12	.5	5					.6	.2		
28	10	.5	6					.6	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month March 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 81

Design Flow .72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C-5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	305	8.75	57					11.1	3.8		
Average	12	.28	3					.6	.2		
Maximum	24	.5	7					.8	.3		
Minimum	8	.25	1					.4	.2		
1	13	.5	5					.5	.2		
2											
3											
4	27	1.25	6					.6	.2		
5	8	.25	4					.6	.2		
6	11	.25	3					.6	.2	3	0
7	8	.25	4					.8	.3		
8	15	.25	2					.8	.2		
9											
10											
11	27	.75	3					.6	.2		
12	15	.25	2					.6	.2		
13	18	.25	2					.6	.2		
14											
15	28	.5	2					.8	.2		
16											
17											
18	25	1.5	7					.6	.2		
19											
20	19	.5	3					.6	.2		
21											
22	21	.5	3					.6	.2		
23											
24											
25	36	.5	2					.6	.2		
26	14	.5	4					.6	.2		
27	13	.25	2					.6	.2		
28	24	.25	1					.6	.2		
29	17	.25	2					.4	.2		
30											
31	24	.5	3					.4	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by S.S.U. Services Reporting Month April 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	607	18.5	81					18.4	4.2		
Average	30	.62	4					.9	.2		
Maximum	44	1.25	6					.9	.2		
Minimum	3	.25	3					.4	.2		
1	12	.5	5					.4	.2		
2	8	.25	4					.4	.2		
3	39	1.25	4					.6	.2	3	0
4	41	1.25	3					.4	.2		
5	28	.75	3					.6	.2		
6											
7											
8	94	.3	4					.6	.2		
9	31	.75	3					.4	.2		
10	35	.1	3					.4	.2		
11											
12	66	.2	4					.4	.2		
13											
14											
15	96	.3	4					.4	.2		
16	15	.5	4					.9	.2		
17	12	.5	5					.9	.2		
18	12	.5	5					.8	.2		
19	12	.5	5					.8	.2		
20											
21											
22	29	.75	3					.4	.2		
23	5	.25	6					.9	.2		
24	7	.25	4					.9	.2		
25	10	.25	3					.8	.2		
26	9	.25	3					.8	.2		
27											
28											
29	28	.75	3					.4	.2		
30	10	.25	3					.8	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 _ _ _ Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month May 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify these reports to be correct: William K. Kelly C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	372	24.75	125					9.2	4.0		
Average	12	.80	6					.5	.2		
Maximum	17	2.5	30					.6	.2		
Minimum	7	.25	2					.4	.2		
1	17	.25	2					.4	.2		
2	14	.25	2					.4	.2		
3	7	.25	4					.4	.2		
4											
5											
6	44	75	2					.4	.2		
7	10	.50	6					.4	.2		
8										3	0
9	33	.75	3					.4	.2		
10	10	.25	3					.4	.2		
11											
12											
13	45	2.25	6					.4	.2		
14	7	.25	4					.4	.2		
15	7	.25	4					.6	.2		
16	16	.60	4					.4	.2		
17	7	.25	4					.4	.2		
18											
19											
20	32	.75	3					.4	.2		
21	12	.50	5					.4	.2		
22	14	.25	2					.6	.2		
23	13	.25	2					.6	.2		
24											
25											
26											
27											
28	49	12.5	30					.5	.2		
29	8	1.0	14					.6	.2		
30	16	2.5	19					.5	.2		
31	11	.5	6					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month June 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	314	23.25	152					9.8	3.4		
Average	11	.78	9					.6	.2		
Maximum	27	2	13								
Minimum	5	.25	6								
1	7	.5	8					.6	.2		
2											
3	10	1	13					.6	.2		
4	8	.75	11					.6	.2		
5	5	.25	6					.6	.2	3	
6	7	.5	8					.6	.2		
7											
8											
9											
10	26	2	9					.5	.2		
11	7	.5	8					.5	.2		
12	6	.5	10					.8	.2		
13											
14											
15											
16											
17	73	5	8					.5	.2		
18	12	1	10					.6	.2		
19											
20	22	1.5	8					.6	.2		
21	9	1	13					.8	.2		
22											
23											
24											
25	39	4	8					.5	.2		
26	5	.25	6					.5	.2		
27	7	.5	8					.5	.2		
28	27	2	9					.5	.2		
29											
30	26	2	9					.5	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5).
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify these reports to be correct: William K. Kuhn C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	410	6.5	46					9.2	3.8		
Average	13	.21	2					.4	.2		
Maximum	21	.25	5					.5	.2		
Minimum	6	.06	1					.2	.2		
1	21	.5	5					.5	.2		
2	20	.5	3					.5	.2	3	0
3	21	.25	1					.5	.2		
4											
5	35	.25	1					.5	.2		
6											
7											
8	54	.5	1					.4	.2		
9	14	.25	2					.4	.2		
10	14	.25	2					.4	.2		
11	7	.25	4					.2	.2		
12	9	.25	3					.4	.2		
13											
14											
15	35	1	3					.4	.2	4	0
16	6	.25	5					.4	.2	1	0
17	11	.25	3					.4	.2		
18	12	.25	3					.4	.2		
19	14	.25	2					.4	.2		
20											
21											
22											
23	68	.5	1					.2	.2		
24	12	.25	3					.2	.2		
25											
26	25	.25	1					.2	.2		
27											
28											
29											
30	25	.25	1					.4	.2		
31	8	.25	4					.4	.2		

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DER Form 17-1.208(5)
Effective November 30, 1982

2

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

FAC ID No. 2540489 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by Self Services Reporting Month August 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

Daily Water Reports Supervised: William K. Kelsi C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly total	371	16.25	84					10.8	3.4		
Average	12	.52	5					.6	.2		
Maximum	19	.75						1.0	.2		
Minimum	5	.25						.4	.2		
1	6	.25	5					.6	.2		
2	19	.5	3					.6	.2		
3											
4											
5	37	1	3					.4	.2		
6											
7	13	.5	5					.4	.2	6	0
8	15	.5	3					.5	.2		
9	5	.25	6					.5	.2		
10											
11											
12	51	1.5	3					.6	.2		
13	15	.5	4					.6	.2		
14											
15	31	1	4					.6	.2		
16	6	.25	5					.6	.2		
17											
18											
19											
20	660	1.5	3					.5	.2		
21											
22	37	1	3					.6	.2		
23	7	.25	4					.6	.2		
24											
25											
26											
27	35	3.25	11					1.0	.2		
28	8	.5	7					1.0	.2		
29	11	.5	6					.8	.2		
30											
31	13	1	9					.9	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple at [illegible]

[illegible]

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540482 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Sept. 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

Operator in Charge William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	Lbs Used	mg/l	Lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	518	24	114					16.1	4.2		
Average	17	.80	4					.8	.2		
Maximum	34	1.5	13					1.4	.4		
Minimum	9	.25	2					.4	.2		
1	11	.5	6					.8	.2		
2											
3	27	1.5	7					1.4	.4		
4											
5	23	.2	11					.8	.2	3	
6	23	.5	3					.8	.2		
7											
8											
9	37	1	3					.8	.2		
10	11	.25	3					.6	.2		
11	15	.25	3					.4	.2		
12	17	.5	4					.6	.2		
13	6	.5	10					1.0	.3		
14											
15											
16	76	2	3					.6	.2		
17	24	1	5					.5	.2		
18	11	1	11					.5	.2		
19											
20	48	1.5	4					.6	.2		
21											
22											
23	58	4.5	9					1.3	.2		
24	34	.5	2					.8	.2		
25	24	.5	3					1.0	.2		
26	14	1	8					1.2	.2		
27	9	1	13					1.4	.3		
28											
29											
30	51	3	7					1.0	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple at [illegible]

[illegible] Form 17-[illegible](5)

[illegible] Effective [illegible]

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Oct. 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Jay W Stapf C-6963
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	562	32	168					17.8	4.2		
Average	18	1.03	.8					.8	.2		
Maximum	30	3	23					1.0	.2		
Minimum	8	.5	4					.8	.2		
1	8	1	14					.8	.2		
2											
3	16	3	23					1.0	.2		
4	17	1	7					.8	.2		
5											
6											
7	47	2.5	4					.8	.2		
8	30	1.5	6					.8	.2		
9	17	.5	4					.8	.2	3	⊖
10	17	.5	4					.8	.2		
11	16	.5	4					.8	.2		
12											
13											
14	50	3	7					.6	.2		
15	13	.5	5					.6	.2		
16	11	1	11					.8	.2		
17	18	1	7					.8	.2		
18	13	1	9					1.0	.2		
19											
20											
21	65	3	6					.8	.2		
22	24	3	15					1.0	.2		
23	18	2	13					1.0	.2		
24											
25	48	2	5					1.0	.2		
26											
27											
28	53	2	5					1.0	.2		
29	25	1	5					.8	.2		
30	18	1	7					1.0	.2		
31	17	1	7					.8	.2	1	⊖

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

Fac. ID No. 2510489 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU SERVICES Reporting Month November 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 81

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct [signature] (Lead Operator's Signature) [illegible] (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	202	8.5	37					7.8	5.3		
Average	17	.7	5					1.1	.4		
Maximum	27	1	7					1.5	1.0		
Minimum	15	.5	3					.7	.2		
1	15	.5	4					1.5	1.0		
2											
3											
4	41	2	6					1.0	.4		
5											
6	26	1.5	7					1.4	1.0	3	0
7	18	1.0	7					1.0	.2		
8	27	1.0	4					.7	.2		
9											
10											
11	56	1.5	3					1.2	.4		
12	19	1.0	6					1.0	.2		
13									.2		
14											
15									.2		
16											
17											
18									.2		
19									.2		
20											
21											
22											
23											
24											
25									.2		
26									.3		
27											
28											
29									.3		
30									.3		
31											

→ WATER BEING SUPPLIED BY NEIGHBORS CWS WHILE PLANT IS REBUILT

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

(Form 17-[illegible])

[illegible] Tallahassee, FL, [illegible]

NOTE; PLANT NOT IN SERVICE TILL 12-30-91. UNTIL THIS DATE, FLOW WAS PROVIDED BY HERONS COVE.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SURVEY

PWS ID No. 2540489 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Operated by SSU Services Reporting Month Dec. 19 91

Final Effluent pH 7.2 (Avg) No. of Services at End of Month 81

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct [signature] (Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine amt. in lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Inj.	Number of Samples Taken	Bacteriological QC Violations
Monthly Total	65	10.5	31					1.6	6.4		
Average	33	5.3	16					.8	.3		
Maximum	43	10	28					1.0	.8		
Minimum	22	.5	3					.6	.2		
1									.2		
2									.2		
3									.3		
4									.3	3	
5									.3		
6									.3		
7											
8											
9									.3		
10											
11									.3		
12									.3		
13									.3		
14											
15											
16									.2		
17									.3		
18									.3		
19									.4		
20											
21									.4		
22									.3		
23											
24											
25											
26											
27											
28											
29											
30	22	.5	3					1.6	.6		
31	43	10	28					.6	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: fold top flap down, fold this flap up over it, then staple or tape

Form 17-1.200(5)
October 31, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 5 4 0 4 8 9 Name of Drinking Water System ST. JOHNS HIGHLANDS

Location: City or S/D SATSUMA County PUTNAM

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 80

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Klein C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals) or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	335	18.5	138					20.2	4.6		
Average	11	.60	6					.9	.2		
Maximum	19	.75	9					1.0	.2		
Minimum	8	.25	3					.6	.2		
1	15	.5	4					1.0	.2		
2	19	.5	3					.8	.2		
3	9	.75	9					.8	.2		
4	13	.75	6					1.0	.2		
5	19	.5	3					.8	.2		
6											
7											
8	30	.2	7					1.0	.2		
9	10	.75	8					1.0	.2		
10	9	.5	5					.8	.2		
11	11	.5	5					.8	.2	3	0
12	9	.25	3					.6	.2		
13											
14											
15	27	1.75	7					.8	.2		
16	9	.75	8					1.0	.2		
17	10	.5	5					1.0	.2		
18	11	.5	5					.8	.2		
19	15	.5	3					.8	.2		
20											
21											
22	30	2	7					.8	.2		
23	10	.75	8					1.0	.2		
24	11	.5	4					1.0	.2		
25	10	.75	8					.8	.2		
26	12	.75	3					1.0	.2		
27											
28											
29	27	1.75	6					1.0	.2		
30	8	.5	6					.8	.2		
31	11	.5	5					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Feb. 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 80

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. of lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	360	16.75	88					19.2	3.9		
Average	13	.60	5					1.0	.2		
Maximum	20	.75	10					1.2	.3		
Minimum	6	.25	2					.8	.2		
1	14	.75	5					1.0	.2		
2	12	.5	4					1.0	.2		
3											
4											
5	21	2.25	8					1.2	.2		
6											
7	20	1	5					1.0	.2	3	e
8	19	.75	4					1.2	.2		
9	14	.5	4					1.2	.2		
10											
11											
12	46	1.25	3					1.0	.2		
13	13	.5	4					.8	.2		
14	19	.75	4					1.0	.2		
15	17	.75	4					1.2	.2		
16	15	.5	3					1.0	.2		
17											
18											
19	19	2	10					1.0	.2		
20	11	.75	7					.8	.2		
21	9	.25	3					.8	.2		
22	11	.5	5					1.0	.2		
23	14	.75	5					.8	.2		
24											
25											
26	44	1.75	4					1.2	.3		
27	18	.75	4					1.0	.2		
28	20	.5	2					1.0	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St. Johns Highlands)

Location: City or S/D Satsuma County Putnam)

Owned by Southern) States Utilities Reporting Month March 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 80

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kirlin C 5726
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals or lbs Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	406	31	196					25.4	6.1		
Average	13	1	6					1.0	.2		
Maximum	27	1.75	13					1.4	.4		
Minimum	7	.5	2					.8	.2		
1	27	.5	2					.8	.2	3	0
2	11	.75	7					1.0	.2		
3											
4											
5	31	1.75	6					1.0	.2		
6	14	.75	5					1.2	.3		
7	9	.5	2					1.0	.3		
8	13	1	8					1.0	.3		
9	15	1.5	10					1.1	.3		
10											
11											
12	41	3	7					.8	.2		
13	13	1	8					1.0	.2		
14	16	1.5	10					1.1	.3		
15	14	1.25	9					1.1	.3		
16	15	1.5	10					1.2	.4		
17	13	1	8					1.0	.2		
18											
19	27	2	7					1.0	.2		
20	15	1	6					.8	.2		
21	14	.75	5					.8	.2		
22	11	.75	7					1.0	.2		
23	17	1.5	9					1.1	.3		
24	11	.5	5					.8	.2		
25											
26	22	2	9					1.0	.2		
27	10	1	10					1.0	.2		
28	15	1.75	12					1.1	.3		
29	12	1.5	13					1.4	.4		
30	13	1.5	11					1.1	.3		
31	7	.5	7					1.1	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 80

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals or Lbs Used)	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap	
Monthly Total	448	30	163					20.9	10.3	
Average	15	1	7					.9	.4	
Maximum	31	2	9					1.5	1.0	
Minimum	7	.5	4					.4	.2	
1	9	.5	6					1.0	.5	
2	9	.5	6					.6	.2	
3	10	.75	8					.4	.2	
4	9	.75	8					1.0	.5	
5	8	.5	6					.8	.5	
6	11	1	8					.8	.4	
7	11	.75	7					1.0	.5	
8										
9	25	1.5	6					.6	.2	
10	14	1	8					.6	.2	
11	13	1	8					.8	.4	3 0
12	21	1.5	7					.8	.2	
13	36	3	8					1.0	.5	
14	31	1.75	6					1.0	.5	
15										
16	53	2	4					1.5	1.0	
17	34	1.5	6					1.0	.5	
18	28	1	4					.6	.2	
19	7	.5	7					1.0	.5	
20	11	1	8					1.0	.5	
21										
22										
23	34	3	9					.8	.5	
24	7	.5	7					.8	.4	
25	11	1	8					.8	.4	
26	15	1	6					1.0	.5	
27	13	1	7					1.0	.5	
28										
29										
30	50	4	8					1.0	.5	
31										

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540482 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by Southern States Utilities Reporting Month May 1970

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 80

Design Flow 75,000 Remarks (Use reverse side) Phone No.: 1-800-433-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MPL Violations
Monthly Total	359	28.75	141					13.9	4.3		
Average	12	.93	9					.8	.2		
Maximum	18	2	15					1.4	.4		
Minimum	3	.25	8					.5	.2		
1	8	.42	7					.6	.2		
2	8	.63	9					.6	.2		
3	17	1.25	9					.8	.3		
4	18	1.25	8					.8	.3		
5											
6											
7	31	2.29	9					.6	.2		
8	11	.83	9					.6	.2		
9										3	0
10	6	.42	8					.6	.2		
11	14	1.25	10					.8	.3		
12											
13											
14	30	2.09	8					.6	.2		
15	10	.83	9					.8	.3		
16											
17	22	1.67	9					.5	.2		
18											
19											
20											
21	41	2.92	9					.6	.2		
22	9	.83	10					.6	.2		
23	7	.42	7					.8	.2		
24	3	.42	11					1.0	.2		
25	18	.5	13					1.2	.4		
26											
27											
28											
29	73	6.75	11					1.0	.2		
30											
31	31	4	15					1.4	.3		

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Form 17-22.909(5)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540482 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month June 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 203

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kubin C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MPL Violations
Monthly Total	452	47	254					14.6	3.6		
Average	15	1.57	14					.8	.2		
Maximum	30	2.5	25					1.2	.2		
Minimum	5	.5	4					.4	.2		
1	18	2.5	17					.8	.2		
2											
3											
4	48	7.5	19					.6	.2		
5											
6	18	2	13					.6	.2	3	0
7	6	.5	10					.8	.2		
8	5	1	25					.8	.2		
9											
10											
11	31	8.5	20					1.0	.2		
12	29	2.5	10					.8	.2		
13	10	2	25					.4	.2		
14	30	1	4					.8	.2		
15	20	1	6					.8	.2		
16											
17											
18	14	2.5	5					.8	.2		
19	25	1	5					.8	.2		
20											
21											
22	53	4	9					1.0	.2		
23											
24											
25	20	4	24					.7	.2		
26											
27	21	2.5	11					1.0	.2		
28	9	1.5	19					1.2	.2		
29	10	1.5	17					.8	.2		
30	9	1	13					.9	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.909(5)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month July 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 81

Design Flow 72,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 3726
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap	
Monthly Total	218	27.5	406					15.6	4.6	
Average	7	.89	20					.8	.2	
Maximum	19	1.75	35					1.2	.4	
Minimum	3	.25	3					.6	.2	
1	3	.5	17					.8	.2	
2	7	.5	8					.6	.2	
3										
4										
5	18	.5	3					.6	.2	
6	5	1	25					.8	.2	
7										
8										
9										
10	10	1.5	3					.6	.2	
11	9	1.5	19					.6	.2	
12	14	1.5	13					.6	.2	
13	12	1.5	15					.6	.2	
14										
15										
16	23	2	4					.8	.2	
17	4	.75	25					.8	.2	
18	6	1.75	35					1.2	.4	
19	4	1	33					1.2	.3	
20	4	1	33					1.2	.4	
21										
22										
23	14	3.5	29					.8	.2	
24	19	.5	3					.6	.2	
25	5	1.25	31					.8	.3	
26	3	.25	8					.6	.2	
27	6	1.5	30					.8	.2	
28										
29										
30	18	4.5	30					.8	.2	
31	4	1	33					.8	.2	

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Form 17-22.909(5)
Effective January 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St. Johns Highlands)

Location: City or S/D Satsuma County Putnam)

Owned by SSU Service) Reporting Month Aug. 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keelin (Lead Operator's Signature) C 5926 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used		lbs Used					
Monthly Total	197	15.5	189					16.6	4.6		
Average	6	.5	11					.9	.2		
Maximum	11	1.5	38								
Minimum	3	.25	4								
1	9	.75	9					.8	.2		
2	5	1.5	38					1.2	.4		
3	3	1	25					1.0	.3		
4											
5											
6	18	3.5	23					.8	.2		
7	10	.5	6					.6	.2		
8	11	.75	8					.8	.2		
9								.8	.2	3	0
10	13	1	9					.8	.2		
11											
12											
13	15	.5	4					.6	.2		
14	9	.25	8					1.0	.3		
15											
16	16	1	8					1.0	.2		
17	6	.5	10					1.0	.2		
18											
19											
20	19	1	6					1.0	.3		
21	5	.25	6					.8	.3	1	
22	6	.25	5					.8	.3		
23											
24											
25											
26											
27	30	1.5	16					.8	.2		
28											
29	13	.5	5					.8	.2		
30	8	.5	7					1.8	.2		
31	5	.25	6					1.0	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Sept. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	340	13.5	85					14.8	3.5		
Average	11	.45	5					.4	.2		
Maximum	22	1	6					1.0	.3		
Minimum	7	.25	3					.8	.2		
1											
2											
3											
4	40	1.5	5					1.0	.2	3	e
5											
6	12	.5	5					1.0	.2		
7	16	.75	6					1.0	.3		
8											
9											
10	40	1.5	5					1.0	.2		
11	22	1	6					.8	.2		
12	9	.25	4					.8	.2		
13	7	.25	4					.8	.2		
14	9	.25	3					.8	.2		
15											
16											
17	38	1.25	4					.8	.2		
18	14	.75	6					.8	.3		
19	13	.5	5					1.0	.2		
20	10	.5	6					.8	.2		
21	13	.5	5					.8	.2		
22											
23											
24	39	1.5	5					1.0	.2		
25											
26											
27	38	1.5	5					.8	.2		
28	10	.5	6					.8	.2		
29											
30	12	.5	5					.8	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2542482 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Oct. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	351	10	97					18.9	4.7		
Average	11	.32	4					.8	.2		
Maximum	27	.5	10					1.0	.3		
Minimum	5	.25	1					.5	.2		
1	9	.25	3					.8	.2		
2	9	.25	3					.5	.2		
3	17	.25	2					.8	.2	3	1
4	21	.25	1					.6	.2		
5	10	.25	3					.6	.2		
6											
7											
8	26	1	5					.8	.2		
9	10	.25	3					1.0	.2		
10	3	.25	6					.8	.2		
11	6	.25	5					.8	.2		
12	10	.25	3					.8	.2		
13											
14											
15	25	1	5					1.0	.2		
16	9	.25	3					.8	.2		
17	12	.5	5					1.0	.2		
18	14	.5	4					1.0	.2		
19	14	.5	4					1.0	.2		
20											
21										1	
22	39	.5	2					.6	.2		
23	8	.5	7					1.0	.2		
24	8	.25	4					.8	.2		
25	8	.5	7					1.0	.2		
26	7	.5	8					1.0	.2		
27											
28											
29	31	.75	2					.6	.2		
30	6	.5	10					1.0	.3	1	
31	27	.5	2					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Nov. 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report to correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	364	13.25	94					18.0	4.2		
Average	12	.44	4					.9	.2		
Maximum	19	1	8					1.0	.2		
Minimum	6	.25	2					.6	.2		
1	19	1	6					.8	.2		
2	9	.5	6					.6	.2		
3											
4											
5	36	1	3					.8	.2		
6	10	.5	6					.8	.2		
7	11	.25	3					.8	.2	3	⊖
8	14	.5	4					.8	.2		
9	10	.5	6					.8	.2		
10											
11											
12	27	.5	2					1.0	.2		
13	11	.25	3					1.0	.2		
14	15	.25	2					1.0	.2		
15	11	.25	3					.8	.2		
16	10	.5	6					.8	.2		
17											
18											
19	55	2	4					1.0	.2		
20	17	1	7					1.0	.2		
21	14	1	8					.8	.2		
22											
23	23	.5	3					.8	.2		
24											
25											
26	38	1.5	7					.8	.2		
27	19	.5	3					.8	.2		
28	6	.25	5					1.0	.2		
29	8	.25	4					1.0	.2		
30	9	.25	3					.8	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 Name of Drinking Water System St. Johns Highlands

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Dec. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 81

Design Flow 72000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	456	15.25	73					15.6	3.8		
Average	15	.49	4					.8	.2		
Maximum	37	1	10					1.0	.2		
Minimum	7	.25	2					.6	.2		
1	14	.25	2					.8			
2											
3	19	.75	5					1.0	.2		
4	14	.25	2					1.0	.2		
5	7	.25	4					1.0	.2	3	0
6	14	.25	2					1.0	.2		
7	16	.25	2					.8	.2		
8											
9											
10	35	.75	3					.8	.2		
11	15	.5	4					.8	.2		
12	35	1	3					.6	.2		
13	37	.5	2					.6	.2		
14	16	.5	4					.8	.2		
15											
16											
17	37	.5	2					.6	.2		
18	19	.25	2					.8	.2		
19	13	.25	2					.8	.2		
20											
21	30	2	8					.8	.2	1	
22											
23											
24	37	1.5	5					.8	.2		
25											
26	29	1.5	6					.8	.2		
27	12	1	10					1.0	.2		
28											
29											
30											
31	52	2	5					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Stone Mountain - 565

Lake County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #565

PWS ID No. 3351282 Name of Drinking Water System Star Mountain

Location: (City) or S/D Yalaha County Lake

Owned by SSU Services Reporting Month January 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 6

Design Flow 100GPM Remarks (Use reverse side) Phone No.: (1-900-432-4501) (407-880-0100)

I certify this report is correct Dennis W. Mote C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l			lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	127.7	2.25	19.8					20.7	17.4	11	2
Average	4.1	.07	2.3					1.5	1.9		
Maximum	9.4	.13	3.0					1.5	1.2		
Minimum	1.8	.04	1.6					.9	.9		
1											
2	9.4	0	0					1.0	.9		
3	4.3	0	0					1.2	1.0		
4	5.1	.35	1.6					1.0	.9		
5											
6											
7	11.3	.25	2.7					1.2	1.0		
8	7.4	0	0					1.2	1.0	4	2
9	3.5	0	0					1.0	.8	1	0
10	5.7	.35	1.8					1.0	.8		
11											
12											
13											
14											
15	15.8	0.25	1.9					0.9	0.7		
16											
17	5.9	0	0					0.9	0.7	6	0
18	4.2	.25	3.0					1.0	.8		
19											
20											
21	11.4	.25	2.7					.9	.8		
22	9.4	0	0					1.0	.9		
23	4.0	.25	3.2					1.0	.9		
24	6.0	0	0					1.0	.9		
25	9.0	.25	2.0					1.0	.9		
26											
27											
28	5.8	0	0					1.2	1.0		
29	1.8	0	0					1.2	1.0		
30	2.8	0	0					1.5	1.2		
31	5.3	.05	1.9					1.5	1.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #565

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain

Location: (City) or S/D Yalaha County Lake

Owned by SSU Services Reporting Month February 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 12

Design Flow 100 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct: Dennis W. Mott C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	153.3	2.75	23.3					18.2	15.3	7	0
Average	5.4	0.09	2.3					.9	.7		
Maximum	10.3	1.25	3.2					1.3	.9		
Minimum	1.1	0.06	1.6					1.3	.7		
1	4.2	0	0					1.2	.9		
2											
3											
4	6.1	.25	2.9					1.0	.8		
5	2.2	0	0					1.0	.8		
6	1.1	0	0					1.0	0.8	7	0
7	4.4	0	0					1.0	.8		
8	4.5	.25	2.5					1.0	.8		
9											
10											
11	13.5	.25	2.2					.8	.7		
12	8.0	0	0					.8	.7		
13	7.0	.25	2.0					1.0	.9		
14	5.0	0	0					1.0	.9		
15	4.4	.25	3.2					1.0	.8		
16											
17											
18	30.7	.50	2.0					1.0	.8		
19	7.1	0	0					.8	.7		
20	8.4	.25	3.2					.8	.7		
21	9.2	0	0					.8	.7		
22	7.2	.25	2.1					.8	.7		
23											
24											
25	19.0	.25	1.6					.8	.7		
26	6.0	0	0					.8	.7		
27	6.0	0	0					.8	.7		
28	7.3	.25	1.6					.8	.7		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain #565

Location: (City) or S/D Yalaha County Lake

Owned by SSU Services Reporting Month March 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 9

Design Flow 100 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mott C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	149.6	2.75	22.1					16.5	14.2	4	0
Average	5.2	.09	2.2					.8	.7		
Maximum	8.6	.25	2.5					1.2	1.0		
Minimum	2.1	.06	1.8					.5	.4		
1	4.7	0	0					.8	.7		
2											
3											
4	12.3	.25	1.8					.8	.7		
5	3.8	0	0					.8	.7		
6	3.8	0	0					.8	.7	4	0
7	4.3	0	0					.8	.7		
8	3.5	.25	2.1					.5	.4		
9											
10											
11	12.3	.25	2.4					.8	.7		
12	12.4	.25	2.4					.8	.7		
13	4.5	0	0					.8	.7		
14	4.5	0	0					.5	.7		
15	4.5	.25	2.2					.8	.7		
16											
17											
18	13.5	.25	2.2					.8	.7		
19											
20	5.1	0	0					.8	.7		
21	4.8	0	0					.8	.7		
22	2.1	0.25	2.5					0.9	0.7		
23											
24											
25	24.2	.50	2.5					.5	.4		
26	6.8	0	0					1.2	1.0		
27	8.5	.25	2.0					1.0	.9		
28	8.8	0	0					1.0	.9		
29	6.4	.25	3.0					1.0	.9		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

#565

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain

Location: (City) or S/D Yalaha County Lake

Owned by SSU Seminar Reporting Month April 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 12

Design Flow 100GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mohr C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	215.9	3.25	26.0					15.1	12.8	3	0
Average	7.2	.11	2.0					.7	.6		
Maximum	21.2	.25	2.3					1.0	.8		
Minimum	2.0	.06	2.9					.5	.4		
1	22.7	.25	1.3					1.0	.8		
2											
3	8.4	0	0					.8	.7		
4	6.7	0	0					1.0	.8		
5	2.0	.25	1.8					.8	.7		
6											
7											
8	19.1	.25	1.6					.5	.4		
9	7.4	0	0					.5	.4		
10	7.4	.25	2.0					.5	.4	3	0
11	7.5	0	0					.5	.4		
12	7.5	.25	2.0					.5	.4		
13											
14											
15	21.1	.25	1.4					.5	.4		
16	12.7	0	0					.5	.4		
17	2.3	.25	2.0					.8	.7		
18	5.3	0	0					.8	.7		
19	8.0	.25	2.3					.8	.7		
20											
21											
22	15.0	.25	2.0					.8	.7		
23	1.7	0	0					.8	.7		
24	8.7	.25	2.9					.8	.7		
25	6.8	0	0					.8	.7		
26	9.4	.25	1.9					.8	.7		
27											
28											
29	15.9	.25	2.0					.8	.7		
30	21.2	.25	2.8					.8	.7		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w. in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain

Location: (City) or S/D Yalaha County Lake

Owned by SSU Services Reporting Month May 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 9

Design Flow 100GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mott C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l						Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l					
Monthly Total	318.3	6.0	39.7						20.7	17.7	4	0
Average	10.3	.19	1.7						.9	.8		
Maximum	14.2	.50	3.0						1.0	.9		
Minimum	6.8	.08	1.7						.8	.7		
1	9.9	0	0						.8	.7		
2	13.8	0	0						.8	.7		
3	12.8	.25	2.0						.8	.7		
4												
5												
6	51.5	1.0	2.4						1.0	.8		
7	10.2	.25	2.9						1.0	.8	4	0
8	10.2	.25	2.9						1.0	.8		
9	6.0	0	0						1.0	.8		
10	14.8	0.5	2.9						0.9	0.7		
11												
12												
13	36.5	.75	2.5						.9	.8		
14	11.6	.25	2.6						.9	.8		
15	9.2	0	0						.9	.8		
16	5.5	.25	2.0						.9	.8		
17	10.0	.25	3.0						.9	.8		
18												
19												
20	36.2	.50	1.7						.9	.8		
21	6.9	0	0						.9	.8		
22	9.6	.25	3.0						.9	.8		
23	8.7	0	0						.9	.8		
24	7.2	.25	1.9						.9	.8		
25												
26	15.2	.25	2.0						1.0	.9		
27												
28	15.2	.25	2.0						.9	.7		
29	14.9	.25	2.1						.9	.7		
30	15.0	.25	2.0						.8	.7		
31	10.9	.25	2.8						.8	.7		

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in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Spring Mountain #565

Location: (City) or S/D Yolaka County Lake

Owned by SSU Services Reporting Month June 19--

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 9

Design Flow 100 GPM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mora C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	278.2	5.0	29.1					16.4	13.1	4	0
Average	9.9	.18	2.2					.9	.7		
Maximum	27.3	.50	4.2					1.2	1.0		
Minimum	.8	.17	1.6					.8	.6		
1											
2											
3	18.2	.25	1.6					.8	.7		
4	7.1	.25	4.2					1.0	.7		
5	8.7	0	0					.8	.7		
6	6.3	.25	2.0					.9	.7		
7	27.2	.50	2.2					.8	.7		
8											
9											
10	24.9	0.5	2.4					0.9	0.6	4	0
11	13.0	0.25	2.3					0.9	0.6		
12	8.1	0	0					0.4	0.7		
13	8.9	0.25	1.9					0.9	0.7		
14	15.3	0.25	2.0					0.8	0.6		
15											
16											
17	41.1	.75	2.2					.8	.6		
18	10.5	0	0					1.2	1.0		
19	5.4	.25	1.9					1.0	.8		
20	9.4	0	0					1.0	.8		
21	9.5	.25	1.6					1.0	.8		
22											
23											
24	39.2	.75	2.3					1.0	.8		
25											
26	33.5	.50	3.6					1.0	.8		
27											
28	1.5	0	0					1.0	.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Star Mountain #565

Location: (City) or S/D Yalaha County Lake

Owned by SSU Services Reporting Month July 19

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 9

Design Flow 100GPM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mayo C 649
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	401.4	7.0	39.5					15.2	13.3	4	0
Average	12.9	.22	2.1					.5	.7		
Maximum	20.8	.50	3.2					.8	.7		
Minimum	8.3	.25	1.6					.4	.7		
1	6.9	1.0	1.8					.8	.7		
2	12.1	.25	2.5					.8	.7		
3	12.3	.25	2.5					.8	.7		
4	18.9	.25	1.6					.8	.7		
5	19.0	.25	1.6					.8	.7		
6											
7											
8	38.7	.75	2.3					.8	.7		
9	13.7	.25	2.2					.8	.7	4	0
10	13.7	.25	2.2					.8	.7		
11	9.3	.25	3.2					.8	.7		
12	9.3	.25	3.2					.8	.7		
13											
14											
15	23.9	.50	2.6					.8	.7		
16	8.3	0	0					.8	.7		
17	9.0	.15	1.7					.8	.7		
18											
19	18.3	.25	1.6					.8	.7		
20											
21											
22	35.2	.50	1.7					.8	.7		
23	20.9	.50	2.9					.8	.7		
24											
25											
26	30.4	.50	2.0					.8	.7		
27											
28											
29	27.4	.50	2.2					.8	.7		
30											
31	17.3	.25	1.7					.8	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351222 Name of Drinking Water System Stone Mountain #565

Location: (City) or S/D Yalaha County Lake

Owned by SSU Services Reporting Month August 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month

Design Flow 100 GPM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mong C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	349.8	6.5	38.9					15.7	13.4	4	0
Average	11.7	.22	2.4					.8	.7		
Maximum	18.3	.25	5.0					1.2	.9		
Minimum	3.5	.13	1.7					.8	.6		
1	6.0	.25	5.0					.8	.7		
2											
3											
4	45.0	.75	2.0					.8	.7		
5	3.5	—	—					.8	.7		
6	13.0	.25	1.8					.8	.7		
7	15.0	.25	2.0					.8	.7		
8	15.0	.25	2.0					.8	.7		
9	11.5	.25	2.6					.8	.7		
10											
11											
12	30.7	50	2.0					.8	.7	4	0
13	10.0	.25	3.0					.8	.7		
14											
15	36.3	50	1.7					.8	.7		
16	11.6	.25	2.6					.8	.7		
17											
18											
19											
20	50.9	1.0	2.4					.8	.7		
21	6.8	—	—					.8	.7		
22	9.6	—	—					.8	.7		
23	8.9	.50	2.4					.8	.7		
24											
25											
26	24.3	.5	2.5					.8	.6		
27	12.9	.25	2.3					.8	.7		
28	17.9	.25	1.7					.9	.7		
29											
30	20.9	.5	2.9					1.2	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain #565

Location: (City) or S/D Yalaha County Lake

Owned by S.S.U. Services Reporting Month September 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 6

Design Flow 100 GPM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Moro C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	(HTH) Chlorine gals. or lbs. Used	(HTH) Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	411.8	7.25	40.1					15.2	11.9	4	0
Average	13.7	.24	2.1					.8	.6		
Maximum	19.3	.33	3.2					1.0	.8		
Minimum	7.9	.19	1.6					.5	.4		
1											
2											
3	36.0	.75	2.4					1.0	0.7		
4	14.9	.25	2.0					1.0	.7		
5	15.2	.25	2.0					1.0	.8		
6	18.8	.25	1.6					1.0	.8		
7											
8											
9	37.5	0.5	1.6					1.0	0.7		
10	13.4	0.25	2.2					0.9	0.7		
11	19.3	.25	1.6					.9	.7	4	0
12	14.4	.25	2.1					1.0	.8		
13	16.1	.25	1.9					.9	.7		
14											
15											
16	54.5	1.0	2.2					.5	.4		
17	15.9	.25	1.9					.5	.4		
18											
19	23.9	.50	2.5					.5	.4		
20	12.0	.25	2.5					.5	.4		
21											
22											
23	41.3	.75	2.2					.5	.4		
24	13.2	.25	2.3					.8	.6		
25	12.4	.25	2.4					.8	.6		
26	9.3	.25	3.2					.8	.7		
27	7.9	.25	1.9					.8	.7		
28											
29											
30	33.9	.50	1.8					.8	.7		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w: in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta:

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Star Mountain #565

Location: (City) or S/D Yalaha County Lake

Owned by SSU Services Reporting Month October 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 6

Design Flow 100GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Moro C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	240.6	4.5	28.8					19.4	17.1	4	0
Average	7.76	0.145	2.2					.9	.8		
Maximum	13.6	.25	2.7					1.2	.9		
Minimum	1.4	.08	1.8					.8	.7		
1	10.4	—	—					.8	.7		
2	4.9	.25	2.0					.8	.7		
3	7.9	—	—					.8	.7		
4	6.8	.25	2.0					.8	.7		
5											
6											
7	22.7	.50	2.6					.8	.7		
8	6.9	—	—					.9	.8		
9	1.4	—	—					.9	.8	4	0
10	10.0	—	—					1.0	.9		
11	5.9	.50	2.5					1.0	.9		
12											
13											
14	29.9	.5	2.0					1.0	.8		
15											
16											
17	15.7	.25	1.9					1.2	.9		
18											
19	16.6	.25	1.8					1.0	.7		
20											
21	12.7	.25	2.4					1.0	.8		
22	8.9	—	—					1.0	.8		
23	13.3	.50	2.7					1.0	.9		
24	7.1	—	—					1.0	.8		
25	6.1	.25	2.3					1.0	.8		
26											
27											
28	24.8	.50	2.4					1.0	.8		
29	9.6	—	—					.8	.7		
30	5.4	.25	2.0					.8	.7		
31	13.6	.25	2.2					.8	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 3 5 1 2 8 2 Name of Drinking Water System Stone Mountain #565

Location: (City) or S/D Yakata County Lake

Owned by SSU Service Reporting Month November 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 6

Design Flow 100 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mmo C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	190.4	3.50	27.7					18.6	14.9	4	0
Average	6.4	.12	2.3					1.0	.8		
Maximum	10.3	.13	4.0					1.2	.9		
Minimum	2.5	.06	1.6					.9	.8		
1											
2											
3											
4	17.6	.25	1.7					1.0	.8		
5											
6	14.9	.25	2.0					1.0	.8	4	0
7	2.5	—	—					1.0	.8		
8	5.0	.35	4.0					1.0	.8		
9											
10											
11	18.3	.25	1.6					.9	.8		
12	8.7	—	—					.9	.8		
13	10.3	.25	1.6					.9	.8		
14	7.7	—	—					.9	.8		
15	3.6	0.25	2.7					1.0	0.8		
16											
17											
18	20.0	.50	3.0					1.2	.9		
19	6.8	—	—					1.2	.9		
20	6.4	.35	2.3					1.2	.9		
21	5.5	—	—					1.2	.9		
22	7.6	.35	2.3					1.2	.9		
23											
24											
25	26.0	.5	2.3					1.0	.8		
26	9.0	—	—					1.0	.8		
27	9.2	.25	1.9					1.0	.8		
28											
29	13.3	.25	2.3					1.0	.8		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #565

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain

Location: (City) or S/D Yalaha County Lake

Owned by SSU Services Reporting Month December 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 9

Design Flow 100gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C.5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	212.2	4.25	32.9					20.7	16.2	9	1
Average	6.8	.14	2.5					1.0	.8		
Maximum	12.0	.25	5.3					1.2	.8		
Minimum	2.0	.08	1.5					.8	.6		
1											
2	21.5	.50	28					1.0	.8		
3	7.0	—	—					1.0	.8		
4	10.2	.25	17					1.0	.8		
5											
6	11.8	.25	2.5					.8	.6		
7											
8											
9	17.0	25	18					.8	.6		
10	6.3	—	—					1.0	.8	4	1
11	6.5	.25	23					1.0	.8		
12	2.0	—	—					1.0	.8		
13	4.3	—	—					1.0	.8		
14											
15	12.7	.50	32					1.2	.8		
16	12.0	.25	25					1.0	.8	1	0
17	9.4	—	—					1.0	.8	1	0
18	10.0	.25	15					1.0	.8	3	0
19	9.8	—	—					1.0	.7		
20	5.3	.25	20					.9	.7		
21											
22											
23	20.8	.50	29					1.0	.8		
24	5.5	—	—					1.0	.8		
25											
26	11.5	.25	18					1.0	.8		
27	4.3	—	—					1.0	.8		
28											
29											
30	18.7	50	26					1.0	.8		
31	5.6	.25	53					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain #565

Location: (City) or S/D 6730 Lakeview N. Yalala Florida 34797 County Lake

Owned by Southern State Utilities Reporting Month January 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 9

Design Flow 100GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-011

I certify this report is correct Dennis W Mole C 649
(Lead Operator's Signature) (Cert. Level) (Cert. #

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	189.0	3.25	21.2					24.3	18.1	3	0
Average	6.0	0.10	2.1					1.1	.8		
Maximum	10.3	0.16	2.8					1.5	1.0		
Minimum	2.3	0.06	1.4					1.0	.7		
1											
2	11.7	25	2.6					1.2	.8		
3	9.0							1.0	.7		
4	5.4							1.0	.7		
5	8.0	25	1.4					1.0	.8		
6											
7											
8	10.6	25	2.8					1.0	.7		
9	3.6							1.0	.8		
10	2.3							1.0	.9	3	0
11	7.1							1.0	.8		
12	4.7	25	1.7					1.0	.8		
13											
14											
15	31.1	50	1.9					1.5	1.0		
16	7.0							1.2	.9		
17	5.3							1.2	.9		
18	5.7	25	1.7					1.0	.8		
19	6.0							1.0	.8		
20											
21											
22	17.2	50	2.6					1.0	.8		
23	9.1							1.2	1.0		
24	4.9							1.2	.9		
25	3.0	25	2.0					1.2	.9		
26	7.0							1.2	.9		
27											
28											
29	20.0	50	2.1					1.2	.8		
30	5.4							1.0	.7		
31	7.9	25	3.3					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi... in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap...

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #565

PWS ID No. ~~3251292~~ Name of Drinking Water System Stone Mountain

Location: (City) or S/D Yalaha County Lake

Owned by Southern States Utilities Reporting Month February 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 9

Design Flow 100GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0

I certify this report is correct Dennis W. Moore C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. #

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	147.8	4.25	27.7					15.4	9.9		
Average	5.4	0.15	2.3					1.1	.7		
Maximum	~~7.6~~ 7.6	0.62	1.5					1.2	.9		
Minimum	3.7	0.08	0.9					1.0	.5		
1	5.0							1.2	.8		
2	5.0	.25	3.0					1.2	.8		
3											
4											
5	11.8	.25	2.5					1.2	.8		
6	7.5							1.2	.8		
7	7.6	.25	2.6					1.2	.7		
8											
9	15.0	.25	2.0					1.2	.7		
10											
11											
12	11.1	.25	2.7					1.0	.5		
13											
14	9.1	1.25	2.1					1.0	.5		
15											
16	11.4	.25	2.7					1.0	.5		
17											
18											
19	21.8	.50	2.8					1.0	.6		
20											
21	12.0	.25	2.5					1.0	.7		
22											
23								1.0	.8		
24	11.9	.25	2.5					1.0	.8		
25											
26											
27	20.8	.50	2.9					1.2	.9		
28											
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(3)
Effective November 1, 1987

Page 1 of -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain #565

Location: (City) or S/D Yalaha County Lake

Owned by Southern State Utilities Reporting Month March 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 9

Design Flow 100GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-01

I certify this report is correct Dennis W. Mohr C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	212.5	3.75	28.9					18.0	14.2	4	0
Average	9.1	.13	2.2					1.0	.8		
Maximum	11.4	.25	3.3					1.0	.8		
Minimum	.5	.08	1.5					1.0	.7		
1											
2	10.3	.25	2.9					1.0	.8		
3											
4											
5	30.0	.50	2.0					1.0	.8		
6	5	/	/					1.0	.8		
7	9.2	.25	3.3					1.0	.8		
8											
9											
10	29.9	.50	2.1					1.0	.8		
11											
12	12.9	.25	2.3					1.0	.8		
13	10.4	.25	2.9					1.0	.7	4	0
14	8	/	/					1.0	.8		
15	7.5	/	/					1.0	.8		
16	11.4	.25	1.5					1.0	.8		
17											
18											
19	17.8	.25	1.7					1.0	.8		
20	10.0	/	/					1.0	.8		
21	5.0	.25	2.0					1.0	.7		
22	7.8	/	/					1.0	.8		
23	7.2	.25	2.0					1.0	.8		
24											
25											
26	13.8	.25	2.2					1.0	.8		
27											
28	15.0	.25	2.0					1.0	.8		
29											
30	15.0	.25	2.0					1.0	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain #565

Location: (City) or S/D Yalala County Lake

Owned by Southern State Utilities Reporting Month April 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 9

Design Flow 100GPM Remarks (Use reverse side) Phone No.: (1-900-432-4501) (407-880-01

I certify this report is correct Dennis W. Mone C 6494
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	195.1	3.5	15.6					20.9	14.9	5	0
Average	6.5	.12	2.1					1.0	.7		
Maximum	14.1	.25	3.0					1.0	.8		
Minimum	1.7	.06	1.6					.9	.7		
1											
2	15.0	.25	2.0					1.0	.8		
3	5.3	/	/					1.0	.8		
4	5.3							1.0	.7		
5	9.7	.50	7.0					1.0	.7		
6	4.2	/	/					1.0	.7		
7											
8											
9	20.0	0.5	2.5					1.0	0.7		
10	4.2	/	/					1.0	0.7	4	0
11	8.8	.25	2.3					1.0	.7		
12	6.9	/	/					1.0	.7		
13	7.0	.25	2.2					1.0	.7		
14											
15											
16	15.9	.25	2.0					1.0	.7		
17	14.1	.25	2.1					1.0	.7		
18	4.8	/	/					1.0	.7		
19	13.9	.25	1.6					1.0	.7		
20	1.7	/	/					.9	.7		
21											
22											
23	13.3	.25	2.0					1.0	.7		
24	7.6	/	/					1.0	.7		
25	7.0	.25	2.1					1.0	.7		
26	5.0	/	/					1.0	.7		
27	10.4	.25	1.9					1.0	.7		
28											
29											
30	15.9	.25	1.9					1.0	.7	1	
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t.

DER Form 17-22.999(2)
Effective November 1, 1987

Page 1 of -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #565

PWS ID No. 3351282 Name of Drinking Water System Star Mountain

Location: (City) or S/D Yalaha County Lake

Owned by Southern State Utilities Reporting Month May 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 6

Design Flow 100GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-010

I certify this report is correct Dennis W. Mapp C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	391.7	6.5	37.5					20.2	16	6	1
Average	13.6	.02	2.0					1.01	.8		
Maximum	24.1	.37	3.1					1.3	.9		
Minimum	7.0	0.125	1.6					1.0	.7		
1	15.9	.25	1.9					1.0	.7	1	0
2	10.0	.25	3.0					1.2	.9		
3	15.3	.25	2.0					1.0	.8		
4	9.8	.25	3.1					1.0	.8		
5											
6											
7	23.9	.50	1.8					1.0	.8		
8	7.0	/	/					1.0	.8		
9	8.0	.25	2.0					1.0	.8	4	1
10	9.3	/	/					1.0	.8		
11	9.0	.45	1.6					1.0	.8		
12											
13											
14	31.7	50	1.9					1.0	.8		
15	12.0	.25	2.0					1.0	.8		
16	14.9	.25	2.0					1.0	.8		
17	13.1	.25	2.3					1.0	.8		
18	12.1	.25	2.3					1.0	.8		
19											
20											
21	30.0	50	2.0					1.0	.8		
22	17.5	.25	1.7					1.0	.8	1	0
23	15.0	.25	2.0					1.0	.8		
24											
25	20.0	.50	2.0					1.0	.8		
26											
27											
28											
29	45.0	.25	2.0					1.0	.8		
30											
31	48.2	.75	1.9					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape

DER Form 17-22.900(3)

#565

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain

Location: (City) or S/D Yalaha County Lake

Owned by Southern States Utilities Reporting Month June 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 0.9

Design Flow 100GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100

I certify this report is correct Dennis W. Mayo C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l		mg/l		Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	357.2	6.75	46.9				19.6	11.5	4	0
Average	12.3	.23	1.6				.9	.5		
Maximum	20.0	.50	3.3				1.0	.8		
Minimum	8.7	.11	1.8				.8	.5		
1	14.5	.25	2.1				1.0	.8		
2										
3										
4	33.2	.50	1.8				.8	.5		
5	12.3	.25	2.4				.9	.5		
6	15.5	.25	1.9				.8	.5		
7	11.1	.25	2.7				.8	.5		
8	10.3	.25	2.9				.8	.5		
9										
10										
11	36.0	0.75	2.5				0.9	0.6		
12							.9	.6		
13	18.4	0.5	3.3				0.8	0.5	4	0
14	8.7	0.25	3.4				1.0	0.7		
15	11.6	0.25	2.6				1.0	0.8		
16										
17										
18	49.4	.75	1.8				1.0	.5		
19	13.9	.25	2.2				1.0	.5		
20	20.0	.50	3.0				1.0	.5		
21	15.0	.25	2.0				1.0	.5		
22	15.0	.25	2.0				1.0	.5		
23										
24										
25	13.3	.25	2.3				1.0	.5		
26	15.0	.25	2.0				1.0	.5		
27	14.0	.25	2.0				1.0	.5		
28	15.0	.25	2.0				1.0	.5		
29	15.0	.25	2.0				1.0	.5		
30										
31										

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or

DER Form 17-22.999(3)
Effective [illegible] 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #565

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain

Location: (City) or S/D Yolaha County Lake

Owned by S.S.U. Services Reporting Month July 199D

Plant Effluent pH -0- (Avg) No. of Services at End of Month 9

Design Flow 100 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0

I certify this report is correct Dennis W. Mono C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. #

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	345.2	6.5	34.0					18.0	11.2	6	0
Average	11.5	.22	2.3					1.0	.6		
Maximum	16.7	.25	3.3					1.0	.7		
Minimum	5.0	.17	1.6					1.0	.5		
1											
2	18.6	.25	1.6					1.0	.5		
3	15.0	.25	2.0					1.0	.5		
4											
5	20.0	.50	2.0					1.0	.5		
6	15.0	.25	2.0					1.0	.5		
7											
8											
9	45.2	.75	2.0					1.0	.5		
10											
11	19.5	.50	3.1					1.0	.5	4	0
12	13.7	0.35	2.2					1.0	0.6		
13	15.0	.25	2.0					1.0	.7		
14											
15											
16	19.1	.50	3.1					1.0	.7		
17	6.7	/	/					1.0	.7		
18	8.3	.25	2.0					1.0	.7		
19	10.0	/	/					1.0	.7		
20	5.0	.25	2.0					1.0	.7		
21											
22											
23	26.9	0.5	2.3					1.0	0.7		
24	13.4	0.25	2.2					1.0	0.7		
25	5.9	/	/					1.0	0.7	1	0
26	12.0	0.5	3.3					1.0	0.6	1	0
27											
28											
29											
30	66.9	1.25	2.2					1.0	0.7		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or t.

DER Form 17-22.999(3)
Effective November 1, 1987

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

#565

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain

Location: (City) or S/D Yalaha County Lak

Owned by SSU Services Reporting Month August 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 9

Design Flow 100GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100)

I certify this report is correct Dennis W. Mob C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3951	6.75	49.3					16.1	14.0	4	0
Average	12.7	.22	2.9					.8	.7		
Maximum	21.1	.50	3.0					.9	.7		
Minimum	9.3	.13	1.5					.8	.7		
1	19.7	.25	1.5					.8	.7		
2	19.7	.25	1.5					.8	.7		
3	10.1	.25	3.0					.8	.7		
4											
5											
6	34.6	.50	1.7					.8	.7		
7	21.1	0.5	2.7					0.9	0.7		
8	9.3	/	/					.8	.7	4	0
9	10.0	.25	1.6					.8	.7		
10	15.0	.25	2.0					.8	.7		
11											
12											
13	28.5	.50	2.1					.8	.7		
14	9.8	/	/					.8	.7		
15											
16	27.8	.50	1.6					.8	.7		
17	13.9	.25	2.2					.8	.7		
18											
19											
20	41.7	.75	2.2					.8	.7		
21	13.9	.25	2.2					.8	.7		
22											
23	28.5	.50	2.1					.8	.7		
24	14.0	.25	2.1					.8	.7		
25											
26											
27	28.5	.50	2.1					.8	.7		
28											
29	28.2	.50	2.1					.8	.7		
30	10.0	/	/					.8	.7		
31	10.8	.50	2.9					.8	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #565

PWS ID No. 3 3 5 1 2 8 2 Name of Drinking Water System Stone Mountain

Location: (City) or S/D Yalaha County Lake

Owned by SSU Services Reporting Month September 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 9

Design Flow 100GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) 407-880-0111

I certify this report is correct Dennis W. Mero C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	402.4	7.25	34.2					15.0	12.8	4	0
Average	14.4	.26	2.1					.8	.7		
Maximum	29.3	.50	2.5					1.0	.8		
Minimum	4.0	.13	1.9					.8	.7		
1	40							.8	.7		
2											
3											
4	24.6	.50	2.1					.8	.7		
5	13.7	.25	2.2					.8	.7		
6											
7	36.7	0.75	2.5					0.9	0.7		
8											
9											
10	58.7	1.0	2.3					.8	.7		
11	15.9	0.26	1.9					0.8	0.7	4	0
12	12.8	.25	2.3					.8	.7		
13	12.1	.25	2.5					1.0	.7		
14	15.0	.25	2.0					.8	.7		
15											
16											
17	30.0	.50	2.0					.8	.7		
18	15.0	.25	2.0					.8	.7		
19	29.3	.50	2.0					.8	.7		
20	15.1	.25	2.0					.8	.7		
21	15.1	.25	2.0					.8	.7		
22											
23											
24	44.5	0.75	2.0					0.8	0.7		
25	14.5	0.25	2.1					1.0	0.8		
26	7.0							1.0	0.8		
27											
28	44.4	1.0	2.3					0.8	0.7		
29											
30											
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain #565

Location: (City) or S/D Yalaha County Lake

Owned by SSU Sewer Reporting Month October 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 9

Design Flow 100GPM Remarks (Use reverse side) Phone No. (904-432-4511)(407-889-0100)

I certify this report is correct Donna W. Mace C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	331.1	6.25	35.2					14.4	12.3	4	C
Average	10.6	.20	2.3					.7	.6		
Maximum	14.8	.25	3.1					.8	.7		
Minimum	4.3	.10	1.7					.5	.4		
1	36.0	.50	1.7					.8	.7		
2	8.4	/	/					.8	.7		
3	11.3	.25	3.1					.8	.7		
4	11.3	.25	2.7					.8	.7		
5	11.3	.25	2.7					.5	.4		
6											
7											
8	42.0	.75	2.1					.5	.4		
9	14.8	.25	2.0					.5	.4		
10	8.2	/	/					.6	.5		
11								.2	.1	4	
12	14.1	.50	2.7					.7	.6		
13											
14											
15	42.0	.75	2.1					.5	.4		
16	4.3	/	/					.5	.4		
17	9.2	.25	2.2					.5	.4		
18	12.3	.25	2.4					.5	.4		
19	12.3	.25	2.4					.8	.7		
20											
21											
22	31.6	.50	1.9					.8	.7		
23	9.1	/	/					.8	.7		
24	14.2	.50	2.6					.8	.7		
25	7.4	/	/					.8	.7		
26	5.7	.25	2.3					.8	.7		
27											
28											
29											
30											
31	25.7	.50	2.3					.8	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 Name of Drinking Water System Star Mountain #565

Location: (City) or S/D Yalaha County Lake

Owned by SSU Services Reporting Month November 19 9(

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 9

Design Flow 100 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100)

I certify this report is correct Dennis W. Mims C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	1820	3.5	30.8						16.7	14.8	4	0
Average	6.1	.12	2.4						.8	.7		
Maximum	9.8	.13	3.3						1.0	.8		
Minimum	4.5	.08	1.6						.8	.6		
1	6.2											
2	6.3	.15	2.4									
3												
4												
5	23.4	.50	2.5									
6	8.0											
7	9.8	.25	1.7									
8	5.0											
9	5.0	.25	3.0									
10												
11												
12	17.7	.25	1.6									
13	7.5											
14	7.5	.25	2.0									
15	8.0											
16	7.0	.25	2.0									
17												
18												
19	12.0	.25	2.5									
20	4.5											
21	4.5	.25	3.3									
22												
23	13.2	0.25	2.3									
24									0.8	0.6		
25												
26	12.3	0.25	2.4									
27	4.6								0.9	0.7		
28	6.1	0.25	2.5						1.0	0.9		
29									1.0	0.8		
30	12.3	0.25	2.3									
31									1.0	0.7		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

#565

PWS ID No. 3351282 Name of Drinking Water System Stone Mountain

Location: (City) or S/D Yolo Co. County Lake

Owned by SSU Services Reporting Month December 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 9

Design Flow 100 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (707-980-0100)

I certify this report is correct Dennis W. Moe C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	185.0	3.5	25.7					19.6	15.4	5	2
Average	6.0	.11	2.3					1.0	.8		
Maximum	9.3	.13	3.6					1.5	1.0		
Minimum	2.3	.08	1.6					.8	.7		
1											
2											
3	16.3	.25	1.8					1.0	.8		
4	3.8	/	/					1.0	.8		
5											
6	14.0	.25	1.7					1.5	1.0	4	1
7	8.0	0	0					1.0	.8		
8											
9											
10	16.1	.50	2.5					1.1	.8		
11	5.4	0	0					1.2	.8		
12	5.4	0	0					1.2	.8		
13	7.8	.25	1.6					1.5	1.0		
14	3.2	0	0					1.0	.8		
15											
16											
17	17.5	.50	2.9					1.0	.8		
18	5.6	0	0					1.0	.8	1	1
19	6.5	.25	2.5					.8	.7		
20	5.0	0	0					.8	.7		
21	3.4	.25	3.6					.8	.7		
22											
23											
24	15.3	.25	2.0					.8	.7		
25											
26	18.5	.25	1.6					.8	.7		
27	8.0	0	0					1.0	.9		
28	2.3	.25	2.9					1.0	.9		
29											
30											
31	22.9	.50	2.6					1.0	.9		

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DER Form 17-1.208(5)
Effective November 30, 1982

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Jack L Joyce CWO4 Operators' Name: John B. Coffee Cert. No. C-6614

How Many Other Operators? (See Reverse) _____

Note: Give remarks on plant operation on reverse side.

Design Flow: .500 MGD Total Metered Services at End of Month: 584

Name of Plant: Sugar Mill C.C. County: Volusia

Utility Company: Southern States Util. Inc. I.D. No: 3641296

Month: JANUARY Year: 1991

Telephone Number: 904 427-8319

Date	No. Plant Operated	Total Raw Water Pumped (Gallons)	Total Water Delivered to Plant Storage (Gallons)	Filter Data: Hours After Runs Between Washings: Total	Minimum	Maximum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER				DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	Fluoride as F	OTHER			
1	1	0	100,000					0	0	3						0	0	3					
2	6	0	120,000	730			30,000	0	0	3						0	0	3					
3	6	323,000	110,000					450	9	4						147	3	4					
4	6	734,000	130,000					400	1	2						129	0.3	2					
5	1	0	100,000					0	0	4						0	0	5					
6	1	0	90,000					0	0	1						0	0	2					
7	6	165,000	100,000					400	11	1						290	8	1					
8	6	90,000	90,000					200	1	9						261	1	13					
9	6	180,000	100,000					400	7	5						266	5	6					
10	6	148,000	90,000				1	200	5	7						163	4	9					
11	6	102,000	150,000					300	4	8						352	5	6					
12	1	0	60,000					0	0	2						0	0	4					
13	1	0	100,000					0	0	4						0	0	5					
14	6	177,000	90,000	241			13,000	300	7	2						140	5	3					
15	6	209,000	90,000					400	13	7						258	8	9					
16	6	198,000	100,000					400	15	2						252	9	3					
17	6	130,000	90,000					400	8	3						171	7	4					
18	6	122,000	140,000	48			30,000	300	11	10						293	11	9					
19	1	0	90,000					0	0	6						0	0	8					
20	1	0	90,000					0	0	2						0	0	3					
21	6	257,000	90,000					300	4	3						239	2	4					
22	6	245,000	110,000					350	12	1						245	7	3					
23	6	133,000	100,000					200	8	2						139	7	2					
24	6	109,000	100,000					350	2	1						227	2	2					
25	6	152,000	130,000					700	18	4						177	13	4					
26	1	0	100,000					0	0	5						0	0	6					
27	1	0	90,000					0	0	2						0	0	3					
28	6	225,000	110,000	240			15,000	300	10	2						110	5	2					
29	6	240,000	120,000					600	20	2						208	10	2					
30	6	132,000	100,000					250	2	4						115	1	5					
31	6	72,400	110,000					450	2	4						298	3	4					
TOTAL	141	3,517,400	3,170,000	478			90,000	7150	169	120		13.3				5218	115	129					
MAX	6	785,000	150,000	730			30,000	600	20	10						708	12	13					
MIN	1	0	60,000	48			15,000	0	0	1						0	0	1					
Average	4.5	191,791	102,258	240			25,500	230	8	3.9						267	5	4					

CHEMICAL AND PHYSICAL RESULTS (mg/l)

Date	RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO_2 Calc	Iron as Fe	Color Units	Turbidity (NTU)	-SETTLED: pH	As $CaCO_3$: P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride as F	Turbidity (NTU)	CL-RT	Time at Fa
1															7.4	0	128	210	250	0.9				0.5	
2															7.6	0	118	218	260	0.9				0.5	
3															7.3	0	210	270	296	0.5				0.5	
4	7.3	348	400	320	90	-	0.5	0.3	-	1.3	8.7	10	160	190	7.4	0	230	290	220	0.5	0		0.5	0.5	
5															7.6	0	170	290	300	0.5				0.5	
6															7.6	0	170	210	260	0.5				0.5	
7										9.2	20	130	90	60	7.6	0	140	240	140	0.5				0.5	
8															7.6	0	130	170	170	0.8				0.8	
9										9.0	10	70	190	190	7.5	0	130	250	220	1.5				1.0	
10										9.4	10	90	150	90	7.5	0	130	170	190	2.0				1.0	
11	7.5	316	400	310	90	-	0.5	0.3	-	8.8	7.3	20	90	120	7.4	0	120	180	130	2.0	0		0.8	1.0	
12															7.6	0	120	180	160	2.0				1.0	
13															7.6	0	100	200	160	2.0				1.5	
14															7.6	0	130	200	110	2.0				1.5	
15										10.0	28	20	100	90	7.2	0	90	160	130	2.0				1.0	
16										10.0	30	20	120	90	7.4	0	90	170	150	2.0				1.0	
17															7.0	2	20	180	110	2.0				1.0	
18	7.9	340	320	220	90	-	0	0.6	-	8.3	10.2	40	50	120	7.0	10	40	220	90	1.0	0		0.8	1.0	
19															7.4	10	40	130	90	1.5				1.0	
20															7.4	10	90	130	90	1.5				1.0	
21										9.2	10	80	120	110	7.2	2	40	80	90	1.5				1.0	
22															7.4	0	60	110	130	2.0				1.0	
23										9.2	10	120	160	120	7.2	0	90	170	150	2.0				1.0	
24										11.5	60	90	200	160	7.7	0	90	110	160	2.0				1.0	
25	7.8	290	300	200	100	-	0	0.3	-	8.8	9.7	20	60	100	7.0	10	90	150	130	1.5	0		0.8	1.0	
26															7.4	0	100	110	80	1.5				1.0	
27															7.4	0	100	80	110	1.5				1.0	
28										10.0	40	30	190	110	7.4	0	30	60	110	1.5				1.0	
29										10.0	120	30	180	130	7.7	0	70	140	90	1.5				1.0	
30															7.0	0	66	130	150	2.0				1.0	
31										10.7	100	30	130	120	7.7	10	50	130	110	1.5				1.0	
TOTAL	201	1280	1300	930	370	-	1.0	1.6	-	127	103	640	1760	1570	229	104	1610	3220	3020	46.4	0		4.15	25.8	
MAX	7.8	340	400	320	100	-	0.5	0.5	-	11.5	60	130	190	200	7.7	10	230	290	260	2.0	0		1.50	1.5	
MIN	7.3	290	300	200	90	-	0	0.3	-	8.3	8.7	10	20	110	7.0	0	40	110	90	0.5	0		0.12	0.8	
Average	7.6	319	325	232	92.5	-	0.25	0.4	-	9.7	9.6	64	176	157	7.4	1.0	161	322	302	4.64	0		0.42	2.58	

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State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Burt A Zeigler
How Many Other Operators? (See Reverse) _____
Note: Give remarks on plant operation on reverse side.
Design Flow: 500,000 / day

Operators' Name: Joe Hall
Cert. No. Class "C"

Total Metered Services at End of Month: 595

Name of Plant: Sugar Mill C.C.
Utility Company: Southern States Utilities
Month: Feb
Telephone Number: 904-427-8319

County: Volusia
I.D. No.: 3641296
Year: 1991

| Date | Hrs. Plant Operation | Total Raw Water Pumped (Gallons) | Total Water Treated Entering Plant (Gallons) | Filter Data: Hours filter Runs Between Washings: Total | Maximum | Minimum | Total Wash Water (Gallons) | CHEMICALS: POUNDS USED: Lime | Chlorine Pre | Chlorine Post | Fluoride Chemical | OTHER | | | DOSAGES (mg/l): Lime | Chlorine Pre | Chlorine Post | OTHER | | | | CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH | M.O. Alk. | HARDNESS: Total | Calcium | Magnesium | CO2 Calc | Iron As Fe | Color Units | SETTLED: Turbidity (NTU) | pH | AS CaCO3: P. Alk. | M. Alk. | Total Hdns. | Ca Hdns. | FINISHED: pH | P. Alk. | M. Alk. | Total Hdns. | Calcium Hdns. | Residual Chlorine | Color | Fluoride As F | Turbidity (NTU) | Cl2 DT | Cl2 AT |
|---|---|---

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Bruce Zeigler CY406 | Operators' Name: John Coffee Jr Cert. No. CL614 | Name of Plant: Sugar Mill R. | County: Volusia
How Many Other Operators? (See Reverse) 0 1 | Utility Company: Southern States Utilities | I.D. No.: 3641296
Note: Give remarks on plant operation on reverse side. | Month: March | Year: 1991
Design Flow: .500 mgd. | Total Metered Services at End of Month: 593 | Telephone Number: 904-322-9319

Date	Hrs. Plant Operated	Total Raw Water Pumped (Gallons)	Total Water Treated (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER	DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	OTHER: Fluoride As F	CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	Hardness: Total	Calcium	Magnesium	Chlorine Demand	Iron As Fe	Color Units	Turbidity (NTU)	SETTLED: pH	As CaCO3: P. Alk.	M. Alk.	Total Hdns.	Cl. Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Odor	Fluoride As F	Turbidity (NTU)
1	16	532,000	150,000					950	16	3			163	6	2		7.6	356	440	396	10	-	0.5	0.5	1.3		98	90	122	120	100	8.2	0	20	110	100	1.5	0	0.6	1.3
2	1	0	110,000					0	0	4			0	0	4																	8.7	0	60	130	110	1.5			1.3
3	1	0	40,000					0	0	0			0	0	0																	8.7	0	60	130	100	1.5			1.3
4	1	118,000	90,000					300	26	0			106	13	0																	8.5	0	60	150	100	1.3			1.0
5	16	0	90,000					0	0	0			0	0	0																	8.5	0	80	200	170	2.4			2.0
6	16	183,000	120,000					350	13	1			217	7	1																	8.5	0	120	200	170	1.0			1.5
7	16	226,000	100,000					450	13	2			213	7	2											9.4	30	90	180	150	8.0	0	120	200	150	1.0			0.9
8	16	214,000	130,000					900	19	2			220	11	2		7.4	345	410	392	25	-	0.5	0.3	1.0		9.5	30	90	150	100	8.0	0	100	170	120	1.0	0	0.6	0.8
9	1	0	110,000					0	0	2			0	0	2																	8.5	0	80	170	130	1.5			1.2
10	1	0	110,000					0	0	7			0	0	8																	8.5	0	80	170	120	1.5			1.2
11	16	401,000	150,000					400	31	4			118	6	3																	8.5	0	80	170	120	1.5			1.2
12	16	203,000	120,000					200	7	4			118	4	4																	8.2	0	60	140	120	1.0			0.8
13	16	138000	100,000					200	0	3			123	0	4											9.1	0	100	180	150	8.3	0	20	150	130	1.0			0.8
14	16	0	120000					0	0	3			0	0	3																	7.3	0	100	220	190	1.5			1.5
15	16	351000	190000					400	29	3			137	9	2		7.6	356	440	406	10	-	0.5	0.5	1.5		9.0	0	120	220	190	7.5	0	120	210	170	1.5	0	0.8	1.1
16	1	0	100000					0	0	4			0	0	4																	7.9	0	100	220	190	1.8			1.0
17	1	0	80000					0	0	2			0	0	6																	7.9	0	100	220	190	1.8			1.0
18	16	238,000	120,000					500	21	5			210	9	5																	7.3	0	100	220	170	1.0			1.0
19	16	237,000	110,000					300	17	2			151	9	2																	7.9	0	100	220	190	1.5			1.4
20	16	111,000	110,000					400	13	0			233	7	0																	7.9	0	120	200	170	1.0			0.8
21	16	67,000	100,000					200	6	0			179	11	0																	7.9	0	120	220	190	1.0			0.8
22	16	220,000	190,000	240			30,000	450	4	2			215	2	1		7.6	316	416	400	10	-	0.5	0.5	1.4		9.0	0	120	220	200	7.5	0	120	210	170	1.5	0	0.8	1.0
23	1	0	70,000					0	0	0			0	0	0																	7.5	0	160	280	230	2.3			1.8
24	1	0	180,000					0	0	2			0	0	1																	7.8	0	140	280	240	2.4			1.8
25	16	335,000	130,000					450	24	1			161	9	1																	8.5	0	100	240	190	1.3			1.6
26	16	220,000	110,000					450	10	4			204	5	2																	8.5	0	120	260	220	0.5			0.9
27	16	227,000	120,000					450	2	1			198	1	1																	8.2	0	120	280	240	1.0			0.8
28	16	157,000	130,000					450	22	2			173	11	2																	8.3	0	120	260	220	0.8			0.5
29	16	192,000	140,000					400	17	1			138	14	1			26	345	420	388	8.0	-	0.5	0.5	1.2		9.4	15	100	200	160	8.0	0	120	200	160	0.7	0	0.5	0.5
30	1	0	160,000					0	0	1			0	0	1																	7.3	0	90	180	140	1.9			1.4
31	1	0	130,000					0	0	0			0	0	0																	8.3	0	90	170	130	1.0			1.5
TOTAL	112	7,961,000	3,860,000	240			30,000	7150	299	60		2.4	4040	197	64		38.7	1776	2316	1992	75		2.8	2.3	6.3		48.2	215	910	1820	1550	96.1	0	1940	3420	2970	26.1	0	3.4	31.5
MAX	16	904,000	200,000	240			30,000	900	36	7			236	11	8		7.6	345	440	406	25		0.5	0.5	1.5		9.8	90	122	220	190	8.3	0	120	220	230	2.4	0	0.8	2.0
MIN	1	0	90,000	0			0	0	0	0			0	0	0		7.4	298	400	375	10		0.5	0.5	1.0		8.1	0	90	160	100	8.1	0	60	130	100	0.7	0	0.5	0.5
Average	16	299,000	124,000	240			30,000	376	17.0	2.5			221	12.5	5.0		7.6	350	416	399	15		0.5	0.5	1.3		9.1	29	125	197	160	8.2	0	190	300	297	1.1	0	0.6	1.0

* DEP Form 17-555(9/90) Effective November 1, 1988

9780

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State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Robert Zipfel
How Many Other Operators? (See Reverse) 1 OP
Note: Give remarks on plant operation on reverse side.
Design Flow: .500 mgd

Operators' Name: Robert Zipfel Cert. No. C4406
Total Metered Services at End of Month: 598

Name of Plant: Sugar Mill C.C.
Utility Company: Southern States Utilities
Month: April
Telephone Number: 904-427-9319

County: Volusia
I.D. No.: 2641296
Year: 1991

Date	No. Plant Operated	Total Raw Water Pumped (Gallons)	Total Water Delivered Leaving Plant (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Minimum	Maximum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER: Polymer				DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	OTHER: Fluoride As F				CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO_2 Calc	Iron As Fe	Color Units	Turbidity	SETTLED: Residual Chlorine	pH	AS $CaCO_3$: P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (JTU)	CL2 DRT	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48		
1	6	227,000	190,000					400	13	3						177	6	2																																
2	6	191,000	110,000					300	35	7						267	17	7																																
3	6	179,000	90,000					400	10	5						267	7	7																																
4	6	190,000	130,000					300	6	1						257	5	1																																
5	6	210,000	170,000					500	10	2						285	6	2						7.6	240	330	240	90	-	0.5	0.0	0.8		9.0	20	40	90	60	9.5	0	140	110	60	1.0	0		1.0	0.8		
6	1	0	100,000					0	0	1						0	0	1																																
7	1	0	90,000					0	0	1						0	0	1																																
8	6	224,000	130,000	D10			30,000	500	24	0						267	13	0																																
9	6	243,000	120,000					400	35	0						323	11	0																																
10	6	0	120,000					0	13	0						0	0	0																																
11	6	0	110,000					400	13	2						238	8	2																																
12	6	215,000	120,000					200	14	4						223	20	4						7.6	230	300	230	90	-	0.5	0.5	1.0		9.0	20	120	200	140	7.8	0	160	230	140	3.0	0		1.0	1.0		
13	6	124,000	110,000					200	15	3						190	19	3																																
14	1	0	120,000					0	0	3						0	0	3																																
15	6	223,000	190,000					650	35	2						285	15	1																																
16	6	245,000	180,000					400	24	1						195	12	1																																
17	6	271,000	130,000					400	10	2						174	9	1																																
18	6	0	130,000					0	0	2						0	0	2																																
19	6	165,000	130,000					400	6	2						333	11	6						7.6	230	340	260	80	-	0.5	0.5	1.1		9.5	40	60	130	90	7.8	0	140	230	140	3.0	0		1.0	0.8		
20	1	0	110,000					0	0	1						0	0	1																																
21	1	0	130,000					0	2	0						0	0	1																																
22	6	76,000	120,000					450	32	1						209	35	1																																
23	6	85,000	120,000					200	8	1						282	11	1																																
24	6	65,000	110,000					300	4	2						252	7	2																																
25	6	250,000	185,000					400	25	1						171	25	1																																
26	6	245,000	180,000	1134			30,000	850	21	1						258	12	1						9.6	220	250	250	70	-	0.5	0.5	1.1		9.8	40	120	160	80	8.7	20	40	120	80	1.0	0	0.5	0.8		
27	1	0	100,000					3	3	2						0	0	1																																
28	1	0	130,000					0	0	1						0	0	1																																
29	6	250,000	50,000					400	20	2						192	19	2																																
30	6	95,000	180,000					450	26	1						252	25	1																																
31																																																	
TOTAL	138	7234000	3330000	1134			60,000	7650	375	59		9.5				4111	259	58						304	910	1310	900	310		2.0	1.5	4.0		373	200	260	450	310	253	90	1330	958	414	19.5	0	3.9	32.2		
MAX	6	271,000	190,000	1134				650	34	7						810	35	7						7.6	240	350	280	90		0.5	1.0	1.1		98	40	110	200	140	9.0	20	160	230	140	3.0	0	1.0	3.0		
MIN.	1	65,000	0	0-10				0	0	0						0	0	0						7.6	220	200	200	70		0.5	0.0	0.8		9.0	20	40	90	60	7.8	0	30	110	60	0.8	0	0.5	1.2		
Average	4.2	183,095	113,200	32.1				364	17.9	2.2						330	13.6	2.2						7.6	227	328	250	77.5		0.5	0.5	1.0		9.3	30	74	153	96	8.4	20	74	153	96	1.5	0	0.3	1.0		

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State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Bruce Zeigler CY406 | Operators' Name: John Coffee Jr Cert. No. CL614 | Name of Plant: Sugar Mill R. | County: Volusia
How Many Other Operators? (See Reverse) 0 1 | Utility Company: Southern States Utilities | I.D. No.: 3641296
Note: Give remarks on plant operation on reverse side. | Month: March | Year: 1991
Design Flow: .500 mgd. | Total Metered Services at End of Month: 593 | Telephone Number: 904-322-9319

Date	Hrs. Plant Operated	Total Raw Water Pumped (Gallons)	Total Water Treated (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER	DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	OTHER: Fluoride As F	CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	Hardness: Total	Calcium	Magnesium	Chlorine Demand	Iron As Fe	Color Units	Turbidity (NTU)	SETTLED: pH	As CaCO3: P. Alk.	M. Alk.	Total Hdns.	Cl. Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Odor	Fluoride As F	Turbidity (NTU)
1	16	532,000	150,000					950	16	3			163	6	2		7.6	356	440	396	10	-	0.5	0.5	1.3		98	90	122	120	100	8.2	0	20	110	100	1.5	0	0.6	1.3
2	1	0	110,000					0	0	4			0	0	4																	8.7	0	60	130	110	1.5			1.3
3	1	0	40,000					0	0	0			0	0	0																	8.7	0	60	130	100	1.5			1.3
4	1	118,000	90,000					300	26	0			106	13	0																	8.5	0	60	150	100	1.3			1.0
5	16	0	90,000					0	0	0			0	0	0																	8.5	0	80	200	170	2.4			2.0
6	16	183,000	120,000					350	13	1			217	7	1																	8.5	0	120	200	170	1.0			1.5
7	16	226,000	100,000					450	13	2			213	7	2											9.4	30	90	180	150	8.0	0	120	200	150	1.0			0.9
8	16	214,000	130,000					900	19	2			220	11	2		7.4	345	410	392	25	-	0.5	0.3	1.0		9.5	30	90	150	100	8.0	0	100	170	120	1.0	0	0.6	0.8
9	1	0	110,000					0	0	2			0	0	2																	8.5	0	80	170	130	1.5			1.2
10	1	0	110,000					0	0	7			0	0	8																	8.5	0	80	170	120	1.5			1.2
11	16	401,000	150,000					400	31	4			118	6	3																	8.5	0	80	170	120	1.5			1.2
12	16	203,000	120,000					200	7	4			118	4	4																	8.2	0	60	140	120	1.0			0.8
13	16	138000	100,000					200	0	3			123	0	4											9.1	0	100	180	150	8.3	0	20	150	130	1.0			0.8
14	16	0	120000					0	0	3			0	0	3																	7.3	0	100	220	190	1.5			1.5
15	16	351000	190000					400	29	3			137	9	2		7.6	356	440	406	10	-	0.5	0.5	1.5		9.0	0	120	220	190	7.5	0	120	210	170	1.5	0	0.8	1.1
16	1	0	100000					0	0	4			0	0	4																	7.9	0	100	220	190	1.8			1.0
17	1	0	80000					0	0	2			0	0	6																	7.9	0	100	220	190	1.8			1.0
18	16	238,000	120,000					500	21	5			210	9	5																	7.3	0	100	220	170	1.0			1.0
19	16	237,000	110,000					300	17	2			151	9	2																	7.9	0	100	220	190	1.5			1.4
20	16	111,000	110,000					400	13	0			233	7	0																	7.9	0	120	200	170	1.0			0.8
21	16	67,000	100,000					200	6	0			179	11	0																	7.9	0	120	220	190	1.0			0.8
22	16	220,000	190,000	240			30,000	450	4	2			215	2	1		7.6	316	416	400	10	-	0.5	0.5	1.4		9.0	0	120	220	200	7.5	0	120	210	170	1.5	0	0.8	1.0
23	1	0	70,000					0	0	0			0	0	0																	7.5	0	160	280	230	2.3			1.8
24	1	0	180,000					0	0	2			0	0	1																	7.8	0	140	280	240	2.4			1.8
25	16	335,000	130,000					450	24	1			161	9	1																	8.5	0	100	240	190	1.3			1.6
26	16	220,000	110,000					450	10	4			204	5	2																	8.5	0	120	260	220	0.5			0.9
27	16	227,000	120,000					450	2	1			198	1	1																	8.2	0	120	280	240	1.0			0.8
28	16	157,000	130,000					450	22	2			173	11	2																	8.3	0	120	260	220	0.8			0.5
29	16	192,000	140,000					400	17	1			138	14	1			26	345	420	388	8.0	-	0.5	0.5	1.2		9.4	15	100	200	160	8.0	0	120	200	160	0.7	0	0.5	0.5
30	1	0	160,000					0	0	1			0	0	1																	7.3	0	90	180	140	1.9			1.4
31	1	0	130,000					0	0	0			0	0	0																	8.3	0	90	170	130	1.0			1.5
TOTAL	112	7,961,000	3,860,000	240			30,000	7150	299	60		2.4	4040	197	64		38.7	1776	2316	1992	75		2.8	2.3	6.3		48.2	215	910	1820	1550	96.1	0	1940	3420	2970	26.1	0	3.4	31.5
MAX	16	904,000	200,000	240			30,000	900	36	7			236	11	8		7.6	345	440	406	25		0.5	0.5	1.5		9.8	90	122	220	190	8.3	0	120	220	230	2.4	0	0.8	2.0
MIN	1	0	90,000	0			0	0	0	0			0	0	0		7.4	298	400	375	10		0.5	0.5	1.0		8.1	0	90	160	100	8.1	0	60	130	100	0.7	0	0.5	0.5
Average	16	299,000	124,000	240			30,000	376	17.0	2.5			221	12.5	5.0		7.6	350	416	399	15		0.5	0.5	1.3		9.1	29	125	197	160	8.2	0	190	300	297	1.1	0	0.6	1.0

* DEP Form 17-555(9/90) Effective November 1, 1988

9780

2150

1710

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Robert Zipfel
How Many Other Operators? (See Reverse) 1 OP
Note: Give remarks on plant operation on reverse side.
Design Flow: .500 mgd

Operators' Name: Robert Zipfel Cert. No. C4406
Total Metered Services at End of Month: 598

Name of Plant: Sugar Mill C.C.
Utility Company: Southern States Utilities
Month: April
Telephone Number: 904-427-9319

County: Volusia
I.D. No.: 2641296
Year: 1991

Date	No. Plant Operated	Total Raw Water Pumped (Gallons)	Total Water Delivered Leaving Plant (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Minimum	Maximum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER: Polymer				DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	OTHER: Fluoride As F				CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO_2 Calc	Iron As Fe	Color Units	Turbidity	SETTLED: Residual Chlorine	pH	AS $CaCO_3$: P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (JTU)	CL2 DRT	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48		
1	6	227,000	190,000					400	13	3						177	6	2																																
2	6	191,000	110,000					300	35	7						267	17	7																																
3	6	179,000	90,000					400	10	5						267	7	7																																
4	6	190,000	130,000					300	6	1						257	5	1																																
5	6	210,000	170,000					500	10	2						285	6	2						7.6	240	330	240	90	-	0.5	0.0	0.8		9.0	20	40	90	60	9.5	0	140	110	60	1.0	0		1.0	0.8		
6	1	0	100,000					0	0	1						0	0	1																																
7	1	0	90,000					0	0	1						0	0	1																																
8	6	224,000	130,000	D10			30,000	500	24	0						267	13	0																																
9	6	243,000	120,000					400	35	0						323	11	0																																
10	6	0	120,000					0	13	0						0	0	0																																
11	6	0	110,000					400	13	2						238	8	2																																
12	6	215,000	120,000					200	14	4						223	20	4						7.6	230	300	230	90	-	0.5	0.5	1.0		9.0	20	120	200	140	7.8	0	160	230	140	3.0	0		1.0	1.0		
13	6	124,000	110,000					200	15	3						190	19	3																																
14	1	0	120,000					0	0	3						0	0	3																																
15	6	223,000	190,000					650	35	2						285	15	1																																
16	6	245,000	180,000					400	24	1						195	12	1																																
17	6	271,000	130,000					400	10	2						174	9	1																																
18	6	0	130,000					0	0	2						0	0	2																																
19	6	165,000	130,000					400	6	2						333	11	6						7.6	230	340	260	80	-	0.5	0.5	1.1		9.5	40	60	130	90	7.8	0	140	230	140	3.0	0		1.0	0.8		
20	1	0	110,000					0	0	1						0	0	1																																
21	1	0	130,000					0	2	0						0	0	1																																
22	6	76,000	120,000					450	32	1						209	35	1																																
23	6	85,000	120,000					200	8	1						282	11	1																																
24	6	65,000	110,000					300	4	2						252	7	2																																
25	6	250,000	185,000					400	25	1						171	25	1																																
26	6	245,000	180,000	1134			30,000	850	21	1						258	12	1						9.6	220	250	250	70	-	0.5	0.5	1.1		9.8	40	120	160	80	8.7	20	40	120	80	1.0	0	0.5	0.8		
27	1	0	100,000					3	3	2						0	0	1																																
28	1	0	130,000					0	0	1						0	0	1																																
29	6	250,000	50,000					400	20	2						192	19	2																																
30	6	95,000	180,000					450	26	1						252	25	1																																
31																																																	
TOTAL	138	7234000	3330000	1134			60,000	7650	375	59		9.5				4111	259	58						304	910	1310	900	310		2.0	1.5	4.0		373	200	260	450	310	253	90	1330	958	414	19.5	0	3.9	32.2		
MAX	6	271,000	190,000	1134				650	34	7						810	35	7						7.6	240	350	280	90		0.5	1.0	1.1		98	40	110	200	140	9.0	20	160	230	140	3.0	0	1.0	3.0		
MIN.	1	65,000	0	0-10				0	0	0						0	0	0						7.6	220	200	200	70		0.5	0.0	0.8		9.0	20	40	90	60	7.8	0	30	110	60	0.8	0	0.5	1.2		
Average	4.2	183,095	113,200	32.1				364	17.9	2.2						330	13.6	2.2						7.6	227	328	250	77.5		0.5	0.5	1.0		9.3	30	74	153	96	8.4	20	74	153	96	1.5	0	0.3	1.0		

0877

1950

Sugar Mill - 1801

Volusia County (SSU)

Water

- 1992 FPSC Filing -

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Bret A Zigler
How Many Other Operators? (See Reverse) 0
Note: Give remarks on plant operation on reverse side.
Design Flow: 1.800 mgd

Operators' Name: Bret A Zigler Cert. No. 8906
Jim Smith

Total Metered Services at End of Month: 589

Name of Plant: Sugar Hill CC
Utility Company: Southern States Utilities
Month: May
Telephone Number: 904-427-7317

County: Volusia
I.D. No.: 3641296
Year: 1991

Date	No. Plant Operated	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data: Hours Filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER				CHEMICALS: DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	Fluoride As F	OTHER				CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	Org. Color	Iron As Fe	Other Units	Turbidity (NTU)	SETTLED: pH	AS CaCO3: P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Chlorides
1	6	94,000	80,000					300	2	2						355	3	3																																				40
2	6	88,000	118,000					300	2	2						324	3	2																																						38
3	6	199,000	140,000					200	2	1						161	2	1						7.6	200	34	200	60	-	04	0	0.9	9.2	10	50	14	20																		40
4	1	10-	90,000					0	50	2						0	0	2																																						46
5	1	154,000	90,000					450	2	2						355	2	3																																						45
6	6	0	110,000					0	0	2						0	0	2																																						40
7	6	313000	100,000					950	14	3						324	5	3																																						46
8	6	78,000	90,000					200	9	3						329	14	4																																						42
9	6	74,000	90,000					150	9	2						295	15	3																																						43
10	6	142,000	150,000					100	6	2						162	10	1																																						38
11	1	0	180,000					0	0	2						0	0	2																																						47
12	1	271,000	100,000					450	9	3						159	1	3																																						46
13	6	0	100,000					0	0	2						0	0	2																																						44
14	6	182,000	126,000					450	9	2						147	2	4						7.6	250	38	220	30	-	09	10	62	9.9	30	50	80	120																40
15	6	275,000	70,000					450	9	2						158	7	3																																						44
16	6	105,000	90,000					900	6	2						132	5	2																																						47
17	6	181,000	100,000					800	9	2						01	0	3																																						48
18	1	0	90,000					0	0	2						322	5	3																																						46
19	1	184,000	80,000	458			30,000	200	6	2						228	15	3																																						44
20	6	97,000	80,000					250	1	2						191	4	2																																						47
21	6	283,000	100,000					950	9	2						666	25	2						7.8	260	39	230	10	-	05	02	40	9.6	30	80	120	90																49
22	6	86,000	120,000					200	7	2						211	3	5																																						48
23	6	142,000	90,000					350	3	2						0	0	2																																						49
24	6	0	100,000					0	0	1						0	0	3																																						47
25	1	0	90,000					250	4	2						254	3	3																																						47
26	1	164,000	90,000					0	0	2						0	0	4																																						44
27	6	0	118,000					450	9	2						219	2	2																																						46
28	6	330,000	120,000	214			30,000	200	3	2						244	4	4																																						48
29	6	98,000	70,000					100	2	2						164	5	3																																						48
30	6	73,000	90,000					100	2	2						152	3	3						7.4	220	32	210	20	-	02	10	17	8.52	20	70	100	60																45
31	6	78,000	80,000																																																					
TOTAL	146	3,337,000	2,886,000	672			60,000	6950	119	64		9	5			3521	339	193																																							32
MAX	6	313,000	180,000				30,000	950	14	3						654	23	5																																						49
MIN	1	0	70,000				0	0	0	1						0	0	1																																						38
Average	4.7	196,000	93,000	336			30,000	280	5.0	2.0						246	16	3																																						43

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State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Brett Ziegler
How Many Other Operators? (See Reverse)
Note: Give remarks on plant operation on reverse side.
Design Flow: 500 m.g.d.

Operators' Name: Bret Ziegler
Jim Smith
Cert. No. 4406

Total Metered Services at End of Month: 589

Name of Plant: Sugar Mill CC
Utility Company: Southern States Utilities
Month: June
Telephone Number: 904-427-8319

County: Volusia
I.D. No.: 3641296
Year: 1991

| Date | Hrs. Plant Operation | Total Raw Water Pumped (Gallons) | Total Water Treated Leaving Plant (Gallons) | Filter Data: Hours filter Runs Between Washings: Total | Maximum | Minimum | Total Wash Water (Gallons) | CHEMICALS: POUNDS USED: Lime | Chlorine Pre | Chlorine Post | Fluoride Chemical | OTHER: Polymer | | | | DOSAGES (mg/l): Lime | Chlorine Pre | Chlorine Post | Fluoride As F | OTHER | | | | CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH | M.O. Alk. | HARDNESS: Total | Calcium | Magnesium | CO_2 Calc | Iron As Fe | Color Units | Turbidity (NTU) | SETTLED: pH | P. Alk. | M. Alk. | AS $CaCO_3$: Total Hdns. | Ca Hdns. | Turbidity (NTU) | FINISHED: pH | P. Alk. | M. Alk. | Total Hdns. | Calcium Hdns. | Residual Chlorine | Color | Fluoride As F | Turbidity (NTU) | | CL^2 11-Hr. |
|---|---|---

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: [signature] Operators' Name: Bert Zisk Cert. No. 4406
How Many Other Operators? (See Reverse) 11
Note: Give remarks on plant operation on reverse side.
Design Flow: 500,000 gpd
Total Metered Services at End of Month: 519
Name of Plant: Sugar Mill CC
Utility Company: Co. Pkwy Beach Utilities
Month: July
Telephone Number:
County: Volusia
I.D. No.: 3640296
Year: 1991

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Delivered (Entering First Distribution)	Filter Data: Hours filter Plants Between Washings: Total	Minimum	Maximum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	Other: Polymers	Other	Other	Other	DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	Other: Fluoride As F	Other	Other	Other	Other
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	6	291,000	70,000					450	20	1						239	10	2					
2	6	276,000	70,000					150	7	1						65	3	2					
3	6	338,000	70,000					100	9	1						56	3	2					
4	6	-0-	70,000					-0-	-0-	1						-0-	-0-	2					
5	6	62,000	90,000					100	1	2						173	2	3					
6	1	202,000	100,000					400	4	1						287	1	4					
7	1	177,000	50,000					350	2	3						287	5	7					
8	6	76,000	90,000					100	10	1						140	16	1					
9	6	119,000	90,000					100	10	2						101	10	3					
10	6	80,000	80,000					150	11	1						238	16	1					
11	6	70,000	80,000					50	11	1						85	18	1					
12	6	172,000	80,000					200	13	1						123	19	4					
13	1	-0-	78,000					-0-	-0-	1						-0-	-0-	2					
14	1	192,000	74,000					300	15	1						169	12	2					
15	6	51,000	90,000					50	10	2						107	21	3					
16	6	117,000	78,000					100	10	1						69	10	2					
17	6	91,000	70,000					100	10	1						115	13	2					
18	6	119,000	80,000					100	10	1						105	10	1					
19	6	110,000	80,000					50	10	1						59	10	1					
20	1	62,000	70,000					50	9	1						92	16	2					
21	1	58,000	70,000					100	21	3						20	4	1					
22	6	-0-	80,000					-0-	-0-	1						-0-	-0-	1					
23	6	59,000	80,000					200	9	1						44	2	1					
24	6	125,000	100,000					100	17	1						96	16	1					
25	6	130,000	80,000					100	14	4						97	13	5					
26	6	150,000	70,000					100	15	3						221	10	5					
27	1	0	100,000					50	7	2						109	7	2					
28	1	-0-	90,000					-0-	-0-	1						-0-	-0-	1					
29	6	227,000	70,000					100	10	1						58	5	2					
30	6	65,000	100,000					50	15	3						11	2	2					
31	6	119,000	70,000					100	10	1						101	10	2					
TOTAL	144	3,475,000	2,390,000					3,700	281	44	9.3					334	23	69					
MAX.	6	373,000	100,000					450	21	4						199	21	7					
MIN.	1	-0-	50,000					-0-	-0-	1						-0-	-0-	1					
Average	4.7	129,000	79,000					137	11	1						126	10	2					

CHEMICAL AND PHYSICAL RESULTS (mg/l)

Date	RAW: pH	M.O. Alk.	Hardness: Total	Hardness: Calcium	Hardness: Magnesium	CO_3, Calc	Iron As Fe	Color Units	Turbidity (NTU)	SETTLED: pH	As $CaCO_3$: P. Alk.	As $CaCO_3$: M. Alk.	As $CaCO_3$: Total Hdns.	As $CaCO_3$: Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Cu/Fe-Ft
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																8.6	0	120	112	90	4.0					0.9
2																7.8	0	80	48	100	4.5					1.2
3																8.0	0	80	44	80	2.5					2.0
4																8.5	0	105	100	100	0.5					0.8
5	7.9	220	280	220	60		0	.78		8.5	2	40	120	100	8.5	0	120	200	120	4.5	0		0		0.8
6																8.5	0	120	200	140	4.6					0.9
7																7.9	0	100	180	110	1.0					0.7
8																8.2	0	120	160	140	0.5					0.9
9	7.8	240	260	220	40		0	.15		8.9	4	60	140	80	7.7	0	100	160	100	1.0	0		.56		0.8
10																8.0	0	80	120	80	0.7					0.3
11																8.5	0	100	140	120	1.0					1.0
12																7.9	0	80	120	100	0.8					1.0
13																8.2	0	80	120	100	1.6					1.0
14																8.1	0	100	120	100	2.0					1.0
15	7.6	280	340	240	90		0	.25		8.7	5	90	140	90	7.6	0	100	180	120	1.5	0		.6		0.1
16																8.0	0	110	160	110	1.0					0.7
17																8.0	0	100	160	100	1.0					0.7
18																8.0	0	100	120	110	2.0					0.5
19																8.0	0	110	170	100	2.0					0.5
20																7.9	0	100	120	80	4.0					0.6
21																7.9	0	100	120	120	1.5					0.1
22																7.7	0	100	120	120	1.5					1.2
23																7.8	0	100	120	120	2.0					1.8
24																7.7	0	120	120	140	2.0					1.8
25																7.9	0	140	140	140	2.0					1.8
26																7.8	0	120	150	140	2.0					1.7
27	7.6	250	360	280	90		0	1.0		8.9	5	90	160	100	7.8	0	140	180	160	1.9	0		.98		1.4
28																8.0	0	110	150	140	2.3					1.0
29																7.9	0	110	150	140	1.0					0.8
30																7.6	0	100	220	200	2.0					1.5
31	7.7	293	393	313	90		0	.55		8.9	4	50	153	110	7.9	0	105	170	140	1.5	0		.63		1.1

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State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Bert R Zigler
How Many Other Operators? (See Reverse) _____
Note: Give remarks on plant operation on reverse side.
Design Flow: .500 mgd

Operators' Name: Bert Zigler
Jim Smith Trainee
Total Metered Services at End of Month: 606

Cert. No. 440v

Name of Plant: Sugar Mill CC.
Utility Company: Southern States Utilities
Month: Aug
Telephone Number: 904-427-8319

County: Volusia
I.D. No: 3641296
Year: 1991

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER: Polymers				DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	Fluoride As F	OTHER					CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO_2 Calc	Iron As Fe	Color Units	Turbidity (NTU)	SETTLED: Turbidity (NTU)	FINISHED: pH	P. Alk.	M. Alk.	AS $CaCO_3$: Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Exhibit 4 pt. 11
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	6	0	80,000					-0-	-0-	2						-1-	-0-	3																7.8	0	144	320	256	2.0				1.5	
2	6	0	80,000					-0-	-0-	2						-1-	-0-	3																7.6	0	120	320	200	1.5				1.2	
3	1	0	100,000					-0-	-0-	3						-2-	-0-	4																7.8	0	120	320	180	1.3				1.0	
4	1	0	110,000					-0-	-0-	1						-0-	-0-	1																8.0	0	144	330	180	1.4				1.1	
5	6	60,000	60,000					50	-6-	3						100	12	3																7.8	0	144	330	180	1.5				1.5	
6	6	108,000	100,000					250	19	1						272	31	2																7.7	0	130	300	170	1.3				1.0	
7	6	215,000	90,000					100	12	1						50	7	1																7.8	0	120	320	170	1.0				1.0	
8	7	116,000	70,000					250	23	1						504	90	2																7.8	0	144	320	190	1.0				1.5	
9	7	19,000	90,000				1	100	10	1						631	63	1						7.4	34	320	350	30		0	1.2		9.4	0	90	190	140	1.0				1.9	
10	1	-0-	70,000					-0-	-0-	1						0	-0-	2																7.8	0	130	320	130	1.8			0.6	1.2	
11	1	28,000	70,000					100	5	1						99	8	2																7.7	0	120	320	160	1.6				1.5	
12	6	29,000	70,000					50	10	14							41	24																7.8	0	124	320	160	1.5				1.2	
13	6	-0-	40,000					-0-	-0-	2						-0-	-0-	3																7.8	0	100	180	140	1.5				0.8	
14	6	-0-	60,000					-0-	-0-	1						-0-	0-	2																8.0	0	110	190	140	1.5				0.7	
15	6	110,000	60,000					400	10	1						426	11	2																8.0	0	110	190	140	1.5				0.8	
16	6	140,000	50,000					400	6	1						250	4	2						7.4	34	310	350	30		0	1.4		9.8	15	90	140	120	0.8			0.6	0.5	
17	1	71,000	80,000					200	5	1						209	8	1																8.0	0	90	190	140	0.8				0.5	
18	1	115,000	80,000					200	10	2						209	10	3																8.0	0	90	190	140	0.5				0.5	
19	6	134,000	50,000					200	9	1						238	6	2																8.2	0	120	280	140	0.5				0.5	
20	6	231,000	60,000					200	2	1						109	1	2																7.8	0	130	300	150	0.6				0.5	
21	6	265,000	70,000					200	9	1						50	4	2																7.8	0	130	310	150	2.0				1.9	
22	6	-0-	90,000					-0-	-0-	4						0-	0	5																7.7	0	120	280	160	2.0				1.8	
23	6	231,000	50,000					200	21	7						151	11	7																7.8	0	118	190	110	1.8				1.4	
24	1	27,000	60,000					100	21	3						162	64	4						7.5	30	310	300	20		0	1.2		8.2	0	98	160	200	1.5			0.6	1.3	
25	1	-0-	80,000					-0-	0	2						0-	-0-	3																7.9	0	120	280	150	1.8				1.6	
26	6	242,000	70,000					350	10	7						122	5	5																7.8	0	130	300	140	1.7				1.7	
27	6	35,000	120,000					50	11	2						121	38	1																7.7	0	144	300	190	1.5				1.3	
28	6	132,000	93,000					200	16	3						110	15	3																7.9	0	140	180	160	2.0				1.8	
29	6	95,000	70,000					200	11	2						538	29	3																7.9	0	110	155	120	1.5				1.2	
30	6	254,000	130,000					400	18	2						189	18	6						7.6	320	260	350	10		0	0.8		9.2	18	100	150	160	2.0				1.9	
31	1	-0-	90,000					-0-	8	4						0-	-0-	6																7.8	0	100	190	125	1.8			0.6	1.8	
																																														0.5	
TOTAL	143	3953,000	2443,000					7700	359	68		42.47																																				
MAX.	1	256,000	130,000					400	33	14														299	260	140	370	90		.8	1.4		9.8	25	370	690	540	2.0				37.5	
MIN.	7	19,000	50,000					-0-	-0-	1						31	68	24						7.6	130	300	350	30		.0	1.2		9.4	15	150	240	200	1.3			0.6	0.8	
Average	5	140,000	79,000					224	12	3						44	1	1						7.4	320	340	320	10		.0	0.3		8.2	-0-	90	140	100	1.7			0.4	0.9	
																124	20	4						7.4	304	36.5	342	23		.0	1.1		9.1	13	93	123	35	1.8			0.4	0.5	
																																														1.2	

0881

1343

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: _____ Operators' Name: Lee Ziemer Cert. No. 4906

How Many Other Operators? (See Reverse) _____

Note: Give remarks on plant operation on reverse side.

