DOCKET 950495-WS
EXHIBIT NO. 67
NO. 96-04227

Original
FILE COPY

SSU
Southern States Utilities

BEFORE THE

FLORIDA PUBLIC SERVICE COMMISSION

DOCKET NO. 950495 - WS

APPLICATION FOR A GENERAL RATE INCREASE

VOLUME XI
BOOK 10 OF 17

ADDITIONAL ENGINEERING INFORMATION

Containing

1993 AND 1994
WATER MONTHLY OPERATING REPORTS (PLANTS I-P)
25-30.440 (4)

DRS-81

FLORIDA PUBLIC SERVICE COMMISSION
DOCKET NO. 950495 WS EXHIBIT NO. 67
COMPANY/ WITNESS: SSU/ Rudsen
DATE: 5/10/96

DOCUMENT NUMBER-DATE
06061 JUN 28 96
FPSC-RECORDS/REPORTING

SOUTHERN STATES UTILITIES, INC.
DOCKET NO. 950495-WS
VOLUME XI, BOOK 10 OF 17
ADDITIONAL ENGINEERING INFORMATION

1993 AND 1994 WATER MONTHLY OPERATING REPORTS (PLANTS I - P)

25-30.440 (4) F.A.C.: All water and wastewater plant operating reports for the test year and the year preceding the test year.

TABLE OF CONTENTS

PAGE

WATER MONTHLY OPERATING REPORTS

PLANT NAME

Imperial Mobile Terrace 1
Intercession City 25
Interlachen Lakes/Park Manor 49
Interlachen Lakes/**Park Manor** 73
Jungle Den 75
Keystone Club Estates 77
Keystone Heights 101
Kingswood 149
Lake Ajay Estates 151
Lake Brantley 175
Lake Conway Park 199
Lake Harriet Estates 201
Lakeside 225
Lakeview Villas 241
Lehigh 265
Leilani Heights 313
Leisure Lakes (Covered Bridge) 361
Marco Island 385
Marco Shores 445
Marion Oaks 481
Meredith Manor 505
Morningview 531
Oak Forest 555
Oakwood 579
Palisades Country Club 581
Palm Port 605
Palm Terrace 629
Palm Valley 677
Palms Mobile Home Park 693
Picciola Island 717
Pine Ridge 741
Pine Ridge Estates 789
Piney Woods 813
Point O' Woods 837
Pomona Park 861
Postmaster Village 885

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 242 No of People at End of Month 847.0
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis Moro C-6497/B. Heath C-5825/L.Shreffler C-6587/W.Fontaine C-6813
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 in Gallons	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	1,190,000	19.25		50.2					34.6	55.8	3	
Average	38,387	0.62		1.6					1.3	2.5		
Maximum	57,000	0.75		2.1					1.5	8.0		
Minimum	25,000	0.50		0.9					1.2	0.6		
1												
2	87,000	1.50		2.1					1.2	8.0		
3	35,000	0.50		1.7					1.2	8.0		Drain sght glss
4	36,000	0.50		1.7					1.2	8.0		Emer gen skd! run
5	39,000	0.50		1.5					1.2	8.0		
6	35,000	0.50		1.7					1.2	8.0		Chek emer gen
7	29,000	0.50		2.1					1.5	1.0		
8	35,000	0.50		1.7					1.5			
9												
10	77,000	1.25		1.9					1.2	0.9		Emer gen skd! run
11	43,000	0.75		2.1					1.4	1.1		
12	57,000	1.00		2.1					1.2	0.9		Chk emer gen
13	44,000	0.75		2.0					1.2	0.9	3	Compliance
14	33,000	0.50		1.8					1.5	1.0		Release air HPT
15	34,000	0.50		1.8					1.5			
16												
17	68,000	1.00		1.8					1.5	1.0		Emer gen skd! run
18	32,000	0.50		1.9					1.5	1.0		
19	31,000	0.50		1.9					1.5	1.0		Emer gen skd! run
20	28,000	0.50		2.1					1.5	1.0		Emer gn skd! run
21	25,000	0.50		2.4					1.5	1.0		
22	47,000	0.75		1.9					1.4			
23												
24	77,000	1.25		1.9					1.2	0.8		Release air HPT.
25	65,000	1.00		1.8					1.2	0.8		fill sght glss
26	46,000	0.75		2.0					1.2	0.8		Line flush
27	57,000	1.00		2.1					1.2	0.8		
28	36,000	0.50		1.7					1.2	0.8		
29												
30	66,000	1.25		2.3					1.2			
31	28,000	0.50		2.1					1.5	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.

DER Form 17-555910(2)
Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 242 No of People at End of Month 847.0

Design Flow 370 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/Brian Heath C-5825/L. Shreffler C-6587/W. Fontaine C-6813