Design Flow: 600 mgd Total Metered Services at End of Month: 606

Name of Plant: Summer Hill WC Utility Company: Marion Co. Utilities Month: Sept Telephone Number: 904 732-1191

County: Volusia I.D. No.: 8641276 Year: 1991

| Date | Hrs. Plant Operation | Total Raw Water Pumped (Gallons) | Total Water Treated (Leaving Plant) (Gallons) | Filter Data: Hours filter Runs Between Washings: Total | Maximum | Minimum | Total Wash Water (Gallons) | CHEMICALS: POUNDS USED: Lime | Chlorine Pre | Chlorine Post | Fluoride Chemical | OTHER | | | | DOSAGES (mg/l): Lime | Chlorine Pre | Chlorine Post | OTHER: Fluoride As F | | | | CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH | M.O. Alk. | HARDNESS: Total | Calcium | Magnesium | CO_2 Calc | Iron As FE | Color Units | Turbidity | SETTLED: Turbidity (NTU) | pH | AS $CACO_3$: P. Alk. | M. Alk. | Total Hdns. | Ca Hdns. | FINISHED: pH | P. Alk. | M. Alk. | Total Hdns. | Calcium Hdns. | Residual Chlorine | Color | Fluoride As F | Turbidity (NTU) | $CaCO_3$ Alk | Date |
|---|---|---

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: _____ Operators' Name: _____ Cert. No. _____ Name of Plant: _____ County: _____

How Many Other Operators? (See Reverse) _____ Utility Company: _____ I.D. No. _____

Note: Give remarks on plant operation on reverse side. Month: _____ Year: _____

Design Flow: _____ Total Metered Services at End of Month: _____ Telephone Number: _____

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Entering Plant (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	Other				DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	Other: Fluoride As F				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
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21																							
22																							
23																							
24																							
25																							
26																							
27																							
28																							
29																							
30																							
31																							
TOTAL																							
MAX																							
MIN																							
Average																							

Date	CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO_2 Calc	Iron As Fe	Color Units	Turbidity	Jackson units	SETTLED: pH	AS $CaCO_3$: P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	CO_2 Stff. Alk.
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
1																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									
27																									
28																									
29																									
30																									
31																									
TOTAL																									
MAX																									
MIN																									
Average																									

1440

1800

0883

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature [signature] Operators' Name [illegible] Cert. No. [illegible]
How Many Other Operators? (See Reverse) 1 Jim Smith
Note: Give remarks on plant operation on reverse side.
Design Flow 500 MGD Total Metered Services at End of Month [illegible]

Name of Plant Sugar Mill CC County Volusia
Utility Company Southern States Utilities I.D. No. 6410462
Month May Year 1991
Telephone Number 904-427-8318

Date	No. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data: Hours Inter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER (Polymer & Mg Hydrox)	DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	Fluoride As F	OTHER	CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO2 Calc	Iron As Fe	Color Units	Turbidity (NTU)	SETTLED: pH	AS CaCO3: P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	1/13 Hi 5/28 Low
1	8	250,000	110,000					200	20	3		101	96	10	3			7.6	35	140	120	20	-	0.0	0.5	1.0	7.5	0	160	140	120	7.5	0	140	300	280	1.5	0		0.6	1.2
2	1	-0-	100,000					-0-	-0-	3		-0-	-0-	-0-	4																	7.5	0	140	300	240	1.5				1.2
3	1	-0-	120,000					-0-	-0-	3		-0-	-0-	-0-	3																	7.5	0	140	300	260	1.5				1.2
4	8	371,000	150,000					300	25	3		100	64	8	2																	7.5	0	120	300	250	1.8				1.4
5	8	390,000	180,000					300	25	3		100	96.5	31	4																	7.7	0	140	300	250	1.5				1.3
6	8	101,000	130,000					500	10	3		200	77	13	3																	7.7	0	140	240	200	1.5				1.2
7	8	99,000	110,000					400	15	2		100	133	12	2																	7.5	0	100	260	250	1.5				1.3
8	8	101,000	120,000					300	15	3		100	237	14	3			7.4	36	160	140	20	-	0.0	0.5	1.2	7.5	0	180	250	200	7.5	0	180	250	200	1.0	10		0.8	1.8
9	1	-0-	100,000					-0-	-0-	2		-0-	-0-	-0-	2																	7.3	0	120	250	220	2.0				1.2
10	1	-0-	110,000					-0-	-0-	3		-0-	-0-	-0-	3																	7.1	0	120	250	200	2.0				1.5
11	8	317,000	130,000					400	30	3		100	151	11	4																	7.5	0	110	250	240	1.5				1.0
12	8	-0-	120,000	312			30 min	-0-	0	3		-0-	-0-	-0-	3																	7.6	0	200	300	300	1.0				0.5
13	8	231,000	100,000					200	20	2		100	104	10	2																	7.5	0	200	300	240	1.5				1.2
14	8	-0-	120,000					-0-	-0-	4		-0-	-0-	-0-	4																	7.0	0	240	300	280	1.0				0.8
15	8	272,000	130,000					500	15	4		200	230	4	4			7.4	38	160	150	36		0.0	0.5	0.9	7.0	0	240	300	280	7.0	0	240	300	280	1.0	10		0.5	0.8
16	1	247,000	110,000					500	10	3		200	213	5	3																	7.8	0	140	280	180	2.5				2.0
17	1	222,000	110,000					500	20	4		200	278	11	4																	7.8	0	160	280	180	2.0				2.0
18	8	-0-	110,000					-0-	-0-	2		-0-	-0-	-0-	2																	7.5	0	130	300	260	2.5				2.2
19	8	-0-	90,000					-0-	-0-	3		-0-	-0-	-0-	4																	7.5	0	120	300	230	0.5				2.1
20	8	193,000	150,000					500	10	3		200	130	6	2																	7.4	0	130	300	220	2.0				1.8
21	8	-0-	80,000					-0-	-0-	2		-0-	-0-	-0-	3																	7.4	0	130	300	230	2.0				1.5
22	8	-0-	110,000					-0-	-0-	2		-0-	-0-	-0-	2																	7.4	0	130	310	240	0.8				0.5
23	1	230,000	40,000					500	20	2		200	246	10	2																	7.6	0	130	12.00	230	1.5				1.2
24	1	-0-	90,000					-0-	0	2		-0-	-0-	-0-	4																	7.6	0	130	1240	220	1.2				1.0
25	8	159,000	70,000	312			30 min	500	15	2		100	327	14	3																	7.4	0	130	240	200	1.5			0.8	1.1
26	8	117,000	90,000					500	20	1		200	213	20	1																	7.4	0	130	230	200	1.5				1.2
27	8	312,000	100,000					500	20	2		200	192	7	2																	7.2	0	125	230	195	1.7				1.5
28	1	-0-	120,000					-	-0-	1		-0-	-0-	-0-	1																	7.2	0	100	220	210	1.7				1.5
29	1	-0-	120,000					-	-0-	2		-0-	0-	-0-	2																	7.2	0	100	210	190	1.5				0.8
30	1	397,000	150,000					450	35	1		200	188	13	1			7.2	38	160	140	20		0.2	0.5	0.5	7.2	0	160	240	180	7.2	0	160	240	180	1.2	0		0.5	1.0	1.6
31																																										
TOTAL	163	3,213,000	2,290,000	624			60 min	6850	398	77		6.5	4936	256	82			213	1190	4780	4210	560	0	0.2	2.0	3.9	312	0	6430	6860	5980	324	0	6410	7930	7350	45.9	0		3.3	33.9	
MAX	8	272,000	150,000	312			30 min	500	30	4			597	31	4			7.6	38	170	150	36		0.2	0.5	1.2	8.2	0	240	300	280	7.5	0	240	300	280	2.5	0		1.9	3.2	
MIN	1	-0-	80,000	312			30 min	0	0	1			0	0	1			7.2	31	120	100	0		0	0.5	0.8	7.0	0	80	200	130	7.1	0	80	230	180	1.2	0		0.5	0.5	
Average	34	213,000	109,6	312			30 min	391	18	2.5			274	14	3			7.4	36	152	134	27		0.1	0.5	0.9	7.7	0	133	255	211	7.6	0	133	255	211	1.6	0		1.1	1.2	

0884

1750

1540

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Burta Ziegler
How Many Other Operators? (See Reverse) 1
Note: Give remarks on plant operation on reverse side.
Design Flow: .500 MGD

Operators' Name: Burt Ziegler, Jim Sailing
Total Metered Services at End of Month: 609

Cert. No. C4406

Name of Plant: Sugar Mill C.C.
Utility Company: Southern States
Month: Dec.
Telephone Number: 904-427-8219

County: Volusia
I.D. No. 3640492
Year: 1991

1540

0885

| Date | No. Plant Operation | Total Raw Water Pumped (Gallons) | Total Water Treated Leaving Plant (Gallons) | Filter Data: Hours filter Runs Between Washings: Total | Hours filter Runs Between Washings: Maximum | Hours filter Runs Between Washings: Minimum | Filter Data: Total Wash Water (Gallons) | CHEMICALS: POUNDS USED: Lime | Chlorine Pre | Chlorine Post | Fluoride Chemical | OTHER: Aluminum Sulfate | OTHER | OTHER | OTHER | DOSAGES (mg/l): Lime | Chlorine Pre | Chlorine Post | OTHER: Fluoride As F | OTHER | OTHER | OTHER | OTHER | CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH | M.O. Alk. | HARDNESS: Total | Calcium | Magnesium | CO2 Calc | Iron As Fe | Color Units | Turbidity (NTU) | SETTLED: pH | P. Alk. | M. Alk. | AS CaCO3: Total Hdns | Cl. Hdns | FINISHED: pH | P. Alk. | M. Alk. | Total Hdns | Calcium Hdns | Residual Chlorine | Color | Fluoride As F | Turbidity (NTU) | Pt-Co Units | |
|---|---|---

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: [signature] Operators' Name: John A Coffee Sr Cert. No. C 6684
How Many Other Operators? (See Reverse) C4406 Bret A Zipfer
Note. Give remarks on plant operation on reverse side.
Design Flow: .500 mgd Total Metered Services at End of Month: 570

Name of Plant: Sugar mill
Utility Company: Seather State Utilities
Month: January
Telephone Number: 904-427-3819

County: Volusia
I.D. No. 3641256
Year: 1990

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER				DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	Fluoride As F	OTHER				CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO_2 Calc	Iron As Fe	Color Units	Turbidity-JTU	SETTLED: pH	AS $CaCO_3$: P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (JTU)	Cl2 a R.T.	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	1	0	114					0	0	0						0	0	0																																	
2	6	228	225					200	0	3						85	0	2																																	
3	6	0	139					0	0	3						0	0	2																																	
4	6	213	144					400	11	4						225	6	4																																	
5	6	323	233					300	35	3						111	13	1						77	360	390	250	0	-	.3	.3	1.6	94	160	100	186	140	2.8	0	180	250	190	2.5	0	.5	2.8	2.8
6	1	236	151					200	21	1						103	12	1																																	
7	1	155	113					200	6	1						100	4	1																																	
8	6	324	194					400	22	2						138	8	1																																	
9	6	0	205					10	7	2						0	0	1																																	
10	6	162	136					0	4	2						0	0	1																																	
11	6	224	191					300	8	2						168	4	1																																	
12	6	251	199	224			32	300	31	3						139	17	2						76	392	395	390	5	-	.3	.3	1.0	94	5	120	240	220	2.8	0	240	250	240	1.0	0	1.0	.5	1.8
13	1	0	144					0	13	10						0	0	5																																	
14	1	0	115					0	0	10						0	0	9																																	
15	6	210	129					500	24	6						285	19	5																																	
16	6	227	172					100	32	3						53	17	2																																	
17	6	0	134					0	0	2						0	0	1																																	
18	6	220	200					400	18	6						218	9	3						77	375	355	350	5	-	.4	.4	1.4	94	20	120	195	160	2.5	0	140	200	180	3.0	0	0.8	3.0	3.0
19	6	0	136					400	0	1						0	0	1																																	
20	1	0	198					0	0	1						0	0	1																																	
21	1	391	276					400	11	1						133	3	1																																	
22	6	316	218					400	21	1						133	13	1																																	
23	6	319	213					200	32	8						125	20	4																																	
24	6	0	149					0	0	5						0	0	5																																	
25	6	0	230					0	0	1						0	0	1																																	
26	6	311	220					500	25	2						135	7	1						76	358	350	330	10	-	.4	.3	1.2	90	0	160	240	220	3.0	0	170	250	230	3.0	0	0.8	3.0	3.0
27	1	0	133					0	0	1						0	0	1																																	
28	1	125	198					300	12	1						240	9	1																																	
29	6	183	137					480	20	4						195	13	4																																	
30	6	171	192					400	27	4						250	19	2																																	
31	6	0	180					0	0	4						0	0	2																																	
TOTAL	141	4625	5371	224			32	7533	401	97		8.1				3164	149	68						806	1995	1570	1520	30	-	1.4	1.3	5.2	377	550	820	1515	1210	294	0	5990	6300	6010	61.3	0	2.1	19.8	
MAX	6	324	230					500	34	10						138	34	10						77	392	395	390	10	-	.4	.4	1.6	94	30	160	240	220	2.8	0	240	250	240	3.0	0	.8	3.0	3.0
MIN	1	0	113					0	0	0						0	0	1						76	340	390	330	0	-	.3	.3	1.0	90	0	120	175	140	2.5	0	110	190	170	2.5	0	.5	2	
Average	4.5	243	173					348	20	3						132	10	2.1						76	374	392	381	5	-	.3	.3	1.3	92	14	133	209	175	2.7	0	170	230	195	2.8	0	0.2	1.6	

0880

OER Form 17-555.012(2) (Effective November 1, 1988)

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State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: John B Cliffee Jr — Operators' Name(s): John B Cliffee Jr — Cert. No. C 6614

How Many Other Operators? (See Reverse) Part Time C 4406

Note: Give remarks on plant operation on reverse side.

Design Flow: 1500 mgd. — Total Metered Services at End of Month: 534

Name of Plant: Sugar Mill C.C. — County: Volusia
Utility Company: Southern States Util. Inc. — I.D. No. 3640296
Month: February — Year: 1990
Telephone Number: 904-437-8319

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER	DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	OTHER: Pounds As F	CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO2 Calc	Iron As FE	Color Units	SETTLED: Turbidity (NTU)	pH	AS CaCO3: P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	
1	6	238	146					420	11	4			3.01	6	2																									
2	6	0	176					0	0	2			0	0	1																									
3	6	200	179					450	20	1			2.11	12	1		7.8	380	250	180	120	-	8.4	3	3	8.4	25	70	130	120	8.3	0	70	140	124	3.0	C		.6	2.5	
4	6	324	158					400	24	1			2.48	9	1																8.2	0	100	160	120	5.2				2.5	
5	6	0	224					0	0	2			0	0	1																8.3	0	120	160	140	4.5				3.2	
6	6	236	147					300	16	4			1.85	8	2																8.0	0	150	200	160	2.0				1.5	
7	6	177	112	600			35	120	38	3			1.65	20	2																8.0	0	180	200	140	2.5				2.0	
8	6	0	187					0	0	2			0	0	1																8.0	0	140	250	200	2.5				1.5	
9	6	335	191					400	5	5			2.43	2	3																8.2	0	140	230	200	3.0				2.5	
10	1	0	202					0	0	15			0	0	9		7.8	380	400	280	200	-	8.4	0.3	10	9.2	10	130	200	120	8.2	0	140	230	200	3.0	0		.6	2.5	
11	1	265	114					420	5	7			2.74	3	7																8.3	0	200	200	150	2.5				2.1	
12	6	272	150					400	22	2			2.73	9	1																8.3	0	200	200	150	2.0				1.5	
13	6	262	174					400	21	1			2.31	10	1																8.3	0	200	200	150	1.5				1.0	
14	6	0	145					0	0	0			0	0	0																8.3	0	180	150	120	1.5				.8	
15	6	182	211					400	23	0			2.46	15	0																8.4	0	100	120	120	.9				.6	
16	6	177	150					400	16	1			2.65	11	1		7.9	350	260	180	120	-	8.5	3.0	9	9.5	40	40	150	120	8.4	0	80	120	120	.8				.5	
17	1	0	133					0	0	0			0	0	0																8.0	0	60	120	140	.8	0		.8	.5	
18		164	162					100	10	0			1.23	14	0																8.2	0	60	140	120	1.0				.9	
19	6	316	187					400	20	0			2.03	3	0																8.1	0	60	135	110	1.2				.8	
20	6	343	166					400	20	0			2.42	7	0																8.5	0	60	135	100	1.5				1.2	
21	6	332	253					400	20	2			2.34	11	1																8.4	0	120	110	130	.8				.6	
22	6	10	150					0	0	2			0	0	1																8.1	0	100	130	150	.8				.6	
23	6	210	252					400	27	3			2.35	15	2		7.7	360	280	180	120	-	8.5	0.3	12	9.4	25	80	130	100	8.3	0	100	120	120	.8				.6	
24	1	0	146					0	0	5			0	0	4																8.0	0	120	120	120	.8	0		.9	6	
25	1	0	133					0	0	1			0	0	1																8.2	0	90	100	80	1.5				.8	
26	6	214	171					420	21	2			2.49	12	1																8.0	0	90	130	120	1.0				8	
27	6	55	169					400	16	2			2.66	11	2																8.5	0	100	120	120	1.0				1.3	
28	6	0	182					0	2	4			0	0	3																8.3	0	100	150	120	1.0				1.5	
29																																								
30																																								
31																																								
TOTAL	128	4234	4972	600			35	6552	344	90		8	34.62	195	48																									
MAX	6	324	253					700	38	15			3.11	26	9																									
MIN	1	0	104					0	0	0			0	0	0																									
Average	4.5	236	177					363	19	3			1.93	11	2																									

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: [signature] Operators' Name: Bret Taylor Cert. No. 2114

How Many Other Operators? (See Reverse) 2

Note: Give remarks on plant operation on reverse side.

Design Flow: 500 mgd Total Metered Services at End of Month: 575

Name of Plant: Sugar Mill CC Utility Company: Sawley, Stake

Month: March Telephone Number: 904-437-8319

County: 3641296 I.D. No.: 3641296 Year: 1990

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons) x 1000	Total Water Treated (Finished Water) (Gallons) x 1000	Filter Data: Hours filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER				DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	OTHER				
												poly							Fluoride As F				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	4	359	164					500	19	3		300				142	6	2					
2	6	310	149					500	17	1		300				194	7	1					
3	1	0	192					0	0	1		0				0	0	1					
4	1	291	192					400	10	1		200				92	5	1					
5	6	0	214					0	0	3		0				0	0	1					
6	6	163	154					400	11	3		300				296	8	3					
7	6	178	123					400	20	1		200				230	14	1					
8	6	17	207	720			30	0	0	1		200				0	0	1					
9	6	355	174					500	30	6		200				19	10	19					
10	1	0	154					0	0	4		0				0	0	3					
11	1	290	136					400	21	2		200				174	10	2					
12	6	0	138					0	0	3		0				0	0	2					
13	6	268	284					400	19	2		200				171	9	1					
14	6	163	136					400	26	3		200				256	19	2					
15	6	0	238					0	0	5		0				0	0	2					
16	6	286	214					500	8	5		300				249	3	3					
17	1	220	107					400	18	2		200				222	9	1					
18	1	211	133					400	20	2		200				229	11	1					
19	6	0	127					0	0	3		0				0	0	2					
20	6	158	209	288			16	400	4	0		200				202	3	0					
21	6	230	168					400	16	3		200				210	9	3					
22	6	0	175					0	0	3		0				0	0	2					
23	6	440	254					400	38	2		200				111	18	1					
24	1	0	144					0	0	3		0				0	0	3					
25	1	0	164					0	0	2		0				0	0	2					
26	6	349	179					500	27	4		300				172	9	3					
27	6	261	192					400	17	2		200				142	9	2					
28	6	218	177					400	28	2		200				232	14	1					
29	6	0	200					0	0	2		0				0	0	1					
30	6	276	173					400	10	2		200				0	0	0					
31	1	0	0					0	0	0		0				0	0	0					
TOTAL	141	4959	5420				46	8900	359	76		4400				3743	163	52					
MAX	6	440	284				30	500	38	6		300				292	19	4					
MIN	1	0	0				16	0	0	0		0				0	0	0					
Average	4.5	249	180.6				23	426	19	2.6		220				214	9	1.8					

Date	CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO_2 Calc	Iron As Fe	Color Units	Turbidity (NTU)	SETTLED: pH	AS $CaCO_3$: P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Mg as RT	
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																8.3	0	100	150	100	2.0				0.7	
2	7.6	380	305	230	75	0	0.5	60	1.4	9.3	25	95	75	140		8.3	0	130	90	110	0.6	60			1.4	
3																8.3	0	150	150	110	0.6				1.4	
4																8.3	0	130	110	110	0.8				1.4	
5																8.2	0	200	110	150	0.5				1.2	
6																8.2	0	240	200	150	0.5				1.2	
7																8.5	0	120	130	150	1.2				1.2	
8																9.0	20	70	130	150	2.0				1.3	
9	7.6	380	310	235	75	0	0.5	0.8	1.0	9.6	30	100	110	140		8.0	30	90	130	150	1.5	100			1.5	
10																8.5	0	90	110	110	1.3				1.3	
11																8.5	0	90	150	150	1.5				1.3	
12																7.2	0	140	200	150	1.5				1.3	
13																7.6	0	120	200	150	1.0				1.4	
14																8.3	0	130	150	110	0.3				1.5	
15																8.2	20	39	110	100	2.3				1.10	
16	7.4	325	330	280	50	0	0.4	0.5	1.0	9.6	30	50	130	100		8.5	0	90	110	100	1.3	100			1.3	
17																8.5	0	100	150	150	2.6				1.5	
18																7.8	0	200	250	250	1.0				1.2	
19																7.8	0	200	250	200	0.5				1.2	
20																7.8	0	200	200	250	0.5				1.2	
21																8.3	0	140	200	200	0.3				1.2	
22																8.4	0	90	150	150	2.8				1.2	
23	7.7	350	340	260	0	-	0.5	0.3	1.4	9.6	0	90	100	140		8.6	10	90	100	150	1.0	100			1.1	
24																7.8	0	140	250	200	1.0				1.3	
25																7.8	0	140	250	200	1.0				1.3	
26																8.7	0	100	200	200	1.5				1.12	
27																9.0	0	130	150	150	1.5				1.10	
28																8.2	0	140	200	200	1.0				1.4	
29																8.3	0	120	150	150	1.0				1.3	
30	7.9	360	310	260	5	-	0.5	0.3	1.3	9.6	25	70	130	150		8.3	0	120	150	150	1.0	80			1.8	
31																8.3	0	130	150	120	1.0				1.6	
TOTAL	346	1015	990	775	205	0	2.4	1.7	6.1	345	110	385	595	730		288	70	1630	2310	2360	37.7	400			47.90	
MAX	7.9	380	330	280	75	0	0.6	0.5	1.4	9.6	30	95	150	150		9.0	20	200	250	250	2.3	100			2.6	
MIN	7.4	310	305	230	0	0	0.3	0.3	1.0	9.6	0	50	50	130		7.8	0	90	110	100	0.3	60			1.2	
Average	7.7	377	330	258	11	0	0.5	0.3	1.2	9.6	22	77	119	146		8.3	14	130	165	172	1.3	80			1.9	

0888

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: [signature] Operators' Name: John B. Coffee Jr. Cert. No. C4406
How Many Other Operators? (See Reverse) 1
Note. Give remarks on plant operation on reverse side.
Design Flow: .500 mgd
Total Metered Services at End of Month: 536

Name of Plant: Sugar Mill C.C.
Utility Company: Southern States Util.
Month: April
Telephone Number: 904-427-8319
County: Volusia
I.D. No.: 3640276
Year: 1990

Date	No. Plant Operators	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER				DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	Fluoride As F	OTHER				CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO_2 Calc	Iron As Fe	Color Units	Turbidity (NTU)	SETTLED: pH	AS $CaCO_3$: P. Alk.	M. Alk.	Total Hdns.	Ca. Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	$CaCO_3$
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	1	0	175					0	0	1						0	0	1																																
2	6	307	183					400	20	3						160	12	2																															
3	6	225	153					400	18	5						320	14	4																															
4	6	0	214					0	2	1						0	0	1																															
5	6	0	122					0	0	1						0	0	1																															
6	6	401	180					300	25	2						90	18	1						7.9	375	330	370	10	-	.5	.5		9.5	30	50	150		7.5	0	140	130		1.0			.6
7	1	0	143					0	0	1						0	0	1																															
8	1	0	115					0	0	2						0	0	2																															
9	6	176	176					400	22	3						121	13	2																															
10	6	0	150					0	0	4						0	0	3																															
11	6	176	147					400	20	2						120	13	1																															
12	6	0	160					0	0	2						0	0	1																															
13	6	306	193					300	22	1						120	13	1						2.7	375	330	370	10	-	.3	.3		8.6.0	90	110			8.0	0	120	110		.8			.5
14	1	0	145					0	0	0						0	0	0																															
15	1	0	141					0	0	0						0	0	0																															
16	6	165	173					400	20	5						240	14	3																															
17	6	245	163					400	28	2						200	14	1																															
18	6	207	151					400	23	0						232	16	0																															
19	6	7	173	220			35	0	5	0						0	0	0																															
20	6	384	185					400	22	0						140	12	0						2.6	370	320	375	15	-	.3	.3	15	9.8	50	60	190	160	8.5	0	60	140	160	7.00		.5	3.0
21	1	293	164					0	20	0						0	0	0																															
22	1	0	143					0	21	0						0	0	0																															
23	6	103	161					400	29	0						120	14	0																															
24	6	188	156					400	22	3						255	14	2																															
25	6	0	171					0	0	2						0	0	1																															
26	6	167	132					200	13	3						252	23	3																															
27	6	325	173					550	16	2						264	14	1						2.6	375	330	370	10	-	.3	.3	13	8.2	10	40	120	100	8.0	0	120	120	120	2.00		.6	1.7
28	1	238	107					400	9	2						208	6	2																															
29	1	0	157					0	0	2						0	0	1																															
30	6	258	195					300	9	1						120	4	1																															
31																																																	
TOTAL	35	4073	4835	220			35	6350	395	51		760				3551	247	36						30.7	545	1130	1170	35	-	1.1	1.1	28	111.190	280	320	330	270	85	0	1076	1270	1240	32.6	0	1.1	18.8
MAX	6	384	214					550	35	5						420	14	3						29	375	330	370	15	-	3	.5	15	9.8	50	90	190	160	8.5	0	220	250	260	7.0	0	.6	3.0
MIN	1	0	107					0	0	0						0	0	0						2.6	375	320	370	5.0	-	3	.3	3	7.4	0	50	110	140	7.0	0	60	140	150	5.0	0	.5	.5
Average	4.5	224	162.5					373	19	2.3						224	12	2						2.7	375	323	370	3.2	-	.3	.3	1.4	9.2	30	70	160	165	7.3	0	141	180	173	5.0	0	.5	1.1

0889

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: [signature] CCC/A
How Many Other Operators? (See Reverse)
Note: Give remarks on plant operation on reverse side.
Design Flow:

Operators' Name: Bret Zapler Cert. No. 4406
Total Metered Services at End of Month: 956

Name of Plant: Sugar Mill C.C.
Utility Company: Southern States Utilities
Month: May
Telephone Number: 904 427-9319

County: Volusia
I.D. No. 3641291
Year: 1994

| Date | Hrs. Plant Operation | Total Raw Water Pumped (Gallons) | Total Water Treated Entering Plant (Gallons) | Filter Data: Hours Men Runs Between Washings: Total | Maximum | Minimum | Total Wash Water (Gallons) | CHEMICALS: POUNDS USED: Lime | Chlorine Pre | Chlorine Post | Fluoride Chemical | Other: Poly (MC) | Other | Other | Other | DOSAGES (mg/l): Lime | Chlorine Pre | Chlorine Post | Fluoride As F | Other | Other | Other | Other | CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH | M.O. Alk. | HARDNESS: Total | Calcium | Magnesium | CO_3 Calc | Iron As FE | Color Units | SETTLED: Turbidity (NTU) | pH | AS $CaCO_3$: P. Alk. | M. Alk. | Total Hdns. | Ca. Hdns. | FINISHED: pH | P. Alk. | M. Alk. | Total Hdns. | Calcium Hdns. | Residual Chlorine | Color | Fluoride As F | Turbidity (NTU) | Cl_2 Cont. | |
|---|---|---

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Chris B Coffman CHCX Operators' Name: Bill Ingler Cert. No. 4466

How Many Other Operators? (See Reverse) 1

Note: Give remarks on plant operation on reverse side.

Design Flow: 500 Total Metered Services at End of Month: 580

Name of Plant: Sugar Mill CC County: Volusia

Utility Company: Southern States Utilities I.D. No: 3641391

Month: March Year 1990

Telephone Number: 904-428-8319

Date	Hrs. Plant Operated	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER				DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	Fluoride As F	OTHER				CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO_2 Calc	Iron As Fe	Color Units	SETTLED: Turbidity (NTU)	pH	AS $CaCO_3$: P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	Turbidity (NTU)	Cl_2 RES. CT
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	6	223/35	230	350			50	400	19	4						202	10	2						7.6	355	95	39	6	—	0.3	6.3		1.5	9.3	10	88	72	110	9.9	0	120	110	120	0.3	0.0		2	2.3		
2	1	227	131					400	16	5						20	9	5																					9.9	0	120	110	120	0.3						
3	1	0	94					0	0	1						0	0	4																					9.7	0	126	110	126	0.3						
4	6	224	141					300	26	6						186	11	6																					9.2	0	130	120	140	0.5						
5	6	59	113			1		460	19	3						291	27	2																					9.2	0	120	120	140	0.5						
6	6	0	141					0	0	2						0	0	2																					7.8	0	125	120	130	0.5						
7	6	0	141					0	0	2						0	0	2																					7.9	0	124	120	130	0.5						
8	1	350	131					750	27	1						87	19	1																					8.0	C	144	120	130	0.5						
9	1	0	121					0	0	1						0	0	1						7.5	350	140	130	24	—	0.3	6.3		1.5	8.3	10	120	90	140	9.3	C	130	120	130	0.6	0.0		6	7.9		
10	1	0	120					0	0	2						0	0	2																					9.6	0	125	120	130	0.6						
11	6	176	146					460	19	3						291	12	2																					9.6	C	126	120	130	0.6						
12	6	238	165					460	20	2						209	10	2																					9.3	C	114	100	120	0.6						
13	6	0	149					0	0	1						0	0	1																					9.4	C	120	110	130	0.6						
14	6	153	160					460	25	3						288	16	2																					9.4	C	120	110	130	0.6						
15	6	0	102					0	0	5						0	0	4						7.3	340	170	170	10	—	0.3	0.3		1.5	9.3	9	120	70	120	9.3	C	140	120	140	0.6	0.0		17	7.7		
16	1	315	156					460	25	2						229	14	1																					9.6	C	126	120	130	0.6						
17	1	0	84					0	0	3						0	0	3																					9.6	C	140	130	150	0.6						
18	6	253	138					460	20	2						209	9	2																					9.1	0	130	120	140	0.5						
19	6	0	130					0	0	1						0	0	1																					7.9	0	115	110	120	0.5						
20	6	0	104					0	0	1						0	0	1																					7.9	0	115	110	120	0.5						
21	6	246	93					460	20	1						287	11	1																					9.2	0	110	100	120	0.5						
22	6	321	100					400	24	1						160	10	1						7.4	65	50	30	5	—	0.3	0.4		1.5	9.0	0	100	70	100	9.2	0	100	90	100	0.5	0.0		4	2.0		
23	1	0	123					0	0	1						0	0	1																					9.2	C	120	100	110	0.5						
24	1	0	123					0	0	1						0	0	1																					9.2	C	120	100	110	0.5						
25	6	214	129					460	23	2						266	13	1																					9.2	C	120	100	110	0.5						
26	6	130	102					460	23	1						266	13	0																					9.3	C	130	110	120	0.5						
27	6	117	132					400	11	1						216	21	1																					9.3	C	130	110	120	0.5						
28	6	0	153					0	0	0						0	0	0																					9.3	C	60	70	70	0.5						
29	6	0	156					0	0	0						0	0	0																					9.3	C	130	120	140	0.5						
30	1	0	117					0	0	0						0	0	0						7.5	324	170	34	15	—	0.3	0.3		1.5	9.1	0	100	80	120	9.2	0	110	100	110	0.5	0.0		2	1.3		
31																																																		
TOTAL	185	3216	4159				50	6100	314	55						3611	214	90																																			
MAX	6	301	230				50	500	27	5						291	27	5																																			
MIN	1	87	84					0	0	0						0	0	0																																			
Average	4.5	107.2	138.6				1.66	406	10.4	1.8						120	6.5	1.7						7.5	158	54	54.5	4.5	—	0.2	0.3		1.5	9.2	5	100	79	116.5	9.2	0	121	99	113.7	0.5	0.0		4.8	2.6		

Sugar Mill Tr. Plant

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State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Burt A Zyglar
How Many Other Operators? (See Reverse) 0 1
Note: Give remarks on plant operation on reverse side.
Design Flow: .500 mgd

Operators' Name: Burt A Zyglar Cert. No. 4406

Total Metered Services at End of Month: 578

Name of Plant: Sugar Mill C.C.
Utility Company: Southern States Utilities
Month: July
Telephone Number: 904-427-8319

County: Volusia
I.D. No.: 3641296
Year: 1990

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	OTHER: Polymer				DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	OTHER: Fluoride As F	Polymer				CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	HARDNESS: Total	Calcium	Magnesium	CO2 Calc	Iron As Fe	Color Units	As Cl2	SETTLED: Turbidity (JTU)	pH	AS CaCO3: P. Alk.	M. Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P. Alk.	M. Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Odor	Fluoride As F	Turbidity (JTU)	Ortot
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
1	8	200	160					400	17	1						2 80	11	1																																
2	6	0	150					0	0	1						0	0	1																																
3	6	0	208					0	0	0						0	0	0																																
4	6	263	119					400	21	1						1 83	10	1																																
5	6	0	160					0	0	3						0	0	2																																
6	6	450	157					500	40	1						1 75	11	1						7.9	385	400	330	70	-	0.5	0.3	1.8	9.8	0	360	300	220		7.8	0	300	250	220	1.6	0		0.8	0.8
7	1	0	180					0	0	1						0	0	1																																
8	1	0	111					0	0	2						0	0	1																																
9	6	209	116					400	22	3						2 89	13	3																																
10	6	175	217					400	15	1						2 75	9	1																																
11	6	173	118					400	8	3						2 85	5	3																																
12	6	160	121					300	10	4						2 44	7	3																																
13	6	0	155					0	0	2						0	0	1						7.6	350	400	385	15	-	0.4	2.3	2.0	9.4	15	400	300	160		8.3	0	400	320	270	2.6	0		0.5	2.0
14	1	189	155					400	18	1						2 00	9	1																																
15	1	0	122					0	0	1						0	0	1																																
16	6	158	161					400	10	1						3 07	7	1																																
17	6	179	157	220			30	200	12	1						1 42	7	1																																
18	6	236	179					400	18	0						2 28	10	0																																
19	6	148	96					400	20	1						3 33	15	0																																
20	6	261	128					400	22	0						1 85	10	0						7.6	390	415	390	20	-	0.5	0.3	1.3	9.6	32	390	160	140		8.5	0	120	180	140	1.6	0		0.4	.8
21	1	270	173					400	21	1						1 77	9	1																																
22	1	0	104					0	0	0						0	0	0																																
23	6	0	134					0	0	1						0	0	1																																
24	6	0	0					0	0	2						0	0	2																																
25	6	281	0					400	19	11						1 73	8	8																																
26	6	0	0					0	0	0						0	0	2																																
27	6	0	0					0	0	0						0	0	0						7.6	384	418	385	33	-	0.5	2.3	1.8	9.2	5	180	200	180		8.0	0	140	240	220	1.6	0		0.6	.5
28	1	493	0					500	68	0																																								
29	1	0	0					0	0	2																																								
30	6	0	0					0	0	0																																								
31	6	0	0					0																																									
TOTAL	141	3788	3461	220			30	6300	341	43		8.1				34 35	148	37		8.1				80.6	1537	1428	1552	278		1.9	1.2	6.9	87.2	92	520	280	200		83.4	0	1980	1520	1180	19.7		2.5	9.3	43
MAX	6	493	217					500	68	11						2 93	17	8						7.8	390	418	390	33	-	0.5	0.3	2.0	9.8	32	360	300	220	220	8.7	0	300	250	220	3.0		.8	2.0	
MIN	1	0	0					0	0	0						0	0	0						7.6	350	400	300	10	-	0.4	0.3	1.3	9.2	0	40	160	140	25	0	70	160	140	.5		.4	.5	
Averages	4.5	243	112					393	21	2.0						2 14	9.2	2.0						7.65	379	407	372	59.5	-	0.5	0.3	1.7	9.3	1.4	134	93	135		7.7	0	146	219	199	1.5		.6	1.4	

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State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: John B Coffee
How Many Other Operators? (See Reverse)
Note: Give remarks on plant operation on reverse side.
Design Flow: .500 mgd

Operators' Name: John B Coffee, JR Cert. No. C-6614
Total Metered Services at End of Month:

Name of Plant: Sugar Mill C.C
Utility Company: Southern States Utilities
Month: August
Telephone Number: 904-427-8319

County: Volusia
I.D. No.: 3641296
Year: 1990

| Date | No. Plant Operators | Total Raw Water Pumped (Gallons) | Total Water Treated Leaving Plant (Gallons) | Filter Data: Hours filter runs between washings — Total | Maximum | Minimum | Total Wash Water (Gallons) | CHEMICALS: POUNDS USED — Lime | Chlorine Pre | Chlorine Post | Fluoride Chemical | Other | | | | DOSAGES (mg/l) — Lime | Chlorine Pre | Chlorine Post | Fluoride As F | Other | | | | CHEMICAL AND PHYSICAL RESULTS (mg/l) — RAW: pH | M.O. Alk. | Hardness: Total | Calcium | Magnesium | CO_3 Calc | Iron As Fe | Color Units | Turbidity | SETTLED: Turbidity (NTU) | pH | As $CaCO_3$: P. Alk. | M. Alk. | Total Hard. | Ca Hard. | FINISHED: pH | P. Alk. | M. Alk. | Total Hard. | Calcium Hard. | Residual Chlorine | Odor | Fluoride As F | Turbidity (NTU) | Cl_2 Rt | |
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State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: James B Coffin 7/14 | Operators' Name: John T. Livingston | Cert. No. 26119

How Many Other Operators? (See Reverse) 11

Note: Give remarks on plant operation on reverse side.

Design Flow: 1.500 MGD

Total Metered Services at End of Month: 2720

Name of Plant: Sugarmill C.C. | County: Citrus

Utility Company: Southern States Utilities | I.D. No. 2641246

Month: July | Year: 1990

Telephone Number: 904-527-8319

| Day | No. Pumps Operated | Total Hours Plants Pumped | Total Gallons Finished Water Pumped | Filter Data: Hours filter Pump Between Washings | | | Total Gallons Filtered Water | CHEMICALS: POUNDS USED | | | | | | | | DOSAGES (mg/l) | | | | | | | | CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW | | | | | | | | | | | | SETTLED | | | | | | | | | | FINISHED | | | | | | | | | | | | |
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State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Eng DFK

Lead Operator Signature: [signature] Operators' Name: John Coffey Cert. No. C 4406
How Many Other Operators? (See Reverse) DJ
Note: Give remarks on plant operation on reverse side.
Design Flow: 500 mgd
Total Metered Services at End of Month: 580
Name of Plant: Sugar Mill CS
Utility Company: Southern States
Month: October
Telephone Number: 904-427-8119
County: Volusia
I.D. No.: 3641296
Year: 1992

| Date | No. Plant Operated | Total Raw Water Pumped (Gallons) | Total Water Delivered to/from Plant (Gallons) | Filter Data: Hours filter Runs Between Washings: Total | Maximum | Minimum | Total Water Filtered (Gallons) | CHEMICALS: POUNDS USED: Lime | Chlorine Pre | Chlorine Post | Fluoride Chemical | Polymers | OTHER | | | DOSAGES (mg/l): Lime | Chlorine Pre | Chlorine Post | Fluoride As F | OTHER | | | | CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH | M.O. Alk. | HARDNESS: Total | Calcium | Magnesium | CO_2 Calc | Iron As Fe | Color Units | Turbidity | SETTLED: Specific gravity | pH | All CaCO3: P. Alk. | M. Alk. | Total Hdns. | Ca. Hdns. | FINISHED: pH | P. Alk. | M. Alk. | Total Hdns. | Calcium Hdns. | Residual Chlorine | Color | Odor | Fluoride As F | Turbidity (JTU) | Sulfate |
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Water Treatment Plant Operation Report

Lead Operator Signature: Robert A Ziegler CT406 Operators' Name: [illegible] Cert. No. C6614

How Many Other Operators? (See Reverse) ____

Note: Give remarks on plant operation on reverse side.

Design Flow: .500 mgd

Total Metered Services at End of Month: 5784

Name of Plant: Water Mill

Utility Company: Southern States Inc

Month: March

Telephone Number: 904-427-2[illegible]

County: Volusia

I.D. No.: 3640026

Year: 1990

Date	Hrs. Plant Operation	Total Raw Water Pumped (Gallons)	Total Water Treated Leaving Plant (Gallons)	Filter Data: Hours filter Runs Between Washings: Total	Maximum	Minimum	Total Wash Water (Gallons)	CHEMICALS: POUNDS USED: Lime	Chlorine Pre	Chlorine Post	Fluoride Chemical	Other: Ca Chloride 77%	Other	Other	DOSAGES (mg/l): Lime	Chlorine Pre	Chlorine Post	Other: Fluoride As F	Other	Other	Other	Other	CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH	M.O. Alk.	Hardness: Total	Calcium	Magnesium	CO2 Calc	Iron As Fe	Color Units	Turbidity (NTU)	Saturation Index	SETTLED: pH	Alkalinity as CaCO3: P Alk.	M Alk.	Total Hdns.	Ca Hdns.	FINISHED: pH	P Alk.	M Alk.	Total Hdns.	Calcium Hdns.	Residual Chlorine	Color	Fluoride As F	Turbidity (NTU)	4.267
1	6	405	120	24			15	300	0	4		100			103	0	4		

State of Florida
Department of Environmental Regulation

Water Treatment Plant Operation Report

Lead Operator Signature: Robert A Zeff C 4406 | Operators' Name: John B Coffman Cert. No. C6614 | Name of Plant: Sugar Mill C.C. | County: Volusia

How Many Other Operators? (See Reverse) | Utility Company: Sanlando Station Utilities | I.D. No.: 3641296

Note: Give remarks on plant operation on reverse side. | Month: December | Year: 1990

Design Flow: .500 mgd | Total Metered Services at End of Month: 584 | Telephone Number: 904-427-8319

| Date | Hrs. Plant Operation | Total Raw Water Pumped (Gallons) x1000 | Total Water Treated Leaving Plant (Gallons) x1000 | Filter Data: Hours filter runs between washings: Total | Maximum | Minimum | Total Wash Water (Gallons) | CHEMICALS: POUNDS USED: Lime | Chlorine Pre | Chlorine Post | Fluoride Chemical | Other: Polymer | Other | Other | Other | DOSAGES (mg/l): Lime | Chlorine Pre | Chlorine Post | Fluoride As F | Other | Other | Other | Other | CHEMICAL AND PHYSICAL RESULTS (mg/l): RAW: pH | M.O. Alk. | Hardness: Total | Calcium | Magnesium | CO_2 Calc | Iron As Fe | Color Units | Turbidity (FTU) | SETTLED: Turbidity (FTU) | pH | As $CaCO_3$: P. Alk. | M. Alk. | Total Hdns. | Ca. Hdns. | FINISHED: pH | P. Alk. | M. Alk. | Total Hdns. | Calcium Hdns. | Residual Chlorine | Color | Fluoride As F | Turbidity (FTU) | CO_2 Calc | CO_2 Stab |
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Sugar Mill Woods - 989

Citrus County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus Jan

Owned by Southern States Utilities Month FEBRUARY 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month @ 1800

Design Flow .600 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct [signature] CO-6100

(Lead Operator's Signature) (Cert. No.)

WP # 1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gas Lbs. Used	Chlorine mg/l	Gas Lbs. Used	mg/l	Gas Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	3,588	54						20.9	12.8	
Average	116	2						0.7	0.4	
Maximum	273	4						0.9	0.6	2 1
Minimum	3	0						0.5	0.3	
										REMARKS: Bact. Sample Pick Up
1	245	2						0.7	0.4	
2	191	3						0.7	0.4	
3	273	3						0.8	0.5	2 1
4	248	3						0.6	0.4	
5	189	2						0.6	0.4	
6	188	2						0.6	0.4	
7	198	2						0.6	0.4	
8	260	3						0.6	0.4	
9	136	4						0.9	0.6	
10	156	3						0.8	0.5	
11	84	3						0.8	0.4	
12	90	1						0.8	0.4	
13	91	1						0.7	0.4	
14	150	1						0.7	0.4	
15	101	2						0.6	0.4	
16	80	2						0.7	0.4	
17	117	1						0.6	0.4	
18	145	2						0.7	0.4	
19	37	2						0.7	0.4	
20	37	0						0.6	0.4	
21	97	1						0.6	0.4	
22	156	2						0.8	0.4	
23	116	3						0.8	0.5	
24	42	2						0.7	0.4	
25	58	0						0.7	0.4	
26	37	1						0.7	0.4	
27	36	0						0.6	0.4	
28	61	1						0.5	0.3	
29	54	1						0.6	0.4	
30	12	1						0.6	0.4	
31	3	0						0.5	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6971735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month FEBRUARY 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month @1800

Design Flow .864 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct _____ CO-6100

(Head Operator's Signature) (Cert. No.)

WP.# 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	13,875	67						20.1	12.3	
Average	448,	2						0.6	0.4	<1
Maximum	593,	3						0.7	0.4	
Minimum	372,	1						0.5	0.3	
										REMARKS: Bact. Sample Pick Up
1	447	2						0.7	0.4	
2	464	2						0.6	0.4	
3	444,	3						0.7	0.4	<1
4	452	2						0.6	0.4	
5	499	2						0.6	0.4	
6	499,	2						0.6	0.4	
7	405	3						0.7	0.4	
8	469	2						0.7	0.4	
9	411	2						0.6	0.4	
10	428	2						0.7	0.4	
11	443	2						0.6	0.4	
12	393	3						0.7	0.4	
13	392	3						0.7	0.4	
14	486	2						0.6	0.4	
15	372	3						0.7	0.4	
16	408	2						0.7	0.4	
17	471	2						0.6	0.4	
18	593	3						0.7	0.4	
19	411	2						0.7	0.4	
20	410	2						0.7	0.4	
21	478	2						0.7	0.4	
22	481	3						0.7	0.4	
23	489	2						0.7	0.4	
24	430	1						0.5	0.3	
25	470	2						0.6	0.4	
26	453	1						0.6	0.4	
27	433	2						0.6	0.4	
28	459	2						0.6	0.4	
29	439	2						0.6	0.4	
30	461	2						0.7	0.4	
31	418	2						0.6	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091235 Name of Drinking Water System Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month ~~FEBRUARY~~ JAN 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month @1800

Design Flow .600 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct [signature] CO-6100

WP-#3 (Head Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Plant Effluent (RT)	Bacteriological MCL Violations
Monthly Total	14652	81						23.4	12.3	
Average	473	3						0.8	0.4	<1
Maximum	635	4						0.8	0.4	
Minimum	288	1						0.5	0.3	
										REMARKS: Bact. Sample Pick Up
1	576	3						0.8	0.4	
2	591	2						0.7	0.4	
3	540	3						0.8	0.4	<1
4	545	3						0.8	0.4	
5	609	4						0.8	0.4	
6	609	3						0.8	0.4	
7	461	3						0.7	0.4	
8	635	3						0.8	0.4	
9	532	4						0.7	0.4	
10	517	4						0.8	0.4	
11	512	4						0.8	0.4	
12	396	3						0.8	0.4	
13	395	2						0.8	0.4	
14	492	2						0.7	0.4	
15	381	3						0.8	0.4	
16	524	2						0.8	0.4	
17	500	3						0.8	0.4	
18	288	3						0.8	0.4	
19	444	3						0.8	0.4	
20	444	2						0.8	0.4	
21	453	2						0.8	0.4	
22	425	2						0.8	0.4	
23	566	2						0.8	0.4	
24	476	3						0.7	0.4	
25	422	3						0.5	0.3	
26	374	2						0.7	0.4	
27	374	1						0.6	0.4	
28	348	1						0.6	0.4	
29	388	2						0.8	0.4	
30	451	2						0.8	0.4	
31	334	2						0.7	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6271735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month FEBRUARY 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month @1800

Design Flow .660 Remarks (See reverse side) Phone No.: 904 382-4441

I certify this report is correct [signature] CO-6100

WP#1 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gas Lbs. Used	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	3515	58								
Average	126	2						0.6	0.4	
Maximum	296	5						0.8	0.5	
Minimum	10	0						0.5	0.3	
										REMARKS. Bact. Sample Pick Up
1	42	0						0.6	0.3	
2	11	1						0.6	0.3	
3	10	0						0.5	0.3	
4	88	0						0.5	0.3	
5	147	2						0.6	0.3	
6	118	3						0.6	0.4	
7	14	2						0.6	0.4	
8	82	0						0.6	0.4	
9	63	1						0.6	0.3	
10	63	2						0.6	0.3	
11	118	1						0.6	0.4	
12	296	5						0.6	0.4	
13	143	4						0.5	0.3	
14	41	2						0.6	0.3	
15	40	1						0.6	0.3	
16	74	1						0.6	0.3	
17	73	1						0.5	0.3	
18	175	2						0.5	0.3	
19	273	4						0.6	0.3	
20	221	3						0.8	0.5	
21	250	4						0.6	0.4	
22	198	5						0.6	0.4	
23	123	2						0.6	0.4	
24	113	3						0.6	0.4	
25	174	2						0.6	0.4	
26	200	3						0.6	0.4	
27	197	2						0.5	0.3	
28	169	2						0.6	0.3	
29										
30										
31										

Note: Fold top flap down and this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month FEBRUARY 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month @1800

Design Flow .864 Remarks (See reverse side) Phone No.: 904 382-4441

I certify this report is correct _____ CO-6100

(Lead Operator's Signature) (Cert. No.)

WP # 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	13,768	85						19.6	11.0	
Average	492	3						0.7	0.4	
Maximum	642	4						0.8	0.5	
Minimum	382	2						0.6	0.3	
										REMARKS: Bact. Sample Pick
1	479	2						0.7	0.4	
2	408	3						0.7	0.4	
3	408	2						0.7	0.4	
4	441	2						0.7	0.4	
5	472	3						0.7	0.4	
6	497	3						0.7	0.4	
7	441	3						0.7	0.4	
8	469	2						0.7	0.4	
9	452	3						0.7	0.4	
10	451	3						0.7	0.4	
11	533	3						0.7	0.4	
12	632	4						0.7	0.3	
13	382	4						0.7	0.4	
14	513	2						0.7	0.4	
15	469	4						0.7	0.4	
16	432	4						0.7	0.4	
17	432	3						0.7	0.3	
18	642	3						0.6	0.3	
19	510	4						0.7	0.4	
20	525	3						0.7	0.4	
21	536	3						0.7	0.4	
22	568	4						0.8	0.5	
23	427	3						0.7	0.4	
24	560	2						0.7	0.4	
25	580	3						0.7	0.4	
26	421	4						0.7	0.4	
27	558	3						0.7	0.4	
28	530	3						0.7	0.4	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month FEBRUARY 98

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month @1800

Design Flow .600 Remarks (See reverse side) Phone No.: 904 382-4441

I certify this report is correct [signature] CO-6100

(Local Operator's Signature) (Cert. No.)

WP-#3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	13396	740						19.3	11.2	
Average	478	3						0.7	0.4	
Maximum	570	4						0.8	0.4	
Minimum	340	1						0.6	0.4	
										REMARKS: Bact. Sample Pick
1	439	1						0.6	0.4	
2	340	2						0.6	0.4	
3	340	2						0.6	0.4	
4	406	2						0.7	0.4	
5	528	2						0.7	0.4	
6	484	2						0.6	0.4	
7	380	2						0.7	0.4	
8	452	2						0.7	0.4	
9	437	2						0.7	0.4	
10	437	3						0.7	0.4	
11	486	2						0.7	0.4	
12	570	3						0.7	0.4	
13	446	3						0.7	0.4	
14	488	2						0.7	0.4	
15	484	2						0.7	0.4	
16	466	3						0.7	0.4	
17	466	3						0.7	0.4	
18	524	2						0.7	0.4	
19	520	3						0.7	0.4	
20	506	3						0.7	0.4	
21	522	3						0.7	0.4	
22	541	3						0.7	0.4	
23	490	4						0.7	0.4	
24	532	4						0.7	0.4	
25	504	3						0.7	0.4	
26	514	3						0.7	0.4	
27	559	4						0.8	0.4	
28	535	4						0.7	0.4	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System SUGARMILL WOODS

Location: City of S/D SUGARMILL WOODS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month MARCH 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month @ 1800

Design Flow .620 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct _____ (Lead Operator's Signature) CU-6100 (Cert. No.)

WTP 91

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Used	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	4,142	52						18.5	12.5	< 1
Average	134	2						0.6	0.4	
Maximum	409	4						0.7	0.5	
Minimum	Ø	Ø						0.5	0.4	
										REMARKS: Bact. Sample Pick Up
1	256	2						0.6	0.4	
2	152	3						0.6	0.4	
3	Ø	2						0.6	0.4	
4	76	Ø						0.6	0.4	
5	133	2						0.6	0.4	
6	115	2						0.6	0.4	
7	189	2						0.6	0.4	< 1
8	163	2						0.6	0.4	
9	162	1						0.6	0.4	
10	26	2						0.6	0.4	
11	192	Ø						0.6	0.4	
12	280	2						0.6	0.4	
13	56	3						0.6	0.4	
14	32	1						0.6	0.4	
15	21	1						0.7	0.5	
16	73	Ø						0.6	0.4	
17	73	1						0.6	0.4	
18	27	1						0.6	0.4	
19	56	Ø						0.6	0.4	
20	34	1						0.6	0.4	
21	282	1						0.7	0.4	
22	262	3						0.5	0.4	
23	243	3						0.6	0.4	
24	242	3						0.6	0.4	
25	166	3						0.5	0.4	
26	409	2						0.6	0.4	
27	55	4						0.5	0.4	
28	40	Ø						0.6	0.4	
29	57	1						0.6	0.4	
30	110	1						0.6	0.4	
31	110	3						0.6	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System SUGARMILL WOODS

Location: City of S/D SUGARMILL WOODS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month MARCH 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month @ 1800

Design Flow .864 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct _____ CO-6100

WTP #2 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	16,566	87						20.5	12.4	<1
Average	534	3						0.7	0.4	
Maximum	976	4						0.8	0.5	
Minimum	318	0						0.4	0.3	
										REMARKS: Bact. Sample Pick Up
1	566	4						0.8	0.4	
2	514	3						0.7	0.4	
3	406	3						0.7	0.4	
4	499	3						0.7	0.4	
5	414	4						0.7	0.4	
6	456	2						0.7	0.4	
7	530	2						0.7	0.4	<1
8	537	2						0.6	0.4	
9	536	4						0.7	0.4	
10	542	4						0.8	0.5	
11	467	3						0.7	0.4	
12	641	3						0.8	0.4	
13	384	4						0.7	0.4	
14	493	2						0.7	0.4	
15	318	3						0.7	0.4	
16	422	3						0.8	0.4	
17	421	2						0.5	0.4	
18	366	0						0.4	0.3	
19	440	2						0.6	0.4	
20	437	3						0.7	0.4	
21	536	2						0.6	0.4	
22	525	2						0.5	0.4	
23	574	2						0.6	0.4	
24	574	3						0.6	0.4	
25	548	3						0.7	0.4	
26	673	3						0.7	0.4	
27	976	3						0.6	0.4	
28	802	4						0.5	0.4	
29	715	3						0.6	0.4	
30	627	3						0.7	0.4	
31	627	3						0.7	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System SUGARMILL WOODS

Location: City of S/D SUGARMILL WOODS County CITRUS

Owned by SOUTHERN STATES UTILITIES Month MARCH 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month @ 1800

Design Flow .600 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct [signature] CO-6100

WTP #3 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	13,419	75.0						20.80	12.3	<1
Average	432	3						0.7	0.4	
Maximum	645	5						0.8	0.4	
Minimum	72	Ø						0.4	0.3	
										REMARKS: Bact. Sample Pick Up
1	546	4						0.8	0.4	
2	524	3						0.7	0.4	
3	335	3						0.7	0.4	
4	466	4						0.7	0.4	
5	463	2						0.7	0.4	
6	478	3						0.7	0.4	
7	515	3						0.7	0.4	<1
8	502	3						0.7	0.4	
9	502	3						0.7	0.4	
10	460	3						0.7	0.4	
11	471	3						0.8	0.4	
12	645	3						0.7	0.4	
13	363	5						0.7	0.4	
14	516	3						0.7	0.4	
15	436	4						0.8	0.4	
16	445	3						0.7	0.4	
17	445	3						0.7	0.4	
18	428	3						0.7	0.4	
19	460	3						0.7	0.4	
20	489	2						0.5	0.4	
21	72	2						0.6	0.4	
22	404	Ø						0.6	0.4	
23	554	1						0.6	0.4	
24	554	2						0.7	0.4	
25	505	1						0.6	0.4	
26	575	1						0.4	0.3	
27	230	2						0.6	0.4	
28	273	1						0.7	0.4	
29	240	1						0.6	0.4	
30	262	1						0.7	0.4	
31	261	1						0.6	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System S.S.U. (Sugarmill Woods)

Location: City or S/D Sugarmill Woods County Citrus

Owned by S.S.U. Services, Inc. Month April 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1,800

Design Flow .620 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Seager C-1928
(Lead Operator's Signature) (Cert. No.)

Plant #1

Days of Month	Total Water Treated in Thousands of Gallons	50% HTH Chlorine Gal. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	3,064,000	46								
Average	102,000	1.5							.4	≤1
Maximum	321,000	5								
Minimum	—	1								
										REMARKS: Bact. Sample Pick Up
1	123	2						.6	.4	
2	240	2						.6	.3	
3	134	5						.5	.3	
4	9	1						1.0	.4	Well #1 ≤1
5	110	1						.9	.4	Well #2 ≤1
6	101	2						.9	.4	
7	—	—						.9	.4	
8	257	2						.9	.4	
9	211	4						.9	.4	
10	36	1						.5	.3	
11	—	—						.7	.4	
12	123	2						.9	.4	
13	228	3						.7	.4	
14	70	2						.6	.4	
15	180	2						.8	.4	
16	361	3						.6	.3	
17	69	1						.6	.3	
18	—	—						.7	.4	
19	81	1						.7	.4	
20	84	1						.6	.4	
21	—	—						.6	.3	
22	140	2						.6	.3	
23	48	1						.7	.4	
24	9	—						1.0	.4	
25	—	—						1.0	.4	
26	29	1						1.0	.4	
27	76	1						.8	.4	
28	18	1						.7	.4	
29	179	2						.7	.4	
30	214	3						.8	.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

2/

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System S.S.U. (Sugarmill Woods)

Location: City of S/D Sugarmill Woods County Citrus

Owned by S.S.U. Services, Inc. Month April 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1,800

Design Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas R Seay C-2928
(Lead Operator's Signature) (Cert. No.)

UP#2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	22,965,000	85								
Average	766	2.8						.7	.4	≤ 1
Maximum	1,295,000	5						1.0		
Minimum	215,000	1						.6		
										REMARKS: Bact. Sample Pick Up
1	890	3						.7	.4	
2	1,074	3						.7	.4	
3	798	3						.5	.3	
4	583	5						.8	.4	Well # 5 ≤ 1
5	826	4						.8	.4	Well # 6 ≤ 1
6	743	5						.8	.4	
7	891	4						.7	.4	
8	811	4						.8	.4	
9	864	3						.7	.4	
10	456	3						.7	.4	
11	744	2						.7	.4	
12	902	1						.7	.4	
13	767	3						.6	.4	
14	715	5						.7	.4	
15	702	2						.7	.4	
16	805	1						.6	.3	
17	637	1						.6	.3	
18	723	2						.7	.4	
19	846	2						.7	.4	
20	816	2						.7	.4	
21	744	2						.7	.4	
22	726	1						.7	.4	
23	720	2						.7	.4	
24	620	1						.7	.4	
25	685	2						1.0	.4	
26	1,291	1						.9	.4	
27	784	4						.9	.4	
28	719	5						.9	.4	
29	215	3						.9	.4	
30	943	6						.9	.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

3/

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System S.S.U. (Sugarmill Woods)

Location: City or S/D Sugarmill Woods County Citrus

Owned by S.S.U. Services, Inc. Month April 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1,700

Design Flow .800 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Seager C-4928
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	10,558	70								
Average	330	2						.7	.3	< 1
Maximum	765	4								
Minimum	40	1								
										REMARKS: Bact. Sample Pick Up
1	277	1						.6	.4	
2	520	2						.6	.4	
3	403	3						.7	.4	
4	276	3						.7	.4	Well # 8 < 1
5	326	2						.7	.3	Well # 9 < 1
6	467	1						.5	.3	
7	338	3						.7	.4	
8	515	3						.7	.4	
9	620	3						.7	.4	
10	233	3						.6	.3	
11	194	2						.7	.4	
12	533	1						.7	.4	
13	689	4						.8	.4	
14	384	4						.7	.3	
15	540	4						.8	.3	
16	765	3						.6	.3	
17	357	3						.6	.3	
18	285	2						.7	.3	
19	355	1						.6	.3	
20	250	1						.7	.3	
21	200	2						.7	.4	
22	331	2						.7	.4	
23	132	2						.5	.2	
24	100	1						.7	.3	
25	40	1						.7	.3	
26	153	2						.6	.3	
27	338	3						.5	.3	
28	196	2						.5	.3	
29	393	3						.6	.3	
30	459	4						.8	.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6291735 Name of Drinking Water System I.C.U. Services (Sugarmill Woods)

Location City of S/D Sugarmill Woods County Citrus

Owned by I.C.U. Services, Inc. Month May 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1580

Design Flow .672 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P Hooper (Lead Operator's Signature) 12428 (Cert. No.)

WPS

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	2,755	93								A
Average	.089	1.4						.8	.4	A
Maximum	.328	4								
Minimum	-0-	1								
										REMARKS: Bact. Sample Pick Up
1	.132	3						.7	.3	
2	.0	2						.8	.4	Well #1 A
3	.239	2						.7	.4	Well #2 A
4	.289	2						.7	.4	
5	.156	1						.5	.3	
6	.169	2						.8	.4	
7	.328	2						.6	.4	
8	.199	4						.8	.4	
9	-0-	.0						.9	.3	
10	.122	3						.8	.4	
11	.067	2						.7	.4	
12	.265	2						.9	.4	
13	.104	2						.9	.4	
14	.311	2						.9	.4	
15	.208	3						.9	.4	
16	.015	3						1.0	.4	
17	.054	1						.9	.4	
18	.126	1						.9	.4	
19	-0-	-0-						.6	.4	
20	.043	-0-						.7	.4	
21	.019	1						.7	.4	
22	.116	-0-						.7	.4	
23	.0	-0-						.7	.4	
24	.240	1						.8	.4	
25	.056	2						.8	.4	
26	-0-	-0-						.8	.4	
27	.0	-0-						.7	.4	
28	.015	-0-						.7	.4	
29	.060	.1						.6	.3	
30	-0-	1						.6	.4	
31	-0-	-0-						.7	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

7

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6291735 Name of Drinking Water System S.S.U. Services (Sugarmill Woods)

Location: City of S/D Sugarmill Woods County Citrus

Owned by SSU Services, Inc. Month May 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1880

Design Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Seager (Lead Operator's Signature) C-1928 (Cert. No.)

WP-#2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	22,270 m.g.	137								A
Average	.718	4.3						.9	.4	A
Maximum	.963	6								
Minimum	.353	2								
										REMARKS: Bact. Sample Pick Up
1	.640	4						.6	.3	
2	.748	6						1.0	.4	Well #5 A
3	.711	5						1.0	.4	Well #6 A
4	.898	4						.9	.4	
5	.963	4						.9	.4	
6	.905	5						.9	.4	
7	.949	6						1.0	.4	
8	.848	5						.9	.4	
9	.749	6						1.0	.4	
10	.753	6						1.0	.4	
11	.693	5						1.0	.4	
12	.832	3						1.0	.4	
13	.659	5						.9	.4	
14	.864	4						.9	.4	
15	.911	4						1.0	.4	
16	.554	5						.8	.4	
17	.620	3						.8	.4	
18	.865	5						.8	.4	
19	.705	5						.8	.4	
20	.656	6						.8	.4	
21	.740	4						.8	.4	
22	.688	4						.9	.4	
23	.560	4						.9	.4	
24	.683	4						.8	.4	
25	.715	2						.8	.4	
26	.594	3						.8	.4	
27	.842	4						.8	.4	
28	.773	2						.7	.3	
29	.758	3						.8	.3	
30	.617	4						.8	.3	
31	.650	3						.8	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 Name of Drinking Water System S.S.U. Services (Sugarmill Woods)

Location—City of S/D Sugarmill Woods County Citrus

Owned by: S.S.U. Services, Inc. Month May 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1,285

Design Flow .264 Remarks (See reverse side) Phone No.: 904-382 4441

I certify this report is correct Thomas P. Sage C-2428

(Lead Operator's Signature) (Cert. No.)

W.P.-#3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	12,402	91								A
Average	.400	2.6						.8	.4	A
Maximum	.984	5								
Minimum	.006	1								
										REMARKS: Bact. Sample Pick Up
1	.405	3						.8	.4	
2	.178	4						.9	.4	Well #8 A
3	.437	1						.8	.4	Well #9 A
4	.771	2						.8	.4	
5	.473	4						.8	.4	
6	.440	3						.8	.4	
7	.669	2						.8	.4	
8	.484	3						.9	.4	
9	.503	3						.9	.4	
10	.969	4						.8	.4	
11	.984	4						.7	.4	
12	.660	5						.8	.4	
13	.753	2						.7	.4	
14	.876	3						.7	.4	
15	.668	4						.8	.4	
16	.307	4						.9	.4	
17	.242	4						.9	.4	
18	.407	2						.8	.4	
19	.710	4						.9	.4	
20	.089	2						.8	.4	
21	.362	1						.8	.4	
22	.182	4						.7	.4	
23	.031	1						.8	.4	
24	.215	1						.8	.4	
25	.364	2						.9	.4	
26	.034	3						.8	.4	
27	.110	1						.8	.4	
28	.345	2						.9	.4	
29	.213	2						.8	.4	
30	.006	1						.8	.4	
31	.152	1						.8	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

OER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by SSU Services, Inc. Month June 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1820

Design Flow .620 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P Kenagy C-7056

WP 1 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gal/r. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	3.103	57								
Average	.103	1.9						.7	.4	A
Maximum	.493	7								
Minimum	—	—								
										REMARKS: Bact. Sample Pick Up
1	.017	1						.4	.3	
2	—	—						.4	.3	
3	—	—						.6	.3	
4	—	—						.6	.3	
5	.159	2						.7	.4	well 1 A
6	.193	5						.8	.4	well 2 A
7	.010	—						.8	.4	
8	—	—						.7	.4	
9	—	—								
10	—	—						.7	.3	
11	—	—						.8	.4	
12	.117	2						.8	.4	
13	.286	4						.8	.4	
14	.210	2						.8	.4	
15	—	—						.4	.3	
16	.135	5						.6	.3	
17	.493	7						.7	.4	
18	.293	3						.8	.4	
19	.144	2						.7	.4	
20	.075	1						.7	.4	
21	.023	1						.7	.4	
22	—	—						.5	.4	
23	.145	3						.5	.4	
24	.314	2						.6	.4	
25	.122	2						.7	.4	
26	.090	1						.8	.4	
27	.091	2						.7	.3	
28	.096	1						.7	.3	
29	.085	—						.7	.4	
30	.166	6						.6	.3	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEHD No. 6091735 Name of Drinking Water System Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month June 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1820

Design Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas C. Seager C-3246
(Lead Operator's Signature) (Cert. No.)

WP-# 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent (RT)		Bacteriological MCL Violations
Monthly Total	22,850	131								
Average	.762	4.5						.8	.4	A
Maximum	1,396	7								
Minimum	.618	1								
										REMARKS. Bact. Sample Pics Up
1	.423	5						.8	.4	
2	.693	5						.9	.4	
3	.672	4						.9	.4	
4	.620	5						.9	.4	
5	1,026	6						.9	.5	
6	.496	5						.9	.4	Well # 5 A
7	.495	4						.9	.4	Well # 6 A
8	.665	5						.9	.4	
9										
10	1,396	10						.9	.4	
11	.771	4						1.0	.4	
12	.869	7						.9	.4	
13	.785	4						.9	.4	
14	.754	2						.9	.4	
15	.699	2						.6	.4	
16	1,144	4						.7	.4	
17	.908	3						.7	.4	
18	.802	5						.8	.4	
19	.708	2						.8	.4	
20	.826	1						.8	.4	
21	.618	1						.9	.4	
22	.830	3						.5	.4	
23	.914	7						.6	.4	
24	.654	4						.8	.4	
25	.734	5						.4	.4	
26	.830	6						.9	.4	
27	.684	7						.9	.5	
28	.660	6						.9	.4	
29	.813	5						.6	.4	
30	1,383	5						.6	.4	
31										

Note: Fold top flap down. Fold this flap up over it, then staple or tape.

Remarks

3

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DHSB ID No 6071035 Name of Drinking Water System Sugarmill Woods

Location City of S/D Sugarmill Woods County Citrus

Owned by Southern States Water Month June 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1820

Design Flow .864 Remarks (See reverse side) Phone No. 904-382-4441

I certify this report is correct Thomas P. Seagen C-5086
(Lead Operator's Signature) (Cert. No.)

WP: 43

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	8,869	50								
Average	.296	1.7						.9	.4	A
Maximum	.595	4								
Minimum	.007	1								
										REMARKS: Bact Sample Pick Up
1	.286	1						1.4	.6	
2	.191	2						1.1	.5	
3	.094	3						1.0	.4	
4	.168	2						.8	.4	well 8 A
5	.286	1						.7	.3	well 9 A
6	.078	1						1.3	.6	
7	.007	–						.9	.5	
8		–								
9	.551	2						.7	.3	
10	.115	1						.7	.3	
11	.100	1						.7	.3	
12	.530	1						.8	.4	
13	.467	2						.8	.3	
14	.236	2						.9	.4	
15	.111	1						.6	.4	
16	.595	2						.7	.4	
17	.490	2						.7	.4	
18	.391	3						.8	.4	
19	.355	3						.8	.4	
20	.175	1						.8	.4	
21	.045	–						.8	.4	
22	.271	–						.7	.4	
23	.535	3						.9	.4	
24	.328	3						.9	.4	
25	.230	2						.8	.4	
26	.403	2						.8	.4	
27	.307	1						1.0	.5	
28	.252	1						.9	.4	
29	.477	2						.8	.4	
30	.567	4						1.0	.5	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6921735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by SSU Services, Inc. Month July 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1820

Design Flow .620 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Seager C-7428

(Lead Operator's Signature) (Cert. No.)

WP# 1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1461	21								
Average	.047	.7						.7	14	A
Maximum	.177	2						.8	.4	
Minimum	0	0						.5	.3	
										REMARKS: Bact. Sample Pick Up
1	—	—						.6	3	
2	.060	1						.7	.4	
3	.018	.5						.7	.3	Well #1 A
4	—	—						.6	.3	Well #2 A
5	—	—						.6	.3	
6	.062	.5						.5	.3	
7	.061	.5						.5	.3	
8	.005	—						.5	.3	
9	.054	1						.7	.3	
10	.073	1						.7	.3	
11	.022	.5						.7	.3	
12	.177	1						.6	.4	
13	.049	1						.6	.3	
14	.047	—						.7	.3	
15	—	—						.7	.3	
16	.055	1						.8	.4	
17	.018	.5						.7	.3	
18	.012	.5						.7	.3	
19	—	—						.7	.3	
20	.142	2						.7	.4	
21	.137	2						.7	.4	
22	075	1						.7	.4	
23	.163	2						.7	.4	
24	.029	—						.8	.4	
25	.096	2						.7	.4	
26	.064	—						.6	.4	
27	.060	2						.6	.4	
28	—	—						.7	.4	
29	—	—						.7	.4	
30	.047	1						.6	.3	
31	—	—						.6	.3	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by S.S.U. Services, Inc. Month July 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1820

Design Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Seager C. 2928

W.P. #2 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	21,611	167								
Average	.697	5						.8	.4	A
Maximum	.892	7						.9	.5	
Minimum	.498	3						.6	.3	
										REMARKS: Bact. Sample Pick Up
1	.783	5						.8	.4	
2	.672	6						.8	.4	
3	.448	4						.8	.4	well # 5 A
4	.622	3						.8	.4	well # 6 A
5	.696	3						.8	.4	
6	.678	5						.9	.4	
7	.712	5						.8	.5	
8	.744	6						.9	.4	
9	.729	4						.9	.4	
10	.739	5						.9	.4	
11	.676	6						.9	.4	
12	622	7						.8	.4	
13	.624	5						.8	.4	
14	.755	6						.8	.5	
15	.695	5						.9	.5	
16	.576	5						.9	.4	
17	.735	5						.9	.4	
18	.682	6						.9	.5	
19	.634	6						.9	.4	
20	.892	5						.8	.4	
21	.695	7						.9	.5	
22	.628	5						.9	.4	
23	.659	6						.9	.4	
24	.737	4						.8	.4	
25	.723	6						.9	.4	
26	.619	4						.8	.4	
27	.617	6						.9	.4	
28	.910	7						.9	.4	
29	.673	6						.8	.4	
30	.506	5						.6	.3	
31	.726	5						.8	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

3

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by S.S.U. Services, Inc. Month July 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1820

Design Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas R. Seay C-2928

WP.#3 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	7,878	56								
Average	.254	1.8						.8	.4	A
Maximum	.517	3						.9	.5	
Minimum	.016	—						.6	.3	
										REMARKS: Bact. Sample Pick Up
1	.264	2						.9	.4	
2	.234	1						.9	.4	
3	.305	2						.9	.4	well # 8 A
4	.179	1						.8	.4	well # 9 A
5	.246	1						.9	.4	
6	.206	1						.7	.4	
7	.395	2						.6	.4	
8	.248	2						.7	.3	
9	.285	1						.8	.4	
10	.447	2						.8	.4	
11	.290	2						.8	.4	
12	.016	—						.9	.4	
13	.206	1						.6	.4	
14	.310	3						.9	.5	
15	.274	1						.9	.4	
16	.290	2						.9	.4	
17	.418	3						.4	.4	
18	.208	1						.8	.4	
19	.237	2						.9	.4	
20	.290	2						.7	.4	
21	.517	4						.8	.5	
22	.177	3						.9	.4	
23	.211	3						.9	.4	
24	.367	3						.8	.4	
25	.349	2						.7	.4	
26	.016	1						.9	.4	
27	.216	1						.8	.4	
28	.440	2						.8	.4	
29	.189	.2						.8	.4	
30	.261	2						.8	.4	
31	.282	2						.8	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by SSU. Services, Inc. Month Aug 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1870

Design Flow .6 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Sage 6-6829

WP. # 1 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	3,812,000	71								
Average	123,000	3						.7	.4	A
Maximum	533,000	8								
Minimum	9,000	.5								
										REMARKS: Bact. Sample Pick Up
1	.025	—						.5	.4	
2	-0	—						.5	.3	well 1 A
3	.023	—						.5	.4	well 2 A
4	.053	1						.4	.3	
5	.009	—						.5	.3	
6	.035	5						.6	.3	
7	—	—						.7	.4	
8	—	—						.7	.4	
9	—	—						.6	.3	
10	.056	2.5						.5	.3	
11	.167	3						.6	.4	
12	.133	2						.8	.4	
13	—	—								
14	.278	2						.8	.3	
15	.080	1						.7	.5	
16	.044	1						.7	.5	
17	.038	1						.7	.5	
18	.044	1						.7	.5	
19	—	—						.7	.5	
20	—	—						.5	.2	
21	—	—						.8	.4	
22	.260	3						.7	.4	
23	.205	3						1.0	.7	
24	.365	8						.9	.6	
25	.296	6						.8	.5	
26	.280	6						.6	.4	
27	.160	6						.6	.3	
28	.533	7						.7	.3	
29	.305	7						.7	.3	
30	.181	4						.7	.4	
31	.245	6						.6	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by SSU. Services Inc. Month Aug. 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1,720

Design Flow .864 Remarks (See reverse side) Phone No.: 904 382-4441

I certify this report is correct Thomas P. Seaga C-6928
(Lead Operator's Signature) (Cert. No.)

WP # 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	20,457,000	114								
Average	660,000	4						.75	.4	A
Maximum	1,372,000	7								
Minimum	430,000	1								
										REMARKS: Bact. Sample Pick Up
1	.611	5						.7	.4	
2	.524	3						.7	.4	
3	.646	6						.8	.4	well # 5 A
4	.849	7						.8	.5	well # 6 A
5	669	5						.8	.4	
6	694	4						.8	.4	
7	666	5						.8	.4	
8	686	4						.7	.4	
9	652	5						.8	.4	
10	739	7						.7	.4	
11	583	6						.8	.4	
12	954	3						.8	.4	
13	843	6								
14	788	4						.5	.4	
15	760	6						.8	.5	
16	653	4						.7	.5	
17	665	3						.6	.5	
18	778	3						.6	.4	
19	1,372	3						.6	.3	
20	697	2						.6	.3	
21	578	3						1.0	.4	
22	463	2						1.0	.4	
23	430	1						1.0	.4	
24	510	2						.8	.5	
25	481	2						.7	.4	
26	577	2						.8	.4	
27	496	2						.8	.4	
28	541	2						.6	.3	
29	623	3						.7	.3	
30	468	2						.6	.3	
31	547	2						.9	.5	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

3

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by SSU Services, Inc. Month Aug. 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1820

Design Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Slagen C-2928

(Lead Operator's Signature) (Cert. No.)

imp. # 3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	5599,000	40								
Average	181,000	1.3						.7	.4	A
Maximum	866,000	3								
Minimum	5,000	1								
										REMARKS: Bact. Sample Pick Up
1	014,	—						.8	.4	
2	—	1						.8	.4	well # 8 A
3	169,	2						1.1	.7	well # 9 A
4	442,	2						.8	.5	
5	208,	2						.4	.4	
6	207,	2						.8	.4	
7	320,	2						.7	.4	
8	184,	2						.7	.4	
9	009,	1						.7	.4	
10	276,	1						.8	.4	
11	398,	2						.9	.4	
12	519,	3						1.5	.7	
13										
14	866,	3						.6	.4	
15	498,	2						.8	.5	
16	097,	1						.9	.5	
17	192,	1						.6	.4	
18	364,	2						.7	.5	
19	129,	1						.7	.4	
20	194,	2						.5	.2	
21	206,	3						1.0	.4	
22	—	2						.9	.7	
23	—	—						.9	.3	
24	060,	1						.4	.3	
25	005,	—						.4	.3	
26	—	—						.6	.2	
27	030,	1						.5	.3	
28	112,	1						.6	.3	
29	017,	1						.7	.3	
30	006,	—						.6	.3	
31	172,	2						.5	.3	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System SSU Services "Sugarmill Wds

Location: City of S/D Sugarmill Woods County Citrus

Owned by SSU. Services, Inc. Month Sept. 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1,863

Design Flow .620 MGD Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P Seagen C2829

WP 1 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gas Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	12,361,000	132								
Average	412,000	4.4						.5	.3	A
Maximum	624,000	8								
Minimum	8,000	1								
										REMARKS: Bact. Sample Pick Up:
1	685	7						.5	.4	
2	705	4						.7	.5	
3	550	6						.6	.3	
4	510	8						.7	.3	
5	423	7						.7	.3	
6	387	5						.8	.3	Well # 1 A
7	450	7						.6	.4	Well # 2 A
8	412	5						.5	.3	
9	443	5						.6	.4	
10	427	5						.6	.3	
11	624	5						.5	.3	
12	494	5						.6	.3	
13	420	5						.7	.3	
14	462	4								
15	467	4								
16	463	4						.3	.2	
17	355	3						.4	.2	
18	578	7						.5	.2	
19	313	4						.6	.3	
20	340	4						.7	.3	
21	547	5						.4	.3	
22	470	3								
23	471	4						.3	.2	
24	436	4						.4	.2	
25	613	4						.4	.2	
26	173	2						.4	.2	
27	37	1						.4	.2	
28	144	3								
29	143	.2						.4	.3	
30	8	—						.4	.2	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6094735 Name of Drinking Water System S.S.U. "Sugarmill Woods"

Location: City of S/D Sugarmill Woods County Citrus

Owned by S.S.U. Services, Inc. Month Sept. 19 91

Plant Effluent pH 7.7 (Avg) No. of Services at End of Month 1,863

Design Flow .864 Remarks (See reverse side) Phone No.: 904-792-4441

I certify this report is correct Thomas P. Jaeger C-2829

(Lead Operator's Signature) (Cert. No.)

WP 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	* Lbs. Used	* mg/l	* Lbs. Used	* mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	22,797.000	133								
Average	747.000	4.4						.8	.4	A
Maximum	1,110.000	6								
Minimum	492.000	3								
										REMARKS: Bact. Sample P ck L
1	738.	5						.7	.4	
2	492.	3						.9	.5	
3	858.	3						.5	.2	
4	779.	5						.8	.3	
5	676.	5						.8	.4	well # 5 A
6	690.	4						.8	.3	well # 6 A
7	749.	4						.7	.4	
8	605.	3						.5	.3	
9	818.	5						.8	.4	
10	769.	4						.8	.4	
11	902.	5						.9	.4	
12	769.	5						.8	.4	
13	669.	3						.9	.4	
14	719.	4								
15	719.	4								
16	719.	5						.8	.4	
17	620.	4						.9	.4	
18	832.	5						.9	.4	
19	543.	3						.8	.4	
20	695.	4						.8	.4	
21	829.	6						.6	.4	
22	749.									
23	749.	9						.8	.4	
24	732.	5						.9	.4	
25	864.	5						.9	.4	
26	794.	4						.8	.4	
27	561.	6						.8	.4	
28	1,110.	6								
29	1,108.	5						.7	.4	
30	695.	4						.8	.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

ERD No. 6091735 Name of Drinking Water System S.S.U. "Sugarmill Woods"

Location: City of S/D Sugarmill Woods County Citrus

Owned by S.S.U. Services, Inc. Month Sept 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1863

Design Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Seager C-2820

(Lead Operator's Signature) (Cert. No.)

well #3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	6,921,000	41								
Average	231,000	1.4						.8	.4	A
Maximum	392,000	4								
Minimum	26,000	1								
										REMARKS: Bact. Sample Pick Up
1	95	½						.7	.4	
2	26	1						.8	.5	
3	139	1						.8	.4	
4	–	–						.8	.4	
5	341	4						1.0	.4	well #8 A
6	73	1						.8	.3	well #9 A
7	32	1						.7	.4	
8	42	1						.7	.3	
9	174	1						.7	.3	
10	238	2						.8	.3	
11	370	2						.8	.3	
12	305	2						1	.2	
13	108	1						.6	.3	
14	195	1								
15	195	1								
16	185	1						.7	.3	
17	151	2						.9	.4	
18	378	2						.9	.4	
19	224	2						.8	.5	
20	173	1						.8	.4	
21	228	1						.7	4	
22	274	1								
23	275	2						.8	.4	
24	156	2						.8	.4	
25	392	1						.8	.4	
26	47	–						.8	.4	
27	156	1						.7	.3	
28	303									
29	303	1						.7	.4	
30	35	1						.8	4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

ER ID No 6091735 Name of Drinking Water System S.S.U. Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by S.S.U., Inc. Month October 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1863

Design Flow .620 Remarks (See reverse side) Phone No.: 904-782-4441

I certify this report is correct Thomas P. Seagle C-2829

(Lead Operator's Signature) (Cert. No.)

WP # 1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gal. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	14,036,000	121								
Average	457,000	4						.5	.3	A
Maximum	627,000	7								
Minimum	238,000	1								
										REMARKS: Bact. Sample Pick U
1	304	1						.2	.2	
2	400	1						.2	.2	
3	297	1						.3	.4	
4	278	5						.3	.4	
5	382	4								
6	362	4						.6	.4	
7	275	2						.4	.2	well # 1 A
8	352	1						.3	.2	well # 2 A
9	421	2						.3	.2	
10	787	4						.5	.4	
11	787	5						.5	.4	
12	434	3						.5	.4	
13	554	4								
14	555	5						.4	.2	
15	464	5						.5	.3	
16	555	6						.6	.4	
17	414	5						.6	.4	
18	447	4						.5	.4	
19	578	2						.3	.2	
20	570	2								
21	570	1						.3	.2	
22	482	1						.3	.2	
23	627	7						.5	.3	
24	571	6						.6	.4	
25	377	2						.3	.2	
26	558	5								
27	558	5						.5	.4	
28	407	7						.7	.4	
29	507	.6						.8	.4	
30	536	5						.4	.2	
31	531	5						.5	.3	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PER ID No 6291735 Name of Drinking Water System S.S.U. "Sugarmill Woods"

Location: City or S/D Sugarmill Woods County Citrus

Owned by S.S.U. Services, Inc. Month October 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1863

Design Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas C. Sleiga C-2269
(Lead Operator's Signature) (Cert. No.)

WP # 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	22,286,000	143								
Average	719,000	4.9						.8	.4	A
Maximum	1,218,000	7								
Minimum	510,000	1								
										REMARKS: Bact. Sample Pick
1	517	.5						.9	.4	
2	651	4						.9	.4	
3	559	3						.7	.4	
4	558	6						.8	.4	
5	641	1								
6	620	3						.7	.4	
7	523	3						.5	.2	well #5 A
8	724	3						.6	.3	well #6 A
9	639	3						.8	.7	
10	710	4						.6	.4	
11	645	5						.7	.4	
12	738	6						.7	.4	
13	579									
14	580	7						.9	.4	
15	1218	5						.9	.5	
16	979	7						.9	.5	
17	672	6						.9	.4	
18	664	3						.8	.4	
19	741	6						.8	.4	
20	862									
21	867	13						.9	.4	
22	775	5						.9	.4	
23	940	5						.8	.4	
24	763	5						.9	.4	
25	725	7						.8	.4	
26	754	6								
27	753	6						.9	.5	
28	726	5						.7	.4	
29	700	.5						.8	.4	
30	955	7						.8	.4	
31	604	6						.9	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

3

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

ER ID No 6091735 Name of Drinking Water System SSU. "Sugarmill Woods"

ocation: City of S/D Sugarmill Woods County Citrus

wned by SSU. Services, Inc. Month October 19 91

lant Effluent pH 7.3 (Avg) No. of Services at End of Month 1963

esign Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

ertify this report is correct Thomas P. Sieger C-2829
(Lead Operator's Signature) (Cert. No.)
W.P. #3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	6,076,000	44								
Average	196,000	1.4						.8	.4	A
Maximum	379,000	5								
Minimum	33,000	1								
										REMARKS: Bact. Sample Pick U
1	92	5						.7	.3	
2	98	5						.7	.3	
3								.6	.4	
4	33	1						.8	.5	
5	75									
6	75	1						.7	.4	
7	55	1						.8	.4	well # 8 A
8	70	1						.9	.4	well #9 A
9	274	1						.8	.4	
10	122	1						.7	.4	
11	201	1						.8	.4	
12	131	1						.8	.4	
13	320									
14	321	2						.8	.4	
15	165	2						.8	.4	
16	379	1						.9	.4	
17	269	1						.9	.4	
18	141	1						.9	.4	
19	237	1						.9	.4	
20	266									
21	266	4						.9	.4	
22	200	1						.8	.4	
23	290	2						.8	.4	
24	331	3						.7	.4	
25	129	1						.9	.4	
26	329	1								
27	370	1						.7	.4	
28	219	1						.8	.4	
29	216	1						.8	.4	
30	342	2						.8	.4	
31	292	1						.8	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091235 Name of Drinking Water System SSU. Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by SSU. Services, Inc. Month November 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1873

Design Flow .620,000 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Seager C-2829

W.P. # 1 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	50% Mix Chlorine Gals. Used	mg/l	• Lbs. Used	mg/l	• Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	14,711,000	119								
Average	490,000	4						.5	.3	A
Maximum	655,000	6								
Minimum	251,000	1								
										REMARKS: Bact. Sample Pick U.
1	422	4						.5	.2	
2	650	6						.5	.4	
3	411	4								
4	410	3						.5	.7	
5	428	3						.5	.7	Well #1 A
6	498	4						.6	.3	Well #2 A
7	428	3						.6	.4	
8	520	1						.4	.2	
9	401	3						.6	.3	
10	525	4								
11	525	4						.7	.4	
12	445	2						.4	.2	
13	655	3						.5	.2	
14	460	4						.5	.3	
15	452	5						.6	.3	
16	628	5								
17	628	5						.5	.4	
18	477	3						.5	.4	
19	466	5						.6	.4	
20	566	4						.6	.4	
21	488	4						.6	.3	
22	251	1						.3	.2	
23	375	3						.5	.3	
24	434	5								
25	485	5						.7	.3	
26	515	4						.6	.3	
27	410	4						.6	.3	
28	547	5						.5	.3	
29	330	3						.6	.3	
30	541	6						.6	.3	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System S.S.U. "Sugarmill Woods"

Location: City of S/D Sugarmill Woods County Citrus

Owned by S.S.U. Services, Inc. Month November 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1823

Design Flow .864,000 Remarks (See reverse side) Phone No.: 904-782-4441

I certify this report is correct Thomas P Singer C-2824

WP #2 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	19,701,000	116								
Average	657,000	4						.8	.4	A
Maximum	906,000	5								
Minimum	424,000	3								
										REMARKS: Bact. Sample Pick U.
1	656	5						.8	.4	
2	751	3						.7	.4	
3	648	4								
4	647	3						.7	.4	
5	676	5						.9	.5	
6	743	5						.8	.5	well 5 A
7	602	4						.9	.5	well 6 A
8	688	5						.9	.4	
9	615	4						.9	.4	
10	732	4								
11	732	5						.8	.4	
12	651	3						.5	.2	
13	738	4						.8	.4	
14	736	4						.8	.4	
15	643	3						.7	.4	
16	685	4								
17	683	3						.7	.4	
18	498	3						.8	.4	
19	739	3						.7	.4	
20	715	4						.8	.4	
21	697	3						.8	.4	
22	424	3						.8	.4	
23	442	3						.8	.4	
24	786	5								
25	786	5						1.0	.5	
26	658	4						.8	.4	
27	590	4						.9	.4	
28	906	5						.7	.4	
29	492	3						.8	.4	
30	817	3						.7	.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System S.S.U. "Sugarmill Woods"

Location: City of S/D Sugarmill Woods County Citrus

Owned by S.S.U. Services, Inc. Month November 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1973

Design Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Lange C.2869
W.P. #3 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	7,181,000	28								
Average	239,000	.9						.8	.4	A
Maximum	662,000	2								
Minimum	032,000									
										REMARKS: Bact. Sample Pick Up
1	205	2						.8	.4	
2	265	1								
3	219	1						.8	.4	
4	218	1						.8	.5	
5	253	1						.8	.5	Well 8 A
6	298	1						.9	.5	Well 9 A
7	160	1						.9	.5	
8	209	1						.9	.4	
9	189	1						.9	.4	
10	662									
11	662	2						.9	.4	
12	240	1						.9	.4	
13	328	1						.9	.4	
14	341	2						.9	.5	
15	263	1						.9	.4	
16	317	1								
17	315	1						.8	.4	
18	221	1						.9	.4	
19	204	1						.9	.4	
20	325	2						.9	.4	
21	7							.8	.4	
22	89	1						.9	.4	
23	2							.8	.4	
24										
25	66	2						.8	.4	
26	30	1						.8	.4	
27	18							.8	.5	
28	62							.9	.4	
29	34	.1						.8	.4	
30	19							.8	.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System SSU. Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by SSU. Services, Inc. Month Dec. 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1878

Design Flow 620,000 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Seagan C-2928

WP. # 1 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gal. Used	Chlorine mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	13,635,000	122								
Average	440,000	3.9						.6	.4	A
Maximum	779,000	7								
Minimum	173,000	12								
										REMARKS: Bact. Sample Pick Up
1										
2	927,	7						.6	.3	
3	459,	4						.6	.4	
4	438,	3						.5	.3	well #1 A
5	346,	2						.5	.3	well #2 A
6	173,	2						.4	.2	
7	317,	7						.8	.4	
8										
9	1,000,	8						.9	.4	
10	577,	10						1.0	.5	
11	313,	2						.3	.2	
12	471,	3						.8	.5	
13	491,	3						.2	.2	
14	454,	4						.6	.4	
15										
16	933,	4						.5	.2	
17	450,	4						.6	.4	
18	475,	4						.8	.4	
19	471,	4						.6	.4	
20	356,	3						.6	.4	
21	614,	3						.6	.4	
22										
23	1,057,	7						.6	.4	
24	391,	3						.7	.4	
25	544,	6						.6	.4	
26	367,	5						.6	.3	
27	339,	4						.6	.4	
28	472,	12						.7	.4	
29										
30	779,	5						.7	.4	
31	342,	3						.7	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System SSU. Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by SSU. Services, Inc. Month Dec. 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1878

Design Flow 864,000 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas R. Riga 6-2928

(Lead Operator's Signature) (Cert. No.)

WP # 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	14,293,000	94								
Average	461,000	3						.8	.4	A
Maximum	867,000	9								
Minimum	57,000	1								
										REMARKS: Bact. Sample Pick Up
1	724	8						.9	.4	
2	736	4						.8	.4	
3	668	4						.9	.4	
4	608	6						1.0	.5	
5	630	6						1.0	.5	well 5 A
6	669	3						.8	.4	well #6 A
7										
8	1276	9						.8	.4	
9	867	5						.9	.4	
10	579	4						.9	.4	
11	790	3						.8	.4	
12	619	4						.7	.4	
13	754	4						.8	.4	
14	625	4								
15	625	4						.7	.4	
16	676	4						.7	.4	
17	775	2						.7	.4	
18	650	1						.7	.4	
19	582	3						.5	.4	
20	377	4						.8	.4	
21										
22	547	3						.8	.4	
23	276	1						.8	.4	
24	230	1						.8	.4	
25	176	1						.8	.4	
26	57	1						.6	.3	
27	151	1						.7	.4	
28										
29	116	1						.8	.4	
30	118	1						.8	.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

3

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month Dec. 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1878

Design Flow .864,000 Remarks (See reverse side) Phone No.: 904-782-4441

I certify this report is correct Thomas P. Seager C-2408

(Lead Operator's Signature) (Cert. No.)

W.P. #3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	10,964,000	50								
Average	354,000	1.6						.8	.4	A
Maximum	1,036,000	6								
Minimum	73,000	.5								
										REMARKS: Bact. Sample Pick Up
1										
2	488	1						.8	.4	
3	180	1						.8	.4	
4	139	1						.8	.4	well # 8 A
5	73	1						.8	.4	well # 9 A
6	100	.5						.8	.4	
7	132	.5						.8	.4	
8										
9	398	1						.8	.4	
10	365	2						.8	.4	
11	146	1						.9	.4	
12	159	1						.8	.4	
13	208	1						.8	.4	
14	184	-						.8	.4	
15										
16	392	2						.8	.4	
17	158	1						.9	.5	
18	306	2						.8	.4	
19	136	-						.7	.4	
20	123	1						.8	.4	
21	599	3						.8	.4	
22										
23	1,292	5						.8	.4	
24	1,036	3						.8	.4	
25	660	3						.8	.4	
26	734	3						.8	.4	
27	484	2						.8	.4	
28	721	6						.9	.5	
29										
30	1248	5						.9	.4	
31	490	3						.9	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month January 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1627

Design Flow .620 Remarks (See reverse side) Phone No.: 904-782-4441

I certify this report is correct Thomas P. Seagen C-2928

(Lead Operator's Signature) (Cert. No.)

W.P. # 1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	3,316,	34								
Average	107,	1.1						.9	.4	
Maximum	478,									
Minimum	1,									
										REMARKS: Bact. Sample Pick U
1	30,	1						.5	.3	
2	46,	1						.5	.3	
3	48,	1						.5	.3	
4	9,							.5	.3	
5	7,							.5	.3	
6	–									
7	–							.5	.3	
8	–							.5	.3	
9	–							.5	.3	
10	43,	1						1.0	.4	
11	1,							1.0	.4	
12	42,	1						1.0	.4	
13	87,	2						1.0	.4	
14	–									
15	84,	2						1.0	.4	
16	100,	2						1.0	.4	
17	165,	2						1.0	.4	Well #1 M 4
18	227	2						1.0	.4	Well #2 < 1
19	135,	2						1.0	.4	
20	284,	2						1.0	.4	
21	–									
22	206,	2						1.0	.4	
23	478,	3						1.0	.4	
24	201,	2						1.0	.4	
25	83,	1						1.2	.4	
26	90,	1						1.0	.4	
27	184,	1						1.0	.4	
28	–									
29	268,	2						1.0	.4	
30	346,	2						1.0	.4	
31	156,	1						1.0	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month January 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Sugar C.2928
(Lead Operator's Signature) (Cert. No.)

W.P. #2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	26714	166								
Average	862	5.1						.9	.4	< 1
Maximum	1185									
Minimum	617									
										REMARKS: Bact. Sample Pick U
1	816	8						.7	.3	
2	1013	8						1.2	.4	
3	717	5						1.0	.4	
4	863	3						1.0	.4	
5	1217	7						.8	.4	
6										
7	747	5						.8	.4	
8	752	4						.8	.4	
9	743	4						.8	.4	
10	617	4						.8	.4	
11	1007	8						.8	.4	
12	630	6						.8	.4	
13	1821	14						.8	.4	
14										
15	1008	10						.8	.4	
16	851	10						1.0	.4	
17	1185	10						1.0	.4	Well # 5 < 1
18	795	5						1.0	.4	Well # 6 < 1
19	1055	3						1.0	.4	
20	2096	2						1.0	.4	
21										
22	877	4						.6	.3	
23	1087	3						.6	.3	
24	938	6						1.0	.4	
25	761	9						1.0	.4	
26	792	9						1.1	.4	
27	1447	7						1.0	.4	
28										
29	899	7						1.0	.4	
30	1058	8						.8	.3	
31	872	5						1.0	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month January 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month

Design Flow 500 Remarks (See reverse side) Phone No.: 904 382-4441

I certify this report is correct (Lead Operator's Signature) C 2928 (Cert. No.)

WP #3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1,618	7								
Average	52	.23						1.0	.4	
Maximum	117									
Minimum	18									
										REMARKS: Bact. Sample Pick Up
1	41	1						1.0	4	
2	75							1.5	.4	
3	108							1.0	4	
4	35							1.0	4	
5	53							1.0	4	
6										
7	29	1						1.0	4	
8	32							1.0	4	
9	52							1.0	4	
10	52							1.0	4	
11	106							1.0	4	
12	70							1.0	4	
13	162	1						1.0	4	
14										
15	131							1.0	4	
16	115	1						1.0	4	
17	117	1						1.0	4	Well #8 ∠1
18	18							1.0	4	Well #9 N 6
19	30							1.0	4	
20	42							1.0	4	
21										
22	33	1						1.0	4	
23	23							1.0	4	
24	21							1.0	4	
25	24							1.0	4	
26	62							1.0	4	
27	48							1.0	4	
28										
29	25	1						1.0	4	
30	31							1.0	4	
31	85							1.0	4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month Feb. 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 1673

Design Flow .620 Remarks (See reverse side) Phone No.:

I certify this report is correct Thomas P. Seager C-2928

WSP #1 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Cyls. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	4,040,	28								< 1
Average	144,	1						1.0	.4	
Maximum	347,	2								
Minimum	25,	1								
										REMARKS: Bact. Sample Pick U
1	25,	1						1.0	.4	
2	118,	1						1.1	.4	
3	394,	1						1.1	.4	
4	-									
5	172,	2						1.0	.4	
6	246,	1						1.0	.4	< 1
7	188,	1						.8	.4	
8	203,	1						.7	.3	
9	347,	1						.7	.3	
10	203,	1						.8	.4	
11	-									
12	191,	1						.7	.3	
13	281,	1						.8	.4	
14	238,	2						2.0	.6	
15	186,	1						1.1	.4	
16	188,	1						1.0	.5	
17	350,	1						1.0	.4	
18	-									
19	156,	2						1.1	.4	
20	51,	1						1.1	.5	
21	73,	1						1.2	.4	
22	58,	1						1.2	.3	
23	-							1.2	.4	
24	-									
25	30,	1						.8	.2	
26	67,	1						.8	.3	
27	158,	2						.8	.4	
28	117,	2						1.2	.5	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month Feb. 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1623

Design Flow .864 Remarks (See reverse side) Phone No.: 904-782-4441

I certify this report is correct Thomas P. Seager C-2928
(Lead Operator's Signature) (Cert. No.)

W.P. #2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	23,401,	117.								
Average	836.	4.18						.9	.4	<1
Maximum	1,136.	12								
Minimum	516.	1								
										REMARKS: Bact. Sample Pick U
1	1,000.	3						1.0	.4	
2	1,083.	2						1.2	.4	
3	2,136.	2						1.0	.4	
4	—									
5	803.	5						1.0	.4	
6	1,136.	10						1.0	.4	<1
7	998.	12						1.0	.4	
8	849.	6						1.0	.4	
9	1,054.	8						1.2	.4	
10	1,405.	8						1.0	.4	
11										
12	925.	6						.8	.4	
13	891.	6						.9	.4	
14	774.	10						1.0	.5	
15	807.	2						.5	.4	
16	772.	2						.6	.4	
17	2,122.	2						.8	.4	
18								9	.3	
19	671.	7								
20	614.	4						.7	.4	
21	690.	1						.5	.4	
22	532.	1						1.5	.3	
23	1,300.	5						1.0	.5	
24										
25	516.	1						1.0	.4	
26	662.	4						.4	.4	
27	839.	6						1.5	.5	
28	862.	4						1.0	.4	
29								1.0	.4	
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month Feb. 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 1673

Design Flow .500 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Langer C-2928

(Lead Operator's Signature) (Cert. No.)

W.P. # 3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	4,931,	24								
Average	176,	1						1.1	.4	< 1
Maximum	412,	4								
Minimum	23,	-								
										REMARKS: Bact. Sample Pick L
1	61,	1						1.0	.4	
2	34,	-						1.1	.4	
3	55,	-						1.0	.4	
4										
5	23,	1						1.0	.4	
6	27,	-						1.0	.4	
7	25,	-						1.2	.4	> < 1
8	25,	-						1.0	.4	
9	14,	-						1.2	.4	
10	38,	-						1.1	.4	
11										
12	23,	-						1.3	.4	
13	25,	1						1.2	.4	
14	48,	-						1.2	.5	
15	412,	-						1.2	.4	
16	329,	1						1.2	.5	
17	891,	1						1.1	.4	
18										
19	301	4						1.2	.5	
20	280,	1						1.4	.5	
21	306,	2						1.2	.4	
22	274,	2						1.2	.5	
23	444,	2						1.2	.4	
24										
25	259,	2						1.3	.4	
26	265,	1						1.2	.5	
27	352,	1						1.0	.4	
28	410,	4						1.2	.4	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month March 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1673

Design Flow .500 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas Seay C-2928
(Lead Operator's Signature) (Cert. No.)

WP# 1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Plant Effluent (RT)	Bacteriological MCL Violations
Monthly Total	6.729	Liq. Cals.								
Average	217	1.5						.8	.3	< 2
Maximum	534									
Minimum	85									
										REMARKS: Bact. Sample Pick Up
1	187	1						1.2	.4	
2	85	1						.8	.3	
3	392	1						1.0	.4	
4										
5	305	3						.8	.3	
6	256	1						1.0	.4	
7	534	2						.5	.3	
8	203	1.5						.6	.3	
9	307	1						.8	.3	
10	394	1						.8	.3	
11										
12	255	2.5						.7	.3	
13	378	2						.7	.3	
14	255	2.5						.8	.3	
15	301	2						.7	.3	
16	170	2						.7	.3	
17	114	1						.8	.3	
18										
19	203	1						.8	.3	< 2
20	207	1						.8	.3	
21	205	1						.7	.3	
22	218	1						.8	.4	
23	251	1						.5	.3	
24	339	1						.7	.3	
25										
26	209	2						.7	.3	
27	340	2						1.0	.3	
28	286	.2						.7	.4	
29	273	.2						.6	.3	
30	115	1						.6	.3	
31	69									

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System Sugar mill Woods

Location: City or S/D Sugar mill Woods County Citrus

Owned by Southern States Utilities Month March 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1673

Design Flow .864 Remarks (See reverse side) Phone No.: 904-782-4441

I certify this report is correct Thomas P Singer C-2928
(Lead Operator's Signature) (Cert. No.)

WP#2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	27,294,	107								
Average	881	3.5						.9	.4	≤ 2
Maximum	1098	7								
Minimum	281	–								
										REMARKS: Bact. Sample Pick Up
1	667	2						.8	.3	
2	813	2						.5	.3	
3	1471	2						.8	.4	
4										
5	807	0						.5	.3	
6	962	3						1.2	.4	
7	281	3						1.0	.4	
8	781	2						1.0	.4	
9	1098	3						1.0	.4	
10	1643	6						1.0	.4	
11										
12	974	4						.8	.4	
13	895	5						.8	.4	
14	824	6						.8	.4	
15	913	5						1.0	.4	
16	900	6						.9	.4	
17	1494,	7						1.0	.4	
18										
19	1018	6						.9	.4	≤ 2
20	806	5						.8	.4	
21	1098,	4						.9	.4	
22	690	7						.8	.4	
23	981	4						.8	.4	
24	1723	6						.8	.3	
25										
26	963	10						1.0	.4	
27	949	4						.6	.3	
28	1059	.2						.9	.4	
29	1031	.0						.9	.4	
30	950	1						.6	.3	
31	1600	2						1.0	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6291735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month March 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1673

Design Flow .620 Remarks (See reverse side) Phone No.: 904-787-4441

I certify this report is correct Thomas P. Seager C-2928
(Lead Operator's Signature) (Cert. No.)

WP#3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	13842	76								
Average	447	2.8						.94	.94	≤ 2
Maximum	680	5								
Minimum	211	1								
										REMARKS: Bact. Sample Pick Up
1	368	2						1.2	.5	
2	356	1						1.2	.5	
3	819	3						1.2	.5	
4										
5	445	5						1.2	.5	
6	469	3						1.4	.5	
7	488	2						1.2	.5	
8	494	4						1.0	.4	
9	495	4						1.0	.4	
10	439	3						1.0	.4	
11										
12	459	5						1.0	.4	
13	551	5						1.3	.4	
14	439	5						.9	.4	
15	529	3						.9	.4	
16	406	2						1.0	.4	
17	662	2						1.0	.4	
18										
19	489	3						.8	.4	≤ 2
20	469	2						.8	.4	
21	595	4						.5	.4	
22	385	3						.5	.3	
23	680	1						1.0	.4	
24	1217	1						.8	.4	
25										
26	603	2						.2	.3	
27	354	3						.2	.3	
28	278	.3						1.0	.4	
29	290	.2						1.0	.4	
30	211	2						1.0	.4	
31	359	1						1.0	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6071225 Name of Drinking Water System Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by Sugarmill States Utilities Month April 19 90

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 1610

Design Flow .65 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas E. Lange (Cert. No.) 6223

(Lead Operator's Signature)

WC #1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gas Used	mg/l	• Lbs. Used	mg/l	• Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	5356	44								
Average	179	1.5						.8	.3	<1
Maximum	347									
Minimum	56									
										REMARKS: Bact. Sample Pick Up
1										
2	56	2						.8	3	
3	143	1						.5	3	
4	142	1						.5	3	Well #1 <1
5	199	2						.8	4	Well #2 <1
6	605	2						.5	3	
7	271	1						.8	3	
8										
9	781	2						.7	3	
10	253	1						.4	3	
11	100	1						.5	.4	
12	200	1						.3	5	
13	80	1						.3	.5	
14	394	1						1.0	4	
15										
16	208	25						1.0	4	
17	347	2						1.0	4	
18	251	1.5						.8	4	
19	208	2						.8	3	
20	764	2						.9	3	
21	451	2						.9	3	
22										
23	85	3						.7	.3	
24	79	1						.7	3	
25	60	1						.8	.5	
26	206	2						1.0	.5	
27	174	2						.8	3	
28	210	1						.8	3	
29										
30	110	2						.5	2	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6071735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month April 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1670

Design Flow .864 Remarks (See reverse side) Phone No.: 904 382 4441

I certify this report is correct Thomas P. Lange C-2778
(Lead Operator's Signature) (Cert. No.)

WP. # 7

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total		117								
Average									•	< 1
Maximum										
Minimum										
										REMARKS: Bact. Sample Pick Up
1										
2	847	2						.7	.4	
3	992	5						.5	.3	
4	1084	2						.5	.3	
5	882	2						.3	.5	Well #5 < 1
6	1097	2						.5	.3	Well #6 < 1
7	1984	1						.6	.3	
8										
9	983	5						.8	.3	
10	1105	2						.8	.3	
11	984	4						.8	.3	
12	782	4						.9	.4	
13	1352	4						.9	.3	
14	2174	4						.8	.3	
15										
16	1106	9						.6	.3	
17	1185	8						.9	.3	
18	1025	4						.8	.3	
19	999	5						.7	.3	
20	1045	5						.5	.3	
21	2160	8						.6	.3	
22										
23	799	11						.5	.3	
24	1132	3						.6	.3	
25	1063	5						.9	.3	
26	1140	6						.9	.4	
27	1250	5						.8	.4	
28	1084	7						.8	.4	
29										
30	1254	9						.8	.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091235 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month April 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1670

Design Flow .500 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Lange (Lead Operator's Signature) (Cert. No.) WP.H7

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	6873	42								
Average	229	1.4						.86	.4	≤2
Maximum	435									
Minimum	189									
										REMARKS: Bact. Sample Pick Up
1										
2	662	2						.9	.4	
3	211	1						1.0	4	
4	243	1						5	4	Well #8 ≤1
5	245	5						3.2	.9	Well #9 3
6	270	2						1	4	
7	409	2						8	3	
8										
9	239	2						.8	3	
10	290	1						1	3	
11	189	1						.5	3	
12	435	2						.8	3	
13	344	2						.8	3	
14	499	1						.9	.4	
15										
16	220	1						.8	3	
17	305	1						1	3	
18	228	1						1	3	
19	217	1						.8	3	
20	273	1						.8	3	
21	473	1						.9	4	
22										
23	159	2						.8	4	
24	249	2						.6	3	
25	216	2						1	4	
26	276	2						1	4	
27	297	2						.8	3	
28	391	.1						.8	3	
29										
30	284	2						.8	4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DLR ID No 6271735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month May 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1,700

Design Flow .600 Remarks (See reverse side) Phone No.: 904 382 4441

I certify this report is correct Thomas P. Singer C 6428

(Lead Operator's Signature) (Cert. No.)

WP # 1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gal. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	5,794	47								
Average	187	1.6						.8	.4	< 1
Maximum	339									
Minimum	53									
										REMARKS: Bact. Sample Pick U
1	291	1						.8	3	
2	292	1						.8	4	Well # 1 < 1
3	259	1						.7	3	Well # 2 < 1
4	281	2						1.0	5	
5	373	1						1.0	4	
6										
7	280	3						.8	4	
8	339	2						.8	3	Tank 1 < 1
9	66	1						.7	4	
10	59	1						.8	4	
11	215	1						.8	4	
12	268	1						.8	4	
13										
14	210	1						.5	4	
15	166	1						1.6	6	
16	213	2						.5	3	
17	208	2						.8	4	
18	207	1						1.4	4	
19	239	1						1.0	4	
20										
21	114	2						.6	3	
22	109	2						1.0	4	
23	156	2						1.0	4	
24	102	3						.8	4	
25	279	2						.7	3	
26	281	2						.8	4	
27										
28	210	3						.8	4	
29	192	1						.7	3	
30	186	1						.7	3	
31	211	1						.8	4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

2

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month May 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1700

Design Flow .864 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Sanger C-1928
(Lead Operator's Signature) (Cert. No.)

WP.# 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	35,617,	157								
Average	1,149,	5						.8	.4	< 1
Maximum	1,576,									
Minimum	814,									
										REMARKS: Bact. Sample Pick U
1	1,086,	3						.8	.3	
2	1,140,	6						1.0	.4	
3	1,221,	6						1.0	.4	Well #5 < 1
4	1781,	4						.9	.5	Well # 6 = 1
5	2,413,	8						1.0	.4	
6										Tank 2 < 1
7	1027,	15						.8	.4	
8	1,174,	3						.5	.4	
9	1,010,	2						.6	.4	
10	960,	2						.8	.4	
11	1,011,	2						.6	.4	
12	2,332,	6						.7	.4	
13										
14	1128,	10						.8	.3	
15	1057,	4						.6	.3	
16	1108,	6						.8	.3	
17	1169,	5						.8	.4	
18	1209,	5						.8	.4	
19	1585,	8						.8	.4	
20										
21	1119,	13						.8	.4	
22	1105,	7						.8	.3	
23	1214,	4						.8	.4	
24	955,	6						.8	.4	
25	1242,	6						.7	.4	
26	3,151,	6						.8	.4	
27										
28	814,	10						.8	.4	
29	1,087,	2						.9	.4	
30	955,	5						.8	.4	
31	1,064,	3						.8	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

3

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DLR ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month May 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1700

Design Flow .600 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas C. Seager C-2928
(Lead Operator's Signature) (Cert. No.)

WP-#3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	10,923									
Average	356							.9	.4	<1
Maximum	568									
Minimum	276									
										REMARKS: Bact. Sample Pick U
1	280							1.0	.4	
2	374							.8	.4	
3	311							.9	.4	Well #8 <1
4	351							.5	.4	Well #9 <1
5	623							.7	.3	
6										Tank #3 <1
7	289							.8	.4	
8	331							.7	.4	
9	216							.9	.4	
10	209							.9	.4	
11	214							1.0	.4	
12	610							1.0	.4	
13										
14	279							.9	.4	
15	266							.8	.4	
16	333							1.0	.4	
17	298							1.0	.4	
18	277							1.0	.4	
19	682							1.0	.4	
20										
21	264							1.0	.4	
22	475							.8	.4	
23	539							.9	.4	
24	475							.6	.4	
25	568							.8	.4	
26	941							.8	.4	
27										
28	269							.9	.4	
29	442							.8	.4	
30	492							.9	.4	
31	515							1.0	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6271735 Name of Drinking Water System Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month June 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1,720

Design Flow .600 Remarks (See reverse side) Phone No.: 904 382 4441

I certify this report is correct Thomas P Reap (Lead Operator's Signature) 3341 (Cert. No.)

WF # 1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	2,895	39½								
Average	96	1						.7	4	< 1
Maximum	254									
Minimum	4									
										REMARKS: Bact. Sample Pick Up
1	64	1						.6	3	
2	44	1						.8	4	
3										
4	117	1						.8	4	
5	233	1						.5	4	
6	132	1						.6	4	
7	4	1						.6	4	
8	46	1						.5	4	
9	38	1						.6	3	
10										
11	128	2						.6	4	
12	254	1						.5	4	
13	133	2						.7	4	
14	139	3						.8	.5	
15	221	2						.7	4	
16	282	2						.8	.4	
17										
18	78	2						.6	4	
19	129	1						.5	4	Well #1 < 1
20	140	2						.6	4	Well #2 < 1
21	169	2						.5	4	
22	61	3						.6	4	
23	10	1						.7	4	
24										
25	67	½						.6	3	
26	84	3						.6	.4	
27	38	1						1.0	.6	
28	—	—						.8	.4	
29	14	1						.7	4	
30	182	1						.6	3	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DHCD ID No 6071735 Name of Drinking Water System Sugarmill Woods

Location: City or S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month June 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1205

Design Flow .864 Remarks (See reverse side) Phone No.: 904 592 4911

I certify this report is correct Thomas P Lacy C-27126
(Lead Operator's Signature) (Cert. No.)

WP # 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	29,761	67								
Average	925	2.58						.7	1.4	< 1
Maximum	1167									
Minimum	789									
										REMARKS: Bact. Sample Pick U
1	770	1						.6	.3	
2	1,281	–						.9	.4	
3										
4	1667	–						.9	.4	
5	980	–						.8	.4	
6	1036	2						.9	.4	
7	816	4						.4	.4	
8	853	6						.6	.4	
9	1602	–						.6	.3	
10										
11	966	1						.5	.3	
12	1104	1						.6	.4	
13	1038	5						1.0	.4	
14	1049	4						.9	.4	
15	1106	5						.9	.4	
16	2,024	6						.8	.4	
17										
18	893	3						.8	.4	
19	1010	2						.6	.4	well # 5 < 1
20	1024	2						.6	.4	well # 6 < 1
21	1191	4						.9	.4	
22	1118	5						.8	.4	
23	1276	6						.6	.3	
24										
25	829	2						.6	.4	
26	928	2						.8	.4	
27	789	2						.8	.4	
28	966	2						.7	.4	
29	967	3						.6	.4	
30	938	3						.6	.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DLR ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month June 19 92

Plant Effluent pH _____ (Avg) No. of Services at End of Month 1700

Design Flow .60 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas P. Sweeney C-2928

(Lead Operator's Signature) (Cert. No.)

WP #3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	10188	83								
Average	340	2.77						.9	.74	<1
Maximum	519	6								
Minimum	242	2								
										REMARKS: Bact Sample Pick Up
1	392	2						1.0	.5	
2	689	4						1.0	.4	
3										
4	398	4						.9	.4	
5	435	2						1.0	.4	
6	473	2						.8	.4	
7	398	4						.9	.4	
8	318	4						1.0	.4	
9	514	4						1.0	.4	
10										
11	2	3						1.0	.4	
12	468	3						1.1	.6	
13	414	4						1.0	.5	
14	457	2						.9	.5	
15	268	3						.9	.4	
16	839	5						.9	.4	
17										
18	780	5						.9	.4	Well #8 <1
19	400	3						1.0	.4	Well #9 <1
20	434	2						.9	.4	
21	519	2						.9	.4	
22	303	6						.9	.4	
23	361	2						1.0	.4	
24										
25	280	4						1.1	.5	
26	287	4						1.0	.4	
27	435	2						.9	.4	
28	242	3						.8	.4	
29	251	2						.9	.4	
30	349	2						.9	.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6271735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month July 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month 1720

Design Flow .66 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct Thomas C. Sanger C-2428
(Lead Operator's Signature) (Cert. No.)

W/F #1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	868	22								
Average	28	.71						.76	.4	<1
Maximum	141									
Minimum	1									
										REMARKS: Bact. Sample Pick Up
1										
2	30	3						1.0	.4	
3	29	-						.6	.3	
4	16	-						.9	.4	Well #1 <1
5	77	1						1.2	.5	Well #2 <1
6	141	1						.9	.5	
7	34	1						.6	.3	
8										
9	64	1						.9	.4	
10	55	2						1.0	.5	
11	-	2						.4	.4	
12	31	-						.6	.4	
13	18	2						1.2	.4	
14	5	1						1.0	.4	
15										
16	37	2						1.0	.5	
17	37	2						1.0	.4	
18	-							.8	.4	
19	-	-						.7	.4	
20	1	-						.6	.4	
21	2	-						.6	.3	
22										
23	12	-						.5	.4	
24	98	-						.4	.3	
25	-	2						.6	.4	
26	-	-						.6	.3	
27	3	-						.5	.4	
28	72	-						.6	.4	
29										
30	14	1						.5	.4	
31	128	1						.6	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DLR ID No 6071735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month July 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month 1762

Design Flow .864 Remarks (See reverse side) Phone No.: 904 527 4941

I certify this report is correct Thomas Lago C 4428
(Lead Operator's Signature) (Cert. No.)

WP # 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	24,013,	65								
Average	775,	2						.7	:4	<1
Maximum	1540,	6								
Minimum	64,	1								
										REMARKS Bact Sample Pick U
1										
2	879,	3						.8	.4	
3	809,	2						6	4	
4	846	3						8	4	Well #5 <1
5	1,002,	4						.9	4	Well #6 <1
6	1,139,	3						.7	.5	
7	1,487,	5						1.0	5	
8										
9	871,	2						6	4	
10	909,	1						7	4	
11	756,	2						.9	4	
12	657,	2						.9	4	
13	796,	2						.8	4	
14	1349,	4						.7	.3	
15										
16	721,	2						.7	4	
17	861,	1						.9	4	
18	611,	2						.8	4	
19	765,	2						.7	4	
20	756,	2						.5	4	
21	1295,	1						.6	.4	
22										
23	722,	1						.5	4	
24	945,	2						.7	4	
25	722,	2						.8	4	
26	811,	1						5	3	
27	844	1						.6	.3	
28	1,542,	4						.6	.2	
29										
30	861,	1						.7	.3	
31	1,245,	3						.4	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6291735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month July 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month 1720

Design Flow .605 Remarks (See reverse side) Phone No.: 904 382-4441

I certify this report is correct Thomas P. Sager C-4928
(Lead Operator's Signature) (Cert. No.)

WP-#3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	6,611,	27								
Average	213,	1						1.2	.4	<1
Maximum	403,									
Minimum	125,									
										REMARKS: Bact. Sample Pick U
1										
2	205,	1						.8	.4	
3	211,	1						.9	.4	
4	307,	1						1.8	.4	
5	370,	1						.9	.6	
6	403,	0						.7	.4	
7	519,	3						1.0	.4	
8										
9	225,	2						.9	.4	well # 8 <1
10	287,	1						.9	.4	well # 9 <1
11	247,	1						.8	.4	
12	268,	1						.9	.4	
13	178,	1						.8	.4	
14	228	0						.8	.4	
15	166,	1						.9	.4	
16	279,	1						1.0	.4	
17	175,	1						.8	.4	
18	211,	2						.8	.4	
19	155,	1						.9	.4	
20	277,	2						.8	.4	
21										
22	169,	2						1.0	.4	
23	307,	1						1.0	.4	
24	178,	1						1.0	.4	
25	196,	1						.9	.4	
26	315,	1						1.0	.4	
27	260,	3						1.0	.4	
28										
29	187,	0						1.0	.4	
30	243,	1						1.0	.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6271735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month Aug 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1730

Design Flow .600 Remarks (See reverse side) Phone No.: 1-904-781-4441

I certify this report is correct Thomas P. Seago C 32051

(Lead Operator's Signature) (Cert. No.)

WP # 1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	3,727	75								
Average	120	2.4						.7	.4	<1
Maximum	286	5								
Minimum	9	1								
										REMARKS: Bact. Sample Pick Up
1	9	2						.6	.4	
2	38	1						.5	.4	
3	89	2						.9	.4	
4	33	1						.8	.4	
5										
6	80	4						.9	.4	
7	186	3						9	.5	well # 1 <1
8	243	3						.7	.4	well # 2 <1
9	97	5						9	.4	
10	205	3						1.1	.5	
11	391	–						.6	.3	
12										
13	100	1						.8	.4	
14	86	3						.4	.4	
15	43	3						.9	.4	
16	117	1						.6	.4	
17	220	2						.7	.4	
18	197	4						.7	.4	
19		3								
20	120	3						.6	.4	
21	175	4						.8	.4	
22	16	4						.6	.4	
23	11	1						.7	.4	
24	18	–						.6	.4	
25	140	1						.7	.4	
26										
27	154	3						.6	.4	
28	199	3						.6	.4	
29	286	4						.9	.4	
30	219	4						.6	.4	
31	270	3						.7	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DHHR ID No. 6071735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month Aug 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1750

Design Flow .864 Remarks (See reverse side) Phone No.: 904 382 4441

I certify this report is correct Thomas P. Scaya C 2928
(Lead Operator's Signature) (Cert. No.)

WP # 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	16,280	91								
Average	541	2.94						.7	.4	< 1
Maximum	1,162	8								
Minimum	301	1								
										REMARKS: Bact. Sample Pick
1	1024	3						.8	4	
2	1035	7						.9	4	
3	992	4						.8	4	
4	1803	3						.8	4	
5										
6	856	6						.7	4	
7	1162	4						.9	4	Well # 5 < 1
8	485	8						1.0	4	Well # 6 < 1
9	412	3						.7	4	
10	539	1						.5	3	
11	1065	5						1.0	5	
12										
13	390	6						.7	4	
14	362	5						.9	4	
15	385	4						.9	4	
16	385	3						.7	4	
17	424	4						.8	4	
18	774	3						.6	4	
19		3								
20	446	2						.6	4	
21	359	2						.7	4	
22	301	2						.7	4	
23	344	1						.6	4	
24	383	2						.7	4	
25	752	2						.7	4	
26		2								
27	389	2						.6	4	
28	423	3						.7	4	
29	439	3						.5	4	
30	473	2						.5	4	
31	397	2						.9	4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

3.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091135 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month Aug. 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month _____

Design Flow .60 Remarks (See reverse side) Phone No.: 1-904-382-4441

I certify this report is correct Thomas P. Sanger C-3086

WP-#3 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	14,655	77								
Average	473,	2.48						.8	.24	<1
Maximum	694,	4								
Minimum	253,	1								
										REMARKS: Bact. Sample Pick
1	410	2						.9	.4	
2	726,	2						1.0	.4	
3	611,	1						.9	.4	
4	577,	1						.9	.4	
5		1								
6	253,	1						.7	.4	
7	490,	2						1.0	.4	Well #8 <1
8	478,	2						.9	.4	Well #9 <1
9	490,	2						.9	.4	
10	619,	4						.9	.4	
11	165,	2						.9	.4	
12		4								
13	466,	2						.9	.4	
14	492,	4						.8	.4	
15	575,	2						.9	.4	
16	550,	3						.7	.4	
17	644,	2						.8	.4	
18	1294,	3						.7	.4	
19		2								
20	371,	3						.7	.4	
21	549,	2						.8	.4	
22	727,	4						.8	.4	
23	355,	2						.9	.4	
24	369,	1						.7	.4	
25	867,	1						.8	.4	
26		3								
27	406,	2						1.0	.4	
28	489,	4						.7	.4	
29	518,	2						.6	.4	
30	507,	4						.7	.4	
31	510,	3						.7	.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6271735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month SEPT 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1700

Design Flow .600 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct [signature] (Lead Operator's Signature) CO-6100 (Cert. No.)

WF # 1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	3,268	54						15.8	9.5	
Average	109	2						0.6	0.3	
Maximum	544	5						0.7	0.4	
Minimum	0	0						0.5	0.3	
										REMARKS: Bact. Sample Pick Up
1	149	1						0.7	0.4	
2	149	1						0.6	0.4	
3	192	5						0.6	0.4	
4	211	3						0.6	0.4	
5	327	4						0.6	0.4	
6	544	5						0.5	0.4	
7	68	5						0.6	0.3	
8	98	1						0.6	0.3	
9	39	0						0.6	0.3	
10	56	1						0.7	0.4	
11	5	1						0.6	0.4	
12	88	1						0.5	0.4	WELL #1 <1
13	58	2						0.5	0.4	WELL #2 <1
14	49	1						0.5	0.4	
15	49	1						0.6	0.3	
16	0	0						0.6	0.3	
17	85	0						0.5	0.3	
18	139	1						0.6	0.4	
19	75	2						0.6	0.4	
20	71	2						0.7	0.4	
21	73	2						0.7	0.4	
22	89	1						0.7	0.3	
23	89	1						0.6	0.3	
24	121	2						0.6	0.3	
25	234	2						0.5	0.3	
26	109	4						0.7	0.4	
27	127	2						0.6	0.4	
28	37	3						0.7	0.4	
29	0	1						0.7	0.3	
30	0	0						0.6	0.3	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month SEPT 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1700

Design Flow .864 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct Jack Pate CO-6100

(Lead Operator's Signature) (Cert. No.)

WP. # 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	24,350,	79						18.0	11.0	
Average	811,	2						0.6	0.3	
Maximum	1166,	6						0.7	0.4	
Minimum	330,	0						0.4	0.3	
										REMARKS: Bact. Sample Pick Up
1	330,	1						0.6	0.3	
2	330	0						0.4	0.3	
3	366	1						0.4	0.3	
4	396	1						0.7	0.4	
5	446	1						0.7	0.4	
6	480,	2						0.7	0.4	
7	1,120	2						0.7	0.3	
8	1,045	4						0.6	0.2	
9	1,045	6						0.6	0.3	
10	1,125,	6						0.5	0.3	
11	956,	4						0.7	0.4	
12	814,	2						0.6	0.4	WELL #5 <1
13	855,	2						0.7	0.4	WELL #6 <1
14	1114	2						0.5	0.4	
15	1113	3						0.6	0.4	
16	653,	2						0.7	0.4	
17	832,	3						0.6	0.4	
18	901,	3						0.5	0.4	
19	915,	5						0.6	0.4	
20	882,	4						0.6	0.4	
21	1,002	3						0.5	0.4	
22	814	2						0.6	0.4	
23	814,	1						0.6	0.3	
24	877	1						0.5	0.3	
25	1,005,	3						0.7	0.4	
26	1,166,	3						0.6	0.4	
27	976,	4						0.7	0.4	
28	776	3						0.6	0.4	
29	658	2						0.6	0.3	
30	550,	3						0.6	0.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

3

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Seagermill Woods

Location: City of S/D Seagermill Woods County Citrus

Owned by Southern States Utilities Month Sept 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1702

Design Flow .600 Remarks (See reverse side) Phone No.: 904-382-4441

I certify this report is correct [signature] CO-6100

WP-#3 (Legal Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	14,333	58						18.7	11.5	
Average		2						0.6	0.4	
Maximum	835	5						0.8	0.4	
Minimum	108	0						0.4	0.3	
										REMARKS: Bact. Sample Pick U
1	473	5						0.8	0.4	
2	472	4						0.7	0.4	
3	467	3						0.6	0.4	
4	650	3						0.7	0.4	
5	443	4						0.8	0.4	
6	550	2						0.7	0.4	
7	550	1						0.7	0.4	
8	290	1						0.6	0.4	
9	290	1						0.7	0.4	
10	300	1						0.7	0.4	
11	200	0						0.6	0.4	
12	372	1						0.9	0.3	
13	503	2						0.6	0.4	w/ell # 8 ≤ 1
14	360	2						0.6	0.4	well # 9 ≤ 1
15	360	1						0.7	0.4	
16	108	1						0.8	0.4	
17	409	1						0.6	0.4	
18	518	2						0.7	0.4	
19	521	1						0.6	0.4	
20	519	1						0.6	0.4	
21	510	2						0.5	0.4	
22	662	1						0.6	0.3	
23	662	3						0.6	0.3	
24	476	2						0.5	0.3	
25	573	2						0.7	0.4	
26	621	3						0.6	0.4	
27	557	3						0.7	0.4	
28	437	2						0.7	0.4	
29	648	2						0.7	0.3	
30	835	2						0.7	0.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

Our File

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DHR ID No 6271735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month October 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 1703

Design Flow .66 Remarks (See reverse side) Phone No.: (904) 732-1100

I certify this report is correct [signature] CO 0000
(Lead Operator's Signature) (Cert. No.)

W.P. # 1

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gas Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	2392	49						18.5	11.1	
Average	77	1.5						0.6	0.36	<1
Maximum	194	4						0.8	0.5	
Minimum	0	0						0.3	0.2	
										REMARKS: Bact. Sample Pick Up
1	41	0						0.6	0.4	
2	118	2						0.7	0.4	
3	62	4						0.7	0.4	
4	176	3						0.6	0.4	
5	194	4						0.6	0.4	
6	72	2						0.6	0.3	
7	72	2						0.6	0.3	
8	118	1						0.5	0.3	
9	85	2						0.5	0.3	
10	5	2						0.7	0.4	
11	0	1						0.7	0.3	
12	0	0						0.6	0.4	
13	11	0						0.6	0.3	
14	12	0						0.5	0.3	
15	89	0						0.5	0.3	
16	137	2						0.7	0.4	<1 WELLS + MCL'S
17	130	3						0.6	0.4	
18	42	3						0.6	0.4	
19	144	1						0.6	0.4	
20	31	2						0.6	0.3	
21	21	0						0.6	0.3	
22	12	0						0.5	0.3	
23	40	0						0.3	0.2	
24	30	2						0.8	0.5	
25	78	1						0.8	0.5	
26	34	2						0.6	0.9	
27	87	1						0.7	0.3	
28	87	2						0.6	0.4	
29	139	1						0.6	0.4	
30	187	3						0.6	0.3	
31	78	4						0.6	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6071135 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month OCTOBER 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1700

Design Flow .864 Remarks (See reverse side) Phone No.: 1 (904)-332-4441

I certify this report is correct [signature] CO-6100

(Lead Operator's Signature) (Cert. No.)

WP.# 2

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	23,155	107						19.6	11.5	
Average	747	3.						0.6	0.37	
Maximum	1,066	5						0.7	0.4	21
Minimum	338	1						0.5	0.3	
										REMARKS: Bact. Sample Pick Up
1	686	4						0.7	0.4	
2	961	3						0.5	0.3	
3	930	5						0.6	0.4	
4	798	5						0.6	0.4	
5	1,066	4						0.5	0.4	
6	806	1						0.5	0.3	
7	805	4						0.6	0.3	
8	729	3						0.6	0.4	
9	792	2						0.5	0.3	
10	645	3						0.6	0.4	
11	476	3						0.7	0.4	
12	338	2						0.7	0.4	
13	748	2						0.7	0.3	
14	748	4						0.7	0.4	
15	690	4						0.7	0.4	
16	865	2						0.7	0.4	21 well #5 & well #6
17	874	2						0.5	0.3	
18	719	2						0.5	0.3	
19	865	3						0.7	0.4	
20	738	3						0.7	0.4	
21	737	4						0.7	0.4	
22	509	4						0.7	0.4	
23	651	4						0.7	0.4	
24	698	3						0.6	0.4	
25	647	4						0.7	0.4	
26	823	4						0.7	0.4	
27	662	5						0.7	0.3	
28	661	5						0.6	0.3	
29	837	4						0.7	0.4	
30	902	5						0.6	0.4	
31	789	4						0.6	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DLR ID No 6291235 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month OCTOBER 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1700

Design Flow .6 Remarks (See reverse side) Phone No.: 1(904)332-4441

I certify this report is correct [signature] CO-6100

WP-#3 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	· Lbs. Used	· mg/l	· Lbs. Used	· mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	12,344	62						20.3	12.4	
Average	398	2						0.6	0.4	
Maximum	613	4						0.8	0.5	2 /
Minimum	133	0						0.6	0.3	
										REMARKS: Bact. Sample Pick U
1	449	2						0.6	0.4	
2	503	2						0.7	0.4	
3	500	2						0.7	0.4	
4	512	2						0.8	0.4	
5	613	3						0.8	0.5	
6	518	4						0.8	0.4	
7	517	3						0.7	0.4	
8	434	3						0.6	0.4	
9	432	2						0.7	0.4	
10	348	2						0.6	0.4	
11	133	1						0.6	0.4	
12	150	1						0.7	0.4	
13	328	2						0.7	0.4	
14	328	2						0.7	0.4	
15	352	2						0.7	0.4	
16	418	2						0.6	0.4	1 / Lime #5 + well #7
17	465	2						0.6	0.4	
18	418	2						0.6	0.4	
19	414	2						0.6	0.4	
20	377	0						0.6	0.3	
21	377	2						0.7	0.4	
22	237	2						0.8	0.5	
23	279	2						0.8	0.4	
24	354	1						0.7	0.4	
25	401	2						0.7	0.4	
26	321	2						0.6	0.4	
27	446	2						0.7	0.4	
28	446	2						0.6	0.3	
29	340	2						0.7	0.4	
30	520	2						0.8	0.4	
31	414	2						0.6	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DEP ID No. 6271735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month November 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1700

Design Flow .600 Remarks (See reverse side) Phone No.: (904) 382-4401

I certify this report is correct [signature] CO-6100

WP # 1 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gas Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	2861	46.5						17.5	10.7	4 / 100 m.l.
Average	96	1.5						0.6	0.3	
Maximum	196	4						0.7	0.4	
Minimum	0	0						0.5	0.3	
										REMARKS: Bact. Sample Pick Up
1	80	2						0.6	0.4	
2	175	3						0.6	0.4	
3	72	1						0.6	0.3	
4	71	1						0.5	0.3	
5	114	1						0.6	0.3	
6	196	2						0.6	0.4	
7	105	4						0.5	0.3	
8	116	2						0.5	0.3	4 / 100 m.l.
9	33	2						0.5	0.3	
10	46	½						0.5	0.3	
11	45	1						0.5	0.3	
12	104	1						0.5	0.3	
13	123	2						0.5	0.3	
14	137	3						0.5	0.3	
15	96	3						0.7	0.4	
16	157	2						0.6	0.4	
17	95	2						0.7	0.4	
18	94	2						0.7	0.4	
19	116	2						0.7	0.4	
20	187	2						0.6	0.4	
21	80	3						0.6	0.4	
22	86	½						0.6	0.4	
23	17	½						0.6	0.4	
24	41	½						0.6	0.4	
25	0	½						0.6	0.3	
26	90	½						0.6	0.3	
27	123	½						0.6	0.4	
28	39	½						0.6	0.4	
29	68	1						0.6	0.4	
30	95	1						0.6	0.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DI R ID No 6071735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month November 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1700

Design Flow .864 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct [signature] CO-6100

WP.# 2 (Head Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	23,327	124						17.7	11.0	<1/100 mL
Average	777	4						0.6	0.4	
Maximum	1,069	7						0.7	0.4	
Minimum	645	0						0.3	0.2	
										REMARKS: Bact. Sample Pick Up
1	862	4						0.7	0.4	
2	1,069	5						0.6	0.4	
3	731	7						0.7	0.4	
4	731	5						0.7	0.4	
5	779	5						0.6	0.4	
6	839	4						0.6	0.4	
7	705	4						0.6	0.4	
8	800	3						0.6	0.4	<1/100 mL
9	757	4						0.7	0.4	
10	646	5						0.7	0.4	
11	645	5						0.7	0.4	
12	781	5						0.7	0.4	
13	860	3						0.5	0.4	
14	816	3						0.5	0.3	
15	766	4						0.7	0.4	
16	813	5						0.7	0.4	
17	728	5						0.7	0.4	
18	728	5						0.7	0.4	
19	833	4						0.7	0.4	
20	877	5						0.7	0.4	
21	910	5						0.6	0.4	
22	735	6						0.6	0.4	
23	757	5						0.6	0.4	
24	722	4						0.6	0.4	
25	721	5						0.4	0.3	
26	652	4						0.3	0.2	
27	733	3						0.4	0.2	
28	841	0						0.4	0.3	
29	693	1						0.3	0.2	CHANGED Cl_2 TANKS
30	795	1						0.4	0.3	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

3

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No 6091735 Name of Drinking Water System Sugarmill Woods

Location: City of S/D Sugarmill Woods County Citrus

Owned by Southern States Utilities Month November 19 98

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1700

Design Flow .600 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct [signature] CO-6100

WP-#3 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	13,041	54						19.3	11.7	<1/100 m.L
Average	434.	2						0.6	0.4	
Maximum	665	4						0.8	0.4	
Minimum	295	0						0.3	0.2	
										REMARKS: Bact. Sample Pick U
1	515	2						0.7	0.4	
2	601	2						0.6	0.4	
3	387	4						0.7	0.4	
4	385	2						0.7	0.4	
5	450	1						0.7	0.4	
6	665	2.						0.6	0.4	
7	521	3						0.6	0.4	
8	576	2						0.7	0.4	<1/100 m.L
9	295	3						0.7	0.4	
10	354	3						0.7	0.4	
11	354	2						0.6	0.4	
12	347	1						0.6	0.4	
13	515	1						0.6	0.4	
14	456	3						0.7	0.4	
15	485	3						0.7	0.4	
16	471	2						0.7	0.4	
17	432	2						0.7	0.4	
18	432	2						0.7	0.4	
19	411	2						0.7	0.4	
20	479	1						0.6	0.4	
21	359	1						0.6	0.4	
22	539	1						0.6	0.4	
23	409	1						0.3	0.2	CHANGED CL, CYL.
24	334	1						0.6	0.4	
25	334	0						0.6	0.4	
26	335	1						0.6	0.3	
27	367	1						0.6	0.4	
28	427	1						0.6	0.4	
29	368	2						0.7	0.4	
30	438	2						0.8	0.4	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System Sugar Mill Woods

Location: City of S/D Sugar Mill Woods County Citrus

Owned by Southern States Utilities Month December 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1700

Design Flow .620 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct [signature] CO-6100

W.T.P. 1 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals mg Lbs. Used	mg/l	• Lbs. Used	mg/l	• Lbs. Used	mg/l	Residual Chlorine mg/l Plant Effluent	(RT)	Bacteriological MCL Violations
Monthly Total	4,217,	49 Gals						18.3	12.2	< 1
Average	136,	1.5						0.6	0.4	
Maximum	342,	4						0.7	0.4	
Minimum	Ø	Ø						0.5	0.3	
										REMARKS: Bact. Sample Pick Up
1	89	.5						0.6	0.3	
2	89	1						0.6	0.4	
3	21,	1						0.6	0.4	
4	53,	.5						0.6	0.4	
5	Ø	1						0.6	0.4	
6	3	Ø						0.5	0.4	< 1
7	Ø	Ø						0.6	0.4	
8	Ø	Ø						0.6	0.4	
9	Ø	Ø						0.5	0.4	
10	2	Ø						0.5	0.4	
11	44	Ø						0.5	0.4	VOC's taken
12	Ø	1						0.6	0.4	
13	243,	Ø						0.6	0.4	
14	342,	3						0.5	0.4	
15	236	4						0.6	0.4	
16	236	3						0.6	0.4	
17	58,	3						0.5	0.4	
18	71,	1						0.7	0.4	
19	98,	1						0.6	0.4	
20	291,	2						0.7	0.4	
21	242,	3						0.6	0.4	
22	242,	3						0.5	0.4	
23	246,	2						0.5	0.3	
24	177,	3						0.6	0.4	
25	196,	2						0.6	0.4	
26	180,	2						0.6	0.4	
27	250,	2						0.5	0.4	
28	284,	4						0.7	0.4	
29	161,	2						0.7	0.4	
30	160	2						0.7	0.4	
31	223,	2						0.7	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091235 Name of Drinking Water System Sugar Mill Woods

Location: City of S/D Sugar Mill Woods County Citrus

Owned by Southern States Utilities Month December 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1700

Design Flow .564 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct [signature] CO - 6100

W.T.P. 2 (Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	20,794	97						21.7	12.4	<1
Average	670	3						0.7	0.4	
Maximum	1,084	6						0.9	0.5	
Minimum	285	0						0.5	0.3	
										REMARKS: Bact. Sample Pick Up
1	669	5						0.9	0.4	
2	668	5						0.8	0.4	
3	690	4						0.7	0.4	
4	1,084	4						0.8	0.4	
5	902	6						0.9	0.5	
6	1,069	3						0.6	0.4	<1
7	871	4						0.7	0.4	
8	820	4						0.7	0.4	
9	820	4						0.7	0.4	
10	1,017	4						0.7	0.4	
11	1,012	4						0.7	0.4	U.O.C.'s taken
12	1,053	4						0.7	0.4	
13	285	5						0.8	0.4	
14	392	2						0.7	0.4	
15	320	1						0.7	0.4	
16	320	2						0.6	0.4	
17	975	2						0.6	0.4	
18	1,047	3						0.5	0.4	
19	767	4						0.5	0.3	
20	472	4						0.8	0.4	
21	479	2						0.7	0.4	
22	478	3						0.7	0.4	
23	340	3						0.7	0.4	
24	458	2						0.7	0.4	
25	507	3						0.7	0.4	
26	443	2						0.6	0.4	
27	417	3						0.7	0.4	
28	512	2						0.7	0.4	
29	737	2						0.7	0.4	
30	736	0						0.7	0.4	CL. Scales bid (Repaired)
31	438	1						0.7	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 6091735 Name of Drinking Water System Sugar Mill Woods

Location: City of S/D Sugar Mill Woods County Citrus

Owned by Southern States Utilities Month December 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1700

Design Flow .600 Remarks (See reverse side) Phone No.: (904) 382-4441

I certify this report is correct [signature] (Lead Operator's Signature) CO-6100 (Cert. No.)

W.T.P.3

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	12,455,	70						23.8	13.3	< 1
Average	401,	2						0.7	0.4	
Maximum	689,	5						1.0	0.5	
Minimum	25,	Ø						0.6	0.4	
										REMARKS: Bact. Sample Pick Up
1	420,	2						0.8	0.4	
2	420,	1						0.7	0.4	
3	268,	1						0.7	0.4	
4	235,	1						0.9	0.5	
5	98,	2						1.0	0.5	
6	155,	1						0.9	0.5	< 1
7	25,	1						0.7	0.4	
8	56,	1						0.7	0.4	
9	56,	Ø						0.7	0.4	
10	105,	1						0.7	0.4	
11	143,	Ø						0.8	0.4	V.O.C.'S TAKEN
12	145,	1						0.7	0.4	
13	539,	1						0.7	0.4	
14	623,	2						0.6	0.4	
15	689,	3						0.6	0.4	
16	689,	2						0.7	0.4	
17	293,	2						0.8	0.4	
18	289,	3						0.8	0.4	
19	337,	2						0.7	0.4	
20	553,	2						0.7	0.4	
21	623,	3						0.8	0.4	
22	622,	5						0.8	0.4	
23	488,	4						0.8	0.5	
24	604,	3						0.8	0.4	
25	504,	4						0.8	0.4	
26	561,	3						0.8	0.4	
27	556,	5						0.9	0.5	
28	638,	4						0.8	0.5	
29	581,	3						0.8	0.5	
30	581,	4						0.8	0.5	
31	560,	3						0.8	0.5	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

Sunny Hills Utilities - 28001

Washington County (UFU)

Water

- 1992 FPSC Filing -

DATE January 24-1991 **SUNNY HILLS UTILITIES** MONTHLY WATER REPORT

DAY	WELL N°1 UNIT-1B BABLES / BABCOCK TRACT-A							H.S. CENTRIFUGAL UNIT-1B TRACT A			WELL N°4 UNIT-B VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES
1			4512	1			0.7						6680	6	120		
2			4512				0.6						6686	10	114		
3			4512				0.7						6692	6	113	3	
4			4512				0.6						6698	6	113		
5														6	113		
6														7	113	3	
7			4512				0.6						6717	6	116	1	
8			4512				0.7						6723	6	113	1	
9			4512				0.6						6729	6	118	1	
10			4512				0.6						6735	6	113	1	
11			4512				0.6						6741	5	111		
12														6	111		
13														6	111	3	
14			4512				0.6						6758	6	117	1	
15			4512				0.7						6764	7	132	1	
16			4512				0.7						6771	8	144	1	
17			4512				0.7						6779	10	197	2	
18			4512				0.7						6789	8	160		
19														9	160		
20														9	161	4	
21			4512				0.7						6815	8	160		
22			4512				0.6						6823	13	298	4	
23			4512	10	166	6	0.7						6836	6	145		
24			4521	5	101	5	0.7						6842	2	36		
25			4527	7	138		0.8						6844	2	38	2	
26				7	138									2	38		
27				7	138									2	39		
28			4548	8	142	20	0.7						6850	2	35		
29			4556	7	145	5	0.7						6852	1	32		
30			4563	5	103	5	0.8						6853	4	61		
31			4568				0.6						6857	9	178	3	
MONTH TOTAL					1071	41	15.4							190	3610	31	
YEAR TO DATE					1071	41								190	3610		
AVG.					134	5	0.7							6	116		
MAX.					145	20	0.8							13	298		
MIN.					101	5	0.6							1	32		

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DATE: [illegible] SUNNY HILLS UTILITIES MONTHLY WATER REPORT

PAGE 2 OF 2

WELL NO'S UNIT - 10 TRACT - H
ELCRAM / CLARE MONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	TOTAL GALLONS PER DAY
1			1118		1		0.9								121
2			1118				0.9								114
3			1118		1		0.9								114
4			1118				0.9								113
5															113
6				1											113
7			1119				1.0								116
8			1119		1		1.0								114
9			1119		1		0.9								119
10			1119				1.0								113
11			1119				0.9								111
12															111
13					1										112
14			1119		1		0.9								118
15			1119				0.9								132
16			1119		1		0.9								145
17			1119	1	4		0.9								201
18			1120				0.8								160
19															160
20					1										162
21			1120				0.8								160
22			1120		1		0.7								299
23			1120				0.7								311
24			1120		1		0.8								138
25			1120				0.8								176
26															176
27															177
28			1120				0.9								177
29			1120		1		0.9								178
30			1120				0.9								164
31			1120				0.9								178
MONTH TOTAL				2	15		19.9								4696
YEAR TO DATE				2	15										4696
AVG.				.06	.48		0.9								151
MAX.				1	4		1.0								311
MIN.				1	1		0.7								111

I.D. NO. 1670607

TOTAL METERED SERVICES AT END OF MONTH ____ OPERATOR SIGNATURE ____ Page 3

OPE[illegible] CERTIFICATE [illegible]

DATE: February-1991 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL Nº1 STATIC LEVEL	WELL Nº1 PUMPING LEVEL	WELL Nº1 METER REG.	UNIT-10 BARLEY / BARBOOR TRACT-A HOURS	GALLONS	LOG. CL.	CL. RES.	H. S. CENTRIFUGAL UNIT-10 TRACT A METER REG.	HOURS	GALLONS	WELL Nº4 STATIC LEVEL	WELL Nº4 PUMPING LEVEL	UNIT-8 VALIANT DR. TRACT-E METER REG.	HOURS	GALLONS	LOG. CL.	CL. RES.
1			4587	1			1.0						6866	7	136		1.0
2														7	137		
3				3	53									9	137	4	
4			4571				1.0						6888	8	158		1.0
5			4591				1.1						6896	9	163	3	1.0
6			4571				1.0						6905	8	152		1.0
7			4571	2	35		1.0						6913	5	99	2	1.0
8			4578	1	36		1.0						6919	6	114		1.0
9				2	36									6	114		
10				2	37	6								7	114	3	
11			4578				1.0						6937	9	172		1.0
12			4578				1.0						6946	7	138	3	1.0
13			4578	6	119	3	1.0						6953	1	21		1.0
14			4594	8	112		1.0						6954	1	15		1.0
15			4592	2	21	4	1.0						6955	8	149		1.0
16														8	149		
17														8	149	4	
18			4594				0.9						6979	7	133		1.1
19			4594				0.9						6986	7	136		1.0
20			4594				0.9						6993	5	96	3	1.0
21			4594				0.8						6998	8	148		1.0
22			4594				0.8						7006	6	119		1.0
23														6	119		
24														7	120	5	
25			4594				0.9						7025	6	115	1	1.1
26			4594				0.7						7031	7	118	1	1.0
27			4594				0.9						7038	8	152		1.0
28			4594				0.7						7046	8	145	3	1.0
29																	
30																	
31																	
MONTH TOTAL				26	449	13	19.1							188	3515	32	20.2
YEAR TO DATE				82	1520	54								398	7125	63	
AVG.				3	56	2	0.9							7	125	1	1.0
MAX.				8	119	6	1.1							9	163	5	1.1
MIN.				1	21	3	0.7							1	15	1	1.0

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DATE: February 1991 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

WELL #'S — UNIT-ID — TRACT—H

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			1120		2		0.8								138
2					2										139
3				1	1										191
4			1121		3		0.7								161
5			1121	1	4		0.6								167
6			1122		2		0.7								154
7			1122		4		0.9								137
8			1122		2		0.8								152
9					3										153
10				1	3										154
11			1123		3		0.8								175
12			1123	1	2		0.9								140
13			1124		1		0.8								141
14			1124		2		0.8								129
15			1124		1		0.8								170
16					3										150
17					1										150
18			1124	2	15		0.7								148
19			1126		3		0.9								139
20			1126		3		0.9								99
21			1126	1	3		0.7								151
22			1127		1		0.9								120
23															119
24															120
25			1127		3		0.9								118
26			1127	1	4		0.8								122
27			1128		2		0.8								154
28			1128		2		0.9								147
29															
30															
31															
MONTH TOTAL				8	74		156								
YEAR TO DATE				10	89										4038
AVG.				.28	3		0.8								8734
MAX.				2	15		0.6								144
MIN.				1	1		0.9								191
															99

L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH: ____

OPERATOR NAME: Harold Register

OPERATOR SIGNATURE: Harold Register

CERTIFICATE NUMBER: A-1913

DATE March -1991 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL Nº1 UNIT-10 CABLES / HANCOCK TRACT-A							N.S. ELECTRIFICATION UNIT-16 TRACT A			WELL Nº4 UNIT-8 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LOG. CL.	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LOG. CL.	CL. RES.
1							0.7						7054	7	93		1.1
2														7	211	3	
3														7	110		
4							0.6						7075	6	112		1.0
5							0.7						7081	8	150	3	1.0
6							0.7						7089	6	91		1.1
7							0.7						7095	9	195		1.1
8							0.7						7104	6	122	4	1.1
9														6	122		
10														7	122		
11							0.6						7123	7	141	3	0.9
12							0.5						7130	7	123	1	0.9
13							0.6						7137	6	113	1	1.0
14							0.5						7143	7	140		0.9
15							0.6						7150	6	116		1.0
16														6	116		
17														6	116		
18							0.6						7168	6	122	5	0.9
19							0.6						7174	9	158		1.1
20							0.7						7183	8	161	3	1.0
21							0.6						7191	10	177		1.0
22							0.6						7201	9	178		1.0
23														9	179		
24														10	179		
25							0.5						7229	10	186	8	1.0
26							0.6						7239	10	195		1.0
27							0.7						7249	9	179	3	1.0
28							0.7						7258	8	142		1.0
29							0.7						7266	7	133		1.0
30														7	133		
31														7	133	5	
MONTH TOTAL							11.2							233	4448	39	21.1
YEAR TO DATE					1520	54								631	11573	102	
AVG.							0.6							7.5	143	1	1.0
MAX.							0.7							10	211	8	1.1
MIN.							0.5							6	91	1	0.9

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DATE: March-1991 **SUNNY HILLS UTILITIES** MONTHLY WATER REPORT

PAGE 2 OF 2

WELL #'S UNIT-II TRACT-II ELDORADO/PLAZEMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			1128		1										94
2				1	1										212
3					1										111
4			1129												113
5			1129												150
6			1129												91
7			1129		4										199
8			1129		4										126
9				1	4										126
10					6										127
11			1130		11										152
12			1130	1	3										126
13			1131		3										116
14			1131		3										143
15			1131		2										119
16				1	3										119
17					2										119
18			1132	1	9										131
19			1133		2										160
20			1133	1	4										165
21			1134		1										178
22			1134		3										181
23					3										182
24				1	4										183
25			1135		3										189
26			1135		3										198
27			1135	1	4										183
28			1136		2										144
29			1136		2										135
30					2										135
31				1	3										136
MONTH TOTAL				9	93										4541
YEAR TO DATE				19	182										13275
AVG.				.29	3										146
MAX.				1	11										212
MIN.				1	1										91

L.O. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH ____

OPERATOR SIGNATURE: Harold Register

OPERATOR NAME: Harold Register

CERTIFICATE NUMBER: A-1913

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DATE: April 1991 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL N°1 UNIT-10 GABLES / BABCOCK TRACT-A							N. S. CENTRIFUGAL UNIT-10 TRACT A			WELL N°4 UNIT-9 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.
1													7287	9	184	1	1.0
2													7296	10	186	1	1.0
3													7306	10	189	1	1.0
4													7316	11	200	2	1.0
5											199	201	7326	10	201		1.0
6														11	201		
7														11	201	6	
8			4594	1	36	1	1.1						7359	7	132	1	1.0
9			4595	0			1.0						7366	7	132	1	1.0
10			4595	9	131		1.1						7373	7	140		1.0
11	87	90	4604	12	176		1.0						7380	4	79	2	1.0
12				12	176						199	202	7384	1	18		1.0
13				13	176	12								1	18		
14			4641	10	136	2	1.1							1	18		
15			4651	12	170	3	1.1						7387	1	13		1.0
16			4664	12	167	3	1.0						7389		12		1.0
17			4676	11	178	3	1.0						7398	1	9		1.0
18	87	91	4687	10	173		1.0						7388	1	14		1.0
19				10	173						199	203	7390		13		1.0
20				10	173	10									13		
21			4717	12	204	5	1.1								14		
22			4729	10	172	4	1.0						7392		19		1.0
23			4739	18	253	6	1.0						7393		16		1.0
24			4759	10	146	3	1.1						7393	2	24	2	1.0
25	87	90	4767	8	144		1.0						7395		6		1.0
26				8	144						199	202	7395		12		1.0
27				8	145	10								1	12		
28			4791	9	146	3	1.1							1	13		
29			4800	9	169	4	1.1						7397		10		1.0
30													7399	1	9		1.0
31																	
MONTH TOTAL				215	3388	69	16.8										
YEAR TO DATE					4908	123								108	2108	17	22.0
AVG.				10	161	3	1.0							739	13681	119	
MAX.				18	253	10	1.1							5	70	.56	1.0
MIN.				1	36	1	1.0							11	201	6	1.0
														2	6	1	1.0

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DATE: April 1991 — **SUNNY HILLS UTILITIES** — **MONTHLY WATER REPORT**

WELL Nº 8 — UNIT - 10 — TRACT - N
ELCERRO/ELCARMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			1137		4	1	1.0								188
2			1137		2		0.9								188
3			1137	1	5		0.9								194
4			1138		3		0.9								203
5			1138		3		0.8								204
6					3										204
7				1	3										209
8			1139	1	4		0.9								136
9			1140		3		1.0								171
10			1140		2		0.9								142
11			1140		3		0.8								213
12			1140		3		0.9								197
13				1	3										197
14					3										197
15			1141	1	3		0.9								152
16			1142		2		0.9								194
17			1142		3		0.9								179
18			1142		2		0.9								194
19			1142		3		0.9								189
20					3										189
21				1	3										190
22			1143	1	3		0.9								226
23			1144		4		0.8								192
24			1144		2		0.9								279
25			1144	1	3		1.0								155
26			1145		3		1.0								159
27					3										159
28					3										161
29			1145	1	2		0.9								158
30			1146		4		0.9								182
31															
MONTH TOTAL				9	90		19.6								5586
YEAR TO DATE				28	272										
AVG.				.29	3		0.9								186
MAX.				1	5		1.0								279
MIN.				1	2		0.8								136

L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH 411

OPERATOR NAME: Harold Register

OPERATOR SIGNATURE: Harold Register

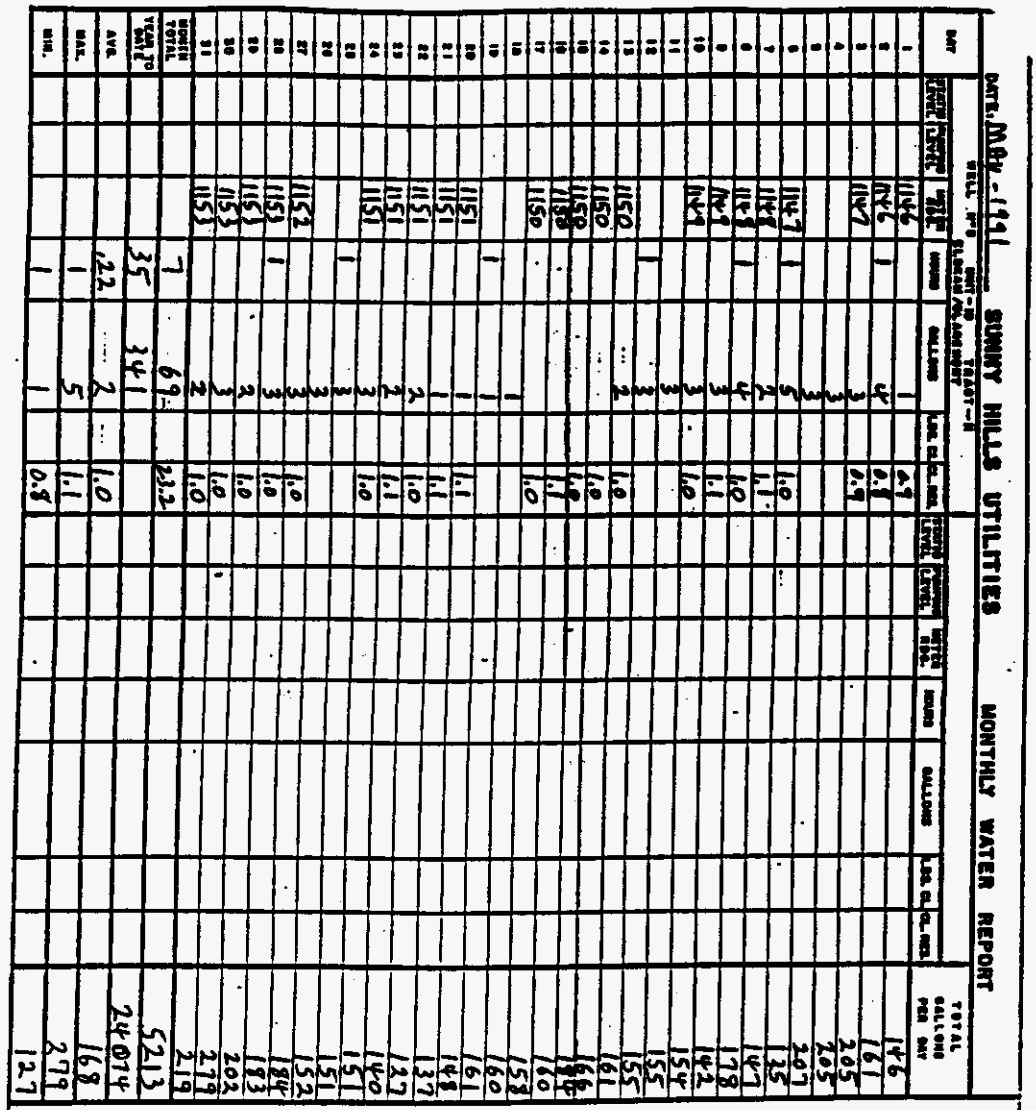
CERTIFICATE NUMBER: A-1913

DATE MAY - 1991 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

PAGE 1 OF 2

DAY	WELL N°1 UNIT-10 BARLES / BARCODE TRACT-A STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	LBS. CL.	CL. RES.	H. S. CENTRIFUGAL UNIT-10 TRACT A METER READ.	HOURS	GALLONS	WELL N°4 UNIT-8 VALIANT DR. TRACT-E STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	LBS. CL.	CL. RES.
1			4909	7	133	1	1.0						7398		12		1.0
2			4916	9	143	1	1.0						7398	1	14		1.1
3	97	92	4924	10	184		0.9				199	201	7399	1	18		1.0
4				10	184									1	18		
5				10	185									1	19		
6			4934	15	121	13	1.0						7402		9		1.1
7			4869	10	137		1.1						7402	1	8	1	1.0
8			4879	9	159	10	1.1						7403	1	15		1.1
9			4888	8	133	5	1.1						7404		6		1.0
10	97	93	4896	9	142		1.1				199	201	7404		9		1.1
11				8	142									1	10		
12				9	142	10									10		
13			4921	9	151	5	1.0						7405	1	8		1.0
14			4930	9	157	5	1.1						7406		9		1.1
15			4939	11	173	5	1.0						7406	1	11		1.0
16			4950	9	150	5	1.1						7407		10		1.0
17	99	98	4959	9	185		1.1				199	201	7407		13		1.1
18				9	196									1	13		
19				9	196									1	14	1	
20			4984	3	39		1.1						7409	6	108	1	1.0
21			4987			30	1.1						7415	7	136		1.0
22			4987				1.0						7422	6	125	2	1.0
23			4987	1	12		1.0						7428	7	126	1	1.1
24	87	92	4988				1.0				199	201	7435	7	148		1.1
25														8	148		
26														8	149		
27			4988				1.1						7458	9	181	6	1.1
28			4988				1.0						7468	9	180		1.1
29			4989				1.0						7476	11	200	4	1.1
30			4989	4	72		1.0						7487	10	204	2	1.0
31	87	94	4992		11	3	1.1				199	201	7497	11	206	2	1.0
MONTH TOTAL				183	3007	93	240							110	2137	20	24.1
YEAR TO DATE				265	7915	216								849	15818	139	
AVG.				6	97	3	1.0							4	69	.64	1.0
MAX.				11	185	30	1.1							11	206	6	1.1
MIN.				1	11	1	0.9							1	6	1	1.0

0978



DATE: May - 1991 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DAY	WELL NO. 1 METER READING	WELL NO. 2 METER READING	WELL NO. 3 METER READING	TREATMENT PLANT METER READING	GALLONS	HOURS	WATER SYSTEM LEVEL	CHLORINE LEVEL	LBS. CL2 USED	GALLONS	HOURS	WATER SYSTEM LEVEL	CHLORINE LEVEL	LBS. CL2 USED	TOTAL GALLONS PER DAY
1	1146	1147	1147	1	4			0.9							126
2	1146	1147	1147	1	4			0.9							161
3	1146	1147	1147		3			0.9							205
4					3										205
5					3										207
6	1147	1147	1147	1	5			1.0							135
7	1147	1147	1147	1	2			1.1							147
8	1147	1147	1147	1	4			1.0							178
9	1147	1147	1147		3			1.1							142
10					3			1.0							154
11					3										155
12	1150	1150	1150	1	3			1.0							155
13	1150	1150	1150		2			1.0							161
14	1150	1150	1150		4			1.0							166
15	1150	1150	1150		4			1.1							160
16	1150	1150	1150		4			1.0							153
17					1										160
18					1										161
19	1151	1151	1151	1	1			1.1							148
20	1151	1151	1151		1			1.1							137
21	1151	1151	1151		2			1.0							127
22	1151	1151	1151		2			1.1							140
23	1151	1151	1151		3			1.0							151
24					3										151
25					3										152
26	1152	1152	1152	1	3			1.0							152
27	1152	1152	1152		3			1.0							184
28	1152	1152	1152		3			1.0							184
29	1152	1152	1152		2			1.0							183
30	1152	1152	1152		3			1.0							202
31	1153	1153	1153		2			1.0							219
MONTH TOTAL				7	69			22.2							5213
YEAR TO DATE				35	341										24074
AVG.				1.22	2			1.0							168
MAX.				1	5			1.1							279
MIN.				1	1			0.8							127

PAGE 2 OF 2

I. D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH 411

OPERATOR NAME: HAROLD REGISTER

OPERATOR SIGNATURE: Harold Register

CERTIFICATE NUMBER: A-1913

DATE: June -1991 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DAY	WELL N°1 UNIT-10 EAGLES / BABCOCK TRACT-A							N.D. CENTRIFUGAL UNIT-10 TRACT A			WELL N°4 UNIT-8 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	LBS. CL.	CL. RES.	METER READ.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER READ.	HOURS	GALLONS	LBS. CL.	CL. RES.
1														11	206		
2							1.0							11	207	4	1.0
3			4994				1.0						7530	7	135		0.9
4			4994				1.0						7537	5	105	2	1.0
5			4994				1.1						7542	7	142		0.9
6			4994				1.0						7549	7	118	2	1.0
7			4994		8		1.1						7559	9	176		1.0
8				2	9									9	176		
9					9	2	1.0							9	176	5	1.0
10			4996	2	32	2	1.1						7583	10	177		1.1
11			4998	1	20		1.0						7593	9	176	3	1.0
12			4999	6	99	5	1.0						7602	8	148		1.0
13			5005	6	99	3	1.1						7610	8	149		1.0
14			5011	5	85		1.0						7619	8	151		1.0
15				5	85									8	152		
16				6	86	11	1.1							8	152	9	1.0
17			5027				1.0						7642	7	125	1	1.1
18			5027				1.0						7649	5	105		1.0
19			5027				1.0						7654	7	128	2	1.1
20			5027	1	16		1.1						7661	7	131	1	1.0
21			5028	1	12		1.0						7669	6	120		1.0
22				1	13	2								6	121		
23				8	170	4	1.0							7	120	3	1.0
24			5039		2		1.1						7687	7	125	1	1.0
25			5039	10	154	5	1.0						7694	8	151		1.0
26			5048	11	184	6	1.0						7702	7	137		1.0
27			5059	9	156	5	1.0						7709	9	176	4	1.0
28			5068	6	114		1.0						7718	10	188		1.1
29				7	114									10	188		
30				7	115	11	1.0							10	189	5	1.0
31																	
MONTH TOTAL				94	1542	56	25.7							240	4559	40	25.2
YEAR TO DATE				359	9457	272								1089	20377	179	
AVG.				3	51	2	1.0							8	152	1	1.0
MAX.				11	184	11	1.1							11	207	7	1.1
MIN.				1	2	2	1.0							5	120	1	0.9

0860

DATE: June-1991 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

WELL No 5 UNIT-10 TRACT-N
ELDORADO/LAKEMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1					3										209
2					3		1.0								210
3			1154	1	3		0.9								138
4			1155		3		0.9								108
5			1155		3		1.0								145
6			1155		3		1.0								121
7			1155	1	3		1.0								197
8					3										188
9				1	3		1.0								188
10			1157		4		0.9								213
11			1157		4		0.9								200
12			1157		6		0.9								253
13			1157	1	6		0.9								253
14			1158		3		1.0								239
15				1	4										241
16					4		1.0								242
17			1160		3		1.0								128
18			1160		2		1.0								107
19			1160		3		0.9								131
20			1160	1	2		1.0								149
21			1161		3		1.0								135
22					3										137
23					3		1.0								253
24			1161	1	3		1.0								140
25			1162		3		1.1								308
26			1162	1	3		1.0								324
27			1163		3		1.1								335
28			1163		2		1.0								304
29					3										305
30					3		1.0								307
31															
MONTH TOTAL				9	97		25								6198
YEAR TO DATE				44	438										30272
AVG.				.3	3		1.0								207
MAX.				1	6		1.1								335
MIN.				1	2		0.9								107

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L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH 411

OPERATOR NAME: HAROLD Register

OPERATOR SIGNATURE: Harold Register

CERTIFICATE NUMBER: A-1913

0981

DATE July - 1991 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL Nº1 STATIC LEVEL	WELL Nº1 PUMPING LEVEL	WELL Nº1 METER REG.	WELL Nº1 HOURS	WELL Nº1 GALLONS	WELL Nº1 LBS. CL.	WELL Nº1 CL. RES.	N. B. CENTRIFUGAL METER REG.	N. B. CENTRIFUGAL HOURS	N. B. CENTRIFUGAL GALLONS	WELL Nº4 STATIC LEVEL	WELL Nº4 PUMPING LEVEL	WELL Nº4 METER REG.	WELL Nº4 HOURS	WELL Nº4 GALLONS	WELL Nº4 LBS. CL.	WELL Nº4 CL. RES.
1			5088	1	14		1.0						7743	12	231	2	1.0
2			5089				1.0						7760	10	177		1.0
3			5089				1.0						7770	10	170	3	1.0
4			5089				1.1						7780	10	170		1.1
5			5089				1.0						7790	11	228		1.1
6				1										11	228		
7					31		1.0							11	229	8	1.1
8			5110	1	19		1.1						7823	8	120	1	1.1
9			5111	4	42		1.0						7831	4	89		1.2
10			5115	1	41	3	1.0						7835	7	128	2	1.1
11			5116				1.0						7842	9	166		1.2
12			5116	1	10		1.0						7851	8	169		1.1
13					11									9	169		
14				1	11	3	1.0							9	169	6	1.1
15			5118	4	70	2	1.0						7877	5	42		1.1
16			5122				1.1						7882	7	170	2	1.2
17			5122				1.0						7889	6	150		1.1
18			5122	4	73	2	1.0						7896	5	79	2	1.1
19			5126	1	6		1.0						7901	7	143		1.0
20				1	6									7	144		
21					7		1.1							8	144	4	1.0
22			5128				1.0						7923	10	189		1.1
23			5128	4	75	3	1.1						7933	8	53	2	1.0
24			5132	2	34		1.0						7941	8	254	2	1.1
25			5134	6	97		1.0						7949	5	96		1.1
26			5140				1.1						7954	8	149	2	1.1
27														8	150		
28							1.0							8	150		1.1
29			5140	2	34	4	1.0						7978	6	120	4	1.1
30			5142				1.0						7984	9	160		1.1
31			5142				1.0						7993	9	170	3	1.0
MONTH TOTAL				34	571	17	27.6							253	4806	43	29.3
YEAR TO DATE				393	10028	289								1342	25183	222	
AVG.				1	18	.54	1.0							8	155	1	1.1
MAX.				4	87	4	1.0							12	254	8	1.2
MIN.				1	10	2	1.0							4	79	1	1.0

0982

DATE: July -1991 **SUNNY HILLS UTILITIES** MONTHLY WATER REPORT

WELL #'S — UNIT—10 TRACT—11 ELKHAM/CLAREMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			1164		3		0.9								248
2			1164		3		1.0								180
3			1164		3		1.0								173
4			1164	1	3		1.0								173
5			1165		3		1.1								231
6					3										231
7					3		1.0								263
8			1166		3		1.1								142
9			1166		3		1.0								134
10			1166	1	3		1.0								172
11			1167		3		1.0								169
12			1167		3		1.0								182
13					3										183
14				1	4		1.0								184
15			1168		3		1.0								115
16			1168	1	4		1.0								174
17			1169		2		1.0								152
18			1169	1	5		1.1								157
19			1170		3		1.1								152
20					3										153
21					4		1.1								155
22			1170	1	3		1.1								192
23			1171		3		1.0								131
24			1171		3		1.1								291
25			1171	1	3		1.0								186
26			1172		2		1.0								151
27					2										152
28					1		1.0								151
29			1172		1		1.0								155
30			1172				1.0								160
31			1172		2		1.1								172
MONTH TOTAL				7	87		27.7								5464
YEAR TO DATE				51	525										35736
AVG.				.22	3		1.0								176
MAX.				1	5		1.1								291
MIN.				1	1		0.9								131

L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH: ——

OPERATOR SIGNATURE: Harold Register

OPERATOR NAME: HAROLD REGISTER

CERTIFICATE NUMBER: A-1913

0983

DATE. Aug 31ST-1991 **SUNNY HILLS UTILITIES** · **MONTHLY WATER REPORT**

DAY	WELL Nº1 UNIT-10 GABLES / DARCOOR TRACT-A							U.S. CENTRIFUGAL UNIT-15 TRACT A			WELL Nº4 UNIT-8 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.
1			5142	1	26		1.0						8002	13	251	4	1.1
2			5143				1.1						8016	9	159		1.1
3														9	167	4	
4			5143				1.0						8031	9	165		1.1
5			5143				1.0						8040	9	178	3	1.1
6			5143				1.0						8049	10	193	2	1.1
7			5143				1.0						8059	10	175	2	1.0
8			5143	3	56	6	1.0						8069	11	208	2	1.1
9			5146				1.0						8080	10	192	2	1.1
10														10	192		
11			5146				1.0						8100	11	116	3	1.0
12			5146	4	64	2	1.0						8111	9	132	1	1.0
13			5150				1.0						8118	11	201	2	1.0
14			5150	5	97	3	1.0						8129	6	110	1	1.1
15			5155				1.0						8136	11	204	2	1.1
16			5155	1	16		1.0						8146	10	192	2	1.1
17				1	16									11	192		
18			5157	7	106	5	1.0						8167	6	115	3	1.1
19			5164	5	82	5	1.0						8173	9	161		1.2
20			5169				1.0						8182	12	219	4	1.1
21			5169				1.0						8194	11	212	2	1.1
22			5169	7	5	2	1.0						8205	7	122	1	1.2
23			5169				1.0						8212	11	211	2	1.2
24														12	211		
25			5176	8	130	13	1.0						8235	6	105	3	1.1
26			5184	9	154	3	1.0						8241	5	89		1.1
27			5193	9	137	5	1.1						8246	5	91		1.1
28			5202	9	152		1.0						8261	5	106	3	1.1
29				10	163	20	1.1						8256	6	107		1.1
30			5221				1.0						8262	10	180	2	1.2
31														10	180	2	
MONTH TOTAL				79	1200	64	26.3							292	5124	52	28.6
YEAR TO DATE				872	11228	353								1624	30307	274	
AVG.				3	39	2	1.0							9	165	2	1.1
MAX.				10	154	20	1.1							13	251	4	1.2
MIN.				1	5	2	1.0							5	89	1	1.0

0984

DATE: August 1991 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

WELL Nº5 UNIT-10 TRACT-8 ELCHAM/SLAKE HOST

DAY	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			1172		1		1.0								278
2			1172	1	3		1.0								160
3					3										160
4			1173		2		0.9								167
5			1173	1	4		1.0								182
6			1174		1		1.0								193
7			1174		1		1.0								176
8			1174		4		0.9								269
9			1174		1		0.9								193
10					1										193
11			1174	1	1		0.9								117
12			1175				0.9								196
13			1175				1.0								201
14			1175		1		0.9								208
15			1175		1		1.0								205
16			1175		1		1.0								209
17					1										209
18			1175		1		1.0								222
19			1175		1		1.0								250
20			1175		2		1.0								221
21			1175	1	2		1.0								214
22			1176		2		1.0								129
23			1176		2		1.0								213
24					2										213
25			1176		1		1.0								236
26			1176	1	2		1.0								245
27			1177		2		1.0								230
28			1177		3		1.0								261
29			1177		3		1.0								263
30			1177		2		1.0								182
31				1	2										182
MONTH TOTAL				6	52		26.4								6376
YEAR TO DATE				57	597										42112
AVG.				.19	2		1.0								206
MAX.				1	4		1.0								278
MIN.				1	1		0.9								117

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L.D. NO 1670647

TOTAL METERED SERVICES AT END OF MONTH 412

OPERATOR NAME: Harold Register

OPERATION SIGNATURE: Harold Register

CERTIFICATE NUMBER: A-1913

0985

DATE: September-1991 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DAY	WELL N°1 UNIT-10 GABLES / BABCOCK TRACT-A							H.B. CENTRIFUGAL UNIT-10 TRACT A			WELL N°4 UNIT-8 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	METER RDG	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES
1			5221	4	59	2	1.0						8282	14	255	3	1.1
2			5226				0.9						8296	20	350	3	1.0
3			5245	11	164	8	1.0						8316	6	86		1.1
4			5256	19	279	12	1.0						8321		7		1.0
5			5255	15	229	7	1.0						8321	5	64		1.1
6			5270	9	147		1.0						8324	4	65	2	1.1
7				9	148	14							8328	16	289		
8			5288				1.0						8344	16	290		1.1
9			5288				1.0						8360	17	297	8	1.1
10			5288	1	12		1.0						8377	19	362	3	1.1
11			5289				1.0						8396	20	342	3	1.1
12			5289				0.9						8416	7	312	3	1.1
13			5289				0.9						8423	19	284	2	1.1
14														20	284		
15			5289				0.9						8462	20	285	6	1.1
16			5289				1.0						8482	17	355	3	1.1
17			5289	4	63	5	0.9						8499	14	209	2	1.2
18			5293	11	186	4	0.8						8513	4	61		1.1
19			5304	16	259	11	0.8						8517	1	16		1.2
20			5320	2	33		1.0						8518	13	245	3	1.1
21				2	34									14	245	2	
22			5324	7	121	5	1.0						8545	9	179		1.1
23			5331	9	139	2	1.0						8554	13	234	4	1.0
24			5340	7	118		1.0						8567	13	234	2	1.0
25			5347	2	35	10	1.0						8580	10	186		1.1
26			5349				1.0						8590	11	201	3	1.1
27			5349				1.0						8601	7	229	2	1.2
28														7	229	2	
29			5349	2	42		1.0						8631	8	230	2	1.1
30			5351	1	17	1	1.0						8639	15	278	3	1.1
31																	
MONTH TOTAL				131	2085	81	25.1							356	6703	61	285
YEAR TO DATE				603	13313	434								1980	37010	335	
AVG.				5	80	3	1.0							12	258	2	1.1
MAX.				19	279	14	1.0							20	362	8	1.2
MIN.				1	12	1	0.8							1	7	2	1.0

0986

DATE: September-1991 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

PAGE 2 OF 2

DAY	WELL Nº 5 UNIT-10 TRACT-N ELGHAM/CLAREMONT STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	WELL Nº STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			1178		1		1.0								315
2			1178		1		0.9								351
3			1178		2		1.0								252
4			1178		1		1.0								287
5			1178		3		0.9								296
6			1178		3		0.9								215
7				1											439
8			1179				1.0								290
9			1179				0.9								297
10			1179		1		1.0								375
11			1179		3		1.0								345
12			1179				1.0								312
13			1179		2		1.0								286
14					1										285
15			1179	1	1		1.0								286
16			1180		1		1.0								356
17			1180		3		1.0								275
18			1180		1		1.0								248
19			1180				1.0								275
20			1180		1		1.0								279
21					1										280
22			1180		1		1.0								301
23			1180		1		1.0								374
24			1180	1	2		1.0								354
25			1181				1.0								221
26			1181		4		1.0								205
27			1181		1		1.0								230
28					1										230
29			1181		1		1.0								273
30			1181		6		0.9								301
31															
MONTH TOTAL				3	43		25.5								8831
YEAR TO DATE				60	620										50943
AVG.				.1	1		1.0								340
MAX.				1	6		1.0								437
MIN.				1	1		0.9								205

L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH: 420

OPERATOR NAME: Harold Register

OPERATOR SIGNATURE: Harold Register

CERTIFICATE NUMBER: A-1113

0987

DATE: October-1991 **SUNNY HILLS UTILITIES** MONTHLY WATER REPORT

DAY	WELL N°1 STATIC LEVEL	WELL N°1 PUMPING LEVEL	WELL N°1 METER RDG	UNIT-19 SABLES / BARCODE TRACT-A HOURS	GALLONS	LBS. CL.	CL. RES.	N.S. CENTRIFUGAL UNIT-19 TRACT A METER RDG	HOURS	GALLONS	WELL N°4 STATIC LEVEL	WELL N°4 PUMPING LEVEL	WELL N°4 METER RDG.	UNIT-5 VALIANT DR. TRACT-E HOURS	GALLONS	LBS. CL.	CL. RES.
1			5352				1.0						8654	14	247	2	1.0
2			5352				0.9						8668	10	189	2	1.1
3			5352	1	18		0.8						8678	11	209	2	1.1
4			5353				0.9						8689	9	175		1.0
5							0.8							10	175		1.0
6			5353				0.8							10	175	3	1.0
7			5353				0.8										
8			5353				0.9						8718	10	179		1.0
9			5353	1	19		0.8						8728	10	185	3	1.0
10			5354	2	24		1.0						8738	10	182		1.0
11			5356	1	20		1.0						8748	9	171	3	0.8
12				1	20		0.9						8757	18	325	3	1.0
13				1	20	4	0.8						8775	4	80		1.0
14			5359	2	27		0.9							5	81		1.0
15			5361	1	13		0.9						8784	8	156		1.0
16			5362	1	27		0.9						8792	8	149	4	1.0
17			5365	2	32		0.9						8800	8	143		1.0
18			5365	1	14		0.9						8808	9	160	3	1.0
19				1	14		0.8						8817	9	163		1.1
20				1	14		0.9							9	164		1.0
21			5368	1	16		0.9							9	164	4	1.0
22			5369			6	0.9						8844	9	160		1.1
23			5369		1		0.9						8853	10	182	3	1.0
24			5369				0.7						8863	9	167		1.1
25			5369				0.9						8872	8	146	3	1.1
26							0.7						8880	23	422		1.1
27							0.7						8903	6	105		1.0
28			5369				0.7							6	106	7	1.0
29			5369				0.8						8915	10	178		1.1
30			5369				0.7						8925	10	186		1.1
31			5369				0.8						8935	10	169		1.1
MONTH TOTAL				17	279	10	26.2						8945	10	179	7	1.1
YEAR TO DATE				620	13592	444								301	5472	51	31.9
AVG.				.54	9	.32	0.8							2281	42482	386	
MAX.				2	32	6	1.0							10	177	2	1.0
MIN.				1	1	4	0.7							23	422	7	1.1
														4	80	2	0.8

8860

6860

DATE: October 1991 **SUNNY HILLS UTILITIES** MONTHLY WATER REPORT

DAY	WELL No 5 STATIC LEVEL	PUMPING LEVEL	METER REG.	UNIT - 10 TRACT - 8 ELKHAM /CLAREMONT HOURS	GALLONS	LBS. CL.	CL. RES.	WELL No STATIC LEVEL	PUMPING LEVEL	METER REG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			1182		2		0.9								249
2			1182		1		0.8								190
3			1182				0.9								227
4			1182	1	1		1.0								176
5					1										176
6					1										196
7			1183		1		0.9								180
8			1183		3		0.9								188
9			1183				0.9								201
10			1183		3		1.0								198
11			1183		2		0.9								347
12					2										102
13				1	2										103
14			1184		3		0.9								186
15			1184		1		0.9								163
16			1184		1		1.0								171
17			1184	1	3		0.9								195
18			1185		2		1.0								179
19				1	2										180
20					3										181
21			1186		1		0.9								177
22			1186		1		0.9								183
23			1186		2		0.9								170
24			1186		1		0.9								147
25			1186		2		0.8								424
26					2										107
27				1	1		0.8								107
28			1187				0.9								178
29			1187		3		0.9								189
30			1187				0.9								169
31			1187		1		1.0								180
MONTH TOTAL				5	48		21.7								5799
YEAR TO DATE				65	668										56742
AVG.				.16	2		0.9								187
MAX.				1	3		1.0								424
MIN.				1	1		0.8								102

5550
549
5
6104

L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH: 412.02

OPERATOR NAME: Harold Register

OPERATOR SIGNATURE: Harold R...