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 in Gallons	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	1,173,000	21.00		51.5					35.1	19.8	7	
Average:	41,893	0.75		1.8					1.5	1.0		
Maximum:	72,000	1.50		2.5					1.5	1.1		
Minimum:	23,000	0.50		1.5					1.2	0.9		
1	37,000	0.50		1.6					1.5	1.0		
2	27,000	0.50		2.2					1.5	1.0		
3	38,000	0.50		1.6					1.5	1.0		Main repair -
4	57,000	1.00		2.1					1.5	1.0		line flush
5	52,000	1.00		2.3					1.5			
6												
7	91,000	1.50		2.0					1.5	1.1	2	Main brk/outage
8	38,000	0.75		2.4					1.5	1.0	2	Main brk/outage
9	48,000	0.75		1.9					1.5	1.0	3	Compliance
10	32,000	0.50		1.9					1.5	1.0		
11	38,000	0.75		2.4					1.5	0.9		
12	72,000	1.50		2.5					1.5			
13												
14	65,000	1.25		2.3					1.4	0.9		
15	29,000	0.50		2.1					1.5	1.0		Sched/emer/gen
16	40,000	0.75		2.2					1.5	1.0		
17	41,000	0.75		2.2					1.5	1.0		
18	23,000	0.50		2.6					1.2	0.9		
19	41,000	0.75		2.2					1.3			
20												
21	83,000	1.50		2.2					1.5	1.0		Sched/emer/gen
22	50,000	1.00		2.4					1.5	1.0		
23	63,000	1.00		1.9					1.5	1.0		
24	60,000	1.00		2.0					1.5	1.0		
25	26,000	0.50		2.3					1.5	1.0		
26	48,000	0.75		1.9					1.2			
27												
28	74,000	1.50		2.4					1.5	1.0		Sched/emer/gen
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 242 No of People at End of Month 847.0
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis Moro C-6497/W. Fontaine C-6813/B. Heath C-5825/L. Shreffler C-6557
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C. 5825 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,670,000	29.00		56.9					35.9	24.8	3	
Average:	53,871	0.94		1.8					1.4	1.1		
Maximum:	95,500	1.75		2.4					1.5	1.2		
Minimum:	25,000	0.50		1.8					0.5	0.9		
1	44,000	0.75		2.0					1.5	1.0		
2	41,000	0.75		2.2					1.5	1.0		
3	34,000	0.50		1.8					1.5	1.0		
4	25,000	0.50		2.4					1.5	1.0		
5	38,000	0.75		2.4					1.5			
6												
7	98,000	1.50		1.8					1.2	0.9		Skdl emer gen run
8	79,000	1.25		1.9					1.2	1.0	3	Compliance
9	44,000	0.75		2.0					1.2	0.9		Relse air HPT
10	57,000	1.00		2.1					1.2	0.9		
11	29,000	0.50		2.1					1.2	0.9		
12	50,000	1.00		2.4					1.2			
13												
14	112,000	2.00		2.1					1.5	1.2		Skdl emer gen run
15	67,000	1.00		1.8					1.5	1.2		Relse air HPT
16	57,000	1.00		2.1					1.5	1.2		New CL2
17	65,000	1.00		1.8					1.5	1.2		Relse air HPT
18	53,000	1.00		2.3					1.5	1.2		
19	44,000	0.75		2.0					1.5			
20												
21	191,000	3.50		2.2					0.5	1.2		Skdl emer gen run
22	61,000	1.00		2.0					1.4	1.2		Relse air HPT
23	69,000	1.00		1.7					1.5	1.2		
24	71,000	1.25		2.1					1.5	1.2		
25	78,000	1.25		1.9					1.5	1.2		
26	50,000	1.00		2.4					1.2			
27												
28	100,000	1.75		2.1					1.4	1.1		Skdl emer gen run
29	34,000	0.75		2.6					1.3	0.9		Relse air HPT
30	38,000	0.75		2.4					1.4	1.0		
31	41,000	0.75		2.2					1.5	1.2		Relse air HPT

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 242 No of People at End of Month 847.0

Design Flow 370 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis More C-6497/W, Fontaine C-6813/B, Heath C-5825/L, Shreffler C-6587

I certify this report is correct Donald B. Conder (Lead Operator's Signature) B (Cert. Level) 2403 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,757,000	31.50		59.1					41.3	27.6	9	
Average:	58,567	1.05		2.0					1.5	1.2		
Maximum:	103,000	2.00		2.4					2.0	1.5		
Minimum:	30,000	0.50		1.0					1.3	0.9		
1	62,000	1.00		1.9					1.5	1.2		
2	41,000	1.75		5.1					1.5			
3												
4	157,000	2.75		2.1					1.5	1.2		Schd emer gen run
5	79,000	1.25		1.9					1.5	1.2		
6	83,000	1.50		2.2					1.5	1.2	3	Compliance
7	64,000	1.00		1.9					1.5	1.2		
8	32,000	0.50		1.9					1.5	1.2		
9	63,000	1.00		1.9					1.8	1.5		Flushed lines
10	60,000	1.00		2.0					2.0	1.5		Flushed lines
11	57,000	1.00		2.1					1.5	0.9	3	Otage/Skd e gn run
12	103,000	2.00		2.3					1.3	0.9	3	Outage
13	76,000	1.25		2.0					1.5	1.2		
14	43,000	0.75		2.1					1.5	1.2		
15	45,000	0.75		2.0					1.5	1.2		
16	81,000	1.50		2.2					1.5			
17												
18	122,000	2.00		2.0					1.5	1.2		Schd emer gen run
19	67,000	1.50		2.1					1.5	1.2		
20	79,000	1.50		2.3					1.5	1.2		
21	68,000	1.00		1.8					1.5	1.2		
22	34,000	0.50		1.8					1.5	1.2		
23	37,000	0.75		2.4					1.5			
24												
25	60,000	1.00		2.0					1.5	1.2		Schd emer gen run
26	51,000	1.00		2.4					1.5	1.2		
27	31,000	0.50		1.9					1.6	1.2		
28	41,000	0.75		2.2					1.5	1.2		
29	38,000	0.75		2.4					1.5	1.2		
30	63,000	1.25		2.4					1.6			
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 242 No of People at End of Month 847.0