CERTIFICATE NUMBER: D 1113

DATE: November-1991 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL N°1 UNIT-10 OAKLEE / BABCOCK TRACT-A							N.S. CENTRIFUGAL UNIT-10 TRACT A			WELL N°4 UNIT-8 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	METER RDG	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.
1							0.7										
2							0.7						8955	7	135		1.1
3							0.6							7	136		1.0
4							0.7							8	136	9	1.0
5							0.7						8977	8	142		1.1
6							0.7						9085	8	142	3	1.1
7							0.6						8993	9	151		1.0
8							0.6						9002	7	141	3	1.1
9							0.7						9009	8	144		1.1
10							0.6							9	145	3	1.0
11							0.7						9026	9	163		1.0
12							0.6						9035	9	163	3	1.1
13							0.7						9044	10	176		1.0
14							0.7						9054	10	172	3	1.1
15							0.8						9064	10	179		1.1
16							0.7						9074	9	171	3	1.0
17							0.6							10	172		1.0
18							0.7							10	172	3	1.1
19							0.7						9103	9	159		1.1
20							0.7						9112	9	163	3	1.0
21							0.6							9	163		1.0
22							0.7							9	164	3	1.1
23							0.6						9139	11	206		1.1
24							0.7							12	206	4	1.1
25							0.6						9162	12	209		1.0
26							0.6						9174	12	218	4	1.1
27							0.7						9186	14	251		1.0
28							0.6						9200	12	208	4	1.0
29							0.7						9212	14	240		1.1
30							0.7						9226	12	232	5	1.0
31														13	233	2	1.1
MONTH TOTAL							20.							296	5292	54	31.6
YEAR TO DATE					13592									2599	47774	440	
AVG.							0.7							10	176	1.8	1.0
MAX.							0.8							14	251	8	1.1
MIN.							0.6							7	135	3	1.0

0690

DATE: November 1991 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

WELL Nº5 UNIT – 10 TRACT – H
ELORAM / CLAREMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			1187		2		0.9								
2					1										137
3					1										137
4			1187		1		0.9								137
5			1187	1	1		1.0								143
6			1188				0.9								143
7			1188		3		0.9								151
8			1189		1		0.8								144
9					1										145
10					1										146
11			1188		1		0.9								164
12			1188				0.9								164
13			1188	1	1		0.9								176
14			1189		1		0.9								175
15			1189		2		0.9								180
16					1										173
17					1										173
18			1189				0.9								173
19			1189		1		0.9								159
20			1189		1		0.9								164
21			1189		2		0.8								164
22			1189	¶	38		0.8								166
23				½	18										244
24				2	18										224
25			1197	3	27		0.9								227
26			1200	2	25		0.9								245
27			1202				0.9								276
28			1202	1	3		0.9								209
29			1203				0.9								243
30					1										232
31															234
MONTH TOTAL				16	155		18.6								
YEAR TO DATE				91	828										5447
AVG.				.53	5		0.9								62189
MAX.				4	38		1.0								182
MIN.				1	1		0.9								276
															137

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L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH 414

OPERATOR NAME: Harold Register

OPERATOR SIGNATURE: Harold Register

CERTIFICATE NUMBER: D-1913

0691

DATE: December-1991 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DAY	WELL N°1 UNIT-10 BABLES / BABCOCK TRACT-A							N.S. CENTRIFUGAL UNIT-10 TRACT A			WELL N°4			UNIT-8 VALIANT DR. TRACT-E			
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS. CL.	CL. RES.	METER RDG	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.
1							0.7						9251	12	210	2	1.0
2							0.7						9263	10	190		1.0
3							0.7						9271	10	156	3	1.1
4							0.8						9283	12	226	2	1.1
5							0.8						9295	11	216	2	1.1
6							0.7						9306	9	147		1.0
7							0.8				199	203	9314	8	148	3	1.0
8							0.8						9322	8	135		1.1
9							0.7						9330	7	141	3	1.0
10							0.7						9337	7	141		1.1
11							0.7						9344	6	105	2	1.0
12							0.8						9350	7	123		1.1
13							0.7				202	203	9357	5	105	2	1.1
14							0.7						9362	6	110		1.0
15							0.7						9360	6	110	2	1.0
16							0.9						9374	7	123		1.1
17							0.7						9381	5	105	2	1.0
18							0.7						9386	6	110		1.1
19							0.7						9392	6	110	2	1.1
20							0.7				202	204	9398	6	110		1.0
21							0.6						9404	6	110	2	1.0
22							0.7						9410	5	105		1.1
23							0.7						9415	6	110	2	1.0
24							0.7						9421	6	110		1.0
25							0.8						9427	5	105	2	1.1
26							0.7				202	203	9432	6	110		1.1
27							0.7						9438	6	110	2	1.1
28							0.7						9444	6	110		1.0
29							0.7						9450	6	110	2	1.0
30							0.7						9456	5	105		1.1
31							0.7						9461	7	123	2	1.0
MONTH TOTAL							22.3							217	4038	37	32.5
YEAR TO DATE					13592									2794	5 1812	477	
AVG.							0.7							7	130	1	1.0
MAX.							0.8							12	226	3	1.1
MIN.							0.6							5	105	2	1.0

0992

DATE: December-1991 **SUNNY HILLS UTILITIES** MONTHLY WATER REPORT

PAGE 2 OF 2

WELL NºS UNIT – 10 TRACT – 11 ELDORADO/CLARENMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			1203		3		0.9								213
2			1203				0.9								199
3			1203		1		0.9								157
4			1203	1	3		1.0								229
5			1204				0.9								216
6			1204		3		0.9								150
7			1204				0.9								148
8			1204				1.0								135
9			1204				1.0								141
10			1204		4		1.0								145
11			1204				1.0								105
12			1204				0.9								123
13			1204	1	4		0.9								109
14			1205				0.9								110
15			1205				0.8								110
16			1205		3		0.9								126
17			1205				0.9								105
18			1205		1		0.9								111
19			1205		2		0.9								112
20			1205	1	1		0.9								111
21			1206		1		0.9								111
22			1206		2		0.8								107
23			1206				0.9								110
24			1206				0.9								110
25			1206		2		0.9								107
26			1206				0.9								110
27			1206		1		0.9								111
28			1206	1			0.9								110
29			1207		2		0.9								112
30			1207		2		1.0								107
31			1207		2		0.9								125
MONTH TOTAL				4	37		27.7								4075
YEAR TO DATE				85	860										66264
AVE.				.12	1		0.9								131
MAX.				1	4		1.0								229
MIN.				1	1		0.9								105

I.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH: 111

OPERATOR SIGNATURE: [illegible]

OPERATOR NAME: Harold Ricker

CERTIFICATE NUMBER: [illegible]

0993

DATE: JANUARY-1990 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DAY	WELL N°1 UNIT-15 BABLER / BABCOCK TRACT-A							N. S. CENTRIFUGAL UNIT-15 TRACT A			WELL N°4 UNIT-8 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.
1							0.7						4374	7	147		1.1
2							0.7						4381	6	146		0.9
3							0.7						4387	7	154	5	1.0
4							0.7						4394	7	147		1.0
5	95	103					0.6				197	201	4401	7	156		1.1
6														7	157		
7														8	157	5	
8																	
9							0.6						4423	7	165		1.0
10							0.7						4430	9	191	5	1.0
11							0.6						4439	16	335		1.0
12	95	102					0.7						4445	11	223	6	1.0
13							0.6				197	200	4446	6	145		1.0
14														7	146		
15														7	146		
16							0.7						4486	7	145	5	1.0
17							0.6						4493	4	96		1.0
18							0.6						4497	5	102	2	1.0
19							0.7						4502	5	95		1.0
20	95	101					0.6				197	201	4507	4	93		1.0
21														4	93		
22														5	93		
23							0.6						4520	5	121	5	1.0
24							0.7						4525	7	137		1.0
25							0.7						4532	4	100	2	1.0
26							0.6						4536	4	85		1.0
27	95	103					0.7				197	200	4540	4	93		1.0
28														4	93	2	
29														5	93		
30							0.7						4553	4	86		1.0
31							0.7						4557	4	90		1.0
							0.6						4561	5	94	3	1.0
MONTH TOTAL							15.2							192	4123	41	23.1
YEAR TO DATE														192	4123	41	
AVG.							0.7							6	133	1	1.0
MAX.							0.8							16	335	6	1.1
MIN.							0.6							4	85	2	0.9

0994

0995

DATE: JANUARY-1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

WELL Nos UNIT-10 TRACT-H ELCRAM/CLAREMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			994		1		0.9								148
2			994	1	2		0.9								148
3			995		3		0.8								157
4			995		1		0.9								148
5	161	162	995		2		1.0								158
6					2										159
7					1										158
8			995		1		1.0								166
9			995	1	1		0.9								192
10			996		1		1.0								336
11			996		1		0.9								224
12	161	162	996		2		0.8								147
13					2										147
14					1										147
15			996	1	2		0.9								147
16			997		2		0.9								98
17			997		1		0.9								103
18			997		1		0.9								96
19	161	162	997		3		0.9								96
20					3										96
21					3										96
22			998		1		0.9								122
23			998		3		1.0								140
24			998	1	9		1.0								109
25			999	1	3		0.9								88
26	161	162	1000		2		0.9								95
27					2										95
28					3										96
29			1000	1	1		1.0								87
30			1001		3		1.0								93
31			1001		2		1.0								96
MONTH TOTAL				6	65		21.1								4188
YEAR TO DATE				6	65										4188
AVG.				.19	2		0.9								135
MAX.				1	9		1.0								336
MIN.				1	1		0.8								87

1242

-2946

D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH: 403

OPERATOR NAME: Harold Register

OPERATOR SIGNATURE: Harold Register

CERTIFICATE NUMBER: A-1913

9660

DATE: February 1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL Nº 1 UNIT - 19 GABLES / BABCOCK TRACT - A						WELL Nº 3 UNIT - 15 CENTRIFUGAL TRACT			WELL Nº 4 UNIT - 8 VALIANT DR. TRACT - E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.
1						0.6						4566	4	95	1	1.0
2	95	102				0.6				197	201	4570	5	101	1	1.1
3													5	101	1	
4													5	102	1	
5						0.7						4585	4	105	1	1.0
6						0.8						4589	5	102	1	1.1
7						0.7						4594	5	106	1	1.0
8						0.8						4599	4	92	1	1.0
9	95	103				0.7				197	202	4603	4	56		1.0
10													4	86	1	
11													4	87	1	
12						0.7						4615	5	104	1	1.1
13						0.9						4620	5	96	1	1.0
14						0.7						4625	5	107	1	1.0
15						0.7						4630	4	95	1	1.1
16	95	102				0.7				197	201	4634	4	90	1	1.0
17													4	90	1	
18													5	90	1	
19						0.8						4647	4	93	1	1.0
20						0.7						4651	5	99	1	1.0
21						0.7						4656	4	89	1	1.1
22						0.7						4660	4	90	1	1.0
23	95	102				0.6				197	202	4664	4	101	1	1.0
24													5	102	1	
25													5	102	1	
26						0.6						4678	5	113	1	1.0
27						0.7						4683	6	114	1	1.0
28						0.6						4689	6	130	1	1.0
29																
30																
31																
MONTH TOTAL						13.9							129	2768	27	20.5
YEAR TO DATE													321	6891	68	
AVG						0.7							5	99	1	1.0
MAX						0.9							6	130	1	1.1
M. N.						0.6							4	86	1	1.0

DATE: February-1990 **SUNNY HILLS UTILITIES** MONTHLY WATER REPORT

WELL NO'S UNIT-10 TRACT-N ELCRAN/CLAREMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			1001		2										97
2	161	162	1001	1	2										103
3					2										103
4					3										105
5			1002		3										108
6			1002	1	2										104
7			1003		2										108
8			1003		2										94
9	161	162	1003		2										88
10					2										88
11				1	3										90
12			1004		2										106
13			1004	1	3										99
14			1005		1										108
15			1005		3										98
16	161	162	1005		2										92
17					2										92
18				1	2										92
19			1006		3										96
20			1006		3										102
21			1006		3										92
22			1006	1	2										92
23	161	162	1007		3										104
24					2										104
25					2										104
26			1007		3										116
27			1007	1	3										117
28			1008		3										133
29															
30															
31															
MONTH TOTAL				7	67										2835
[illegible] TO DATE				13	132										7023
AVG.				.25	2										101
MAX.				1	3										133
MIN.				1	1										90

408

2487

2215

0997

TOTAL METERED SERVICES AT END OF MONTH: 25

OPERATOR NAME: HARRIS

OPERATOR SIGNATURE: Harold Register

D NO. 1670647

DATE: 2-1913

DATE MARCH-1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL Nº1 UNIT-1B GABLES / BABCOCK TRACT-A							N.S. CENTRIFUGAL UNIT-1B TRACT A			WELL Nº4 UNIT-E VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG	HOURS	GALLONS	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.
1																	
2	95	100											4695	5	113	1	1.0
3											197	201	4700	5	116	1	1.1
4														6	116	1	
5														6	116	1	
6													4717	5	115	1	1.0
7													4722	7	154		1.0
8													4729	8	159		1.0
9	95	101											4737	6	144	4	1.0
10											197	200	4743	9	199		1.0
11			2857	4	45									10	200		
12			2861	1	22	2	1.0							10	200		
13			2872	7	107	3	1.0						4772	11	225	8	0.9
14			2869	1	15		1.1						4783	9	190		1.0
15			2870	1	13		1.1						4792	10	199		0.9
16	95	102	2871	1	13		1.1						4802	8	177	5	1.0
17				1	13						197	201	4810	6	141		1.0
18					14									7	141		
19			2873				1.0							7	142	4	
20			2873		12	2	1.0						4830	8	162		1.0
21			2873		14		1.1						4838	7	155	3	1.0
22			2873		13		1.0						4845	9	203		1.0
23	95	101	2873		8		1.1						4854	9	184	3	1.0
24				1	9						197	202	4863	9	196		1.0
25					9									9	196		
26			2874		14		1.0							10	197	5	
27			2874		6		1.0						4891	10	196		1.0
28			2874		6		1.1						4901	8	173		1.0
29			2874	1	13		1.0						4909	8	173	5	1.0
30	95	010	2875		9		1.0						4917	9	177		1.0
31				1	9	5					197	201	4926	5	105		1.0
MONTH TOTAL				19	364	12	15.6							5	106	3	
YEAR TO DATE				19	364	12								241	5070	45	21.9
AVG.				1	18	.6	1.0							562	11961	113	
MAX.				7	107	5	1.1							8	164	1	1.0
MIN.				1	6	2	1.0							11	225	8	1.1
														5	105	1	0.9

8660

57

6660

DATE: MARCH 1986 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL Nº3 UNIT-10 TRACT-H ELCHAM/CLAREMONT														TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	
1			1008		1		1.0								114
2	161	162	1008		2		1.0								118
3				1	3										119
4					3										119
5			1009		3		1.0								118
6			1009	1	1		0.9								155
7			1010		3		1.0								162
8			1010		3		1.0								147
9	161	162	1010		5		0.9								204
10					5										205
11				2	5										250
12			1012		4		1.0								251
13			1012		3		0.9								300
14			1013		4		1.0								218
15			1013	3	27		1.0								217
16	161	162	1016		1		1.0								155
17															154
18				1	1										157
19			1017				1.0								162
20			1017		2		0.9								169
21			1017				0.9								217
22			1017		3		1.0								200
23	161	162	1017		2		1.0								206
24					2										209
25				1	3										209
26			1018	1	3		1.0								218
27			1019		5		0.9								184
28			1019	1	5		0.9								184
29			1020		3		1.0								193
30	161	162	1020		1		1.0								115
31					2										117
MONTH TOTAL				11	105		21.3								5539
YEAR TO DATE				18	237										12562
AVG.				.4	3		1.0								179
MAX.				3	27		1.0								300
MIN.				1	1		0.9								114

743

4,796

I.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH 465

OPERATOR NAME: Harold Register

OPERATOR SIGNATURE: Harold Register

CERTIFICATE NUMBER: B-1913

DATE: April-1990 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DAY	WELL Nº1 UNIT-15 GABLES / BABCOCK TRACT-A							N. S. CENTRIFUGAL UNIT-15 TRACT A			WELL Nº4 UNIT-8 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.
1					9									5	106		
2			2876		13		1.0						4941	4	92	2	1.1
3			2876		13		1.1						4945	5	116	1	1.0
4			2876		14	2	1.0						4950	7	135		1.0
5			2876		14		1.1						4957	8	160	3	0.9
6	95	102	2876		9		1.1				197	202	4965	7	156		1.0
7					9									7	156		
8					9									8	157		
9			2876	1	14		1.0						4987	10	216		1.0
10			2877		13		1.0						4997	7	139	7	1.0
11			2877			8	1.0						5004	6	119	3	1.0
12			2877	1	14		1.0						5010	8	166		1.1
13	95	101	2878		10		1.0				197	203	5018	8	160	4	1.1
14				1	10									8	160		
15					11									8	160	4	
16			2879		11		1.0						5042	10	225	2	1.0
17			2879				1.0						5052	12	259	3	1.0
18			2879	10	166	10	1.0						5064	3	60		1.1
19			2889	17	194		1.2						5067	1	28	2	1.0
20	95	102	2906	7	92	15	1.2				197	203	5068	10	204	2	1.0
21														10	205	2	
22														10	205	2	
23			2913				1.0						5098	13	256	3	1.0
24			2913				1.0						5111	9	205	2	1.0
25			2913				0.9						6120	14	273	3	1.0
26			2913				1.0						5134	12	259	3	1.0
27	95	103	2913	1	11		1.0				197	202	5146	7	162		1.0
28														8	163		
29														8	163		
30			2914	9	106	10	1.0						5169	12	229	8	1.0
31																	
MONTH TOTAL				47	742	45	21.6							245	5093	56	21.3
YEAR TO DATE				66	1106	57								807	17054	169	
AVG.				2	25	2	1.0							8	170	2	1.0
MAX.				17	194	15	1.2							14	273	7	1.1
MIN.				1	9	2	0.9							1	28	1	0.9

1000

191

DATE: April 1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

WELL Nº3 UNIT – 10 TRACT – H ELCHAM / OLARE MONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1					2										117
2			1021		3		1.0								108
3			1021	1	2		1.0								130
4			1022		2		1.0								151
5			1022		3		1.0								177
6	161	162	1022	1	4		1.0								169
7					5										170
8				1	5										171
9			1024		3		0.9								233
10			1024		5		0.9								157
11			1024	1	2		1.0								121
12			1025		2		1.0								182
13	161	162	1025		3		1.0								173
14					3										173
15					3										174
16			1025	1	3		1.0								239
17			1026	1	5		1.0								264
18			1027		5		1.0								231
19			1027	1	4		1.0								226
20	161	162	1028		4		1.0								300
21				1	5										210
22					5										210
23			1029		4		1.0								260
24			1029	1	4		1.0								209
25			1030		4		1.0								277
26			1030	1	6		1.0								265
27	161	162	1031		2		1.0								175
28					2										165
29				1	3										166
30			1032		3		0.9								338
31															
MONTH TOTAL				11	106		20.7								5941
YEAR TO DATE				29	343										18603
AVG.				.366	4		1.0								198
MAX.				1	6		1.0								338
MIN.				1	2		0.9								108

L.D. NO 1670647

TOTAL METERED SERVICES AT END OF MONTH: 405

OPERATOR NAME: Harold Register

OPERATOR SIGNATURE: Harold Register

CERTIFICATE NUMBER: A-1913

1001

DATE: May-1990 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DAY	WELL N°1 UNIT-19 GABLES / BADGER TRACT-A							N. S. CENTRIFUGAL UNIT-19 TRACT A			WELL N°4 UNIT-8 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.
1			2923		20		1.0						5181	10	250		1.0
2			2928	3	48		0.9						5191	16	262	5	1.0
3			2926	4	48	5	1.1						5206	9	186	2	1.0
4	95	102	2930	3	154		1.1				197	202	5216	4	96		1.0
5				3	154									5	97		
6				3	155	25								5	97		
7			2939	10	163		1.1						5229	13	265	6	1.0
8			2939	9	142		1.0						5242	6	127	1	1.0
9			2947	7	120	20	1.1						5248	2	62		1.1
10			2954	7	128	5	1.1						5250	3	54		1.1
11	95	102	2961	7	132		1.0				197	201	5253	3	71		1.0
12				7	133									3	71		
13				7	133									4	72		
14			2982	8	181	25	1.2						5263	2	42	3	1.0
15			2989	8	139		1.1						5265	4	91		1.0
16			2997	9	147		1.1						5269	6	115		1.0
17			3006	8	139		1.1						5275	4	86		1.0
18	95	103	3014	8	153		1.0				197	202	5279	5	105	3	1.1
19				9	153									5	105	1	
20				9	153									5	105	1	
21			3040	9	153		1.0						5296	5	105	1	1.0
22			3049	9	124		1.1						5299	3	51		0.9
23			3059	9	136	50	1.0						5302	4	88		1.0
24			3067	8	141		1.1						5306	7	135		1.0
25	95	102	3075	9	158		1.1				197	200	5313	6	126	4	0.9
26				9	158									6	126		
27				9	158									6	126		
28			3102	10	158	25	1.0						5331	6	126	3	1.1
29			3112	10	177		1.1						5337	8	150		1.0
30			3122	19	150		1.0						5345	8	177		1.0
31			3141	7	108	20	1.1						5353	16	304	6	1.1
MONTH TOTAL				235	4166	175	29.4							187	3863	36	23.3
YEAR TO DATE				301	5272	232								994	20917	205	
AVG.				8	134	6	1.1							6	125	1.16	1.0
MAX.				19	177	50	1.2							15	304	6	1.1
MIN.				3	20	5	0.9							2	42	1	0.9

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DATE: MAY -1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

PAGE 2 OF 2

WELL Nº5 UNIT - 10 TRACT - H ELBERN /CLAREMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1			1032		3		0.9								273
2			1032		5		1.0								313
3			1032	1	3		1.0								237
4	161	162	1033		3		1.0								253
5					3										254
6					4										256
7			1034		3		1.0								431
8			1034	1	3		1.1								272
9			1035		2		1.0								174
10			1035		5		1.0								187
11	161	162	1035		2		1.0								205
12					3										207
13				1	3										209
14			1036	1	4		1.0								177
15			1037		3		0.9								233
16			1037		4		0.9								226
17			1037	1	3		0.9								228
18	161	162	1038		3		1.0								261
19					3										261
20				1	4										262
21			1039		4		1.0								262
22			1039	1	4		1.0								179
23			1040		3		1.0								227
24			1040		3		1.1								279
25	161	162	1040		3		1.0								287
26					4										288
27					4										288
28			1041	1	4		1.0								331
29			1042		4		0.9								331
30			1042	1	4		1.0								419
31			1043		7		1.0								
MONTH TOTAL				9	108		22.7								8137
YEAR TO DATE				38	451										26640
AVG.				.29	3		1.0								262
MAX.				1	7		1.1								419
MIN.				1	2		0.9								177

7551
D15
84 : 6

L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH 406

OPERATOR SIGNATURE: Harold Ryan

OPERATOR NAME: Harold Register

CERTIFICATE NUMBER: A-1913

1003

DATE: June-1990 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

PAGE 1 OF 2

DAY	WELL Nº1 UNIT-10 GABLES / BADGER TRACT-A							N.S. CENTRIFUGAL UNIT-19 TRACT A			WELL Nº4 UNIT-8 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	METER RDG	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.
1	95	104	3148		4		1.0				197	203	5368	12	246		1.0
2					4									13	246		
3					5									13	247	7	
4			3148				1.1						5406	8	165		1.1
5			3148				1.0						5414	9	191	3	1.0
6			3148				1.0						5423	10	195		1.0
7			3148				1.0						5433	13	263	5	1.0
8	95	102	3148				1.0				197	202	5446	8	164		1.0
9														8	164		
10				3	50									8	166		
11			3151	10	162		1.1						5470	6	133	5	1.0
12			3161	11	163		1.0						5476	7	133		1.0
13			3172	13	208		1.0						5483	7	130		1.0
14			3185	14	209	15	1.1										
15	95	103	3199	5	91		1.0				197	203	5489	7	136		0.9
16				5	92								5496	7	155	6	1.0
17				6	92									8	155		
18			3215	10	132		1.0							8	155		
19			3225	10	133	10	1.0						5519	4	84	4	1.0
20			3235	13	162		1.1						5523	4	85		1.0
21			3248	17	148		1.0						5527	4	88		1.0
22	95	102	3265	8	147		1.0						5531	5	102		1.0
23				8	148						197	202	5536	3	68	3	1.0
24				9	148	25								3	69		
25			3290	13	196	15	1.0							4	69		
26			3303	14	222	10	1.0						5546	5	103	4	1.0
27			3317	15	219		1.1						5551	6	125		1.0
28			3332	6	97	10	1.0						5557	5	90		1.0
29	95	102	3338	7	122		1.0						5562	6	142		1.0
30				7	122	10					197	201	5568	5	114	4	1.0
31														5	114		
MONTH TOTAL				204	3074	95	21.5							211	4301	41	21.
YEAR TO DATE				505	8346	327								1205	25218	246	
AVG.				7	102	3	1.0							7	143	1	1.0
MAX.				17	222	25	1.1							13	263	7	1.1
MIN.				3	4	10	1.0							3	68	3	0.9

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1004

DATE: JUNE-1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

WELL Nos 161 162 UNIT-30 TRACT-N ELCHAM/OLAREMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1	161	162	1043		5		1.0								255
2				1	5										255
3				1	5										257
4			1045		3		1.0								168
5			1045		2		1.0								193
6			1046	1	2		1.0								197
7			1046		9		0.9								272
8	161	162	1046		2		1.0								166
9					3										167
10				1	3										218
11			1047		3		1.0								298
12			1047	1	3		0.9								299
13			1048	1	8		0.9								346
14			1049		5		1.0								348
15	161	162	1049		3		1.0								249
16					3										250
17				1	4										251
18			1050		2		0.9								218
19			1050	1	3		0.9								221
20			1051		5		0.9								255
21			1051				0.8								250
22	161	162	1051		3		0.9								218
23					3										220
24				1	3										220
25			1052		3		1.0								309
26			1052	1	4		0.9								351
27			1053	1	6		1.0								316
28			1054		4		1.0								243
29	161	162	1054		6		0.9								241
30					5										241
31															
MONTH TOTAL				11	114		19.8								7489
YEAR TO DATE				49	565										34129
AVG.				.36	4		0.9								250
MAX.				1	9		1.0								348
MIN.				1	2		0.8								166

PAGE 2 OF 2

L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH: 409

OPERATOR SIGNATURE: Harold Register

OPERATOR NAME: HAROLD REGISTER

CERTIFICATE NUMBER: D-1913

1005

DATE: July-1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL N°1 UNIT-10 BABLES / BABCOCK TRACT-4							N.S. CENTRIFUGAL UNIT-10 TRACT 3			WELL N°4 UNIT-8 VALIANT DR. TRACT-5						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	METER RDG	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.
1				7	123									6	114		
2			3359	9	113	5	1.0						5584	6	92		1.0
3			3368	9	103	5	1.1						5589	6	129	3	1.0
4			3377	6	93		1.0						5595	6	127		1.1
5			3382	9	116		1.0						5601	4	96		1.0
6	95	102	3392	12	195		1.1				197	202	5605	3	77	2	1.0
7				12	195									4	78		
8				13	196	20								4	78		
9			3429	14	251	5	1.0						5616	4	80	3	1.0
10			3443	10	169	7	1.0						5620	4	84		1.0
11			3453	10	175	5	1.0						5624	3	61		1.0
12			3463	7	142	5	1.0						5627	4	76	2	1.0
13	95	103	3470	9	157		1.1				197	201	5631	3	70		1.0
14				10	158									3	71		
15				10	158	25								4	71		
16			3499	11	181	10	1.1						5641	4	77	3	1.0
17			3510	11	171	10	1.0						5645	3	69		1.0
18			3521	11	182	10	1.1						5649	4	74		1.0
19			3532	12	199	10	1.0						5652	5	105	3	1.0
20	95	105	3544	11	176		1.0				197	202	5657	4	82		1.1
21				11	177									4	82		
22				11	177									4	92		
23			3577	9	158	30	1.0						5669	3	67	3	1.0
24			3586	11	185	10	0.9						5672	5	104		1.1
25			3597	12	191		1.0						5677	5	98		1.0
26			3609	14	215	25	1.0						5682	5	106	2	1.0
27	95	104	3623	19	297		1.1				197	202	5687	5	105		1.0
28				19	297									5	106		
29				20	298									6	106		
30			3681	17	267	35	1.0						5703	6	114		1.1
31			3698	15	225	15	1.1						5709	7	158	5	1.0
MONTH TOTAL				361	5739	232	22.6							138	2829	26	22.4
YEAR TO DATE				866	14085	559								1343	28047	272	
AVG.				12	185	7	1.0							4	91	.8	1.0
MAX.				20	298	35	1.1							7	158	5	1.1
MIN.				6	93	5	0.9							3	61	2	1.0

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258

DATE: July-1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

WELL Nº 3 UNIT - 10 TRACT - N
EL CERRITO / CLAREMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1					6										242
2			1056		5		0.7								210
3			1056	1	4		0.8								236
4			1057		5		0.9								225
5			1057		4		1.0								206
6	161	162	1057		4		1.0								276
7				1	5										278
8				1	5										279
9			1059		5		1.1								336
10			1059	1	4		1.0								259
11			1060		5		1.0								241
12			1060	1	4		0.9								222
13	161	162	1061		4		1.0								231
14					5										234
15					5										234
16			1062	1	5		1.0								263
17			1063		4		0.9								244
18			1063	1	6		1.0								262
19			1064		5		0.9								309
20	161	162	1064		4		0.9								262
21				1	4										263
22				1	6										264
23			1066		6		1.0								231
24			1066	1	5		0.9								294
25			1067		4		1.0								293
26			1067	1	5		0.7								326
27	161	162	1068		5		1.0								408
28				1	6										409
29					6										410
30			1069	1	9		1.0								390
31			1070		3		1.0								386
MONTH TOTAL				13	152		9.09								8720
YEAR TO DATE				62	717										42849
AVG.				.48	5		1.0								281
MAX.				1	9		1.1								410
MIN.				1	3		0.7								206

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L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH 412

OPERATOR NAME: Harold Register

OPERATOR SIGNATURE: Harold Register

CERTIFICATE NUMBER: A-1713

0268

1007

DATE: AUGUST - 1990 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DAY	WELL Nº 1 UNIT - 19 BARLES / DABCOOK TRACT - A							N. S. CENTRIFUGAL UNIT - 19 TRACT A			WELL Nº 4 UNIT - 9 VALIANT SR. TRACT - E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.
1			3713	12	191	10	1.0						5716	9	165		1.0
2			3725	11	178	5	1.0						5725	7	153	3	1.0
3	95	103	3736	10	167		1.0				202	207	5732	7	150		1.0
4				10	168									7	150		
5				11	168	20								8	150		
6			3767	10	168	10	1.1						5754	5	109	6	1.0
7			3777	14	210		1.1						5759	7	137		1.0
8			3791	18	204	10	1.0						5766	8	159	3	1.0
9			3809	16	265	5	1.1						5774	7	134		1.0
10	95	104	3825	12	224		1.0				202	206	5781	6	133		1.0
11				13	224									7	133		
12				13	224	15								7	133	5	
13			3863	13	209	5	1.0						5801	6	119		1.0
14			3876	13	237	5	1.0						5809	11	220	3	1.0
15			3889	16	222		1.0						5818	11	215		1.1
16			3904	13	241		1.0						5829	10	196	4	1.0
17	95	104	3917	19	336	15	1.0				202	207	5839	9	188		1.0
18														9	188		
19														10	169		
20			3936				0.8						5867	9	183	7	1.1
21			3936				0.7						5876	10	205	2	1.1
22			3936				0.6						5886	18	376	3	1.0
23			3936				0.8						5904	7	152		1.0
24	95	104	3936				0.8				202	206	5911	8	152		1.0
25														8	152		
26														8	153	6	
27			3936				0.7						5935	12	239		1.0
28			3936				0.6						5947	13	249	4	0.9
29			3936				0.7						5960	14	286		1.0
30			3936				0.9						5974	9	178		1.0
31	95	102	3936				0.9				202	206	5983	9	194	6	1.0
MONTH TOTAL				223	3586	100	20.7							276	5558	52	23.2
YEAR TO DATE				1089	17671	966								1619	33605	324	
AVG.				7	116	6	0.9							9	179	2	1.0
MAX.				19	336	20	1.0							14	376	7	1.1
MIN.				10	167	5	0.6							5	109	2	0.9

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DATE: August-1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

PAGE 2 OF 2

DAY	WELL N°3 UNIT-10 TRACT-H ELKHORN/CLAREMONT													TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	
1			1071		4		0.9								360
2			1071		3		0.9								334
3	161	162	1071	1	3		1.0								320
4				1	4										322
5					4										322
6			1073		2		0.9								279
7			1073		5		1.0								352
8			1073	1	7		1.0								368
9			1074	1	9		1.0								408
10	161	162	1075		7		1.0								364
11				1	7										364
12				1	7										364
13			1077	1	6		1.0								336
14			1078		5		0.8								412
15			1079	1	4		0.7								461
16			1079	1	11		0.9								448
17	161	162	1080		3		0.9								527
18					3										191
19				1	4										193
20			1081		2		0.9								185
21			1081		3		0.9								208
22			1081		2		0.8								378
23			1081	1	2		0.9								154
24	161	162	1082		2		0.9								154
25					2										154
26					3										156
27			1082	1	2		0.8								241
28			1083		4		0.9								253
29			1083		2		0.8								238
30			1083	1	3		0.9								181
31	161	162	1084		2		0.9								196
MONTH TOTAL				13	127		20.5								9271
YEAR TO DATE				75	844										52120
AVG.				.41	4		0.9								299
MAX.				1	11		1.0								448
MIN.				1	2		0.7								154

L.O. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH: ——

OPERATOR NAME: Harold Register

OPERATOR SIGNATURE: Harold Register

CERTIFICATE NUMBER: A-1913

1009

DATE: September 1979 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DAY	WELL N°1 UNIT-1B GABLES / BABCOCK TRACT-A							N. S. CENTRIFUGAL UNIT-1B TRACT A			WELL N°4 UNIT-E VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.
1														10	194		
2														10	195		
3							0.8										
4							0.8						6012	16	326	7	1.0
5							0.9						6028	16	305	3	1.0
6							0.8						6044	15	307	3	1.0
7	95	102					0.7						6059	16	323	3	1.1
8											202	207	6075	16	328		1.0
9														16	328		
10														16	329		
11							0.8						6123	12	223	12	1.0
12							0.8						6135	10	213	2	1.0
13							0.7						6145	13	249	2	0.9
14	95	104					0.8						6158	10	193	2	1.0
15							0.8				202	206	6168	10	203		1.0
16														10	203		
17														11	203	6	
18							0.9						6199	12	240	2	1.0
19							0.7						6211	13	244	2	1.0
20							0.9						6224	21	318	3	1.0
21	95	104					0.9						6245	10	289	3	1.1
22							0.8				202	206	6255	14	280		1.0
23														15	280		
24			3939	6	109	5	1.0							15	281	8	
25			3945	11	204		0.9						6279	8	149		1.0
26			3956	11	167	5	0.9						6307	5	103	3	1.1
27			3967	12	226		0.9						6313	5	103	1	1.0
28	95	104	3979	4	68	5	1.0						6317	5	100	1	1.0
29				4	69						202	206	6322	6	101	1	1.0
30				4	69									5	102	1	
31														6	102	1	
MONTH TOTAL				52	912	15	16.5										
YEAR TO DATE				1141	18583	981								346	6814	66	20.2
AVG.				7.	130	2	0.8							1965	40419	390	
MAX.				12	226	5	1.0							12	227	2	1.0
MIN.				4	68	5	0.7							21	329	12	1.1
														5	100	1	0.9

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1010

DATE: September -1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

WELL Nos UNIT – 10 TRACT – 11
ELCAJON / CLAREMONT

DAY	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	TOTAL GALLONS PER DAY
1					2										196
2					2										197
3			1084	1	5		0.9								331
4			1085		3		0.8								309
5			1085	1	5		0.9								312
6			1086		3		0.9								326
7	161	162	1086		6		0.9								334
8				1	6										334
9				1	6										335
10			1088		3		0.8								226
11			1088		3		0.9								216
12			1088		2		0.8								261
13			1088	1	5		0.9								196
14	161	162	1089		2		0.9								205
15					2										205
16					2										205
17			1089	1	4		0.8								244
18			1090		3		0.8								247
19			1090		3		0.9								321
20			1090	1	4		0.8								293
21	161	162	1091		3		0.9								283
22				1	3										283
23					3										284
24			1092		2		0.9								260
25			1092		5		0.9								312
26			1092	1	4		0.9								274
27			1093		5		0.9								331
28	161	162	1093		6		1.0								175
29				1	6										177
30				1	6										177
31															
MONTH TOTAL				11	112		11.4								7838
YEAR TO DATE				86	956										59958
AVG.				.36	4		0.9								261
MAX.				1	6		1.0								335
MIN.				1	2		0.8								175

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I.D. NO 1670647

TOTAL METERED SERVICES AT END OF MONTH

OPERATOR NAME: Harold Register

OPERATOR SIGNATURE: Harold Paguian

CERTIFICATE NUMBER: A-1913

1011

DATE: OCTOBER-1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

DAY	WELL Nº1 UNIT-10 BABLES / BADGOOS TRACT-A							N.S. CENTRIFUGAL UNIT-10 TRACT-A			WELL Nº4 UNIT-8 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	METER RDG.	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.
1			3991	5	81	2	1.0						6338	6	100		1.0
2			3996	5	88	2	1.0						6343	7	135	2	1.0
3			4001	5	89	2	1.1						6350	7	139		1.1
4			4006				1.0						6357	7	146	3	1.0
5	95	103	4006	9	154	3	1.1				202	205	6364	2	41		1.1
6				9	155	3								2	42		
7				9	155	3								3	42		
8			4033	11	206	4	1.0						6371	1	37		1.0
9			4044	10	176	3	1.0						6372	2	34		1.0
10			4054	7	135	3	1.1						6374	1	22		1.0
11			4061	9	160	3	1.1						6375	1	33	2	1.0
12	95	104	4070	10	191		1.1				202	204	6376	2	33		1.0
13				11	192									2	34		
14				11	192									2	34		
15			4124	11	197	15	1.1						6382	2	34		1.0
16			4113	14	244		1.0						6384	2	40	2	0.9
17			4127	9	144		1.1						6386	1	22		1.0
18			4136	10	151	20	1.2						6387	1	21		1.0
19	95	104	4146	9	164		1.0				202	205	6388	1	25		1.0
20	C			10	165									1	25		
21				10	165									2	26		
22			4175	6	117	20	1.1						6392	1	17	1	1.0
23			4181	9	132	5	1.1						6393		17		1.0
24			4190	9	153	10	1.1						6393	2	21		1.0
25			4199	8	163	7	1.0						6395		15		1.0
26	95	103	4207	8	162		1.0				202	204	6395	2	23		1.0
27				8	162									1	23		
28				9	163									1	24		
29			4232	9	184	30	1.1						6399	1	22		1.0
30			4241	10	188		1.0						6400	1	25		1.0
31			4251	10	193	10	1.0						6401	4	65	2	1.0
MONTH TOTAL				270	4821	145	243							67	1317	12	23.1
YEAR TO DATE				1411	23404	1126								2032	41736	402	
AVG.				9	156	5	1.0							2	42	.38	1.0
MAX.				11	244	30	1.2							7	146	3	1.1
MIN.				5	81	2	1.0							1	17	1	0.9

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DATE: OCTOBER-1990 **SUNNY HILLS UTILITIES** **MONTHLY WATER REPORT**

PAGE 2 OF 2

DAY	WELL #'S UNIT-10 TRACT-H ELSMAN/CLAREMONT														TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	
1			1095	1	5		0.8								186
2			1096	1	5		0.9								228
3			1097		5		0.9								233
4			1097				0.9								146
5			1097		4		0.8								199
6				1	4										201
7					4										201
8			1098	1	3		0.8								246
9			1099		7		0.9								217
10			1099	1	4		0.9								161
11			1100		4		1.0								197
12			1100	1	4		0.9								228
13					4										230
14				1	3										229
15			1102		3		1.0								234
16			1102		4		0.9								288
17			1102	1	3		1.0								169
18			1103		3		0.9								175
19			1103		3		0.9								192
20					3										193
21				1	3										194
22			1104		3		0.9								137
23			1104	1	3		1.0								152
24			1105		3		0.9								177
25			1105		3		1.0								181
26			1105		3		0.9								188
27				1	3										188
28					3										190
29			1106		3		0.9								209
30			1106	1	3		1.0								216
31			1107		3		1.0								261
MONTH TOTAL				12	108		21.1								6246
YEAR TO DATE				98	1064										66204
AVG.				.38	3		0.9								201
MAX.				1	7		1.0								288
MIN.				1	3		0.8								137

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TOTAL METERED SERVICES AT END OF MONTH 416 OPERATOR SIGNATURE: Harold Register

I.D. NO. 1670647 CERTIFICATE NUMBER: A-1913

OPERATOR NAME: HAROLD REGISTER

1013

DATE: November 1990 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DAY	WELL N°1 UNIT-15 GABLES / BABCOCK TRACT-A							N.S UNIT-15 CENTRIFUGAL TRACT A			WELL N°4 UNIT-5 VALIANT DR. TRACT-E						
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES.	METER RDG	HOURS	GALLONS	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL	CL. RES
1			4261	8	160		1.1						6405	3	58		1.0
2	95	104	4269	9	173		1.0				202	206	6408	1	31		1.1
3				9	183									1	31		
4				10	193	20								2	31		
5			4297	7	150	5	1.1						6412	2	42		1.0
6			4304	12	230	10	1.0						6414	2	28	2	1.0
7			4316	9	169	5	1.0						6416	1	26		1.0
8			4325	8	183	6	1.0						6417	1	15		1.0
9	95	103	4333	1	24		1.1				202	205	6418	6	123		1.0
10				1	25									6	124		
11				2	25									7	124		
12			4337	3	71		1.0						6427	7	130	5	1.0
13			4340	3	52		1.0						6444	7	145		1.0
14			4343	2	41		1.0						6451	7	155	3	1.1
15			4348	2	41	10	1.0						6458	8	145		1.0
16	95	104	4387	7	167	5	1.1				202	207	6466	2	44	2	1.0
17				8	157	5								2	44		
18				8	157	6								3	45		
19			4370	10	162	5	1.0						6473	1	22		1.0
20			4380	11	180	6	1.1						6474	1	25		1.1
21			4391	9	162	5	1.0						6475	1	19		1.0
22			4400	9	172	5	1.1						6476	1	17		1.0
23	95	104	4409	8	163		1.1				202	206	6477	1	18		1.0
24				8	163									1	19		
25				9	163									1	19		
26			4434	10	177	30	1.1						6480	1	17	2	1.1
27			4449	12	156	5	1.0						6481	1	24		1.0
28			4456	7	182	5	1.1						6482	2	28		1.0
29			4463	7	131	6	1.0						6484	1	28		1.0
30	95	104	4470	10	195	6	1.1				202	205	6485	1	22	1	1.1
31																	
MONTH TOTAL				219	4134	140	23							81	1591	15	22.5
YEAR TO DATE				1630	27538	1266								2113	43327	417	
AVG.				7	138	5	1.0							3	53	.5	1.0
MAX.				12	230	30	1.1							8	145	5	1.1
MIN.				1	24	5	1.0							1	15	1	1.0

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DATE: November-1990 **SUNNY HILLS UTILITIES** MONTHLY WATER REPORT

PAGE 2 OF 2

DAY	WELL Nº8 UNIT-M TRACT-H ELKHAM/CLAREMONT														TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	
1			1107		3		0.8								221
2			1107		3		0.9								217
3				1	4										218
4				1	4										218
5			1109		3		0.8								195
6			1109		2		0.9								260
7			1109		4		0.8								194
8			1109	2	11		0.9								189
9			1111		3		1.0								150
10					3										152
11					3										152
12			1112		2		1.0								203
13			1112	1	3		0.9								200
14			1113		3		1.0								189
15			1113		3		0.9								189
16			1113		3		0.9								204
17					4										205
18					4										206
19			1114		2		1.0								186
20			1114		3		0.9								208
21			1114	1	3		0.9								184
22			1115		3		0.9								194
23			1115		3		1.0								184
24					3										185
25					3										185
26			1116		3		0.9								199
27			1116	1	2		0.9								182
28			1117		3		1.0								173
29			1117		1		0.9								160
30			1117		1		0.9								218
31															
MONTH TOTAL				7	95		20.1								5820
YEAR TO DATE				105	1159										72024
AVG.				.23	3		0.9								194
MAX.				2	11		1.0								260
MIN.				1	1		0.8								150

5541

(6179)

L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH: ——

OPERATOR SIGNATURE: Harold Register

OPERATOR NAME: HAROLD REGISTER CERTIFICATE NUMBER: A-1713

1015

DATE: December-1990 SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DAY	WELL N°1 STATIC LEVEL	WELL N°1 PUMPING LEVEL	WELL N°1 METER RDG.	UNIT-15 GABLES / BABCOCK TRACT-A HOURS	GALLONS	LBS. CL	CL. RES	N.S. CENTRIFUGAL UNIT-15 TRACT A METER RDG.	HOURS	GALLONS	WELL N°4 STATIC LEVEL	WELL N°4 PUMPING LEVEL	WELL N°4 METER RDG.	UNIT-6 VALIANT DR. TRACT-E HOURS	GALLONS	LBS. CL.	CL. RES.
1				11	195	5								1	22		
2				11	196	5								1	22		
3			4502		11		1.0						6488	7	132		1.0
4			4502				0.9						6495	8	149		1.0
5			4502	2	20		1.0						6503	6	137		1.0
6			4504				1.0						6509	8	157		1.0
7			4504				1.0						6517	7	137		1.1
8														8	137		
9														8	138	10	
10			4504				1.0						6539	7	142		1.0
11			4504				1.1						6546	9	180	3	1.1
12			4504	1	18		1.0						6555	5	87		1.1
13			4505				1.0						6560	8	145		1.2
14			4505	2½	35		1.1						6568	5	101		1.1
15				½	36									5	102		
16				3	36	4								6	102	5	
17			4512				0.9						6584	7	135		1.1
18			4512				0.8						6591	6	120	3	1.0
19			4512				0.8						6597	6	125		1.0
20			4512				0.7						6603	6	118	2	1.0
21			4512				0.8						6609	7	129		1.0
22														7	130		
23														7	130	3	
24			4512				0.8						6630	6	121		1.0
25			4512				0.7						6636	6	122	2	1.0
26			4512				0.8						6642	6	119		1.1
27			4512				0.8						6648	6	117	2	1.0
28			4512				0.8						6654	6	126		1.1
29														7	125		
30														7	126		
31			4512				0.8						6674	6	108	4	1.1
MONTH TOTAL				32	547	14	18.8							195	3739	34	22.0
YEAR TO DATE				1662	28685	1280								2308	47066	451	
AVG.				1	17	.45	0.9							6	121	1	1.0
MAX.				11	196	5	1.1							9	190	10	1.2
MIN.				1	11	4	0.7							1	22	2	1.0

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DATE: December-1990 **SUNNY HILLS UTILITIES** MONTHLY WATER REPORT

PAGE 2 OF 2

DAY	WELL Nº 5 UNIT-10 TRACT-N ELCRAM/CLAREMONT							WELL Nº							TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	STATIC LEVEL	PUMPING LEVEL	METER RDG.	HOURS	GALLONS	LBS. CL.	CL. RES.	
1															217
2					1										219
3			1117		1		0.9								144
4			1117				0.8								149
5			1117		1		0.9								158
6			1117				0.8								158
7			1117				0.9								137
8					1										138
9				1	1										139
10			1118		1		1.0								143
11			1118				1.0								180
12			1118		1		0.9								106
13			1118				0.9								145
14			1118				0.9								136
15															138
16					1										139
17			1118				1.0								135
18			1118				1.0								120
19			1118		1		0.9								126
20			1118				0.9								118
21			1119				0.9								129
22															130
23															130
24			1118				1.0								127
25			1118				1.0								122
26			1118		1		0.9								120
27			1118				0.9								117
28			1119				0.9								125
29															126
30					1										126
31			1118		1		0.9								109
MONTH TOTAL				1	13		183								4299
YEAR TO DATE				106	1172										76,323 000
AVG.				1	.41		0.9								139
MAX.				1	1		1.0								219
MIN.				1	1		0.8								106

3719

To 3953

234

OPERATOR SIGNATURE: Harold Register

CERTIFICATE NUMBER: D-1913

L.D. NO. 1670647

TOTAL METERED SERVICES AT END OF MONTH 415

OPERATOR NAME: Harold Register

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Sunshine Parkway - 560

Lake County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway #560

Location: City or S/D Sunshine Parkway & US 27 County Lake

Owned by S.S.U. Services Reporting Month January 19 91

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 8

Design Flow 2.85MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1057.2	21.5	161.2					30	22.4	5	NONE
Average	34.1	0.69	2.4					1.2	0.9		
Maximum	57.2	1.0	3.0					1.2	1.0		
Minimum	20.2	0.375	2.0					1.2	.8		
1											
2	81.6	2.0	2.9					1.2	.9		
3	20.4	.5	2.9					1.2	1.0		
4	40.3	.75	2.3					1.2	.9		
5											
6	82.0	1.5	2.3					1.2	1.0		
7	39.7	.75	2.3					1.2	1.0		
8	40.7	.75	2.2					1.2	.9	5	-0-
9											
10	40.0	.75	2.2					1.2	.9		
11	20.2	.5	3.0					1.2	.8		
12	40.7	.75	2.2					1.2	.9		
13											
14	38.3	.75	2.3					1.2	.8		
15	38.6	.75	2.3					1.2	1.0		
16	36.6	.75	2.5					1.2	1.0		
17	31.5	.5	2.4					1.2	1.0		
18	39.3	.75	2.3					1.2	.8		
19	39.5	.75	2.3					1.2	.8		
20											
21	58.6	1.0	2.0					1.2	.9		
22	57.2	1.0	2.1					1.2	.9		
23	21.7	.5	2.5					1.2	.8		
24	35.1	.75	2.6					1.2	.8		
25	39.3	.75	2.3					1.2	.9		
26	36.5	.75	2.0					1.2	.8		
27											
28	29.4	2.0	3.0					1.2	1.0		
29	40.4	1.0	2.0					1.2	.8		
30	38.3	.5	2.1					1.2	.9		
31	41.5	.75	2.2					1.2	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway

Location: City or S/D Sunshine Parkway & Hwy 27 County Lake

Owned by SSU Services Reporting Month February 19 91

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 8

Design Flow 2.88 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1156.2	25	55.4					29.1	20.2	5	NONE
Average	41.3	0.9	3.4					1.3	0.9		
Maximum	50.1	1.0	3.0					1.5	1.0		
Minimum	20.5	0.5	2.2					1.2	0.8		
1	39.5	.75	2.3					1.2	.8		
2	38.6	.75	2.3					1.2	.9		
3											
4	80.9	2.0	3.0					1.2	.8		
5	40.1	.75	2.2					1.5	1.0		
6	39.9	.75	2.3					1.2	.9	5	-0-
7	40.5	.75	2.2					1.2	1.0		
8	39.1	.75	2.3					1.2	.9		
9	35.0	.75	2.4					1.2	.9		
10											
11	64.3	1.5	2.8					1.2	.8		
12	49.9	1.0	2.4					1.2	.8		
13	35.8	.75	2.3					1.2	.9		
14	39.2	.75	2.3					1.2	.8		
15	39.3	.75	2.3					1.2	.9		
16											
17	95.7	2.0	2.5					1.2	.8		
18	37.5	.75	2.4					1.2	.9		
19	38.5	.75	2.3					1.2	.8		
20	48.7	1.0	2.5					1.2	.8		
21	50.1	1.0	2.4					1.2	.8		
22	40.3	.75	2.2					1.2	.8		
23	20.5	.5	2.9					1.5	1.0		
24											
25	98.8	2.0	2.4					1.5	1.0		
26											
27	99.2	2.0	2.4					1.5	1.0		
28	38.5	.75	2.3					1.5	.9		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway

Location: City or S/D Sunshine Parkway County Lake

Owned by SSU Services Reporting Month March 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 8 (commercial)

Design Flow 2.55 mGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Ervin E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	1,363.4	26.75	60.7						32.7	21.7	10	
Average	43.9	0.86	2.3						1.3	.78		
Maximum	61.2	2.0	3.9						1.5	1.0		
Minimum	37.6	.75	2.0						1.2	.7		
1	39.5	.75	2.3						1.2	.8		
2	40.8	.75	2.2						1.2	.8		
3												
4	79.6	1.5	2.3						1.2	.8		
5	37.6	.75	2.4						1.2	.8		
6	38.0	.75	2.4						1.2	.8	5	2
7	39.8	.75	2.3						1.2	.8		
8	40.1	.75	2.2						1.2	.8		
9	47.3	.75	2.1						1.2	.7		
10												
11	94.4	2.0	2.5						1.5	1.0		
12	38.0	.75	2.4						1.2	.8		
13	39.3	.75	2.3						1.5	.9		
14	39.8	.75	2.3						1.5	1.0		
15	39.3	1.0	3.0						1.5	1.0		
16	38.7	.75	2.3						1.2	.9		
17												
18	98.4	2.0	2.4						1.2	.8		
19	40.4	.75	2.2						1.2	.9		
20	39.1	.75	2.3						1.2	.8	1	
21	39.9	.75	2.3						1.2	.8	2	1
22	40.1	.75	2.2						1.2	.8		
23												
24	81.2	1.5	2.2						1.2	.8		
25	61.1	2.0	3.9						1.2	.7		
26	39.9	.75	2.3						1.2	.8	1	0
27	31.7	1.0	2.3						1.2	.8	1	0
28	61.2	1.0	2.0						1.5	.9		
29	40.9	.75	2.2						1.2	.8		
30												
31	101.3	2.0	2.4						1.2	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway #560

Location: City or S/D Hwy. 27 & 195. Minneola County Lake

Owned by S.S.U. Services Reporting Month April 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 8

Design Flow 2.88MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1281.0	24.5	59.5					31.1	21.6	5	NONE
Average	42.7	.8	2.3					1.2	0.8		
Maximum	61.6	1.25	3.0					1.5	1.0		
Minimum	20.3	.5	1.4					1.0	0.7		
1	65.5	1.25	2.3					1.2	.9		
2	47.6	1.0	2.5					1.5	1.0		
3	44.7	.75	2.0					1.2	.9		
4	60.2	1.25	2.5					1.2	.8		
5	61.1	1.0	2.0					1.2	.8		
6	41.0	.75	2.2					1.0	.9		
7											
8	82.1	2.0	2.9					1.0	.7		
9	45.4	.75	2.0					1.2	.9	5	-0-
10	40.7	.75	2.2					1.2	.8		
11	20.3	.5	2.9					1.2	.9		
12	60.7	1.25	2.5					1.2	.9		
13											
14	81.8	1.5	1.4					1.2	.8		
15	61.6	1.5	3.0					1.2	.9		
16	41.0	.75	2.2					1.2	.9		
17	40.6	.75	2.2					1.2	.9		
18	40.9	.75	2.2					1.2	.9		
19	40.8	.75	2.2					1.2	.8		
20											
21	60.0	1.25	2.5					1.2	.8		
22	39.0	.75	2.3					1.2	.9		
23	39.1	.75	2.3					1.2	.8		
24	39.7	.75	2.3					1.2	.8		
25	40.6	.75	2.2					1.2	.8		
26	41.5	.75	2.2					1.2	.8		
27											
28	61.7	1.25	2.4					1.2	.8		
29	41.5	.75	2.2					1.2	.9		
30	42.1	.75	2.1					1.2	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tac

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway #560

Location: City or S/D Minneola, Hwy 19 & 27S County Lake

Owned by SSU Services Reporting Month May 19 91

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 8

Design Flow 258460 Remarks (Use reverse side) Phone No.: 1-900-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,210.9	24.5	63.4					31.2	22.1	5	NONE
Average	39.1	.79	2.4					1.3	0.9		
Maximum	61.8	1.25	3.9					1.3	1.0		
Minimum	20.2	.5	1.9					1.3	0.9		
1	40.5	1.0	3.0					1.3	0.9		
2	41.0	.75	2.3					1.3	0.9		
3	30.5	.5	2.9					1.3	0.9		
4	41.0	1.0	3.0					1.3	0.9		
5											
6	51.1	1.75	2.6					1.3	0.9		
7	40.16	.75	2.3					1.3	0.9		
8	30.4	.5	2.9					1.3	0.9	5	-0-
9	61.8	1.25	2.4					1.3	0.9		
10	41.1	.75	2.3					1.3	0.9		
11	61.16	1.0	1.9					1.3	0.9		
12											
13	40.5	1.5	3.3					1.3	0.9		
14	40.3	1.0	3.0					1.3	0.9		
15	40.5	.75	2.3					1.3	0.9		
16	30.1	.5	3.0					1.3	0.9		
17	40.3	.75	2.3					1.3	1.0		
18	40.4	.75	2.2					1.3	0.9		
19											
20	61.9	1.25	2.4					1.3	0.9		
21	41.4	.75	2.2					1.3	0.9		
22	41.3	.75	2.2					1.3	0.9		
23	41.1	.75	2.2					1.3	0.9		
24	30.5	.5	2.9					1.3	0.9		
25											
26	92.0	2.0	2.9					1.3	0.9		
27											
28	63.6	2.0	3.9					1.3	0.9		
29	41.2	.75	2.2					1.3	0.9		
30	25.8	.5	2.3					1.3	0.9		
31	41.0	.75	2.2					1.3	0.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office * in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway #566

Location: City or S/D Hwy 27&19 – Minneola County Lake

Owned by SSU Services Reporting Month JUNE 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 8 - Commercial

Design Flow 2.88MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Susan E. Heath C-5925
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1212.6	24.75	10.6					10.3	21.5	5	NONE
Average	40.4	.81	2.4					1.3	0.9		
Maximum	61.5	1.25	3.0					1.5	1.0		
Minimum	20.3	.5	2.1					1.2	0.8		
1	20.7	.5	2.9					1.2	0.8		
2											
3	82.0	1.5	2.2					1.2	0.9		
4	40.5	1.0	3.0					1.2	0.9		
5	20.3	.5	3.0					1.2	0.9		
6	41.1	.75	2.2					1.2	0.5		
7	40.1	.75	2.2					1.2	0.9		
8	41.0	.75	2.2					1.2	0.9		
9											
10	81.4	2.0	3.9					1.5	1.0		
11	41.7	.75	2.2					1.2	0.9		
12	61.5	1.25	2.4					1.2	0.9	5	-0-
13	60.2	1.25	2.5					1.2	0.8		
14	40.7	.75	2.2					1.2	0.8		
15											
16	103.0	2.25	2.6					1.2	0.8		
17	41.2	.75	2.2					1.2	0.9		
18	41.3	.75	2.2					1.2	0.9		
19	41.0	.75	2.2					1.2	0.8		
20	41.1	.75	2.2					1.2	0.8		
21	62.2	1.25	3.4					1.2	0.8		
22											
23	83.6	1.5	2.2					1.2	0.8		
24	61.5	1.25	2.4					1.2	0.8		
25	20.6	.5	2.9					1.2	0.8		
26	41.5	.75	2.2					1.2	0.9		
27	41.6	.75	2.2					1.2	1.2		
28	41.9	.75	2.1					1.2	0.9		
29	20.8	.5	2.9					1.2	0.9		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway #560

Location: City or S/D Minneola County Lake

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 7 (commercial)

Design Flow 2.88 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1555.1	29.5	72.9					37.6	20.5	7	1
Average	50.2	.95	3.4					1.2	0.9		
Maximum	65.3	1.75	4.3					1.5	1.0		
Minimum	13.8	.5	1.9					1.0	0.4		
1	103.4	1.75	2.0					1.2	0.9		
2	62.2	1.22	2.4					1.2	0.8		
3	13.8	.5	4.3					1.2	0.8		
4	48.3	1.0	2.5					1.2	0.9		
5	41.9	1.25	2.4					1.2	0.9		
6	59.5	1.0	2.0					1.2	0.9		
7	45.3	1.25	3.3					1.2	1.0		
8	64.8	1.25	2.3					1.2	0.9	5	1
9	62.3	1.0	1.9					1.0	0.8		
10	42.2	.75	2.1					1.2	0.9		
11	62.7	1.25	2.4					1.2	0.9		
12	40.7	.75	2.2					1.5	1.0		
13	65.8	1.25	2.3					1.2	1.0		
14	43.8	1.0	2.7					1.3	0.9		
15	56.1	1.0	2.1					1.5	1.0		
16	60.4	1.25	2.5					1.2	0.8	1	0
17	41.7	.75	2.2					1.2	0.9	1	0
18	41.7	.75	2.2					1.2	0.8		
19	20.3	.5	3.0					1.2	0.8		
20	61.6	1.0	1.9					1.3	0.8		
21	41.2	.75	2.2					1.2	0.8		
22	41.9	.75	2.1					1.2	1.0		
23	42.1	.75	2.1					1.2	0.8		
24	41.1	.75	2.2					1.2	0.9		
25	62.5	1.25	2.4					1.2	0.9		
26	20.5	.5	2.9					1.2	0.8		
27	45.1	.75	2.0					1.2	0.9		
28	36.6	.75	2.5					1.2	0.8		
29	41.1	.75	2.2					1.2	0.8		
30	62.3	1.25	2.4					1.2	0.9		
31	41.4	1.75	2.2					1.2	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway #56

Location: City or S/D Hwy 27 & 19 Minniola County Lake

Owned by SSU Services Reporting Month August 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 9

Design Flow 2.55 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1607.2	32.75	71.0					38.8	27.5	5	NONE
Average	51.8	1.1	2.3					1.3	0.9		
Maximum	83.3	1.75	2.9					1.5	1.0		
Minimum	28.9	0.5	1.4					0.9	0.7		
1	41.3	.75	2.2					1.2	0.9		
2	41.4	.75	2.2					1.2	0.9		
3	47.9	1.0	2.5					1.2	0.9		
4	55.3	1.0	2.2					1.2	1.0		
5	41.2	.75	2.2					1.2	0.9		
6	93.9	1.75	2.5					1.2	0.9		
7	42.1	.75	2.1					1.5	1.0		
8	62.1	1.35	2.4					1.2	0.9		
9	42.3	.75	2.1					1.2	0.9		
10	83.7	1.5	2.1					1.2	0.9		
11	62.3	1.0	1.9					1.2	0.8		
12	41.7	.75	2.2					1.2	0.9	5	-0-
13	62.3	1.0	1.9					1.2	0.9		
14	42.1	.75	2.1					1.2	0.9		
15	41.3	.75	2.2					1.2	1.0		
16	69.5	1.5	2.6					1.5	1.0		
17	41.2	0.75	2.2					1.5	1.0		
18	32.1	.75	2.9					1.5	0.9		
19	72.5	1.5	2.5					1.5	1.0		
20	41.4	.75	2.2					1.2	0.9		
21	62.5	1.25	2.4					1.2	0.9		
22	62.1	1.25	2.4					1.2	0.9		
23	62.1	1.25	2.4					1.5	1.0		
24	55.2	1.0	2.2					1.2	.8		
25	61.2	1.0	2.0					0.9	.7		
26	49.1	1.0	2.4					1.0	.8		
27	63.1	1.5	2.9					1.2	.8		
28	41.5	.75	2.2					1.2	.8		
29	41.3	.75	2.2					1.2	.9		
30	33.0	.75	2.7					1.2	1.0		
31	38.9	.5	2.1					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway #560

Location: City or S/D Hwy 27 & 19, Minneola County Lake

Owned by SSU Services Reporting Month September 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 9

Design Flow 2.55 AGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,442.8	26.5	66.9					36	26.5	6	NONE
Average	48.1	.9	2.2					1.2	.9		
Maximum	62.3	1.25	3.0					1.2	1.0		
Minimum	30.3	0.75	1.4					1.2	.8		
1	41.0	.75	2.2					1.2	.9		
2	50.1	1.0	2.4					1.2	.8		
3	32.7	.75	2.3					1.2	.9		
4	41.0	.75	2.2					1.2	.8		
5	42.3	.75	2.1					1.2	.9		
6	41.3	.75	2.2					1.2	.9		
7	62.3	1.0	1.9					1.2	.8		
8	42.0	.75	2.1					1.2	.8		
9	62.7	1.25	2.4					1.2	.9		
10	41.3	.75	2.2					1.2	.9	6	-0-
11	61.6	1.25	2.4					1.2	.9		
12	41.7	.75	2.2					1.2	.9		
13	41.5	.75	2.2					1.2	.9		
14	62.8	1.25	2.4					1.2	.9		
15	61.6	1.0	1.9					1.2	1.0		
16	41.9	.75	2.1					1.2	.9		
17	42.2	.75	2.1					1.2	.9		
18	41.5	.75	2.2					1.2	1.0		
19	61.8	1.0	1.9					1.2	0.9		
20	41.7	.75	2.2					1.2	.9		
21	61.8	1.0	1.9					1.2	.9		
22	41.8	.75	2.2					1.2	.9		
23	41.6	.75	2.2					1.2	1.0		
24	41.3	.75	2.2					1.2	.9		
25	61.9	1.0	1.9					1.2	.8		
26	40.8	1.0	2.9					1.2	.9		
27	59.4	1.0	2.0					1.2	.9		
28	39.6	.75	2.3					1.2	.8		
29	30.3	.75	3.0					1.2	.9		
30	49.8	1.25	2.2					1.2	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tac

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway #2

Location: City or S/D Sunshine Parkway County Lake

Owned by SSU Services Reporting Month Oct 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 8 (Commercial)

Design Flow 2.5 mgd Remarks (Use reverse side) Phone No.: 1-904-432-4581

I certify this report is correct Erin Heath C-5525
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1491.7	27.0	69.9					38.4	28.0	5	NONE
Average	48.1	0.9	2.3					1.2	0.9		
Maximum	82.4	1.5	2.8					1.5	1.3		
Minimum	25.4	.5	1.9					1.2	0.8		
1	59.8	1.0	2.0					1.2	0.9		
2	40.2	.75	2.3					1.2	1.0		
3	41.3	.75	2.2					1.2	0.8		
4	40.9	.75	2.2					1.2	0.9		
5	60.5	1.0	2.0					1.2	0.9		
6	43.4	.75	2.1					1.2	0.9		
7	40.6	.75	2.2					1.2	1.0		
8	59.6	1.0	2.0					1.2	0.8		
9	39.5	.75	2.3					1.2	0.9	5	--
10	39.6	.75	2.3					1.2	0.9		
11	60.1	1.0	2.0					1.5	1.0		
12	48.3	.75	1.9					1.2	1.0		
13	52.8	1.0	2.3					1.5	1.2		
14	35.2	.75	2.6					1.5	1.0		
15	59.0	1.0	2.0					1.2	0.8		
16	59.0	1.0	2.0					1.2	0.9		
17	38.1	.75	2.4					1.2	0.8		
18	37.9	.75	2.4					1.5	1.0		
19	25.4	.5	2.4					1.2	0.9		
20	32.5	.75	2.8					1.2	0.8		
21	37.6	.75	2.4					1.2	0.9		
22	39.7	.75	2.3					1.2	0.8		
23	40.3	.75	2.2					1.2	0.9		
24	40.2	.75	2.2					1.2	1.0		
25	61.0	1.25	2.5					1.2	0.8		
26	40.5	.75	2.2					1.2	0.8		
27	82.4	1.5	2.2					1.2	1.0		
28	60.1	1.25	2.5					1.2	0.9		
29	60.7	1.25	2.5					1.2	0.9		
30	59.5	1.25	2.5					1.2	0.8		
31	57.1	1.0	2					1.2	0.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway #560

Location: City or S/D Sunshine Parkway County Lake

Owned by SSU Services Reporting Month November 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 7

Design Flow 2.88 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,546.0	28.5	59.4					43.0	25.5	5	NONE
Average	51.5	1.0	2.0					1.2	0.9		
Maximum	64.7	1.25	2.7					1.5	1.0		
Minimum	32.2	.75	1.9					1.0	0.8		
1	57.3	1.0	2.1					1.2	0.9		
2	59.4	1.0	2.0					1.2	0.8		
3	55.6	1.0	2.2					1.0	0.8		
4	61.3	1.0	2.0					1.2	0.9		
5	56.6	1.0	2.1					1.2	0.9		
6	57.3	1.0	2.1					1.2	0.9	5	-0-
7	57.7	1.0	2.1					1.2	1.0		
8	57.5	1.0	2.1					1.2	0.8		
9	57.8	1.0	2.2					1.2	0.9		
10	59.6	1.0	2.0					1.2	0.9		
11	56.9	1.0	2.1					1.2	0.9		
12	38.3	.75	2.3					1.2	0.8		
13	58.1	1.0	2.1					1.2	0.8		
14	38.2	.75	2.3					1.2	0.9		
15	39.2	.75	2.3					1.2	0.8		
16	58.3	1.0	2.1					1.2	0.9		
17	62.1	1.0	1.9					1.2	0.8		
18	35.2	.75	2.6					1.2	0.9		
19	40.5	.75	2.2					1.2	0.8		
20	61.5	1.25	2.4					1.2	0.9		
21	41.2	.75	2.2					1.2	0.8		
22	61.5	1.25	2.4					1.2	0.9		
23	54.8	1.0	2.2					1.2	1.0		
24	61.0	1.25	2.5					1.5	1.0		
25	32.2	.75	2.7					1.5	1.0		
26	64.7	1.25	2.3					1.5	0.8		
27	38.5	.75	2.3					1.2	0.9		
28											
29	97.2	2.0	2.5					1.2	1.0		
30	40.2	.75	2.2					1.2	0.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway #560

Location: City or S/D Sunshine Parkway County Lake

Owned by SSU Services Reporting Month December 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 9

Design Flow 2.88 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Tikeith (Lead Operator's Signature) C-5525 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1481.6	27.25	64.5					35.1	25.1	6	1
Average	47.8	.9	2.2					1.2	.9		
Maximum	83.7	1.5	3.0					1.5	1.0		
Minimum	32.0	.75	1.9					1.2	.7		
1	41.2	.75	2.2					1.2	.9		
2	41.4	.75	2.2					1.2	1.0		
3	41.4	.75	2.3					1.2	.9		
4	51.4	1.0	2.0					1.2	.8		
5	37.5	.75	2.4					1.2	.9		
6	39.6	.75	2.3					1.2	.9		
7	38.6	.75	2.3					1.2	.9		
8	38.7	.75	2.3					1.2	.9		
9											
10	81.0	2.0	3.0					1.2	1.0		
11	40.1	.75	2.2					1.2	.7	5	1
12	40.2	.75	2.2					1.2	.8		
13	50.8	.75	1.9					1.2	.9		
14	32.0	.75	2.4					1.2	1.0		
15	39.1	.75	2.4					1.5	1.0		
16	38.4	.75	2.3					1.2	.9		
17	56.7	1.5	2.1					1.2	1.0		
18	38.1	.75	2.4					1.2	.9	1	-0-
19	55.0	1.0	2.1					1.2	.8		
20	54.5	1.0	2.0					1.2	.8		
21	54.5	1.0	2.2					1.2	.9		
22	61.3	1.0	2.0					1.2	.8		
23	39.6	.75	2.3					1.2	.9		
24	39.3	.75	2.3					1.2	.9		
25											
26	117.0	2.0	2.0					1.2	.8		
27	39.2	.75	2.3					1.2	.9		
28	63.4	1.0	1.9					1.2	.9		
29	83.7	1.5	2.1					1.2	.9		
30	52.7	1.0	2.3					1.2	.9		
31	62.5	1.0	1.9					1.2	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351317 Name of Drinking Water System Sunshine Parkway

Location: City or S/D Sunshine Parkway County Lake

Owned by Southern States Utilities Reporting Month January 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 7 - Commercial

Design Flow 2.88 MGD Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons 1295.2	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	~~1365.2~~	24.75	58.3					29.9	19.8	5	NO VF
Average	42.1	0.8	2.3					1.2	0.8		
Maximum	60.1	1.25	3.1					1.5	1.0		
Minimum	19.5	0.5	1.6					1.0	0.8		
1											
2	120.2	2.0	2.0					1.2	0.9		
3	38.8	1.0	3.1					1.2	0.9		
4	59.1	1.25	2.5					1.2	0.8		
5	40.8	0.75	2.3					1.2	0.9		
6											
7	94.2	2.0	2.5					1.2	0.8		
8	51.5	1.25	2.9					1.2	1.0		
9	39.7	0.75	2.3					1.2	1.0		
10	58.8	1.0	2.0					1.2	1.0	5	-0-
11											
12	78.7	1.5	2.3					1.2	1.0		
13	39.2	.75	2.3					1.0	0.9		
14											
15	96.3	1.75	2.2					1.2	0.9		
16	19.9	0.5	3.0					1.2	1.0		
17	40.2	0.75	2.2					1.2	1.0		
18	40.3	0.75	2.2					1.2	0.9		
19	40.2	0.75	2.2					1.2	0.9		
20	41.1	0.75	2.2					1.0	0.5		
21											
22	91.4	1.5	2.2					1.2	0.5		
23	19.5	0.5	3.1					1.2	0.9		
24	38.9	0.75	2.3					1.2	0.9		
25	40.1	0.75	2.2					1.2	0.9		
26	39.7	0.75	2.3					1.2	0.9		
27	40.9	0.75	2.2					1.2	1.0		
28											
29	74.6	1.0	1.6					1.3	0.9		
30	38.7	0.5	2.0					1.5	0.9		
31	40.0	0.75	2.2					1.2	0.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: fold tab flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351317 Name of Drinking Water System SUNSHINE PARKWAY

Location: City or S/D Sunshine Parkway County Lake

Owned by Southern States Utilities Reporting Month February 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 7

Design Flow 2.88 MGD Remarks (Use reverse side) Phone No.: 800-932-4501

I certify this report is correct Brian C Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,424.8	30.5	61.5					28.2	20.8	5	NONE
Average	50.9	1.1	2.6					1.2	0.9		
Maximum	83.3	2.0	3.4					1.5	1.0		
Minimum	19.6	.5	2.0					1.2	.8		
1	39.9	.25	2.3					1.2	.9		
2	41.1	.25	2.2					1.2	1.0		
3											
4	82.7	1.5	2.2					1.2	.9		
5	40.2	.25	2.2					1.2	.8		
6	38.4	.25	2.3					1.2	.8		
7	19.6	.5	3.1					1.2	.8	5	-0-
8	58.8	1.0	2.0					1.2	.8		
9	19.7	.5	3.6					1.2	.8		
10	40.6	1.0	3.0					1.5	.9		
11											
12	92.1	2.0	2.6					1.5	.9		
13	41.7	1.0	2.6					1.2	.9		
14	44.5	1.6	3.7					1.2	.9		
15	39.8	.75	2.3					1.2	.9		
16	40.3	.75	2.2					1.2	.8		
17	61.0	1.0	2.0					1.2	.8		
18											
19	124.0	3.5	3.4					1.2	.9		
20	83.3	2.0	2.9					1.2	.9		
21	60.2	1.5	3.0					1.2	.8		
22	83.3	1.5	2.2					1.2	.9		
23	61.0	1.5	2.9					1.2	.9		
24											
25	137.0	2.25	2.0					1.2	.8		
26	39.0	.75	2.3					1.2	.9		
27	77.8	2.0	3.1					1.2	.9		
28	59.4	1.5	3.0					1.2	.9		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351312 Name of Drinking Water System Sunshine Parkway

Location: City or S/D Sunshine Parkway County Lake

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH _____ (Avg) No. of Services at End of Month 7

Design Flow 2.88MGD Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath C-5823
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,677.4	32.75	62.9					32.2	23.8	5	NONE
Average	54.1	1.1	2.3					1.2	.9		
Maximum	61.8	1.75	3.4					1.2	1.0		
Minimum	39.7	.75	2.0					1.0	.8		
1	59.7	1.0	2.0					1.2	.9		
2	59.4	1.0	2.0					1.2	.8		
3											
4	120.0	3.0	3.0					1.2	.8		
5	59.5	1.0	2.0					1.2	.8		
6	59.4	1.0	2.0					1.2	0.8		
7	61.0 ✓	1.75	3.4					1.2	.9		
8	61.0 ✓	1.25	2.5					1.2	.9		
9	59.9	1.0	2.0					1.2	.9		
10	60.2	1.0	2.0					1.2	0.8		
11											
12	120.6	2.0	2.3					1.2	.9	5	-0-
13	49.9	1.0	2.4					1.2	.9		
14	51.4	1.0	2.3					1.2	.9		
15	40.4	1.0	3.0					1.2	.9		
16	61.8 ✓	1.25	2.4					1.2	.9		
17											
18	103.3	2.25	2.2					1.2	.8		
19	40.4	.75	2.2					1.2	.9		
20	58.6	1.0	2.0					1.2	.9		
21	57.7	1.0	2.1					1.2	.9		
22	57.4	1.0	2.1					1.2	.9		
23	60.0	1.0	2.0					1.2	.9		
24	58.1	1.0	2.1					1.0	.8		
25											
26	77.8	2.0	3.1					1.2	.9		
27	39.7	1.0	3.0					1.2	1.0		
28	40.3	.75	2.2					1.2	.9		
29	60.2	1.25	2.5					1.2	.9		
30	40.0	.75	2.2					1.2	.9		
31	40.7	.75	2.2					1.2	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape

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Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351317 Name of Drinking Water System Sunshine Parkway

Location: City or S/D Sunshine Parkway - Clermont County Lake

Owned by Southern States Utilities Reporting Month April 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 7

Design Flow 2.88 MGD Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Bruce E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1517.3	29.0	59.3					30.1	21.8	5	NONE
Average	50.6	1.0	2.4					1.2	0.9		
Maximum	86.1	2.0	4.0					1.5	1.0		
Minimum	19.6	0.5	1.9					1.0	0.8		
1											
2	102.3	2.0	2.3					1.2	.9		
3	40.7	.75	2.2					1.2	.9		
4	39.2	.75	2.3					1.2	.9		
5	35.1	.75	2.6					1.2	.8		
6	45.0	.75	2.0					1.2	.8		
7											
8	96.0	1.5	1.9					1.0	.8		
9	58.9	1.0	2.0					1.2	.9		
10	59.7	1.25	2.5					1.2	.9	5	-0-
11	86.1	1.75	2.4					1.2	.9		
12	60.2	2.0	4.0					1.2	.9		
13	58.7	1.0	2.0					1.2	1.0		
14	46.8	1.0	2.6					1.5	1.0		
15											
16	115.5	2.0	2.1					1.2	.8		
17	36.8	.75	2.4					1.2	.8		
18	40.2	.75	2.2					1.2	.9		
19	40.5	.75	2.2					1.2	.9		
20	59.3	1.0	2.0					1.2	.8		
21	40.0	.75	2.2					1.2	.9		
22											
23	118.5	2.0	2.0					1.2	.8		
24	59.0	1.0	2.0					1.2	.9		
25	19.6	.5	3.1					1.2	.8		
26	78.3	1.5	2.3					1.2	.9		
27	39.9	1.0	3.0					1.2	.9		
28											
29	120.9	2.0	2.0					1.2	.8		
30	20.1	.5	3.0					1.2	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

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Effective November 1, 1987

3351317 DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. ~~3350094~~ Name of Drinking Water System Sunshine Parkway - #5

Location: City or S/D Sunshine Parkway, Hwy 27 & 19 County Lake

Owned by S.S.U. Services Reporting Month May 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 7

Design Flow .285 MGD. Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C 582
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1285.2	24.5	62.4					32.2	23.4	5	NONE
Average	41.5	0.9	2.3					1.2	0.9		
Maximum	59.0	1.0	2.9					1.3	1.0		
Minimum	20.5	0.5	1.9					1.0	0.7		
1	40.5	.75	2.2					1.2	.9		
2	40.9	.75	2.2					1.2	.9		
3	40.8	.75	2.2					1.2	.9		
4	40.3	.75	2.2					1.2	.9		
5											
6	20.5	1.5	2.6					1.2	.8		
7	59.0	1.0	2.0					1.2	.9		
8	39.1	.75	2.3					1.2	.8		
9	47.1	.75	1.9					1.2	.7		
10	39.8	.75	2.3					1.2	.8	5	-0-
11	40.2	.75	2.2					1.2	.9		
12	39.9	.75	2.3					1.2	.9		
13											
14	101.6	2.0	2.4					1.2	1.0		
15	41.2	.75	2.2					1.2	1.0		
16	40.9	1.0	2.9					1.3	.9		
17	41.6	.75	2.2					1.2	.9		
18	40.6	.75	2.2					1.2	.9		
19	20.5	.5	2.9					1.2	.9		
20											
21	82.1	1.5	2.3					1.2	.9		
22	41.2	1.0	2.9					1.2	.8		
23	41.5	.75	2.2					1.2	.9		
24	40.1	.75	2.2					1.3	.9		
25	40.3	.75	2.2					1.2	.8		
26	47.1	1.8	2.3					1.2	.9		
27	54.8	1.8	2.2					1.2	.9		
28											
29	61.4	1.25	2.4					1.3	.8		
30	40.6	.75	2.2					1.0	.7		
31	40.9	.75	2.2					1.2	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office - in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

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Effective November 1, 1987

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351317 Name of Drinking Water System Sunshine Parkway #56

Location: City or S/D Sunshine Parkway County Lake

Owned by S&U Services Reporting Month June 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 7

Design Flow .245MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-58
(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1257.1	250	63.7					30.2	21.5	5	NONE
Average	41.9	0.96	2.5					1.2	0.4		
Maximum	62.3	1.5	3.6					1.2	0.9		
Minimum	19.9	0.5	1.4					1.0	0.7		
1	41.0	1.0	2.9					1.2	.9		
2	40.7	.75	2.2					1.2	.9		
3											
4	61.0	1.25	2.5					1.2	.8		
5	41.9	1.25	3.6					1.2	.9		
6	62.2	1.5	2.9					1.2	.9		
7	40.6	.75	2.2					1.2	.8		
8	40.5	.75	2.2					1.2	.7		
9											
10	101.6	2.0	2.4					1.2	.7		
11	41.4	.75	2.2					1.2	.9		
12	62.0	1.25	2.4					1.2	.9		
13	25.1	.5	2.4					1.2	.8	5	0
14	60.2	1.25	2.5					1.2	.9		
15	19.9	.5	3.0					1.2	.9		
16	40.1	.75	2.2					1.0	.4		
17											
18	31.9	.5	2.2					1.0	.7		
19	41.8	.75	2.2					1.0	.8		
20	61.5	1.25	2.4					1.0	.7		
21	20.6	.5	2.9					1.0	.7		
22	62.3	1.25	2.4					1.2	.9		
23	20.9	.25	2.4					1.2	.8		
24											
25	105.7	2.5	2.8					1.2	.8		
26	41.1	.75	2.2					1.2	.8		
27	41.2	.75	2.2					1.2	.9		
28	41.1	.75	2.2					1.2	.8		
29	20.1	.5	3.0					1.2	.8		
30	41.5	.75	2.2					1.2	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351217 Name of Drinking Water System Sunshine Parkway

Location: City or S/D Sunshine Parkway County Lake

Owned by S.S.U. Services Reporting Month July 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 7

Design Flow 2.58 MGD Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1251.7	23.75	58.3					29.6	21.7	5	NONE
Average	53.3	0.9	2.3					1.2	.9		
Maximum	62.5	1.25	3.0					1.2	.9		
Minimum	19.8	0.5	1.4					1.0	.8		
1											
2	61.9	1.25	2.4					1.2	.9		
3	62.5	1.25	2.4					1.2	.9		
4											
5	84.2	1.0	1.4					1.0	.8		
6	41.5	.75	2.2					1.2	.9		
7	21.0	.5	2.9					1.2	.9		
8											
9	103.6	2.0	2.3					1.2	.8	5	-0-
10	41.8	.75	2.2					1.2	.9		
11	42.0	.75	2.1					1.2	.8		
12	41.7	.75	2.2					1.2	.9		
13	40.9	.75	2.2					1.2	.9		
14	40.9	.75	2.2					1.0	.8		
15											
16	97.2	1.75	2.2					1.2	.9		
17	37.6	.75	2.3					1.2	.9		
18	19.8	.5	3.0					1.2	.8		
19	39.6	.75	2.3					1.2	.9		
20	40.1	1.0	3.0					1.2	.9		
21											
22	82.8	1.75	2.5					1.2	.9		
23	40.3	.75	2.2					1.2	.8		
24	40.6	.75	2.2					1.2	.8		
25	42.2	.75	2.1					1.2	.9		
26	41.6	.75	2.2					1.2	.9		
27	41.4	.75	2.2					1.2	.9		
28	41.4	.75	2.2					1.2	.8		
29											
30	82.5	1.75	2.5					1.2	.9		
31	20.6	.5	2.9					1.2	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351317 Name of Drinking Water System Sunshine Parkway

Location: City or S/D Sunshine Parkway County Lake

Owned by S.S.U. Services Reporting Month August 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 7

Design Flow 2.88 MGD Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian Heath (Lead Operator's Signature) C-5835 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1127.1	23.25	91.1					31.2	23.3	5	NONE
Average	36.5	0.75	3.4					9.2	0.9		
Maximum	65.1	1.25	26.4					1.3	1.0		
Minimum	3.4	.5	1.5					1.0	0.7		
1	61.9	1.0	1.9					1.3	.9		
2	41.3	.75	2.2					1.3	.9		
3	20.7	.75	4.3					1.3	.9		
4	41.2	.75	2.2					1.0	.8		
5											
6	82.1	1.5	2.2					1.3	.9		
7	42.0	1.0	2.9					1.3	1.0		
8	45.4	.75	2.0					1.3	.9	5	-0-
9	40.8	.75	2.2					1.3	.8		
10	41.2	.75	2.2					1.2	.8		
11	20.1	.5	2.9					1.0	.7		
12											
13	81.2	1.5	2.2					1.0	.8		
14	65.1	1.25	3.2					1.0	.7		
15	3.4	.75	26.4					1.0	.8		
16	31.1	.75	2.8					1.0	.8		
17	41.1	.75	2.2					1.2	.9		
18											
19	61.1	1.25	2.5					1.3	.9		
20	41.1	.75	2.2					1.3	.9		
21	41.2	.75	2.2					1.3	.9		
22	41.2	.75	2.2					1.3	1.0		
23	20.6	.5	2.9					1.3	.9		
24	39.1	.5	1.5					1.3	.9		
25	40.2	.75	2.2					1.2	.9		
26											
27	41.0	1.25	2.5					1.3	.9		
28	40.6	.75	2.2					1.3	.9		
29	20.8	.5	2.9					1.3	.9		
30	40.9	1.0	2.9					1.3	.9		
31	20.2	.5	3.0					1.3	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351317 Name of Drinking Water System Sunshine Parkway

Location: City or S/D Hwy 19 & 27 Sunshine Parkway County Lake

Owned by SSU Services Reporting Month Sept. 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 7

Design Flow 2.88 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Susan Heath C 5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	701.2	15.25	68.6					29.6	21.3	9	2
Average	24.2										
Maximum	40.7										
Minimum	19.5										
1	33.6	.75	2.4					1.0	.7		
2	29.3	.75	3.1					1.2	1.0		
3											
4	40.7	.75	2.2					1.0	.8		
5	39.9	1.0	3.0					1.2	.7		
6											
7	60.2	.10	2.0					1.2	.8		
8	20.3	≤	2.9					1.2	.8		
9	20.5	≤	2.9					1.2	.8		
10	40.5	.75	2.2					1.2	.9	5	2
11	20.3	≤	3.0					1.2	.8		
12	19.9	≤	3.0					1.2	.9		
13	20.5	≤	2.9					1.2	.9		
14	20.5	≤	2.9					1.2	.8		
15	40.7	.75	2.2					1.2	.8		
16											
17	40.5	.75	2.2					1.2	.9		
18	19.7	≤	3.0					1.2	.8		
19	39.5	.75	2.3					1.2	.9		
20	21.3	≤	2.8					1.2	.9		
21	18.5	≤	3.2					1.2	.9		
22											
23	19.8	≤	3.0					1.2	.9		
24	39.2	.5	1.5					1.2	.9	2	Retaken
25	18.9	≤	3.2					1.2	.9	2	Retaken
26	19.7	≤	3.0					1.2	.9		
27	19.6	≤	3.1					1.2	.9		
28	19.5	≤	3.1					1.2	.9		
29	19.2	≤	3.1					1.2	.8		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.203(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway

Location: City or S/D Sunshine Parkway County

Owned by SSU Services Reporting Month October 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 8

Design Flow 2.88600 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian F Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1015.4	20.25	64.8					30.6	22.6	11	4
Average	32.8	0.7	2.5					1.9	0.9		
Maximum	57.3	1.0	3.1					1.2	1.0		
Minimum	19.5	0.38	2.0					1.0	0.7		
1	38.4	.75	2.3					1.2	.9		
2	19.5	.5	3.1					1.2	.9		
3	19.6	.5	3.1					1.2	.9		
4	19.7	.5	3.0					1.2	.9		
5											
6	59.2	1.0	2.0					1.2	.9		
7											
8	40.4	.75	2.2					1.2	.8		
9	39.5	.75	2.3					1.2	.9	7	4
10	38.9	.75	2.3					1.2	.9		
11	19.6	.5	3.1					1.2	.9		
12	19.7	.5	3.0					1.2	.9		
13											
14	59.0	1.25	2.5					1.2	.8		
15	39.0	.75	2.3					1.2	.9		
16	39.1	.75	2.3					1.2	1.0		
17	39.1	.75	2.3					1.2	.9		
18	21.2	.5	2.8					1.2	.9		
19	30.8	.75	2.9					1.2	.9		
20	45.9	.75	2.0					1.2	.8		
21											
22	77.7	1.5	2.3					1.2	.9		
23	39.7	.75	2.3					1.2	.9	4	
24	39.8	.75	2.3					1.2	.9		
25	38.9	.75	2.3					1.2	1.0		
26	38.0	.75	2.4					1.2	.8		
27	37.8	.75	2.4					1.2	.8		
28											
29	76.4	1.5	2.4					1.0	.7		
30	57.3	1.0	2.1					1.0	.7		
31	21.2	.5	2.5					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350681 Name of Drinking Water System Sunshine Parkway #570

Location: City or S/D Sunshine Parkway County

Owned by S.S.U. Services Reporting Month Nov. 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 8

Design Flow .288 MGD Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1218.7	23.15	59.4					.29	21.3	5	NONE
Average	40.5	0.79	2.4					1.2	0.9		
Maximum	58.9	1.25	3.0					1.2	1.0		
Minimum	19.6	0.5	2.1					1.0	0.7		
1	30.1	.75	3.0					1.2	.8		
2	26.4	.5	2.3					1.2	.9		
3											
4	58.8	1.25	2.5					1.2	.9		
5	38.2	.75	2.4					1.0	.7		
6	58.1	1.0	2.1					1.2	.9		
7	19.6	.5	3.1					1.0	.6		
8	39.1	.75	2.3					1.0	.5		
9	39.1	.75	2.3					1.0	.6		
10	39.2	.75	2.3					1.0	.6		
11											
12	76.3	1.5	2.4					1.2	.9		
13	43.1	.75	2.1					1.2	.9	5	-0-
14	39.3	.75	2.3					1.2	.6		
15	56.3	1.0	2.1					1.2	.5		
16	40.5	.75	2.2					1.2	.8		
17	39.6	.75	2.3					1.2	.9		
18											
19	103.5	2.0	2.3					1.2	.9		
20	50.2	1.0	2.4					1.2	.9		
21	39.6	.75	2.3					1.2	.7		
22											
23	76.1	1.5	2.4					1.2	1.0		
24	43.1	.75	2.1					1.2	.8		
25											
26	117.8	2.9	2.5					1.2	.8		
27	39.9	.75	2.3					1.2	.8		
28	41.3	.75	2.2					1.2	.9		
29	41.5	.75	2.2					1.2	.9		
30	19.7	.5	3.0					1.2	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 Name of Drinking Water System Sunshine Parkway #5&C

Location: City or S/D Sunshine Parkway County Lake

Owned by SSU Services Reporting Month Dec. 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 7 Commercial

Design Flow 2.88 MGD Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Bruce Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	977.3	19.0	61.3					30.9	21.4	9	NONE
Average	31.5	0.6	2.5					1.2	0.9		
Maximum	40.5	0.75	3.3					1.5	1.0		
Minimum	18.4	0.5	1.7					1.0	0.7		
1	38.4	.75	2.3					1.2	.9		
2											
3	78.7	1.5	2.3					1.2	.9		
4	20.5	.5	2.9					1.2	.9		
5	38.6	.75	2.3					1.4	.9	7	-0-
6	18.4	.5	3.3					1.5	1.0	2	-0-
7	19.4	.5	3.1					1.2	.9		
8											
9	57.9	1.0	2.1					1.2	.9		
10	38.1	.75	2.4					1.0	.5		
11	39.2	.75	2.3					1.2	.9		
12	19.1	.5	3.1					1.2	.8		
13	37.7	.75	2.4					1.2	.9		
14	38.9	.75	2.3					1.2	.8		
15	21.7	.5	2.8					1.2	.8		
16											
17	54.7	1.0	2.2					1.2	.9		
18	23.8	.5	2.5					1.2	.8		
19	34.7	.5	1.7					1.2	.8		
20	39.5	.75	2.3					1.2	.9		
21	19.5	.5	3.1					1.2	.8		
22	20.4	.5	2.9					1.5	1.0		
23											
24	59.8	1.0	2.0					1.2	.9		
25											
26	77.9	1.5	2.3					1.5	1.0		
27	38.4	.75	2.3					1.2	.9		
28	40.4	.75	2.2					1.2	.9		
29	40.5	.75	2.2					1.2	.8		
30											
31	61.1	1.0	2.0					1.2	.9		

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DER Form 17-1.208(5)
Effective November 30, 1982

Tropical Park - 781

Osceola County (SSU)

Water

- 1992 FPSC Filing -

MV

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U. SERVICES INC. APOPKA Reporting Month JANUARY 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eck Jr. C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	27	1.2	9.4					6.8	3.4		
Average	0.9	0.2	1.3					1.0	0.5		
Maximum	30	1.0	6.0					1.0	0.5		
Minimum	0	0	0					0.8	0.4		
1	0	0	0					1.0	.5		
2											
3	0	0	0					1.0	.5	1	
4											
5											
6											
7	30	1.0	6.0					1.0	.5		
8											
9											
10											
11											
12											
13											
14	7	.2	3.4					1.0	5		
15											
16	0	0	0					1.0	.5		
17											
18											
19											
20											
21											
22	0	0	0					1.0	.5		
23											
24											
25											
26											
27											
28	0	0	0					8	.4		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

AP

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by SSU SERVICES, INC. APOPKA Reporting Month JANUARY 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D Richard Ed Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2826	153	202.8					46.5	24.8		
Average	91.2	4.9	6.5					1.5	.8		
Maximum	108	9	11.1					1.5	.8		
Minimum	58	3	3.0					1.5	.8		
1	96	7	8.8					1.5	.8		
2	80	5	7.5					1.5	.8		
3	105	6	6.9					1.5	.8	3	
4	101	7	8.3					1.5	.8		
5	98	6	7.4					1.5	.8		
6	65	6	11.1					1.5	.8		
7	96	7	8.5					1.5	.8		
8	90	4	5.3					1.5	.8		
9	87	7	9.7					1.5	.8		
10	108	6	7.2					1.5	.8		
11	93	5	7.3					1.5	.8		
12	86	5	7.0					1.5	.8		
13	83	4	5.8					1.5	.8		
14	100	1	7.2					1.5	.8		
15	104	6	6.4					1.5	.8		
16	101	7	8.3					1.5	.8		
17	58	4	8.3					1.5	.8		
18	102	4	4.7					1.5	.8		
19	100	4	4.8					1.5	.8		
20	79	2	3.0					1.5	.8		
21	108	4	4.4					1.5	.8		
22	80	4	6.0					1.5	.8		
23	106	5	5.7					1.5	.8		
24	70	4	6.9					1.5	.8		
25	112	4	4.3					1.5	.8		
26	92	4	5.2					1.5	.8		
27	62	2	3.9					1.5	.8		
28	105	3	3.4					1.5	.8		
29	88	3	4.1					1.5	.8		
30	86	3	4.2					1.5	.8		
31	104	5	10.4					1.5	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

17

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month FEBRUARY 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	4.3	0.11	7.0					4.0	2.0		
Average	0.14	.003	3.5					1.0	.5		
Maximum	4.6	0.1	4.0					1.0	.5		
Minimum	0.0	0	3.0					1.0	.5		
1											
2	4.000	0.1	3.0					1.0	.5		
3											
4											
5											
6	0.00	0	0							1	
7											
8											
9											
10											
11											
12											
13	0.00	0	0					1.0	.5		
14											
15											
16											
17											
18	6.00	0	0					1.0	.5		
19											
20											
21											
22											
23											
24											
25											
26	0.300	0.01	4.0					1.0	.5		
27											
28											
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U. SERVICES, INC. APOPKA Reporting Month FEBRUARY 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct J. Richard Eck Jr. C 3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2754	131	138.5					42	22.4		
Average	98	4.7	5.1					1.5	.8		
Maximum	225	9	8.0					1.5	.8		
Minimum	76	2	2.7					1.5	.8		
1	44	3	3.8					1.5	.8		
2	76	3	4.7					1.5	.8		
3	93	3	3.7					1.5	.8		
4	121	5	5.0					1.5	.8		
5	90	2	2.7					1.5	.8		
6	92	4	5.2					1.5	.8	3	
7	96	3	3.8					1.5	.8		
8	108	4	4.4					1.5	.8		
9	82	3	4.4					1.5	.8		
10	42	3	3.4					1.5	.8		
11	113	4	4.3					1.5	.8		
12	102	4	4.7					1.5	.8		
13	103	4	4.7					1.5	.8		
14	97	5	6.2					1.5	.8		
15	106	3	3.4					1.5	.8		
16	90	3	4.0					1.5	.8		
17	113	6	6.4					1.5	.8		
18	118	6	6.1					1.5	.8		
19	111	6	6.5					1.5	.8		
20	105	5	5.7					1.5	.8		
21	106	6	6.8					1.5	.8		
22	112	7	7.5					1.5	.8		
23											
24	225	15	8.0					1.5	.8		
25	149	9	7.2					1.5	.8		
26	76	4	6.3					1.5	.8		
27	100	6	7.2					1.5	.8		
28	94	5	6.4					1.5	.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.209(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491952 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by SSU SERVICES, INC., TROPICA Reporting Month MARCH 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow .144MGD Remarks (Use reverse side) Phone No.: 1-800-432-4511

I certify this report is correct C. Richard Eide Jr. E-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	0	0	0					6.0	3.0		
Average	0	0	0					1.2	.6		
Maximum	0	0	0					1.2	.6		
Minimum	0	0	0					1.2	.6		
1	0	0	0					1.2	.6		
2											
3											
4											
5	0	0	0					1.2	.6		
6											
7											
8											
9											
10											
11											
12	0	0	0					1.2	.6	1	
13											
14											
15											
16											
17											
18											
19	0	0	0					1.2	.6		
20											
21											
22											
23											
24											
25											
26	0	0	0					1.2	.6		
27											
28											
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta:

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System Tropical Park II

Location: City or S/D Tropical Park County OSCEOLA

Owned by S.S.U. Services, Inc., Apopka Reporting Month MARCH 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Ed Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3,055	145	152.3					39	20.8		
Average	101.8	4.8	5.4					1.5	.8		
Maximum	147	9	13.5					1.5	.8		
Minimum	77	3	3.6					1.5	.8		
1	183	8	7.8					1.5	.8		
2											
3	199	12	7.2					1.5	.6		
4	115	7	7.3					1.5	.8		
5	80	9	13.5					1.5	.8		
6	109	4	4.4					1.5	.8		
7	96	7	8.6					1.5	.8		
8	102	9	10.6					1.5	.8		
9											
10	200	7	4.2					1.5	.8		
11	119	6	6.1					1.5	.8	5	
12	90	5	6.7					1.5	.8		
13	107	4	4.5					1.5	.8		
14	95	4	5.1					1.5	.8		
15	117	4	4.1					1.5	.8		
16											
17	183	6	3.4					1.5	.8		
18	105	4	4.6					1.5	.8		
19	83	3	4.3					1.5	.8		
20	96	4	5.0					1.5	.8		
21	97	4	5.0					1.5	.8		
22	101	3	3.6					1.5	.8		
23											
24	203	8	7.7					1.5	.8		
25	147	5	4.1					1.5	.8		
26	77	3	4.7					1.5	.8		
27	99	8	7.3					1.5	.8		
28	105	5	6.0					1.5	.8		
29	122	5	4.9					1.5	.8		
30	88	3	4.1					1.5	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491952 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.O. SERVICES, INC., APOPKA Reporting Month APRIL 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	21	.5	2.9					7.2	3.6		
Average	0.7	.02	.5					1.2	.6		
Maximum	21	.5	2.9					1.2	.6		
Minimum	0	0	0					1.2	.6		
1	0	0	0					1.2	.6		
2											
3											
4	21	.5	2.9					1.2	.6	1	
5											
6											
7											
8											
9											
10	0	0	0					1.2	.6		
11											
12											
13											
14											
15											
16											
17											
18	0	0	0					1.2	.6		
19											
20											
21											
22											
23											
24	0	0	0					1.2	.6		
25											
26											
27											
28											
29											
30	0	0	0					1.2	.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w. in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tar

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3492198 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month APRIL 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Ely C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3112	132	132.4					39	20.8		
Average	104	4.4	5.1					1.5	.6		
Maximum	132	8	7.4					1.5	.9		
Minimum	74	2	2.2					1.5	.6		
1	108	7	4.5					1.5	.8		
2	113	4	4.3					1.5	.8		
3	94	2	2.6					1.5	.6		
4	73	4	6.6					1.5	.6	3	
5	103	3	3.5					1.5	.8		
6											
7	165	6	5.8					1.5	.8		
8	116	6	6.2					1.5	.8		
9	108	6	6.7					1.5	.8		
10	120	6	6.0					1.5	.8		
11	108	6	6.7					1.5	.8		
12	109	6	6.6					1.5	.8		
13											
14	201	12	7.2					1.5	.8		
15	121	7	7.4					1.5	.8		
16	115	5	5.2					1.5	.8		
17	102	4	4.7					1.5	.8		
18	89	3	4.1					1.5	.8		
19	88	2	2.7					1.5	.8		
20											
21	205	6	3.5					1.5	.8		
22	132	5	4.6					1.5	.8		
23	87	5	6.9					1.5	.8		
24	74	4	6.5					1.5	.8		
25	92	4	5.2					1.5	.8		
26	108	2	2.2					1.5	.8		
27											
28	185	7	4.5					1.5	.8		
29	117	4	4.1					1.5	.8		
30	99	3	3.6					1.5	.8		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System Tropical park I

Location: City or S/D Tropical park County Osceola

Owned by SSU Services, Inc., Apopka Reporting Month May 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct [signature] C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.8	.1	67					30.4	16.2		
Average	0.06	0.003	67					1.2	.6		
Maximum	1.8	.1	67					1.2	.6		
Minimum	0	0	0					1.2	.6		
1	0	0	0					1.2	.6		
2	0	0	0					1.2	.6		
3	1.8	.1	67					1.2	.6		
4											
5	0	0	0					1.2	.6		
6	0	0	0					1.2	.6		
7	0	0	0					1.2	.6		
8	0	0	0					1.2	.6	1	
9	0	0	0					1.2	.6		
10	0	0	0					1.2	.6		
11											
12	0	0	0					1.2	.6		
13	0	0	0					1.2	.6		
14	0	0	0					1.2	.6		
15	0	0	0					1.2	.6		
16	0	0	0					1.2	.6		
17	0	0	0					1.2	.6		
18											
19	0	0	0					1.2	.6		
20	0	0	0					1.2	.6		
21	0	0	0					1.2	.6		
22	0	0	0					1.2	.6		
23	0	0	0					1.2	.6		
24	0	0	0					1.2	.6		
25											
26	0	0	0					1.2	.6		
27	0	0	0					1.2	.6		
28	0	0	0					1.2	.6		
29	0	0	0					1.2	.6		
30	0	0	0					1.2	.6		
31	0	0	0					1.2	.6		

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U. SERVICES, INC, APOPKA Reporting Month MAY 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 550

Design Flow .504MGD Remarks (Use reverse side) Phone No.: 1-407-880-0100

I certify this report is correct D. Richard Ek Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3020	140	153					40.5	21.6		
Average	97	4.5	5.6					1.3	.8		
Maximum	134	8	13.2					1.5	.8		
Minimum	72	2	2.6					1.1	.8		
1	102	3	3.7					1.5	.8		
2	94	2	2.6					1.5	.8		
3	87	3	4.1					1.5	.8		
4											
5	321	10	5.4					1.5	.8		
6	131	6	5.5					1.5	.8		
7	90	3	4.0					1.5	.8		
8	108	4	4.4					1.5	.8	3	
9	87	5	6.9					1.5	.8		
10	126	6	5.7					1.5	.8		
11											
12	169	6	4.3					1.5	.8		
13	129	7	6.0					1.5	.8		
14	90	3	4.0					1.5	.8		
15	87	5	6.9					1.5	.8		
16	98	4	4.9					1.5	.8		
17	100	5	6.0					1.5	.8		
18											
19	106	8	5.8					1.5	.8		
20	105	4	4.6					1.5	.8		
21	94	6	7.7					1.5	.8		
22	72	3	5.0					1.5	.8		
23	91	4	5.3					1.5	.8		
24	102	5	5.9					1.5	.8		
25											
26	169	11	7.8					1.5	.8		
27	130	4	3.7					1.5	.8		
28	90	8	10.7					1.5	.8		
29	73	8	13.2					1.5	.8		
30	88	3	4.1								
31	113	4	4.3								

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U. SERVICES, INC., ORLANDO, FLA Reporting Month JUNE 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 1-800-458-7202

I certify this report is correct D. Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	7.4							31.2	15.6		
Average	.23							1.2	.6		
Maximum	3.5							1.2	.6		
Minimum	0							1.2	.6		
1											
2	0							1.2	.6		
3	0							1.2	.6		
4	0.5							1.2	.6	1	
5	0							1.2	.6		
6	0							1.2	.6		
7	0							1.2	.6		
8											
9	0							1.2	.6		
10	0							1.2	.6		
11	0							1.2	.6		
12	0							1.2	.6		
13	0							1.2	.6		
14	3.5							1.2	.6		
15											
16	0							1.2	.6		
17	0							1.2	.6		
18	2.3							1.2	.6		
19	0							1.2	.6		
20	0							1.2	.6		
21	0							1.2	.6		
22	0							1.2	.6		
23	0							1.2	.6		
24	0.7							1.2	.6		
25	0							1.2	.6		
26	0							1.2	.6		
27	0							1.2	.6		
28	0.4							1.2	.6		
29	0							1.2	.6		
30											
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 L 9 5 A Name of Drinking Water System TROPICAL PARK II

Location: City or S/D KISSIMMEE County OSCEOLA

Owned by SSU SERVICES, INC, AMPKA Reporting Month JUNE 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow .504MG-D Remarks (Use reverse side) Phone No.: 1-800-456-7202

I certify this report is correct [signature] C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas or (lbs) Used	Chlorine mg/l		mg/l	Rainfall lbs Used	Rainfall mg/l INCHES	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2803	105	117.3				3.1	34	20.2		
Average	93	3.5	4.5				0.1	1.5	8		
Maximum	130	6	8.4				1.5	1.5	8		
Minimum	56	2	2.4				0	1.5	8		
1											
2	156	4	3.1				0	1.5	8		
3	121	6	6.0				0	1.5	8		
4	78	2	3.1				0	1.5	8	4	
5	125	4	3.8				0	1.5	8		
6	56	2	9.3				0	1.5	8		
7	116	4	4.1				1.5	1.5	8		
8											
9	180	7	4.7				0	1.5	8		
10	113	4	4.3				0	1.5	8		
11	118	4	4.1				0	1.5	8		
12	81	3	4.4				0	1.5	8		
13	106	3	3.4				0	1.5	8		
14	130	5	4.6				0	1.5	8		
15											
16	184	8	5.2				0	1.5	8		
17	107	5	4.7				0	1.5	8		
18	90	3	4.0				0	1.5	8		
19	101	5	5.9				0	1.5	8		
20	105	4	4.6				0	1.5	8		
21	108	5	5.6				0	1.5	8		
22	69	3	5.2				0	1.5	8		
23	98	3	3.7				0	1.5	8		
24	100	2	2.4				0	1.5	8		
25	87	5	6.9				1.4	1.5	8		
26	96	3	4.0				0	1.5	8		
27	95	2	2.5				0	1.5	8		
28	84	6	8.4				0.2	1.5	8		
29	83	3	4.3				0	1.5	8		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 1 9 5 E Name of Drinking Water System Tropical Park I