Design Flow 370 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/W, Fontaine C-6813/L, Shreffler C-6587/B, Heath C-5825

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 Gallons	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	2,072,000	35.50		54.8					33.3	21.5	11	
Average:	66,839	1.15		1.8					1.3	1.0		
Maximum:	88,000	2.75		2.5					1.5	1.2		
Minimum:	24,000	0.50		1.8					1.0	0.8		
1												
2	154,000	2.50		1.9					1.2	0.9		Sched e.gen run
3	65,000	1.00		1.8					1.2	0.9		Rised air HPT
4	43,000	0.75		2.1					1.0	0.8		
5	60,000	1.25		1.9					1.0	0.8		
6	73,000	1.25		2.1					1.2	0.9		
7	71,000	1.25		2.1					1.0			
8												
9	158,000	2.50		1.9					1.0	0.8		Sched e.gen run
10	74,000	1.25		2.0					1.0	0.8	7	Comp/outage
11	68,000	1.00		1.8					1.5	1.2	4	Outage/flushed
12	85,000	1.50		2.1					1.5	1.2		
13	84,000	1.50		2.1					1.5	1.2		
14	48,000	1.00		2.5					1.5			
15												
16	160,000	2.75		2.1					1.2	1.0		Sched e.gen run
17	54,000	1.00		2.2					1.2	1.0		
18	39,000	0.75		2.3					1.5	1.2		
19	79,000	1.50		2.3					1.5	1.2		
20	24,000	0.50		2.5					1.2	1.0		
21	51,000	1.00		2.4					1.5			
22												
23	153,000	2.50		2.0					1.4	1.0		E. gen ran 1.0 HRS
24	88,000	1.50		2.0					1.4	1.0		Rised air HPT
25	87,000	1.50		2.1					1.2	0.9		
26	75,000	1.25		2.0					1.2	0.9		E. gen maint. chk
27	74,000	1.25		2.0					1.5	1.0		Rised air HPT
28	51,000	1.00		2.4					1.5			
29												
30	97,000	1.50		1.9					1.2	0.9		Sched e.gen run
31	37,000	0.75		2.4					1.2	0.9		Rised air HPT

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 242 No of People at End of Month 847.0

Design Flow 370 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Morc C-6497/ Will Fontaine C-6813/Brian Heath C-5825

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 in Gallons	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	1,072,000	19.00		57.1					36.1	21.8	3	
Average:	35,733	0.63		1.9					1.4	1.0		
Maximum:	57,000	1.75		3.0					1.8	1.2		
Minimum:	15,000	0.50		1.6					1.2	0.8		
1	47,000	0.75		1.9					1.2	0.9		Cl2 installed
2	49,000	0.75		1.8					1.2	0.9		Rel air HPT
3	38,000	0.75		2.4					1.5	1.0		
4	39,000	0.75		2.3					1.5			
5												
6	107,000	1.75		2.0					1.5	1.0		Sched e gen run-
7	41,000	0.75		2.2					1.4	0.9		- rel air HPT
8	37,000	0.50		1.6					1.5	0.9		
9	26,000	0.50		2.3					1.5	0.9		
10	22,000	0.50		2.7					1.5	1.0		
11												
12	64,000	1.25		2.3					1.5			
13	54,000	1.00		2.2					1.5	1.2	3	Compliance-e gen
14	57,000	1.00		2.1					1.5	1.2		run pwer out
15	46,000	0.75		2.0					1.5	1.2		Rel air HPT
16	33,000	0.50		1.8					1.5	1.2		
17	25,000	0.50		2.4					1.2	0.9		
18	15,000	0.25		2.0					1.2			
19												
20	61,000	1.00		2.0					1.2	0.9		L&C POE smples
21	20,000	0.50		3.0					1.2	0.9		
22	29,000	0.50		2.1					1.3	0.8		
23	21,000	0.50		2.9					1.5	1.2		E. gen run pwr out
24	25,000	0.50		2.4					1.5	1.2		
25	24,000	0.50		2.5					1.5			
26												
27	67,000	1.00		1.8					1.2	0.8		Sched e gen run
28	41,000	0.75		2.2					1.8	1.0		
29	56,000	1.00		2.1					1.2	0.9		Flushed lines
30	28,000	0.50		2.1					1.2	0.9		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 242 No of People at End of Month 847.0

Design Flow 370 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/B. Heath C-5825/L. Shreffler C-6587/W. Fontaine C-6813