Location: City or S/D Tropical Park County Osceola

Owned by SSU Services Apopka, Fl. Reporting Month July 1991

Plant Effluent pH 9.3 (Avg) No. of Services at End of Month 546

Design Flow .5C4 Remarks (Use reverse side) Phone No.: 1-800-432-7202

I certify this report is correct [signature] A 235
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.013	50	108					32.4	16.2		
Average	.0004	02	3					1.2	6		
Maximum	009	25	75					1.2	6		
Minimum	004	25	35					1.2	6		
1	0	0	0					1.2	6		
2	0	0	0					1.2	6		
3	0	0	0					1.2	6		
4	0	0	0					1.2	6		
5	0	0	0					1.2	6		
6											
7	0	0	0					1.2	6		
8	0	0	0					1.2	6		
9	0	0	0					1.2	6	1	
10	0	0	0					1.2	6		
11	0	0	0					1.2	6		
12	0	0	0					1.2	6		
13											
14	0	0	0					1.2	6		
15	0	0	0					1.2	6		
16	0	0	0					1.2	6		
17	0	0	0					1.2	6		
18	0	0	0					1.2	6		
19	0	0	0					1.2	6		
20											
21	0	0	0					1.2	6		
22	0	0	0					1.2	6		
23	004	25	73					1.2	6		
24	0	0	0					1.2	6		
25	0	0	0					1.2	6		
26	0	0	0					1.2	6		
27											
28	0	0	0					1.2	6		
29	0	0	0					1.2	6		
30	0	0	0					1.2	6		
31	004	25	33					1.2	6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1992

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 1 9 5 E Name of Drinking Water System Tropical Park 2

Location: City or S/D Tropical Park County Osceola

Owned by SGU Services Apopka Reporting Month July 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month FAIR

Design Flow .504 Remarks (Use reverse side) Phone No.: 1-800-456-7122

I certify this report is correct [signature] (Lead Operator's Signature) B 375 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l Rain Fall	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3091	130	143.0				11.6	37.5	20.2		
Average	100	4	4.6				0.4	1.25	.7		
Maximum	168	7	8.3				3.2"	1.5	.8		
Minimum	071	3	2.5				0.2"	1.0	.5		
1	217	8	4.4					1.5	.8		
2	101	5	6.0					1.5	.8		
3	128	5	4.7				0.2"	1.5	.8		
4	071	3	5.1				0.2"	1.5	.8		
5	125	6	5.8				0.3"	1.5	.8		
6											
7	165	7	5.1				1.0"	1.5	.8		
8	117	5	5.1					1.5	.8		
9	087	2	6.9					1.5	.8	2	
10	063	4	5.8				1.0"	1.5	.8		
11	080	4	6.0				1.2"	1.5	.8		
12	107	4	4.5				0.3"	1.5	.8		
13											
14	146	5	4.1				3.2"	1.5	.8		
15	105	5	5.7					1.5	.8		
16	091	3	4.4				0.3"	1.5	.8		
17	102	6	7.1					1.5	.8		
18	079	3	4.6					1.5	.8		
19	82	5	7.3					1.5	.8		
20											
21	150	4	3.2					1.5	.8		
22	109	7	8.2					1.5	.8		
23	101	4	4.8					1.5	.8		
24	073	4	6.6					1.5	.8		
25	100	5	6.0				0.5"	1.0	5		
26	088	4	5.5				1.0	1.0	5		
27											
28	195	6	8.7					1.0	6		
29	144	3	2.5				0.5"	1.0	.6		
30	168	6	4.3				1.7"	1.0	.6		
31	089	4	5.4				0.2"	1.0	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

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MD

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491952 Name of Drinking Water System Tropical Park I

Location: City or S/D Tropical Park County Osceola

Owned by SSU Services Reporting Month August 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 541

Design Flow 144 Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct William Crandell C 6411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals. or Lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.023	.25	1.5					20.6	19.6		
Average	.0008	.01	0.6					.68	.65		
Maximum	.020	.25	1.5					1.0	0.6		
Minimum	0	0	0					0	0		
1	0	0	0					1.0	0.6		
2	0	0	0					1.0	0.6		
3											
4	0	0	0					1.0	0.6		
5	0	0	0					1.0	0.6		
6	0	0	0					1.0	0.6	1	
7	0	0	0					1.0	0.6		
8	0	0	0					1.0	0.6		
9	0	0	0					1.0	0.6		
10											
11	0	0	0					1.0	0.6		
12	0	0	0					1.0	0.6		
13	0	0	0					1.0	0.6		
14	0	0	0					1.0	0.6		
15	0	0	0					1.0	0.6		
16	0	0	0					1.0	0.6		
17											
18	0	0	0					1.0	0.6		
19	0	0	0					1.0	0.6		
20	0	0	0					1.0	0.6		
21	.005	0	0					0.6	0.6		
22	.020	25	1.5					0.5	0.5		
23	0	0	0					0.5	0.5		
24											
25	0	0	0					0.5	0.5		
26	0	0	0					0.5	0.5		
27	0	0	0					0.5	0.5		
28	0	0	0					0.5	0.5		
29											
30											
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 Name of Drinking Water System Tropical Park II

Location: City or S/D Tropical Park County Osceola

Owned by SSU Services Reporting Month August 19 91

Plant Effluent pH _____ (Avg) No. of Services at End of Month 1346

Design Flow .504 Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct William Lucido 06411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~gals.~~ or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	~~mg/l~~ Rain Fall	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2.652	169	1300				7.1	38.2	16.2		
Average	.102	6.5	50				0.3	1.5	0.6		
Maximum	.141	6	8.5				2.4	1.9	0.8		
Minimum	.045	2	2.3				0.2	1.2	0.5		
1	086	4	5.6				0.4	1.5	0.6		
2	.061	2	4.0					1.5	0.6		
3											
4	.167	8	5.8					1.5	0.6		
5	045	3	8.0					1.5	0.6		
6	141	3	2.6					1.2	0.5	3	
7	.082	2	3.0					1.2	0.5		
8	109	4	4.4					1.5	0.5		
9	075	3	5.0					1.5	0.5		
10											
11	179	5	3.5				0.8	1.5	0.6		
12	096	6	6.3					1.5	0.6		
13	093	3	4.0				0.8	1.5	0.6		
14	081	4	5.4					1.5	0.6		
15	.101	4	4.8					1.5	0.6		
16	.071	2	3.1					1.5	0.6		
17											
18	.175	7	5.0					1.5	0.6		
19	115	3	3.1					1.5	0.6		
20	109	4	4.7					1.5	0.6		
21	109	4	4.4				0.2	1.5	0.6		
22	088	4	5.5					1.8	0.8		
23	.085	6	8.5					1.8	0.8		
24											
25	152	7	5.6				2.9	1.6	0.8		
26	106	2	2.3				0.8	1.5	0.8		
27	088	4	5.5					1.5	0.8		
28	072	2	3.3					1.2	0.6		
29	102	5	6.0				0.2	1.2	0.6		
30	069	6	10.4					1.2	0.6		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 0 1 0 5 8 Name of Drinking Water System Tropical Park I

Location: City or S/D Tropical Park County Osceola

Owned by SSC Services Reporting Month Sept. 19 91

Plant Effluent pH 7.35 (Avg) No. of Services at End of Month 546

Design Flow .144 Remarks (Use reverse side) Phone No.: 892-6166

I certify this report is correct William Lundie C 6411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.011	0	0					112	78		
Average	.0004	0	0					5	.3		
Maximum	.004	0	0					.6	4		
Minimum	0	0	0					.2	.2		
1	0	0	0					.5	.3		
2	0	0	0					.5	3		
3	.001	0	0					5	.3		
4	0	0	0					5	3		
5	0	0	0					.5	3		
6	0	0	0					.5	.3		
7											
8	0	0	0					.6	3		
9	0	0	0					.6	3		
10	0	0	0					.6	3		
11	0	0	0					.6	3	1	
12	0	0	0					.6	3		
13	.001	0	0					.6	3		
14											
15	0	0	0					.6	2		
16	.001	0	0					.6	2		
17	0	0	0					.4	.2		
18	0	0	0					.4	.2		
19	.002	0	0					.4	2		
20	.001	0	0					.4	2		
21											
22	0	0	0					.4	2		
23	.004	0	0					2	4		
24	0	0	0					2	.4		
25	0	0	0					.2	4		
26	0	0	0					2	.4		
27	.001	0	0					.4	.3		
28											
29	0	0	0					.4	.3		
30	0	0	0					.4	.3		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 1 9 5 6 Name of Drinking Water System Tropical Park II

Location: City or S/D Tropical Park II County Osceola

Owned by SSU Services Reporting Month Sept 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow .504 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct William Sundel C-6411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l (Spring Fall)	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2.85	110	121.6		3.8			34.6	15.5		
Average	.095	4	4.1		.1			1.3	.6		
Maximum	.113	10	9.2		1.5			1.5	.8		
Minimum	.052	2	2.3		.1			1.0	.5		
1	.177	12	8.1					1.2	.6		
2	.079	3	4.6					1.2	.6		
3	.106	5	5.7		0.1			1.0	.5		
4	.086	4	5.6					1.0	.5		
5	.089	2	2.7					1.0	.5		
6	.113	4	4.2					1.0	.5		
7	.052	2	4.2					1.2	.5		
8											
9	.197	10	6.0		0.5			1.2	.5		
10	.080	2	3.0					1.2	.5		
11	.088	2	2.7					1.2	.5	3	
12	.096	2	3.0					1.3	.6		
13	.097	3	4.0					1.3	.6		
14											
15	.178	7	5.0					1.3	.6		
16	.110	4	4.3					1.5	.8		
17	.094	3	4.0					1.5	.8		
18	.095	4	5.0					1.5	.6		
19	.086	3	4.1		0.2			1.5	.6		
20	.097	3	4.0					1.5	.5		
21											
22	.195	8	4.9		0.8			1.5	.6		
23	.106	4	2.3		0.6			1.5	.6		
24	.099	5	6.1					1.5	.6		
25	.089	3	4.0					1.5	.6		
26	.109	4	4.4		1.5			1.5	.6		
27	.097	3	6.3					1.5	.6		
28											
29	.169	7	5.0					1.5	.8		
30	.107	3	3.4		0.1			1.5	.8		
31											

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DER Form 17-1.209(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 1 0 5 2 Name of Drinking Water System Tropical Park I

Location: City or S/D Tropical Park County Osceola

Owned by SSU Services Reporting Month Oct 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 546

Design Flow .144 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct William Lender C-6411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.008	0	0					6.2	26.2		
Average	.002	0	0					25	9		
Maximum	.004	0	0					3	1.0		
Minimum	.001	0	0					2	.8		
1	0	0	0					3	8		
2	.001	0	0					3	8	1	
3	0	0	0					3	8		
4	0	0	0					3	8		
5											
6	0	0	0					2	1.0		
7	0	0	0					2	1.0		
8	.004	0	0					3	1.0		
9	0	0	0					3	1.0		
10	0	0	0					3	1.0		
11	0	0	0					3	1.0		
12											
13	0	0	0					2	1.0		
14	0	0	0					2	1.0		
15	0	0	0					2	1.0		
16	0	0	0					2	1.0		
17	0	0	0					2	1.0		
18	0	0	0					2	1.0		
19											
20	0	0	0					2	1.0		
21	0	0	0					2	1.0		
22	0	0	0					2	1.0		
23	0	0	0					2	1.0		
24	0	0	0					2	1.0		
25	0	0	0					2	1.0		
26											
27	0	0	0					2	1.0		
28	.003	0	0					2	1.0		
29	0	0	0					2	1.0		
30	0	0	0					2	1.0		
31	0	0	0					2	1.0		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System Tropical Park II

Location: City or S/D Tropical Park County Osceola

Owned by SSU Services Reporting Month Oct 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 5416

Design Flow .504 Remarks (Use reverse side) Phone No.: 846-0106

I certify this report is correct William Sundell C-1611
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l Rain	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2.881	126	139.2				3.9"	38.4	20.8		
Average	.093	4	4.5				0.1"	1.4	.8		
Maximum	.117	8	8.8				1.1"	1.5	1.1		
Minimum	.078	2	2.2				0.1"	.7	.3		
1	.105	5	5.7				0.1"	1.3	.5		
2	.080	4	6.0				0.3"	1.4	.5	3	
3	.084	3	4.3					1.4	.5		
4	.189	8	5.1					1.4	.5		
5											
6	.069	4	5.3				0.5"	1.5	.7		
7	.084	3	4.3				1.1"	1.5	.7		
8	.093	3	2.9					1.5	.8		
9	.096	5	6.3					1.7	.3		
10	.089	3	4.0				0.1"	1.2	.7		
11	.168	8	5.7					1.5	.6		
12											
13	.109	8	8.8					1.5	.6		
14	.086	3	4.2					1.5	.8		
15	.086	4	5.6					1.5	.8		
16	.085	4	5.6				1.0"	1.5	.8		
17	.097	5	6.2					1.5	1.0		
18	.173	9	6.2					1.5	1.0		
19											
20	.107	4	4.5					1.5	.8		
21	.106	3	3.4					1.3	.8		
22	.078	4	6.2					1.5	.9		
23	.110	4	4.4					1.5	.9		
24	.098	6	7.3					1.5	1.0		
25	.173	7	4.4					1.5	1.0		
26											
27	.117	6	6.2					1.5	1.0		
28	.093	6	7.7					1.5	1.1		
29	.101	3	3.5					1.3	.9		
30	.086	2	2.7					1.3	.8		
31	.109	2	2.2					1.4	.8		

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System Tropical Park I

Location: City or S/D Tropical Park County Osceola

Owned by SSU Services Reporting Month Nov 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 504

Design Flow .144 Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct William Herrod C-6411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or ~~lbs.~~ Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.000	.50	218					7.7	25.0		
Average	.002	.02	.07					.3	1.0		
Maximum	.023	.25	109					.3	1.0		
Minimum	0	0	0					.2	1.0		
1	0	0	0					.3	1.0		
2											
3	0	0	0					.3	1.0		
4	.023	.25	109					.3	1.0		
5	.023	.25	109					.3	1.0		
6	.002	0	0					.3	1.0		
7	0	0	0					.3	1.0		
8	0	0	0					.3	1.0		
9	0	0	0					.3	1.0		
10											
11	0	0	0					.3	1.0	1	
12	0	0	0					.2	1.0		
13	0	0	0					.2	1.0		
14	.001	0	0					.2	1.0		
15	0	0	0					.3	1.0		
16											
17	.010	0	0					.3	1.0		
18	0	0	0					.3	1.0		
19	0	0	0					.3	1.0		
20	0	0	0					.3	1.0		
21	.001	0	0					.3	1.0		
22	0	0	0					.3	1.0		
23											
24	0	0	0					.3	1.0		
25	0	0	0					.3	1.0		
26	0	0	0					.3	1.0		
27	0	0	0					.3	1.0		
28	0	0	0					.3	1.0		
29	0	0	0					.3	1.0		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

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Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System Tropical Park II

Location: City or S/D Tropical Park County Osceola

Owned by SSU Services Reporting Month Nov. 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 5416

Design Flow .504 Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct William Bendel C-16411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.908	151	1566					35.6	20.9		
Average	.097	5	5.2					1.4	.8		
Maximum	.164	9	8.7					1.5	1.0		
Minimum	.074	2	3.0					.2	.2		
1	.110	4	3.0					1.4	.7		
2											
3	.094	4	5.1					1.5	.8		
4	.100	5	6.0					1.4	.8		
5	.078	4	6.1					1.4	.8		
6	.110	9	6.5					1.4	.8		
7	.081	4	5.0					1.4	.7		
8	.088	6	8.1					1.4	.8		
9	.164	7	4.2					1.5	.8		
10											
11	.103	6	6.9					1.5	.9	3	
12	.088	4	5.4					1.5	.9		
13	.104	5	5.7					1.5	1.0		
14	.085	3	3.0					1.5	1.0		
15	.191	7	4.3					1.5	1.0		
16											
17	.117	6	6.1					1.5	.9		
18	.074	2	3.2					1.5	1.0		
19	.091	5	6.5					.2	.2		
20	.100	6	7.6					1.5	.8		
21	.100	7	8.4					1.5	.8		
22	.179	10	6.7					1.5	.7		
23											
24	.106	5	5.6					1.5	.7		
25	.124	9	8.7					1.5	1.0		
26	.088	5	6.8					1.5	1.0		
27	.092	6	7.8					1.5	1.0		
28	.118	7	7.1					1.5	1.0		
29	.180	13	8.7					1.5	1.0		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by SSU SERVICES Reporting Month DECEMBER 19 91

Plant Effluent pH _____ (Avg) No. of Services at End of Month 504

Design Flow .144 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct John B Coffey Jr C6614
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals or lbs Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.030	.5	38.0					8.6	26.0		
Average	.004	0.2	1.8					.3	1.0		
Maximum	.013	.5	38.0					.9	1.0		
Minimum	0	0	0					.2	1.0		
1	0	0	0					.3	1.0		
2	0	0	0					.3	1.0		
3	0	0	0					.3	1.0		
4	0	0	0					.3	1.0		
5	.001	0	0					.3	1.0		
6	0	0	0					.3	1.0		
7	0	0	0								
8	0	0	0					.3	1.0		
9	0	0	0					.3	1.0	1	1
10	0	0	0					.3	1.0		
11	0	0	0					.3	1.0		
12	0	0	0					.3	1.0		
13	0	0	0					.3	1.0		
14	0	0	0								
15	0	0	0					.2	1.0		
16	0	0	0					.2	1.0		
17	0	0	0					.2	1.0		
18	.003	0	0					.3	1.0		
19	.003	0	0					.2	1.0		
20	.013	.5	38.8								
21	0	0	0					.2	1.0		
22	0	0	0					.2	1.0		
23	.006	-	0					.9	1.0		
24	0	0	0					.9	1.0		
25	.003	0	0								
26	0	0	0					.9	1.0		
27	0	0	0					.2	1.0		
28	.001	0	0					.2	1.0		
29	0	0	0								
30	0	0	0					.2	1.0		
31	0	0	0					.2	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 1 9 5 8 Name of Drinking Water System Tropical Park II

Location: City or S/D Tropical Park County Osceola

Owned by SSU Services Reporting Month December 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 5410

Design Flow .504 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct William Tiedel C-6411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~gals.~~ or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3.024	118	1206.4					39.1	27.8		
Average	.098	4	4.1					1.4	1.0		
Maximum	.110	10	12.0					1.5	1.2		
Minimum	.068	2	2.2					1.3	1.0		
1	.107	2	2.2					1.5	1.0		
2	.094	4	5.1					1.5	1.0		
3	.097	2	2.5					1.5	1.0		
4	.101	3	3.6					1.5	1.0		
5	.077	3	4.7					1.5	1.0		
6	.2760	9	3.9					1.5	1.0		
7											
8	.097	3	3.7					1.5	1.2		
9	.110	3	3.3					1.3	1.0	3	
10	.0810	2	2.8					1.3	1.0		
11	.093	3	3.9					1.3	1.0		
12	.093	3	3.9					1.3	1.0		
13	.219	7	3.8					1.3	1.0		
14											
15	.102	2	2.4					1.3	1.0		
16	.068	2	3.5					1.3	1.0		
17	.090	4	5.3					1.5	1.0		
18	.092	4	5.2					1.5	1.1	1	resample Well
19	.099	3	3.6					1.5	1.1		
20	.172	7	4.8					1.5	1.1		
21											
22	.094	4	5.1					1.5	1.1		
23	.099	4	4.8					1.5	1.1		
24	.094	4	5.1					1.5	1.1		
25	.094	10	7.6					1.5	1.0		
26	.100	10	12.0					1.5	1.0		
27	.084	4	5.7					1.5	1.0		
28	.201	11	6.6					1.5	1.0		
29											
30	.081	3	4.4					1.5	1.0		
31	.104	10	6.9					1.5	1.0		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D % 1000 Cricket, APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month JAN 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 545

Design Flow .144 MGD Remarks (Use reverse side) Permit No.: 8SC-0107

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	10.5							6.8	6.8	1	
Average	.34							.7	.7		
Maximum	.67							.8	.8		
Minimum	.38							.4	.4		
1	0							.8	.8		
2	0							.8	.8		
3	0							.8	.8		
4	.67							.4	.4		
5											
6											
7											
8											
9											
10	0							.8	.8	1	
11											
12											
13											
14											
15	.38							.6	.6		
16	0							.6	.6		
17											
18											
19	0							.8	.8		
20											
21											
22	0							.6	.6		
23											
24	0							.6	.6		
25											
26											
27											
28											
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491458 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D c/o 1000 Color Dr. Apopka, Fl. County OSCEOLA

Owned By SOUTHERN STATES UTILITIES Reporting Month JAN 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 545

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2,781.3	159	180.7					40.1	21.7	3	
Average	89.7	5.1	6.7					1.4	.8		
Maximum	105.3	7	9.0					1.5	.9		
Minimum	54.0	3	3.8					1.2	.8		
1	100.2	15	9.0					1.2	.9		
2	94.4	3	3.8					1.4	.8		
3	103.6	7	8.1					1.5	.8		
4	103.3	7	8.1					1.5	.8		
5	95.6	5	7.0					1.5	.8		
6	78.8	5	7.6					1.5	.8		
7											
8	119.9	8	8.0					1.5	.8		
9	65.0	5	8.6					1.5	.8		
10	90.6	3	4.0					1.5	.8	3	
11	103.9	5	5.8					1.5	.8		
12	84.9	5	7.0					1.5	.8		
13	103.0	5	5.8					1.5	.8		
14											
15	152.1	9	6.8					1.5	.8		
16	104.6	6	6.9					1.5	.8		
17	72.1	5	8.3					1.5	.8		
18	104.2	5	5.7					1.5	.8		
19	82.5	5	7.3					1.5	.8		
20	63.6	4	7.6					1.5	.8		
21											
22	174.4	9	6.0					1.5	.8		
23	105.3	7	7.7					1.5	.8		
24	77.8	4	6.2					1.5	.8		
25	92.5	5	6.5					1.5	.8		
26	71.3	3	5.0					1.5	.8		
27	54.0	3	6.6					1.5	.8		
28											
29	218.3	15	8.2					1.5	.8		
30	83.7	3	4.3					1.5	.8		
31	75.5	3	4.8					1.5	.8		

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DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491955 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D c/o 1000 COLOA PL, ARDEA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month FEB 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 511

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 8580-0100

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	72.6							6.6	6.6	1	
Average	2.5							.7	.7		
Maximum	67.4							.8	.8		
Minimum	0							.6	.6		
1	2.3							.8	.8		
2											
3											
4											
5										1	
6	0							.8	.8		
7											
8	0							.8	.8		
9											
10											
11											
12	.8							.6	.6		
13											
14	67.4							.6	.6		
15	2.1							.6	.6		
16	0										
17											
18											
19	0							.6	.6		
20											
21											
22											
23	0							.6	.6		
24											
25											
26	0							.6	.6		
27											
28	0							.6	.6		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.399(3)
Effective November 1, 1987

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D % 1000 COLOR BLVD, APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month FEB 1990

Plant Effluent pH 7.41 (Avg) No. of Services at End of Month 545

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 880-0107

I certify this report is correct [signature] C-5643 [signature]
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2152.9	133	181					36	16.5	3	
Average	76.9	4.7	7.5					1.5	.7		
Maximum	105.8	8	13.1					1.5	.8		
Minimum	65.1	1	4.5					1.5	.2		
1	88.2	5	6.8					1.5	.8		
2	91.1	4	5.3					1.5	.5		
3	67.5	4	7.1					1.5	.5		
4											
5	91.0	10	13.1					1.5	.5	3	
6	65.1	6	11.1					1.5	.5		
7	104.5	4	4.6					1.5	.5		
8	93.4	4	5.8					1.5	.8		
9	105.8	4	4.5					1.5	.8		
10	73.8	5	8.4					1.5	.8		
11											
12	103	9	6.0					1.5	.8		
13	77.1	4	6.2					1.5	.8		
14	17.2	1	7.0					1.5	.2		
15	80.7	8	12.0					1.5	.5		
16	92.1	5	6.7					1.5	.8		
17	72.4	4	6.6					1.5	.5		
18											
19	115.1	10	10.4					1.5	.8		
20	98.1	6	7.3					1.5	.8		
21	80.2	6	9.0					1.5	.8		
22	92.2	5	7.3					1.5	.8		
23	67.9	4	7.0					1.5	.8		
24	65.6	3	5.5					1.5	.8		
25											
26	191.1	11	6.9					1.5	.8		
27	84.5	5	7.1					1.5	.8		
28	77.0	6	9.3					1.5	.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate CER or County Health Department office wit in 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491955 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D 4 1000 Coral Dr, Apopka, FL County Osceola

Owned by Southern States Utilities Reporting Month MAR 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 545

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 850-0100

I certify this report is correct S. Kist C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	0							7.0	7.0	1	
Average	0							.63	.63		
Maximum	0							.8	.8		
Minimum	0							.6	.6		
1											
2	0	0	0					.8	.8		
3											
4											
5											
6	0	0	0					.6	.6		
7										1	
8	0	0	0					.6	.6		
9	0	0	0					.6	.6		
10											
11											
12	0	0	0					.8	.8		
13											
14	0	0	0					.6	.6		
15											
16	0	0	0					.6	.6		
17											
18											
19											
20											
21	0	0	0					.6	.6		
22											
23	0	0	0					.6	.6		
24											
25											
26	0	0	0					.6	.6		
27											
28	0	0	0					.6	.6		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D % 1000 COLONIAL, APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month MAR 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 545

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3016.5	177	191					38.5	18.4	3	
Average	97.3	5.7	6.1					1.4	.7		
Maximum	115.2	8	10.4					1.5	.8		
Minimum	53.2	3	3.4					1.0	.4		
1	84.5	4	5.7					1.5	.8		
2	99.2	7	8.4					1.5	.8		
3	69.4	4	6.9					1.5	.8		
4											
5	197.1	12	7.7					1.5	.8		
6	106.3	3	3.4					1.5	.8		
7	97.5	3	3.7					1.5	.8	3	
8	86.7	3	4.1					1.5	.8		
9	102.9	5	5.8					1.5	.8		
10	69.2	6	10.4					1.5	.8		
11											
12	226.9	12	6.5					1.5	.4		
13	112.3	4	4.2					1.5	.4		
14	91.0	5	6.5					1.5	.6		
15	94.9	5	6.3					1.5	.8		
16	98.1	6	7.3					1.0	.4		
17	98.6	5	6.1					1.0	.6		
18											
19	218.3	13	7.1					1.0	.6		
20	83.9	5	7.2					1.0	.6		
21	99.5	5	6.0					1.5	.6		
22	112.5	8	8.5					1.5	.6		
23	104.0	8	9.2					1.5	.6		
24	84.0	7	10.0					1.5	.6		
25											
26	240.3	16	8.0					1.5	.6		
27	111.1	8	8.6					1.5	.6		
28	99.9	7	9.5					1.5	.6		
29	86.0	7	9.7					1.5	.6		
30	115.2	5	5.2					1.5	.6		
31	53.2	4	9.0					1.5	.6		

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DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D % 1000 COLEADL, APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month APRIL 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1.3							6.4	6.4	1	
Average											
Maximum	.8							.8	.8		
Minimum	.5							.8	.8		
1								.8	.8		
2											
3	0							.8	.8		
4											
5											
6	0							.8	.8		
7											
8											
9											
10	.5							.8	.8	1	
11											
12											
13											
14											
15											
16	0							.8	.8		
17											
18	0							.8	.8		
19											
20											
21											
22											
23	0							.8	.8		
24											
25											
26											
27											
28											
29											
30	.8							.8	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491955 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D % 1000 COLCA PL., APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month APRIL 19 90

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3126.7	193	220.9					45	24	3	
Average	104.2	6.4	7.4					1.5	.8		
Maximum	137.6	11	14.1					1.5	.8		
Minimum	72.8	4	4.2					1.5	.8		
1	100.6	6	7.2					1.5	.8		
2	103.6	7	8.1					1.5	.8		
3	92.8	4	5.2					1.5	.8		
4	80.3	5	7.5					1.5	.8		
5	72.8	4	6.6					1.5	.8		
6	135.8	9	8.0					1.5	.8		
7	69.8	4	6.9					1.5	.8		
8	93.2	6	7.7					1.5	.8		
9	110.5	8	8.7					1.5	.8		
10	89.1	5	6.8					1.5	.8	3	
11	126.8	8	7.6					1.5	.8		
12	84.2	5	7.1					1.5	.8		
13	99.9	5	6.0					1.5	.8		
14	105.7	5	5.7					1.5	.8		
15	124.5	7	6.8					1.5	.8		
16	109.3	10	11.0					1.5	.8		
17	109	8	8.8					1.5	.8		
18	116.9	9	9.2					1.5	.8		
19	121	8	7.9					1.5	.8		
20	96.4	6	7.5					1.5	.8		
21	92	5	6.5					1.5	.8		
22	128.3	10	9.4					1.5	.8		
23	124.2	7	6.8					1.5	.8		
24	100	5	6.0					1.5	.8		
25	105.8	6	6.8					1.5	.8		
26	76.9	4	6.2					1.5	.8		
27	113	4	4.3					1.5	.8		
28	114.2	4	4.2					1.5	.8		
29	93.5	11	14.1					1.5	.8		
30	137.6	7	6.1					1.5	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.900(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3191958 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D % Iam Canal Dr, ARPOKA FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month MAY 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.:

I certify this report is correct [signature] 6-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.5									3	1
Average	.25							.8	.8		
Maximum	.4							.8	.8		
Minimum	.1							.8	.8		
1	0							.8	.8		
2											
3	0							.8	.8		
4											
5											
6	0							.8	.8		
7											
8	0							.8	.8		
9	.1							.8	.8	1	1
10											
11											
12											
13											
14	0							.8	.8		
15											
16											
17											
18											
19											
20	.4							.8	.8	1	BACTERIA
21										1	BACTERIA
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.990(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D % 1000 Corral A, Apopka, FL County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month MAY 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3864.0	208	208					46.5	24.8	9	6/4 – 2 DIST - RECHECK 6
Average	124.6	6.7	6.4					1.5	.8		
Maximum	162.8	13	10.5					1.5	.8		
Minimum	92.7	3	2.9					1.5	.8		
1	96.8	8	10					1.5	.8		
2	137.9	9	7.8					1.5	.8		
3	110.8	7	7.6					1.5	.8		
4	119.4	7	7.2					1.5	.8		
5	92.7	4	5.2					1.5	.8		
6	144.6	5	4.1					1.5	.8		
7	139.0	8	6.9					1.5	.8		
8	99.4	8	8.6					1.5	.8		
9	114.8	10	10.5					1.5	.8		
10	94.9	3	3.9					1.5	.8	3	3
11	117.6	7	7.1					1.5	.8		
12	114.2	7	7.3					1.5	.8		
13	132.5	11	10					1.5	.8		
14	139.2	10	8.6					1.5	.8		
15	156.6	10	7.6					1.5	.8		
16	118.8	3	3.0					1.5	.8		
17	114.0	6	6.3					1.5	.8		
18	145.4	4	3.3					1.5	.8		
19	162.8	4	2.9					1.5	.8		
20	144.5	11	9.1					1.5	.8		
21	142.7	5	4.2					1.5	.8	3	
22	129.6	5	4.6					1.5	.8	3	3
23	129.1	5	4.6					1.5	.8		
24	154.2	13	10					1.5	.8		
25	109.1	7	7.7					1.5	.8		
26	121.6	6	5.9					1.5	.8		
27	103.4	4	4.6					1.5	.8		
28	121.8	4	3.9					1.5	.8		
29	128.0	4	3.7					1.5	.8		
30	99.6	4	4.8					1.5	.8		
31	129.0	5	4.6					1.5	.8		

* EST.

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

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Eng

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D 40 1600 COLOR PL, APOPKA, FL 32703 County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month JUNE 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 880-0010

I certify this report is correct _____ G5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	4.9							4.0	4.0	1	
Average	4.9							.8	.8		
Maximum	4.9							.8	.8		
Minimum	4.9							.8	.8		
1	0							.8	.8		
2											
3											
4											
5											
6	0							.8	.8		
7											
8											
9											
10											
11	~							.8	.8		
12											
13	4.9							.8	.8	1	
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27	0							.8	.8		
28											
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5).
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D 9000 COLONIAL, APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month JUNE 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 880-0010

I certify this report is correct _____ C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3174.45	*202	*1934					45	24		
Average	105.8	*6.7	*6.4					1.5	.8		
Maximum	148.73	*12	9.7					1.5	.8		
Minimum	85.0	*3	4.0					1.5	.8		
1	116.38	*6	*6.1					1.5	.8		
2	103.63	*5	*5.7					1.5	.8		
3	135.69	*7	*6.1					1.5	.8		
4	139.66	*7	*6.0					1.5	.8	1	Bacteria (May)
5	101.44	5	5.9					1.5	.8	1	"
6	92.65	5	6.4					1.5	.8		
7	93.25	5	6.5					1.5	.8		
8	105.0	6	6.8					1.5	.8		
9	99.07	3	4.0					1.5	.8		
10	119.3	7	7.0					1.5	.8		
11	129.30	7	6.4					1.5	.8	1	Bacteria (May)
12	121.60	7	6.9					1.5	.8	1	"
13	125.00	6	5.7					1.5	.8	3	
14	96.25	7	5.7					1.5	.8		
15	137.6	7	6.1					1.5	.8		
16	120.0	7	7.0					1.5	.8		
17	95.6	6	8.4					1.5	.8		
18	166.53	10	7.1					1.5	.8		
19	145.42	9	7.4					1.5	.8		
20	104.49	7	8.0					1.5	.8		
21	117.88	7	7.1					1.5	.8		
22	120.50	7	6.9					1.5	.8		
23	153.15	7	5.4					1.5	.8		
24	96.37	5	6.9					1.5	.8		
25	123.25	10	9.7					1.5	.8		
26	113.33	7	7.4					1.5	.8		
27	137.05	*7	*6.1					1.5	.8		
28											
29	98.73	*12	*7.2					1.5	.8		
30	125.41	4	4.5					1.5	.8		
31											

* Estimated

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK - I

Location: City or S/D C/O 1000 Color pl. APOPKA, FLA. 32703 County OSCEOLA

Owned by S.S.U. SERVICES Reporting Month JULY 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow .144 mgd Remarks (Use reverse side) Phone No.: (407) 880 0058

I certify this report is correct _____ A-275
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	320							3.8	3.8	4	
Average											
Maximum	300										
Minimum	20										
1											
2	0.0							0.8	0.8		
3											
4											
5	0.0							0.8	0.8		
6											
7											
8											
9											
10	20							0.8	0.8	4	
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23	0.0							0.8	0.8		
24											
25											
26											
27											
28											
29	300							0.6	0.6		
30											
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D 96 100 Clear Lk Canoe FA 32703 County OSCEOLA

Owned by S.S.U. SERVICES INC. Reporting Month JULY 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct [signature] A-235
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~ppm~~ or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3594.49	162	168.0					46.5	18.6	4	
Average	115.95	5.23	5.4								
Maximum	158.85	10	10.4								
Minimum	73.56	3	2.7								
1	99.64	4	4.8					1.5	.6		
2	157.25	7	5.3					1.5	.6		
3	103.49	4	4.6					1.5	.6		
4	93.04	4	5.8					1.5	.6		
5	114.47	4	4.2					1.5	.6		
6	127.20	4	3.8					1.5	.6		
7	119.85	6	6.1					1.5	.6		
8	128.14	6	5.8					1.5	.6		
9	152.94	8	6.3					1.5	.6		
10	116.52	5	5.1					1.5	.6	4	
11	158.85	7	5.3					1.5	.6		
12	92.50	3	3.9					1.5	.6		
13	110.30	4	4.4					1.5	.6		
14	96.10	5	6.2					1.5	.6		
15	09.25	4	4.4					1.5	.6		
16	146.51	10	8.1					1.5	.6		
17	86.54	3	7.1					1.5	.6		
18	114.50	4	4.2					1.5	.6		
19	118.02	4	4.1					1.5	.6		
20	135.14	6	5.3					1.5	.6		
21	72.56	3	4.9					1.5	.6		
22	127.48	4	3.8					1.5	.6		
23	124.46	5	4.8					1.5	.6		
24	117.63	4	4.1					1.5	.6		
25	96.80	6	7.4					1.5	.6		
26	136.65	5	4.4					1.5	.6		
27	103.80	6	10.4					1.5	.6		
28	117.59	9	9.0					1.5	.6		
29	100.61	7	8.3					1.5	.6		
30	135.46	2	2.7					1.5	.6		
31	101.60	5	5.9					1.5	.6		

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DER Form 17-22.999(3)
Effective November 1, 1987

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK

Location: City or S/D 1000 Color Place Apopka County OSCEOLA

Owned by S.S.U. SERVICES, INC Reporting Month AUGUST 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	4.1										
Average	1.02							.9	.9		
Maximum	4.1							1.0	1.0		
Minimum	0							.8	.8		
1	0	0						.8	.8		
2											
3											
4											
5											
6											
7										1	
8											
9								.8	.8		
10	0	0									
11											
12											
13											
14											
15											
16											
17	0	0						1.0	1.0		
18											
19											
20											
21											
22											
23											
24											
25											
26											
27	4.1							1.0	1.0		
28											
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

14

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3492958 Name of Drinking Water System TROPICAL PARK

Location: City or S/D 1000 Color Place Apopka County OSCEOLA

Owned by S.S.U. SERVICES, INC. Reporting Month AUGUST 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eck Jr. (Lead Operator's Signature) C-3607 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas, or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3813.9	187	189.9								
Average	123.03	6.03	6.13					1.46	.78		
Maximum	165.1	13	13.4					1.5	.8		
Minimum	71.4	3	3.4					1.0	.5		
1	102.6	4	4.7					1.5	.8		
2	136.4	5	4.4					1.5	.8		
3	111.1	5	5.4					1.5	.8		
4	92.0	4	5.2					1.5	.8		
5	130.8	4	3.7					1.5	.8		
6	165.1	11	8.0					1.0	.5		
7	117.6	5	5.1					1.4	.6	1	
8	126.5	6	5.7					1.5	.8		
9	122.3	5	4.9					1.5	.8		
10	143.4	6	5.0					1.5	.8		
11	71.4	3	5.0					1.5	.8		
12	139.6	4	3.4					1.5	.8		
13	137.9	5	4.4					1.5	.8		
14	126.3	4	3.6					1.5	.8		
15	108.0	5	5.6					1.5	.8		
16	122.8	4	3.9					1.5	.8		
17	140.2	6	5.1					1.5	.8		
18	97.9	4	4.9					1.5	.8		
19	145.4	5	4.1					1.5	.8		
20	131.7	6	5.5					1.5	.8		
21	140.1	5	4.3					1.5	.8		
22	128.7	5	4.7					1.5	.8		
23	96.6	11	13.4					1.5	.8		
24	125.6	11	10.5					1.5	.8		
25	88.5	6	8.1					1.5	.8		
26	134.6	8	7.1					1.5	.8		
27	149.4	7	6.6					1.5	.8		
28	124.9	13	12.5					1.5	.8		
29	127.2	8	7.6					1.5	.8		
30	113.8	7	7.4					1.5	.8		
31	113.2	5	5.3					1.5	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491558 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by J.S.U. SERVICES, INC., APOPKA Reporting Month SEPTEMBER 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	0	0									
Average								1.5	1.5		
Maximum								1.5	.6		
Minimum								1.5	.6		
1	0	0						1.5	.6		
2											
3											
4											
5											
6	0	0						1.5	.6		
7											
8											
9										3	
10											
11											
12	0	0						1.5	.6		
13											
14											
15											
16											
17											
18	0	0						1.5	.6		
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30	0	0						1.5	.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 2

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month SEPTEMBER 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct O. Richard Eck Jr C.-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3701.2	193	189					45.7	29.6		
Average	123.37	6.43	6.3					1.52	0.79		
Maximum	156.9	17	19.8					1.8	0.8		
Minimum	91.9	3	2.9					1.5	0.4		
1	109.8	7	7.7					1.5	.8		
2	115.0	8	8.4					1.5	.8		
3	121.4	8	7.9					1.5	.8		
4	149.4	12	9.7					1.5	.8		
5	105.2	4	4.6					1.5	.8		
6	131.6	5	4.6					1.5	.8		
7	104.0	3	3.5					1.5	.8		
8	114.6	5	5.2					1.5	.8		
9	152.6	5	3.9					1.5	.8	3	
10	143.7	5	4.2					1.5	.8		
11	97.4	4	4.9					1.5	.8		
12	126.5	4	3.8					1.5	.8		
13	103.1	17	19.8					1.5	.8		
14	140.6	4	3.4					1.5	.8		
15	130.0	5	4.6					1.5	.8		
16	122.8	3	2.9					1.6	.8		
17	113.7	5	5.3					1.5	.8		
18	120.4	4	4.0					1.8	.8		
19	120.1	5	5.0					1.5	.8		
20	123.2	5	4.9					1.5	.8		
21	117.5	4	4.1					1.5	.4		
22	118.5	7	7.1					1.8	.8		
23	137.9	6	5.2					1.5	.8		
24	156.9	10	7.6					1.5	.8		
25	123.2	9	8.6					1.5	.8		
26	91.9	6	7.8					1.5	.8		
27	141.6	10	8.5					1.5	.8		
28	125.2	8	7.7					1.5	.8		
29	93.5	4	5.1					1.5	.8		
30	150.2	11	8.8					1.5	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U SERVICES, INC. FLORIDA Reporting Month OCTOBER 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	0	0	0					75	3.0		
Average	0	0	0					1.5	.6		
Maximum	0	0	0					1.5	6		
Minimum	0	0	0					1.5	6		
1	0	0	0					1.5	.6		
2										1	
3											
4											
5											
6											
7											
8											
9	0	0	0					1.5	6		
10											
11											
12											
13											
14											
15											
16	0	0	0					1.5	.6		
17											
18											
19											
20											
21											
22											
23											
24	0	0	0					1.5	.6		
25											
26											
27											
28											
29											
30											
31	0	0	0					1.5	6		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U. SERVICES, INC. APOPKA, FL. Reporting Month OCTOBER 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct J. Richard Eldy C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	3930	256	245.6					47.6	25		
Average	127	8.3	7.9					1.54	0.81		
Maximum	253	15	12.7					2.0	1.0		
Minimum	93	3	3.3					1.5	0.7		
1	109	10	11.0					1.5	.8		
2	133	9	8.1					1.5	.8		
3	103	8	9.3					1.5	.8		
4	128	11	10.3					1.5	.8		
5	104	11	12.7					1.5	.8		
6	117	6	6.2					1.5	.8		
7	116	6	6.2					1.5	.8		
8	141	10	8.5					1.8	.9	2	
9	162	9	6.7					1.5	.8		
10	96	7	8.8					1.5	.8		
11	116	6	6.2					1.5	.8		
12	93	6	7.7					1.5	.7		
13	101	9	10.7					1.5	.8		
14	129	11	10.2					1.5	.8		
15	175	12	8.2					1.5	.8		
16	112	8	8.6					1.5	.8		
17	111	7	7.6					1.5	.8		
18	116	7	7.2					1.5	.8		
19	163	7	5.2					1.5	.9		
20	110	6	6.6					1.5	.8		
21	110	3	3.3					1.5	.8		
22	137	8	7.0					1.5	.8		
23	131	7	6.4					1.5	.8		
24	108	7	7.8					1.5	.8		
25	119	9	9.1					1.5	.8		
26	253	15	7.1					1.5	.8		
27	133	7	6.3					1.5	.8		
28	125	8	7.7					1.5	.8		
29	155	10	7.7					2.0	1.0		
30	113	9	9.6					1.5	.8		
31	111	7	7.6					1.5	.8		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U. SERVICES INC, APOPKA Reporting Month NOVEMBER 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eck Jr. C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	0	0	0					7.2	4.0		
Average	0	0	0					1.2	.7		
Maximum	0	0	0					1.2	.8		
Minimum	0	0	0					1.2	.6		
1	0	0	0					1.2	.6		
2											
3											
4											
5	0	0	0					1.2	.6		
6										1	
7											
8											
9											
10											
11											
12	0	0	0					1.2	.8		
13											
14											
15											
16											
17											
18											
19	0	0	0					1.2	.8		
20											
21											
22											
23											
24											
25											
26	0	0	0					1.2	.6		
27											
28											
29											
30	0	0	0					1.2	.6		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by SSU SERVICES, INC. APOPKA Reporting Month NOVEMBER 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 546

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eckl Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3,145	160	181.9					45	24.3		
Average	105	5.3	6.1					1.5	.8		
Maximum	141	11	10.3					1.5	1.0		
Minimum	74	.3	4.1					1.5	.8		
1	122	8	7.9					1.5	.8		
2	136	10	8.6					1.5	.8		
3	87	5	6.5					1.5	.8		
4	141	11	9.4					1.5	.9		
5	140	7	6.0					1.5	1.0		
6	96	6	7.5					1.5	.8	3	
7	119	5	5.0					1.5	.8		
8	116	4	4.1					1.5	.8		
9	135	5	4.4					1.5	.8		
10	121	5	5.0					1.5	.8		
11	103	4	4.7					1.5	.8		
12	121	5	5.0					1.5	.8		
13	104	5	5.8					1.5	.8		
14	93	5	6.5					1.5	.8		
15	122	5	5.0					1.5	.8		
16	90	4	5.3					1.5	.8		
17	80	3	4.5					1.5	.8		
18	108	6	6.7					1.5	.8		
19	114	4	4.2					1.5	.8		
20	74	4	6.5					1.5	.8		
21	107	5	5.6					1.5	.8		
22	83	4	5.8					1.5	.8		
23	81	4	5.9					1.5	.8		
24	101	4	4.6					1.5	.8		
25	93	8	10.3					1.5	.8		
26	123	9	8.6					1.5	.8		
27	76	3	4.7					1.5	.8		
28	89	4	5.4					1.5	.8		
29	87	4	5.6					1.5	.8		
30	83	4	5.8					1.5	.8		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK I

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U. SERVICES, INC., ORLANDO Reporting Month DECEMBER 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 546

Design Flow .144 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	0	0	0					10.5	5.6		
Average	0	0	0					1.5	.8		
Maximum	0	0	0					1.5	.8		
Minimum	0	0	0					1.5	.8		
1	0	0	0					1.5	.8		
2											
3											
4											
5											
6											
7	0	0	0					1.5	.8		
8											
9	0	0	0					1.5	.8	1	
10											
11											
12											
13											
14	0	0	0					1.5	.8		
15											
16											
17											
18											
19											
20	0	0	0					1.5	.8		
21											
22											
23											
24	0	0	0					1.5	.8		
25											
26											
27											
28											
29											
30	0	0	0					1.5	.8		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491958 Name of Drinking Water System TROPICAL PARK II

Location: City or S/D TROPICAL PARK County OSCEOLA

Owned by S.S.U. SERVICES, INC., ROOPKA Reporting Month DECEMBER 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 546

Design Flow .504MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Ed Jr (Lead Operator's Signature) C-3607 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas or (lbs) Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap	
Monthly Total	2820	145	194					46.5	24.8	
Average	91	4.7	6.3					1.5	.8	
Maximum	120	13	19.5					1.5	.8	
Minimum	68	2	2.5					1.5	.8	
1	104	4	4.6					1.5	.8	
2	72	6	10.0					1.5	.8	
3	96	1	1.3					1.5	.8	
4	86	4	5.6					1.5	.8	
5	60	4	6.0					1.5	.8	
6	90	5	6.7					1.5	.8	
7	102	6	7.1					1.5	.8	
8	87	4	5.5					1.5	.8	
9	77	2	3.1					1.5	.8	4
10	99	4	4.9					1.5	.8	
11	80	13	19.5					1.5	.8	
12	71	3	5.1					1.5	.8	
13	95	3	3.8					1.5	.8	
14	91	2	2.5					1.5	.8	
15	90	3	4.0					1.5	.8	
16	80	4	6.0					1.5	.8	
17	96	3	3.8					1.5	.8	
18	92	3	3.9					1.5	.8	
19	86	3	4.2					1.5	.8	
20	93	3	3.9					1.5	.8	
21	120	10	10.0					1.5	.8	
22	90	4	5.3					1.5	.8	
23	77	3	4.7					1.5	.8	
24	98	3	3.7					1.5	.8	
25	95	3	3.8					1.5	.8	
26	86	3	10.4					1.5	.8	
27	99	6	7.3					1.5	.8	
28	111	7	7.6					1.5	.8	
29	89	6	8.1					1.5	.8	
30	68	6	10.6					1.5	.8	
31	120	6	6.0					1.5	.8	

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DER Form 17-1.208(5)
Effective November 30, 1982

University Shores - 106

Orange County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3485413 Name of Drinking Water System University Shores

Location: City or (S/D) University Shores/Sunrest County Orange

Owned by Southern States Utilities, Inc. Cleveland, Florida Reporting Month Jan 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2900

Design Flow 1.524 MGD Remarks (Use reverse side) Phone No.: 850-878-1002

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	11,307	581	202.7					42.0	18.7	15	
Average	364.7	19	6.5					1.4	.6		
Maximum	575.4	40	13.3					1.5	1.0		
Minimum	136.6	4	1.4					1.0	.4		
1	316.6	12	8.1					1.0	.6		
2	444.5	40	10.6					1.5	.8		
3	554.4	30	4.3					1.5	.6		
4	136.6	5	4.4					1.5	.6		
5	267.4	5	2.5					1.0	.8		
6	422.7	21	5.4					1.2	.4		
7	457.5	32	8.4					1.4	.6		
8	407.2	31	9.6					1.5	.6		
9	291.1	21	8.4					1.0	.4		
10	271.6	30	13.3					1.2	.6		
11	351.0	6	2.1					1.5	.6		
12	252.4	4	1.8					1.0	.4		
13	366.0	16	5.7					1.0	.4		
14	530.6	36	6.4					1.5	.7		
15	422.4	22	6.2					1.5	.6	15	
16	223.4	5	2.1					1.5	.6		
17	327.3	20	7.3					1.5	.6		
18	321.7	18	6.7					1.5	.6		
19	326.3	30	11.0					1.5	.6		
20	420.4	36	8.3					1.5	.8		
21	467.7	36	7.7					1.5	.6		
22	574.4	25	5.2					1.8	.6		
23	345.0	25	8.7					1.0	.4		
24	210.0	11	6.3					1.5	.6		
25	355.0	10	3.3					1.5	.6		
26	225.3	15	8.0					1.0	.4		
27	364.5	25	8.2					1.0	.6		
28	361.5	23	7.3					1.5	.6		
29	379.0	17	5.4					1.0	.6		
30	358.5	12	4.0					1.5	.6		
31	414.7	21	6.1					1.2	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.209(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: City or (S/D) SUNCREST / UNIVERSITY SHORES County ORANGE

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2903

Design Flow 1.05 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct [signature] C-5643 [signature]
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	14,780	777	145.6						41.7	20.4	15	
Average	477	25	6.1						1.3	.7		
Maximum	650	35	9.0						1.5	.8		
Minimum	290	10	4.1						.8	.4		
1	360	27	9.0						1.5	.6		
2	530	25	4.5						1.5	.6		
3	340	20	7.1						1.5	.6		
4	600	35	7.0						1.5	.6		
5	630	37	7.0						1.5	.6		
6	610	26	5.5						1.0	.6		
7	600	25	5.0						1.5	.6		
8	520	30	6.9						1.2	.6		
9	650	25	4.6						1.2	.5		
10	360	15	4.7						1.5	.6	3	
11	540	20	4.4						1.5	.6		
12	560	23	4.4						1.5	.6		
13	360	24	7.6						1.0	.6		
14	440	24	6.5						1.3	.6		
15	460	30	7.8						1.0	.4	12	
16	450	21	5.6						.8	.5		
17	290	10	4.1						1.5	.6		
18	440	26	7.1						1.5	.8		
19	430	21	5.5						1.5	.6		
20	450	35	9.6						1.4	.8		
21	360	25	8.3						1.4	.6		
22	610	35	6.6						.8	.4		
23	410	20	5.4						1.5	.6		
24	450	21	5.6						1.5	.6		
25	510	26	6.1						1.5	.6		
26	450	31	8.3						1.5	.6		
27	510	36	8.8						1.7	.8		
28	410	21	6.1						1.0	.6		
29	450	17	4.6						1.0	.6		
30	470	24	6.1						1.0	.6		
31	450	25	6.7						1.0	.6		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System UNIVERSITY SHORES

Location: City or S/D 4100 COCOA PL, APOPKA FL 32703 County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month SEP 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2828

Design Flow 1.624 MGD Remarks (Use reverse side) Phone No.: 880-0055

I certify this report is correct _____ C5642
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	8,671	478	195.4					30.4	14.5	8	
Average	309.7	17	7.0					1.2	.5		
Maximum	376.6	35	12.1					1.5	.8		
Minimum	202.1	5	3.6					.2	.2		
1	268.6	27	12.1					1.5	.6		
2	259.8	9	3.7					1.5	.6		
3	327.2	21	7.7					1.6	.2		
4	376.6	24	7.6					1.6	.4		
5	355.5	22	7.4					1.6	.6		
6	209.5	8	4.6					1.0	.6		
7	333.5	15	3.6					1.2	.6		
8	305.0	17	6.7					1.0	.6		
9	314.7	9	3.1					1.0	.6		
10	233.6	13	6.7					1.6	.2		
11	371.0	14	4.5					1.6	.4		
12	293.8	20	9.2					1.2	.6		
13	238.9	26	10.0					1.0	.4		
14	348.0	26	6.5								
15	348.0	19	6.6					.8	.4		
16	279.1	14	9.2					1.6	.6		
17	323.0	13	4.6					1.3	.4		
18	325.1	18	6.6								
19	325.0	19	6.6					.2	.4		
20	307.5	15	5.4					1.0	.6		
21	357.0	16	5.4					1.5	.4	8	
22	264.0	17	7.7					1.5	.6		
23	333.0	21	7.6					1.2	.7		
24	360.0	35	11.6					1.5	.7		
25	365.4	19	6.4					1.5	.6		
26	342.4	20	7.0					1.7	.7		
27	202.1	14	9.3					.9	.6		
28	312.0	26	10.0					1.2	.6		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3451413 Name of Drinking Water System SUNCREST

Location: City or (S/D) 1000 Colca Pl. Apopka, FL 32703 County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month Feb 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 7825

Design Flow 1.051 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct S Kent C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	15,376	814	174.4					37	16.9	8	
Average	549	29	6.2					1.3	.6		
Maximum	740	56	13.6					2.0	.9		
Minimum	350	9	1.5					.2	.2		
1	350	20	6.5					.6	.2		
2	390	10	3.1					1.0	.6		
3	600	27	5.4					2.0	.9		
4	420	24	6.8					1.5	.5		
5	550	56	12.2					1.0	.6		
6	450	24	6.4					1.4	.6	8	
7	460	24	6.3					1.2	.6		
8	430	23	6.9					1.0	.6		
9	410	10	3.0					1.2	.6		
10	730	22	3.6					1.8	.8		
11	510	29	6.6					1.5	.6		
12	590	49	9.9					1.5	.5		
13	470	25	6.9					1.0	.4		
14	680	28	4.9					1.0	.2		
15	410	18	5.3					1.5	.4		
16	480	24	6.0					1.5	.4		
17	660	9	1.5					1.2	.6		
18	700	45	7.7					.2	.6		
19	470	18	4.6					1.5	.5		
20	650	31	5.7					1.5	.6		
21	410	56	13.6					1.5	.5		
22	630	40	7.6					1.5	.6		
23	530	13	2.4					1.5	.8		
24	790	47	7.1					1.5	.6		
25	760	50	7.9					1.5	.6		
26	550	35	7.6					1.5	.6		
27	790	30	4.5					1.5	.6		
28	490	35	8.5					1.5	.6		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

IS ID No. 3481413 Name of Drinking Water System UNIVERSITY SHORES

Location: City or (S/D) SANS County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month MAR 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2856

Design Flow 1.824 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct [signature] C-5643

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	11,405	824	264.2					44.9	21.4	8	
Average	367.9	27	8.5					1.4	.7		
Maximum	658.9	43	10.8					2.0	1.3		
Minimum	244.0	17	4.4					1.0	.3		
1	315.3	18	6.8					1.2	.6		
2	271.9	14	8.4					1.1	.7		
3	332.2	17	4.4					1.3	.3		
4	318.1	17	6.4					1.5	.6		
5	268.6	17	7.5					1.8	.6		
6	264.7	17	7.7					1.5	.6		
7	293.5	21	8.5					1.5	.6		
8	332.6	21	7.6					1.5	.6		
9	575.1	43	8.9					1.3	.6		
10	556.0	37	7.9					1.6	1.0		
11	658.9	49	8.4					1.5	.8		
12	247.0	19	7.9					1.5	.6	8	
13	375.4	25	8.0					1.5	.8		
14	346.3	21	7.3					2.0	1.0		
15	244.0	17	8.4					1.5	.6		
16	297.6	19	7.6					1.4	.5		
17	384.7	25	7.8					1.5	.3		
18	347.1	26	6.9					1.5	.6		
19	385.4	31	9.6					1.5	.8		
20	324.9	24	8.8					1.5	.8		
21	452.5	33	9.7					1.5	.8		
22	380.6	31	9.8					1.5	.8		
23	366.5	30	9.8					1.6	1.1		
24	405.2	33	9.7					1.6	1.3		
25	361.7	32	10.0					1.0	.6		
26	278.1	25	10.8					1.5	.6		
27	353.7	27	9.2					1.0	.4		
28	431.6	36	10.0					1.5	.6		
29	364.2	31	10.2					1.5	.8		
30	388.4	33	10.2					1.3	.7		
31	417.0	36	10.4					1.2	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: City of S/D SAMS County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month MAR 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2856

Design Flow 1.05 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	15,490	904	220.4					44.1	20.2	8	
Average	500	29	7.1					1.4	.6		
Maximum	950	44	8.4					1.8	.8		
Minimum	190	11	4.5					.8	.4		
1	640	42	7.9					1.4	.6		
2	450	24	6.4					1.5	.7		
3	690	41	7.1					1.5	.6		
4	560	34	7.9					1.5	.8		
5	530	31	7.0					1.5	.8		
6	540	35	7.7					1.5	.6	8	
7	550	30	6.5					1.5	.6		
8	720	43	7.2					1.5	.8		
9	190	11	6.9					1.6	.7		
10	290	16	6.8					1.4	.6		
11	230	14	7.3					1.5	.8		
12	430	25	7.0					1.8	.6		
13	470	28	7.1					1.5	.6		
14	450	29	7.3					1.5	.6		
15	950	44	5.6					1.0	.4		
16	400	24	7.2					.8	.4		
17	370	14	4.5					1.4	.6		
18	460	27	7.0					1.5	.6		
19	370	23	7.4					1.5	.8		
20	380	23	7.3					1.5	.8		
21	520	31	7.1					1.5	.8		
22	460	26	6.7					1.5	.8		
23	460	28	7.3					1.4	.6		
24	570	27	7.0					1.0	.6		
25	590	42	8.5					1.5	.6		
26	570	35	7.4					1.0	.8		
27	550	33	7.2					1.5	.6		
28	760	44	7.0					1.5	.6		
29	550	34	7.4					1.5	.6		
30	350	20	6.9					1.5	.6		
31	420	31	8.8					1.3	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.209(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3218414 Name of Drinking Water System UNIVERSITY SHORES

Location: City or (S/D) SAME County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month APR. 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2871

Design Flow 1.824 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	11,701	687	218.8					39.9	16.8	8	
Average	390.0	23	7.3					1.4	.6		
Maximum	839.7	46	14.1					1.6	1.0		
Minimum	178.8	10	4.4					.6	.2		
1	563.5	33	7.0					1.5	.8		
2	271.7	16	7.9					1.5	.8		
3	543.5	35	7.7					1.5	.8		
4	449.8	32	8.5					1.5	.6		
5	504.8	24	5.7					1.5	.6		
6	301.1	17	6.8					1.3	.6		
7	366.6	24	7.8					1.6	1.0		
8	557.8	46	10.3					1.5	1.0		
9	479.5	27	6.7								
10	479.5	27	6.7					.8	.4		
11	329.6	12	4.4					1.5	.6		
12	412.3	15	4.4					1.4	.5		
13	236.1	20	10.2					1.3	.6		
14	409.3	22	6.4					1.1	.6		
15	469.7	18	4.6					1.5	.6	8	
16	427.2	13	3.6					1.4	.6		
17	390.5	28	8.6					1.5	.6		
18	235.3	27	13.8					1.5	.6		
19	385.7	22	6.8					1.2	.6		
20	247.6	10	4.8					.9	.5		
21	322.3	18	6.7					1.3	1.0		
22	349.4	25	8.6					1.5	.8		
23	306.6	23	9.0					1.5	.6		
24	178.8	21	14.1					1.5	.6		
25	295.5	14	5.8					1.5	.6		
26	367.8	21	6.8					1.5	.6		
27	243.8	13	6.3					1.5	.6		
28	294.0	16	6.5					1.5	.6		
29	445.2	25	6.7					1.5	.8		
30	839.7	39	5.6					.6	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.228(5)
Effective November 30, 1982

DRC
Eng

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: City or S/D Sams County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month APR 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 2871

Design Flow 1.05 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	11,770	1030	348					45.7	21.7	8	
Average	392	34.3	11.6					1.5	.7		
Maximum	760	53	46.2					73.5	3.0		
Minimum	70	18	6.9					.6	.2		
1	240	21	10.5					1.5	.8		
2	200	18	10.8					1.5	.8	8	
3	270	46	9.1					1.5	.8		
4	240	19	9.7					1.5	.8		
5	490	31	7.6					1.5	.8		
6	320	41	15.4					1.5	.8		
7	440	43	22.6					73.5	1.3		
8	490	56	13.7					73.5	3.0		
9	760	44	7.5					.6	.2		
10	370	27	9.7					1.5	.6		
11	410	24	6.9					1.5	.6		
12	580	42	8.7					1.5	.6		
13	370	24	7.8					1.5	.6		
14	520	34	7.8					1.0	.5		
15	500	35	8.4					1.2	.5		
16	550	40	8.7					1.2	.6		
17	470	33	8.4					1.5	.6		
18	270	27	12.2					1.5	.6		
19	410	35	10.2					1.5	.6		
20	310	23	8.7					1.4	.6		
21	320	32	13.0					1.1	.6		
22	290	27	11.4					1.5	.6		
23	370	38	12.4					1.5	.6		
24	* 70	27	46.2					1.5	.6		
25	310	29	10.6					1.5	.6		
26	230	36	15.7					1.5	.6		
27	310	26	10.1					1.5	.6		
28	460	28	7.3					1.5	.6		
29	460	33	8.5					9.2	.6		
30	740	46	7.4					1.0	.6		
31											

* Possible Check Meter

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DER
PC
AD
Eng

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System UNIVERSITY SHORES

Location: City or (S/D) SANFORD County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month MAY 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2,800

Design Flow 1.824 MGD Remarks (Use reverse side) Phone No.: 880-0055

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	9,847	532	147.9					37.5	18.8	8	
Average	317.6	17.2	6.4					1.2	.6		
Maximum	612.0	36	9.9					2.0	1.0		
Minimum	215.9	10	3.8					.6	.2		
1	337.7	11	3.9					1.5	.6		
2	258.4	10	5.0					1.5	.8		
3	275.4	12	5.2					1.5	.8		
4	231.4	15	7.7					1.5	.8		
5	349.5	18	6.2					1.5	.5		
6	461.2	36	9.4					.6	.2		
7	347.3	13	4.5					.8	.4		
8	339.9	18	6.3					.6	.2		
9	346.7	16	5.5					1.5	.5		
10	399.7	18	5.4					2.0	1.0		
11	337.0	21	7.5					1.5	.8		
12	612.0	31	6.1					1.5	.6		
13	474.5	33	9.3					1.0	.4	8	
14	287.5	11	4.6					1.0	.6		
15	325.2	21	7.6					1.0	.5		
16	337.9	24	8.5					.8	.4		
17	268.6	11	5.0					1.0	.6		
18	266.3	17	7.8					1.0	.6		
19	354.2	14	5.8					1.5	.8		
20	232.2	20	11.4					1.0	.8		
21	218.3	13	7.8					1.0	.6		
22	225.4	16	8.3					.8	.5		
23	234.1	12	6.1					1.5	.7		
24	* 256.3	14	6.5					1.3	.6		
25	* 247.0	12	5.8					1.5	.8		
26	* 311.1	11	4.2					1.5	.8		
27	* 369.8	17	5.5					1.5	.8		
28	* 245.3	22	9.9					1.3	.4		
29	* 303.2	17	6.7					.8	.3		
30	272.9	17	7.4					.8	.4		
31	215.9	12	6.6					1.0	.4		

* ESTIMATE

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: City or (S/D) SAMS County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month MAY 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2,800

Design Flow 1.051 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	19,130	1,117	217					38.8	21.9	8	
Average	617	36	7.0					1.3	.7		
Maximum	780	55	10.3					2.0	1.5		
Minimum	380	12	3.4					* .0	.2		
1	750	44	7.0					1.5	.8		
2	530	32	7.2					1.5	.8		
3	740	48	7.4					1.5	.8		
4	570	41	8.6					1.5	.8		
5	720	44	7.3					1.5	.8		
6	670	38	6.8					1.5	.6		
7	650	34	7.0					* .0	.2		
8	720	45	7.5					1.0	.4		
9	630	36	6.8					1.5	.8	8	
10	710	42	7.1					1.0	.6		
11	540	42	9.3					1.5	.8		
12	720	41	6.8					1.5	.8		
13	610	34	7.7					1.5	.6		
14	590	37	7.5					.4	.6		
15	740	43	7.0					1.5	.8		
16	650	41	7.4					2.0	1.0		
17	570	33	6.9					1.5	1.5		
18	630	10	3.8					1.0	1.0		
19	670	20	3.5					1.0	0.0		
20	720	44	7.3					1.0	0.0		
21	720	12	3.4					1.5	0.8		
22	550	19	4.1					1.5	OE		
23	590	35	7.1					1.5	OE		
24	510	30	7.1					1.5	0.8		
25	640	55	10.3					1.5	OE		
26	560	30	6.5					1.5	OE		
27	660	40	7.3					0.8	0.4		
28	380	26	8.3					1.0	.6		
29	530	31	7.0					.8	.4		
30	570	35	8.2					.8	.4		
31	590	37	7.5					1.0	.4		

* Plant Effluent Out of Service - Remote Residual Held By Universal

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tag flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System University Shores

Location: City of S/D Samt County Orange

Owned by Southern States Utilities Reporting Month June 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2450

Design Flow 1.824 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct _____ C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	4995.7	577						40.9	14.66	8	
Average	2999	19						1.4	.6		
Maximum	507.1	35						2.5	1.3		
Minimum	158.2	9						.8	.2		
1	2519	18	7.4					1.0	.6		
2	2375	18	9.1					1.0	.6		
3	3038	17	6.7					.6	.2		
4	2736	21	9.2					1.5	.6		
5	2656	20	9.0					.8	.4		
6	2566	15	7.0					1.0	.4		
7	1304	13	8.6					1.5	.6		
8	2456	17	8.3					1.5	.8		
9	3025	20	7.9					1.5	.2		
10	2160	37	20.5					1.5	.8		
11	2231	17	8.7					1.0	.3		
12	507.1	21	5.0					1.5	.3		
13	344.6	23	7.9					1.5	.4		
14	447.0	30	8.0					1.5	.5		
15	219.6	14	7.7					1.0	1.0		
16	859.9	25	8.3					1.5	.6		
17	301.6	19	7.5					1.5	.6		
18	289.1	18	7.5					1.5	1.0		
19	231.6	13	7.0					1.5	.3		
20	231.7	14	7.3					1.5	1.3		
21	233.4	14	7.2					1.5	1.0		
22	158.2	9	6.9					1.5	.9		
23	321.3	18	4.4					1.5	1.5		
24	277.5	20	8.5					1.5	.6		
25	375.4	25	7.9					1.5	.6		
26	331.4	21	7.6					1.5	.6		
27	392.5	25	7.6					2.5	1.0		
28	288.4	25	8.3					1.5	.4		
29	359.9	23	7.7					1.5	.3		
30	362.6	13	7.2					1.5	.5		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987 Page 1 of -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: City or (S/D) SAMS County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month JUNE 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2800

Design Flow 1.051 MGD Remarks (Use reverse side) Phone No.: 886-0055

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	14,074	473	2416					30.8	14.3	8	
Average	445.3	34	9.2					1.1	.5		
Maximum	639	44	11.3					1.5	.8		
Minimum	376	22	5.8					.4	.2		
1	380	36	11.3					1.5	.8		
2	430	40	11.1					1.5	.8		
3	420	30	8.6					.8	.4		
4	610	38	7.5					1.0	.4		
5	470	29	7.4					1.5	.6		
6	550	33	7.1					1.0	.4	8	
7	450	37	9.9					1.5	.6		
8	450	22	5.8					1.5	.6		
9	* 477	23	8.3					1.5	.6		
10	405	28	8.3					1.5	.8		
11	522	36	9.2					1.0	.5		
12	522	36	9.2					1.0	.6		
13	513	35	9.2					.8	.4		
14	630	43	8.2					.8	.4		
15	621	43	8.3					1.5	.6		
16	460	26	8.8					1.5	.6		
17	477	33	8.3					1.2	.6		
18	558	36	8.1					1.0	.4		
19	639	44	8.2					1.0	.4		
20	423	23	6.3					.6	.2		
21	621	43	8.3					.6	.2		
22	450	31	8.3					.6	.2		
23	468	32	8.9					1.5	.6		
24	446	34	8.4					1.2	.6		
25	316	17	4.2					1.5	.6		
26	376	26	8.3					.6	.4		
27	444	29	8.3					.6	.4		
28	378	26	7.1					.6	.4		
29	450	32	8.5					.4	.2		
30											
31											

* FROM ESTIMATES 4-29 STOCKMETER

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

OCT 10 1991

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413-01 Name of Drinking Water System University Shores/Suncrest

Location: City or S/D Same County ORANGE

Owned by Sothern States Utilities Reporting Month July 19 91

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 2800

Design Flow 1.621 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct _____ C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	10,339	645						34.6	17.9	8	
Average	333.5	22						1.1	.5		
Maximum	452.9	37						1.5	.8		
Minimum	214	9						.6	.2		
1	266500	21	9.4					.8	.4		
2	375.800	21	6.7					1.0	.6		
3	320,100	10	3.7					.8	.4		
4	329,900	15	5.4					.8	.4		
5	265.2	8	3.4					.9	.4		
6	375.8	18	5.7					1.5	.5		
7	385.6	20	6.1					1.5	.5		
8	284,600	18	7.3					.8	.4		
9	409,500	23	6.3					1.0	.4		
10	341,100	19	4.9					1.0	.8		
11	298,300	22.4	9.0					1.0	.5		
12	256.6	23	9.6					1.5	.6		
13	346.8	28	9.4					1.5	.6		
14	316.9	24	8.4					1.5	.5		
15	294,200	24	9.7					1.5	.5		
16	294.3	17	7.0					1.5	.4		
17	327,600	24	9.4					1.0	.5		
18	33[illegible],600	26	4.3					.9	.4		
19	317,200	23	8.7					1.0	.8		
20	[illegible]	[illegible]	[illegible]					[illegible]	.6		
21	288.8	22	9.1					1.5	.8		
22	383.0	30	9.4					1.0	.4		
23	349,600	27	9.2					1.5	.5		
24	218,600	16	9.2					1.0	.4		
25	227,100	17	9.3					.8	.4		
26	393,400	30	3.6					.9	.3		
27	424,600	20	5.6					1.0	.4		
28	331,700	25	9.0					.7	.4		
29	452.9	34	9.0					1.5	.8		
30	372.5	26	8.3					1.5	.8		
31	410.7	51	10.8					.6	.2		

4942

5395

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.20B(5)
Effective November 30, 1982 Page 1 of 4

OCT 10 1991

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS No. 3481413-02 Name of Drinking Water System SUNCREST

Location: City or (S/D) SAMS County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month JULY 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 2560

Design Flow 1.051 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct _____ (Lead Operator's Signature) _____ (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	13,055	788	25.6					111.6	17.9	8	
Average	421	25	8.2					1.5	.6		
Maximum	940	58	13.2					1.9	.8		
Minimum	293	12	6.0					.4	.2		
1	346	58	8.2					.4	.2	1	
2	342	24	8.4					.4	.2		
3	351	24	8.3					1.0	.4		
4	364	25	8.3					1.5	.6		
5	351	24	8.3					1.5	.4		
6	477	33	8.3					1.5	.6		
7	351	24	8.3					1.5	.4		
8	369	25	8.3					1.5	.6	1	
9	441	31	8.4					1.5	.8		
10	342	35	12.2					1.5	.8		
11	405	24	8.3					1.5	.6		
12	342	23	8.1					1.5	.6		
13	293	27	13.2					1.5	.5		
14	490	12	6.4					1.5	.6		
15	342	18	6.3					1.0	.6		
16	342	24	8.4					1.5	.8		
17	320	23	8.7					1.8	.4		
18	370	29	9.4					1.0	.5		
19	370	22	6.9					1.5	.5		
20	440	27	7.3					1.3	.6		
21	390	20	6.8					1.5	.4		
22	342	32	11.2					1.9	.8		
23	940	30	3.8					1.8	.7		
24	770	43	6.7					1.7	.8		
25	420	24	6.9					1.5	.4		
26	330	19	6.9					1.0	.6		
27	440	27	6.9					1.6	.4		
28	350	22	7.5					1.5	.4		
29	330	14	5.5					1.5	.5		
30	450	20	5.5					1.5	.8		
31	340	20	7.1					1.0	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 8 1 4 1 3 Name of Drinking Water System University Shores

Location: City or S/D Same County Orange

Owned by S.S.U. Services, Inc. Apopka Reporting Month August 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2800

Design Flow 1.824 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct S. Richard Eck Jr. C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		~~gals~~ or (lbs) Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	16,773	1017	222.6					34.9	16.0	8	
Average	541	33	7.5					1.2	0.5		
Maximum	768	55	9.7					1.8	0.8		
Minimum	372	21	4.4					0.6	0.3		
1	361	27	8.5					.8	.4		
2	421	27	7.7					.8	.4		
3	494	33	8.0					1.5	.4		
4	395	12	9.7					1.0	.5		
5	405	28	8.3					1.2	.6		
6	472	31	7.9					1.0	.5		
7	428	30	8.4					.9	.4		
8	372	25	8.1					1.0	.4		
9	582	37	7.6					1.2	.5		
10	433	26	7.2					.6	.4		
11	464	40	8.5					1.0	.6		
12	544	40	8.8					1.0	.5		
13	450	30	8.0					1.0	.6		
14	426	29	8.2					1.0	.4		
15	530	38	8.3					1.3	.5		
16	543	30	6.6					1.0	.3		
17											
18	767	42	6.6					1.0	.7		
19	660	36	6.6					1.2	.5		
20	657	36	6.6					1.2	.6		
21	746	30	4.8					1.2	.6		
22	657	37	6.8					1.2	.6		
23	657	24	4.4					1.8	.7		
24	640	33	6.2					1.8	.6		
25	618	32	6.2					1.4	.6		
26	595	32	6.5					1.0	.5		
27	579	40	8.3					1.5	.5		
28	725	46	9.0					1.5	.6		
29	619	23	4.9					1.5	.8		
30	619	47	9.5					.8	.4		
31	768	55	8.6					1.5	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 8 1 4 1 3 Name of Drinking Water System SUNCREST

Location: City of (S/D) SAME County ORANGE

Owned by S.S.U. SERVICES INC. APOPKA Reporting Month AUGUST 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2800

Design Flow 1.057 MGD Remarks (Use reverse side) Phone No.: (407) 657-5735

I certify this report is correct D. Richard Eck Jr. (Lead Operator's Signature) 0-3607 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	9210	595	230.3					42.3	17.0	8	
Average	297	19	7.9					1.46	0.59		
Maximum	530	31	11.6					1.8	0.8		
Minimum	135	9	5.3					0.8	0.4		
1	324	20	7.4					1.5	.8		
2											
3	560	43	9.2					1.5	.6		
4	370	21	6.8					1.5	.6		
5	360	21	6.6					1.5	.6		
6	280	16	6.8					1.5	.8		
7	370	24	7.5					1.5	.8	8	
8	440	25	6.6					1.5	.6		
9	440	26	7.1					1.5	.8		
10	430	25	6.9					1.5	.6		
11	440	25	6.8					1.5	.6		
12	450	30	8.0					1.0	.4		
13	530	31	7.0					1.5	.8		
14	290	22	9.1					1.0	.5		
15	367	28	8.6					1.5	.5		
16	414	30	8.7					1.5	.5		
17											
18	567	42	8.9					1.5	.5		
19	252	17	8.0					1.5	.5		
20	225	16	8.5					1.5	.5		
21	261	15	11.5					1.5	.6		
22	162	11	8.3					1.5	.6		
23	189	13	8.3					1.5	.5		
24	225	10	5.3					0.8	.5		
25	225	15	8.0					1.8	.5		
26	135	9	8.3					1.5	.6		
27	171	12	8.4					1.5	.5		
28	189	13	8.3					1.5	.6		
29	198	14	8.5					1.5	.6		
30	135	9	8.0					1.6	.5		
31	171	12	8.4					1.6	.5		

6145

3105

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

Page 1 of 1

A3 -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 8 1 3 1 4 Name of Drinking Water System UNIVERSITY SHORES

Location: City or S/D SAMG County ORANGE

Owned by S.S.U. SERVICES, INC., ARDMLA Reporting Month SEPTEMBER 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2800

Design Flow 1.824MGD Remarks (Use reverse side) Phone No.: 980-0058

I certify this report is correct D. Richard Eck Jr. C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	17277	1085	175.5					38.9	17.7	8	
Average	576	36	7.6					1.3	.6		
Maximum	943	58	9.6					2.5	.9		
Minimum	0	0	0					.6	.3		
1	690	39	6.1					1.5	.4		
2	825	18	2.6					1.2	.4		
3	661	52	9.2					1.5	.5		
4	826	71	7.4					1.0	.8		
5	775	52	8.1					1.5	.5		
6	677	54	9.6					1.0	.7		
7	750	50	8.0					1.5	.6		
8	740	51	8.3					1.5	.5		
9	674	52	9.3					.8	.4		
10	655	45	8.2					1.5	.4		
11	621	44	8.5					1.0	.7		
12	759	50	7.9					1.3	.6		
13	874	58	8.0					1.0	.8		
14	943	43	5.5					1.0	.7		
15	930	53	7.7					1.5	.5		
16	746	46	7.4					1.5	.5		
17	818	48	7.0					1.0	.7		
18	584	50	6.8					1.5	.4		
19	645	42	7.8					1.5	.4		
20	0	0	0					1.2	.4		
21	0	0	0					1.0	.4		
22	0	0	0					.8	.4		
23	0	0	0					1.7	.5		
24	0	0	0					.8	.3		
25	0	0	0					.6	.3		
26	0	0	0					2.5	.5		
27	625	42	8.1					1.5	.8		
28	742	50	8.1					1.5	.6		
29	763	51	8.0					1.5	.6		
30	729	48	7.9					1.5	.6		
31											

This form must be completed in full and submitted to the appropriate OER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

OER Form 17-1.209(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: ~~City or~~ S/O SAME County ORANGE

Owned by S.S.U. SERVICES, INC., ~~APOPKA~~ Reporting Month SEPTEMBER 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2800

Design Flow .05(MG) Remarks (Use reverse side) Phone No.: 1-407-880-0056

I certify this report is correct D. Richard Eel Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~gals~~ or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	9531	673	247.9					47.4	16.1	8	
Average	318	22	8.3					1.6	.5		
Maximum	846	59	11.6					2.0	.8		
Minimum	0	0	0					1.3	.5		
1	135	13	11.6					1.5	.5		
2	117	8	8.2					1.6	.7		
3	198	14	8.5					1.5	.6		
4	153	11	8.6					1.5	.8		
5	135	9	8.0					1.5	.6		
6	117	9	9.2					1.5	.6		
7	160	18	8.7					1.5	.6		
8	189	13	8.3					1.5	.6		
9	216	15	8.3					1.3	.7		
10	135	9	8.0					1.5	.5		
11	126	9	8.6					1.5	.6		
12	171	12	8.4					1.5	.5		
13	216	15	8.3					1.5	.6		
14	0	0	0					1.5	.6		
15	189	13	8.3					1.5	.6		
16	234	16	8.2					1.5	.6		
17	198	14	8.5					1.5	.5		
18	837	58	8.3					1.5	.5		
19	846	59	8.4					1.5	.6		
20	666	46	8.3					1.5	.6		
21	756	53	8.4					1.5	.6		
22	711	49	8.3					1.5	.5		
23	702	55	9.4					1.5	.6		
24	513	36	8.4					1.5	.5		
25	846	58	8.2					1.5	.5		
26	531	37	8.4					2.0	.5		
27	261	18	8.3					2.0	.6		
28	54	4	8.9					2.0	.5		
29	54	4	8.9					2.0	.5		
30	45	3	8.0					2.0	.5		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 1 8 1 3 1 4 Name of Drinking Water System University Shores

Location: City or S/D Saline County Orange

Owned by SSU Services Reporting Month October 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2800

Design Flow 1.824 Remarks (Use reverse side) Phone No.: 871-2430 or 380-6058

I certify this report is correct: [signature] 5645 C
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	20197	840								12	
Average	652	27						1.5	0.9		
Maximum	1280	83						3.5	3.5		
Minimum	151	8						0.5	0.5		
1*	151	8						1.0	0.5		
2	481	16						3.5	3.5	2	
3	620	33						3.0	1.7	1	
4	876	83						1.8	1.0		
5	678	48						1.6	1.0		
6	685	27						1.5	0.9		
7	1200	14						2.5	0.8		
8	410	16						2.0	0.8		
9	407	17						2.0	1.0		
10	377	13						2.0	0.8		
11	376	9						1.0	0.6		
12	476	10						1.2	0.6		
13	565	26						1.5	0.6		
14	319	18						0.8	0.7	5	
15	581	39						1.7	1.3		
16	1280	36						1.0	0.7		
17	535	17						0.7	0.7		
18	409	15						0.7	0.6		
19	339	17						0.5	0.5		
20	617	16						0.5	0.7		
21	841	42						1.5	1.0		
22	702	46						1.0	0.7		
23	1080	43						0.7	0.5		
24	915	53						1.2	0.7	4	
25	508	30						1.5	0.7		
26	695	26						1.5	0.6		
27	931	18						1.5	0.7		
28	812	14						1.0	1.0		
29	772	22						3.5	2.5		
30	776	45						1.0	0.7		
31	875	23						1.2	0.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.399(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: ~~City or~~ S/D SAME County ORANGE

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month OCTOBER 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2800

Design Flow .05 MGD Remarks (Use reverse side) Phone No.: 880-0258

I certify this report is correct D. Richard Ed J. C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	7733	502	772.7					47.8	20.5	7	
Average	250	16	9.8					1.5	.7		
Maximum	304	40	18.3					3.0	3.0		
Minimum	27	2	3.0	* FLOW RATES				1.0	.2		
1	250	20	9.6	ON AVERAGE ARE				1.5	.6		
2	250	20	9.6	TO 12HP PUMP				2.0	.6		
3 *	250	22	10.6	MAINTENANCE				1.5	.6		
4	250	24	11.5					2.0	.9		
5	250	20	9.6					2.5	.8		
6	250	21	10.1					3.0	3.0		
7	864	60	8.3					1.2	.5		
8	639	22	4.1					1.2	.5		
9	558	14	3.0					1.0	.4		
10	414	17	4.9					1.5	.8		
11	441	31	8.4					1.5	.6		
12	387	26	8.1					1.2	.5		
13	270	19	8.4					1.0	.5		
14	342	24	8.4					1.0	.5	7	
15	252	18	8.6					1.2	.5		
16	216	15	8.3					1.4	.5		
17	162	11	8.2					1.5	.5		
18	153	11	8.6					1.5	.3		
19	180	13	8.7					1.5	.7		
20	72	11	18.3					1.5	.7		
21	310	12	4.7					1.5	.5		
22	144	15	12.5					1.5	.7		
23	72	10	16.7					1.5	1.0		
24	136	5	4.4					1.5	.5		
25	126	9	8.6					1.5	.5		
26	90	6	8.0					1.5	.5		
27	27	2	8.9					1.5	.6		
28	234	16	8.2					1.5	.5		
29	27	2	8.9					1.2	.5		
30	54	4	8.9					1.2	.5		
31	63	4	7.6					1.2	.5		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System university shores

Location: City or S/D Harbor East County Orange

Owned by SSU services inc Reporting Month November 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2800

Design Flow 1.824 Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct _____ C 5645
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	31289	931								3	
Average	710	31						1.4	0.7		
Maximum	1060	60						3.0	1.0		
Minimum	450	11						0.6	0.3		
1	720	24						2.0	0.3		
2	420	17						1.8	0.6		
3	816	12						1.5	0.4		
4	1019	41						1.0	0.7		
5	606	23						1.0	0.7		
6	694	39						1.8	1.0		
7	581	35						2.0	0.3		
8	525	32						0.9	0.6		
9	573	11						1.0	0.5		
10	821	45						1.5	0.6		
11	575	37						1.0	0.5		
12	780	29						0.6	0.3		
13	533	33						1.5	0.6	3	
14	683	37						1.3	0.7		
15	704	30						1.5	0.7		
16	811	38						1.5	0.7		
17	738	37						1.9	1.0		
18	934	58						1.3	0.9		
19	617	37						1.2	0.7		
20	654	48						1.4	0.7		
21	760	40						1.6	0.3		
22	670	50						1.5	0.5		
23	502	35						1.4	0.5		
24	731	60						1.5	0.5		
25	934	18						1.0	0.6		
26	603	23						1.2	0.7		
27	1060	35						1.5	0.6		
28	716	43						1.5	0.4		
29	554	35						1.5	0.5		
30	451	28						1.2	0.4		
31											

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DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 8 1 4 1 3 Name of Drinking Water System SUNCREST

Location: ~~City or~~ S/D SAME County ORANGE

Owned by S.S.U. SERVICES, INC. Opopka Reporting Month NOVEMBER 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 3000

Design Flow 1.057 MG Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct D. Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	4635	396	213.7					37	16	7	
Average	155	10	8.1					1.2	0.5		
Maximum	396	28	16.3					2.0	1.0		
Minimum	27	2	1.9					0.5	0.3		
1	37	2	8.9					1.4	0.7		
2	63	4	7.6					1.5	0.6		
3	27	2	8.9					1.5	0.5		
4	37	2	6.9					1.5	0.6		
5	126	4	8.6					1.6	0.6		
6	135	4	8.0					1.0	0.5		
7	324	5	1.9					0.8	0.3		
8	360	12	40					1.5	0.8		
9	162	13	9.6					1.5	0.6		
10	63	7	13.3					1.5	0.6		
11	180	10	6.7					1.5	0.5		
12	135	9	8.5					2.6	0.5		
13	225	15	8.0					2.0	1.0	7	
14	162	22	16.3					0.8	0.8		
15	144	10	8.3					1.5	0.6		
16	180	13	9.7					1.2	0.5		
17	135	9	8.0					0.5	0.3		
18	261	18	8.3					1.0	0.4		
19	117	8	8.2					1.0	0.5		
20	126	4	3.8					1.0	0.4		
21	135	3	2.7					1.0	0.5		
22	135	9	8.0					1.0	0.5		
23	81	6	8.9					1.0	0.5		
24	99	7	8.5					1.0	0.5		
25	99	7	8.5					1.0	0.4		
26	99	7	8.5					1.2	0.5		
27	135	8	7.1					1.0	0.5		
28	252	22	10.5					1.5	0.6		
29	225	15	8.5					1.5	0.6		
30	396	28	8.5					1.5	0.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481314 Name of Drinking Water System UNIVERSITY SHORES

Location: City or S/D SANFORD County ORANGE

Owned by S.S.U. SERVICES, INC., AFFORD Reporting Month DECEMBER 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 3000

Design Flow 1.824 Remarks (Use reverse side) Phone No.: 407-860-0058

I certify this report is correct D. Richard Eldridge C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	17,798	900						38	20	12	
Average	574	29*						1.2	0.6		
Maximum	1,035							2.6	1.5		
Minimum	274							0.5	0.3		
1	537							1.2	0.6		
2	459							1.2	0.5		
3	406							1.3	0.4		
4	715							0.5	0.3		
5	647							1.0	0.5		
6	1035							1.0	0.4		
7	706							1.2	0.5		
8	622							1.0	0.4		
9	608							1.0	0.4		
10	663							1.2	0.5		
11	829							1.0	0.7		
12	484							1.0	0.7		
13	695							1.3	0.7		
14	664							1.2	1.0		
15	512							1.2	0.6		
16	435							1.2	0.5	7	
17	365							1.1	0.6		
18	552							1.2	0.5		
19	485							1.2	0.5		
20	440							1.3	0.6		
21	536							1.4	0.5		
22	673							1.2	0.5		
23	574							2.6	0.7	5	
24	481							2.0	1.5		
25	601							1.2	1.0		
26	443							0.5	1.2		
27	461							1.0	1.0		
28	534							1.0	0.7		
29	575							1.2	0.9		
30	467							1.2	0.6		
31	274							1.2	0.5		

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DER Form 17-1.208(5)
Effective November 30, 1982

* ½ SCALES INCREASE. - ESTIMATED AMOUNT BASED ON TOTAL MONTHLY USAGE OF 900 lbs.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3461413 Name of Drinking Water System SUNCREST

Location: ~~City or~~ S/D SAME County ORANGE

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month DECEMBER 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 3000

Design Flow 1.051 MGD Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct D. Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~gals.~~ or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	11477	671	255.4					37.6	17.2	12	
Average	370	22	8.2					1.2	0.6		
Maximum	1190	42	16.8					2.5	1.3		
Minimum	27	2	1.4					0.3	0.3		
1	288	26	8.3					1.5	0.6		
2	378	22	7.0					1.5	0.5		
3	450	30	8.0					2.0	0.7		
4	27	2	8.9					0.8	0.7		
5	225	16	8.5					1.0	0.5		
6	126	11	10.5					1.5	0.5		
7	216	15	8.3					1.0	0.5		
8	144	12	10.0					1.5	0.5		
9	369	28	9.1					0.3	0.3		
10	162	10	7.4					0.3	0.3		
11	90	10	13.3					0.3	0.3		
12	1,152	42	6.5					2.5	1.0		
13	630	12	2.3					0.3	0.3		
14	310	12	4.7					0.5	0.3		
15	270	14	6.2					2.5	1.0		
16	1,190	14	1.4					2.0	1.0	7	
17	250	36	14.4					1.2	0.5		
18	252	14	6.7					1.0	0.5		
19	290	14	8.0					1.6	0.8		
20	310	35	13.4					1.4	1.3		
21	490	24	6.0					1.1	0.6		
22	420	26	7.4					1.6	0.8		
23	402	26	6.0					1.2	0.5	5	
24	430	19	5.3					1.5	0.7		
25	200	29	16.8					1.5	0.6		
26	490	17	4.7					1.2	0.5		
27	280	35	12.0					1.5	0.6		
28	520	27	6.2					0.4	0.5		
29	360	26	8.7					1.0	0.4		
30	360	32	10.7					1.0	0.4		
31	360	32	10.7					1.4	0.5		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 8 1 4 1 3 Name of Drinking Water System UNIVERSITY SHORES

Location: City or S/D 2600 HARRELL RD County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month Jan 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 2620

Design Flow 1.728 MGD Remarks (Use reverse side) Phone No.: 880 - 0058

I certify this report is correct Rachel Wright / Trainee (Lead Operator's Signature) (Trainee) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	15161.9	666	165.2					35.2	17.8	7	None
Average	489.1	21.5	5.3					1.1	0.6		
Maximum	631.6	35.0	8.7					1.4	0.7		
Minimum	380.2	7.0	1.8					0.9	0.5		
1	4973	12	3.0					1.2	0.6		
2	503.6	14	3.3					0.9	0.5		
3	581.7	27	6.2					1.0	0.5		
4	460.0	16	4.3					1.3	0.7		
5	394.6	17	5.2					1.1	0.6		
6	606.3	27	5.3					1.2	0.6		
7	560.1	32	6.9					1.4	0.7		
8	456.5	28	7.4					1.0	0.5		
9	454.9	33	8.7					1.1	0.5		
10	409.1	8	2.3					1.2	0.6		
11	465.2	19	4.9					1.0	0.5		
12	392.5	9	2.8					1.1	0.6		
13	491.3	21	5.1					1.0	0.5		
14	536.0	16	3.6					1.2	0.6		
15	520.0	23	5.3					1.4	0.7		
16	435.4	25	6.9					1.3	0.6	7	Back Samples
17	473.3	38	7.1					1.2	0.6		
18	508.x	35	8.3					1.3	0.7		
19	424.7	9	2.5					1.2	0.6		
20	547.4	18	9.6					1.0	0.5		
21	490.9	25	6.0					1.0	0.5		
22	556.1	14	3.0					1.2	0.6		
23	460.6	32	8.7					1.0	0.5		
24	518.3	25	5.8					1.0	0.5		
25	466.3	28	7.6					1.0	0.5		
26	380.2	27	8.5					1.3	0.7		
27	518.6	35	8.1					1.3	0.7		
28	507.4	25	5.3					1.0	0.5		
29	456.3	7	1.8					1.0	0.5		
30	485.0	24	6.3					1.0	0.5		
31	631.6	13	2.5					1.3	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office [illegible] in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-[illegible]

Effective November 30, 1982 Page 1 of -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST WATER PLANT

Location: City or S/D SUNCREST County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month JANUARY 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2631 (INCLUDES UNIV. SHOP

Design Flow 1.824 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Rick Dunright C-6629
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	9657	618	235.4					48.6	21.6		none.
Average	312	20	7.6					1.6	0.7		
Maximum	459	30	11.9					2.5	1.0		
Minimum	162	10	3.1					1.0	0.5		
1	540	30	6.7					1.5	0.7		
2	162	14	10.4					1.2	0.8		
3	279	15	6.5					1.3	0.7		
4	243	15	7.4					1.4	0.7		
5	216	14	7.8					1.1	0.6		
6	220	10	5.5					1.1	0.6		
7	230	10	5.2					1.0	0.5		
8	234	19	9.7					1.2	0.6		
9	252	21	10.0					1.3	0.6		
10	270	22	9.8					1.2	0.5		
11	306	30	11.8					1.2	0.6		
12	189	17	10.8					2.0	0.8		
13	397	21	6.5					2.5	1.0		
14	369	30	9.8					2.0	1.0		
15	342	12	4.2					2.5	1.0		
16	360	23	7.7					1.8	0.8		
17	360	25	8.3					1.8	0.7	2	
18	396	24	7.3					1.9	0.8		
19	306	14	5.5					1.5	0.6		
20	459	12	3.1					1.8	0.7		
21	324	32	11.9					1.9	0.7		
22	423	22	6.2					2.2	0.8		
23	333	22	7.9					2.0	0.8		
24	387	18	5.6					2.0	0.9		
25	342	10	3.5					1.1	0.5		
26	243	11	5.4					1.0	0.5		
27	297	19	7.7					2.0	0.8		
28											
29	639	53	10.0					1.5	0.6		
30	279	27	11.6					1.7	0.7		
31	270	26	11.6					2.0	0.8		

6705

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 8 1 4 1 3 Name of Drinking Water System UNIVERSITY SHORES

Location: City or S/D 8600 HARRELL RD County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month FEBRUARY 19 90

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 2631

Design Flow 1.728MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this record is correct: Rick Wright C-6624 / Tran, Dan
(Lead Operator's Signature) Trainee (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l: Plant Effluent	Residual Chlorine mg/l: Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	14,081.3	626	151.2					28.4	15.4	7	
Average	502.9	22.4	5.4					1.0	0.6		
Maximum	630.2	39.0	9.0					1.3	0.7		
Minimum	387.6	10.0	2.6					0.7	0.5		
1	510.5	15	3.5					0.7	0.5		
2	548.0	27	5.9					0.9	0.5		
3	512.3	30	7.0					1.3	0.7		
4	603.7	39	7.8					1.1	0.5		
5	575.1	17	3.5					1.2	0.6		
6	604.9	15	3.8					1.0	0.5		
7	510.6	11	2.6					0.7	0.5		
8	485.1	12	2.9					0.9	0.6		
9	485.3	37	6.7					1.0	0.5		
10	570.7	30	6.2					1.1	0.6		
11	503.4	27	6.4					1.1	0.5		
12	492.1	30	8.5					1.1	0.6		
13	387.6	24	6.0					1.3	0.7	7	(Bacteriological Test)
14	522.3	30	6.9					1.0	0.5		
15	503.5	17	4.1					0.8	0.5		
16	467.2	11	2.8					0.7	0.5		
17	640.2	25	4.8					1.2	0.6		
18	505.4	27	5.7					1.0	0.5		
19	543.2	21	4.6					1.3	0.6		
20	446.5	16	4.3					0.8	0.5		
21	551.8	28	7.6					0.7	0.5		
22	534.8	35	8.0					1.0	0.5		
23	434.2	18	5.0					1.2	0.6		
24	485.5	15	3.7					1.1	0.6		
25	508.0	23	5.2					1.2	0.6		
26	430.7	10	2.3					1.0	0.5		
27	426.5	35	7.0					1.0	0.5		
28	443.1	27	7.3					1.0	0.6		
29											
30											
31											

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Effective November [illegible]

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491413 Name of Drinking Water System SUNCREST WATER PLANT

Location: City or S/D SUNCREST County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month FEBRUARY, 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2631

Design Flow 1.924 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct: J. Richard Knight C-6629
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas. or Hypo Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Chlorine lbs Used	Chlorine mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	7452	556	230.1					40.3	18.3	7	
Average	266	19.9	9.6					1.7	0.8		
Maximum	324	59	40.7					2.2	1.2		
Minimum	144	4	0.8					1.0	0.5		
1	148	8	4.8					1.5	0.7		
2	190	9	6.0					1.6	0.7		
3	252	7	3.3					1.8	0.9		
4											
5	612	4	0.8					1.2	0.5		
6	171	58	40.7					1.7	0.7		
7	441	23	6.3					1.2	0.6		
8	285	9	3.8					1.4	0.7		
9	270	16	7.1					1.5	0.8		
10	255	21	9.9					1.4	0.7		
11											
12	576	44	10.2					1.4	0.9		
13	225	18	9.6					1.5	0.9	7	
14	279	25	10.4					1.5	0.7		
15	274	14	6.2					1.0	0.5		
16	253	14	6.5					2.0	0.9		
17	261	25	11.5					2.2	1.0		
18											
19	576	57	11.9					2.0	0.9		
20	270	20	8.9					2.2	1.2		
21	225	15	8.0					1.8	0.9		
22	324	28	10.4					1.7	0.6		
23	144	12	10.0					1.9	0.7		
24	243	20	9.9					1.7	0.5		
25											
26	486	48	11.9					2.0	0.9		
27	279	22	11.6					2.1	0.7		
28	249	20	8.1					2.0	0.8		
29											
30											
31											

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System UNIVERSITY SHORES

Location: City or S/D 2600 HARRELL RD County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month MARCH 1990

Plant Effluent pH 7.1 _____ (Avg) No. of Services at End of Month 2655

Design Flow 1.824 MGD Remarks (Use reverse side) Phone No.: 671-2430

I certify this report is correct: Rick Jamison / Trainee Dan C-6629
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Chlorine lbs. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	16291	768	1779					32.7	16.9	7	None
Average	526	24.8	4.7					1.05	0.54		
Maximum	778	38	11.3					1.3	0.6		
Minimum	288	10	2.6					0.8	0.5		
1	449	12	3.2					1.0	0.6		
2	292	17	5.2					1.1	0.5		
3	491	28	6.9					1.0	0.5		
4	549	33	7.6					1.3	0.6		
5	506	31	7.4					0.9	0.5		
6	468	10	2.6					1.0	0.5		
7	439	10	2.7					1.0	0.5		
8	505	27	6.4					1.1	0.6		
9	444	19	5.1					1.2	0.6		
10	552	22	4.8					1.0	0.5		
11	541	30	6.1					1.1	0.6		
12	474	32	8.6					1.0	0.5		
13	512	25	5.9					1.1	0.6		
14	495	28	5.3					1.0	0.5	7	Bacteriological Samples
15	544	13	2.9					1.0	0.5		
16	497	11	2.7					1.1	0.6		
17	541	30	6.7					1.2	0.6		
18	606	21	4.2					1.1	0.6		
19	476	18	4.5					0.8	0.5		
20	488	23	5.7					0.8	0.5		
21	578	36	7.5					0.9	0.5		
22	524	36	8.1					1.1	0.5		
23	544	31	6.3					1.1	0.5		
24	727	30	5.0					1.2	0.6		
25	778	28	4.3					1.3	0.6		
26	572	20	4.1					0.8	0.5		
27	623	35	6.6					1.0	0.5		
28	606	35	6.8					1.2	0.6		
29	474	32	8.1					1.0	0.5		
30	288	27	11.3					1.2	0.6		
31	449	11	2.9					1.1	0.6		

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST WATER PLANT

Location: City or S/D SUNCREST County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month MARCH, 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2655

Design Flow 0.720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Rick Jumight C-6629
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas or Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	10764	897	266.4					46.2	20.0	7	NONE
Average	347	33	9.9					1.7	0.7		
Maximum	522	57	17.7					2.7	1.3		
Minimum	225	5	2.0					1.0	0.4		
1	297	24	9.7					2.7	1.3		
2	324	18	6.7					2.1	0.8		
3	225	18	9.6					2.2	0.9		
4											
5	648	52	9.6					1.4	0.6		
6											
7	594	51	10.3					1.0	0.4		
8	297	20	9.1					1.8	0.7		
9	279	26	11.2					2.0	0.8		
10	306	29	11.4					1.8	0.6		
11											
12	792	72	10.9					1.7	0.6		
13	405	24	7.1					1.5	0.5		
14	315	32	12.2					1.5	0.6	7	
15	315	26	9.9					1.9	0.8		
16	360	23	7.7					1.6	0.6		
17											
18	648	61	11.3					1.5	0.6		
19	333	26	9.4					1.7	0.8		
20	342	32	11.2					1.5	0.6		
21	333	39	11.5					1.8	0.7		
22	423	42	11.9					1.9	0.7		
23	360	12	4.0					1.6	0.8		
24	387	17	6.3					1.5	0.9		
25	297	5	2.0					1.6	0.9		
26	387	57	17.7					1.7	0.8		
27	522	50	11.5					1.9	0.4		
28	513	43	10.1					1.6	0.8		
29	441	40	10.4					1.5	0.8		
30	324	38	14.1					1.7	0.8		
31	297	35	14.1					1.6	0.7		

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ORINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System UNIVERSITY SHORES W.T.P.