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 in Gallons	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	918,000	16.25		54.0					34.5	22.1	3	
Average:	29,613	0.52		1.7					1.4	1.1		
Maximum:	57,000	1.25		3.0					1.5	1.2		
Minimum:	16,000	0.25		1.6					1.0	0.9		
1	16,000	0.25		1.9					1.2	0.9		
2	39,000	0.75		2.3					1.0	0.9		
3												
4	56,000	1.00		2.1					1.2	0.9		Sched e gen run
5	27,000	0.50		2.2					1.2	0.9		
6	30,000	0.50		2.0					1.2	0.9		
7	27,000	0.50		2.2					1.2	0.9		Flushed lines
8	37,000	0.50		1.6					1.2	0.9		
9	20,000	0.50		3.0					1.2			
10												Sched e gen run-
11	47,000	0.75		1.9					1.5	1.0	3	Compliance
12	30,000	0.50		2.0					1.5	1.0		Flushed lines
13	21,000	0.50		2.9					1.5	1.0		
14	26,000	0.50		2.3					1.5	1.0		
15	23,000	0.50		2.6					1.5	1.0		
16	30,000	0.50		2.0					1.4			
17												
18	63,000	1.00		1.9					1.5	1.2		Sched e gen run
19	37,000	0.50		1.6					1.5	1.2		
20	43,000	0.75		2.1					1.5	1.2		
21	39,000	0.75		2.3					1.5	1.2		
22	27,000	0.50		2.2					1.5	1.2		
23	51,000	1.00		2.4					1.5			
24												
25	70,000	1.25		2.1					1.5	1.2		Sched e gen run
26	36,000	0.75		2.5					1.5	1.2		
27												
28	60,000	1.00		2.0					1.5	1.2		
29	34,000	0.50		1.8					1.5	1.2		
30	29,000	0.50		2.1					1.2			
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 243 No of People at End of Month 850.5
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis Moro C-6497/B. Heath C-5825/L. Shreffler C-6587/W. Fontaine C-6813
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 Gallons	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	1,010,000	17.25		55.9					40.1	32.4	3	
Average:	32,581	0.56		1.8					1.5	1.2		
Maximum:	43,000	1.25		2.9					1.5	1.2		
Minimum:	21,000	0.50		1.5					1.2	1.2		
1	70,000	1.25		2.1					1.5	1.2		Sched e.gen run
2	27,000	0.50		2.2					1.5	1.2		Rel air HPT
3	39,000	0.50		1.5					1.5	1.2		
4	33,000	0.50		1.8					1.5	1.2		
5	43,000	0.75		2.1					1.5	1.2		
6	31,000	0.50		1.9					1.5	1.2		
7												
8	60,000	1.00		2.0					1.5	1.2		Sched e.gen run-
9	34,000	0.50		1.8					1.5	1.2		rel air HPT
10	31,000	0.50		1.9					1.5	1.2	3	Compliance
11	32,000	0.50		1.9					1.5	1.2		
12	28,000	0.50		2.1					1.5	1.2		Rel air HPT
13	21,000	0.50		2.9					1.4	1.2		
14												
15	65,000	1.00		1.8					1.5	1.2		Sched e.gen run
16	29,000	0.50		2.1					1.5	1.2		Rel air HPT
17	24,000	0.50		2.5					1.5	1.2		
18	31,000	0.50		1.9					1.5	1.2		
19	38,000	0.50		1.6					1.5	1.2		
20	25,000	0.50		2.4					1.5	1.2		
21												
22	58,000	1.00		2.1					1.5	1.2		Sched e.gen run
23	27,000	0.50		2.2					1.5	1.2		Rel air HPT
24	29,000	0.50		2.1					1.5	1.2		
25	27,000	0.49		2.2					1.5	1.2		
26	28,000	0.51		2.2					1.5	1.2		
27	27,000	0.50		2.2					1.2	1.2		
28												
29	80,000	1.50		2.2					1.5	1.2		Sched e gen run
30	30,000	0.50		2.0					1.5	1.2		Rel air HPT-flushed
31	43,000	0.75		2.1					1.5	1.2		lines

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 244 No of People at End of Month 854.0
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis Moro C-6497/Will Fontaine C-6813/Lance Shreffler C-6587
I certify this report is correct Susan Hartle C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	916,000	16.75		57.4					41.6	29.0	3	
Average	30,533	0.56		1.9					1.6	1.3		
Maximum	52,000	1.00		2.9					1.8	1.5		
Minimum	14,000	0.25		0.8					1.2	1.0		
1	52,000	1.00		2.3					1.5	1.2		
2	34,000	0.50		1.8					1.5	1.2		
3	52,000	1.00		2.3					1.2			
4												
5	93,000	1.75		2.3					1.3	1.0		E gen ran
6	44,000	0.75		2.0					1.5	1.2		
7	41,000	0.75		2.2					1.5	1.2	3	gen ran -power
8	37,000	0.75		2.4					1.5	1.2		outage,compliance
9	25,000	0.50		2.4					1.5	1.2		
10	18,000	0.50		3.3					1.5			
11												
12	103,000	2.00		2.3					1.5	1.2		Sched emer gen run
13	37,000	0.50		1.6					1.5	1.2		
14	23,000	0.50		2.6					1.5	1.2		
15	25,000	0.50		2.4					1.5	1.2		
16	23,000	0.50		2.6					1.5	1.2		
17	35,000	0.50		1.7					1.5			
18												
19	34,000	0.50		1.8					1.8	1.5		Sched emer gen run
20	21,000	0.50		2.9					1.6	1.3		
21	23,000	0.50		2.6					1.8	1.5		
22	24,000	0.50		2.5					1.8	1.5		
23	18,000	0.25		1.7					1.8	1.5		
24	42,000	0.75		2.1					1.8			
25												
26	37,000	0.50		1.6					1.8	1.5		Sched emer gen run
27	18,000	0.25		1.7					1.8	1.5		
28	27,000	0.50		2.2					1.8	1.5		
29	16,000	0.25		1.9					1.8	1.5		Flushed lines
30	14,000	0.25		2.1					1.8	1.5		
31												

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 244 No of People at End of Month 854.0

Design Flow 370 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/William Fontaine C-6813/L. Shreffler C-6587