Location: City or S/D UNIVERSITY SHORES, HARBOR EAST County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month APRIL 19 90

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 2655

Design Flow 1.824 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct J. Richard Jumper C-6629
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	15057	724	170.0					29.3	15.1	7	
Average	502	24	5.7					1.0	0.5		
Maximum	691	46	8.9					1.2	0.6		
Minimum	333	9	2.6					0.7	0.3		
1	532	13	2.9					1.0	0.5		
2	474	34	8.6					1.0	0.5		
3	413	15	4.3					1.2	0.6		
4	408	15	4.4					0.8	0.4		
5	410	17	5.0					1.0	0.5		
6	621	31	6.0					1.0	0.5		
7	519	32	7.4					1.1	0.6		
8	594	38	7.7					1.1	0.6		
9	513	13	3.0					1.0	0.5		
10	523	26	6.0					0.9	0.5		
11	446	10	2.7					1.0	0.5		
12	427	10	2.8					0.8	0.4		
13	521	15	3.5					1.0	0.5		
14	525	27	6.1					1.1	0.6		
15	536	27	6.0					1.1	0.6		
16	534	24	6.1					1.0	0.5		
17	617	46	8.9					1.1	0.6	7	
18	552	15	3.3					0.9	0.5		
19	444	25	6.7					0.9	0.5		
20	438	30	8.2					1.0	0.5		
21	465	43	7.9					1.2	0.6		
22	573	15	3.1					1.2	0.6		
23	333	14	5.0					0.7	0.3		
24	367	9	2.6					1.0	0.5		
25	411	26	7.6					0.9	0.4		
26	454	27	7.1					0.9	0.4		
27	431	15	4.2					0.8	0.4		
28	541	37	8.2					1.1	0.5		
29	624	38	8.7					1.2	0.6		
30	641	35	6.1					0.9	0.4		
31											

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P.S.T.

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Effective November 30, 1982 Page 1 of 1

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST WATER PLANT

Location: City or S/D SUNCREST County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month APRIL 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 3655

Design Flow 0.720 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct J. Richard Knight C-6629
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	10,773	862	290.3					50.6	21.9	7	
Average	359	29	9.7					1.7	0.7		
Maximum	567	51	13.3					2.2	1.1		
Minimum	171	14	6.0					1.3	0.4		
1	171	14	9.8					1.6	0.8		
2	450	26	6.9					1.7	0.8		
3	270	22	9.8					1.8	0.8		
4	324	36	13.3					1.4	0.7		
5	342	19	6.8					1.7	0.8		
6	396	26	7.9					1.6	0.6		
7	315	30	11.4					1.7	0.8		
8	351	20	6.8					1.6	0.6		
9	459	39	10.2					2.0	1.1		
10	315	31	11.8					1.8	0.4		
11	333	34	12.3					1.6	0.8		
12	252	17	9.1					1.7	0.8		
13	342	20	7.0					1.8	0.8		
14	405	41	12.1					1.7	0.9		
15	252	24	11.4					1.8	0.9		
16	423	39	11.1					1.5	0.7		
17	432	37	9.5					1.6	0.9	7	
18	396	22	6.7					1.5	0.6		
19	342	24	9.4					1.3	0.6		
20	270	29	12.5					2.2	1.0		
21	297	27	10.4					2.0	0.9		
22	270	21	9.0					1.6	0.7		
23	567	46	9.7					1.8	0.5		
24	288	27	11.3					1.8	0.7		
25	369	32	10.4					1.8	0.6		
26	369	28	9.1					1.6	0.5		
27	423	30	8.5					1.5	0.5		
28	387	31	9.6					1.4	0.4		
29	378	27	8.6					1.5	0.4		
30	567	51	10.8					1.5	0.6		
31											

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System UNIVERSITY SHORES WTP

Location: City or S/D UNIVERSITY SHORES County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month MAY 19 90

Plant Effluent pH 7.15 (Avg) No. of Services at End of Month 2620

Design Flow .824 MGD Remarks (Use reverse side) Phone No.: (407) 880-0058

I certify this report is correct: [signature] A-235
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	20497	534	14799					27.8	15.0	-	None
Average	6.612	26.9	4.9					0.90	0.50		
Maximum	9.219	54.0	7.9					1.5	0.70		
Minimum	1,435	6.0	0.52					0.2	0.20		
1	701 2	17	2.9					0.3	0.4		
2	6,873	36	3.5					0.4	0.3		
3	6,740	29	5.2					0.3	0.3		
4	6,958	12	2.1					0.3	0.3		
5	4,851	42	5.7					0.5	0.3		
6	2,116	10	1.7					0.4	0.3		
7	6,393	22	4.2					0.2	0.3		
8	5,073	17	4.0					1.1	0.5		
9	4,631	13	3.4					1.1	0.5		
10	4,284	20	5.5					1.0	0.5		
11	7,011	36	5.4					1.1	0.6		
12	7,218	37	4.8					1.5	0.7		
13	7,100	38	4.9					1.1	0.5		
14	7,987	44	6.6					1.0	0.5		
15	7,271	2	0.32					1.1	0.5		None
16	8,990	40	5.3					0.5	0.2		
17	8,317	54	7.3					1.0	0.6		
18	5,483	30	6.6					1.2	0.6		
19	7,615	37	5.8					0.9	0.5		
20	7,113	25	2.9					1.0	0.6		
21	5,693	34	7.2					1.1	0.6		
22	1,435	6	2.9					1.0	0.5		
23	3,230	7	2.2					0.7	0.5		
24	5,016	13	3.1					1.0	0.5		
25	6,974	14	2.1					1.0	0.5		
26	5,002	17	3.5					1.2	0.6		
27	4,930	24	6.0					1.2	0.6		
28	6,169	36	5.8					1.0	0.5		
29	5,942	27	5.4					1.0	0.5		
30	7,361	46	7.6					1.0	0.6		
31	6,403	41	7.6					1.2	0.6		

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

ID No. 3481413 Name of Drinking Water System SUNCREST WATER PLANT

Location: City or S/D SUNCREST County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month MAY 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2620

Design Flow 0.720 MGD Remarks (Use reverse side) Phone No. 1-800-432-4501

I certify this report is correct _____ A-235
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	13509.0	1092	269.9					46.0	19.3		
Average	482.5	39	9.63					1.65	0.7		
Maximum	848	82	16.3					2.5	1.2		
Minimum	288	12	3.0					0.9	0.3		
1	373	35	11.1					1.6	0.6		
2	423	15	4.3					0.9	0.3		
3	486	34	8.4					2.5	1.2		
4	504	54	12.9					1.8	0.8		
5	369	18	5.9					1.7	0.6		
6	513	57	11.9					1.9	0.7		
7	414	33	9.6					1.5	0.8		
8	423	34	9.6					1.8	0.8		
9	531	49	11.1					1.5	0.7		
10	454	35	9.2					1.7	0.8		
11	351	24	8.2					1.7	0.8		
12	495	43	10.4					1.5	0.6		
13	477	26	6.5					1.5	0.7		
14	432	54	15.0					1.9	0.8		
15	405	22	6.5					1.6	0.6		
16											
17	918	82	10.7					1.8	0.7		
18	457	49	13.1					1.5	0.5		
19	480	30	9.1					1.3	0.6		
20	468	51	14.4					1.4	0.6		
21											
22	837	62	8.9					1.9	0.8		
23	846	70	9.9					1.9	0.8		
24	378	36	11.4					1.7	0.6		
25	288	28	11.7					1.7	0.7		
26	468	38	9.7					1.8	0.5		
27	468	37	6.9					2.5	0.5		
28	306	12	4.7					2.5	0.8		
29	486	12	3.0					1.7	0.3		
30	450	13	16.8					1.5	0.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.900(3)
Effective November 30, 1982 Page 1 of 1

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System UNIVERSITY SHORES

Location: City or S/D 2600 HARRELL RD County ORANGE

Owned by SOUTHERN STATES UTILITIES SERVICES Reporting Month ~~2631~~ JUNE 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 2631

Design Flow 1.728MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct [signature] Eric Tran, Dan (Chief Operator's Signature) Trainee (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	13321.5	776	680.1					40.4	22.4	7	None
Average	444.05	25.9	22.7					1.3	0.75		
Maximum	836.2	55.0	360					2.2	1.40		
Minimum	0.5	3.0	4.3					0.6	2.50		
1	343.1	32	7.1					1.2	0.6		
2	687.5	28	4.9					1.2	0.6		
3	740.6	44	7.1					1.0	0.5		
4	492.8	30	7.3					1.0	0.5		
5	483.4	33	8.2					0.8	0.5		
6	472.3	17	4.3					1.3	0.6		
7	354.8	22	7.4					1.8	1.1		
8	380.2	26	8.2					2.0	1.2		
9	521.0	42	9.7					1.2	0.6		
10	520.7	29	6.7					1.3	0.7		
11	433.1	29	8.0					1.1	0.6	7	Bacti
12	437.6	20	5.5					1.0	0.5		
13	473.0	28	7.1					1.5	0.6		
14	543.6	51	11.3					2.2	0.8		
15	612.7	39	7.6					1.5	0.7		
16	505.0	35	8.3					1.5	0.7		
17	503.1	23	5.5					1.3	0.6		
18	483.3	22	5.6					1.5	0.6		
19	694.0	47	8.2					1.5	0.7		
20	836.2	55	7.9					1.4	0.7		
21	810.2	6	0.9					0.9	0.5		
22	419.5	21	6.0					2.0	1.3		
23	658.7	27	4.9					2.0	1.4		
24	466.1	32	83.0					1.8	1.3		
25	56.3	5	10.7					1.6	1.3		
26	1.0	3	360					1.0	0.7		
27	0.5	-	-					1.1	0.7		
28	105.0	6	5.7					0.6	0.5		
29	78.2	15	23.0					1.0	0.6		
30	30.9	10	40.0					1.1	0.7		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down. Fold this flap over it, then staple at top

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 8 1 4 1 8 Name of Drinking Water System SUNCREST WTP.

Location: City or S/D SUNCREST County ORANGE

Owned by SOUTHERN STATES UTILITIES SERVICES Reporting Month JUNE 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 2631

Design Flow 1.824 MGD Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct Sam Smith A-235 / Tran Dan
(Lead Operator's Signature) Trainee (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	11,618	946	3077					462	18.7	7	None
Average	410.6	32.6	10.61					1.54	0.62		
Maximum	868.0	96.0	22.9					2.0	0.9		
Minimum	144.	0.0	3.6					1.2	0.5		
1	351.00	35	12.0					1.2	0.5		
2	450.0	17	4.5					1.5	0.7		
3	477.0	19	4.8					1.0	0.5		
4	387.0	21	6.5					1.5	0.5		
5	315.0	24	9.1					1.2	0.5		
6	468.0	35	9.0					1.5	0.6		
7	243.0	27	13.3					2.0	0.8		
8	258.0	43	80.5					2.0	0.8		
9	261.0	15	6.9					1.5	0.7		
10	261.0	15	6.9					2.0	0.8		
11	207.0	9	3.6					1.5	0.9	7	bac-ti
12	385.0	29	15.5					1.5	0.8		
13	360.0	35	11.7					1.5	0.8		
14	378.0	40	12.7					1.5	0.9		
15	414.0	26	6.4					1.5	0.5		
16	639.0	47	8.8					1.5	0.5		
17	261.0	28	11.0					1.5	0.5		
18	360.0	30	10.0					1.9	0.6		
19	270.0	21	9.3					1.9	0.6		
20	162.0	32	23.7					1.5	0.5		
21	144.0	10	8.3					1.5	0.5		
22	0	0.						1.5	0.5		
23	804.0	96	28.9					1.5	0.5		
24	234.0	36	18.5					1.5	0.5		
25	369.0	38	12.4					1.5	0.5		
26	756.0	50	79					1.5	0.5		
27	630.0	40	7.6					1.5	0.9		
28	571.0	50	10.5					1.5	0.9		
29	862.0	38	5.3					1.5	0.9		
30	711.0	48	8.1					1.5	0.9		
31											

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This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481418 Name of Drinking Water System UNIVERSITY SHORES WTP

Location: City or S/D ~~UNIV~~ 2600 HARRELL RD County ORANGE

Owned by SOUTHERN STATES UTILITIES SERVICES Reporting Month JULY 1990

Plant Effluent pH 7.125 (Avg) No. of Services at End of Month 2680

Design Flow 1.824MGD Remarks (Use reverse side) Phone No.: (407) 671-2430.

I certify this report is correct [signature] TRAN, TOAN A-235
(Lead Operator's Signature) Trainee. (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap	
Monthly Total	1663.5	107	1854.1					34.7	14.6	10	
Average	66.54	7.6	168.6					1.12	0.47		
Maximum		19.0	19000					3.5	0.7		
Minimum		1.0	1.25					0.4	0.3		
1	192.5	2	1.25					1.0	0.5		
2	5.0	13	312					0.7	0.3		
3	0	1	—					3.5	0.7		
4	0	1	—					2.2	0.6		
5	0	0	—					1.7	0.7		
6	0	7	—					1.0	0.4		
7	7.6	0	—					1.0	0.5		
8	161.7	18	2842					1.0	0.5		
9	118.5	14	10.4					3.5	0.7	10	-
10	68.4	0	—					1.3	0.6		
11	94.1	0	—					1.7	0.7		
12	19.2	2	17.5					0.9	0.4		
13	0	0	—					1.2	0.5		
14	4.0	0	—					0.8	0.5		
15	1.1	0	—					0.7	0.5		
16	12.3	0	—					0.6	0.3		
17	0.7	0	—					0.4	0.3		
18	0.1	1	1800					0.7	0.3		
19	12.1	0	—					0.5	0.3		
20	0	0	—					0.5	0.3		
21	46.3	1	2.6					0.7	0.7		
22	30.8	0	—					1.1	0.6		
23	35.5	0	—					1.0	0.4		
24	11.1	0	—					0.6	0.5		
25	11.1	0	—					1.0	0.5		
26	26.9	0	—					1.0	0.5		
27	54.0	0	—					0.5	0.3		
28	93.8	8	10.2					0.8	0.4		
29	266.3	15	6.8					1.2	0.6		
30	266.4	19	8.6					0.8	0.5		
31	110.0	5	5.5					1.2	1.5		

* THIS PLANT WAS ON STAND-BY - RUNNING TEST ON PUMPS - 0-READINGS

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: City or P/O c/o 1000 Color Pl, Apopka, FL County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month July 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 2712

Design Flow _____ Remarks (Use reverse side) Phone No.: 880-0010

I certify this report is correct _____ A-235
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	22,572	1,469	249.9					36.9	16.2	10	
Average	728	47	8.0					1.2	.5		
Maximum	1233	99	14.5					2.0	.8		
Minimum	540	13	3.2					.8	.3		
1	1233	40	4.0					1.5	.8		
2	711	40	6.7					1.5	.8		
3	792	60	9.1					1.5	.8		
4	828	51	7.4					1.3	.7		
5	594	40	8.1					1.5	.7		
6	864	27	3.7					1.2	.5		
7	765	62	9.7					1.3	.5		
8	693	30	5.2					1.0	.5		
9	1008	51	6.1					1.0	.6	10	
10	819	99	14.5					1.6	.6		
11	828	33	4.8					1.8	.6		
12	855	13	4.6					2.0	.7		
13	549	15	3.2					1.0	.4		
14	738	75	12.1					.9	.4		
15	774	50	7.7					.9	.4		
16	603	28	5.5					1.5	.6		
17	693	67	11.6					1.3	.6		
18	648	71	13.1					.8	.6		
19	648	57	10.5					.8	.6		
20	846	27	3.8					1.1	.3		
21	576	22	4.5					1.3	.4		
22	648	41	7.6					1.0	.6		
23	837	79	11.3					1.0	.4		
24	720	71	11.8					1.0	.4		
25	648	32	5.9					1.0	.4		
26	612	58	11.3					1.0	.4		
27	720	49	8.1					1.1	.5		
28	711	53	8.9					1.0	.3		
29	477	41	10.3					1.0	.3		
30	540	64	14.2					1.0	.3		
31	594	23	4.6					1.0	.5		

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This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System UNIVERSITY SHORES

Location: City or S/D S/D 1000 COLOR PL. APOPKA FL County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month AUG 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2631

Design Flow 1.728 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct _____ C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	8,697.9	418	219.7					34.4	20.2	12	
Average	280.5	13.4	7.1					1.2	.6		
Maximum	806.5	26	15.3					1.5	.8		
Minimum	98.0	5	1.2					.9	.2		
1	98.0	6	7.3					1.3	.8		
2	240.4	12	6.0					1.0	.6		
3	199.8	12	7.5					1.4	.8		
4	167.3	20	14.3					1.0	.6		
5	224.2	13	6.9					1.0	.6		
6	326.9	5	1.8					1.0	.6		
7	246.5	5	2.4					1.0	.6	12	
8	149.3	19	15.3					1.0	.2		
9	193.5	16	9.4					1.2	.2		
10	133.0	7	6.3					.8	.4		
11	125.0	6	5.7					1.0	.6		
12	95.0	12	15.1					1.0	.6		
13	145.6	11	9.1					1.0	.4		
14	806.5	8	1.2					1.0	.4		
15	136.1	9	7.4					1.0	.6		
16	116.9	9	8.2					1.0	.6		
17	130.3	9	8.3					1.0	.6		
18	195.0	18	11.0					1.0	.6		
19	454.8	13	3.4					1.0	.6		
20	230.0	23	12.0					1.0	.6		
21	257.7	19	8.8					1.0	.6		
22	295.0	14	5.7					1.0	.6		
23	302.6	15	5.9					1.4	.8		
24	232.3	14	7.2					1.0	.6		
25	392.8	19	5.8					1.0	.6		
26	467.0	19	4.8					1.3	.6		
27	459.0	17	4.1					1.0	.6		
28	323.2	15	5.5					1.5	.8		
29	451.4	13	3.4					1.5	.6		
30	630.6	26	4.9					1.5	.6		
31	450.0	15	4.0					1.5	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3485413 Name of Drinking Water System SUNCREST

Location: City or S/D 90 1000 Color Pl, APOPKA, FL County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month AUG 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 2631

Design Flow 1.824 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct SKW C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	16,528	1150	247.2					43.9	21.2	12	
Average	533	37	7.9					1.4	.7		
Maximum	1404	93	21.8					2.0	1.0		
Minimum	297	12	3.5					.0	.5		
1	711	59	9.9					1.5	.8		
2								1.0	.8		
3	1404	93	7.9					1.0	.7		
4	531	71	16.0					.0	.7		
5	405	40	11.8					1.3	.6		
6	573	20	4.6					1.2	.6		
7	837	40	5.7					2.0	1.0	12	
8	450	30	8.0					1.8	.8		
9	783	30	4.6					1.5	.6		
10	450	30	8.0					1.5	.8		
11	625	51	16.1					1.1	.7		
12	558	24	5.1					1.3	.7		
13	603	40	7.9					1.5	.8		
14	459	26	6.8					1.5	.8		
15	549	37	8.1					1.5	.6		
16	567	40	8.4					1.5	.6		
17	522	29	6.6					1.5	.6		
18	351	37	12.6					1.6	.5		
19	612	22	4.3					1.5	.5		
20	540	18	4.0					1.5	.5		
21	297	12	4.8					1.5	.6		
22	405	17	5.0					1.5	.8		
23	432	52	14.4					1.5	.8		
24	445	30	8.1					1.5	.8		
25	450	38	10.1					1.3	.6		
26	459	46	12.2					1.8	.7		
27	477	46	11.5					1.5	.6		
28	513	15	3.5					1.5	.6		
29	396	72	21.4					1.5	.6		
30	594	25	5.0					1.5	.6		
31	549	20	4.3					1.5	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System UNIVERSITY SHORES

Location: City or S/D % 1000 COLOR PL, APOPKA, FL 32703 County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month SEPT. 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2796

Design Flow 1.824 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct _____ C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	13,716	717	1964					40.8	20.0	12	
Average	457.2	23.9	6.5					1.3	.6		
Maximum	1194.7	52	11.7					1.5	.8		
Minimum	210.8	9	3.1					.7	.4		
1	350.0	10	3.4					1.5	.6		
2	725.5	20	3.3					1.5	.6		
3	275.7	16	6.9					1.5	.6		
4	410.3	16	4.6					1.5	.6		
5	331.7	9	3.2					1.3	.5		
6	391.4	25	7.6					1.5	.8		
7	345.1	10	3.4					1.5	.8		
8	345.1	20	6.9					1.5	.6		
9	735.6	26	4.2					1.5	.6		
10	617.3	41	7.9					1.5	.8		
11	586.3	41	8.3					1.2	.6	12	
12	366.7	27	8.8					1.4	.6		
13	1194.7	31	3.1					1.5	.6		
14	266.8	11	4.9					.7	.3		
15	417.8	29	8.3					1.0	.6		
16	417.7	26	7.4					1.5	.6		
17	526.0	43	9.8					1.5	.8		
18	210.8	16	9.1					1.5	.8		
19	246.1	24	11.7					1.0	.6		
20	437.8	27	7.4					1.3	.8		
21	449.5	28	7.4					1.3	.7		
22	508.8	35	8.2					1.3	.7		
23	616.1	52	10.1					1.2	.6		
24	576.4	28	5.8					1.2	.6		
25	411.5	22	6.4					1.2	.8		
26	345.5	22	6.6					1.2	.6		
27	491.5	16	3.9					1.2	.6		
28	503.0	13	3.1					.8	.4		
29	237.2	20	10.1					.8	.4		
30	338.1	13	4.6					1.0	.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: City or S/D % 1000 COLOR PL, APOPKA, FL 32703 County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month SEPT. 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2796

Design Flow 1.056 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct _____ G5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	15,515	889	213						41.4	19.4	12	
Average	517	29.6	7.1						1.4			
Maximum	720	59	16.3						1.5	.8		
Minimum	81	8	3.4						.6	.4		
1	477	25	6.2						1.5	.6		
2	567	30	6.3						1.5	.6		
3	549	30	6.5						1.5	.6		
4	432	25	6.9						1.5	.6		
5	468	25	6.4						1.5	.6		
6	504	32	7.6						1.5	.6		
7	576	25	5.2						1.5	.6		
8	432	59	16.3						1.5	.6		
9	639	40	7.5						1.5	.6		
10	594	35	7.0						1.5	.6	12	
11	540	42	9.3						1.5	.6		
12	477	15	3.7						1.5	.8		
13	81	8	11.6						1.3	.7		
14	665	35	6.3						1.5	.7		
15	720	53	8.8						1.5	.8		
16	414	46	13.3						1.5	.8		
17	612	38	7.4						1.3	.6		
18	576	43	8.9						1.3	.6		
19	612	21	4.1						1.3	.6		
20	648	30	5.5						1.3	.6		
21	567	20	4.2						1.2	.6		
22	558	20	4.3						1.5	.8		
23	702	34	5.8						1.0	.6		
24	378	26	8.2						.6	.4		
25	333	16	5.7						1.2	.6		
26	495	19	4.6						1.2	.6		
27	504	32	7.6						1.2	.8		
28	630	18	3.4						1.5	.8		
29	351	12	4.1						1.5	.8		
30	414	35	10.1									
31												

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi
thin 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tac

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3486413 Name of Drinking Water System UNIVERSITY SHORES

Location: City or S/D 4610 COLOR PL. APOPKA County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month OCT 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2,819

Design Flow 1.624 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct _____ C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	11977.9	631	20.8					29.9	13.9	13	
Average	386.2	20.3	6.4					.9	.5		
Maximum	570.2	45	22.4					1.0	.6		
Minimum	240.7	4	.9					.6	.2		
1	360.6	23	7.6					.6	.2	2	
2	352.8	23	7.8					.8	.4		
3	544.6	15	3.3					1.0	.5		
4	240.7	45	22.4					.8	.6	10	
5	412.0	27	7.8					1.0	.3		
6	400.8	14	4.2					1.0	.6		
7	350.5	10	3.4					1.0	.5		
8	461.0	31	8.1					1.0	.6		
9	359.1	12	3.1					1.0	.6		
10	296.2	12	4.8					1.0	.5		
11	313.7	7	2.6					.8	.3	1	
12	270.7	4	1.7					.8	.3		
13	349.0	20	7.0					1.1	.5		
14	305.8	28	10.4					1.4	.5		
15	440.1	34	7.6					.7	.2		
16	363.8	36	11.8					1.2	.3		
17	498.6	4	.9					1.1	.4		
18	298.5	17	6.8					1.0	.4		
19	420.2	9	2.7					.8	.5		
20	404.1	26	7.7					.8	.4		
21	351.7	30	10.2					.9	.5		
22	570.2	44	9.2					1.0	.6		
23	342.5	10	3.5					1.0	.6		
24	396.2	13	3.9					1.0	.6		
25	357.3	17	5.7					1.0	.6		
26	381.6	10	3.1					.8	.3		
27	312.0	20	7.7					1.1	.4		
28	348.9	10	3.4					1.3	.4		
29	494.3	25	6.0					1.0	.4		
30	430.0	21	5.8					1.0	.4		
31	401.7	34	10.1					1.0	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: City or S/D % 1000 COLONIAL, APOPKA FL County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month OCT 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 2819

Design Flow 1.056 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct S.K.J C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	14,137	677	223.7					39.6	21.7	13	
Averages	456	26.3	7.2					1.3	.7		
Maximum	620	40	11.0					1.5	.9		
Minimum	324	12	3.7					1.0	.5		
1	510	37	9.7					1.5	.6	2	
2	460	29	7.5					1.5	.6		
3	520	26	11.0					1.5	.8		
4	450	40	10.6					1.5	.8	10	
5	620	57	11.0					1.5	.9		
6	324	21	7.7					1.4	.5		
7	423	35	9.9					1.5	.8		
8	540	34	7.5					1.3	.6		
9	450	14	3.7					1.3	.6		
10	490	23	5.6					1.3	.5		
11	520	31	7.1					1.5	.6	1	
12	430	20	5.5					1.3	.6		
13	430	27	7.5					1.5	.6		
14	450	34	9.0					1.5	.6		
15	500	30	7.2					1.3	.5		
16	540	30	6.6					1.5	.8		
17	460	33	9.9					1.1	.6		
18	530	27	6.1					1.2	.7		
19	470	25	6.3					1.5	.8		
20	520	30	6.9					1.5	.8		
21	370	12	3.9					1.5	.6		
22	400	20	6.0					1.2	.6		
23	410	15	4.4					1.2	.6		
24	400	27	8.1					1.2	.6		
25	400	31	9.3					1.0	.6		
26	490	30	7.3					1.0	.8		
27	350	18	5.6					1.0	.8		
28	400	32	9.6					1.0	.6		
29	460	24	6.2					1.0	.6		
30	410	25	7.3					1.0	.6		
31	440	39	10.6					1.4	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System UNIVERSITY SHORES

Location: City or (S/D) SANTE County ORANGE

Owned by SOUTHERN STATES UTILITIES, LOCKHART, APOPKA Reporting Month NOV. 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2850

Design Flow 1.824 MGD Remarks (Use reverse side) Phone No.: 8580-0100

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	12251.4	581	172.5					32.1	17.9	15	
Average	408.38	19.4	5.7					1.1	.6		
Maximum	635.8	40	11.8					1.5	1.0		
Minimum	268.1	9	2.3					.8	.3		
1	377.8	21	6.6					1.2	.6		
2	407.4	29	8.5					.9	.5		
3	469.0	13	3.3					.8	.4		
4	456.2	13	3.4					1.0	.6		
5	421.7	26	7.4					1.0	.4		
6	358.3	19	6.3					1.0	.6		
7	473.4	14	3.5					1.0	.6		
8	398.6	13	3.9					1.0	.6		
9	361.6	18	5.9					.8	.4		
10	335.5	20	7.1					1.1	.5		
11	429.1	32	9.9					1.0	.6		
12	363.5	25	8.2					1.0	.6		
13	374.9	37	11.8					1.0	.6	3	
14	526.3	10	2.3					1.0	.6		
15	268.1	10	4.4					1.0	.4	12	
16	431.2	10	2.7					.9	.3		
17	282.5	19	8.0					1.0	.4		
18	466.2	18	4.4					1.0	.4		
19	635.8	40	7.5					1.0	.6		
20	367.5	23	7.5					1.0	.6		
21	434.7	21	5.8					1.0	.6		
22	320.9	9	3.3					1.0	.5		
23	445.0	20	5.4					1.2	.5		
24	333.4	14	5.0					1.2	.5		
25	378.5	12	3.8					1.0	.6		
26	524.0	16	3.6					1.0	.6		
27	493.2	21	5.1					1.5	1.0		
28	364.6	32	10.5					1.5	1.0		
29	399.1	15	4.6					1.5	1.0		
30	347.4	11	3.8					1.5	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: City or (S/D) SANS County ORANGE

Owned by SOUTHERN STATES UTILITIES, 1000 COLOR A, APOPKA Reporting Month NOV. 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2850

Design Flow 1.051 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct _____ C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	13,000	677	187.8					35.6	21.5	15	
Average	433.3	22.6	6.3					1.2	.7		
Maximum	590	38	10.5					1.5	1.0		
Minimum	270	10	2.6					.8	.4		
1	430	14	3.9					1.2	.6		
2	420	23	6.5					1.2	.5		
3	270	14	6.2					1.0	.6		
4	450	10	2.6					1.0	.6		
5	590	38	7.7					1.0	.6		
6	350	25	8.5					1.0	.6		
7	480	22	5.5					1.0	.6		
8	480	27	6.7					1.0	.6		
9	430	20	5.6					.8	.6		
10	420	37	10.5					1.1	.7		
11	350	11	3.7					1.0	.6		
12	450	22	5.8					1.0	.6		
13	510	24	5.6					1.0	.6	3	
14	500	22	5.3					1.0	.4		
15	310	20	7.7					1.0	.6	12	
16	450	25	6.6					1.0	.6		
17	500	32	7.7					1.0	.6		
18	430	20	5.6					1.0	.6		
19	510	28	6.6					1.5	1.0		
20	400	21	6.3					1.5	1.0		
21	420	18	5.2					1.5	1.0		
22	410	26	7.6					1.5	1.0		
23	580	21	4.3					1.5	1.0		
24	380	22	6.9					1.2	1.0		
25	370	19	6.1					1.5	1.0		
26	520	21	4.8					1.0	.6		
27	440	25	6.8					1.5	1.0		
28	410	25	7.3					1.5	1.0		
29	450	30	8.0					1.2	.8		
30	290	15	6.2					1.0	.7		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System University Shoals

Location: City or (S/D) Sams County Orange

Owned by Southern States Utilities Reporting Month Dec 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 2818

Design Flow 1.824 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct [signature] C-5643

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	12860	747	222					37.7	21.5	15	
Average	414.8	24	7.2					1.2	.7		
Maximum	606.3	43	16.5					1.5	1.0		
Minimum	297.5	10	2.8					.8	.4		
1	320.5	12	4.5					1.2	1.0		
2	331.0	27	9.7					1.5	1.0		
3	573.6	40	8.3					1.4	1.0		
4	472.1	36	9.1					1.4	1.0		
5	441.3	20	5.4					1.2	.6		
6	401.4	20	5.9					1.0	.6	15	
7	322.8	11	4.1					1.0	.6		
8	367.8	10	3.2					1.2	.7		
9	363.0	16	5.3					1.2	.8		
10	461.6	23	5.9					1.3	.8		
11	297.5	14	5.6					.8	.8		
12	350.7	17	5.8					1.0	.6		
13	329.3	16	5.8					1.0	.6		
14	401.9	33	9.8					1.0	.6		
15	391.9	27	8.2					1.2	.6		
16	423.4	34	9.6					1.2	.7		
17	516.2	20	4.6					1.0	.6		
18	369.2	18	5.8					1.0	.6		
19	393.3	39	11.9					1.5	.6		
20	555.3	13	2.8					1.5	.6		
21	345.9	20	6.2					1.5	.6		
22	495.3	22	5.3					1.4	.7		
23	328.2	27	9.8					1.5	.4		
24	433.7	36	9.9					1.0	.6		
25	311.9	43	16.5					1.0	.8		
26	402.1	25	7.4					1.0	.8		
27	510.5	28	6.5					1.5	.7		
28	564.0	40	8.5					1.5	.6		
29	337.0	32	11.2					1.5	.6		
30	402.3	20	5.9					1.2	.7		
31	606.3	18	3.5					1.0	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 Name of Drinking Water System SUNCREST

Location: City or (S/D) SANFORD County ORANGE

Owned by SOUTHERN STATES UTILITIES Reporting Month DEC. 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 2818

Design Flow 1.051 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct S. Kut C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	11,870	632	204.9					38.5	20.5	15	
Average	383	20	6.6					1.2	.6		
Maximum	500	47	15.7					1.5	.8		
Minimum	160	7	2.0					.5	.2		
1	450	11	2.9					.5	.2		
2	370	21	6.8					.5	.2		
3	300	17	6.8					1.5	.6		
4	240	10	5.0					1.0	.6		
5	350	25	8.5					1.0	.6		
6	400	18	5.4					1.0	.6	15	
7	380	36	11.3					1.0	.6		
8	420	27	7.7					1.2	.6		
9	360	15	5.0					1.2	.8		
10	360	27	9.0					1.5	.8		
11	400	26	7.8					1.5	.8		
12	400	25	7.5					1.0	.6		
13	400	20	6.0					1.2	.6		
14	390	13	4.0					1.5	.8		
15	500	8	2.0					1.2	.7		
16	360	12	4.0					1.3	.7		
17	410	25	7.3					1.5	.6		
18	400	47	14.1					1.2	.6		
19	400	20	6.0					1.0	.6		
20	450	20	5.3					1.2	.8		
21	390	15	4.7					1.5	.8		
22	420	7	2.0					1.1	.7		
23	400	10	3.0					1.4	.8		
24	390	11	3.4					1.5	.8		
25	360	22	7.3					1.5	.8		
26	390	42	13.2					1.5	.8		
27	160	21	15.7					1.5	.8		
28	450	17	4.5					1.2	.6		
29	330	19	6.9					1.5	.6		
30	390	8	2.4					1.3	.6		
31	470	37	9.4					1.5	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

Venetian Village - 567

Lake County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System: Venetian Village #567

Location: City or S/D Venetian Village County Lake

Owned by SSU Services Reporting Month January 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 130

Design Flow 200 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	816.7	15.5	58.2					25.4	19.6	5	NONE
Average	26.3	0.5	2.3					1.0	0.8		
Maximum	33.3	0.75	3.1					1.2	0.9		
Minimum	19.4	0.375	1.4					1.0	0.7		
1											
2	51.7	1.0	2.3					1.0	.7		
3	25.5	.5	2.4					1.0	.8		
4	23.5	.5	2.6					1.0	.8		
5											
6	51.1	1.0	2.3					1.2	.8		
7	33.3	.25	2.7					1.0	.9		
8	23.9	.5	2.5					1.0	.8	5	-0-
9											
10	44.0	1.0	2.4					1.0	.8		
11	26.4	.5	2.3					1.0	.7		
12	24.8	.5	2.4					1.2	.9		
13											
14	56.7	1.0	2.1					1.2	.8		
15	25.2	.5	2.4					1.0	.7		
16	24.5	.5	2.4					1.0	.8		
17	27.3	.5	2.2					1.0	.8		
18	28.4	.5	2.1					1.0	.8		
19	33.3	.5	1.8					1.2	.9		
20											
21	51.3	.75	1.8					1.3	.8		
22	30.7	.5	1.9					1.3	.9		
23	25.8	.5	2.3					1.2	.8		
24	26.5	.5	2.3					1.0	.7		
25	26.3	.5	2.3					1.0	.8		
26	20.2	.5	3.0					1.0	.8		
27											
28	62.1	1.0	1.9					1.0	.7		
29	19.4	.5	3.1					1.2	.8		
30	24.8	.5	2.4					1.0	.7		
31	25.6	.5	2.3					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village #567

Location: City or S/D Venetian Village County Lake

Owned by S.S.U. Services Reporting Month February 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 130

Design Flow 200GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	712.60	15	59.5					25.6	18.7	5	NONE
Average	25.5	.5	2.6					1.1	0.8		
Maximum	34.5	.75	3.4					1.2	0.9		
Minimum	17.5	.5	2.2					1.0	0.7		
1	22.0	.5	2.7					1.0	.8		
2	17.5	.5	3.4					1.2	.9		
3											
4	54.6	1.0	2.3					1.0	.8		
5	30.4	.5	2.9					1.2	.9		
6	26.9	.5	2.2					1.2	.9	5	-0-
7	23.8	.5	3.5					1.2	.8		
8	25.0	.5	2.4					1.0	.7		
9	18.6	.5	3.2					1.2	.9		
10											
11	51.7	1.0	2.3					1.2	.9		
12	21.5	.5	2.5					1.0	.7		
13	24.8	.5	2.4					1.2	.9		
14	22.2	.5	2.7					1.2	.8		
15	24.5	.5	2.4					1.2	.9		
16											
17	58.5	1.25	2.6					1.2	.8		
18	25.1	.5	2.4					1.0	.7		
19	24.6	.5	2.4					1.0	.8		
20	32.4	.75	2.8					1.0	.7		
21	26.1	.5	2.3					1.0	.8		
22	34.5	.75	2.6					1.2	.8		
23	20.7	.5	2.9					1.2	.9		
24											
25	66.2	1.25	2.3					1.2	.8		
26											
27	45.2	1.0	2.5					1.0	.7		
28	22.8	.5	2.6					1.0	.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village

Location: City or S/D Venetian Village County Lake

Owned by SSU Services Reporting Month march 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 130

Design Flow 200 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath A-552
(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriologics MCL Violations
Monthly Total	813.2	16	62.3					28.4	22.6	7	0
Average	26.2	.5	2.4					1.1	.9		
Maximum	38.0	.75	3.3					1.2	.9		
Minimum	15.8	.38	1.9					1.0	.7		
1	27.6	.75	3.3					1.0	.8		
2	27.5	.5	2.2					1.0	.8		
3											
4	50.7	1.0	2.4					1.2	.9		
5	24.1	.5	2.5					1.0	.7		
6	15.8	.25	1.9					1.0	.6		
7	38.0	.75	2.4					1.0	.7		
8	23.8	.5	2.5					1.2	.8		
9											
10	66.4	1.25	2.3					1.2	.9		
11	30.6	.5	2.0					1.2	.9	5/21	0
12	37.0	.5	2.2					1.2	.8		
13	24.9	.5	2.4					1.2	.8		
14	21.6	.5	2.3					1.2	.7		
15	19.7	.5	3.1					1.2	.9		
16	33.3	.8	2.4					1.2	.9		
17											
18	50.4	1.0	2.4					1.0	.8		
19	24.1	.5	2.5					1.2	.9		
20	22.0	.5	2.7					1.2	.8		
21	20.8	.5	2.9					1.0	.8		
22	25.6	.5	2.3					1.0	.7		
23	28.8	.5	2.1					1.0	.7		
24											
25	62.1	1.25	2.4					1.0	.8		
26	24.2	.5	2.5					1.2	.9		
27	24.3	.5	2.5					1.2	.9		
28	31.9	.5	1.9					1.0	.8		
29	25.7	.5	2.3					1.0	.7		
30											
31	46.4	.75	1.9					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department offi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village #5617

Location: City or S/D Venetian Village County Lake

Owned by S.S.U. Services Reporting Month April 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 130

Design Flow 200GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Eileen E. Heath 17-5512
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	767.7	14.5	62.7					27.0	20.2	5	NONE
Average	25.6	.48	2.4					1.0	0.8		
Maximum	40.2	.75	3.3					1.2	0.9		
Minimum	18.0	.375	1.4					0.9	0.5		
1	25.4	<	2.4					1.2	.9		
2	27.1	.5	2.1					1.2	.9		
3	18.0	.5	3.3					1.2	.9		
4	30.9	.5	1.9					1.0	.8		
5	33.9	.5	1.6					1.0	.7		
6	23.9	.5	2.5					1.2	.9		
7											
8	59.1	1.0	2.0					1.0	.8		
9	27.0	.5	2.2					1.0	.9	5	- -
10	23.6	.5	2.7					1.0	.7		
11	19.4	.5	3.1					1.0	.7		
12	21.8	.5	2.8					1.0	.7		
13											
14	50.8	.5	2.4					1.0	.8		
15	40.2	.75	2.2					1.0	.7		
16	31.6	.5	1.9					1.0	.8		
17	20.3	.5	3.0					1.0	.7		
18	23.0	.5	2.6					.8	.5		
19	23.0	.5	2.6					1.0	.7		
20											
21	45.5	.75	2.0					1.0	.8		
22	23.0	.5	3.1					1.0	.7		
23	23.3	.5	2.6					1.0	.8		
24	20.9	.5	2.9					1.0	.7		
25	23.4	.5	2.6					1.0	.7		
26	14.0	.5	3.2					1.0	.8		
27	29.5	.5	2.0					1.0	.8		
28											
29	46.6	1.25	3.3					1.2	.9		
30	36.5	.5	2.3					1.2	.8		
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village #567

Location: City or S/D Venetian Village / Lake Jem County Lake

Owned by SSU Services Reporting Month May 19

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 130

Design Flow 200GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath A-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	909.6	16	65.3						27.4	20.4	16	5
Average	26.1	.5	2.5						1.1	0.9		
Maximum	39.3	.63	3.5						1.2	0.9		
Minimum	16.9	.5	1.5						1.0	0.7		
1	29.9	.5	2.0						1.0	0.9		
2	23.7	.5	2.5						1.0	0.9		
3	39.3	.5	1.5						1.0	0.7		
4	43.1	.75	2.1						1.2	0.9		
5												
6	101.7	1.25	2.4						1.0	0.7		
7	31.1	.5	2.9						1.0	0.9	5	5
8	22.2	.5	2.7						1.0	0.7		
9	20.6	.5	2.9						1.2	0.9		
10	25.6	.5	2.3						1.0	0.9		
11	29.2	.5	2.1						1.2	0.9		
12												
13	70.3	1.25	2.1						1.0	0.7		
14	25.0	.5	2.4						1.0	0.7	9	-0-
15	30.2	.5	2.0						1.0	0.9	2	-0-
16	21.1	.5	2.9						1.0	0.7		
17	24.5	.5	2.4						1.2	0.9		
18	15.1	.5	3.3						1.2	0.9		
19												
20	39.1	1.0	2.1						1.0	0.9		
21	19.5	.5	3.1						1.0	0.9		
22	19.3	.5	3.3						1.0	0.9		
23	23.4	.5	2.10						1.0	0.7		
24	21.6	.5	2.9						1.0	0.9		
25	25.0	.5	2.4						1.0	0.9		
26												
27												
28	70.4	1.25	2.1						1.2	0.9		
29	19.6	.5	3.1						1.0	0.7		
30	30.2	.5	2.0						1.2	0.9		
31	16.9	.5	3.5						1.0	0.9		

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village #556

Location: City or S/D Venetian Village - Inverness County Lake

Owned by SSU Services Reporting Month June 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 130

Design Flow .247 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Gaston E Heath C 582
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	707.5	14.5	100					28.2	21.1	14	NONE
Average	23.6	0.5	2.6					1.0	0.8		
Maximum	31.1	0.75	3.7					1.2	0.9		
Minimum	15.9	0.25	1.7					1.0	0.7		
1	38.9	.5	2.1					1.0	.8		
2											
3	44.8	.75	2.0					1.0	.7		
4	27.3	.5	2.3					1.0	.7		
5	14.9	.5	3.5					1.0	.7		
6	22.6	.5	2.7					1.0	.8		
7	21.8	.5	2.8					1.0	.7		
8	20.2	.5	3.0					1.2	.8		
9											
10	51.9	1.0	2.3					1.0	.8	7	---
11	23.3	.5	2.6					1.0	.8		
12	20.3	.5	3.0					1.0	.7		
13	25.5	.5	2.4					1.0	.8		
14	36.1	.75	2.9					1.0	.8		
15	29.0	.5	2.1					1.0	.8		
16											
17	52.6	1.0	2.1					1.3	.9		
18	22.9	.5	2.6					1.2	.7		
19	23.2	.5	2.9					1.2	.8		
20	17.6	.5	3.4					1.0	.7		
21	27.1	.5	2.2					1.0	.7		
22	30.5	.5	2.0					1.0	.7		
23	17.8	.25	1.7					1.0	.7		
24	26.9	.5	2.2					1.1	.8		
25	20.8	.5	2.4					1.1	.8		
26	17.3	.5	3.5					1.3	.9	7	---
27	23.8	.5	2.5					1.1	.8		
28	15.9	.25	1.9					1.1	.8		
29	16.9	.5	3.7					1.1	.8		
30	27.6	.5	2.1					1.2	.9		
31											

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in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tac

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village #567

Location: City or S/D Venetian Village County Lake

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 130

Design Flow 200GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath 6-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	691.3	13.5	63.4					27.0	21.0	5	-0-
Average	22.3	0.4	2.4					1.0	0.8		
Maximum	31.6	0.5	3.4					1.2	0.9		
Minimum	10.7	0.25	1.8					1.0	0.7		
1	36.6	.75	2.5					1.2	0.9		
2	22.0	.5	2.7					1.2	.8		
3	19.1	.5	3.1					1.2	.9		
4	14.3	.25	2.1					1.0	.8		
5	20.4	.5	2.0					1.0	.8		
6											
7	25.5	.75	1.8					1.0	.8		
8	23.9	.5	2.5					1.0	.8	5	
9	21.0	.5	2.9					1.0	.9		
10	15.5	.25	1.9					1.2	.9		
11	21.1	.5	2.9					1.0	.8		
12	22.8	.5	2.6					1.0	.8		
13											
14	40.0	.75	2.2					1.0	.8		
15	21.5	.5	2.8					1.0	.9		
16	31.6	.5	1.9					1.0	.8		
17	10.7	.25	2.8					1.0	.8		
18	27.4	.5	2.2					1.0	.8		
19	12.9	.25	2.3					1.0	.8		
20											
21	41.3	.75	1.9					1.0	.8		
22	24.8	.5	2.4					1.0	.9		
23	22.5	.5	2.7					1.0	.8		
24	17.4	.5	3.4					1.2	.9		
25	20.3	.5	3.0					1.0	.8		
26	24.1	.5	2.5					1.0	.8		
27											
28	45.0	.75	2.0					1.0	.8		
29	26.6	.5	2.3					1.0	.9		
30											
31	43.9	.75	2.1					1.0	.8		

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian V. Mgt #567

Location: City or S/D Venetian Village County Lake

Owned by SSU Services Reporting Month August 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 132

Design Flow 200 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-5525
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	698.0	14.5	65.7					26.8	20.5	5	NONE
Average	23.3	0.48	2.5					1.0	0.8		
Maximum	37.5	.75	3.4					1.2	0.9		
Minimum	16.5	.25	1.9					1.0	0.7		
1	16.5	.25	1.9					1.0	0.8		
2	26.9	.5	2.2					1.0	0.7		
3											
4	44.8	.75	2.0					1.0	0.9		
5	28.3	.5	2.7					1.0	0.9		
6	24.6	.5	3.4					1.2	1.0		
7	34.1	.75	2.6					1.0	0.8		
8	20.5	.5	2.9					1.0	0.7		
9	23.6	.5	2.5					1.2	0.9		
10	23.7	.5	2.5					1.2	0.9		
11											
12	40.0	.75	2.2					1.0	0.7	5	-0-
13	28.9	.5	2.6					1.0	0.8		
14	19.5	.5	3.2					1.0	0.8		
15	37.5	.75	2.4					1.0	0.7		
16	17.8	.5	3.4					1.0	0.8		
17											
18	47.2	1.0	2.5					1.0	0.7		
19	28.8	.5	2.1					1.0	0.8		
20	32.9	.5	2.6					1.0	0.7		
21	24.1	.5	3.5					1.0	0.8		
22	24.7	.5	2.4					1.0	0.5		
23	31.8	.5	2.8					1.0	0.7		
24											
25	42.4	.75	2.1					1.0	0.8		
26	28.2	.5	2.7					1.0	0.8		
27	22.2	.5	2.7					1.0	0.7		
28	28.7	.5	2.6					1.0	0.7		
29	31.0	.5	2.9					1.2	0.9		
30	34.5	.5	2.4					1.0	0.8		
31											

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Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village #587

Location: City or S/D Tavares, Venetian Village County Lake

Owned by S.S.U. Services Reporting Month September 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 131

Design Flow 200 GPM Remarks (Use reverse side) Phone No.: 407-880-0058

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	744.5	15.0	1.20					26.0	19.7	5	0
Average	24.8	.5	2.4					1.0	.8		
Maximum	34.9	.75	3.1					1.0	.9		
Minimum	13.8	.25	1.6					1.0	.7		
1	36.3	1.0	2.1					1.0	0.8		
2	20.4	0.5	2.9					1.0	0.7		
3	23.0	0.5	2.6					1.0	0.7		
4	22.1	0.5	3.4					1.0	0.8		
5	19.1	0.5	3.1					1.0	0.9		
6	26.1	0.5	2.3					1.0	0.7		
7	18.2	.25	1.6					1.0	8		
8											
9	49.7	1.0	2.4					1.0	0.7		
10	33.7	0.5	2.5					1.0	0.7		
11	22.9	0.5	2.6					1.0	0.9	5	0
12	23.9	0.5	2.5					1.0	0.7		
13	15.3	0.5	3.0					1.0	0.9		
14											
15	62.5	1.25	2.4					1.0	0.7		
16	24.1	0.5	2.5					1.0	0.9		
17	26.5	0.5	2.3					1.0	0.9		
18	14.6	0.25	2.1					1.0	0.7		
19	33.2	0.5	1.5					1.0	0.8		
20	23.3	0.5	2.6					1.0	0.9		
21	13.8	0.25	2.2					1.0	0.8		
22											
23	52.9	1.0	2.3					1.0	0.8		
24	34.9	0.75	2.6					1.0	0.7		
25	13.0	0.25	1.9					1.0	0.8		
26	23.1	0.5	2.6					1.0	0.9		
27	29.4	0.5	2.1					1.0	0.7		
28	19.3	0.5	3.1					1.0	0.7		
29											
30	48.6	1.0	2.5					1.0	0.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village

Location: City or S/D Venetian Village County Lake

Owned by SSU Services Reporting Month October 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 128

Design Flow 200 GPM Remarks (Use reverse side) Phone No.: 407-880-0058

I certify this report is correct Brian Hill C-5025
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	733.6	14.75	66.3					27.2	19.9	5	0
Average	23.7	.5	2.5					1.0	0.7		
Maximum	35.9	.10	3.2					1.2	0.8		
Minimum	14.7	.25	1.7					1.0	0.7		
1	22.4	0.5	2.7					1.0	0.8		
2	17.9	0.25	1.7					1.0	0.7		
3	21.4	0.5	2.8					1.0	0.7		
4	18.7	0.5	3.2					1.0	0.8		
5											
6	48.7	1.0	2.5					1.0	0.8		
7	24.9	0.5	2.4					1.0	0.7		
8	23.4	0.5	2.7					1.0	0.7		
9	19.3	0.5	3.1					1.0	0.7	5	0
10	16.8	0.25	1.8					1.0	0.7		
11	30.1	0.5	2.0					1.0	0.8		
12	27.8	0.5	2.2					1.0	0.7		
13											
14	51.4	1.0	2.3					1.0	0.8		
15	14.7	0.25	2.0					1.0	0.7		
16	35.7	0.5	2.3					1.0	0.7		
17	21.1	0.5	2.8					1.2	0.8		
18	24.2	0.5	2.5					1.0	0.8		
19	19.9	0.5	3.0					1.0	0.7		
20											
21	71.8	1.25	2.1					1.0	0.8		
22	19.1	0.5	3.1					1.0	0.7		
23	21.7	0.5	2.8					1.0	0.7		
24	23.3	0.5	2.6					1.0	0.7		
25	30.5	0.5	2.0					1.0	0.7		
26	17.4	0.25	1.7					1.0	0.7		
27											
28	51.7	1.0	2.3					1.0	0.8		
29	32.9	0.5	1.6					1.0	0.7		
30	21.1	0.5	2.4					1.0	0.7		
31	35.7	0.5	2.3					1.0	0.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village #567

Location: City or S/D Venetian Village County Lake Co

Owned by SSU Services Reporting Month November 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month

Design Flow 200 gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	706.2	13.75	57.9					24.8	18.8	5	NONE
Average	23.5	0.5	2.4					1.0	0.8		
Maximum	30.3	0.5	3.1					1.2	0.9		
Minimum	18.1	0.4	1.7					0.8	0.60		
1	25.2	.5	2.4					1.2	0.8		
2	19.8	.5	3.0					1.0	0.8		
3											
4	60.6	1.0	2.0					1.0	0.7		
5	20.1	.5	3.0					1.2	0.8		
6	26.4	.5	2.3					1.0	0.8		
7	18.1	.25	1.7					1.0	0.8	5	-0-
8	29.3	.5	2.0					1.0	0.7		
9	25.7	.5	2.3					1.0	0.7		
10											
11	46.5	.75	1.9					1.0	0.8		
12	19.7	.5	3.0					1.2	0.9		
13	24.9	.5	2.4					1.0	0.8		
14	23.2	.5	2.6					1.0	0.8		
15	23.0	.5	2.6					1.0	0.7		
16	24.2	.50	2.5					1.0	.8		
17											
18	30.8	1.0	2.4					1.0	0.7		
19	19.4	.5	3.1					0.8	0.6		
20	26.5	.5	2.3					1.0	0.7		
21	24.1	.5	2.5					1.0	0.8		
22	26.0	.5	2.3					1.2	0.9		
23											
24	46.4	.75	1.9					1.2	0.9		
25	26.6	.5	2.3					1.0	0.8		
26	25.0	.5	2.4					1.0	0.9		
27	22.0	.5	2.7					1.0	0.8		
28											
29	52.9	1.0	2.3					1.0	0.8		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village #567

Location: City or S/D Venetian Village County Lake

Owned by SSU Services Reporting Month December 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 131

Design Flow 200gpm Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	8316.2	15.5	599					29.4	22.0	5	0
Average	25.8	.5	2.3					1.1	.8		
Maximum	30.7	.5	2.9					1.2	1.0		
Minimum	16.5	.25	1.7					1.0	.7		
1	54.6	1.0	2.2					1.0	.8		
2	28.3	.5	2.1					1.0	.8		
3	23.6	.5	2.5					1.0	.7		
4	20.7	.50	2.9					1.0	.8		
5	23.5	.5	2.6					1.0	.8		
6	16.5	.25	1.9					1.2	.9		
7	27.7	.50	2.2					1.2	.9		
8											
9	56.1	1.0	2.1					1.2	1.0		
10	26.4	.50	2.3					1.2	.9		
11	31.8	.50	3.0					1.2	.9	5	0
12	25.1	.50	2.4					1.2	.9		
13	25.0	.50	2.4					1.2	.9		
14	24.4	.5	2.5					1.2	.8		
15											
16	55.9	1.0	2.1					1.2	.9		
17	24.0	.5	2.5					1.2	.9		
18	28.2	.5	2.1					1.0	.8		
19	25.8	.5	2.3					1.2	.9		
20	27.6	.5	2.2					1.2	.8		
21	30.7	.5	2.0					1.2	.9		
22											
23	54.1	1.0	2.1					1.0	.8		
24	22.5	.5	2.7					1.2	.9		
25											
26	60.0	1.0	2.0					1.2	.9		
27	24.5	.5	2.4					1.0	.7		
28	18.1	.25	1.7					1.2	.8		
29											
30	55.4	1.0	2.2					1.2	.9		
31	31.7	0.5	2.8					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village

Location: City or S/D Venetian Village County Lake

Owned by Southern States Utilities Reporting Month January 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 120

Design Flow 200 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C.-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	700	15.5	71.6					31.6	22.2	5	NONE
Average	22.6	0.5	2.8					1.2	0.9		
Maximum	34.1	0.5	3.6					1.5	1.0		
Minimum	18.3	0.25	1.5					1.0	0.7		
1											
2	50.3	1.0	2.4								
3	24.0	.5	2.5					1.2	0.8		
4	20.6	.5	2.9					1.5	0.9		
5	19.0	.5	3.2					1.2	1.0		
6								1.2	1.0		
7	34.2	.25	2.4								
8	20.1	.5	2.9					1.2	0.9		
9	18.3	.5	3.3					1.2	0.7		
10	25.3	.25	3.6					1.2	0.9		
11	20.7	.5	2.9					1.2	0.9	5	.0-
12	21.0	.5	2.9					1.2	0.8		
13	20.3	.25	1.5					1.2	0.9		
14								1.5	0.9		
15	53.8	1.0	2.2								
16	20.1	.5	3.0					1.2	0.8		
17	34.1	.5	2.5					1.0	0.7		
18	22.1	.5	2.7					1.0	0.7		
19	21.5	.5	2.8					1.0	0.7		
20	21.2	.5	2.8					1.2	0.8		
21								1.2	0.8		
22	49.2	1.0	2.4								
23	20.8	.5	2.9					1.2	0.9		
24	15.3	.5	3.3					1.2	1.0		
25	22.4	.5	2.7					1.2	0.8		
26	20.5	.5	2.9					1.5	0.9		
27	20.1	.5	3.0					1.5	1.0		
28								1.2	0.8		
29	58.2	1.0	2.1								
30	31.5	.25	2.9					1.2	0.8		
31	20.6	.5	2.9					1.2	0.8		

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This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village

Location: City or S/D Venetian Village County Lake

Owned by Southern States Utilities Reporting Month February 19

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 129.

Design Flow 200GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E Heath C-582
(Lead Operator's Signature) (Cert. Level) (Cert. A

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	629.7	13.5	63.9					29.2	20.8	5	NONE
Average	22.5	0.5	2.7					1.3	.9		
Maximum	29.3	0.5	3.3					1.5	1.5		
Minimum	16.0	0.38	1.8					1.0	.7		
1	22.3	.5	2.7					1.2	.9		
2	22.9	.5	2.6					1.2	1.0		
3											
4	49.7	.75	1.8					1.2	.8		
5	29.2	.5	2.1					1.2	.9		
6	24.9	.5	2.4					1.2	.8		
7	20.1	.5	3.0					1.5	.8	5	-0-
8	22.5	.5	2.7					1.5	1.0		
9	25.3	.5	2.4					1.2	.9		
10	22.2	.5	2.7					1.2	.9		
11											
12	16.5	1.0	2.7					1.2	.5		
13	22.0	.5	2.7					1.2	.5		
14	20.5	.5	3.0					1.2	.8		
15	21.3	.5	2.8					1.2	.8		
16	24.3	.5	2.5					1.2	.9		
17											
18	50.6	1.0	2.4					1.0	0.7		
19	23.2	.5	2.6					1.2	.8		
20	21.1	.5	2.8					1.2	.9		
21	10.0	.5	3.3					1.2	.9		
22	15.5	.5	3.2					1.2	.9		
23	20.1	.5	3.0					1.2	.9		
24											
25	40.4	.75	2.2					1.2	.9		
26	33.5	.5	2.6					1.2	1.0		
27	21.6	.5	2.5					1.2	.9		
28	20.7	.5	2.9					1.2	.9		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-22.900(2)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village

Location: City or S/D Venetian Village County Lake

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 122

Design Flow 200 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath C-582
(Lead Operator's Signature) (Cert. Level) (Cert. #)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	742.0	15.75	70.3					29.2	21.1	5	NONE
Average	23.9	.5	2.6					1.1	.8		
Maximum	30.8	.75	3.1					1.2	.9		
Minimum	19.5	.5	1.9					1.0	.7		
1	20.9	.5	2.9					1.2	.8		
2	21.5	.5	2.8					1.2	.8		
3	22.5	.5	2.7					1.2	.8		
4											
5	54.3	1.0	2.3					1.2	.9		
6	19.6	0.5	3.1					1.0	0.8		
7	20.6	.5	2.7					1.2	.9		
8	22.5	.5	2.7					1.2	.8		
9	22.5	.5	2.2					1.2	.7		
10	25.5	0.5	2.4					1.0	0.7		
11											
12	52.4	1.0	2.3					1.0	.8	5	-0-
13	23.2	.5	2.6					1.2	.8		
14	22.1	.5	2.7					1.2	.8		
15	23.5	.5	2.5					1.2	.7		
16	20.7	.5	2.5					1.2	.8		
17	25.2	.50	3.4					1.0	.8		
18											
19	48.3	.75	1.9					1.0	.7		
20	22.1	.5	2.7					1.0	.7		
21	19.9	.5	3.0					1.0	.8		
22	21.8	.5	2.9					1.0	.7		
23	24.9	.5	2.4					1.0	.8		
24	21.5	.5	2.5					1.0	.9		
25											
26	61.6	1.5	2.9					1.0	.8		
27	23.5	.5	2.6					1.0	.8		
28	27.9	.5	2.1					1.0	.8		
29	25.3	.5	2.4					1.0	.7		
30	23.0	.5	2.6					1.0	.8		
31	19.5	.5	3.1					1.0	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village

Location: City or S/D Venetian Village County Lake

Owned by Southern States Utilities Reporting Month April 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 121

Design Flow 200 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	725	15.5	659					29.2	20.2	5	NONE
Average	24.2	0.5	2.6					1.2	0.8		
Maximum	29.8	0.75	3.9					1.8	1.0		
Minimum	16.3	0.5	1.6					1.0	0.5		
1											
2	49.4	1.0	2.4					1.0	.7		
3	33.0	.75	3.9					1.0	.7		
4	16.3	.5	3.7					1.2	.9		
5	23.8	.5	2.5					1.2	.8		
6	22.7	.5	2.2					1.2	.9		
7											
8	46.2	1.0	2.5					1.2	.8		
9	25.8	.75	3.1					1.2	.9		
10	23.0	.5	2.6					1.6	.5		
11	23.9	.5	2.5					1.2	.8	5	-0-
12	14.5	.5	3.1					1.2	.9		
13	23.2	.5	2.6					1.2	.9		
14	21.5	.5	2.9					1.2	.9		
15											
16	52.1	1.0	2.3					1.2	.8		
17	24.5	.5	2.0					1.2	.8		
18	26.1	.5	2.3					1.2	.9		
19	22.2	.5	2.7					1.2	.8		
20	21.0	.5	2.9					1.2	1.0		
21	17.6	.5	3.4					1.0	.8		
22											
23	56.9	1.0	2.4					1.0	.8		
24	18.8	.25	1.6					1.0	.7		
25	20.1	.5	3.0					1.0	.6		
26	26.3	.5	2.3					1.0	.7		
27	27.9	.5	2.1					1.2	.9		
28	25.0	.5	2.4					1.2	.8		
29											
30	58.9	1.25	2.5					1.2	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office
in 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or ta

DER Form 17-22.099(3)
Effective November .. 1987 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village - #567

Location: City or S/D Venetian Village County Lake

Owned by S.S.U. Services Reporting Month May 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 125

Design Flow 200 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E Heath (Lead Operator's Signature) C 5825 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	805.4	16.5	68.4					31.9	22.8	5	NONE
Average	26.0	0.5	2.5					1.2	0.8		
Maximum	36.7	0.75	3.0					1.5	1.0		
Minimum	19.7	0.38	1.8					1.0	0.7		
1	20.9	.5	2.9					1.2	.8		
2	20.8	.5	2.9					1.2	.9		
3	22.9	.5	2.6					1.2	.9		
4	24.2	.5	2.5					1.5	1.0		
5	25.2	.5	2.4					1.2	.8		
6											
7	73.3	1.5	2.5					1.2	.9		
8	24.1	.5	2.5					1.2	.8		
9	24.3	.5	2.5					1.2	.7		
10	19.7	.5	3.0					1.2	.9	5	-0-
11	19.4	.5	3.0					1.2	1.0		
12	21.9	.5	2.7					1.0	.8		
13											
14	61.6	1.25	2.4					1.2	.7		
15	22.2	.5	2.7					1.2	.9		
16	25.7	.5	2.3					1.2	.8		
17	24.8	.5	2.4					1.2	.9		
18	22.1	.5	2.5					1.2	.8		
19	32.2	.75	2.8					1.0	.8		
20											
21	54.0	1.25	2.8					1.2	.8		
22	24.1	.5	2.5					1.2	.9		
23	21.9	.5	2.7					1.2	.8		
24	26.6	.5	2.3					1.2	.9		
25	28.2	.5	2.1					1.2	.8		
26	25.2	.5	2.4					1.2	1.0		
27	33.9	.5	1.8					1.2	1.0		
28											
29	47.7	.75	1.9					1.2	.8		
30	23.3	.5	2.6					1.0	.7		
31	24.8	.5	2.4					1.0	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village #567

Location: City or S/D Venetian Village County Lake

Owned by SSU Service Reporting Month June 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 125

Design Flow 200GPM Remarks (Use reverse side) Phone No.: 1-800-432-4570

I certify this report is correct Brian E Heath P-5592
(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	922.3	150	1.47					28.0	20.6	7	NO VF
Average	24.1	.05	2.6					1.1	0.8		
Maximum	36.7	0.75	3.7					1.2	1.9		
Minimum	17.1	0.25	1.8					1.0	0.7		
1	32.3	.75	2.8					1.2	.9		
2	28.9	.5	2.1					1.0	.8		
3											
4	43.5	.75	2.1					1.2	.9		
5	25.9	.5	2.3					1.2	.8		
6	24.1	.75	3.1					1.2	.9		
7											
8	41.1	1.6	3.9					1.2	.8		
9											
10	33.5	.75	2.7					1.2	.9		
11	33.2	.75	2.7					1.2	1.0		
12	17.3	.5	2.5					1.0	.8	7	-0-
13	24.6	.5	2.4					1.2	.9		
14	25.2	.5	2.0					1.2	.8		
15	24.7	.5	2.4					1.2	.9		
16	17.5	.5	3.4					1.0	.8		
17											
18	73.3	1.25	2.0					1.0	.7		
19	29.6	.5	2.5					1.0	.7		
20	30.5	.5	2.1					1.0	.8		
21	26.7	.5	2.2					1.0	.8		
22	19.2	.5	3.1					1.0	.9		
23	17.1	.25	1.8					1.0	.8		
24											
25	47.8	.75	1.7					1.0	.8		
26	23.8	.5	2.5					1.2	.8		
27	22.2	.5	2.7					1.2	.9		
28	19.6	.5	3.1					1.2	.8		
29	23.6	.5	2.5					1.2	.9		
30	17.3	.5	3.5					1.2	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or

DER Form 17-22.999(3)
Effective November 1, 1987

HP

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village

Location: City or S/D Venetian Village County

Owned by S.S.U. Services Reporting Month July 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 124

Design Flow 200GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	833.6	15.75	58.7					26.5	19.9	5	NONE
Average	26.9	0.5	2.3					1.1	0.8		
Maximum	42.9	.75	3.1					1.3	0.9		
Minimum	18.4	.25	1.1					0.9	0.6		
1											
2	53.9	1.0	2.2					1.2	.9		
3	21.0	.5	2.9					1.2	.9		
4											
5	45.1	.75	2.0					1.2	.8		
6	19.3	.5	3.1					1.2	.9		
7	31.5	.5	1.9					1.0	.8		
8											
9	64.3	1.25	2.3					1.3	.7	5	-0-
10	23.5	.5	2.6					1.2	.9		
11	27.5	.5	2.2					1.0	.8		
12	32.2	.75	2.8					1.0	.9		
13	23.4	.5	2.6					1.2	.8		
14	22.9	.5	2.6					1.0	.8		
15											
16	59.9	1.25	2.5					1.0	.9		
17	20.6	.5	2.9					1.2	.9		
18	18.4	.25	1.6					1.0	.7		
19	30.5	.75	2.9					1.0	.8		
20	42.9	.5	1.4					1.0	.8		
21	23.5	.5	2.6					1.0	.8		
22											
23	71.5	1.5	2.5					1.0	.6		
24	19.4	.25	1.5					1.0	.6		
25	27.6	.25	1.1					1.0	.7		
26	24.1	.5	2.5					1.0	.6		
27	25.3	.5	2.4					.9	.6		
28	26.3	.5	2.3					1.0	.7		
29											
30	56.6	1.25	2.6					1.0	.7		
31	32.4	.5	2.7					1.0	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village

Location: City or S/D Venetian Village County Lake

Owned by S.S.U. Services Reporting Month August 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 126

Design Flow 200 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	773.7	15.75	6.8					27.4	21.1	5	NONE
Average	25.0	0.5	2.5					1.0	0.8		
Maximum	35.7	0.75	3.2					1.2	1.0		
Minimum	18.8	0.5	1.8					1.0	0.7		
1	33.0	.5	1.5					1.2	1.0		
2	35.7	.75	2.5					1.0	.7		
3	28.2	.5	2.1					1.0	.8		
4	29.8	.5	2.0					1.0	.8		
5											
6	52.5	1.0	2.3					1.0	.7		
7	23.9	.5	2.5					1.0	.9		
8	23.6	.5	2.5					1.0	.8	5	-0-
9	24.4	.5	2.5					1.0	.8		
10	34.7	.5	2.0					1.2	.9		
11	19.1	.5	3.1					1.0	.8		
12											
13	53.3	1.0	2.2					1.0	.9		
14	22.4	.5	2.6					1.0	.7		
15	22.9	.5	2.6					1.0	.8		
16	25.6	.5	2.3					1.0	.7		
17	24.2	.5	2.5					1.0	.7		
18	23.6	.5	2.5					1.0	.8		
19											
20	55.6	1.0	2.2					1.0	.9		
21	22.3	.5	2.7					1.0	.7		
22	15.8	.5	3.3					1.0	.8		
23	19.7	.5	3.0					1.0	.7		
24	19.2	.5	3.1					1.0	.7		
25	23.8	.5	2.6					1.0	.7		
26											
27	53.8	1.0	2.2					1.0	.7		
28	21.5	.5	2.8					1.0	.8		
29	22.2	.5	2.7					1.0	.8		
30	25.1	.5	2.4					1.0	.8		
31	20.3	.5	3.0					1.0	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351436 Name of Drinking Water System Venetian Village

Location: City or S/D Venetian Village County Lake

Owned by S.S.U Services Reporting Month Sept. 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 125

Design Flow 200 G.P.M Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Erwin E. Heath C 5525
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	792.2	16.0	58.9					25	18.5	6	1
Average	27.3	0.6	2.4					1.0	0.7		
Maximum	37.0	2.75	3.9					1.0	0.9		
Minimum	17.3	0.25	1.7					1.0	0.6		
1	35.4	<	2.3					1.0	.7		
2	27.8	<	2.2					1.0	.7		
3											
4	34.9	1.0	2.2					1.0	.5		
5	33.8	.75	2.7					1.0	.9		
6	17.4	.25	1.7					1.0	.7		
7	34.7	<	2.1					1.0	.6		
8	24.2	<	2.1					1.0	.7		
9											
10	7.6	.5	2.5					1.0	.7	5	1
11	27.6	<	2.2					1.0	.9		
12	26.5	<	2.5					1.0	.5		
13	34.1	<	2.5					1.0	.5		
14	32.9	.75	2.7					1.0	.7		
15	32.0	.75	2.8					1.0	.7		
16											
17	34.1	1.0	2.2					1.0	.8		
18	35.8	.5	2.3					1.0	.5		
19	24.5	<	2.4					1.0	.7	1	R. Lake
20	25.3	<	2.4					1.0	.8		
21	24.2	<	2.5					1.0	.5		
22	17.3	.25	1.7					1.0	.7		
23											
24	33.9	1.25	3.0					1.0	.7		
25	31.1	.5	2.8					1.0	.7		
26	29.0	<	2.1					1.0	.7		
27	34.6	.5	3.4					1.0	.7		
28	34.1	.5	2.5					1.0	.7		
29	22.2	<	2.7					1.0	.7		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village #567

Location: City or S/D Venetian Village County Lake

Owned by S.S.U. Services Reporting Month October 1990

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 129

Design Flow 200 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	761.4	15.75	68.7					27.6	21	5	NONE
Average	24.6	0.5	2.5					1.0	0.8		
Maximum	50.1	1.0	3.8					1.2	0.9		
Minimum	13.7	.25	1.3					1.0	0.7		
1	50.1	1.0	2.4					1.0	.7		
2	20.9	.5	2.9					1.0	.8		
3	21.2	.5	2.8					1.0	.8		
4	22.1	.5	2.7					1.0	.9		
5	24.4	.5	2.5					1.0	.8		
6	26.4	.5	2.3					1.0	.8		
7											
8	42.4	1.0	2.5					1.0	.8		
9	25.7	.5	2.3					1.0	.7	5	-0-
10	15.8	.25	1.6					1.0	.8		
11	19.7	.5	3.0					1.0	.8		
12	19.7	.5	3.0					1.0	.9		
13	21.2	.5	2.8					1.0	.7		
14											
15	56.3	1.0	2.1					1.0	.7		
16	13.7	.25	2.2					1.0	.8		
17	28.0	.5	2.1					1.0	.8		
18	16.9	.5	3.5					1.0	.7		
19	32.9	.75	2.7					1.0	.7		
20	23.8	.5	2.5					1.2	.8		
21											
22	51.5	1.0	2.3					1.2	.8		
23	22.9	.5	2.6					1.2	.9		
24	25.2	.5	2.4					1.0	.7		
25	15.2	.25	1.6					1.0	.8		
26	31.7	1.0	3.5					1.0	.8		
27	23.0	.25	1.3					1.0	.8		
28											
29	55.7	1.0	2.2					1.0	.7		
30	26.7	.5	2.9					1.0	.7		
31	22.3	.5	2.7					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village Fs

Location: City or S/D Venetian Village County Lee

Owned by S.S.U. Services Reporting Month Nov 1.99,R

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 130

Design Flow 200 GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-582
(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriologic. MCL Violations
Monthly Total	731.7	14.5	60.2					26.1	19.8	5	NONE
Average	24.4	0.48	2.4					1.0	0.8		
Maximum	27.1	0.63	3.2					1.2	0.9		
Minimum	15.0	0.25	1.4					0.9	0.7		
1	24.6	.5	2.4					1.0	.8		
2	22.2	.5	2.7					1.0	.8		
3											
4	56.6	1.0	2.3					1.0	.7		
5	26.1	.5	2.3					1.0	.8		
6	25.8	.5	2.3					1.2	.9		
7	25.3	.5	2.4					1.0	.8		
8	24.0	.5	2.5					1.0	.7		
9	24.7	.5	2.4					1.0	.7		
10	23.8	.5	2.5					1.0	.7		
11											
12	52.0	1.0	2.3					.9	.7		
13	21.9	.5	2.7					1.2	.9	5	-0-
14	23.0	.5	2.6					1.0	.8		
15	23.2	.5	2.6					1.2	.9		
16	15.0	.25	2.0					1.0	.8		
17	24.2	.5	2.3					1.0	.8		
18											
19	66.3	1.25	2.3					1.2	.9		
20	26.3	.5	2.3					1.0	.8		
21	19.5	.5	3.2					1.2	.9		
22											
23	52.1	1.0	2.3					1.0	.7		
24	25.3	.5	2.4					1.0	.7		
25											
26	45.7	.25	1.4					1.0	.8		
27	24.7	.5	2.4					1.2	.9		
28	16.5	.25	1.5					1.0	.7		
29	22.1	.5	2.2					1.0	.7		
30	18.6	.5	3.2					1.0	.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department off.. in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 Name of Drinking Water System Venetian Village 567

Location: City or S/D Venetian Village County Lake

Owned by S.S.U. Services Reporting Month Dec. 19 9C

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 131

Design Flow 200GPM Remarks (Use reverse side) Phone No.: 800-432-4501

I certify this report is correct Brian E. Heath C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	820	16	59.3					27.3	19.8	7	NONE
Average	26.5	.5	2.4					1.1	0.8		
Maximum	55.5	1.0	3.3					1.5	1.0		
Minimum	18.7	.25	1.3					1.0	0.5		
1	17.9	.5	3.3					1.0	.8		
2											
3	55.9	1.0	2.1					1.2	.9		
4	55.5	1.0	2.2					1.2	.8		
5	24.4	1.0	4.9					1.5	1.0	1	-0-
6	19.7	.5	3.2					1.0	.8	6	-0-
7	20.5	.5	2.9					1.0	.7		
8	25.3	.5	2.4					1.0	.8		
9											
10	53.4	1.0	2.2					1.0	.7		
11	23.4	.5	2.6					1.2	1.0		
12	23.2	.5	2.6					1.0	.5		
13	22.9	.5	2.6					1.0	.6		
14	23.7	.5	2.6					1.2	.7		
15	23.5	.5	2.6					1.2	.9		
16											
17	49.8	1.0	2.4					1.0	.7		
18	22.0	.5	2.7					1.0	.8		
19	20.5	.5	2.0					1.0	.8		
20	28.0	.5	2.1					1.0	.7		
21	23.6	.25	1.3					1.0	.8		
22	20.1	.25	1.5					1.2	.9		
23											
24	64.1	1.0	1.9					1.2	.9		
25											
26	59.6	1.0	2.0					1.0	.8		
27	29.5	.5	2.9					1.0	.8		
28	22.6	.5	2.9					1.2	.9		
29	24.6	.5	2.4					1.2	.8		
30											
31	52.6	1.0	2.1					1.0	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tac

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

Welaka - 447

Putnam County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Jan. 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 99

Design Flow 100000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	230	18	258					12.9	4.2		
Average	10	.78	15					.6	.2		
Maximum	14	1	70					.8	.2		
Minimum	.5	.25	6					.4	.2		
1	9	.5	9					.4	.2		
2	.5	.25	70					.8	.2	3	0
3	—	—						.8	.2		
4	—	—						.8	.2		
5											
6											
7	—	—						.6	.2		
8	.5	.25	70					.8	.2		
9	—	—						.4	.2		
10											
11	11	1	9					.8	.2		
12											
13											
14	32	2	6					.6	.2		
15	7	.5	9					.6	.2		
16	10	1	10					.6	.2		
17	10	1	9					.6	.2		
18	9	.5	6					.8	.2		
19											
20											
21	33	.25	7					.6	.2		
22	10	1	10					.6	.2		
23	11	1	9					.4	.2		
24	8	.5	6					.7	.2		
25	13	1	8					.6	.2		
26											
27											
28											
29	43	3	7					.6	.2		
30	11	1	9					.6	.2		
31	14	1	8					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

HRS Form 17-1.208(5)
Effective November 30, 1982

(Connected with Sanatoga Harbor)

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Weleka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services) Reporting Month Feb. 19 91

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 99

Design Flow 108000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	169	4.25	22					11.2	3.8		
Average	9	.24	3					.6	.2		
Maximum	18	.5	3					.6	.2		
Minimum	1	.25	2					.4	.2		
1	8	.25	3					.6	.2		
2											
3											
4											
5	39	1	3					.6	.3		
6	11	.25	2					.6	.2		
7	9	.25	3					.6	.3		
8	8	.25	3					.6	.2		
9											
10											
11	38	1	3					.6	.2		
12	18	.5	3					.6	.3		
13								.6	.2	3	⊖
14	37	.75	2					.6	.2		
15								.6	.2		
16											
17											
18	1	—	—					.6	.2		
19	—	—	—					.6	.2		
20	—	—	—					.6	.3		
21	—	—	—					.6	.2		
22	—	—	—					.6	.2		
23											
24											
25	—	—	—					.6	.2		
26	—	—	—					.6	.2		
27	—	—	—					.4	.2		
28	—	—	—					.6	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. *Note:* Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Connected with Saratoga Harbor

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month March 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 99

Design Flow 108,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total								4.4	3.8		
Average								.2	.2		
Maximum								.4	.3		
Minimum								.2	.2		
1								.4	.2		
2											
3											
4								.4	.2		
5								.4	.2		
6								.3	.3	3	0
7								.2	.2		
8								.3	.2		
9											
10											
11								.2	.2		
12								.3	.2		
13								.2	.2		
14								.2	.3		
15								.2	.2		
16											
17											
18								.2	.2		
19											
20								.2	.2		
21								.3	.3		
22								.2	.2		
23											
24											
25								.2	.2		
26											
27								.3	.2		
28								.3	.2		
29											
30											
31								.2	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

· Connected with Saratoga Harbor

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Wilska Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month April 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 97

Design Flow 108000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total								4.2	4.2		
Average								.2	.2		
Maximum								.2	.2		
Minimum								.2	.2		
1								.2	.2		
2								.2	.2		
3								.2	.2	3	⊖
4								.2	.2		
5								.2	.2		
6											
7											
8								.2	.2		
9								.2	.2		
10								.2	.2		
11								.2	.2		
12	2							.2	.2		
13											
14											
15								.2	.2		
16								.2	.2		
17								.2	.2		
18								.2	.2		
19								.2	.2		
20											
21											
22								.2	.2		
23								.2	.2		
24								.2	.2		
25								.2	.2		
26											
27											
28											
29								.2	.2		
30								.2	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

* connected with Saratoga Harbor

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month May 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 97

Design Flow 108000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that this report is correct William K. Keller C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total								3.8	.2		
Average								.2	.2		
Maximum								.2	.2		
Minimum								.2	.2		
1								.2	.2		
2								.2	.2		
3	.28							.2	.2		
4											
5											
6								.2	.2		
7								.2	.2		
8								.2	.2	3	Ø
9								.2	.2		
10								.2	.2		
11											
12											
13								.2	.2		
14	1							.2	.2		
15								.2	.2		
16								.2	.2		
17								.2	.2		
18											
19											
20								.2	.2		
21	1							.2	.2		
22								.2	.2		
23								.2	.2		
24											
25											
26											
27											
28								.2	.2		
29											
30											
31								.2	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.200(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month June 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 94

Design Flow 108000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	35							3.0	2.6		
Average	1							.2	.2		
Maximum	33							.4	.2		
Minimum	–							.2	.2		
1								.2	.2		
2											
3	33							.4	.2		
4								.2	.2		
5								.2	.2	3	1
6								.2	.2		
7								.2	.2		
8											
9											
10								.2	.2		
11								.2	.2		
12	2							.2	.2		
13											
14											
15											
16										1	0
17								.2	.2	1	0
18											
19											
20											
21											
22											
23											
24								.2	.2		
25								.2	.2		
26								.2	.2		
27											
28											
29								.2	.2		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 27, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3511313 Name of Drinking Water System Wabash Mobile Home Park

Location: City or S/D Salem County Putnam

Owned by Self Owned Reporting Month July 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 99

Design Flow 11,500 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that this report is correct: William K. Kelsi C 5126
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.5							3.8	5.8		
Average	.01							.2	.3		
Maximum	.3							.2	.4		
Minimum	.2							.2	.2		
1								.2	.2		
2								.2	.2	3	2
3								.2	.2		
4											
5								.2	.2		
6											
7											
8								.2	.2		
9	.3							.2	.2		
10								.2	.2		
11								.2	.2		
12								.2	.2		
13											
14											
15								.2	.4	4	0
16								.2	.4	1	0
17								.2	.4		
18											
19								.2	.4		
20											
21											
22											
23								.2	.4		
24								.2	.4		
25								.2	.4		
26											
27											
28											
29	.2							.2	.4		
30								.2	.4		
31								.2	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DEP Form 17-1.209(5)

Effective November 30, 1982

Connected with Saratoga Harbor

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

I.D. No.: 2541242 Name of Drinking Water System: Wilaka Mobile Home Park

Location: City or S/D: Satsuma County: Putnam

Owned by: SSU Services Reporting Month: August 1991

Plant Effluent pH: 7.2 (Avg) No. of Services at End of Month: 96

Type of Flow: (Pressure) Remarks (Use reverse side) Phone No.: 1-800-432-4601

I certify that this report is correct: William K. Kuhn C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total								3.4	4.0		
Average								.2	.2		
Maximum								2	.4		
Minimum								2	.2		
1	–							2	2		
2	–							2	2		
3											
4											
5	–							2	4		
6	–							2	2	6	⊖
7	–							2	2		
8	–							2	2		
9	–							2	2		
10											
11											
12	–							2	2		
13	–							2	2		
14											
15											
16	–							2	2		
17											
18											
19											
20	–							2	2		
21											
22	1							2	2		
23	–							2	2		
24											
25											
26	–							2	2		
27	43							2	6		
28											
29											
30											
31	–							2	2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within ten days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple [illegible]

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Wilaka Mobile Home Park

Location: City or S/D Santa Ynez County Santa Barbara

Owned by SSU Services Reporting Month Sept. 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 99

Design Flow 108,000 Remarks (Use reverse side) Phone No.: 1-800-432-1501

William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	11							3.8	3.8		
Average								.2	.2		
Maximum								.2	.2		
Minimum								.2	.2		
1								.2	.2		
2											
3								.2	.2		
4								.2	.2	3	1 - Dist 3
5								.2	.2		
6								.2	.2		
7											
8											
9								.2	.2		
10								.2	.2		
11								.2	.2		
12								.2	.2		
13								.2	.2		
14											
15											
16								.2	.2	3	0
17								.2	.2		
18								.2	.2		
19											
20								.2	.2		
21											
22											
23								.2	.2		
24								.2	.2		
25											
26	11							.2	.2		
27								.2	.2		
28											
29											
30								.2	.2		
31											

Note: This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple at the

DER Form 17-1.20(5)

Effective November 30, 1982

Page 1 of 4

Connected with Saratoga Harbor

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Operated by SSU Services Reporting Month Oct. 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 99

Design Flow 108000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct: Jay W Stapf C-6963
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	⊖	⊖						4.2	4.2		
Average								.2	.2		
Maximum								.2	.2		
Minimum								.2	.2		
1								.2	.2		
2								.2	.2		
3								.2	.2		
4								.2	.2		
5											
6											
7								.2	.2		
8								.2	.2		
9								.2	.2	10	⊖
10								.2	.2		
11								.2	.2		
12											
13											
14								.2	.2		
15								.2	.2		
16								.2	.2		
17								.2	.2		
18								.2	.2		
19											
20											
21								.2	.2		
22								.2	.2		
23								.2	.2		
24											
25								.2	.2		
26											
27											
28								.2	.2		
29								.2	.2		
30								.2	.2		
31								.2	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-555.900(5)
(Formerly HRS-SAN 1)
November 30, 1988

Page 1 of 4

CONNECTED WITH SARATOGA HARBOR

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

Fac. ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU SERVICES Reporting Month November 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 94

Design Flow 103,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2							5.0	7.2		
Average								.3	.4		
Maximum								.8	.8		
Minimum								.2	.2		
1								.2	.6		
2											
3											
4								.2	.6		
5											
6								.2	.6	3	6
7								.2	.6		
8								.2	.6		
9											
10											
11								.2	.2		
12								.2	.2		
13								.2	.2		
14											
15								.2	.2		
16											
17											
18								.2	.2		
19											
20								.2	.2		
21								.8	.8		
22								.8	.8		
23											
24											
25								.4	.4		
26								.2	.4		
27								.2	.2		
28											
29								.2	.2		
30								.2	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple in two places.