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 in Gallons	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	936,000	17.50		60.9					37.6	24.0	3	
Average:	30,194	0.56		2.0					1.4	1.1		
Maximum:	55,000	0.75		3.3					1.8	1.5		
Minimum:	17,000	0.25		1.6					1.0	0.8		
1	22,000	0.50		2.7					1.7			
2												
3	42,000	0.75		2.1					1.8	1.5		Sched e.gen run
4	17,000	0.25		1.8					1.8	1.5		
5	21,000	0.50		2.9					1.8	1.5	3	Compliance
6	22,000	0.50		2.7					1.8	1.5		
7	20,000	0.50		3.0					1.8	1.5		
8	37,000	0.75		2.4					1.8			
9												
10	61,000	1.00		2.0					1.8	1.5		Sched e.gen run
11	23,000	0.50		2.6					1.8	1.5		
12	26,000	0.50		2.3					1.7	1.3		
13	18,000	0.50		3.3					1.8	1.4		
14	21,000	0.50		2.9					1.8	1.3		Reduce Cl2 feed
15	41,000	0.75		2.2					1.0			
16												
17	38,000	0.75		2.4					1.3	1.0		Sched e.gen run
18	31,000	0.50		1.9					1.3	1.0		
19	40,000	0.75		2.2					1.2	0.8		
20	34,000	0.75		2.6					1.3	0.9		
21	41,000	0.75		2.2					1.4	1.0		
22	37,000	0.75		2.4					1.4			
23												
24	110,000	1.75		1.9					1.3	0.8		Sched e.gen run
25	40,000	0.75		2.2					1.0	0.8		
26	44,000	0.75		2.0					1.0	0.8		
27	30,000	0.50		2.0					1.0	0.8		
28	26,000	0.50		2.3					1.0	0.8		
29	37,000	0.50		1.6					1.0			
30												
31	57,000	1.00		2.1					1.0	0.8		Sched e.gen run

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Teveres

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 244 No of People at End of Month 854.0

Design Flow 370 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/W, Fontaine C-6813/L Shreffler C-6587

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

Days of Month	Total Water Treated in in Gallons	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	897,000	15.50		52.8					32.8	19.3	3	
Average	29,900	0.52		1.8					1.3	0.9		
Maximum	59,000	1.00		3.5					1.5	1.0		
Minimum	15,000	0.25		1.3					1.1	0.8		
1	33,000	0.50		1.8					1.1	0.8		
2	34,000	0.50		1.8					1.2	0.9	3	Comp.air from HPT
3	30,000	0.50		2.0					1.2	0.9		
4	34,000	0.50		1.8					1.2	0.9		
5	59,000	1.00		2.0					1.2			
6												
7	69,000	1.25		2.2					1.2	0.9		Sched e.gen.run
8	39,000	0.75		2.3					1.2	0.9		e.gen. run 1/4hr
9	47,000	0.75		1.9					1.2	0.9		
10	42,000	0.75		2.1					1.2	0.9		Air from HPT
11	24,000	0.50		2.5					1.2	0.9		
12	17,000	0.50		3.5					1.2			
13												
14	51,000	1.00		2.4					1.5	1.0		Sched e.gen.run
15	22,000	0.50		2.7					1.5	1.0		
16	19,000	0.25		1.6					1.5	1.0		
17	22,000	0.50		2.7					1.5	1.0		
18	19,000	0.25		1.6					1.5	1.0		
19	28,000	0.50		2.1					1.5			
20												VOCs pulled
21	45,000	0.50		1.3					1.2	0.8		Sched e.gen.run
22	15,000	0.25		2.0					1.4	1.0		DEP insp
23	33,000	0.50		1.8					1.5	1.0		
24												
25	44,000	0.75		2.0					1.4	1.0		
26	36,000	0.75		2.5					1.5			
27												
28	62,000	1.00		1.9					1.2	0.8		Sched e.gen.run
29	45,000	0.75		2.0					1.3	0.9		Air HPT
30	28,000	0.50		2.1					1.2	0.8		Flushed lines
31												

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.

ER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 244 No of People at End of Month 854.0
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis Moro C-6497/L, Shreffler C-6587/W, Fontaine C-6813
I certify this report is correct [signature] C 6813
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	710.000	13.25		61.7					35.4	21.8	3	
Average:	22.903	0.43		2.0					1.3	1.0		
Maximum:	34.000	0.50		3.3					1.6	1.3		
Minimum:	14.000	0.25		1.7					1.0	0.7		
1	27.000	0.50		2.2					1.2	0.8		
2	18.000	0.25		1.7					1.2	0.8		
3	29.000	0.50		2.1					1.3			
4												
5	59.000	1.00		2.0					1.0	0.7		Sched e.gen run
6	22.000	0.50		2.7					1.0	0.7	3	Compliance
7	27.000	0.50		2.2					1.0	0.7		Released air HPT
8	23.000	0.50		2.6					1.0	0.7		
9	24.000	0.50		2.5					1.0	0.7		
10	34.000	0.50		1.8					1.0			
11												
12	44.000	0.75		2.0					1.2	0.9		Sched e.gen run
13	15.000	0.25		2.0					1.2	0.9		
14	24.000	0.50		2.5					1.2	0.9		Released air HPT
15	22.000	0.50		2.7					1.2	0.9		
16	15.000	0.25		2.0					1.5	1.0		
17	26.000	0.50		2.3					1.2			
18												
19	44.000	0.75		2.0					1.5	1.2		Sched e.gen run
20	23.000	0.50		2.6					1.5	1.2		
21	24.000	0.50		2.5					1.5	1.2		
22	14.000	0.25		2.1					1.5	1.2		
23	18.000	0.50		3.3					1.6	1.3		
24	15.000	0.25		2.0					1.6			
25												
26	35.000	0.50		1.7					1.5	1.2		Sched e.gen run
27	29.000	0.50		2.1					1.5	1.2		
28	23.000	0.50		2.6					1.5	1.2		
29	32.000	0.50		1.9					1.5	1.2		
30	21.000	0.50		2.9					1.5	1.2		Released air HPT.
31	23.000	0.50		2.6					1.5			Flushed lines

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 243 No of People at End of Month 850.50
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Brian E. Heath C-5825 / Dennis Moro C-6497
I certify this report is correct (Original signed by Dennis W. Moro C-6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	973.0	29.00		52.7					28.4	22.3	3	
Average:	32.4	1.00		2.1					1.1	0.9		
Maximum:	67.0	1.00		2.7					1.2	1.0		
Minimum:	16.0	0.25		1.4					1.0	0.8		
1												
2	89.0	1.50		2.0					1.2	0.9		
3												
4	90.0	1.50		2.0					1.2	0.9		
5	39.0	0.75		2.3					1.2	1.0		
6	29.0	0.50		2.1					1.2	1.0		
7	29.0	0.50		2.1					1.2	0.9		
8	30.0	0.50		2.0					1.2	1.0		
9	22.0	0.50		2.7					1.2	0.9		
10												
11	52.0	1.00		2.3					1.2	0.9		
12	27.0	0.50		2.2					1.2	0.9		
13	44.0	0.75		2.0					1.2	0.9	3	
14	30.0	0.50		2.0					1.2	0.9		
15	22.0	0.25		1.4					1.2	0.9		
16												
17	44.0	0.75		2.0					1.2	1.0		
18	30.0	0.50		2.0					1.0	0.8		
19	45.0	0.75		2.0					1.0	0.8		
20	19.0	0.25		1.6					1.0	0.8		
21	32.0	0.50		1.9					1.0	0.8		
22	32.0	0.50		1.9					1.0	0.8		
23	67.0	1.00		1.8					1.0	0.8		
24												
25	60.0	1.00		2.0					1.0	0.8		
26	25.0	0.50		2.4					1.0	0.8		
27	33.0	0.75		2.7					1.2	1.0		
28	22.0	0.50		2.7					1.2	1.0		
29	16.0	0.25		1.9					1.2	1.0		
30	45.0	1.00		2.7					1.2	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 243 No of People at End of Month 850.50
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Brian E. Heath C-5825
I certify this report is correct (Original signed by Dennis W. Moro C-6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1025.0	18.75		53.2					28.0	21.6	3	
Average	38.0	0.70		2.2					1.2	0.9		
Maximum	51.0	1.00		2.8					1.2	1.0		
Minimum	25.0	0.50		1.6					1.0	0.8		
1	62.0	1.00		1.9					1.0	0.8		
2	33.0	0.50		1.8					1.0	0.8		
3	41.0	0.75		2.2					1.0	0.8		
4	51.0	1.00		2.4					1.2	0.9		
5	48.0	0.75		1.9					1.2	0.9		
6	57.0	1.00		2.1					1.2	0.9		
7												
8	61.0	1.00		2.0					1.0	0.8		
9	37.0	0.50		1.6					1.2	0.9	3	
10	42.0	0.75		2.1					1.2	0.9		
11	25.0	0.50		2.4					1.2	0.9		
12	31.0	0.50		1.9					1.2	1.0		
13	35.0	0.75		2.6					1.2	0.9		
14												
15	73.0	1.25		2.1					1.2	0.9		
16	46.0	1.00		2.6					1.2	1.0		
17	40.0	0.75		2.2					1.2	0.9		
18	25.0	0.50		2.4					1.2	1.0		
19	36.0	0.75		2.5					1.2	0.9		
20	35.0	0.75		2.6					1.2	1.0		
21												
22	82.0	1.50		2.2					1.2	1.0		
23	32.0	0.75		2.8					1.2	0.9		
24	33.0	0.75		2.7					1.2	0.9		
25	38.0	0.75		2.4					1.2	0.8		
26	30.0	0.50		2.0					1.2	0.9		
27	32.0	0.50		1.9					1.2	0.9		
28												
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350564 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 243 No of People at End of Month 851
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. MOro C-6497 / Lance D. Shreffler C-6587 / Brian E. Heath C-5825
I certify this report is correct (Original signed by Dennis W. Moro C-6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1177.0	19.5		54.3					31.6	24.8	3	
Average:	38.0	0.63		2.0					1.2	0.9		
Maximum:	65.0	1.00		2.7					1.2	1.0		
Minimum:	20.0	0.25		1.5					1.0	0.8		
1	65.0	1.00		1.8					1.2	0.9		
2	37.0	0.50		1.6					1.2	0.9		
3	43.0	0.75		2.1					1.2	0.9		
4	40.0	0.75		2.2					1.2	0.9		
5	24.0	0.50		2.5					1.2	0.9		
6	37.0	0.50		1.6					1.2	0.9		
7												
8	66.0	1.00		1.8					1.2	0.9		
9	44.0	0.75		2.0					1.2	1.0	3	
10	61.0	1.00		2.0					1.0	0.8		
11	60.0	1.00		2.0					1.0	0.8		
12	49.0	0.75		2.4					1.0	0.8		
13	39.0	0.75		2.3					1.2	0.9		
14												
15	71.0	1.25		2.1					1.2	0.9		
16	46.0	0.75		2.0					1.2	0.9		
17	36.0	0.50		1.7					1.2	0.9		
18	24.0	0.50		2.5					1.2	0.9		
19	26.0	0.50		2.3					1.2	0.9		
20	36.0	0.50		1.7					1.2	1.0		
21												
22	62.0	1.00		1.9					1.2	1.0		
23	31.0	0.50		1.9					1.2	1.0		
24	32.0	0.50		1.9					1.2	1.0		
25	38.0	0.50		1.6					1.2	1.0		
26	20.0	0.25		1.5					1.2	1.0		
27	33.0	0.50		1.8					1.2	1.0		
28												
29	66.0	1.00		1.8					1.2	0.9		
30	46.0	1.00		2.6					1.2	1.0		
31	45.0	1.00		2.7					1.0	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location: City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 239 No of People at End of Month 836.50
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Brian E. Heath C-5825 / Lance D. Shreffler C-6587
I certify this report is correct (Original signed by Dennis W. Moro C-6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1775.0	31.0		53.5					30.7	21.7	11	
Average:	59.1	1.00		2.1					1.2	0.8		
Maximum:	98.0	2.00		2.6					1.5	1.0		
Minimum:	30.0	0.50		1.8					1.0	0.7		
1	33.0	0.50		1.8					1.2	0.9		
2	30.0	0.50		2.0					1.0	0.8		flushing
3	48.0	1.00		2.5					1.2	0.8		
4												
5	68.0	1.00		1.8					1.2	0.8		
6	26.0	0.50		2.1					1.2	0.8		
7	65.0	1.00		1.8					1.2	0.8	3	motot lubricated
8	61.0	1.00		2.0					1.2	0.8		