DER Form 17-4.260(3)

Effective October 30, 1982

Page 1 of 4

NOTE: PLANT IS NOT IN SERVICE. FLOW IS SUPPLIED BY SARATOGA HARBOR

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS I.D. No. 2041242 Name of Drinking Water System Welaka Mobile Home Park

Physical City or S/D Satsuma County Putnam

Operated by SSU Services Reporting Month Dec 1991

Average Effluent pH 7.5 (Avg) No. of Services at End of Month 99

Treatment Capacity 108,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify that this report is correct [signature] C-7251

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total								5.6	7.1		
Average								.3	.4		
Maximum								.6	.6		
1								.2	.3		
2								.6	.6		
3								.2	.4		
4								.2	.3		
5								.2	.3	3	0
6								.2	.3		
7								.2	.3		
8											
9								.2	.3		
10											
11								.2	.3		
12								.3	.3		
13								.3	.3		
14											
15											
16								.2	.3		
17								.2	.3		
18								.3	.3		
19								.3	.3		
20								.2	.4		
21											
22								.2	.3		
23								.2	.3		
24								.5	.5		
25											
26											
27								.5	.5		
28								.4	.5		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-1.210(5)

October 30, 1982

Connected with Saratoga Harbor

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 5 4 1 2 4 2 Name of Drinking Water System WELAKA MOBILE HOME PARK

Location: City or S/D SATSUMA County PUTNAM

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN. 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow 100000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kubin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l			lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	48	3.5	25					5.2	4.6		
Average	16	1.17	8					.7	.2		
Maximum	27	2	11					1.0	.2		
Minimum	3	.25	7					.6	.2		
1	27	2	7					.8	.2		
2	18	1.25	7					1.0	.2		
3	3	.25	11					.8	.2		
4	—	—	—					.8	.2		
5	—	—	—					.6	.2		
6											
7											
8	—	—	—					.4	.2		
9	—	—	—					.4	.2		
10	—	—	—					.4	.2		
11	—	—	—						.2	3	0
12	—	—	—						.2		
13											
14											
15	—	—	—						.2		
16	—	—	—						.2		
17	—	—	—						.2		
18	—	—	—						.2		
19	—	—	—						.2		
20											
21											
22	—	—	—						.2		
23	—	—	—						.2		
24	—	—	—						.2		
25	—	—	—						.2		
26	—	—	—						.2		
27											
28											
29	—	—	—						.2		
30	—	—	—						.2		
31	—	—	—						.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.909(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Feb. 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 94

Design Flow 10,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total											
Average											
Maximum											
Minimum											
1	N										
2	O										
3	E										
4	L										
5	O										
6	W										
7										3	1-WELL
8	T										
9	O										
10	N										
11	W										
12	E										
13	C										
14	T										
15	E										
16	D										
17											
18	W										
19	T										
20	T										
21	H									1	⊖
22											
23	S	H									
24	A	A									
25	R	R									
26	A	B									
27	T	O									
28	O	R									
29	G										
30	A										
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.999(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 94

Design Flow 108,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total											
Average											
Maximum											
Minimum											
1	C									3	0
2	O										
3	N										
4	N										
5	E										
6	T										
7	E										
8	D										
9											
10	W										
11	I										
12	T										
13	H										
14											
15	S										
16	A										
17	R										
18	A										
19	T										
20	O										
21	G										
22	A										
23											
24	H										
25	A										
26	R										
27	B										
28	O										
29	R										
30											
31											

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DER Form 17-22.999(3)
Effective November 1, 1987

Plant is connected with Saratoga Harbor. Used as a back-up plant.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2511212 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Salsuma County Putnam

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 94

Design Flow 108,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals of 1lbs Used	Chlorine mg/l	1lbs Used	1lbs mg/l	1lbs Used	1lbs mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	78	5.5						14.3	9.4		
Average	39	4						.4	.4		
Maximum	26	2						1.5	.5		
Minimum	15	1						.2	.2		
1	—	—						.5	.5		
2	—	—						.5	.5		
3	—	—						.5	.4		
4	—	—						.5	.5		
5	—	—						.5	.5		
6	—							.5	.2		
7	—	—						.4	.2		
8											
9	—	—						.4	.4		
10	—	—						.4	.4		
11	—	—						.4	.4	3	ø
12	—	—						.5	.5		
13											
14	—	—						.2	.2		
15	26	2						1.0	.4		
16	21	1.5						1.0	.2		
17	—	—						1.0	.4		
18	—	—						.5	.5		
19											
20	—	—						.5	.5		
21											
22											
23	—	—						.5	.5		
24	—	—						.5	.5		
25	—	—						.5	.2		
26	16	1						1.0	.5		
27	15	1						1.5	.5		
28											
29											
30	—	—						1.0	.5		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.999(3)
Effective December 1, 1987 Page 1 of 2

* Based on 4 day Average

connected with Saratoga Harbor

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by Southern States Utilities Reporting Month May 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 94

Design Flow 108000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5726
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total									3.6		
Average									.2		
Maximum									.4		
Minimum									.2		
1	—								.2		
2	—								.2		
3	44								.4		
4	—								.2		
5											
6											
7	—								.2		
8											
9											
10	—								.2		
11	—								.2		
12											
13											
14	—							.6	.2		
15	—								.2		
16										3	1-WELL
17	—								.2		
18											
19											
20											
21	—								.2		
22	—								.2		
23											
24	—								.2		
25	—								.2		
26											
27											
28											
29	—								.2		
30	—								.2	1	
31	—								.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.900(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month June 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 235

Design Flow 109,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total									3.5		
Average									.2		
Maximum									.4		
Minimum									.1		
1	C								.2		
2	O										
3	N										
4	N								.4		
5	E										
6	C								.2	3	0
7	T								.3		
8	E								.2		
9	D										
10											
11	W								.2		
12	I								.2		
13	T								.2		
14	H								.2		
15									.1		
16	S										
17	A										
18	R								.2		
19	A										
20	T										
21	O								.2		
22	G								.2		
23	A										
24											
25	M								.2		
26	A										
27	R								.2		
28	B								.2		
29	O										
30	E								.2		
31											

This form must be completed in full and submitted to the appropriate CER or County Health Department office within 15 days after the month of record. Notes: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-22.909(5)
Effective December 1, 1987

Connected with Saratoga Narrow - used as back-up

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

FWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month July 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 94

Design Flow 108,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin 2 3526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	42							4.3	2.1		
Average								.2	.1		
Maximum								.3	.2		
Minimum								.2	.1		
1								.2	.1		
2								.2	.1		
3											
4											
5								.3	.2	3	0
6								.3	.1		
7											
8											
9											
10								.3	.1		
11								.3	.1		
12								.3	.2		
13								.3	.1		
14											
15											
16	3							.2	.1		
17								.2	.1		
18											
19								.2	.1		
20								.2	.1		
21											
22											
23								.2	.1		
24								.2	.1		
25								.2	.1		
26											
27	17							.3	.1		
28											
29											
30	22							.2	.2		
31								.2	.1		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Aug. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 94

Design Flow 108,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Rubin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total									5.8		
Average											
Maximum											
Minimum											
1	N										
2	O										
3											
4	F										
5	L										
6	O										
7	W										
8											
9	F									3	-0-
10	O										
11	N										
12	D										
13	E										
14	C										
15	T										
16	E										
17	D										
18	W										
19	I										
20	T									1	
21	H										
22	S										
23	A										
24	P										
25	P										
26	A										
27	T										
28	O										
29	B										
30	A HARBOR										
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Used as Back-up for Saratoga Harbor

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Sept. 19 90

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 94

Design Flow 08000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total									2.8		
Average									.2		
Maximum									.2		
Minimum									.2		
1	C										
2	O										
3	N								.2		
4	N								.2	3	0
5	E								.2		
6	C										
7	T										
8	E										
9	D								.2		
10	W								.2		
11	I										
12	T								.2		
13	H								.2		
14	S										
15	A										
16	R								.2		
17	A								.2		
18	T								.2		
19	O								.2		
20	G								.2	1	
21	A										
22	H										
23	A										
24	R										
25	B										
26	O								.2		
27	R										
28											
29									.2		
30											
31											

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in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
Effective November 30, 1982

'Connected with Saratoga Harbor

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Wekiva Mobile Home Park

Location: City or S/O Satsuma County Putnam

Owned by SSU Services Reporting Month Oct. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 94

Design Flow 108000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MPL Violations
Monthly Total	0								4.6		
Average	0								.2		
Maximum	0								.2		
Minimum	0								.2		
1	—								.2		
2	—								.2		
3	—								.2	3	1-WELL
4	—								.2		
5	—								.2		
6											
7											
8	—								.2		
9	—								.2		
10	—								.2		
11	—								.2		
12	—								.2		
13											
14											
15	—								.2		
16	—								.2		
17	—								.2		
18	—								.2		
19	—								.2		
20											
21											
22	—								.2		
23	—								.2		
24	—								.2		
25	—								.2		
26	—								.2		
27											
28											
29	—								.2	1	
30	—								.2	1	
31	—								.2		

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DER Form 17-1.208(5)
Effective November 30, 1982

Connected with Saratoga Harbor

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Nov. 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 94

Design Flow 108000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	5							4.2	4.2		
Average								.2	.2		
Maximum								.2	.2		
Minimum								.2	.2		
1	1							.2	.2		
2	—							.2	.2		
3	—										
4	—										
5	4							.2	.2		
6	—							.2	.2		
7	—							.2	.2	3	0
8	—							.2	.2		
9	—							.2	.2		
10	—										
11	—										
12	—							.2	.2		
13	—							.2	.2		
14	—							.2	.2		
15	—							.2	.2		
16	—							.2	.2		
17	—										
18	—										
19	—							.2	.2		
20	—							.2	.2		
21	—							.2	.2	1	
22	—										
23	—							.2	.2		
24	—										
25	—										
26	—							.2	.2		
27	—							.2	.2		
28	—							.2	.2		
29	—							.2	.2		
30	—							.2	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

connected with Saratoga Harbor

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 Name of Drinking Water System Welaka Mobile Home Park

Location: City or S/D Satsuma County Putnam

Owned by SSU Services Reporting Month Dec. 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 94

Design Flow 108000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total								3.8	3.8		
Average								.2	.2		
Maximum								.2	.2		
Minimum								.2	.2		
1								.2	.2		
2											
3								.2	.2		
4								.2	.2		
5								.2	.2	3	0
6								.2	.2		
7								.2	.2		
8											
9											
10								.2	.2		
11								.2	.2		
12								.2	.2		
13								.2	.2		
14								.2	.2		
15											
16											
17								.2	.2		
18								.2	.2		
19								.2	.2		
20											
21	7							.2	.2	1	
22											
23											
24								.2	.2		
25											
26								.2	.2		
27								.2	.2		
28											
29											
30											
31								.2	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Western Shores - 566

Lake County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #566

PWS ID No. 3 3 5 1 4 6 4 Name of Drinking Water System Western Shores

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month January 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 267

Design Flow (215) x2 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100)

I certify this report is correct Dennis W. Mone C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.1	0	0					24.2	18.9	15	4
Average	.003	0	0					1.1	.9		
Maximum	.1	0	0					1.5	1.0		
Minimum	0	0	0					.9	.8		
1											
2	0	0	0					1.0	.8		
3	0	0	0					1.0	.8		
4	0	0	0					1.0	.8		
5											
6											
7	.1	0	0					1.2	.9	4	1
8	0	0	0					1.0	.8		
9	0	0	0					1.0	.8		
10	0	0	0					1.5	.9	7	1
11	0	0	0					1.0	.8		
12	0	0	0					0.9	0.9		
13											
14	0	0	0					1.2	.8		
15	0	0	0					1.0	0.8		
16											
17	0	0	0					1.0	.8		
18	0	0	0					1.0	.8		
19											
20											
21	0	0	0					1.2	.9	2	1
22	0	0	0					1.2	.9	2	1
23	0	0	0					1.2	.9		
24	0	0	0					1.2	.9		
25	0	0	0					1.2	.9		
26											
27											
28	0	0	0					1.0	.9		
29	0	0	0					1.0	.9		
30	0	0	0					1.2	1.0		
31	0	0	0					1.2	1.0		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

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Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores #566

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month February 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 286

Design Flow 215(x2) GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mero C 6494
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	273.8	5.25	22.8					27.8	21.1	13	1
Average	9.8	.19	2.3					1.2	.9		
Maximum	38.7	.75	2.8					1.5	1.0		
Minimum	11.2	.25	1.5					.8	.7		
1	0	0	0					1.2	1.0		
2	0	0	0					1.0	0.9		
3											
4	0	0	0					1.5	1.0		
5	0	0	0					1.2	1.0	2	1
6	0	0	0					1.2	1.0	2	0
7	0	0	0					1.2	1.0		
8	0	0	0					1.0	.8		
9	0	0	0					1.0	0.8		
10											
11	0	0	0					1.0	.8		
12	0	0	0					1.0	.8		
13	0	0	0					.8	.7		
14	0	0	0					.8	.7		
15	0	0	0					1.0	.8		
16	14.5	.25	2.1					1.2	.8		
17											
18	28.1	.50	2.1					1.2	.8		
19	19.6	.25	1.5					1.2	.8		
20	26.3	0.5	2.3					1.2	0.9	1	0
21	33.7	.50	2.5					1.2	.9	1	0
22	0	0	0					1.2	.9		
23	12.3	0.5	3.7					1.0	0.8		
24											
25	53.3	1.0	2.2					1.5	1.0		
26	21.2	.50	2.8					1.5	1.0	1	0
27	32.7	.75	2.3					1.2	.9	1	0
28	26.1	.50	2.3					1.5	1.0		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores #566

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month March 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 277

Design Flow 215(x2) GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Moro C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	4835	8.25	40.8					32.1	23.6	5	0
Average	156	.27	1.6					1.2	.9		
Maximum	343	.50	3.3					1.5	1.0		
Minimum	2	.13	1.5					1.0	.8		
1	5.5	0	0					1.2	.9		
2	279	.50	1.8					1.2	.9		
3											
4	329	.50	1.8					1.2	.9		
5	111	0.25	2.7					1.5	1.0		
6	166	.25	1.8					1.2	.9		
7	168	.25	1.8					1.5	1.0	5	0
8	2	0	0					1.2	.8		
9											
10	325	.05	1.4					1.0	0.9		
11	93	.25	3.3					1.5	1.0		
12	69	0	0					1.2	.9		
13	382	.50	1.7					1.2	.9		
14	229	.50	2.6					1.5	1.0		
15	0	0	0					1.2	1.0		
16	166	.25	1.8					1.5	1.0		
17											
18	81	0	0					1.5	1.0		
19	0	0	0					1.2	1.0		
20	142	.50	3.7					1.2	.9		
21	127	.25	2.4					1.5	1.0		
22	0	0	0					1.2	1.0		
23											
24	600	1.0	2.0					1.0	.8		
25	184	.25	1.5					1.0	.8		
26	225	.50	2.5					1.2	.9		
27	317	.50	1.9					1.0	.8		
28	343	.50	1.7					1.0	.8		
29	106	.25	2.8					1.0	.8		
30											
31	409	.25	2.3					1.2	.8		

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Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #566

PWS ID No. 3351464 Name of Drinking Water System Western Shores

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month April 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 287

Design Flow 215(x2) GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mora C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	544.6	10.0	40.0					38.8	33.5	5	0
Average	18.1	0.3	2.3					1.3	1.1		
Maximum	38.5	0.50	3.6					1.5	1.2		
Minimum	5.6	0.16	1.6					1.0	.8		
1	21.8	.50	2.8					1.5	1.0		
2	24.3	.50	2.7					1.5	1.0		
3											
4	61.5	1.0	1.9					1.8	1.2		
5	0	0	0					1.5	1.0		
6	19.9	50	3.0					1.2	.9		
7											
8	49.9	.75	1.8					1.5	.9		
9	28.8	.50	2.1					1.8	1.2	5	0
10	35.1	.50	1.7					1.5	.9		
11	23.9	.50	2.5					1.5	1.0		
12	0	0	0					1.5	1.0		
13	30.8	.50	1.9					1.2	.8		
14											
15	52.5	1.0	2.0					1.2	.9		
16	38.5	.50	1.6					1.2	.9		
17	0	0	0					1.2	.9		
18	27.9	50	2.1					1.2	.9		
19	0	0	0					1.0	.8		
20											
21	16.7	.50	3.6					1.2	.8		
22	0	0	0					1.2	.8		
23	34.2	.50	2.5					1.5	1.0		
24	0	0	0					1.5	1.0		
25	11.2	.25	2.7					1.2	.9		
26	0	0	0					1.0	0.9		
27											
28	52.9	1.0	2.3					1.2	.9		
29	0	0	0					1.2	.9		
30	21.7	.50	2.8					1.5	1.0		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores #566

Location: (City) or S/D Leesburg County Lake

Owned by SSU Serviced Reporting Month May 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 230

Design Flow (215x2 GPM) Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Moro C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used		lbs Used					
Monthly Total	936.1	16.25	494					29.6	22.3	5	0
Average	30.2	.52	21					1.1	.9		
Maximum	56.8	1.0	35					1.8	1.2		
Minimum	12.3	.25	16					1.0	.8		
1	35.2	.50	18					1.2	.9		
2	29.2	.50	21					1.0	.8		
3	12.3	.25	24					1.2	.9		
4	38.3	.75	23					1.2	1.0		
5											
6	113.6	2.0	21					1.9	1.2		
7	35.4	.50	17					1.2	.9		
8	36.7	.50	16					1.2	.9	5	0
9	44.6	.75	20					1.0	.8		
10	35.5	.75	25					1.0	.8		
11	34.6	.50	17					1.0	.8		
12											
13	93.4	1.50	19					1.2	.9		
14	15.0	.25	20					1.2	.9		
15	33.4	.50	19					1.2	.9		
16	19.2	.50	31					1.0	.8		
17	17.2	.50	35					1.0	.8		
18	38.0	.75	24					1.2	.9		
19											
20	91.5	1.50	20					1.0	.8		
21	30.3	.50	30					1.2	.9		
22	29.3	.50	20					1.0	.8		
23	27.4	.50	22					1.0	.8		
24	0	0	0					1.0	.8		
25											
26	44.7	.75	20					1.2	.8		
27											
28	0	0	0					1.2	.8		
29	55.8	1.0	21					1.2	.9		
30	39.1	.50	21					1.2	.8		
31	0	0	0					1.0	.8		

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in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-1.208(5)
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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #566

PWS ID No. 3351464 Name of Drinking Water System Western Shores

Location: City or S/D Leesburg County Lake

Owned by SSU Sewerage Reporting Month June 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 280

Design Flow (.215 x 2 6PM) Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mong C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	662.6	12.5	52.4					26.4	21.1	7	1
Average	22.9	.43	2.3					1.1	.8		
Maximum	47.7	1.0	3.4					1.5	1.0		
Minimum	1.2	.19	1.4					.8	.7		
1	13.5	.25	2.3					1.0	.8		
2											
3	24.4	.50	2.5					1.0	.8		
4	15.3	0.25	1.9					1.2	1.0		
5	8.9	.25	3.4					.8	.7	5	1
6	14.2	.25	2.1					.8	.7		
7	0	0	0					1.0	.8		
8	2.3	0	0					1.0	0.9		
9											
10	33.3	0.75	3.4					1.2	0.9		
11	29.9	0.5	2.1					1.2	0.9	1	0
12	33.0	0.75	2.7					1.5	1.0	1	0
13	34.9	0.75	2.6					1.2	0.9		
14	34.3	0.75	2.6					1.0	0.9		
15	47.7	1.0	2.5					1.0	.8		
16											
17	75.7	1.25	2.0					.8	.7		
18	27.6	.50	2.2					1.0	.8		
19	21.5	.25	1.4					1.0	.8		
20	14.4	.25	2.1					1.0	.8		
21	16.1	.25	1.9					1.0	.8		
22											
23	55.3	1.0	2.2					1.0	.8		
24	33.4	.50	1.8					1.0	.8		
25	23.9	0.5	2.5					1.0	0.9		
26	14.7	.25	2.0					1.2	1.0		
27	12.7	.25	2.4					1.0	.8		
28	39.6	.75	2.3					1.0	.8		
29	34.6	0.75	2.6					1.5	1.0		
30											
31											

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in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores #566

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month July 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 278

Design Flow 215 x 2 GPM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mow C 649
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	797.6	140	55.2					29.0	23.1	9	1
Average	25.4	.45	2.1					1.1	.9		
Maximum	51.1	1.0	2.9					1.5	1.2		
Minimum	13.4	.25	1.4					1.0	.8		
1	78.3	1.25	1.9					1.5	1.2	1	0
2	39.3	.50	2.0					1.2	.9	1	0
3	24.7	.50	2.4					1.2	.9		
4	21.5	.25	1.4					1.2	.9		
5	21.8	.50	2.8					1.5	1.0		
6	44.3	1.0	2.7					1.2	.8		
7											
8	71.9	1.25	2.1					1.0	.8		
9	23.4	.25	1.2					1.2	1.0	5	1
10	16.5	.25	1.8					1.0	.8		
11	15.8	.25	1.9					1.0	.8		
12	15.3	.25	2.0					1.2	.9		
13											
14	35.3	.75	2.5					1.2	.9		
15	16.1	.25	1.9					1.0	.9		
16	21.2	.50	2.8					1.0	.9	1	0
17	13.5	.25	2.2					1.0	.9		
18	16.5	.25	1.8					1.0	.9		
19	29.9	.50	2.0					1.0	.8		
20											
21	35.3	.50	1.7					1.0	.8		
22	21.0	.60	2.9					1.2	.9		
23	51.1	1.0	2.3					1.2	0.9		
24											
25	73.4	1.25	2.1					1.0	.8		
26	13.4	.25	2.2					1.0	.8		
27	16.9	0.25	1.8					1.2	0.9		
28											
29	36.7	.50	1.6					1.0	.9		
30	19.2	.25	1.7					1.0	.9		
31	32.8	.50	2.6					1.0	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office w in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

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Effective November 30, 1982 Page 1 of -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores #566

Location: (City) or S/D Leesburg County Lake

Owned by SSU Semmin Reporting Month August 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month

Design Flow 215x2 GPM Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mora C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l			lbs Used	mg/l			Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	928.9	16.5	56.5							27.2	22.2	9	0
Average	30.0	.5	2.1							1.0	0.8		
Maximum	58.1	1.0	3.2							1.2	0.9		
Minimum	11.0	.25	1.4							1.0	0.8		
1	22.9	.50	2.6							1.0	.9		
2	11.0	.25	2.7							1.0	.9		
3													
4	55.5	1.0	2.2							1.0	.9		
5	37.4	.50	1.6							1.0	.8		
6	27.6	.50	2.2							1.0	.8		
7	30.9	.50	1.9							1.0	.8		
8	36.6	.50	1.8							1.0	.8		
9	20.0	.50	3.0							1.0	.8		
10													
11	58.6	1.0	2.0							1.0	.8		
12	30.5	.50	2.0							1.0	.8	5	0
13	34.4	.50	1.7							1.0	.8		
14	35.5	.50	1.7							1.0	0.9		
15	52.1	1.0	2.1							1.0	.8		
16	21.6	.25	1.4							1.0	.8		
17													
18	104.2	2.0	2.2							1.0	0.9		
19	51.3	1.0	2.3							1.0	.8		
20	49.3	.75	1.8							1.0	.8		
21	49.3	.75	1.8							1.0	.8		
22	29.5	.50	2.0							1.0	.8	2	0
23	18.5	.35	1.6							1.0	.8	2	0
24													
25	30.1	.75	3.0							1.2	.8		
26	16.6	.25	1.6							1.0	.8		
27	18.6	.5	3.2							1.0	.9		
28	20.2	.5	2.9							1.0	.9		
29	22.4	.5	2.7							1.0	.8		
30	38.4	.75	2.3							1.0	0.9		
31	0	—	—							1.0	0.8		

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

#566

PWS ID No. 3351464 Name of Drinking Water System Western Shores

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month September 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 283

Design Flow 2.5x2.6mm Remarks (Use reverse side) Phone No.: 1-407-880-0058

I certify this report is correct Dennis W. Mao C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,234.3	20.25	4.95					25.8	20.6	11	1
Average	41.1	.65	3.0					1.0	.9		
Maximum	98.3	1.50	3.8					1.2	1		
Minimum	14.1	.25	1.6					1.0	.8		
1											
2	56.9	1.0	2.1					1.0	0.9		
3	31.7	0.5	1.9					1.0	0.9		
4	35.1	.50	1.7					1.2	.9		
5	38.0	.50	1.6					1.0	.8		
6	37.8	.50	1.6					1.2	.9		
7	46.0	.75	2.0					1.0	.8		
8											
9	87.7	1.50	2.1					1.0	.8		
10	49.9	0.75	1.8					1.2	0.9	2	1
11	66.2	1.0	2.0					1.0	.8		
12	87.3	1.50	2.0					1.0	.8		
13	41.1	.75	2.0					1.2	.9		
14	66.3	1.0	1.9					1.0	0.8		
15											
16	120.0	2.0	2.0					1.0	.8		
17	35.7	.50	1.7					1.0	.8	3	0
18	64.3	1.0	1.9					1.0	.8	3	0
19	55.6	1.0	2.3					1.0	.8		
20	40.9	.75	2.3					1.0	.8		
21	30.3	.50	2.0					1.0	.8		
22											
23	60.0	1.0	2.0					1.0	.8		
24	31.9	.50	1.9					1.0	.8		
25	24.9	.5	2.0					1.0	.4		
26	21.4	.50	2.8					1.0	.8		
27	14.1	.25	2.1					1.0	.8		
28	40.3	.75	2.2					1.0	.8		
29											
30	49.9	.75	1.8					1.0	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.228(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores #566

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month October 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 277

Design Flow 215(x2) GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Moss C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8149	13.75	509					26.8	22.3	5	0
Average	263	44	2.0					1.1	.9		
Maximum	401	.75	3.0					2.0	1.2		
Minimum	131	.25	1.5					1.0	.8		
1	219	.50	2.8					1.0	.8		
2	172	.25	1.7					1.0	.8		
3	238	.50	2.4					1.0	.8		
4	131	.25	2.3					1.2	.9		
5											
6	46.3	.75	1.9					1.0	1.0		
7	136	.25	2.2					1.0	.9	5	0
8	194	.25	1.6					1.0	.8		
9	194	.25	1.5					1.0	.8		
10	279	.50	2.1					3.0	1.2		
11	171	.25	1.8					1.2	.9		
12	40.1	.75	2.2					1.2	.9		
13											
14	65.7	1.25	2.3					1.0	.9		
15	30.8	.5	1.9					1.0	.9		
16	19.9	.5	3.0					1.0	.9		
17	29.3	.5	2.0					1.0	.9		
18	14.6	.25	2.1					1.2	1.0		
19	31.10	.5	1.9					1.0	.9		
20											
21	62.2	1.0	1.9					1.0	.9		
22	30.3	.50	2.0					1.0	.9		
23	33.1	.50	1.8					1.0	.9		
24											
25	45.4	.75	2.0					1.0	.9		
26	33.3	.50	1.8					1.0	.9		
27											
28	61.7	1.0	1.9					1.0	.9		
29											
30	64.1	1.0	1.9					1.0	.9		
31	34.5	.5	1.7					1.0	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shore #566

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month November 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 292

Design Flow 215(2)GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis W. Mood C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	8408	15.25	546					27.6	21.4	5	0
Average	290	.53	2.2					1.1	.9		
Maximum	58.1	1.0	2.9					1.5	1.2		
Minimum	16.3	.25	1.6					1.0	.8		
1	30.6	.50	2.9					1.0	.9		
2	55.9	1.0	2.1					1.2	.8		
3											
4	52.2	1.0	2.3					1.0	.8		
5	24.1	.50	2.5					1.0	.8		
6	23.1	.50	2.6					1.0	.8		
7	30.0	.50	2.0					1.0	.8	5	0
8	16.3	.25	1.8					1.0	.8		
9	33.0	.5	1.6					1.0	.9		
10	39.6	.75	2.3					1.3	1.0		
11	58.1	1.0	2.1					1.2	.9		
12	42.6	.75	2.1					1.0	.8		
13	29.8	.50	2.1					1.0	.8		
14	27.1	.50	2.2					1.0	.8		
15	19.2	.25	1.6					1.0	.8		
16	29.6	.50	2.0					1.0	.8		
17											
18	59.3	1.0	2.0					1.0	.8		
19	27.2	.50	2.2					1.0	.8		
20	30.3	.50	2.0					1.0	.8		
21	37.6	.75	2.4					1.8	1.2		
22	18.6	.25	1.6					1.5	1.0		
23											
24	54.3	1.0	2.2					1.5	1.0		
25	23.0	.5	2.5					1.2	.9		
26	25.3	.5	2.4					1.0	.8		
27	26.7	.5	2.2					1.0	.8		
28											
29	47.7	.75	1.9					1.0	.8		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores #566

Location: (City) or S/D Leesburg County Lake

Owned by SSU Service Reporting Month December 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 294

Design Flow 218(x2) GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Brian Heath (Lead Operator's Signature) C-5825 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	963.3	18.25	84.2					27.7	21.7	5	0
Average	31.1	.6	3.4					1.1	.9		
Maximum	92.6	1.5	20.0					1.5	1.0		
Minimum	3.9	.25	1.7					1.0	.8		
1	63.8	1.0	1.9					1.0	.8		
2	35.9	.50	1.7					1.0	.8		
3	33.4	.50	1.8					1.0	.8		
4	39.7	.75	2.3					1.0	.8		
5	17.5	.25	1.7					1.0	.8		
6	92.6	1.50	2.2					1.1	.9		
7											
8	79.1	1.25	1.9					1.2	.9		
9	56.5	1.0	2.1					1.2	.9		
10	119.5	3.0	2.C					1.2	.9		
11	35.8	.50	1.7					1.2	.9		
12	15.0	.25	2.C					1.2	.9	5	0
13	7.5	1.25	20.0					1.2	.9		
14	25.2	.50	2.4					1.2	1.0		
15											
16	50.0	1.0	2.4					1.0	.8		
17											
18	75.7	1.25	2.C					1.0	.8		
19	30.0	.5	2.0					1.0	.5		
20	16.4	.25	1.8					1.5	1.0		
21	21.5	.5	2.5					1.2	1.0		
22											
23	52.0	1.0	2.3					1.2	.9		
24	20.0	.50	3.0					1.2	.9		
25											
26	41.2	.75	2.2					1.0	.8		
27	3.9	.50	15.4					1.0	.8		
28	17.6	.25	1.7					1.0	.8		
29											
30	16.5	.25	1.8					1.0	.9		
31	7.6	.25	3.1					1.0	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #566

PWS ID No. 3351464 Name of Drinking Water System Western Shores

Location: City or S/D Lot 41 Canl/Hodge Rd. Leesburg Fla. 34788 County Lake

Owned by Southern State Utilities Reporting Month January 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 242

Design Flow 215 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-011

I certify this report is correct Dennis W. Mono C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons 802.5	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	[illegible]	13.75	32.6					31.9	21.1	7	2
Average	26.1	0.4	2.0					1.2	.8		
Maximum	64.1	1.0	2.2					1.5	1.0		
Minimum	.1	.25	1.5					1.0	.7		
1											
2	0							1.0	.7		
3	0							1.0	.7		
4	0							1.0	.7		
5	0							1.0	.7		
6											
7	.2							1.0	.8		
8	0							1.0	.8		
9	0							1.0	.8		
10	0							1.0	.8	5	2
11	.1							1.0	.7		
12	0							1.0	.8		
13	56.1	1.0	2.1					1.5	1.0		
14											
15	100.0	1.75	2.1					1.2	.8		
16	27.5	.50	2.2					1.2	.8		
17	64.1	1.0	1.9					1.5	.9		
18	44.1	.75	2.0					1.5	.9		
19	49.8	.75	1.8					1.5	.8		
20	44.5	0.75	2.0					1.2	0.8		
21											
22	123.2	2.0	1.9					1.5	.9	1	0
23	45.1	.75	2.0					1.5	.8	1	0
24	15.0	.25	2.0					1.5	.8		
25	42.5	.75	2.1					1.5	.8		
26	42.5	.75	2.1					1.2	.8		
27	22.4	.50	2.7					1.2	.9		
28											
29	60.0	1.0	2.0					1.2	.9		
30	20.1	.35	1.5					1.2	.8		
31	52.8	1.0	2.2					1.5	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or tap

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #566

PWS ID No. 3351464 Name of Drinking Water System Western Shores

Location: (City) or S/D Lot 41 Cardinal Ridge Rd. Leesburg, Florida 34788 County Lake

Owned by Southern States Utilities Reporting Month February 19__

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 242

Design Flow 215GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-01

I certify this report is correct Dennis W. Mee C 649
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	797.5	13.75	44.4					26.8	16.8	5	2
Average	28.4	.49	2.1					1.2	.8		
Maximum	65.4	1.0	3.3					1.5	.9		
Minimum	9.0	.25	1.7					1.0	.7		
1	25.8	.50	2.3					1.5	.8		
2	25.7	.50	2.3					1.5	.8		
3	46.7	.75	1.9					1.2	.7		
4											
5	49.0	.75	1.8					1.2	.8		
6	27.9	.50	2.1					1.5	.9		
7	24.4	.50	2.5					1.2	.8		
8	32.8	.50	1.8					1.5	.9		
9	32.6	.50	1.8					1.2	.8		
10											
11	53.2	1.0	2.3					1.2	.9		
12	32.0	.50	1.9					1.0	.8		
13											
14	46.3	.75	1.9					1.5	.9		
15	27.4	.50	2.3					1.5	.8	5	2
16	18.1	.25	1.7					1.2	.7		
17											
18	47.1	1.0	2.5					1.0	0.7		
19	30.6	0.5	2.0					1.2	0.8		
20	56.9	1.0	2.1					1.0	0.7		
21											
22	41.9	.75	2.1					1.2	.8		
23	9.0	0.25	3.3					1.0	0.7		
24											
25											
26	60.7	1.0	2.0					1.2	.8		
27	43.8	.75	2.1					1.5	.9		
28	65.4	1.0	1.8					1.5	.8		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.999(3)
Effective November 1, 1987

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores # 566

Location: (City) or S/D Leesburg County Lake

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 242

Design Flow .2156MM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407/880-010

I certify this report is correct Dennis W. Mee C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,216.2	23.25	59.0					31.4	21.3	20	3
Average	39.2	.75	2.3					1.2	.9		
Maximum	55.1	2.0	2.5					1.5	.9		
Minimum	22.5	.50	1.6					1.0	.5		
1	31.9	.50	1.9					1.2	.7		
2	36.4	.50	2.3					1.2	.9		
3	24.8	.50	2.4					1.2	.9		
4											
5	71.7	1.35	2.1					1.5	.9	1 3	
6	24.0	.50	2.5					1.0	.8		
7	46.3	0.75	1.9					1.0	0.8	2	
8	41.6	2.0	2.0					1.2	.8	2	
9	42.6	.75	2.1					1.5	.9		
10	50.1	1.0	2.4					1.0	0.8		
11											
12	75.0	1.25	2.0					1.2	.8		
13	39.5	.75	2.3					1.0	.5	5	2
14	37.6	.75	2.4					1.2	.8		
15	35.6	1.0	2.3					1.0	0.7		
16	35.5	.50	1.7					1.2	.8	3	
17	51.2	1.0	2.3					1.0	.7		
18											
19	64.9	1.0	1.8					1.5	.9		
20	50.0	1.0	2.4					1.2	.8		
21	48.7	1.0	2.5					1.0	0.7		
22	39.9	.50	2.0					1.2	.8		
23	38.6	.50	1.6					1.0	.7		
24											
25	76.5	1.5	2.4					1.2	.8		
26	51.0	1.0	2.4					1.2	.9	2	1
27	55.1	1.0	2.2					1.0	0.7		
28	45.4	.75	2.0					1.5	.9	1	—
29	53.1	1.0	2.3					1.2	.8	1	—
30	37.4	.50	2.2					1.0	.8		
31	22.5	0.5	2.7					1.0	0.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wi in 15 days after the month of record. Note: fold top flap down, fold this flap up over it, then staple or tap

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores # 566

Location: (City) or S/D Leesburg County Lake

Owned by Southern States Utilities Reporting Month April 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 248.

Design Flow 215 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0

I certify this report is correct Dennis W. Mote C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological rCL Violations
Monthly Total	1013.0	18.0	58.9					32.7	28.9	6	0
Average	33.8	.60	2.3					1.3	1.1		
Maximum	105.8	1.50	4.6					1.5	1.0		
Minimum	6.5	.25	1.6					1.0	.7		
1											
2	85.9	1.50	2.1					1.2	.9		
3	36.3	.75	2.5					1.2	.8		
4	20.3	.50	3.0					1.0	.7		
5	41.2	.75	2.2					1.0	.7		
6	46.4	.75	1.9					1.0	.8		
7	45.0	.75	2.0					1.2	.9		
8											
9	99.3	1.75	2.1					1.0	0.7		
10	42.8	0.75	2.1					1.2	0.8		
11	20.7	.50	2.9					1.5	.9	6	0
12	23.5	.50	2.6					1.2	.8		
13	27.6	.50	2.2					1.2	.8		
14	42.3	.75	2.1					1.2	1.0		
15											
16	67.5	1.0	1.8					1.2	.9		
17	45.0	.75	2.0					1.2	.9		
18	57.4	1.0	2.1					1.5	1.0		
19	105.8	1.50	1.7					1.5	1.0		
20	6.5	0.35	4.6					1.2	0.9		
21	23.4	0.5	2.6					1.0	0.8		
22	26.2	.50	2.3					1.2	.9		
23	12.4	.25	2.4					1.2	.9		
24	12.6	.25	2.4					1.2	.9		
25	23.9	.50	2.5					1.5	1.0		
26	28.5	.50	2.1					1.5	1.0		
27	21.5	.50	2.8					1.0	.8		
28											
29	32.4	.50	1.9					1.2	.9		
30	19.2	.25	1.6					1.2	0.9		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or ta

DER Form 17-22.999(3)
Effective November 1, 1987 Page 1 of -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores #566

Location: (City) or S/D Leesburg County Lake

Owned by Southern States Utilities Reporting Month May 1996

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 748

Design Flow .15 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501 (407-800-0100)

I certify this report is correct Dennis W. Mac C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1035.7	18.25 27.5	72.5					3.6	3.6	5	0
Average	33.4	.90	3.0					1.3	.9		
Maximum	70.3	1.25	2.1					1.9	1.0		
Minimum	19.7	.25	1.5					1.0	.4		
1	36.5	.50	2.2					1.5	1.0		
2	30.3	.50	2.0					1.5	.9		
3	32.5	.50	1.8					1.5	.9		
4	28.2	.50	2.1					1.5	.9		
5	34.8	.75	2.6					1.5	1.0		
6											
7	55.7	1.0	3.2					1.5	1.0		
8	33.3	.75	2.7					1.2	.9	5	0
9	31.0	.50	1.9					1.5	1.0		
10	23.1	.50	2.6					1.2	.8		
11	22.2	.50	2.7					1.5	1.0		
12	35.0	.75	2.6					1.5	1.0		
13											
14	100.0	1.75	2.1					1.0	.9		
15	19.7	.25	1.5					1.0	.8		
16	49.8	.75	1.8					1.2	.9		
17	70.3	1.25	2.1					1.2	.9		
18	30.0	.50	2.0					1.2	.9		
19	36.7	.75	2.5					1.8	1.0		
20											
21											
22	83.1	1.50	2.2					1.2	.9		
23	39.2	.50	2.1					1.2	.9		
24	31.5	.50	1.9					1.0	.8		
25											
26	63.2	1.0	1.9					1.2	.9		
27	31.2	.75	2.9					1.2	.9		
28											
29	53.3	1.0	2.2					1.0	.8		
30											
31	86.0	1.50	2.1					1.5	.9		

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold tab flap down, fold this flap up over it, then staple or t

DER Form 17-22.999(3)
(Effective November 1, 1987) Page 1 of -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #566

PWS ID No. 3351464 Name of Drinking Water System Western Shores

Location: (City) or S/D Leesburg County Lake

Owned by Southern States Utilities Reporting Month June 19

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 248

Design Flow 2.15 GPM Remarks (Use reverse side) Phone No.: 1-800-432-4501 (407-880-0100

I certify this report is correct Dennis W. Mole C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	684.4	12.75	56.4					27.8	20.5	7	2
Average	22.8	0.44	2.1					1.0	.7		
Maximum	37.1	.75	2.8					1.2	.9		
Minimum	11.3	.25	1.7					1.0	.7		
1	36.6	.75	2.5					1.2	.8		
2											
3	60.7	1.0	2.0					1.0	0.7		
4	13.8	.25	2.2					1.2	.9		
5	27.2	0.5	2.2					1.0	0.8		
6	33.2	.50	1.8					1.0	.8		
7	19.1	0.5	3.1					1.0	0.5		
8	15.0	.25	2.0					1.0	.8		
9											
10	25.4	.50	1.3					1.2	.9		
11	13.8	.25	2.3					1.0	.8		
12	16.5	.25	1.8					1.0	.8		
13	19.3	.25	1.6					1.0	.8	5	2
14	27.6	0.5	2.2					1.0	0.8		
15	22.5	0.5	2.7					1.2	0.9		
16	31.6	0.5	1.9					1.2	0.9		
17											
18	45.0	.75	2.0					1.0	.8		
19	33.6	.50	1.8					1.0	.8		
20	37.1	.75	2.4					1.2	.9		
21	37.5	.75	2.4					1.2	.8		
22	25.0	.50	2.4					1.0	.7		
23											
24	27.2	.50	2.2					1.0	.7		
25	15.6	.25	1.9					1.0	.7		
26	16.4	.25	1.8					1.0	.7		
27	11.3	.25	2.7					1.0	.7		
28	16.5	.25	1.8					1.0	.7	2	0
29	21.1	.50	1.8					1.2	.8		
30	27.3	.50	2.2					1.2	.7		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple at top

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Effective November 1, 1987 Page 1 of -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

#566

PWS ID No. 3351464 Name of Drinking Water System Western Shores

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month July 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 255

Design Flow 215GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-01

I certify this report is correct Dennis W. Moe C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. N

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	813.7	15.75	60.0					27.2	20.6	12	3
Average	26.2	.51	2.4					1.1	.8		
Maximum	94.2	1.50	2.9					1.5	1.0		
Minimum	9.8	.25	1.9					1.0	.7		
1											
2	47.7	.75	1.9					1.0	.8		
3	14.9	.35	2.0					1.2	.9		
4											
5	40.7	.75	2.2					1.0	.8		
6	22.1	.50	2.7					1.0	.8		
7	33.2	0.75	2.7					1.2	0.9		
8											
9	51.2	1.0	2.3					1.0	.8		
10	30.9	.50	1.9					1.0	.7	5	2
11	31.0	.50	1.9					1.0	.7		
12	32.3	0.75	2.8					1.0	0.8		
13	94.2	1.50	1.9					1.0	.8		
14											
15	30.0	.50	2.0					1.0	.8		
16	9.8	.25	3.1					1.0	.8		
17	11.1	.25	2.7					1.0	.8	2	1
18	28.8	.50	2.1					1.0	.8		
19	15.0	.25	2.0					1.0	.8	2	0
20	15.5	.25	1.9					1.5	.9	2	0
21	16.4	0.5	3.7					1.5	1.0		
22											
23	47.9	1.0	2.5					1.2	0.9		
24	32.2	0.75	2.8					1.2	0.9		
25	32.6	0.75	2.8					1.0	0.8		
26	30.3	0.5	2.0					1.2	0.9		
27	26.6	0.5	2.3					1.2	0.9		
28	33.0	0.75	2.7					1.0	0.8		
29											
30	55.6	1.0	2.2					1.0	0.7	1	0
31	30.7	.75	2.9					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or

DER Form 17-22.999(2)

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY #566

PWS ID No. 3351464 Name of Drinking Water System Western Shores

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month August 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 260

Design Flow 215 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100)

I certify this report is correct Dennis W. Mow C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	813.2	14.75	56.7					32.7	23.4	7	1
Average	26.3	.47	3.3					1.3	.9		
Maximum	33.3	.75	3.1					1.8	1.2		
Minimum	19.0	.25	1.5					1.0	.7		
1	34.9	.75	2.6					1.0	.8		
2	36.2	.75	2.5					1.2	.9		
3	30.2	.50	2.0					1.0	.8		
4											
5	54.2	1.0	2.2					1.0	.8		
6	29.0	.50	2.1					1.0	.8		
7	33.3	0.75	2.7					1.5	1.0	1	0
8	19.0	.25	1.6					1.5	1.0	5	1
9	38.0	.50	2.7					1.5	1.0		
10	22.0	.50	2.7					1.5	1.0		
11	31.9	0.5	1.9					1.2	0.9		
12											
13	61.4	1.0	2.0					1.2	.9		
14	30.9	.50	1.9					1.2	.9		
15	19.4	.50	3.1					1.2	.9		
16	24.6	.50	2.4					1.2	.9		
17	27.2	.50	2.2					1.0	.8		
18	26.0	.50	2.3					1.2	.9		
19											
20	55.6	1.0	2.2					1.0	.8		
21	19.5	.25	1.5					1.5	1.0	1	0
22	29.6	.50	2.0					1.0	.8		
23	30.9	.50	1.9					1.0	.8		
24	14.1	.25	2.1					1.8	1.2		
25											
26	43.7	.75	2.1					1.2	1.2		
27	27.7	.50	2.2					1.5	.9		
28	18.0	.25	1.7					1.5	.9		
29	37.9	.50	2.1					1.2	.8		
30											
31	44.6	.75	2.0					1.0	.7		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores #561

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month September 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 259

Design Flow 215 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4504) (407-888-0164)

I certify this report is correct Dennis W. Moss C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	841.3	15.25	53.9						35.3	23.2	8	4
Average	29.0	.53	2.3						1.4	.9		
Maximum	43.0	.75	3.2						1.8	1.2		
Minimum	19.3	.25	1.5						1.0	.8		
1	34.5	.50	2.4						1.2	.8		
2	29.0	.75	3.2						1.2	.9		
3												
4	58.6	1.0	2.0						1.0	.8		
5	32.2	.50	1.9						1.3	1.0		
6	34.7	.75	2.6						1.5	1.0		
7	34.6	0.75	2.6						1.5	1.0		
8	37.8	0.75	2.4						1.8	1.8		
9												
10	70.1	1.25	2.1						1.0	.8		
11	43.0	.75	2.1						1.8	1.0	5	2
12	19.7	.25	1.5						1.5	.8		
13	27.3	.50	2.2						1.5	.8		
14	26.5	.50	2.3						1.5	.8		
15	34.4	0.75	2.6						1.8	1.2		
16												
17	54.3	1.0	2.0						1.8	1.2		
18	23.8	.50	2.5						1.8	1.2		
19	28.1	.50	2.1						1.5	.9	1	
20	27.4	.50	2.3						1.2	.8	2	2
21	19.3	.25	1.6						1.2	.8		
22												
23	59.7	1.0	2.0						1.2	0.9		
24	25.3	0.5	2.4						1.2	0.8		
25	25.0	0.5	2.1						1.2	0.9		
26	28.7	0.5	2.1						1.2	0.8		
27	30.3	0.5	2.0						1.2	0.9		
28	19.9	0.25	1.5						1.5	1.0		
29	19.9	0.25	1.5						1.5	1.0		
30												
31												

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores #566

Location: (City) or S/D Leesburg County Lake

Owned by SSU Sommer Reporting Month October 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 263

Design Flow 215 GPM Remarks (Use reverse side) Phone No.: (1-800-432-4501) (407-880-0100)

I certify this report is correct Dennis W. Mann C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	636.3	120	57.0					29.1	26.6	15	10
Average	20.5	39	2.4					1.4	1.0		
Maximum	32.4	.50	2.4					1.8	1.2		
Minimum	1	.13	1.9					1.2	.8		
1	20.5	.50	2.9					1.5	1.0		
2	21.3	.50	2.8					1.8	1.2	2	
3	27.1	.50	2.2					1.5	1.0		
4	32.4	.50	1.9					1.2	.8		
5	8.9	.25	3.4					1.5	1.0		
6											
7	61.0	1.0	2.0					1.5	1.0		
8	27.9	.50	2.1					1.2	.8		
9	24.8	.50	2.4					1.2	.8		
10	11.2	0.25	2.7					1.5	1.0		
11	2.2							1.8	1.2	5	2
12	.1							1.2	0.9		
13											
14	17.7	.50	3.4					1.2	.9		
15	24.8	.50	2.4					1.2	.9		
16	26.0	.50	2.3					1.5	1.0	3	?
17	39.4	.50	2.0					1.0	.8		
18	11.0	.25	2.7					1.2	.9		
19	12.2	.25	2.5					1.5	1.0		
20	30.5	0.5	1.9					1.2	0.9		
21											
22	39.9	.75	2.3					1.5	1.0		
23	17.0	.25	1.2					1.5	1.0	2	?
24	25.9	.50	2.5					1.5	1.0	1	?
25	24.5	.50	2.4					1.5	1.0		
26	-0-							1.2	0.9		
27	39.4	.50	1.6					1.8	1.0		
28											
29	53.3	1.0	2.3					1.8	1.2		
30	27.5	.50	2.1					1.8	1.2		
31	29.6	.50	2.0					1.8	1.2	2	?

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 3 5 1 4 6 4 Name of Drinking Water System Western Shores #566

Location: City or S/D Ludlow County Lake

Owned by SSU Service Reporting Month November 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 267

Design Flow .215 MGD Remarks (Use reverse side) Phone No.: (904) 462-4501 (407) 886-0102

I certify this report is correct Dennis W. Moe C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	327.9	6.25	291					24.4	158	7	3
Average	23.4	.45	2.4					1.4	.9		
Maximum	33.7	.75	3.4					1.7	1.0		
Minimum	8.8	.25	1.8					1.0	.9		
1	29.8	.50	2.2					1.5	.9		
2	10.0	.25	3.0					1.5	.9		
3	33.7	.75	2.9					1.5	1.0		
4											
5	29.2	1.0	4.1					1.5	.9		
6	28.5	.50	2.1					1.5	.9		
7	39.6	.50	1.8					1.5	.9		
8	31.1	.50	1.9					1.5	.9		
9	9.8	.25	3.4					1.5	.9		
10											
11	33.6	.50	2.6					1.5	.9		
12	24.4	0.5	2.5					1.7	1.0		
13	24.1	.50	2.5					1.5	.8	5	1
14	26.2	.50	2.5					1.0	.7		
15											
16											
17	0	0	0								
18											
19	0	0	0								
20											
21	0	0	0								
22											
23	0	0	0								
24											
25	0	0	0					1.0	.9		
26	0	0	0					1.0	.8	1	1
27	.1	0	0					1.5	1.0	1	1
28	0	0	0					1.2	.9		
29	0	0	0					1.0	.8		
30	0	0	0					1.0	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

Note: #2 well out of Service pending resampling & disinfection etc

#566

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 Name of Drinking Water System Western Shores

Location: (City) or S/D Leesburg County Lake

Owned by SSU Services Reporting Month December 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 267

Design Flow 215 GPM x 2 Remarks (Use reverse side) Phone No.: (1-800-432-4501) 407-880-01

I certify this report is correct Dennis W. Mayo C 6497
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	0	0	0					21.2	18.9	9	1
Average	0	0	0					1.0	.9		
Maximum	0	0	0					1.2	1.0		
Minimum	0	0	0					1.0	.8		
1	0	0	0					1.0	.8		
2											
3	0	0	0					—	.8		
4											
5	0	0	0					—	.8	1	
6	0	0	0					1.2	.9	5	1
7	0	0	0					1.0	.8		
8											
9											
10	0	0	0					1.0	.8		
11	0	0	0					1.0	.8		
12	0	0	0					1.0	.8		
13	0	0	0					1.0	0.5	1	
14	0	0	0					1.0	0.9	1	
15											
16	0	0	0					1.0	.9		
17	0	0	0					1.0	.9		
18	0	0	0					1.0	.9	1	
19	0	0	0					1.0	.8		
20	0	0	0					1.0	.8		
21	0	0	0					1.0	.8		
22	0	0	0					1.0	0.8		
23											
24	0	0	0					1.0	.8		
25											
26	0	0	0					1.0	.8		
27	0	0	0					1.0	.8		
28	0	0	0					1.0	.8		
29	0	0	0					1.0	.8		
30											
31	0	0	0					1.0	.8		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

Note! System interconnected w: Ft Silver Lake

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Westmont - 122

Orange County (SSU)

Water

- 1992 FPSC Filing -

Reference: Westmont / Orange County
Monthly Operating Reports / Water

Please Note:

Water to serve the customers of **Westmont** is purchased from Orange County Public Utilities.

There are no monthly operating reports for this system.

Windsong - 783

Osceola County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D KISSIMMEE County OSCEOLA

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month JANUARY 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 100

Design Flow .504MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eck Jr. (Lead Operator's Signature) C-3607 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas. or (lbs.) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	697	28.0	161.9					36.4	18.0		
Average	225	0.9	5.2					1.2	0.6		
Maximum	36	2.0	14.1					1.2	0.6		
Minimum	13	0.5	2.2					0.8	0.3		
1	24	1.0	5.0					1.2	0.6		
2	24	.5	2.5					1.2	0.6		
3	27	.5	2.2					1.2	0.6	3	
4	22	1.0	5.5					1.2	0.6		
5	23	1.0	5.2					1.2	0.6		
6	26	1.0	4.6					1.2	0.6		
7	30	1.0	3.3					1.2	0.6		
8	30	1.0	4.0					1.2	0.6		
9	29	1.0	4.1					1.2	0.6		
10	19	1.0	6.3					1.2	0.6		
11	22	1.0	5.5					1.2	0.6		
12	20	1.0	6.0					1.2	0.6		
13	17	2.0	14.1					1.2	0.6		
14	29	1.5	5.0					1.2	0.6		
15	23	1.0	5.2					1.2	0.6		
16	21	1.0	5.7					1.2	0.6		
17	15	1.0	8.0					1.2	0.6		
18	21	.5	2.4					1.2	0.6		
19	20	.5	3.0					1.2	0.6		
20	21	1.0	5.7					1.2	0.6		
21	23	1.0	5.2					1.2	0.6		
22	19	1.0	6.3					1.2	0.6		
23	17	1.0	7.1					1.2	0.6		
24	22	1.0	5.5					1.2	0.6		
25	18	.5	3.3					1.2	0.6		
26	17	.5	3.5					1.2	0.6		
27	21	1.0	5.7					1.2	0.6		
28	25	.5	2.4					0.8	0.3		
29	19	.5	3.2					0.8	0.3		
30	13	1.0	9.2					1.2	0.6		
31	18	1.0	6.7					1.2	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 2 9 1 Name of Drinking Water System WINDSONG

Location: City or S/D KISSIMMEE County OSCEOLA

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month FEBRUARY 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 100

Design Flow .504MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Ed J C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas or (lbs) Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	576	26	157.2					31.6	15.9		
Average	21	.9	5.8					1.2	.6		
Maximum	28	2.0	14.1					1.2	.6		
Minimum	13	.5	2.2					1.0	.5		
1	21	.5	2.9					1.2	.6		
2	13	1.0	9.2					1.2	.6		
3	24	.5	2.5					1.2	.6		
4	24	1.0	5.0					1.2	.6		
5	19	.5	3.2					1.2	.6		
6	17	1.5	10.6					1.2	.6	3	
7	19	1.0	6.4					1.2	.6		
8	23	.5	2.6					1.2	.6		
9	16	.5	3.8					1.2	.6		
10	19	1.0	6.4					1.2	.6		
11	26	1.0	4.3					1.0	.5		
12	21	1.0	5.8					1.0	.5		
13	20	1.0	6.0					1.2	.6		
14	18	1.0	6.7					1.2	.6		
15	19	.5	3.2					1.2	.6		
16	17	2.0	14.1					1.2	.6		
17	23	.5	2.6					1.2	.6		
18	25	1.0	4.8					1.0	.5		
19	25	.5	2.6					1.0	.6		
20	28	.5	2.2					1.2	.6		
21	14	1.0	8.6					1.2	.6		
22	18	2.0	13.4					1.2	.6		
23											
24	48	2.0	5.0					1.2	.6		
25	25	1.0	4.8					1.2	.6		
26	21	1.0	5.8					1.2	.6		
27	18	1.0	6.7					1.2	.6		
28	15	1.0	8.0					1.2	.6		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.209(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 2 9 1 Name of Drinking Water System Winnsboro

Location: City or S/D Winnsboro County Osceola

Owned by S.S.U. Services, Inc., Apopka Reporting Month March 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 100

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Roland Ellis C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	648	34	171						31.2	15.6		
Average	21.6	1.1	6.6						1.2	6		
Maximum	30	3	13.4						1.2	6		
Minimum	13	.5	2.6						1.2	6		
1	23	5	2.6						1.2	.6		
2												
3	43	1.5	4.2						1.2	.6		
4	26	1	4.6						1.2	.6		
5	16	1	6.7						1.2	.6		
6	21	2	11.4						1.2	.6		
7	13	.5	4.6						1.2	.6		
8	19	.5	3.2						1.2	.6		
9												
10	45	1	2.7						1.2	.6		
11	24	2	10.0						1.2	.6	3	
12	20	2	13.0						1.2	.6		
13	23	1	5.2						1.2	.6		
14	20	1	6.0						1.2	6		
15	21	1	5.7						1.2	6		
16												
17	43	1	2.8						1.2	6		
18	18	1	6.7						1.2	6		
19	16	1	7.5						1.2	6		
20	22	1	5.5						1.2	6		
21	21	1	5.7						1.2	6		
22	21	1	5.7						1.2	6		
23												
24	45	3	8.1						1.2	6		
25	30	3	12.0						1.2	6		
26	18	2	13.4						1.2	6		
27	21	1	5.7						1.2	6		
28	27	1	4.4						1.2	.6		
29	26	1	4.6						1.2	6		
30	24	2	10.5						1.2	6		
31												

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D KISSIMMEE County OSCEOLA

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month APRIL 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 100

Design Flow .324 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Ed J C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	719	30.5	137.2					36.8	18.4		
Average	24	1.0	5.3					1.2	.6		
Maximum	33	2	11.7					1.2	.6		
Minimum	14	.5	2.5					1.0	.5		
1	43	2	5.6					1.2	.6		
2	22	1	5.5					1.2	.6		
3	23	1	5.2					1.2	.6		
4	18	1	6.7					1.2	.6	3	
5	27	1	4.4					1.2	.6		
6											
7	41	4	11.7					1.2	.6		
8	28	1	4.3					1.0	.5		
9	23	1	5.2					1.2	.6		
10	22	1	5.5					1.2	.6		
11	28	2	8.6					1.2	.6		
12	29	1	4.1					1.2	.6		
13											
14	49	1	2.5					1.2	.6		
15	27	1	4.4					1.2	.6		
16	33	1	3.6					1.2	.6		
17	31	1	3.9					1.2	.6		
18	14	1	8.6					1.2	.6		
19	19	1	6.3					1.2	.6		
20											
21	43	1	2.8					1.2	.6		
22	27	1	4.4					1.2	.6		
23	25	1	4.8					1.2	.6		
24	19	0.5	3.2					1.2	.6		
25	16	1	7.5					1.2	.6		
26	21	1	5.7					1.2	.6		
27											
28	41	1	2.9					1.2	.6		
29	26	1	4.3					1.0	.5		
30	22	1	5.5					1.2	.6		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINASINK

Location: City or S/D KISSIMMEE County OSCEOLA

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month MAY 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 100

Design Flow .504MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eldg C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	691	31	155.3					32.4	16.2		
Average	22	1	5.2					1.2	.6		
Maximum	35	2	10.0					1.2	.6		
Minimum	16	.5	1.8					1.2	.6		
1	23	1	5.2					1.2	.6		
2	29	1	4.8					1.2	.6		
3	23	1	5.2					1.2	.6		
4											
5	53	1	7.3					1.2	.6		
6	35	1	3.4					1.2	.6		
7	16	1	7.5					1.2	.6		
8	22	1	5.5					1.2	.6	3	
9	27	1	5.5					1.2	.6		
10	26	2	9.2					1.2	.6		
11											
12	45	2	5.3					1.2	.6		
13	33	.5	1.8					1.2	.6		
14	19	.5	1.5					1.2	.6		
15	18	1	6.7					1.2	.6		
16	30	1	6.0					1.2	.6		
17	20	1	6.0					1.2	.6		
18											
19	35	2	6.8					1.2	.6		
20	31	.5	2.9					1.2	.6		
21	29	.5	2.1					1.2	.6		
22	16	1	7.5					1.2	.6		
23	19	1	6.3					1.2	.6		
24	21	1	5.7					1.2	.6		
25											
26	41	2	5.7					1.2	6		
27	16	1	7.5					1.2	6		
28	31	1	3.9					1.2	6		
29	17	1	7.1					1.2	6		
30	24	2	10.5					1.2	6		
31	21	1	5.7					1.2	6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D Kissimmee County OSCEOLA

Owned by SSO SERVICES, INC, APOPKA Reporting Month JUNE 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-456-7202

I certify this report is correct [signature] C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	Rainfall lbs Used	Rainfall mg/l INCHES	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	605	35	186.9				3.2	31.2	15.6		
Average	20	1.2	7.2				0.1	1.2	.6		
Maximum	33	5	38.6				1.0	1.2	.6		
Minimum	13	1	3.6				0	1.2	.6		
1											
2	41	2	5.9					1.2	.6		
3	18	1	6.7					1.2	.6		
4	21	5	28.6					1.2	.6	3	
5	26	1	6.0					1.2	.6		
6	21	1	5.7					1.2	.6		
7	17	1	7.1				1.0	1.2	.6		
8											
9	38	2	6.3					1.2	.6		
10	25	2	9.6					1.2	.6		
11	35	2	9.6					1.2	.6		
12	22	1	5.5					1.2	.6		
13	17	1	7.1					1.2	.6		
14	33	1	3.6					1.2	.6		
15											
16	40	3	6.0					1.2	.6		
17	24	1	5.0					1.2	.6		
18	17	1	7.1				1.0	1.2	.6		
19	22	1	5.5					1.2	.6		
20	26	1	6.0				05	1.2	.6		
21	21	1	5.7					1.2	.6		
22	13	1	9.2					1.2	.6		
23	26	1	4.6					1.2	.6		
24	25	1	4.8				02	1.2	.6		
25	22	1	5.5					1.2	.6		
26	19	1	6.3					1.2	.6		
27	25	1	4.8				05	1.2	.6		
28	15	1	8.0					1.2	.6		
29	18	1	6.7					1.2	.6		
30											
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3492921 Name of Drinking Water System Windsong

Location: City or S/D Windsong County Osceola

Owned by SSU Services Apopka, FL Reporting Month July 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 100

Design Flow .504 Remarks (Use reverse side) Phone No.: 1-800-432-7707

I certify this report is correct _____ B 225
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	Rain Fall	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.630	35	121.5				9.0"	41.0	15.7		
Average	020	1	7.1				.3"	1.1	.6		
Maximum	034	3	17.1				3.2"	1.2	.6		
Minimum	010	1	1.9				.2"	.6	.3		
1	010	2	24.0					.8	.5		
2	028	1	4.3					.6	.3	2	
3	020	2	12.0				.5"	.8	.5	2	
4	014	2	17.1					1.2	.6		
5	021	2	11.4				.3"	1.2	.6		
6											
7	043	2	5.6				.7"	1.2	.6		
8	023	2	10.4					1.2	.6		
9	034	2	7.1					1.2	.6	3	
10	017	1	7.1					1.2	.6		
11	020	1	6.0				.2"	1.2	.6		
12	020	.5	8.0				.2"	1.2	.6		
13											
14	031	5	19				3.4"	1.2	.6		
15	020	1	4.8					1.2	.6		
16	021	5	29				.5"	1.2	.6		
17	018	.5	10.0				.2"	1.2	.6		
18	019	2	12.6					1.2	.6		
19	018	2	13.3					1.2	.6		
20											
21	040	1	3.0					1.2	.6		
22	023	2	8.9					1.2	.6		
23	025	3	14.4					1.2	.6		
24	019	1	6.3					1.2	.6		
25	020	1	6.0					1.2	.6		
26	019	1	6.3				.4"	1.2	.6		
27											
28	043	1	2.8					1.2	.6		
29	014	1	8.6				.8	1.2	.6		
30	020	1	6.0				.8	1.2	.6		
31	021	1	8.7				2"	1.2	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit
in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 9 7 1 Name of Drinking Water System Windsong

Location: City or S/D Windsong County Osceola

Owned by SSU Services Reporting Month August 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 100

Design Flow .504 Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct Will Lundell 06411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~gals.~~ or lbs Used	Chlorine mg/l	lbs Used	mg/l Rain Fall	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.580	21	149.2		≤ .5			22.5	15.3		
Average	.020	.7	4.8		.2			0.4	0.5		
Maximum	.030	2	40.0		1.8			1.5	1.0		
Minimum	.003	0	0		0.0			1.0	0.5		
1	.015	2	14.0		.7"			1.5	1.0		
2	.003	1	40.5		2"			1.0	1.0		
3											
4	.031	"	"		.1"			1.0	0.6		
5	.022	"	"					1.0	0.5		
6	.016	"	"					1.0	0.6	2	
7	.025	"	"					1.0	0.6		
8	.016	"	"					1.0	0.6		
9	.019	"	"					1.0	0.6		
10											
11	.037	1	3.2					1.2	0.6		
12	.025	1	4.8					1.2	0.6		
13	.026	1	4.0		1.8			1.5	0.8		
14	.021	1	5.7					1.5	0.6	1	
15	.021	1	5.7					1.2	0.6		
16	.014	.5	4.3					1.2	0.6		
17											
18	.038	1.5	4.7					1.2	0.6		
19	.030	1	4.0					1.2	0.6		
20	.022	1	5.5					1.0	0.4		
21	.017	1	7.1					1.1	0.5		
22	.020	"	10					1.1	.5		
23	.025	1	5.5		.02			1.1	.5		
24											
25	.038	1.5	4.1		1.8			1.0	.5		
26	.027	1	4.4		3			1.0	.5		
27	.020	1	6.0					1.0	.5		
28	.016	1	7.5					1.0	.5		
29	.019	1	6.3		.80			1.0	.5		
30	.029	1	8.6					1.0	.5		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 9 2 1 Name of Drinking Water System Wilmsong

Location: City or S/D Wilmsong County Cascade

Owned by SSU Services Reporting Month Sept 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 100

Design Flow .304 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct William Gurdel C-1411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~gals~~ or (lbs) Used	Chlorine mg/l	lbs Used	mg/l Residual	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.144	32	.1601		3.2"			270	12.5		
Average	.021	1	5.4		0.1"			1.5	3		
Maximum	.028	3	9.6		1.2"			1.2	5		
Minimum	.013	.5	3.0		0.2"			1.0	4		
1	.046	3	7.5					1.2	.5		
2	.020	1	6.0					1.2	5		
3	.026	1	4.6					1.1	.5		
4	.019	1	6.3					1.1	.5		
5	.019	1	6.3					1.1	.5		
6	.022	1	5.5					1.1	5		
7	.016	1	7.5					1.2	5		
8											
9	.043	2	6.0		0.5"			1.0	5		
10	.025	1	5.0					1.0	5		
11	.013	1	9.2					1.0	5	3	
12	.022	1	5.4					1.0	5		
13	.018	1	7.0					1.0	5		
14											
15	.045	1	3.0					1.0	5		
16	.028	2	9.0					1.0	5		
17	.020	1	6.0					1.0	5		
18	.020	1	6.0					1.0	5		
19	.017	.5	4.0		0.6"			1.0	5		
20	.020	1.5	9.0					1.0	5		
21											
22	.030	1	3.1		0.7"			1.0	5		
23	.025	1	4.8		0.2"			1.0	5		
24	.016	1	7.5					1.0	.5		
25	.024	1	5.0					1.0	.4		
26	.021	1	5.7		1.2"			1.0	.4		
27	.014	1	8.5					1.0	.4		
28											
29	.030	1	3.1					1.0	.4		
30	.025	2	9.6					1.0	.4		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 9 2 1 Name of Drinking Water System Winnsboro

Location: City or S/D Winnsboro County Orangeburg

Owned by SCSL Services Reporting Month Oct 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 100

Design Flow .504 Remarks (Use reverse side) Phone No.: 280-0100

I certify this report is correct William Tindell C-6411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l Khan	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.578	29	172.6				4.2	27.3	12.4		
Average	.019	1	5.6				.1	1.0	.5		
Maximum	.031	2	12.6				.7	1.1	.5		
Minimum	.014	.5	1.6				0.1	1.0	.3		
1	.017	1	7.1				.1	1.0	.5		
2	.019	2	12.6				.3	1.0	.5	.3	
3	.016	1	7.5					1.0	.5		
4	.038	.5	1.6				1.0	1.0	.5		
5											
6	.020	.5	3.0				.2	1.0	.5		
7	.017	.5	3.5				.1	1.0	.5		
8	.021	.5	8.5					1.0	.5		
9	.021	1	5.7					1.0	.5		
10	.015	1	8.0					1.0	.3		
11	.015	2	16.0					1.1	.5		
12											
13	.021	1	5.7					1.1	.5		
14	.020	1	6.0					1.0	.5		
15	.015	1	8.0					1.0	.5		
16	.018	1	6.9				.4	1.0	.4		
17	.021	1	5.7					1.0	.3		
18	.035	1	3.4					1.0	.5		
19											
20	.023	1	5.2					1.0	.4		
21	.028	1	4.3					1.0	.5		
22	.018	3	3.3					1.0	.5		
23	.020	3	3.0					1.1	.5		
24	.020	1	6.0					1.0	.5		
25	.031	2	6.4					1.0	.5		
26											
27	.031	2	7.7				0.5	1.0	.4		
28	.014	1	8.5					1.0	.4		
29	.023	1	5.2					1.0	.4		
30	.015	1	8.0					1.0	.4		
31	.020	1	6.0					1.0	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3 4 9 4 9 2 1 Name of Drinking Water System Windsong

Location: City or S/D Windsong County Osceola

Owned by SSU Services Reporting Month Nov 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 100

Design Flow .304 Remarks (Use reverse side) Phone No.: 880-0058

I certify this report is correct William Wendel C-6411
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	886	31	157.6					25.2	9.3		
Average	.020	1	5.3					1.0	.4		
Maximum	.028	3.5	12.6					1.2	.5		
Minimum	.012	.5	2.1					.3	.2		
1	.035	1	3.4					1.0	.4		
2											
3	.024	1	5.0					1.0	.4		
4	.019	1	6.3					1.0	.4		
5	.016	1	7.5					1.0	.4		
6	.024	1	5.0					1.0	.4		
7	.016	1	7.5					1.0	.4		
8	.016	.5	3.7					1.0	.4		
9	.040	2.5	10.5					1.0	.5		
10											
11	.026	5	23					1.0	.5	3	
12	.012	5	5.0					1.1	.5		
13	.021	5	2.8					1.1	.5		
14	.015	5	4.0					1.0	.5		
15	.041	2	5.8					1.0	.5		
16											
17	.018	5	2.1					1.0	.4		
18	.015	1	3.0					.3	.2		
19	.020	1.5	9.0					1.2	.3		
20	.017	1	7.0					1.2	.3		
21	.021	1	5.7					1.2	.3		
22	.038	2	6.3					1.2	.3		
23											
24	.026	1	4.6					1.2	.3		
25	.010	2	12.6					.7	.2		
26	.017	2	11.7					1.0	.3		
27	.015	1	8.0					1.0	.3		
28	.025	1	4.2					1.0	.3		
29	.040	3	9.0					1.0	.3		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494921 Name of Drinking Water System Winnsong

Location: City or S/D Winnsong County Osceola

Owned by SSU Services Reporting Month December 1991

Plant Effluent pH 7.35 (Avg) No. of Services at End of Month 100

Design Flow .504 Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct William Linder (Lead Operator's Signature) C-1611 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	.610	32	140.4					29.7	13.5		
Average	.020	1	4.5					1.1	.5		
Maximum	.039	2.5	13.3					1.5	.6		
Minimum	.013	.5	1.6					.2	.2		
1	.027	1	4.4					1.5	.5		
2	.039	.5	1.5					1.5	.5		
3	.018	.5	3.3					1.5	.5		
4	.020	2	12.0					1.5	.5		
5	.016	1	7.5					1.5	.5		
6	.036	2	6.6					1.5	.5		
7											
8	.017	1	7.0					1.5	.5		
9	.010	1	6.3					1.5	.5	3	
10	.024	1	5.0					1.5	.5	2	
11	.024	2	10.0					1.9	.5	2	
12	.015	.5	4.0					1.0	.5		
13	.040	1.5	4.5					1.0	.5		
14											
15	.019	2	12.6					1.0	.6		
16	.017	.5	3.5					1.0	.6		
17	.014	.5	4.2					1.1	.6		
18	.018	2	13.3					1.1	.6		
19	.021	1	5.7					1.1	.6		
20	.035	1	3.4					1.1	.6		
21											
22	.020	2	12.0					1.1	.6		
23	.023	1	5.2					1.0	.6		
24	.024	.5	2.5					1.0	.6		
25	.013	.5	4.6					.3	.2		
26	.017	1	7.1					.2	.2		
27	.019	.5	3.2					.5	.3		
28	.041	2.5	7.3					.2	.2		
29											
30	.015	1	8.0					1.0	.6		
31	.019	1	6.3					1.2	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG (PLANT ON BY-PASS)

Location: City or S/D % 1000 COCOA, APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month JAN 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 100

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct S.K. C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	596.3								14.4	2	
Average	19.3								1.3		
Maximum	140.6								1.5		
Minimum	22.5								1.0		
1	22.5								1.0		
2	25.5								1.0		
3											
4	339								1.4		
5											
6	40.2								1.0		
7											
8	44.2								1.5		
9											
10											
11											
12											
13											
14											
15	140.6								1.5		
16											
17	46								1.5		
18	22.6								1.5	2	
19											
20											
21											
22	83.7								1.5		
23											
24	41.9								1.5		
25											
26											
27											
28											
29	103.5								1.5		
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office wit in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.900(3)
Effective November 1, 1987 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System Windsong

Location: City or S/D % Icon Coca Pt, Apopka FL County Osceola

Owned by Southern States Utilities Reporting Month Feb 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 1?

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	593	25	127.7					38.4	26.7	3	
Average	21.2	.9	5.3					1.16	1.1		
Maximum	26	3	18.9					2.0	1.5		
Minimum	15	.5	2.5					1.5	1.0		
1	26	1	4.6					2.0	.5		
2	20	1	6					2.0	1.5		
3	18	1	6.6					2.0	1.5		
4											
5	52	2	4.6					1.5	1.4		
6	20	.5	3					1.5	1.4		
7	21	1	5.7					1.5	1.4	3	
8	17	1	7.0					1.5	1.5		
9	24	.5	2.5					1.5	1.0		
10	22	.5	2.7					1.5	1.0		
11											
12	41	1.5	44					1.5	1.0		
13	16	2	12.6					1.5	1.0		
14	21	1	5.7					1.5	1.0		
15	19	3	18.9					1.5	1.0		
16	22	1	5.4					1.5	1.0		
17	15	1	8					1.5	1.0		
18											
19	51	1.5	3.5					1.5	1.0		
20	22	.5	2.7					1.5	1.0		
21	23	.5	2.6					1.5	1.0		
22	18	.5	3.3					1.5	1.0		
23	18	.5	3.3					1.5	1.0		
24	17	.5	3.5					1.5	1.0		
25											
26	46	2	5					1.5	1.0		
27	20	.5	3					1.5	1.0		
28	19	.5	3.1					1.5	1.0		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple at top

DER Form 17-22.309(3)
Effective November 1, 1987

Page 1 of -

DEP
1-31

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D % 1000 COLONIAL PL, APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month MAR 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 1000

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct S Kuth C.5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	786	27	114					31	17.8	3	
Average	25.4	.8	3.7					1.2	.7		
Maximum	29	2	16.0					1.5	.8		
Minimum	15	.5	2.0					1.0	.6		
1	22	1	5.4					1.0	.6		
2	25	.5	2.4					1.5	.6		
3	14	.5	3.3					1.5	.5		
4											
5	51	1	2.3					1.5	.8		
6	25	.5	2.4					1.5	.6		
7	14	.5	3.3					1.5	.5	3	
8	24	.5	2.5					1.5	.5		
9	24	.5	2.1					1.5	.8		
10	17	.5	3.5					1.5	.8		
11											
12	41	1	2.0					1.0	.6		
13	23	.5	2.6					1.0	.6		
14	24	.5	2.1					1.0	.6		
15	26	.5	2.3					1.0	.6		
16	26	.5	2.3					1.0	.6		
17	23	.5	2.6					1.0	.6		
18											
19	54	1	2.2					1.0	.6		
20	22	.5	2.7					1.0	.6		
21	24	.5	2.5					1.0	.6		
22	22	1	5.4					1.0	.6		
23	24	1	4.2					1.0	.6		
24	23	1	5.2					1.0	.6		
25											
26	75	5	8.0					1.0	.6		
27	29	1	4.1					1.0	.6		
28	26	1	4.6					1.0	.6		
29	27	2	8.5					1.0	.6		
30	26	2	9.2					1.0	.6		
31	15	2	16					1.0	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(3)
Effective November 1, 1987 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D 4 miles East of Poinciana, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month APRIL 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 100

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 880-0100

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or (lbs.) Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	764	219	235.3					45	24	3	
Average	25.5	1.6	7.8					1.5	.8		
Maximum	3841	3	141					1.5	.8		
Minimum	16	1	3.5					1.5	.8		
1	17	2	14.1					1.5	.8		
2	41	3	8.9					1.5	.9		
3	27	1	4.4					1.5	.8		
4	23	1	5.2					1.5	.8		
5	21	2	11.4					1.5	.8		
6	33	2	7.3					1.5	.8		
7	17	1	7.1					1.5	.8		
8	29	1	4.1					1.5	.8		
9	28	2	8.6					1.5	.8		
10	24	2	10.0					1.5	.9	3	
11	22	2	10.9					1.5	.9		
12	21	1	5.7					1.5	.8		
13	24	1	5.0					1.5	.8		
14	23	1	5.2					1.5	.8		
15	29	3	12.4					1.5	.8		
16	23	2	10.4					1.5	.8		
17	26	1	4.6					1.5	.8		
18	34	1	3.5					1.5	.8		
19	23	2	10.4					1.5	.8		
20	21	1	5.7					1.5	.8		
21	22	2	10.9					1.5	.8		
22	34	3	13.9					1.5	.8		
23	35	2	6.9					1.5	.8		
24	16	1	7.5					1.5	.8		
25	23	1	5.2					1.5	.8		
26	22	1	5.5					1.5	.8		
27	28	1	4.3					1.5	.8		
28	25	2	9.6					1.5	.8		
29	23	2	10.4					1.5	.8		
30	38	2	6.3					1.5	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.900(2)
Effective November 11, 1987 Page 1 of -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D % 1000 Cedar Dr, APOPKA, FL County OSCEOLA

Owned by SOUTHERN STATES UTILITIES Reporting Month MAY 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 100

Design Flow .504 MGD Remarks (Use reverse side) Phone No. 880-0100

I certify this report is correct [signature] C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1672	52	192.7					46.5	18.6	7	2
Average	34.5	1.06	6.2					1.5	.6		
Maximum	51.04	3	11.5					1.5	.8		
Minimum	21	1	3.6					1.5	.6		
1	29	2	8.2					1.5	.8		
2	35	2	6.8					1.5	.6		
3	32	3	11.5					1.5	.6		
4	28	2	8.5					1.5	.6		
5	21	1	5.7					1.5	.6		
6	64	2	3.7					1.5	.6		
7	42	2	5.7					1.5	.6		
8	38	2	6.3					1.5	.6		
9	28	1	4.2					1.5	.6	3	2
10	25	1	9.6					1.5	.6		
11	23	1	10.4					1.5	.6		
12	30	2	8.0					1.5	.6		
13	33	2	7.2					1.5	.6		
14	37	2	6.4					1.5	.6		
15	42	2	5.7					1.5	.6		
16	34	1	3.5					1.5	.6		
17	33	1	3.6					1.5	.6		
18	30	1	4.0					1.5	.6		
19	31	1	3.8					1.5	.6		
20	51	2	4.7					1.5	.6		
21	45	2	5.3					1.5	.6	2	
22	40	2	6.0					1.5	.6	2	
23	29	2	8.2					1.5	.6		
24	30	2	8.0					1.5	.6		
25	35	2	6.8					1.5	.6		
26	37	2	6.4					1.5	.6		
27	36	3	6.6					1.5	.6		
28	32	1	3.7					1.5	.6		
29	33	1	3.6					1.5	.6		
30	32	1	3.7					1.5	.6		
31	37	2	6.4					1.5	.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.309(3)
Effective November 1, 1987 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D c/o 1000 Colola Pl, Apopka, FL County OSCEOLA

Owned by SOUTHEAST STATES UTILITIES Reporting Month JUNE 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 100

Design Flow ~~SOU WSD~~ Remarks (Use reverse side) Phone No.: 9660-0010

I certify this report is correct S. Kut C-5643
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	809	37	165.6					45	24	7	
Average	26.1	1.2	5.5					1.5	.8		
Maximum	47	2	13.3					1.5	.8		
Minimum	17	1	3.4					1.5	.2		
1	23	1	5.2					1.5	.8		
2	34	2	7.0					1.5	.8		
3	35	2	6.4					1.5	.8		
4	31	1	3.8					1.5	.8	1	Zichlor (max)
5	21	1	5.7					1.5	.8	1	"
6	25	1	4.8					1.5	.8		
7	22	1	5.4					1.5	.8		
8	21	1	5.7					1.5	.8		
9	18	2	13.3					1.5	.8		
10	25	1	4.8					1.5	.8		
11	26	1	4.6					1.5	.8	1	Zichlor (max)
12	24	1	5.0					1.5	.8	1	"
13	20	1	6.0					1.5	.8	3	
14	25	1	4.8					1.5	.8		
15	25	1	4.8					1.5	.8		
16	27	1	4.4					1.5	.8		
17	24	1	5.0					1.5	.8		
18	39	2	6.1					1.5	.8		
19	30	1	4.0					1.5	.8		
20	26	1	4.6					1.5	.8		
21	35	1	3.4					1.5	.8		
22	28	1	4.2					1.5	.8		
23	32	2	7.5					1.5	.8		
24	17	1	7.0					1.5	.8		
25	27	2	8.8					1.5	.8		
26	23	1	5.2					1.5	.8		
27	30	2	8.0					1.5	.8		
28											
29	47	2	5.1					1.5	.8		
30	25	1	4.8					1.5	.8		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491291 Name of Drinking Water System WINDSONG

Location: City or S/D C/O 1000 Cedar Pt. Apopka, Fla. 32703 County OSCEOLA

Owned by S.S.U. Services, Inc. Reporting Month JULY 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 100

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct [signature] A-235
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~gals~~ or (lbs) Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	812	42	188.8					46.45	24.38	3	
Average	26.2	1.4	6.1					1.46	.78		
Maximum	37	4	17.8					1.5	.8		
Minimum	14	1	3.6					.5	.2		
1	24	1	5.0					1.5	.8		
2	36	2	6.7					1.5	.8		
3	21	1	5.7					1.5	.8		
4	20	1	6.0					1.5	.8		
5	33	1	3.6					1.5	.8		
6	27	1	4.4					1.5	.8		
7	32	1	5.6					1.5	.8		
8	34	2	7.1					1.5	.8		
9	34	3	10.6					1.5	.8		
10	24	1	5.0					1.5	.8		
11	37	3	9.7					1.5	.8	3	IRIGATION
12	25	1	4.8					1.5	.8		
13	16	1	7.5					1.5	.8		
14	19	1	6.3					1.5	.8		
15	23	1	5.2					1.5	.8		
16	32	2	7.5					1.5	.8		
17	18	2	13.3					1.5	.8		
18	25	1	4.8					1.5	.8		
19	24	1	5.0					1.5	.8		
20	29	1	4.1					1.5	.8		
21	14	1	8.6					1.5	.8		
22	27	4	17.8					1.5	.8		
23	26	1	4.6					1.5	.8		
24	27	1	4.4					1.5	.8		
25	22	1	5.5					1.5	.8		
26	33	1	5.6					1.5	.8		
27	28	1	5.5					1.5	.8		
28	25	1	4.8					1.5	.8		
29	22	1	5.5					1.5	.8		
30	32	1	3.8					.5	.2	1	
31	25	1	4.1					1.5	.8	1	

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D Intio Color Kissimmee County OSCEOLA

Owned by S.S.U. SERVICES, INC. Reporting Month AUGUST 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 100

Design Flow .504MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	809	27	170.7								
Average	26.1	1.08	6.82					1.16	.57		
Maximum	53	2	28.4					1.5	.8		
Minimum	15	0.5	3.2					.6	.2		
1	22	1	5.5					1.5	.8		
2	34	1	7.1					1.5	.8		
3	20	1	6.0					1.5	.8		
4	16	1	7.5					1.5	.8		
5	37	1	3.2					1.0	.5		
6	20	1	6.0					1.0	.5		
7	24	2	10.0					1.4	.6	1	
8	21	0.5	28.6					1.2	.5		
9	32	1	3.8					1.2	.5		
10	28	1	4.3					1.0	.3		
11	18	1	6.7					1.2	.4		
12	30	1	4.0					.6	.2		
13	23	1	5.2					1.0	.6		
14	25	1	4.8					1.2	.5		
15	19							1.5	.8		
16	26							1.2	.6		
17 *	24							1.4	.6		
18	32							1.2	.6		
19	29							1.0	.6		
20	38							1.0	.6		
21	53	0.5	11.3					1.2	.6		
22	26	1	4.6					1.2	.6		
23	22	1	5.5					1.2	.6		
24	26	1	4.6					1.2	.6		
25	15	1	8.0					1.2	.6		
26	31	2	7.7					1.6	.2		
27	33	1	3.6					1.0	.6		
28	19	1	6.3					1.0	.5		
29	22	1	5.5					1.2	.6		
30	23	1	5.2					1.1	.6		
31	21	1	5.7					1.1	.6		

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DER Form 17-1.208(5)
Effective November 30, 1982 Page 1 of 4

* SWITCHED TO CITY OF KISSIMMEE WATER DUE TO PUMP (Cl2) MALFUNCTION

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D WINDSONG County OSCEOLA

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month SEPTEMBER 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 100

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct [signature] C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	761	35	167.5					39	19.45		
Average	25.37	1.17	5.58					1.3	0.6		
Maximum	37	2	9.6					1.5	0.6		
Minimum	17	1	3.3					0.8	0.5		
1	22	1	5.5					1.2	.6		
2	20	1	6.0					1.5	.6		
3	25	1	4.8					1.5	.6		
4	24	1	4.1					1.5	.6		
5	21	1	5.7					1.5	.6		
6	19	1	6.3					1.5	.6		
7	22	1	5.5					1.5	.6		
8	23	1	5.2					1.5	.6		
9	37	2	6.5					1.2	.5	3	
10	36	1	3.3					0.8	.6		
11	22	1	5.5					1.0	.5		
12	24	1	4.1					1.0	.5		
13	21	1	5.7					1.5	.6		
14	19	1	6.3					1.5	.6		
15	20	1	5.0					1.2	.6		
16	28	2	8.6					1.0	.6		
17	26	1	4.6					1.0	.6		
18	22	1	5.5					1.0	.6		
19	23	1	5.2					1.2	.6		
20	25	1	4.8					1.5	.6		
21	25	1	4.8					1.5	.5		
22	21	1	5.7					1.3	.5		
23	30	2	8.0					1.5	.6		
24	34	2	7.1					1.5	.6		
25	26	1	4.6					1.5	.6		
26	17	1	7.1					1.5	.6		
27	25	1	3.4					1.5	.6		
28	29	2	8.3					1.5	.6		
29	18	1	6.7					1.5	.6		
30	33	1	3.6					1.5	.6		
31											

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Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D WINDSONG County OSCEOLA

Owned by S.S.U. SERVICES, INC. APOPKA Reporting Month OCTOBER 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 100

Design Flow .504 MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	790	31	171.9					40.3	19.4		
Average	26	1.0	5.6					1.3	.6		
Maximum	31	2	8.0					1.5	.8		
Minimum	15	.5	2.4					0.9	.4		
1	19	1	6.3					0.9	.4		
2	25	1	4.8					1.2	.6		
3	21	1	5.7					1.2	.6		
4	24	1	5.0					1.2	.6		
5	18	1	6.7					1.2	.6		
6	22	1	5.5					1.2	.6		
7	29	1	5.0					1.0	.5		
8	27	1	4.4					1.0	.5	3	
9	22	1	5.5					1.2	.6		
10	19	1	6.3					1.2	.6		
11	20	1	6.0					1.2	.6		
12	15	1	8.0					1.2	.6		
13	23	.5	2.6					1.2	.6		
14	22	.5	2.7					1.2	.6		
15	30	2	8.0					1.5	.8		
16	19	1	6.3					1.5	.8		
17	18	1	6.7					1.5	.8		
18	20	1	6.0					1.5	.8		
19	26	1	4.6					1.5	.8		
20	25	1	6.0					1.5	.8		
21	22	1	5.5					1.5	.8		
22	25	.5	2.4					1.2	.6		
23	17	.5	3.5					1.5	.6		
24	26	1	4.6					1.5	.6		
25	15	1	8.0					1.5	.6		
26	22	1	5.5					1.5	.6		
27	18	1	6.7					1.5	.6		
28	31	2	7.7					1.5	.6		
29	24	1	4.6					1.2	.5		
30	26	1	4.6					1.2	.5		
31	18	1	6.7					1.2	.6		

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DER Form 17-1.208(5)
Effective November 30, 1982

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D WINDSONG County OSCEOLA

Owned by S.S.U. SERVICES, INC., APOPKA Reporting Month NOVEMBER 19 90

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 100

Design Flow .504MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D. Richard Ellis C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	656	31	172.3					35.9	17.3		
Average	22	1.03	5.7					1.2	.6		
Maximum	30	2	10.4					1.5	.6		
Minimum	16	.5	3.4					.6	.4		
1	23	1	5.2					1.5	.6		
2	20	1	6.0					1.5	.6		
3	16	.5	3.8					1.5	.6		
4	25	.5	2.4					1.5	.6		
5	25	2	9.6					.6	.4		
6	18	.5	3.3					1.0	.5	3	
7	20	1	6.0					1.2	.6		
8	26	1.5	6.9					1.3	.6		
9	19	1	6.3					1.2	.6		
10	21	1	5.7					1.2	.6		
11	20	1	6.0					1.2	.6		
12	21	1	5.7					1.0	.5		
13	24	1	5.0					1.0	.5		
14	20	1	6.0					1.2	.6		
15	20	1	6.0					1.2	.6		
16	19	.5	3.2					1.2	.6		
17	21	.5	2.9					1.2	.6		
18	22	1	5.5					1.2	.6		1
19	30	1	4.0					1.2	.6		1
20	18	1	6.7					1.2	.6		
21	24	1	5.0					1.2	.6		
22	26	1.5	6.9					1.2	.6		
23	18	.5	3.3					1.2	.6		
24	20	1	6.0					1.2	.6		
25	25	1	4.8					1.2	.6		
26	25	1	4.8					1.2	.6		
27	23	2	10.4					1.2	.6		
28	21	1	5.7					1.2	.6		
29	26	2	9.2					1.2	.6		
30	20	1	6.0					1.0	.4		
31											

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Effective November 30, 1982 Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 Name of Drinking Water System WINDSONG

Location: City or S/D WINDSONG County OSCEOLA

Owned by S.S.U. SERVICES, INC, Applicant Reporting Month DECEMBER 1990

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 100

Design Flow .504MGD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct C. Richard Eck Jr C-3607
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or (lbs) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	671	29.5	154.4					34.8	17.5		
Average	21	1.0	5.0					1.1	.6		
Maximum	33	2	14.1					1.2	.6		
Minimum	17	15	1.2					1.0	.5		
1	21	1	5.7					1.2	.6		
2	14	1	6.3					1.2	.6		
3	27	1	4.4					1.0	.5		
4	26	.5	3.0					1.0	.5		
5	23	.5	2.6					1.0	.5		
6	19	1	6.3					1.0	.5		
7	18	1	6.7					1.2	.6		
8	19	1	6.3					1.2	.6		
9	26	.5	2.3					1.2	.6	3	
10	27	.5	2.2					1.2	.6		
11	19	.5	3.2					1.2	.6		
12	22	.5	2.7					1.2	.6		
13	20	1	6.0					1.2	.6		
14	19	1	6.3					1.2	.6		
15	18	1	6.7					1.2	.6		
16	19	1	6.3					1.2	.6		
17	25	1	4.8					1.0	.5		
18	22	1	5.5					1.2	.6		
19	21	1	5.7					1.2	.6		
20	20	1	6.0					1.2	.6		
21	24	1	5.0					1.2	.6		
22	24	.5	3.0					1.0	.5		
23	15	.5	3.3					1.0	.5		
24	22	.5	2.7					1.0	.5		
25	19	.5	3.2					1.0	.5		
26	23	1	5.2					1.0	.5		
27	33	1	3.6					1.0	.6		1
28	24	1	5.0					1.0	.5		
29	22	1	5.5					1.2	.6		
30	17	2	14.1					1.2	.6		
31	25	1	4.8					1.2	.6		

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DER Form 17-1.208(5)
Effective November 30, 1982

Woodmere - 888

Duval County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 1 6 1 3 1 5 Name of Drinking Water System Woodmere

Location: City or S/D Jacksonville Fl County Duval

Owned by SSU Services Inc Reporting Month January 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 1053

Design Flow _____ Remarks (Use reverse side) Phone No.: (904) 744-4188

I certify this report is correct Charles D Gerlach C 2119
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	12918	1620	150					54.5	23.4		
Average	4167	52	150					1.8	.8		
Maximum	6450	80	259					3.0	2.1		
Minimum	3036	20	17.2					0.9	.4		
1	6450	80	149					1.6	.4		
2	3240	70	257					2.9	0.8		
3	4760	60	151					2.4	.07		
4	3420	70	214					2.5	1.3		
5	6300	80	152					2.2	1.1		
6	5370	40	89					2.1	1.5		
7	3150	40	152					2.1	1.3		
8	4350	70	173					1.9	.8		
9	4110	80	239					2.0	.07		
10	4050	60	178					2.0	0.8	2@60	All Sat.
11	4060	40	113					2.4	1.1		
12	3260	20	74					2.2	.07		
13	4270	30	84					2.2	1.6		
14	5020	40	96					2.6	0.9		
15	3520	30	92					3.0	2.1		
16	3820	40	126					2.0	.8		
17	4050	70	207					1.5	.5		
18	3840	80	256					1.4	.5		
19	4020	30	85					1.1	.7		
20	3510	50	171					1.3	.5		
21	4910	50	122					1.5	1.4		
22	4320	90	250					1.5	.7		
23	3560	30	101					1.3	.4		
24	3080	40	156					1.2	0.8		
25	4070	66	177					1.3	0.6		
26	3230	40	149					1.2	.5		
27	4350	65	179					1.3	0.5		
28	4150	25	72					1.2	.4		
29	3820	90	126					1.3	.4		
30	4400	30	136					0.9	.5		
31	3050	50	197					1.0	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective: November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 Name of Drinking Water System GOODMERE

Location: City or S/D Jacksonville County Duval

Owned by SSU Services Inc Reporting Month FEBRUARY 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1053

Design Flow 1.662 MGD Remarks (Use reverse side) Phone No.: (904)743-1888

I certify this report is correct [signature] CGIC
(Chief Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	12589	1545	14.7					34.3	13.1		
Average	450	55	14.7					1.2	0.5		
Maximum	675	85						1.5	1.8		
Minimum	260	20						0.3	0.2		
1	369	80	26.0					1.2	0.6		
2	360	20	9.2					1.0	0.5		
3	578	70	14.5					1.2	0.5		
4	340	75	24.1					1.1	0.5		
5	400	35	9.1					1.3	0.4		
6	329	65	23.7					1.4	0.5		
7	387	45	13.9					1.5	0.6		
8	341	65	22.3					1.4	0.6		
9	346	55	19.1					1.5	0.4		
10	364	35	9.6					1.6	0.6		
11	475	65	16.4					1.6	0.5		
12	432	45	12.5					1.8	0.8	NONE	ALL SAMPLES
13	409	35	10.3					1.5	0.6		
14	378	25	7.9					1.7	0.6		
15	385	85	26.5					0.9	0.5		
16	653	75	13.7					1.0	0.4		
17	482	65	16.2					1.2	0.4		
18	571	25	5.2					1.0	0.3		
19	675	45	8.0					1.2	0.4		
20	321	55	20.5					1.1	0.5		
21	532	25	6.9					1.0	0.5		
22	540	65	18.2					1.7	0.4		
23	383	65	26.7					0.2	0.2		
24	439	35	9.6					0.8	0.2		
25	564	45	9.7					1.2	0.4		
26	456	55	14.5					0.8	0.3		
27	460	80	20.9					0.9	0.5		
28	527	50	11.4					0.5	0.5		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 216 _____ Name of Drinking Water System Woodmere

Location: City or S/D Jacksonville County Duval

Owned by SSU Services Inc Reporting Month March 19 91

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 1055

Design Flow 1.67 MG Remarks (Use reverse side) Phone No.: (904) - 743 - 1888

I certify this report is correct _____ C2119
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	15060	1705	13.6					106.0	22.3		
Average	485.8	55	13.6					2.1	0.7		
Maximum	733	110	25.4					3.5	1.2		
Minimum	329	30	3.9					0.9	0.4		
1	573	70	14.7					3.5	0.5		
2	395	60	18.2					2.6	0.5		
3	329	50	18.2					3.5	0.8		
4	530	110	25.4					3.5	1.2		
5	364	40	13.2					2.2	0.6		
6	417	30	8.6					1.3	0.4		
7	491	40	9.7					1.7	0.5		
8	432	50	13.9					1.2	0.6		
9	608	30	3.9					1.5	0.5		
10	461	50	13.0					1.5	0.5		
11	570	55	11.6					1.7	0.6		
12	471	55	14.0					1.8	1.5	2w5c	Treat
13	491	35	4.2					1.0	0.3		
14	433	55	15.2					0.9	0.9	Treat	5.C
15	532	75	16.9					1.3	0.6		
16	456	75	19.7					1.0	0.8		
17	396	75	22.7					1.3	0.6		
18	350	25	8.6					3.2	0.6		
19	452	55	14.6					1.7	0.5		
20	375	75	24.0					3.7	0.9		
21	493	45	10.9					2.5	0.8		
22	432	55	15.3					2.6	1.1		
23	466	35	9.0					2.4	1.0		
24	733	65	10.6					2.2	1.0		
25	642	75	14.0					1.3	0.8		
26	657	55	10.0					1.4	0.6		
27	691	45	7.8					3.5	0.6		
28	687	55	9.6					3.5	0.8		
29	535	75	16.8					3.5	1.3		
30	490	85	21.2					3.2	0.8		
31	398	65	30.1					2.0	0.6		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

ER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161228 Name of Drinking Water System Woodmere

Location: City or S/D Jacksonville County Duval

Owned by Southern States Utilities Reporting Month April 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1057

Design Flow 1.67 Remarks (Use reverse side) Phone No.: 743-1888

I certify this report is correct Charles D Lanelle C-2119
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	15,372	1410	149					73.5	24.1		
Average	1,129	6.4	14.9					2.5	0.8		
Maximum	699	95	39.0					3.5	1.6		
Minimum	310	15	3.8					1.7	0.2		
1	602	65	12.9					3.5	1.0		
2	540	65	14.4					3.2	0.8		
3	693	45	8.4					3.2	0.9		
4	549	75	16.4					1.0	0.2		
5	459	55	14.4					2.8	0.6		
6	407	65	19.1					2.3	0.7		
7	594	65	13.1					2.7	0.7		
8	650	65	12.0					1.5	0.8		
9	427	66	18.2					3.0	0.8		
10	405	55	16.3					3.2	0.7		
11	532	55	12.4					3.0	0.7		
12	339	45	16.4					1.8	0.9		
13	488	55	13.5					2.1	1.0		
14	410	65	19.0					2.0	1.0		
15	640	65	12.2					1.2	0.2		
16	593	65	13.1					1.6	0.3	2 w 5d	0
17	615	55	10.7					1.6	0.3		
18	439	85	23.5					3.2	0.7		
19	538	65	14.5					3.5	1.2		
20	344	75	26.1					3.5	1.2		
21	377	95	24					3.2	1.0		
22	699	75	13.9					3.2	1.1		
23	584	65	13.3					2.8	1.4		
24	310	75	29.0					2.5	1.1		
25	464	55	14.2					2.2	0.6		
26	396	75	22.7					2.8	1.6		
27	475	15	3.8					1.9	0.2		
28	351	65	19.9					1.8	0.3		
29	572	75	15.7					2.9	0.9		
30	634	65	12.3					0.7	0.2	10	0
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2162178 Name of Drinking Water System WOODMERE

Location: City or S/D Woodmere, Jacksonville, FL County Duval

Owned By City Services Inc. Reporting Month MAY 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1057

Design Flow 1.6 MGD Remarks (Use reverse side) Phone No.: (904)-743-1888

I certify this report is correct Charles L Goode (Lead Operator's Signature) A-2119 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	15929	3210						82.9	31.0		
Average	514	71	16.6					2.7	1.0		
Maximum	793	90	30.0					3.5	2.3		
Minimum	316	40	8.0					0.8	0.2		
1	541	70	15.5					2.2	0.5		
2	413	60	23.2					1.5	0.3		
3	432	70	19.4					2.8	0.5		
4	410	80	33.4					2.7	0.9		
5	572	70	14.7					2.6	1.2		
6	713	90	10.6					2.8	1.1		
7	360	90	30.0					2.7	1.5		
8	473	50	13.7					3.0	1.2		
9	524	80	18.3					3.0	1.0		
10	554	70	15.2					2.9	1.5		
11	553	90	19.5					3.0	1.3		
12	747	55	8.8					2.4	0.5		
13	687	65	11.4					3.0	0.4		
14	644	60	11.2					2.2	0.5	2 coli	1 coli
15	334	60	15.3					0.8	2.3		
16	544	90	19.8					2.1	0.6		
17	450	90	24.0					2.7	0.9		
18	582	80	16.5					2.6	0.5		
19	600	40	8.0					2.8	1.0	1 coli	A
20	577	70	15.3					2.9	0.6		
21	451	70	18.6					2.2	1.6		
22	463	80	20.7					3.0	0.6		
23	555	80	17.3					3.5	1.4		
24	410	70	20.5					3.0	1.3		
25	317	60	22.7					2.5	1.0		
26	490	80	19.6					2.9	0.9		
27	623	60	10.7					3.2	1.2		
28	316	60	23.8					3.5	1.1		
29	499	80	19.2					3.5	0.6		
30	491	70	17.1					3.5	0.2		
31	484	80	19.8								

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.909(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

FS ID No. 2161228 Name of Drinking Water System Windmere

Location: City or S/D Jacksonville Fl County Duval

Owned by Southern States Utilities Reporting Month June 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 1057

Design Flow 1.67 Remarks (Use reverse side) Phone No. 1-(904) - 743-1888

I certify this report is correct Charles L Cuvillo C-2116
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	13968	2225						78.4	37.0		
Averages	466	74	19.0					2.6	1.2		
Maximum	722	150	46.9					3.5	3.5		
Minimum	313	10	12.4					1.2	0.2		
1	411	90	26.3					1.6	0.3		
2	484	60	14.9					1.3	0.2		
3	572	70	14.7					1.6	0.5		
4	550	66	13.1					1.8	0.8		
5	393	96	24.4					2.6	1.7		
6	369	80	26.0					3.5	3.5	2D; 3D	2D-TC-P, 1-D-Fecal
7	313	100	38.3					3.5	2.7		
8	391	150	46.0					3.5	2.0		
9	422	10	3.8					3.5	3.0		
10	457	80	21.0					3.2	3.0	7D	2D,4-TC-P, 1-FC-A
11	427	70	19.7					3.5	1.8		
12	530	65	15.0					2.8	1.6		
13	527	60	13.2					3.2	0.7		
14	533	80*	18.0					3.5	1.2		
15	551	80	17.4					3.0	1.0		
16	533	60	10.9					2.4	1.2		
17	494	60	14.6					3.2	1.5		
18	440	80	21.8					1.5	0.6		
19	423	60	17.0					2.8	0.7	3D	All A
20	410	70	20.5					3.2	1.4		
21	494	60	14.6					3.5	1.7		
22	480	100	25.0					3.4	1.2		
23	524	70	16.0					1.2	0.3		
24	772	90	14.0					1.5	0.3		
25	462	80	20.8					1.8	0.3		
26	408	80	23.5					1.2	0.5		
27	439	80	21.9					2.3	0.6		
28	393	80	24.4					2.2	0.8		
29	435	80	19.1					0.5	1.0		
30	402	70	20.9					3.0	1.5		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

Page 1 of 4

★ ESTIMATED - cylinder was taken off scale without knowing, substantial from scale, reading of tare wt was not taken.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

ID No. 2161278 Name of Drinking Water System Woodmere

Location: City or S/D JAX-Fla, 5710 Edenfield Rd. County DUVAL

Prepared By S.S.U. Services Reporting Month JULY 1991

Highest Effluent pH 7.8 (Avg) No. of Services at End of Month 1059

Design Flow 1.67MGD Remarks (Use reverse side) Phone No.: 904-744-4188

I certify this report is correct Daniel P. Chase C-6976
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	14,770,000	2480						82.4	37.1		
Average	.476	80						2.7	1.2		
Maximum	.849	80						3.5	3.5		
Minimum	.286	80						1.2	0.2		
1	.540	80						1.3	0.3		
2	.476	80						1.5	0.2		
3	.582	80						1.2	0.3		
4	.554	80						1.3	0.3		
5	.546	80						3.2	2.2		
6	.356	80						3.0	2.0		
7	.849	80						3.2	2.1		
8	.286	*						1.5	0.8		
9	.480	80						3.3	0.7	2WSD	ABSENT
10	.495	*						3.5	1.2		
11	.496							3.5	1.3		
12	.407							3.5	1.0		
13	.419							2.0	1.0		
14	.395							3.5	3.5		
15	.521							1.5	0.6		
16	.439							1.8	0.7		
17	.402							3.0	1.8		
18	.395							3.0	1.2		
19	.424							3.5	2.5		
20	.495							3.5	2.1		
21	.364							2.8	1.6		
22	.621							3.0	1.8		
23	.543							2.4	0.9	3D	ABSENT
24	.514							1.8	0.9		
25	.460							3.0	0.6		
26	.424							3.2	0.8		
27	.389							3.5	1.2		
28	.491							2.8	0.7		
29	.506	▼						3.3	0.5		
30	.396							3.5	1.5		
31	.477	*						2.0	0.8		

Form must be completed in full and submitted to the appropriate DER or County Health Department office within 5 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-22.999(5)
Effective November 1, 1987

* CL2 SCALES NEED REPAIRS - WERE GIVEN VERY ERRATIC READINGS DAILY - THIS SYSTEM PRE-CHLORINATES AT 45 PPD AND POST CHLORINATES AT 35 PPD - THE WASTEWATER PLANT ALSO IS ON THIS SYSTEM WHICH MAY ALTER DAILY USAGE
Dan C - C6976

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 1 1 6 1 2 2 8 Name of Drinking Water System Woodmere

Location: City or S/D Jacksonville, Florida County Duval

Owned by Three States Utilities Reporting Month August 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 1076

Backwash Flow 167 Remarks (Use reverse side) Phone No.: (904) 743-1888

I certify this report is correct Damaree R. Halcomb A 5091
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	14366	355	99.1					75.9	29.4		
Average	1463	118	33.0					2.3	0.9		
Maximum	630	155	35.3					3.5	2.2		
Minimum	327	90	28.6					0.8	0.2		
1	412	120	35.3					3.5	1.9		
2	339	80	28.6					3.5	2.2		
3	531	155	35.2					3.0	1.4		
4	339	"	"					2.6	1.6		
5	595	↑	↑					1.9	0.6		
6	393							1.7	0.5		
7	539							0.8	0.2		
8	436							1.4	0.4		
9	401							3.5	1.0		
10	407							3.5	1.1		
11	606							1.7	0.4		
12	435							1.7	0.4		
13	459							3.0	0.8	2R 3D	all A
14	427							3.0	1.2		
15	433							2.8	0.9		
16	365							3.2	1.3		
17	414							3.2	1.5		
18	511							2.2	0.9		
19	562							1.8	0.8		
20	440							2.7	0.9		
21	435							2.4	0.6		
22	493							0.8	0.2	3D	all A
23	468							1.8	1.0		
24	430							2.4	1.2		
25	466							3.0	1.6		
26	481							2.8	1.0		
27	454							2.4	0.9		
28	445							2.3	0.6		
29	511							1.6	0.4		
30	431		↓	↓				2.8	0.7		
31	536	"	"					3.0	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 10 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Rule Form No. 17-22.900(5)
Effective: September 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161228 Name of Drinking Water System Woodmere

Location: City or S/D Jacksonville, Fla. County Duval

Owned by Southern States Utilities Reporting Month September 91

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 1076

Design Flow 1.67mgd Remarks (Use reverse side) Phone No. (904) 743-1888

I certify this report is correct Donald R. Holcomb A 5091
(Chief Operator's Signature) (Cert. Lev. & Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	lbs mg/l	lbs Used	lbs mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Bacteriological % Violations
Monthly Total	15,160	*						81.5	17.1		
Average	505							2.7	0.6		
Maximum	705							3.5	1.4		
Minimum	345							1.2	0.2		
1	613							2.6	0.4		
2	525							1.8	0.8		
3	452							2.0	0.3		
4	398							2.7	0.5		
5	401							2.9	0.5		
6	384							3.0	0.4		
7	431							3.2	0.6		
8	367							3.5	1.2		
9	633							2.8	0.4	2R3D	ALL A
10	495							2.7	0.3		
11	488							3.2	1.0		
12	479							3.5	0.9		
13	495							3.2	0.3		
14	693							3.0	0.2		
15	705							3.1	0.4		
16	412							1.5	0.4		
17	663							1.2	0.2		
18	554							2.3	0.6		
19	519							2.5	0.4		
20	515							2.8	0.8		
21	578							3.0	1.2		
22	358							2.8	0.8		
23	308							3.0	0.5	3D	ALL A
24	529							2.8	0.4		
25	545							2.7	0.3		
26	554							3.4	0.8		
27	360							3.1	0.4		
28	657							2.6	0.3		
29	644							2.0	0.2		
30	305							3.1	1.4		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

* please note that no lbs are shown on chlorine used as to the scales are broke and not working at this time.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 1 6 1 2 2 8 Name of Drinking Water System Woodmere

Location: City or S/D Jacksonville, Florida County Duval

Owned by Southern States Utilities Reporting Month October 1991

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 1066

Design Flow 1.67 mgd Remarks (Use reverse side) Phone No. (904) 744-9188

I certify this report is correct Darrell R. Holland A 5091
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	16230	2455	578.2					79.0	18.3		
Average	523.5	79	18.7					2.5	0.6		
Maximum	705	135	33.8					3.5	2.0		
Minimum	404	35	8.1					1.0	0.2		
1	431	70	194					3.5	0.4		
2	428	75	20.8					2.8	0.5		
3	552	95	20.7					2.6	0.4		
4	404	65	19.1					2.9	0.4		
5	483	65	16.3					3.0	0.3		
6	449	65	17.6					3.1	0.2		
7	405	115	33.8					2.5	0.7	2R 3D	1D TNTC
8	430	115	31.9					3.5	0.4		
9	484	55	13.8					3.5	0.6	1D	A
10	410	75	22.0					3.5	2.0		
11	550	75	16.3					2.9	0.6		
12	503	75	17.8					3.0	0.8		
13	481	55	13.8					2.5	0.3		
14	652	95	17.6					1.5	0.2		
15	548	60	13.3					1.5	0.3		
16	508	75	179					1.0	0.2		
17	543	95	21.1					2.5	0.6		
18	581	55	13.4					1.6	0.5		
19	501	95	22.6					2.3	0.7		
20	654	95	17.3					2.8	1.8		
21	705	75	12.7					2.5	0.6		
22	560	95	20.2					3.5	1.8		
23	594	65	130					1.0	0.2		
24	510	35	81					1.5	0.2	3D	A
25	490	85	20.7					2.5	0.3		
26	644	55	10.6					2.8	0.3		
27	548	135	293					2.4	0.3		
28	631	55	10.4					2.1	0.4		
29	562	95	20.2					2.8	0.4		
30	510	95	22.1					3.0	1.2		
31	461	95	25.0					2.6	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161228 Name of Drinking Water System Woodmere

Location: City or S/D Jacksonville, Florida County Duval

Owned by Southern States Utilities Reporting Month November 1991

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 1066

Design Flow 1.67 mgd. Remarks (Use reverse side) Phone No. (904) 744-4188

I certify this report is correct Donald R. Holcomb A 5091
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	16,077	2270	520.0					88.0	18.9		
Average	535.9	75.7	17.3					2.9	0.6		
Maximum	708	110	30.6					3.5	2.0		
Minimum	372	40	7.5					1.0	0.2		
1	442	75	20.3					3.0	1.0		
2	620	75	14.4					3.0	0.5		
3	498	95	22.6					3.5	2.0		
4	669	100	17.8					3.2	0.5	2R 3D	ALL A
5	470	100	25.6					3.5	0.4		
6	533	60	13.6					3.0	0.6		
7	663	60	10.9					3.2	0.5		
8	372	95	30.6					3.5	0.4		
9	526	95	21.6					3.4	0.4		
10	492	75	16.3					2.8	0.2		
11	531	75	17.0					1.0	0.2		
12	573	95	19.8					2.5	0.5		
13	533	40	9.1					3.1	0.5		
14	523	60	13.6					2.6	0.6		
15	465	75	19.2					3.0	0.7		
16	640	40	7.5					3.0	0.4		
17	545	110	24.4					3.2	0.5		
18	549	60	13.0					2.3	0.4		
19	471	75	19.2					3.0	0.5		
20	519	60	14.0					2.5	0.4	3D	ALL A
21	549	75	16.3					2.8	0.7		
22	503	75	17.9					3.5	0.8		
23	581	95	19.4					2.8	0.6		
24	482	75	18.6					3.0	0.9		
25	708	75	12.7					2.8	0.8		
26	654	75	13.6					2.8	0.8		
27	410	65	19.1					3.0	0.7		
28	504	65	15.5					2.8	1.4		
29	523	75	17.1					3.0	0.6		
30	531	75	17.1					3.0	0.4		
31											

his form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

ID No. 2161278 Name of Drinking Water System Woodmere

Location: City or S/D Jacksonville, Florida County Duval

Operated by Southern States Utilities Reporting Month December 1991

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month 1066

Design Flow 1.67 mgd Remarks (Use reverse side) Phone No.: (904) 744-4188

I certify this report is correct Donald R. Holcomb A 5091

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	16117	2300	534.0					82.0	17.5		
Average	519.9	74.2	17.2					2.6	0.6		
Maximum	817	100	23.8					3.5	1.4		
Minimum	402	25	7.4					0.8	0.2		
1	817	100	14.5					2.6	0.4		
2	407	25	7.4					2.5	0.4		
3	546	75	16.3					3.0	0.2	2R 3D	MCL A
4	500	95	22.6					3.2	0.6		
5	501	100	23.8					2.8	0.6		
6	519	45	9.8					0.8	0.2		
7	547	75	16.3					3.0	0.4		
8	540	55	11.2					2.8	0.6		
9	484	40	10.0					2.5	0.5		
10	494	75	18.3					3.0	0.3		
11	481	95	23.8					3.2	0.7		
12	491	60	19.5					3.0	0.8		
13	455	60	15.8					2.8	0.6		
14	476	90	22.5					3.5	1.4		
15	519	90	19.6					3.5	1.2		
16	544	90	20.0					2.3	0.9		
17	441	75	20.3					2.0	0.6		
18	497	75	18.3					2.8	1.0	3D	MCL A
19	510	75	15.6					2.7	0.6		
20	443	60	16.2					2.5	0.5		
21	522	60	13.6					3.0	0.6		
22	614	80	15.7					3.0	0.3		
23	581	75	15.6					3.0	0.6		
24	540	60	13.3					1.9	0.4		
25	656	80	14.8					2.5	0.3		
26	402	76	20.6					2.2	0.6		
27	476	80	20.0					2.3	0.4		
28	516	80	18.6					2.3	0.4		
29	415	60	17.1					2.0	0.5		
30	533	95	21.6					2.4	0.3		
31	477	85	21.3					2.7	0.6		

Form must be completed in full and submitted to the appropriate DER or County Health Department office within days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 2160278 Name of Drinking Water System WOODMERE

Location: City of S/D JACKSONVILLE County DUVAL

Owned by SOUTHERN STATES UTILITIES Month JANUARY 19 90

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month

Design Flow 2.0 mgd Remarks (See reverse side) Phone No.: (904) 743-1838

I certify this report is correct [signature] C-4789
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent (RT)		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l			
Monthly Total	16,121.0	176.1								
Average	520.2	5.7								Satisfactory
Maximum	635.0	7.4								
Minimum	413.0	4.1								
										REMARKS: Bact. Sample Pick Up
1	554.0	4.6						1.0	0.2	
2	592.0	6.4						1.3	0.5	
3	537.0	6.7						1.5	0.4	
4	551.0	7.4						1.6	0.5	
5	538.0	6.7						1.5	0.6	
6	425.0	5.7						1.6	0.6	
7	540.0	6.7						1.5	0.6	
8	475.0	6.3						1.6	0.6	Bact. sample collection
9	513.0	6.8						1.6	0.7	
10	540.0	6.8						1.5	0.3	
11	491.0	5.2						1.3	0.4	
12	488.0	5.0						1.2	0.5	
13	516.0	5.0						1.2	0.5	
14	533.0	5.3						1.2	0.5	
15	611.0	6.6						1.5	0.5	
16	614.0	6.7						1.3	0.4	
17	489.0	4.1						1.0	0.5	
18	471.0	4.7						1.2	0.5	
19	511.0	5.5						1.2	0.5	
20	635.0	6.6						1.3	0.4	
21	466.0	4.7						1.2	0.5	
22	626.0	6.8						1.3	0.5	
23	430.0	5.0						1.4	0.6	
24	414.0	4.1						1.2	0.6	
25	611.0	6.6						1.3	0.3	
26	413.0	4.1						1.2	0.5	
27	444.0	4.8						1.3	0.4	
28	516.0	5.2						1.2	0.5	
29	591.0	5.5						1.1	0.5	
30	489.0	5.3						1.3	0.5	
31	455.0	4.6						1.2	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 2161278 Name of Drinking Water System WOODMERE

Location: City of S/D JACKSONVILLE County DUVAL

Owned by SOUTHERN STATES UTILITIES Month FEBRUARY 1990

Plant Effluent pH 7.0 (Avg) No. of Services at End of Month

Design Flow 2.0 MGD Remarks (See reverse side) Phone No.: (904) 743-1888

I certify this report is correct Michael Ray Robbins C-4789
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	14,156.0	188								
Average	505.6	6.7								
Maximum	607.0	15								Satisfactory
Minimum	369.0	4								
										REMARKS: Bact. Sample Pick U
1	607.0	5.0						1.0	0.2	
2	508.0	4.0						1.0	0.3	
3	411.0	4						1.1	0.3	
4	469.0	4						1.0	0.4	
5	621.0	6						1.2	0.3	
6	524.0	5						1.2	0.3	
7	489.0	4						1.0	0.3	Bact sample pick up
8	511.0	4						1.0	0.4	
9	583.0	5						1.0	0.3	
10	607.0	5						1.0	0.3	
11	410.0	3						1.0	0.3	
12	595.0	5						1.1	0.4	
13	491.0	4						1.0	0.3	
14	447.0	5						1.2	0.3	
15	576.0	6						1.2	0.3	
16	527.0	5						1.2	0.3	
17	515.0	4						1.0	0.3	
18	528.0	5						1.2	0.3	
19	498.0	5						1.3	0.4	
20	450.0	10						1.2	0.5	
21	591.0	15						1.3	0.3	
22	431.0	15						1.4	0.3	
23	461.0	15						1.2	0.3	
24	369.0	15						1.3	0.4	
25	503.0	10						1.3	0.4	
26	484.0	10						1.2	0.4	
27	469.0	5						1.0	0.2	
28	481.0	5						1.0	0.2	
29										
30										
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 2161278 Name of Drinking Water System WOODMERE

Location: City of S/D JACKSONVILLE County DUVAL

Owned by SOUTHERN STATES UTILITIES INC. Month March 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month 1048

Design Flow 2.0 MGD Remarks (See reverse side) Phone No.: (904) 743-1888

I certify this report is correct Anthony J Colucci (Lead Operator's Signature) C-6617 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	17,839	257								Satisfactory
Average	575	8						1.0	0.3	
Maximum	819	15						1.3	0.5	
Minimum	394	5						1.0	0.2	
										REMARKS: Bact. Sample Pick Up
1	511	15						1.0	0.3	Bact's collected
2	498	15						1.2	0.4	
3	468	15						1.1	0.4	
4	473	15						1.1	0.5	
5	546	5						1.0	0.3	
6	629	5						1.0	0.2	
7	394	5						1.2	0.5	
8	481	5						1.2	0.5	
9	541	15						1.3	0.5	
10	505	5						1.2	0.3	
11	809	15						1.0	0.2	
12	562	5						1.1	0.3	
13	743	6						1.0	0.3	
14	595	5						1.0	0.2	
15	683	10						1.0	0.4	
16	531	10						1.0	0.3	
17	423	10						1.0	0.4	
18	423	5						1.2	0.2	
19	636	5						1.0	0.2	
20	482	5						1.0	0.4	
21	532	5						1.0	0.2	
22	634	6						1.0	0.3	
23	499	5						1.1	0.4	
24	524	5						1.0	0.4	
25	793	10						1.0	0.3	
26	819	15						1.0	0.4	
27	670	10						1.1	0.5	
28	565	5						1.0	0.4	
29	618	5						1.0	0.4	
30	628	5						1.2	0.5	
31	624	10						1.0	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 Name of Drinking Water System Woodmere WTP

Location: City or S/D Jacksonville County Duval

Owned by Southern States Utilities Inc Reporting Month April 1990

Plant Effluent pH _____ (Avg) No. of Services at End of Month _____

Design Flow 2.0 MGD Remarks (Use reverse side) Phone No.: (904) 743-1888

I certify this report is correct Anthony J. Colucci C - 6617
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	18,036.0	605						31.7	14.2		Satisfactory
Average	601.2	20						1.0	.5		
Maximum	888.0	35						1.3	0.7		
Minimum	397.0	10						1.0	0.3		
1	538.0	30						1.1	0.6		
2	397.0	35						1.0	0.4		
3	469.0	15						1.1	0.4		Bact Collection
4	565.0	35						1.2	0.4		
5	505.0	25						1.1	0.4		
6	593.0	15						1.0	0.5		
7	744.0	10						1.1	0.4		
8	661.0	10						1.0	0.4		
9	649.0	25						1.1	0.5		
10	490.0	25						1.1	0.5		
11	572.0	15						1.0	0.4		
12	532.0	25						1.1	0.4		
13	516.0	25						1.0	0.3		
14	848.0	25						1.1	0.4		
15	701.0	25						1.0	0.4		
16	564.0	15						1.0	0.4		
17	706.0	15						1.1	0.4		
18	700.0	15						1.0	0.5		
19	634.0	15						1.0	0.4		
20	564.0	15						1.0	0.5		
21	888.0	15						1.3	0.7		
22	623.0	15						1.0	0.4		
23	580.0	15						1.0	0.4		
24	465.0	15						1.1	0.5		
25	557.0	35						1.0	0.5		
26	644.0	35						1.1	0.4		
27	644.0	15						1.0	0.5		
28	636.0	15						1.0	0.5		
29	485.0	15						1.0	0.4		
30	566.0	15						1.1	0.3		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

FR Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 2161278 Name of Drinking Water System Woodmere WTP

Location: City of S/D Jacksonville County Duval

Owned by Southern States Utilities Inc. Month May 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month _____

Design Flow _____ Remarks (See reverse side) Phone No.: (904) 743-1888

I certify this report is correct Anthony J. Colussi 6-6617
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l	(RT)		
Monthly Total	21,170.0	565						31.9	15.5	Satisfactory
Average	682.9	18						1.0	0.5	
Maximum	1015.0	40						1.2	0.6	
Minimum	439.0	10						0.9	0.4	
										REMARKS: Bact. Sample Pick Up
1	598.0	15						1.1	0.5	
2	612.0	10						1.0	0.4	
3	762.0	10						1.0	0.5	
4	668.0	15						1.1	0.5	
5	540.0	15						1.0	0.4	
6	754.0	15						1.0	0.5	
7	613.0	30						1.1	0.5	
8	663.0	25						1.0	0.4	Bact. Collection
9	645.0	15						0.9	0.4	
10	559.0	10						1.0	0.5	
11	596.0	20						1.1	0.6	
12	616.0	15						1.0	0.5	
13	818.0	15						1.0	0.5	
14	902.0	15						1.1	0.4	
15	756.0	15						1.0	0.5	
16	792.0	15						1.1	0.5	
17	662.0	25						1.0	0.5	
18	603.0	15						1.0	0.5	
19	814.0	15						1.2	0.5	
20	718.0	15						1.0	0.5	
21	439.0	15						1.0	0.5	
22	571.0	20						1.0	0.5	
23	583.0	30						1.0	0.5	
24	667.0	15						1.0	0.5	
25	572.0	25						1.1	0.6	
26	645.0	40						1.0	0.5	
27	1015.0	10						1.0	0.5	
28	583.0	20						1.0	0.5	
29	816.0	15						1.0	0.6	
30	787.0	20						1.1	0.6	
31	740.0	20						1.0	0.6	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks: RE: Abnormal Cl use figures. It seems that the outside temperature affects the scale readings.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 2161278 Name of Drinking Water System Woodmere

Location: City of S/D Jacksonville County Duval

Owned by S. S. U. Services Month June 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month _____

Design Flow _____ Remarks (See reverse side) Phone No.: 904-743-1888

I certify this report is correct Anthony J. Clausi (Lead Operator's Signature) C-6617 (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	20,079	510						31.7	15.9	Satisfactory
Average	669.3	17						1.0	0.5	
Maximum	1020.0	25						1.3	0.6	
Minimum	427.0	10						1.0	0.5	
										REMARKS: Bact. Sample Pick Up
1	691.0	10						1.1	0.5	
2	717.0	15						1.0	0.5	
3	827.0	10						1.0	0.5	
4	670.0	20						1.0	0.5	
5	491.0	20						1.1	0.6	
6	524.0	20						1.0	0.5	
7	1020.0	10						1.1	0.5	
8	427.0	20						1.2	0.6	
9	672.0	20						1.3	0.5	
10	562.0	20						1.1	0.5	
11	574.0	20						1.0	0.5	
12	707.0	20						1.1	0.5	
13	690.0	30						1.2	0.5	Bact. collection.
14	767.0	20						1.1	0.5	
15	658.0	10						1.0	0.5	
16	671.0	20						1.1	0.5	
17	521.0	20						1.0	0.5	
18	715.0	10						1.2	0.6	
19	735.0	20						1.0	0.5	
20	810.0	10						1.0	0.6	
21	750.0	10						1.0	0.5	
22	710.0	25						1.0	0.6	
23	506.0	35						1.0	0.5	
24	699.0	10						1.0	0.6	
25	621.0	20						1.0	0.5	
26	657.0	20						1.1	0.6	
27	634.0	15						1.0	0.6	
28	789.0	10						1.0	0.5	
29	630.0	15						1.0	0.6	
30	629.0	15						1.0	0.5	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 2161278 Name of Drinking Water System Woodmere

Location: City of S/D Jacksonville County Duval

Owned by S. S. U. Services Month July 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month _____

Design Flow _____ Remarks (See reverse side) Phone No.: (904) 743-1888

I certify this report is correct Anthony J Collins C-6617
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	20168.0	665						32.3	16.5	Sat. Satisfactory
Average	650.5	21						1.0	0.5	
Maximum	995.0	50						1.4	0.7	
Minimum	352.0	5						0.9	0.3	
										REMARKS: Bact. Sample Pick Up
1	929.0	15						1.0	0.5	
2	995.0	15						1.0	0.4	
3	547.0	15						1.1	0.6	
4	447.0	20						1.0	0.5	
5	531.0	20						1.0	0.5	
6	486.0	20						1.0	0.5	
7	458.0	30						1.0	0.4	
8	791.0	20						1.0	0.5	
9	937.0	10						1.0	0.6	
10	744.0	10						1.0	0.5	
11	889.0	10						1.1	0.6	
12	743.0	20						1.0	0.6	
13	474.0	20						1.1	0.6	
14	750.0	30						1.0	0.5	
15	419.0	30						1.1	0.5	
16	612.0	10						1.0	0.6	Bact Collection
17	707.0	5						0.9	0.5	
18	758.0	20						1.0	0.5	recheck - satisfactory
19	636.0	20						1.1	0.6	recheck - satisfactory
20	650.0	10						1.0	0.5	
21	538.0	30						1.0	0.6	
22	621.0	30						1.0	0.6	
23	712.0	10						1.0	0.5	
24	658.0	15						1.0	0.6	
25	663.0	15						1.1	0.7	
26	673.0	30						1.0	0.5	
27	516.0	50						1.2	0.5	
28	352.0	40						1.4	0.6	
29	545.0	40						1.1	0.3	
30	712.0	30						1.1	0.5	
31	675.0	25						1.0	0.6	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 2161278 Name of Drinking Water System Woodmere

Location: City of S/D 5710 Edenfield Rd Jax. County Duval

Owned by S.S.U. Services Month August 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month _____

Design Flow _____ Remarks (See reverse side) Phone No.: (904) 743-1888

I certify this report is correct Anthony J. Ducci C-6617
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	17,690.0	670						35.3	16.5	2 rechecks
Average	570.6	22						1.1	0.5	Satisfactory
Maximum	826.0	40						3.0	1.1	
Minimum	218.0	10						1.0	0.4	
										REMARKS: Bact. Sample Pick Up
1	762.0	15						3.0	1.1	
2	616.0	20						1.0	0.2	
3	426.0	30						1.1	0.6	
4	481.0	10						1.0	0.5	
5	682.0	10						1.0	0.6	
6	826.0	40						1.1	0.5	
7	691.0	20						1.0	0.5	
8	443.0	20						1.0	0.6	
9	479.0	20						1.0	0.5	
10	601.0	20						1.1	0.6	
11	405.0	20						1.0	0.4	
12	507.0	20						1.1	0.4	
13	637.0	30						1.1	0.4	
14	575.0	20						1.0	0.4	Bact Collection
15	471.0	30						1.1	0.4	
16	586.0	30						1.2	0.4	
17	620.0	20						1.2	0.4	
18	218.0	30						1.2	0.5	
19	654.0	15						1.2	0.4	
20	780.0	15						1.1	0.5	
21	682.0	10						1.2	0.5	
22	678.0	30						1.1	0.6	
23	513.0	10						1.1	0.6	
24	354.0	30						1.0	0.5	
25	513.0	40						1.1	0.6	
26	645.0	15						1.0	0.4	
27	634.0	15						1.0	0.5	
28	608.0	20						1.1	0.6	
29	644.0	20						1.0	0.6	
30	515.0	15						1.1	0.6	
31	444.0	30						1.1	0.6	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 Name of Drinking Water System Woodmere

Location: City or S/D 5710 Edenfield Rd, Jacksonville County Duval

Owned by SSU Services, INC. Reporting Month September 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month

Design Flow Remarks (Use reverse side) Phone No.: 741-4188

I certify this report is correct Charles S Lewis C-2113
(Chief Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	19567	530	3.6					32.2	15.3		
Average	652	17.3	3.8					1.1	0.5		
Maximum	807	40	10.0					1.4	0.6		
Minimum	452	5	0.7					0.9	0.3		
1	485	30	7.3					1.2	0.4		
2	558	30	6.0					1.4	0.4		
3	645	30	5.6					1.0	0.3		
4	799	10	1.5					1.1	0.2		
5	611	20	3.9					1.0	0.5		
6	472	20	4.6					1.1	0.6	2w,6d	all Sat.
7	600	30	4.6					1.1	0.5		
8	680	10	1.8					0.9	0.3		
9	805	30	4.5					1.0	1.4		
10	738	20	3.2					1.0	0.5		
11	939	20	3.2					1.1	0.6		
12	676	20	3.5					1.1	0.5		
13	782	10	1.5					1.1	0.6		
14	585	20	4.1					1.0	0.5		
15	581	20	4.1					1.1	1.5		
16	687	30	4.1					1.0	1.5		
17	654	20	4.1					1.0	0.7		
18	681	10	1.8					1.1	0.6		
19	679	30	5.2					1.1	0.6		
20	716	20	3.3					1.1	0.6		
21	551	10	2.2					1.1	0.6		
22	521	5	1.2					1.1	0.5		
23	820	5	0.7					1.0	0.5		
24	907	20	2.6					1.1	0.6		
25	667	30	5.4					1.0	0.5		
26	678	30	5.4					1.1	0.6		
27	531	20	2.9					1.2	0.6		
28	482	40	10.0					1.1	0.5		
29	452	10	2.7					1.0	0.5		
30	513	30	7.2					1.0	0.5		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 Name of Drinking Water System Woodmere

Location: City or S/D Woodmere, Jacksonville County Duval

Owned by SSU Services Inc. Reporting Month October 1990

Plant Effluent pH _____ (Avg) No. of Services at End of Month _____

Design Flow _____ Remarks (Use reverse side) Phone No.: 1-904-743-1888

I certify this report is correct Charles D. Fender C-2119
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	17194	845						41.3	13.7		
Average	555	27.3	5.9					1.3	0.4		
Maximum	720	60	16.6					1.8	1.5		
Minimum	354	5	0.9					1.0	0.2		
1	531	40	9.03					1.7	0.4		
2	521	30	6.9					1.6	0.4		
3	584	10	2.1					1.7	0.4		
4	595	30	6.0					1.2	0.2	dw-82	All Sat.
5	598	30	6.0					1.8	0.4		
6	606	15	3.0					1.3	0.5		
7	701	25	4.3					1.2	0.5		
8	535	50	11.2					1.10	0.3		
9	577	20	4.2					1.1	0.3		
10	495	20	4.8					1.4	0.3		
11	457	20	5.3					1.5	0.3		
12	388	30	9.3					1.5	0.3		
13	720	15	2.5					1.3	0.5		
14	684	25	4.2					1.3	0.3		
15	433	60	16.6					1.4	0.4		
16	611	40	7.8					1.2	0.3		
17	546	20	4.4					1.2	0.3		
18	617	20	3.9					1.3	0.3		
19	523	30	6.9					1.3	0.3		
20	646	5	0.9					1.3	0.4		
21	613	30	5.9					1.3	0.3		
22	354	40	13.5					1.2	0.3		
23	480	20	5.0					1.2	0.5		
24	505	65	13.1					1.3	1.4		
25	594	15	3.3					1.3	0.4		
26	456	20	5.3					1.2	0.5		
27	475	20	5.0					1.2	0.3		
28	656	20	3.7					1.3	0.6		
29	655	30	5.5					1.3	1.5		
30	588	20	4.1					1.3	0.3		
31	495	40	9.7					1.4	0.5		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

R Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

DER ID No. 2161275 Name of Drinking Water System Woodmere

Location: City of S/D Jacksonville, Fl. County Duval

Owned by Southern States Utilities Services Inc. Month November 19 90

Plant Effluent pH _____ (Avg) No. of Services at End of Month _____

Design Flow _____ Remarks (See reverse side) Phone No.: 743-1555

I certify this report is correct _____ (Lead Operator's Signature) _____ (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine		•		•		Residual Chlorine mg/l Plant Effluent		Bacteriological MCL Violations
		Lbs. Used	mg/l	Lbs. Used	mg/l	Lbs. Used	mg/l		(RT)	
Monthly Total	16,132	1680	12.5					45.0		
Average	537.7	56	12.5					1.5	0.6	
Maximum	737	120	34.9					3.5	1.4	
Minimum	385	15	2.9					0.7	0.2	
										REMARKS: Bact. Sample Pick Up
1	587	35	7.1					1.2	0.6	
2	538	15	3.3					1.3	0.5	
3	577	40	9.3					1.3	0.5	
4	614	15	2.9					1.5	0.5	
5	571	35	7.3					1.3	0.6	
6	614	35	6.8					1.8	0.5	
7	557	35	7.6					1.4	0.6	
8	571	35	7.1					1.3	0.5	
9	385	45	14.0					1.8	0.6	
10	414	60	17.3					1.5	0.5	
11	577	70	14.5					1.8	0.4	
12	456	60	15.8					1.0	0.2	2w, 8d All Sat.
13	557	60	12.9					1.2	1.3	
14	526	60	13.7					0.7	0.9	
15	535	50	11.2					1.1	0.4	
16	496	70	16.9					1.8	0.6	
17	413	70	20.3					1.5	0.5	
18	580	70	14.5					1.3	0.5	
19	737	50	8.1					1.4	0.7	
20	480	40	10.0					1.2	0.5	
21	616	70	13.6					1.4	0.8	
22	639	70	13.1					1.5	0.6	
23	447	70	18.8					1.7	0.5	
24	560	40	8.6					1.0	0.5	
25	505	80	16.4					1.9	0.8	
26	643	50	9.3					1.3	0.7	
27	482	50	12.4					1.6	0.4	
28	581	90	18.6					1.3	0.6	
29	423	90	25.2					3.5	1.4	
30	412	120	34.9					2.4	1.6	
31										

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks: Pre Chlorination to reservoir installed – ppm not representitive.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 Name of Drinking Water System WOODMERE

Location: City or S/D Jacksonville Fl County Duval

Owned by SSU Services Inc Reporting Month DECEMBER 1990

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month

Design Flow Remarks (Use reverse side) Phone No.: 904 744-4188

I certify this report is correct Charles L Fender A-2119
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	15168	2,105	16.7					53.9	19.7		
Average	489	68	16.7					1.7	0.6		
Maximum	631	105	28.1					2.4	1.2		
Minimum	283	30	8.3					0.7	0.2		
1	440	85	23.0					1.5	0.4		
2	539	80	17.8					1.5	0.4		
3	631	60	11.4					1.2	0.6		
4	495	70	17.0					1.5	0.5		
5	531	90	20.3					1.6	0.5		
6	438	90	24.6					1.6	0.7		
7	388	80	24.7					2.3	1.2		
8	283	90	38.1					1.5	0.6		
9	434	90	24.9					1.5	0.6		
10	538	60	13.4					2.2	0.8		
11	486	50	12.3					2.1	0.5		
12	464	70	17.9					2.0	0.6	2w 8d	All Sat.
13	420	80	22.8					2.1	0.4		
14	432	60	16.7					2.0	0.5		
15	381	60	18.9					2.1	0.5		
16	523	90	18.5					2.1	0.4		
17	463	105	27.2					1.4	0.3		
18	499	55	13.2					2.1	0.9		
19	474	40	10.1					2.4	1.0		
20	619	50	9.7					2.1	0.8		
21	718	50	8.3					2.1	0.7		
22	407	50	14.7					2.0	0.8		
23	539	50	11.1					2.0	1.0		
24	561	50	10.4					2.2	1.0		
25	454	90	23.8					2.0	1.0		
26	479	30	7.5					0.7	0.4		
27	492	80	19.5					1.0	0.6		
28	324	60	22.2					1.2	0.7		
29	412	50	14.6					1.3	0.4		
30	533	70	15.7					1.2	0.3		
31	608	70	13.8					1.4	0.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

ER Form 17-22.999(3)
Effective November 1, 1987

Page 1 of 4

* CHLORINE CONSUMPTION INCLUDES PRE-CHLORINATION

Wootens - 446

Putnam County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by SSU Services Reporting Month Jan. 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 21

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C. 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals. or lbs. Used)	Chlorine mg/l						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	38.5	17.5	1224						14.4	4.4		
Average	1	.56	56						.7	.2		
Maximum	2	1	104						.8	.2		
Minimum	.5	.25	11						.6	.2		
1	2	1	83						.6	.2		
2	1	1	83						.6	.2	3	0
3	1	1	83						.6	.2		
4	1	1	42						.6	.2		
5												
6												
7	6	1.75	29						.6	.2		
8	.5	.25	33						.6	.2		
9	1	.5	47						.6	.2		
10	1	.5	60						.6	.2		
11	1	.5	42						.6	.2		
12												
13												
14	4	.5	11						.6	.2		
15	2	1	83						.6	.2		
16	1	.5	70						.6	.2		
17	1	.5	42						.6	.2		
18	1	.5	47						.8	.2		
19												
20												
21	3	1	28						.8	.2		
22	2	.5	42						.8	.2		
23	4	1	104						.8	.2		
24	1	.5	47						.8	.2		
25												
26												
27												
28	5	2.5	52						.8	.2		
29	1	.5	42						.8	.2		
30	1	.5	42						.6	.2		
31	1	.5	42						.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541220 Name of Drinking Water System (Wootens)

Location: City or S/D Georgetown County Putnam

Owned by (SSU Services) Reporting Month Feb. 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 21

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kalin C 5826
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	49	17.5	888					13.2	3.8		
Average	2	.63	47					.7	.2		
Maximum	3	1	84					.8	.2		
Minimum	1	.5	17					.6	.2		
1	1	.5	84					.8	.2		
2											
3											
4	3	.2	56					.8	.2		
5	1	1	83					.8	.2		
6	1	1	83					.8	.2		
7	.2	1	42					.8	.2		
8	.2	1	83					.6	.2		
9											
10											
11	4	.2	56					.6	.2		
12	.3	.5	91					.6	.2		
13	.2	.5	42					.6	.2	3	0
14	3	.5	91					.6	.2		
15	.2	.5	91					.6	.2		
16											
17											
18	6	1	17					.6	.2		
19											
20	3	1	34					.6	.2		
21	2	.5	42					.6	.2		
22	1	.5	42					.6	.2		
23											
24											
25	5	1	21					.8	.2		
26	1	1	83					.8	.2		
27	5	1	21					.8	.2		
28	3	1	42					.8	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by SSU Services Reporting Month March 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 21

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhlen C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	75	15.5	434					12.0	3.8		
Average	2	.2	23					.6	.2		
Maximum	9	.5	47					.8	.2		
Minimum	1	.5	12					.6	.2		
1											
2											
3											
4	11	1.5	14					.6	.2		
5	2	.5	21					.6	.2		
6	3	.5	21					.6	.2	3	0
7	2	.5	21					.6	.2		
8	2	.5	21					.6	.2		
9											
10											
11	9	1.5	18					.6	.2		
12	1	.5	47					.8	.2		
13	2	.5	21					.6	.2		
14	3	.5	21					.6	.2		
15	3	.5	21					.6	.2		
16											
17											
18	5	1.5	31					.8	.2		
19											
20											
21	7	2	28					.6	.2		
22	1	.5	42					.8	.2		
23											
24											
25	8	1.5	18					.6	.2		
26	3	.5	21					.6	.2		
27	3	.5	14					.6	.2		
28	2	.5	21					.6	.2		
29	2	.5	21					.6	.2		
30											
31	8	1	12					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens)

Location: City or S/D Georgetown County Putnam)

Owned by SSU Services) Reporting Month April 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 25

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5726
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	85	20.5	629					12.2	4.0		
Average	3	.68	31					.6	.2		
Maximum	5	1.5	104					.8	.2		
Minimum	1	.5	9					.6	.2		
1	1	1	83					.6	.2		
2											
3	5	3	63					.6	.2	3	0
4	3	1	42					.6	.2		
5	1	1	104					.8	.2		
6											
7											
8	9	1	10					.6	.2		
9	2	.5	21					.6	.2		
10	3	.5	21					.6	.2		
11	2	.5	21					.6	.2		
12	2	.5	21					.6	.2		
13											
14											
15	11	1	9					.6	.2		
16	5	1	21					.6	.2		
17	3	1	28					.6	.2		
18	3	1	28					.6	.2		
19	4	1	28					.6	.2		
20											
21											
22	9	3	36					.6	.2		
23	2	.5	21					.6	.2		
24	2	.5	21					.6	.2		
25											
26	5	1	21					.6	.2		
27											
28											
29	11	1	9					.6	.2		
30	2	.5	21					.6	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by SSU Services Reporting Month May 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 25

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify that reports are correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	88	14	415					11.8	4.0		
Average	3	.46	21					.6	.2		
Maximum	3	.5	42					.6	.2		
Minimum	1	.5	8					.4	.2		
1	3	.5	14					.6	.2		
2	1	.5	42					.6	.2		
3	3	.5	21					.6	.2		
4											
5											
6	10	2.5	26					.6	.2		
7	3	.5	21					.6	.2		
8	3	.5	21					.6	.2	3	0
9	3	.5	21					.6	.2		
10											
11											
12											
13	13	1	8					.6	.2		
14	3	.5	21					.6	.2		
15	2	.5	21					.6	.2		
16	2	.5	21					.4	.2		
17	2	.5	21					.6	.2		
18											
19											
20	13	1	8					.6	.2		
21	3	.5	14					.6	.2		
22	1	.5	42					.6	.2		
23	2	.5	21					.6	.2		
24	3	.5	21					.6	.2		
25											
26											
27	11	1	9					.6	.2		
28											
29	2	.5	21					.6	.2		
30											
31	5	1	21					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by SSU Services Reporting Month June 19 91

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 21

Design Flow 600000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	98	13.5	346					13.2	4.4		
Average	3	.45	16					.6	.2		
Maximum	6	.5	21					.6	.2		
Minimum	2	.5	5					.6	.2		
1	6	.5	8					.6	.2		
2											
3	6	1	17					.6	.2		
4	3	.5	14					.6	.2		
5	3	.5	14					.6	.2	3	0
6	3	.5	14					.6	.2		
7	2	.5	21					.6	.2		
8											
9											
10	9	1	12					.6	.2		
11	3	.5	21					.6	.2		
12	3	.5	21					.6	.2		
13	3	.5	14					.6	.2		
14	3	.5	21					.6	.2		
15											
16											
17	10	.5	5					.6	.2		
18	5	.5	11					.6	.2		
19	2	.5	21					.6	.2		
20	2	.5	21					.6	.2		
21	2	.5	21					.6	.2		
22											
23											
24	12	1.5	13					.6	.2		
25	4	.5	14					.6	.2		
26	3	.5	14					.6	.2		
27	4	.5	11					.6	.2		
28	3	.5	21					.6	.2		
29											
30	7	1	17					.6	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS No. 3511121 Name of Drinking Water System Waterloo

Location: City or S/D Wilmington County Halifax

Operated by CH Services Reporting Month July 1991

Average Effluent pH 7.2 (Avg) No. of Services at End of Month 21

Average Flow 600(K) Remarks (Use reverse side) Phone No.: 1-910-133-1601

Monthly data reported or corrected William K. Kelsi C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	97	15.5	367					10	3.6		
Average	3	.5	20					.6	.2		
Maximum	15	1	42					.6	.2		
Minimum	2	.5	10					.4	.2		
1	9	.5	14					.6	.2		
2	2	.5	21					.6	.2	3	0
3	2	.5	21					.5	.2		
4											
5	5	1	17					.5	.2		
6											
7	9	1	10					.5	.2		
8	5	1	21					.6	.2		
9	2	.5	21					.6	.2		
10	3	.5	14					.5	.2		
11	2	.5	21					.6	.2		
12											
13											
14	15	1.5	10					.6	.2		
15	5	.5	11					.6	.2		
16	5	1	21					.6	.2		
17											
18	7	1	14					.4	.2		
19	15	.5	21					.4	.2		
20											
21											
22	6	1.5	25					.6	.2		
23											
24											
25	7	1.5	21					.6	.2		
26	2	1	42					.6	.2		
27	2	1	42					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within five days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-1.200(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541110 Name of Drinking Water System WOOTENS

Location: City or S/D CRESCENT TOWN County Putnam

Owned by Self Services Reporting Month August 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 21

Treatment Flow 11.0071 Remarks (Use reverse side) Phone No.: 1-800-432-4501

Daily Work Report Completed William K. Kerkin C 5826

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	73	135						11.8	4.0		
Average	2	4						.6	.2		
Maximum	4	5						.6	.2		
Minimum	1	5						.4	.2		
1	2	5						.6	.2		
2											
3											
4											
5	7	1.8						.6	.2		
6	2	5						.6	.2	3	
7											
8	5	5						.6	.2		
9	2	5						.6	.2		
10											
11											
12	7	5						.6	.2		
13	2	5						.6	.2		
14	2	5						.6	.2		
15	1	5						.4	.2		
16	4	5						.6	.2		
17											
18											
19	9	3						.6	.2		
20	3	5						.6	.2		
21											
22	5	1						.6	.2		
23	6	5						.6	.2		
24											
25											
26	7	1						.6	.2		
27	3	5						.6	.2		
28	3	5						.6	.2		
29	3	5						.6	.2		
30	3	5						.6	.2		
31	3	5						.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within ten days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple.

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Hooptown County Putnam

Owned by SSU Services Reporting Month Sept. 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 21

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

Person who signs to correct William K. Kulin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals) or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	69	20.5	780					11.8	4.0		
Average	2	.68	31					.6	.2		
Maximum	4	1	83					.8	.2		
Minimum	1	.25	7					.4	.2		
1	4	.5	14					.6	.2		
2											
3	8	.5	7					.4	.2		
4	3	.5	21					.4	.2	3	1- Diat 2
5	2	1	42					.6	.2		
6	3	1	42					.6	.2		
7											
8											
9	5	2	42					.6	.2		
10	2	1	42					.6	.2		
11	1	1	83					.8	.2		
12	3	1	28					.6	.2		
13	1	1	83					.8	.2		
14											
15											
16	8	2	24					.6	.2	3	0
17	2	1	83					.8	.2		
18	2	1	42					.6	.2		
19											
20	3	1	28					.6	.2		
21											
22											
23	6	1	17					.4	.2		
24	2	1	42					.6	.2		
25	2	1	42					.6	.2		
26	2	1	42					.6	.2		
27	3	1	42					.6	.2		
28											
29											
30	7	1	14					.4	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-1.202(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by SSU Services Reporting Month Oct. 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 21

Average Flow 60000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct Jay A. Lloyd C-6963
(Plant Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine lbs. of Cl2 Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	57	12.75	732					11.6	4.6		
Average	2	.4	32					.5	.2		
Maximum	3	.75	47					.6	.2		
Minimum	1	.25	7					.4	.2		
1	2	.75	32					.6	.2		
2	1	.5	47					.6	.2		
3	2	.5	42					.6	.2		
4											
5	3	.5	14					.4	.2		
6											
7	4	.25	7					.4	.2		
8	1	.25	21					.4	.2		
9	2	.5	42					.4	.2	10	-0-
10	2	.5	21					.4	.2		
11	1	.5	42					.4	.2		
12											
13											
14	7	1	14					.6	.2		
15	2	.5	42					.6	.2		
16	3	.5	14					.6	.2		
17	2	.5	21					.6	.2		
18	2	.5	42					.6	.2		
19											
20											
21	7	.5	7					.6	.2		
22	2	.5	42					.6	.2		
23	1	.5	47					.4	.2		
24	2	.5	42					.4	.2		
25	1	.5	42					.4	.2		
26											
27											
28	6	1.5	25					.4	.2		
29	1	.5	42					.4	.2		
30	2	.5	42					.4	.2		
31	1	.5	42					.4	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

(Rule 17-3.[illegible])

Effective December 30, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Lynton

Location: City or S/D Hampton County Putnam

Owned by SSU SERVICES Reporting Month November 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 21

Designation (All wells) Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct _____ _____
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs.) Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	51	54	1434					9.8	4.2		
Average	2	1.3	47					.5	.2		
Maximum	4	3	274					.8	.2		
Minimum	1	.25	25					.4	.2		
1	1	1.5	125					.6	.2		
2											
3											
4	4	25	70					.6	.2		
5	1	.5	70					.4	.2		
6	2	.5	42					.4	.2	3	0
7	1	.5	47					.4	.2		
8	1	.25	25					.4	.2		
9											
10											
11	4	2.75	77					.4	.2		
12	1	2	278					.4	.2		
13	1	1.5	125					.4	.2		
14	2	1.5	63					.6	.2		
15	1	1.25	146					.6	.2		
16											
17											
18	4	4	111					.4	.2		
19	2	1.25	104					.4	.2		
20	3	2	56					.4	.2		
21	4	2	56					.4	.2		
22	1	1.75	23					.4	.2		
23											
24											
25	7	5.25	88					.4	.2		
26	3	2	56					.4	.2		
27	2	1	55					.4	.2		
28											
29	4	1.5	42					.4	.2		
30	2	3	115					.4	.2		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Effective 7-1-79(DER)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location City or S/D Georgetown County Putnam

Operated by SSU Services Reporting Month Dec. 1991

Chlorine Residual pH 7.5 (Avg) No. of Services at End of Month 21

Daily Flow 60,000 Remarks (Use reverse side) Phone No.: 904-649-4143

I certify this report is correct [signature] C-7251
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Pounds of Chlorine	Chlorine (with or w/o Hypo)	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Inp	Number of Samples Taken	Bacteriological MCL Violations
1	63	44.5	1503					11.4	6.0		
2	2	1.4	72					.5	.3		
3	9	3.5	167					2.4	3.0		
4	1	.5	19					.3	.2		
5	4	3	83					.6	.2		
6	3	2.5	105					.4	.2		
7	9	3.5	36					.4	.2		
8	1	1.5	125					.4	.2	3	0
9	2	.5	42					.4	.2		
10	1	.5	53					.4	.2		
11											
12											
13	5	2	42					.4	.2		
14	2	1	83					.4	.2		
15	1	1	83					.4	.2		
16	1	1	104					.4	.2		
17	1	1	83					.4	.2		
18											
19											
20	5	2.5	53					.4	.2		
21	1	.5	53					.4	.2		
22	2	.5	42					.4	.2		
23	1	.5	60					.4	.2		
24	2	1	83					.4	.2		
25											
26	7	12	167					.3	.2		
27											
28	4	3.75	73					2.4	3.0		
29											
30	2	2.25	19					.4	.2		
31											
32	7	3	31					.6	.2		
33	2	1	83					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

Form 17-3.208(5)
October 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2 5 4 1 2 8 0 Name of Drinking Water System WOOTENS

Location: City or S/O GEORGETOWN County PUTNAM

Owned by SOUTHERN STATES UTILITIES, INC. Reporting Month JAN. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 23

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5424
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals) or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	81	15.15	425					20.3	4.2		
Average	3	.51	20					1.0	.2		
Maximum	18	3	27					1.2	.2		
Minimum	1	.25	11					.6	.2		
1											
2	4	.75	21					1.0	.2		
3	3	.5	21					1.0	.2		
4	1	.25	21					1.2	.2		
5	2	.5	21					1.0	.2		
6											
7											
8	5	1.25	26					1.0	.2		
9	2	.25	11					.8	.2		
10											
11	4	.75	21					1.0	.2	3	0
12	2	.5	21					1.0	.2		
13											
14											
15	9	1.75	18					1.0	.2		
16	2	.5	21					1.0	.2		
17	2	.5	21					1.0	.2		
18	3	.75	21					.8	.2		
19	2	.25	11					.6	.2		
20											
21											
22	9	1.5	16					.9	.2		
23	1	.25	21					1.0	.2		
24	2	.5	21					1.0	.2		
25	1	.25	21					1.0	.2		
26	3	.5	21					.8	.2		
27	18	3	17					.6	.2		
28											
29	3	.75	21					.8	.2		
30	1	.25	21					1.0	.2		
31	2	.25	11					.8	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.709(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by SSU Services Reporting Month Feb. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 23

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keller C 5326
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		(gals) or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	75	14.75	404					17.4	4.2		
Average	3	.53	20					.9	.2		
Maximum	3	1	28					1.0	.3		
Minimum	2	.25	11					.6	.2		
1	3	.5	21					.8	.2		
2	2	.25	21					1.0	.2		
3											
4											
5	3	2	24					1.0	.2		
6	3	.5	21					.8	.2		
7	3	.25	21					.8	.2	3	1-Dist.1
8	3	.5	21					.8	.2		
9	3	.5	21					.8	.2		
10											
11											
12	8	1.75	21					.8	.2		
13	3	.5	21					.8	.2		
14	3	1	28					1.0	.3		
15	4	1	28					1.0	.2		
16	2	.25	21					1.0	.2		
17											
18											
19	6	1.25	21					1.0	.2		
20	2	.25	11					.6	.2		
21	2	.5	21					.8	.2	1	~~0~~
22	4	1	28					1.0	.3		
23	2	.25	11					.6	.2		
24											
25											
26	8	1.5	18					1.0	.2		
27	5	.5	11					.8	.2		
28	4	.5	14					1.0	.2		
29											
30											
31											

This form must be completed in full and submitted to the appropriate CER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

Form 17-22.909(3)
Effective January 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by Southern States Utilities Reporting Month March 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 23

Design Flow 60,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keilin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals or lbs Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l: Plant Effluent	Residual Chlorine mg/l: Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	97	22.75	786					27.6	7.0		
Average	3	.73	30					1.1	.3		
Maximum	8	2	42					1.4	.4		
Minimum	2	.5	21					.8	.2		
1	5	1.5	31					1.0	.2	3	0
2	3	1	42					1.1	.3		
3											
4											
5	13	4	33					.8	.2		
6	8	.5	42					1.2	.4		
7	3	.75	32					1.1	.3		
8	3	.75	32					1.2	.4		
9	2	.5	42					1.4	.4		
10	2	.5	21					1.1	.3		
11											
12											
13	9	2.5	30					1.0	.2		
14	3	1	28					.8	.2		
15	3	.5	42					1.1	.3		
16	3	1.5	42					1.0	.3		
17	2	.75	32					1.0	.2		
18											
19	7	1.75	24					.8	.2		
20	8	.75	32					1.0	.2		
21	8	.5	21					1.0	.2		
22	8	2	24					.8	.2		
23	5	1.25	26					1.0	.3		
24	3	.75	21					1.0	.2		
25	2	.5	21					1.1	.3		
26	2	.5	21					1.2	.3		
27	2	.5	42					1.4	.4		
28	3	.75	32					1.4	.3		
29	5	1.5	31					1.1	.3		
30	3	.5	21					1.0	.2		
31	2	.5	21					1.0	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape

DER Form 17-22.909(5)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by Southern States Utilities Reporting Month April 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 23

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5326
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	63	15	578					18.7	5.6		
Average	2	.5	24					.8	.2		
Maximum	4	1.25	42					1.1	.3		
Minimum	1	.25	11					.5	.2		
1	1	.5	42					.8	.3		
2	3	1.25	35					.8	.2		
3	3	.75	32					.6	.2		
4	3	.75	32					.6	.2		
5	1	.5	42					.5	.2		
6	2	.25	21					.8	.3		
7	1	.25	23					1.0	.2		
8	3	.25	11					.6	.2		
9	4	.75	16					.6	.2		
10	3	.5	14					.8	.3		
11	2	.5	21					.8	.2	3	⊖
12	2	.5	21					.6	.2		
13	1	.25	21					.6	.2		
14	1	.25	23					.8	.3		
15	1	.25	21					.8	.2		
16											
17	4	1	21					.6	.2		
18	2	.5	21					.6	.2		
19	2	.5	21					.8	.2		
20	2	.25	21					.8	.3		
21											
22											
23	10	2.5	26					1.0	.3		
24											
25	4	1	28					1.1	.3		
26	1	.25	21					1.0	.2		
27	1	.25	23					1.1	.3		
28											
29											
30	6	1.25	21					1.0	.2		
31											

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DER Form 17-22.999(3)
Effective December 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by Southern States Utilities Reporting Month May 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 23

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals or Lbs Used)	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly total	164	18.75	552					17.8	5.3		
Average	2	.60	28					.9	.3		
Maximum	4	1	42					1.1	.4		
Minimum	1	.25	11					.5	.2		
1	3	.5	21					.6	.2		
2	3	.5	21					.6	.2		
3	4	1	28					1.0	.3		
4	2	.5	21					1.0	.2		
5											
6											
7	8	.3	42					1.0	.2		
8	1	.25	21					1.0	.4		
9	2	.25	21					1.0	.3	3	o
10	3	.25	21					1.0	.4		
11	1	.25	23					1.1	.4		
12											
13											
14	5	2	42					1.0	.3		
15	2	.5	21					1.0	.3		
16											
17	3	1	28					1.1	.3		
18	1	.25	21					1.1	.4		
19											
20											
21	6	1	17					.6	.2		
22											
23	4	1	28					.7	.2		
24	2	.25	11					.5	.2		
25	3	.5	42					.7	.2		
26											
27											
28											
29	11	4.25	39					.8	.2		
30	2	.5	42					1.0	.2		
31	2	1	42					1.0	.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Notes: Fold top flap down, fold this flap up over it, then staple or tape.

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[illegible] 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by SSU Services Reporting Month June 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 58

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	81	15	410					11.9	3.5		
Average	3	.5	24					.7	.2		
Maximum	4	1.17	42					1.1	.3		
Minimum	2	.25	8					.4	.2		
1	2	.5	21					.8	.2		
2											
3											
4	7	1.75	24					.6	.2		
5											
6	5	.75	16					.8	.2	3	0
7	2	.5	21					.8	.2		
8	2	.5	42					1.0	.3		
9											
10											
11	12	3.5	29					.4	.3		
12	3	.5	21					.6	.2		
13											
14	6	.5	8					.4	.2		
15	2	.5	42					.8	.2		
16											
17											
18	7	2.5	35					.8	.2		
19	3	.5	21					.4	.2		
20											
21											
22	9	2.5	30					.6	.2		
23											
24											
25	7	2	28					1.0	.3		
26	3	.75	21					.8	.2		
27	2	.25	21					1.1	.3		
28											
29											
30	9	2.5	30					.8	.2		
31											

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DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by SSU Services Reporting Month July 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 23

Design Flow 60,000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kerlin C 5326
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l			Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	50	18	794			13.6	4.0		
Average	2	.58	40			.7	.2		
Maximum	3	1	92			1.0	.2		
Minimum	1	.25	21			.6	.2		
1	2	1	42			.6	.2		
2									
3	3	1	42			.6	.2		
4									
5	4	1	38			.7	.2	3	
6	2	1	83			.9	.2		
7									
8									
9	1	2.5	35			.7	.2		
10	2	.5	21			.6	.2		
11	1	.5	42			.6	.2		
12	3	.5	21			.7	.2		
13	2	.5	21			.7	.2		
14									
15									
16									
17	.6	2.5	42			.7	.2		
18	1	.25	21			.6	.2		
19	1	.25	21			.7	.2		
20	2	1	42			.6	.2		
21									
22									
23	3	2	42			.6	.2		
24	1	.5	42			.6	.2		
25	1	.5	47			.7	.2		
26	1	1	92			1.0	.2		
27	1	.5	47			.7	.2		
28									
29									
30	1	.5	21			.6	.2		
31						.7	.2		

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DER Form 17-22.999(3)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Whitens)

Location: City or S/D Georgetown County Putnam)

Owned by SSU Services) Reporting Month Aug 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 23

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kuhn C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals) or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l: Plant Effluent	Residual Chlorine mg/l: Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	38.5	15.75	1012					14.3	4.4		
Average	1	.51	46					.7	.2		
Maximum	3	1	140								
Minimum	.5	.25	14								
1	1	.5	42					.8	.2		
2	3	1	43					.8	.2		
3	1	.5	42					.6	.2		
4											
5											
6	2	1	43					.7	.2		
7	3	.5	14					.4	.2		
8	1	.5	21					.6	.2		
9	2	.5	42					.7	.2	3	
10	1	.5	47					.6	.2		
11											
12											
13	5	1	21					.6	.2		
14	.5	.5	140					.8	.2		
15	1	.25	26					.8	.2		
16	2	.5	42					.6	.2		
17	.5	.25	53					.6	.2		
18											
19											
20	4	2	42					.8	.2		
21	1	1	83					.6	.2	1	
22	1	.25	35					.6	.2		
23	1	.25	31					.6	.2		
24	1	.25	42					.6	.2		
25											
26											
27	4	2.25	47					.7	.2		
28											
29	2	1.25	52					.6	.2		
30	1	.75	63					1.0	.2		
31	.5	.25	53					.6	.2		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Hungertown County Putnam

Owned by SSU Services Reporting Month Sept. 19 90

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 23

Design Flow 600000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (gals. or lbs. Used)	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap	
Monthly Total	39.5	17.75	1076					14.0	4.0	
Average	1	.59	54					.7	.2	
Maximum	3	1.5	105					.9	.2	
Minimum	.5	.25	11					.6	.2	
1	3	.25	11					.8	.2	
2										
3										
4	3	.5	21					.6	.2	
5	1	.5	70					.9	.2	3	0
6										
7	2	1	42					.8	.2	
8										
9										
10	4	1.5	42					.8	.2	
11	1	.5	70					.6	.2	
12	1	.5	60					.8	.2	
13	2	.5	21					.8	.2	
14	1	.5	42					.6	.2	
15										
16										
17	6	2.5	42					.7	.2	
18	1	.5	70					.6	.2	
19	1	1	92					.8	.2	
20	1	.5	33					.6	.2	
21	1	1	83					.6	.2	1	
22										
23										
24	4	2.5	52					.6	.2	
25	1	.5	53					.9	.2	
26	2	1.5	63					.6	.2	
27	.5	.5	105					.6	.2	
28	2	.5	42					.8	.2	
29										
30	2	1	42					.6	.2	
31										

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by SSU Services Reporting Month Oct. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 23

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kelly C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals) or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	39.5	16	1123					14.5	4.5		
Average	1	.52	53					.7	.2		
Maximum	3	1	105					1.5	.4		
Minimum	.5	.5	21					.6	.2		
1	1	.5	60					.6	.2		
2	3	.5	21					.8	.2		
3	1	.5	53					.6	.2	3	0
4	1	.5	60					.6	.2		
5	1	.5	60					.6	.2		
6											
7											
8	4	1	24					.6	.2		
9	1	.5	53					.6	.2		
10	1	.5	60					.6	.2		
11											
12	2	1	83					.8	.2		
13											
14											
15	4	1.5	42					.6	.2		
16	1	.5	42					.6	.2		
17	1	.5	47					.6	.2		
18	3	.5	21					.6	.2		
19	1	1	92					1.5	.3		
20											
21											
22	4	2	56					.6	.2		
23	1	.5	42					.6	.2		
24	1	.5	47					.6	.2		
25	3	1	42					.6	.2		
26	1	.5	84					.8	.2		
27											
28											
29											
30	4	1.5	75					.6	.2		
31	.5	.5	105					1.0	.4		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

(DER Form 17-1.20(5))
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by SSU Services Reporting Month Nov. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 23

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Kulin C 5526
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	37	10.5	758					14.3	4.2		
Average	1	.35	36					.7	.2		
Maximum	2	.5	105					.8	.2		
Minimum	.5	.25	14					.5	.2		
1	2	.5	63					.6	.2		
2	1	.5	42								
3											
4								.6	.2		
5	4	1	28					.6	.2	3	E
6	1	.5	42					.6	.2		
7	1	.5	42					.8	.2		
8	1	.5	42					.8	.2		
9	.5	.25	33								
10											
11								.8	.2		
12	4	1	28					.6	.2		
13	2	.5	42					.6	.2		
14	1	.25	21					.8	.2		
15	1	.25	21					.8	.2		
16	1	.25	21								
17											
18								.8	.2		
19	4	.5	14					.6	.2		
20	1	.25	26					.5	.2	1	
21	1	.25	21								
22								.6	.2		
23	2	.5	21								
24											
25								.8	.2		
26	6	1	17					.8	.2		
27	.5	.25	105					.6	.2		
28	1	.25	29					.6	.2		
29	1	.25	35					.8	.2		
30	1	.25	35								
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 Name of Drinking Water System Wootens

Location: City or S/D Georgetown County Putnam

Owned by SSU Services Reporting Month Dec. 1990

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 23

Design Flow 60000 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct William K. Keilin C 5926
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine (Gals. or lbs. Used)	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	43	15	836					16.5	4.2		
Average	1	.48	46					.6	.2		
Maximum	3	1	138					1.0	.4		
Minimum	1	.25	11					.3	.2		
1	1	.5	47					.6	.2		
2											
3	2	1	42					.4	.2		
4	1	.25	23					.4	.2		
5								.4	.2	3	0
6	2	.25	11					.3	.2		
7											
8											
9											
10	4	2	42					.4	.2		
11	1	.5	53					.6	.2		
12	1	.5	42					.6	.2		
13	1	.5	53					.6	.2		
14	1	.5	42					.8	.2		
15											
16											
17	5	2	42					.8	.2		
18	1	.5	42					.6	.2		
19	1	.5	47					.6	.2		
20	1	1	83					.8	.3		
21	1	1	138					1.0	.4		
22											
23											
24	2	1	83					.8	.3		
25											
26	7	1	14					.6	.2		
27	3	.5	14					.6	.2		
28											
29											
30											
31	8	1.5	18					.6	.2		

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FDER Form 17-1.208(5)
Effective November 30, 1982

Zephyr Shores - 1427

Pasco County (SSU)

Water

- 1992 FPSC Filing -

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills

Location: City or S/D Hwy 54 W Zephyrhills County PASCO

Owned by SSU Services Reporting Month JAN 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 595

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Darryl A. Chaney C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1920	50						23.7	7.2		
Average	62	2						1.1	0.3		
Maximum	97	5						1.5	0.5		
Minimum	39	1						0.8	0.2		
1	77										
2	77	3	4.69					1.2	0.4		
3	85	3	4.23					1.2	0.4		
4	71	3	5.60					1.2	0.4		
5	98										
6	98										
7	88	3	4.11					0.8	0.2		
8	75	2	3.23					0.8	0.2		
9	97	1	1.23					0.8	0.2	7	0
10	78	1	1.54					0.8	0.2		
11	45	1	2.71					0.8	0.2		
12	50										
13	50										
14	50	3	7.32					0.8	0.2		
15	62	1	1.92					0.8	0.2		
16	42	2	5.74					0.8	0.2		
17	53	2	4.44					1.0	0.3		
18	39	1	3.03					1.0	0.2		
19	45										
20	45										
21	69	3	7.89					1.5	0.4		
22	58	2	3.57					1.4	0.4		
23	65	3	6.12					1.4	0.4		
24	45	3	5.55					1.4	0.4		
25	45	2	5.26					1.4	0.5		
26	49										
27	49										
28	49	5	12.20					1.2	0.5		
29	53	2	4.55					1.2	0.5		
30	54	2	4.08					1.2	0.5		
31	50	2	4.88					1.0	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Clare

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System ZEPHYR HILLS

Location: City or S/D Hwy 54 3 miles W ZephyrHills County Pasco

Owned by SSU SERVICES Reporting Month FEB 1991

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 596

Design Flow 792-GPD Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Jerry A. Chancy C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1912	52						29.1	7.8		
Average	68	1.86						1.4	0.4		
Maximum	121	2						1.5	0.5		
Minimum	40	1						1.2	0.3		
1	40	2	6.06					1.4	0.4		
2	50	2	4.76								
3	50	2	4.76								
4	60	2	4.00					1.4	0.5		
5	59	2	4.08					1.4	0.4		
6	41	2	5.88					1.4	0.4		
7	95	2	2.53					1.5	0.4		
8	43	2	5.56					1.5	0.5		
9	120	2	3.00								
10	120	2	3.00								
11	121	2	2.00					1.5	0.5		
12	90	2	1.33					1.4	0.4	5	0
13	97	2	2.47					1.4	0.4		
14	72	2	3.33					1.4	0.4		
15	52	2	4.65					1.2	0.2		
16	70	2	3.45								
17	70	2	3.45								
18	70	2	3.45					1.4	0.4		
19	96	2	2.50					1.4	0.4		
20	96	2	2.50					1.4	0.4		
21	58	2	4.17					1.4	0.4		
22	57	2	4.17					1.5	0.4		
23	97	1	1.23								
24	97	1	1.23								
25	99	2	3.41					1.5	0.4		
26	69	2	3.45					1.4	0.3		
27	69	1	1.72					1.3	0.2		
28	68	1	1.75					1.0	0.4		
29											
30											
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

Clerk

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System ZEPHYRHILLS MHC

Location: City or S/D W. Hwy 54, 3 miles W OF ZEPHYRHILLS County PASCO

Owned by SSU SERVICES Reporting Month MARCH 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 594

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Darrey A. Chancey S. C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gas, or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2026	65						26.5	7.2		
Average	65	2.8						1.3	0.3		
Maximum	113	3.0						1.5	0.4		
Minimum	51	1.0						0.8	0.2		
1	55	3	6.52					1.3	0.4		
2											
3											
4	203	6	3.55					1.4	0.4		
5	101	2	3.97					1.4	0.4		
6	68	3	5.26					1.4	0.4	5	0
7	87	2	2.74					1.3	0.3		
8	53	2	4.55					1.4	0.4		
9											
10											
11	155	5	3.88					1.4	0.4		
12	66	2	3.64					1.4	0.4		
13	73	3	4.92					1.4	0.4		
14	74	3	4.84					1.4	0.3		
15	51	1	2.33					1.4	0.3		
16											
17											
18	137	8	7.02					1.4	0.4		
19	69	2	3.45					1.5	0.4		
20	61	1	1.96					1.2	0.4		
21	61	2	3.93					1.2	0.4		
22	52	1	2.33					1.0	0.3		
23											
24											
25	272	10	4.41					1.0	0.2		
26	68	2	3.51					1.0	0.2		
27	91	2	2.63					1.0	0.3		
28	113	2	2.13					1.2	0.4		
29	52	1	2.33					0.8	0.3		
30	52	3	4.66								
31	52	3	4.66								

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills MHC

Location: City or S/D Hwy 54, 3 miles W. of Zephyrhills County Pasco

Owned by SSU Services Reporting Month April 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 594

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dennis M. Fuller R-6931
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,639	48	107.39					24.4	10.4		
Average	55	2	3.58					1.1	0.5		
Maximum	94	3	7.05					1.2	0.7		
Minimum	31	1/2	1.15					0.8	0.3		
1	52	2	4.61					1.0	0.4		
2	59	2	4.06					1.0	0.4		
3	86	2	2.79					1.0	0.5		
4	61	3	5.90					1.2	0.5		
5	94	3	3.83					1.2	0.5		
6	47	1	2.55								
7	47	1	2.55								
8	48	2	5.00					1.0	0.4		
9	83	2	2.89					1.2	0.5	7	1
10	32	2	7.49					1.0	0.5		
11	59	1	2.03					0.8	0.5		
12	51	2	4.70					1.0	0.5		
13	65	2	3.69								
14	65	2	3.69								
15	65	2	3.69					1.2	0.6		
16	71	2	3.38					1.2	0.6		
17	44	1	2.73					1.2	0.4		
18	51	3	7.05					1.2	0.6		Note: Bac-T result received 4/18 in the
19	38	1	3.16					1.2	0.5		us to take re-check
20	52	1/2	1.15								on 2 consecutive
21	53	1/2	1.15								days
22	52	1	2.31					1.2	0.5		0
23	51	1	2.53					1.2	0.4	1	0
24	31	1	3.87					1.2	0.6	1	
25	41	1	2.92					1.2	0.7		
26	43	2	5.58					1.2	0.5		
27	50	1	2.40								
28	50	1	2.40								
29	50	1	2.40					1.0			
30	49	2	4.89					1.0	0.7		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

Clear

DER ID No. 6512018 Name of Drinking Water System Zephyrhills MHC

Location: City of S/D Hwy 54, 3 miles West of Zephyrhills County Pasco

Owned by SSU Services Month May 19 91

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 594

Design Flow .792 Remarks (See reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Robert D Bassett [redacted] C3349
(Lead Operator's Signature) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Lbs. Used	Chlorine mg/l	• Lbs. Used	• mg/l	• Lbs. Used	• mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l (RT)	Bacteriological MCL Violations
Monthly Total	1,276	45	136					25	9.5	
Average	41	2	4.3					1.1	0.4	
Maximum	75	4	7.7					1.5	0.5	
Minimum	22	1	1.7					1.0	0.2	
										REMARKS: Bact. Sample Pick Up
1	60	2	4.0					1.0	0.2	
2	49	1	2.4					1.0	0.4	
3	42	2	5.7					1.0	0.4	
4	63	2	3.8							
5	63	2	3.8							
6	64	3	5.6					1.2	0.5	
7	69	1	1.7					1.0	0.4	5 - 0
8	75	4	6.4					1.2	0.5	
9	59	2	4.1					1.2	0.5	
10	31	2	7.7					1.0	0.4	
11	49	1	2.4							
12	49	1	2.4							
13	50	2	4.8					1.0	0.4	
14	53	2	4.8					1.2	0.5	
15	38	1	3.2					1.1	0.4	
16	33	1	3.6					1.2	0.5	
17	25	1	4.8					1.1	0.4	
18	29	1	4.1							
19	29	1	4.1							
20	30	1	4.1					1.2	0.4	
21	30	1	4.1					1.5	0.5	
22	26	1	4.8					1.0	0.4	
23	26	1	4.8					1.0	0.4	
24	22	1	5.5					1.2	0.5	
25	28	1	4.1							
26	29	1	4.1							
27	28	1	4.1							
28	29	1	4.1					1.2	0.5	
29	36	2	6.7					1.3	0.5	
30	35	1	3.4					1.2	0.4	
31	27	1	4.4					1.2	0.4	

Note: Fold top flap down, fold this flap up over it, then staple or tape.

Remarks:

DER FORM 17-1.122(28) Page 1 of 3

Clay

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills MHC

Location: City or S/D Hwy 54, 3 miles West of Zephyrhills County Pasco

Owned by SSU Services Reporting Month June 1991

Plant Effluent pH 7.2 (Avg) No. of Services at End of Month 594

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Robert M Brandt C3349
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,151	36	116.8					23.9	9.2		
Average	38	1.2	3.9					1.2	0.5		
Maximum	57	2	8.9					1.4	0.6		
Minimum	27	1/2	1.7					0.4	0.2		
1	46	2	5.2								
2	46	1	2.6								
3	46	1	2.6					1.2	0.4		
4	35	1	3.4					1.2	0.5		
5	35	1	3.4					1.3	0.5	5	0
6	29	1	4.1					1.2	0.5		
7	29	1	4.1					1.2	0.5		
8	35	1/2	1.7								
9	35	1/2	1.7								
10	35	1	3.4					0.4	0.2		
11	41	1	2.9					1.2	0.4		
12	49	1	2.4					1.2	0.4		
13	52	1	2.3					1.3	0.4		
14	43	1	2.8					1.2	0.4		
15	54	1	2.3								
16	53	2	4.5								
17	53	2	4.5					1.2	0.5		
18	57	2	4.2					1.2	0.5		
19	30	1	4.0					1.3	0.6		
20	27	1	4.4					1.3	0.5		
21	43	1	2.8					1.2	0.5		
22	30	1	4.0								
23	30	1	4.0								
24	30	2	8.0					1.2	0.5		
25	30	2	8.0					1.4	0.5		
26	38	1	3.2					1.4	0.5		
27	27	2	8.9					1.0	0.5		
28	29	1	4.1					1.3	0.4		
29	32	1	3.7								
30	32	1	3.7								
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

Clear

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills MHC

Location: City or S/D Hwy 54, 3 miles West of Zephyrhills County Pasco

Owned by SSU Services Reporting Month July 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 594

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Robert D Barnett C3309
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,108	40	136.5					24.6	8.7		
Average	36	1	4.4					1.2	0.4		
Maximum	59	3	11.2					1.3	0.6		
Minimum	24	1	2.3					1.0	0.3		
1	34	1	3.5					1.2	0.6		
2	35	1	3.4					1.0	0.5		
3	32	3	11.2					1.2	0.5		
4	34	1	3.5								
5	34	2	7.1					1.3	0.6		
6	38	1	3.2								
7	38	1	3.2								
8	38	1	3.2					1.2	0.5		
9	59	3	6.1					1.3	0.5		
10	40	1	3.0					1.2	0.4	5	0
11	30	1	4.0					1.3	0.4		
12	24	1	5.0					1.2	0.4		
13	26	1	4.6								
14	25	1	4.8								
15	25	1	4.8					1.3	0.4		
16	33	1	3.6								
17	33	1	3.6					1.3	0.3		
18	27	2	8.9					1.2	0.3		
19	26	1	4.6					1.2	0.3		
20	46	2	5.2								
21	46	2	5.2								
22	46	1	2.6					1.3	0.4		
23	52	1	2.3					1.3	0.4		
24	33	1	3.6					1.2	0.4		
25	36	1	3.3					1.0	0.3		
26	30	1	4.0					1.0	0.4		
27	39	1	3.1								
28	40	1	3.0								
29	40	2	6.0					1.0	0.4		
30	33	1	3.6					1.0	0.4		
31	36	1	3.3					1.0	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Clara

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills MHC

Location: City or S/O Hwy 54, 3 miles West of Zephyrhills County Pasco

Owned by SSU Services Reporting Month August 19 91

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 594

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-813-626-3011

I certify this report is correct Dennis M. Fuller B-6931
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1,085	34	117.5					24.7	8.3		
Average	35	1	3.8					1.2	0.4		
Maximum	59	3	6.5					1.3	0.6		
Minimum	24	1/2	1.7					1.0	0.3		
1	24	1	5.0					1.2	0.5		
2	25	1	4.8					1.1	0.4		
3	31	1/2	1.9								
4	31	1/2	1.9								
5	31	1	3.9					1.2	0.4		
6	29	1	4.1					1.0	0.4		
7	51	1	2.4					1.0	0.3	5	1 (TNTC)
8	37	2	6.5					1.2	0.4		
9	30	1	4.0					1.2	0.4		
10	42	2	5.7								
11	42	1	2.9								
12	42	1	2.9					1.2	0.4		
13	42	1	2.9					1.3	0.5		
14	47	1	2.6					1.2	0.4		
15	58	3	6.2					1.3	0.5		
16	26	1	4.6					1.2	0.4		
17	41	2	5.8								
18	41	1	2.9								
19	41	1	2.9					1.2	0.5	1	0
20	29	1	4.1					1.2	0.6		
21	34	1	3.5					1.2	0.5		
22	33	1	3.6					1.2	0.4		
23	24	1	5.0					1.2	0.4		
24	27	1	4.4								
25	27	1	4.4								
26	27	1	4.4					1.2	0.5		
27	31	1	3.9					1.0	0.4		
28	46	1	2.6					1.2			
29	30	1	4.0					1.2			
30	36	1/2	1.7								
31	30	1/2	2.0								

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills MHC

Location: City or S/O Hwy 54, 3 miles West of Zephyrhills County Pasco

Owned by SSU Services Reporting Month September 1991

Plant Effluent pH 7.3 (Avg) No. of Services at End of Month 594

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-813-626-3011

I certify this report is correct [signature] C 6805

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,751	54	115.1					23.9			
Average	58	2	3.8					1.1			
Maximum	92	3	7.5					3.0			
Minimum	32	1	1.5					0.5			
1	48	2	5.0								
2	48	2	5.0					1.2			
3	48	1	2.5					1.2			
4	55	2	4.4					1.2			
5	55	2	4.4					1.0			
6	54	2	4.4					1.2			
7	54	1	2.2								
8	54	1	2.2								
9	38	1	3.2					1.2			
10	50	3	7.2					1.0			
11	51	1	2.4					1.0		5	0
12	92	3	3.9					1.3			
13	44	2	5.4					3.0			
14	68	2	3.5					0.5			
15	72	2	3.3								
16	72	2	3.3					1.0			
17	83	2	2.9					1.0			
18	86	2	2.9					1.0			
19	78	1	3.2					1.2			
20	60	2	4.0					1.0			
21	64	2	3.8								
22	64	2	3.8								
23	64	1	1.9					0.7			
24	79	3	4.6					0.9			
25	81	1	1.5					0.8			
26	44	1	2.7					0.6			
27	32	2	7.5					1.0			
28	51	2	4.7								
29	51	2	4.7					0.9			
30	51	2	4.7								
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Chlorine

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills MHC

Location: City or S/D Hwy 54, 3 miles West of Zephyrhills County Pasco

Owned by SSU Services Reporting Month October 1991

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 594

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-813-626-3011

I certify this report is correct Bruce Batt C 6805

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1835	57	113.8					16.5			
Average	59	2	3.7					0.7			
Maximum	83	4	7.7					1.2			
Minimum	36	1	1.7					0.4			
1	51	1	2.4					0.7			
2	40	1	3.0					0.8		5	1 (C)
3	44	1	2.2					0.7			
4	44	1	2.7					0.4			
5	36	1	3.3								
6	36	1	3.3								
7	37	1	2.2					0.4			
8	44	1	2.7					0.4			
9	49	1	2.5					0.4			
10	47	3	7.7					0.4			
11	59	2	4.1					0.4			
12	62	2	3.9								
13	62	3	5.8								
14	64	3	5.6					1.2			
15	63	2	3.8					0.8			
16	63	2	3.8					0.7			
17	58	1	2.1					1.0			
18	63	2	3.8					1.0			
19	67	2	3.6								
20	67	2	3.6								
21	67	3	5.4					1.0			
22	70	1	1.7					0.9			
23	83	4	5.8					0.6			
24	66	1	1.8					0.6			
25	71	2	3.4					0.7			
26	73	2	3.3								
27	73	2	3.3								
28	75	3	4.8					1.0			
29	69	2	3.5					1.0			
30	67	1	1.8					0.6			
31	65	3	5.5					0.8			

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DER Form 17-1.208(5)
Effective November 30, 1982

Clark

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills MHC

Location: City or S/D Hwy 54, 3 miles west of Zephyrhills County Pasco

Owned by SSU Services Reporting Month November 19 91

Plant Effluent pH 7.7 (Avg) No. of Services at End of Month 594

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-813-626-3011

I certify this report is correct Bruce Batten C-6805
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l				
Monthly Total	2,031	67	124.7					25.1	2.3		
Average	.068	2	4.2					1.1	1.2		
Maximum	.099	4	12.6					1.4	1.2		
Minimum	.038	1	1.8					.4	1.1		
1	.065	2	3.7					.9			
2	.069	2	3.5								
3	.070	2	3.4								
4	.054	3	6.7					1.2			
5	.038	4	12.6					1.4			
6	.075	4	6.4					1.4			
7	.063	3	5.3					1.2			
8	.063	1	1.9					1.1		5	1 (C)
9	.052	2	4.6								
10	.050	2	4.8								
11	.065	2	3.7					1.0			
12	.063	2	3.8					1.1			
13	.068	2	3.5					1.1			
14	.063	2	3.8					1.2			
15	.070	2	3.4					1.1			
16	.082	2	2.9					1.1	1.1		
17	.099	3	3.6								
18	.091	2	2.6					1.2			
19	.065	3	5.5					1.0			
20	.082	2	2.9					1.2		1	0
21	.060	2	4.0					1.0		1	0
22	.075	2	3.2					1.0			
23	.060	2	4.0								
24	.065	2	3.7								
25	.061	2	3.9					1.2	1.2		
26	.057	2	4.2					1.0			
27	.065	3	5.3					1.1			
28	.073	2	3.3					1.2			
29	.066	1	1.8					1.2			
30	.092	2	2.6					1.2			
31											

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills MHC

Location: City or S/D Hwy 54, 3miles west of Zephyrhills County Pasco

Owned by SSU Services Reporting Month December 1991

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 594

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-813-626-3011

I certify this report is correct Bruce Batten C 6805

(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.985	46	86.1					25.4	8.8		
Average	.064	2	2.8					1.0	.5		
Maximum	.088	3	5.7					1.4	.8		
Minimum	.042	1	1.4					.2	.2		
1	.088	1	1.4								
2	.088	2	2.7					1.1			
3	.054	1	2.2					1.0			
4	.042	1	2.9					1.4			
5	.045	1	2.7					1.0	.6		
6	.047	1	2.6					1.4			
7	.050	1	2.4								
8	.070	1	1.7								
9	.050	2	3.0					.2			
10	.069	1	1.7					.5	.2		
11	.071	1	1.7					.6	.2	5	0
12	.064	1	1.9					1.3	.5		
13	.058	1	2.1					1.2			
14	.063	1	1.9					1.2	.6		
15	.060	1	2.0								
16	.054	1	2.1					1.0	.4		
17	.058	1	2.1					1.0	.5		
18	.076	1	1.6					1.0	.5		
19	.049	1	2.5					1.3	.4		
20	.057	2	4.2					1.2	.4		
21	.072	3	5.0					1.4	.6		
22	.063	3	5.7								
23	.063	2	3.8					.7	.3		
24	.052	2	2.9					1.2	.5		
25	.054	2	4.4					1.4	.8		
26	.050	1	2.4					1.3	.6		
27	.078	1	1.5					.8	.4		
28	.051	1	2.4					1.0	.4		
29	.075	3	4.8								
30	.076	2	3.2					1.2	.4		
31	.075	3	4.8					1.3	.6		

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DER Form 17-1.208(5)
Effective November 30, 1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills

Location: City or S/D Hwy 54 3 miles W Zephyrhills County Pasco

Owned by Southern States Utilities Reporting Month Jan 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 330

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dawn A. Chanay 18 C-5122
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l				Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1759	63	102.4					30.2	9.0		
Average	57	2	4.65					1.3	0.4		
Maximum	93	3	7.26					1.5	0.5		
Minimum	33	2	2.58					1.2	0.3		
1											
2	172	5	5.58					1.3	0.4		
3	60	3	4.00					1.4	0.5		
4	60	2	4.00					1.4	0.4	6	0
5	34	1	7.05					1.4	0.4		
6											
7											
8	127	4	5.67					1.4	0.5		
9	46	2	5.21					1.4	0.4		
10	46	2	5.21					1.4	0.4		
11	36	2	6.66					1.4	0.5		
12	33	2	7.26					1.4	0.5		
13											
14											
15	174	6	4.3					1.4	0.5		
16	53	2	4.52					1.4	0.4		
17	62	2	3.86					1.5	0.4		
18	53	2	4.52					1.5	0.4		
19	56	2	4.28					1.4	0.4		
20											
21											
22	173	5	3.46					1.2	0.3		
23	93	2	2.58					1.2	0.3		
24	69	2	3.47					1.2	0.2		
25	58	2	4.3					1.3	0.3		
26	58	2	4.5					1.3	0.3		
27											
28											
29	187	6	3.85					1.4	0.4		
30	58	2	4.13					1.5	0.5		
31	51	2	4.70					1.4	0.4		

1018 741 747

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills

Location: City or S/D Hwy 54 3 miles W Zephyrhills County Pasco

Owned by Southern States Utilities Reporting Month Feb 19 90

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 330

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Donna A. Chancey C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l						Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l					
Monthly Total	1842	56	74.76						40.6	11.2		
Average	66	2	2.67						1.45	.4		
Maximum	104	5	7.14						1.8	.6		
Minimum	56	1	1.15						1.0	.2		
1	90	1	1.33						1.0	0.2		
2	104	1	1.15						1.2	0.4		
3												
4												
5	152	3	1.97						1.4	0.4		
6	75	1	1.58						1.4	0.4		
7	74	1	1.62						1.4	0.3		
8	69	1	1.73						1.4	0.3		
9	37	1	1.35						1.4	0.4		
10												
11												
12	153	4	1.98						1.5	0.4	5	0
13	55	1	1.8						1.3	0.2		
14	65	2	3.69						1.3	0.3		
15	57	2	4.20						1.3	0.3		
16	96	5	6.25						1.4	0.5		
17												
18												
19	226	8	4.24						1.6	0.5		
20	59	3	6.09						1.8	0.5		
21	61	3	5.40						1.8	0.6		
22	55	3	4.36						1.6	0.5		
23	50	3	7.14						1.6	0.5		
24												
25												
26	150	5	6.39						1.6	0.5		
27	50	3	7.14						1.5	0.5		
28	74	3	4.54						1.5	0.5		
29												
30												
31												

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512015 Name of Drinking Water System Zephyrhills

Location: City or S/D Hwy 54 3 miles W Zephyrhills County Pasco

Owned by Southern States Utilities Reporting Month MARCH 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 446

Design Flow .792 Remarks (Use reverse side) Phone No. 1-800-432-4501

I certify this report is correct Dewey A. Chaney C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2412	86	94.18								
Average	80	3	3.13					1.5	0.5		
Maximum	106	5	6.98					1.6	0.5		
Minimum	52	2	2.19					1.4	0.4		
1	57	3	6.25					1.6	0.5		
2	52	3	6.95					1.5	0.5		
3											
4											
5	214	4	2.19					1.5	0.5		
6	90	2	2.66					1.5	0.5		
7	86	3	4.16					1.5	0.5	6	0
8	82	3	4.91					1.6	0.5		
9	78	4	6.15					1.5	0.5		
10											
11											
12	216	12	6.67					1.5	0.5		
13	79	3	4.55					1.6	0.5		
14	75	2	3.14					1.5	0.5		
15	75	2	3.19					1.5	0.5		
16	80	2	3.00					1.4	0.4		
17											
18											
19	317	14	5.30					1.4	0.5		
20	68	2	3.50					1.4	0.4		
21	74	2	3.24					1.5	0.5		
22	69	2	3.45					1.5	0.5		
23	106	2	2.12					1.5	0.4		
24											
25											
26	236	13	6.10					1.4	0.4		
27	53	2	3.25					1.4	0.4		
28	97	2	2.47					1.5	0.4		
29	66	2	3.64					1.5	0.4		
30	67	2	3.57					1.4	0.5		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.999(5)
Effective November 1, 1987

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills

Location: City or S/D Hwy 54 3 miles W Zephyrhills County Pasco

Owned by Southern States Utilities Reporting Month April 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month

Design Flow .792 Remarks (Use reverse side) Phone No. 1-800-432-4501

I certify this report is correct Steven A. Chaney C-5722
(Lead Operator's Signature) (Cert. Level) (Cert.

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriologic MCL Violations
Monthly Total	1858	84						26.7	8.7		
Average	60	3						1.3	0.4		
Maximum	80	4						1.6	0.5		
Minimum	35	2						0.8	0.2		
1											
2	163	4	2.94					1.3	0.4		
3	57	2	4.17					1.4	0.4		
4	87	2	5.13					1.4	0.5		
5	44	2	4.88					1.4	0.4		
6	71	4	6.78					1.5	0.4		
7											
8											
9	229	12	6.28					1.5	0.5		
10	54	2	4.44					1.5	0.4		
11	69	2	3.45					1.5	0.5		
12	46	2	5.26					1.6	0.5		
13	53	2	4.55					1.2	0.4		
14											
15											
16	183	5	3.29					1.2	0.4		
17	80	2	2.99					1.2	0.5		
18	80	3	4.49					1.3	0.5		
19	76	2	3.17					1.3	0.5		
20	35	3	13.69					0.8	0.2		
21											
22											
23	191	10	6.29					0.5	0.2		
24	52	3	6.98					1.2	0.4		
25	51	3	6.98					1.2	0.4		
26	61	3	5.91					1.0	0.4		
27	55	3	6.55					1.2	0.4		
28											
29											
30	156	13	10.00					1.2	0.4		
31											

This form must be completed in full and submitted to the appropriate DER or County Health Department off in 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple

DER Form 17-22.909(3)
Effective November 1, 1987

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 651 2018 Name of Drinking Water System Zephyrhills

Location: City or S/D Hwy 54 3 miles W Zephyrhills County Pasco

Owned by Southern States Utilities Reporting Month MAY 31 19 90

Plant Effluent pH 7.1 (Avg) No. of Services at End of Month 451

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-800 432 4501

I certify this report is correct Nelly A. Chancey C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals or lbs Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1773	56									
Average	57	2						1.2	0.4		
Maximum	96	5						1.3	0.5		
Minimum	35	1						1.1	0.3		
1	56	1	2.13					1.3	0.4		
2	77	1	1.56					1.2	0.4		
3	76	3	4.76					1.2	0.5		
4	57	2	4.17					1.2	0.5		
5											
6											
7	147	4	3.25					1.3	0.5		
8	69	2	3.45					1.3	0.5		
9	83	1	1.45					1.2	0.4		
10	44	2	5.41					1.2	0.4		
11	44	2	5.41					1.3	0.4		
12											
13											
14	145	4	3.36					1.3	0.5		
15	96	2	2.50					1.3	0.5		
16	65	2	2.56					1.3	0.4	5	A
17	81	5	7.35					1.2	0.4		
18	50	2	4.63					1.2	0.4		
19											
20											
21	248	6	3.47					1.3	0.4		
22	48	2	5.00					1.3	0.4		
23	47	2	5.13					1.3	0.5		
24	45	2	5.26					1.2	0.4		
25	46	2	5.26					1.2	0.4		
26											
27											
28	129	5	4.63					1.2	0.5		
29	44	1	2.70					1.3	0.5		
30	35	1	3.45					1.2	0.4		
31	82	2	2.94					1.2	0.3		

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-22.399(3)
Effective November 1, 1987

Charles

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills

Location: City or S/D Hwy 54 W Water Tr. Zephyrhills County Pasco

Owned by SSU Services Reporting Month June 1990

Plant Effluent pH 7.4 (Avg) No. of Services at End of Month 100

Design Flow .792 Remarks (Use reverse side) Phone No. 1-800-432-4501

I certify this report is correct Lesley A Chancey C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1349	53						26.7	9.6		
Average	47	2						1.3	0.5		
Maximum	82	3						1.4	0.6		
Minimum	18	2						1.2	0.3		
1	28	3	[illegible]					1.3	0.6		
2											
3											
4	123	8	3.90					1.2	0.6		
5	56	2	4.36					1.2	0.4		
6	69	2	3.45					1.2	0.5		
7	50	2	4.76					1.3	0.5		
8	18	2	[illegible]					1.3	0.5		
9											
10											
11	108	2	2.22					1.2	0.5		
12	36	2	6.67					1.3	0.5		
13	56	3	4.26					1.4	0.5	5	0
14	63	3	3.77					1.3	0.5		
15	32	2	7.41					1.3	0.5		
16											
17											
18	180	6	4.67					1.2	0.4		
19	67	2	3.57					1.4	0.5		
20	82	2	2.94					1.2	0.4		
21	64	3	3.77					1.2	0.3		
22	45	2	5.26					1.3	0.4		
23											
24											
25	107	6	6.74					1.2	0.5		
26	43	2	5.56					1.3	0.6		
27	40	2	6.06					1.3	0.3		
28	38	2	3.13					1.3	0.4		
29	43	2	5.56					1.3	0.4		
30											
31											

529

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Effective November 1, 1987

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AUG 15 1990

Cheryle

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills

Location: City or S/D 35231 E. Hwy 54, Zephyrhills County Pasco

Owned by SSU Reporting Month July 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 285

Design Flow .792 Remarks (Use reverse side) Phone No. 1-500-432-4501

I certify this report is correct Darrell A. Drake C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine ~~gals~~ or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1293	70						26	9.6		
Average	42	2						1.0	0.4		
Maximum	87	3						1.4	0.6		
Minimum	27	1						1.0	0.2		
1											
2	122	3	2.94					1.0	0.4		
3	36	3	10.00					1.0	0.4		
4	34	3	10.71					1.2	0.5		
5	31	3	11.54					0.8	0.2		
6	28	1	10.43					0.8	0.2		
7											
8											
9	130	1	10.93					1.0	<.3		
10	52	2	6.98					0.3	<.3	5	C
11	35	3	10.34					1.2	<.4		
12	37	3	9.68					1.4	<.4		
13	27	3	13.04					1.2	0.3		
14											
15											
16	94	5	11.54					1.2	0.6		
17	34	2	7.19					1.2	0.5		
18	35	2	6.90					1.2	0.5		
19	35	2	6.90					1.3	0.6		
20	37	2	6.45					1.3	0.5		
21											
22											
23	100	6	7.23					1.2	0.4		
24	37	2	6.45					1.2	0.5		
25	42	2	5.71					1.3	0.5		
26	43	2	5.56					1.4	0.6		
27	35	2	6.90					1.4	0.6		
28											
29											
30	184	6	3.90					1.3	0.6		
31	87	2	2.74					1.3	0.6		

865
669
428

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DER Form 17-22.999(3)
Effective November 1, 1987

Page 1 of 4

Charles

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills

Location: City or S/D 35231 E Hwy 54 Zephyrhills County Pasco

Owned by SSU Services Reporting Month August '90 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 285

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct D Avery A. Chancey C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1454	58						30.8	10.3		
Average	47	2						1.3	0.5		
Maximum	77	2						1.4	0.6		
Minimum	17	1						1.2	0.3		
1	76	2	3.39					1.4	0.6		
2	69	2	3.45					1.4	0.6		
3	43	2	5.56					1.3	0.5		
4											
5											
6	120	6	3.54					1.3	0.5		
7	61	2	3.92					1.4	0.6		
8	55	2	4.35					1.3	0.5		
9	59	2	4.08					1.3	0.5		
10	52	2	4.17					1.3	0.4		
11											
12											
13	95	3	9.76					1.4	0.4		
14	40	2	6.06					1.4	0.4		
15	62	2	5.71					1.4	0.4		
16	39	2	6.06					1.4	0.5		
17	42	1	2.86					1.4	0.4		
18											
19											
20	117	1	1.02					1.3	0.9		
21	52	2	4.65					1.4	0.4		
22	56	2	4.26					1.4	0.3		
23	51	2	4.65					1.3	0.4		
24	17	2	14.24					1.3	0.2		
25											
26											
27	117	6	6.03					1.4	0.3		
28	35	2	6.40					1.2	0.5		
29	44	2	5.41					1.2	0.5		
30	46	2	5.26					1.3	0.5		
31	47	2	5.13					1.3	0.5		

301 | 639

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DER Form 17-22.909(3)
Effective November 1, 1987

Charles

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills

Location: City or S/D Hwy 54 W. Zephyrhills County Pasco

Owned by SSC Services Reporting Month Sept 19 90

Plant Effluent pH 2.5 (Avg) No. of Services at End of Month 394

Design Flow .792 Remarks (Use reverse side) Phone No. 1-800-432-4501

I certify this report is correct Dewey A. Chaney C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine						Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
		gals. or lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1499	77						2.6	8.2		
Average	50	2.56						1.3	0.4		
Maximum	75	7.00						1.6	0.6		
Minimum	34	1.00						0.8	0.2		
1	40	2	6.06								
2	40	2	6.06								
3	40	2	6.06					1.5	0.4		
4	51	2	4.65					1.5	0.5		
5	39	2	6.06					1.0	0.4		
6	40	1	3.03					1.0	0.4		
7	40	1	3.03					1.0	0.3		
8	71	1	1.69								
9	71	1	1.69								
10	72	1	1.67					0.8	0.2		
11	25	2	3.17					1.0	0.2		
12	40	1	3.03					1.8	0.3	5	0
13	39	2	6.06					1.6	0.4		
14	45	1	2.63					1.2	0.4		
15	47	3	7.69								
16	47	3	7.69								
17	48	3	7.50					1.5	0.5		
18	48	3	7.50					1.4	0.4		
19	44	3	8.11					1.4	0.5		
20	44	3	8.11					1.4	0.5		
21	34	3	10.71					1.4	0.6		
22	54	4	8.89								
23	54	4	8.89								
24	54	5	11.11					1.6	0.4		
25	67	5	8.93					1.5	0.5		
26	70	4	6.90					1.6	0.4		
27	68	4	7.02					1.5	0.8		
28	35	7	24.14					1.6	0.5		
29	41	1	2.94								
30	41	1	2.94								
31											

578 | 702 | 1981

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DER Form 17-1.202(5)
Effective November 30, 1982

Charles

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills

Location: City or S/D Hwy 54 Zephyrhills County Pasco

Owned by SSU Reporting Month Oct 19 90

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 391

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Dewey A. Chancey C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	1784	85						33.5	10.0		
Average	58	3						1.45	0.4		
Maximum	97	6						1.60	0.5		
Minimum	25	1						1.30	0.3		
1	43	3	8.33					1.5	0.5		
2	41	6	17.69					1.5	0.5		
3	48	4	10.00					1.5	0.4		
4	50	3	7.14					1.4	0.3		
5	36	3	10.00					1.3	0.5		
6	68	3	5.26								
7	69	2	3.51								
8	68	3	5.26					1.4	0.5		
9	25	2	9.52					1.4	0.4		
10	25	2	9.52					1.4	0.4		
11	30	2	8.00					1.4	0.4		
12	31	2	7.69					1.4	0.4		
13	45	2	5.26								
14	44	1	2.70								
15	44	1	2.70					1.4	0.4		
16	20	2	9.00					1.4	0.4		
17	58	2	4.16					1.5	0.5	5	1
18	89	3	4.05					1.5	0.5		
19	44	3	8.82					1.4	0.4		
20	50	4	8.01								
21	60	4	8.00								
22	68	2	3.68					1.6	0.5		
23	69	3	5.17					1.4	0.4		
24	86	3	4.16					1.5	0.4		
25	48	2	5.00					1.5	0.5		
26	45	2	5.26					1.5	0.5		
27	61	2	3.92								
28	62	2	3.85								
29	63	4	7.55					1.4	0.4		
30	97	2	2.47					1.4	0.5		
31	77	4	6.25					1.6	0.5	2	0 (rechecks)

976 / 608

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DER Form 17-[illegible].208(5)
Effective November 30, 1982

Charles

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System Zephyrhills

Location: City or S/D Hwy 54 W Zephyrhills County Pasco

Owned by SSU Reporting Month NOV 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 304

Design Flow .792 Remarks (Use reverse side) Phone No. 1-800-432-4501

I certify this report is correct Larry Chancy C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine – lbs. Used	mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2134	60						23.2	16.1		
Average	71	2.7						1.0	0.5		
Maximum	109	4.0						1.5	0.6		
Minimum	53	1.0						1.0	0.3		
1	67	2						1.0	0.4		
2	70	2						1.0	0.4		
3	71	1									
4	71	1									
5	75	2						1.0	0.3		
6	91	4						1.0	0.4		
7	109	3						1.0	0.8	7	2 (TNTC)
8	89	3						1.2	0.5		
9	74	3						1.2	0.5		
10	59										
11	59										
12	60	3						1.2	0.5		
13	65	3						1.3	0.5		
14	91	3						1.2	0.5		
15	67	4						1.4	0.6		
16	76	3						1.4	0.6		
17	75										
18	75										
19	75	6						1.4	0.5		
20	67	3						1.4	0.5		
21	94	3						1.5	0.4	4	(resubmits)
22	54	2						1.4	0.5		
23	53	1						1.4	0.4		
24	54										
25	54										
26	54	4						0.4	0.4		
27	68	1						0.4	0.4		
28	98	1						0.5	0.4		
29	59	1						0.5	0.5		
30	70	2						0.5	0.4		
31											

5-10 | 9-9

This form must be completed in full and submitted to the appropriate DER or County Health Department office within 15 days after the month of record. Note: Fold top flap down, fold this flap up over it, then staple or tape.

DER Form 17-1.208(5)
Effective November 30, 1982

Charles

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6512018 Name of Drinking Water System ZEPHYRHILLS

Location: City or S/D HWY 54 W ZEPHYRHILLS County PASCO

Owned by SSU SERVICES Reporting Month DECEMBER 1990

Plant Effluent pH 7.5 (Avg) No. of Services at End of Month 280

Design Flow .792 Remarks (Use reverse side) Phone No.: 1-800-432-4501

I certify this report is correct Darry A. Chaney C-5722
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	2203	77						30.0	9.8		
Average	71	2.4						1.5	0.5		
Maximum	98	4.0						1.6	0.6		
Minimum	40	2.0						1.2	0.4		
1	75	2	3.17								
2	75	2	3.17								
3	75	2	3.17								
4	70	2	3.45					1.5	0.5		
5	84	2	2.86					1.5	0.6		
6	57	2	4.17					1.5	0.5	7	2
7	40	2	6.06					1.5	0.4		
8	60	2	4.00					1.5	0.4		
9	60	2	4.00								
10	60	4	8.00								
11	80	2	3.03					1.5	0.4		
12	85	2	2.82					1.5	0.4		
13	64	3	5.66					1.5	0.4		
14	63	2	3.77					1.6	0.5		
15	73	2	3.28					1.6	0.5		
16	73	2	3.28								
17	74	2	3.28								
18	82	4	5.88					1.6	0.5	2	0
19	98	4	4.88					1.4	0.5	2	0
20	74	4	6.45					1.4	0.5		
21	56	4	8.51					1.6	0.6		
22	71	2	6.90					1.6	0.6		
23	71	3	10.34								
24	71	3	10.00								
25	72	3	5.00					1.6	0.6		
26	72	3	5.00								
27	72	2	2.85					1.6	0.5		
28	60	3	6.00					1.4	0.5		
29	85	1	1.41					1.2	0.5		
30	85	2	2.82								
31	85	2	2.82					1.4	0.4		

1128 / 623 / 387

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Effective November 30, 1982