9	55.0	1.00		2.2					1.2	0.8		
10	47.0	1.00		2.6					1.2	0.9		
11												
12	103.0	2.00		2.3					1.2	0.8		
13	98.0	1.50		1.8					1.2	0.8		
14	76.0	1.25		2.0					1.5	1.0	2	Main Break
15	68.0	1.00		1.8					1.2	0.8	2	
16	34.0	0.50		1.8					1.2	0.8		Main Break
17	54.0	1.00		2.2					1.2	0.8		
18												
19	108.0	2.00		2.2					1.2	0.9	2	
20	65.0	1.00		1.8					1.0	0.9	2	
21	59.0	1.00		2.0					1.0	0.9		
22	42.0	0.75		2.1					1.2	1.0		
23	57.0	1.00		2.1					1.2	0.9		
24												
25	187.0	4.00		2.6					1.2	0.8		
26	77.0	1.25		1.9					1.2	0.8		
27	65.0	1.00		1.8					1.0	0.7		
28	72.0	1.25		2.1					1.2	0.8		
29	92.0	1.50		2.0					1.2	0.8		
30	83.0	1.50		2.2					1.2	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location: City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 239 No of People at End of Month
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Dennis W. Moro C-6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2863	53.75		55.7					36.8	24.8	3	
Average:	92.4	1.7		2.1					1.4	1.0		
Maximum:	107.0	3.50		3.6					1.8	1.2		
Minimum:	21.50	0.38		1.6					1.0	0.7		
1	207.0	3.50		2.0					1.0	0.7		Flushed lines
2												
3	182.0	5.25		3.5					1.2	0.8		
4	74.0	1.25		2.0					1.0	0.8		
5	72.0	1.25		2.1					1.2	0.8		
6	99.0	1.50		1.8					1.2	0.8		
7	96.0	1.50		1.9					1.5	1.0		
8	120.0	2.00		2.0					1.5	1.0		
9												
10	154.0	2.50		1.9					1.5	1.0		
11	116.0	2.00		2.1					1.5	1.0	3	Flushed lines
12	96.0	1.50		1.9					1.5	1.0		
13	113.0	2.00		2.1					1.5	0.9		
14	48.0	0.75		1.9					1.8	1.2		
15												
16	182.0	3.25		2.1					1.5	1.2		
17	83.0	1.50		2.2					1.5	1.0		
18	102.0	1.50		1.6					1.5	1.0		
19	111.0	2.00		2.2					1.2	0.9		
20	118.0	2.00		2.0					1.2	0.9		
21	72.0	1.25		2.1					1.5	1.0		
22	94.0	2.00		2.6					1.5	0.9		
23												
24	235.0	7.00		3.6					1.5	1.0		
25	108.0	2.00		2.2					1.5	0.9		
26	91.0	1.50		2.0					1.5	1.0		
27	114.0	2.00		2.1					1.5	1.0		
28	95.0	1.50		1.9					1.5	1.0		
29	38.0	0.50		1.6					1.5	1.0		
30												
31	43.0	0.75		2.1					1.5	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 243 No of People at End of Month 850.0
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Lance D. Shreffler C-6587 / Brian E. Heath C-5825
I certify this report is correct (Original signed by Dennis W. Moro C-6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2207.0	38.5		54.9					29.8	22.5	3	
Average:	73.6	1.3		2.1					1.1	0.9		
Maximum:	117.0	1.75		2.7					1.5	1.0		
Minimum:	26.0	0.50		1.8					1.0	0.8		
1	38.0	0.75		2.4					1.5	1.0		
2	66.0	1.00		1.8					1.5	1.0		
3	75.0	1.25		2.0					1.5	0.9		
4	83.0	1.50		2.2					1.5	1.0		Flushed lines
5	117.0	2.00		2.0					1.2	0.9		
6												
7	199.0	3.50		2.1					1.2	0.9		
8	94.0	1.50		1.9					1.2	0.9		
9	84.0	1.50		2.1					1.2	0.9		
10	93.0	1.50		1.9					1.2	0.9	3	
11	95.0	1.50		1.9					1.2	0.9		
12	76.0	1.50		2.4					1.0	0.8		
13												
14	94.0	2.00		2.6					1.0	0.8		
15	48.0	0.75		1.9					1.0	0.8		
16	66.0	1.00		1.8					1.0	0.8		
17	58.0	1.00		2.1					1.0	0.8		
18	51.0	1.00		2.4					1.0	0.8		
19	107.0	2.00		2.2					1.0	0.8		
20												
21	170.0	3.00		2.1					1.0	0.8		
22	71.0	1.25		2.1					1.0	0.8		
23	93.0	1.50		1.9					1.0	0.8		
24	88.0	1.50		2.0					1.0	0.8		
25	93.0	1.50		1.9					1.2	0.9		
26	71.0	1.25		2.1					1.0	0.8		
27												
28	116.0	2.00		2.1					1.2	0.9		
29	26.0	0.50		2.3					1.2	1.0		
30	33.0	0.75		2.7					1.0	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 243 No of People at End of Month 850.5
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / Brian E. Heath C-5825
I certify this report is correct (Original signed by Dennis W. Moro C-6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1617.0	28.5		58.8					32.4	24.6	3	
Average	52.0	0.92		2.3					1.2	0.9		
Maximum	85.0	1.50		3.7					1.2	1.0		
Minimum	16.0	0.50		1.7					1.2	0.9		
1	33.0	0.75		2.7					1.2	1.0		
2	16.0	0.50		3.7					1.2	1.0		
3	44.0	0.75		2.0					1.2	0.9		
4												
5												
6	145.0	2.50		2.1					1.2	0.9		
7	73.0	1.25		2.1					1.2	0.9		
8	66.0	1.00		1.8					1.2	0.9	3	
9	21.0	0.50		2.9					1.2	0.9		
10	62.0	1.00		1.9					1.2	0.9		
11	35.0	0.50		1.7					1.2	0.9		
12	35.0	0.50		1.7					1.2	0.9		
13	59.0	1.00		2.0					1.2	0.9		
14	58.0	1.00		2.1					1.2	0.9		
15	42.0	0.75		2.1					1.2	0.9		
16	57.0	1.00		2.1					1.2	0.9		
17	70.0	1.50		2.6					1.2	1.0		
18												
19	150.0	2.50		2.0					1.2	0.9		
20	74.0	1.25		2.0					1.2	0.9		
21	36.0	0.50		1.7					1.2	0.9		
22	50.0	1.00		2.4					1.2	0.9		
23	26.0	0.50		2.3					1.2	0.9		
24	50.0	1.00		2.4					1.2	0.9		
25												
26	70.0	1.25		2.1					1.2	0.9		
27	48.0	0.75		1.9					1.2	0.9		
28	58.0	1.00		2.1					1.2	0.9		
29	82.0	1.50		2.2					1.2	0.9		
30	72.0	1.25		2.1					1.2	0.9		Flushed Lines
31	85.0	1.50		2.1					1.2	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 243 No of People at End of Month 851

Design Flow 370 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis W. Moro C-6497 / Brian E. Heath C-5825 / Lance D. Shreffler C-6587

I certify this report is correct (Original signed by Dennis W. Moro C-6497)

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

Days of Month	Total Water Treated in in Gallons	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	2672.0	44.00		51.0					36.7	26.7	3	
Average:	86.0			2.0					1.4	1.0		
Maximum:	133.0	2.25		2.3					2.3	1.2		
Minimum:	26.0	0.50		1.7					1.2	0.9		
1												
2	191.0	3.25		2.0					1.2	0.9	3	
3	103.0	1.75		2.0					1.2	0.9		
4	93.0	1.50		1.9					1.2	0.9		
5	93.0	1.50		1.9					1.2	0.9		
6	122.0	2.00		2.0					1.2	0.9		
7	94.0	1.50		1.9					1.2	1.0		
8												
9	266.0	4.50		2.0					1.2	0.9		Em. Gen. Ran
10	125.0	2.00		1.9					1.2	0.9		
11	97.0	1.50		1.9					1.2	0.9		
12	99.0	1.50		1.8					1.2	0.9		
13	127.0	2.00		1.9					1.2	0.9		
14	105.0	1.75		2.0					1.2	1.0		
15												
16	146.0	2.50		2.1					1.2	1.0		Em. Gen. Ran
17	68.0	1.00		1.8					1.5	1.2		
18	85.0	1.50		2.1					1.5	1.2		
19	108.0	1.75		1.9					1.5	1.2		
20	63.0	1.00		1.9					1.5	1.2		
21	124.0	2.00		1.9					1.5	1.2		
22												
23	155.0	2.50		1.9					1.5	1.2		Em. Gen. Ran
24	74.0	1.25		2.0					1.5	1.2		
25	74.0	1.25		2.0					1.5	1.2		
26	82.0	1.50		2.2					1.5	1.2		
27	32.0	0.50		1.9					1.5	1.2		
28												
29	85.0	1.50		2.1					2.1	0.9		
30	35.0	0.50		1.7					1.7	0.9		Em. Gen. Ran
31	26.0	0.50		2.3					2.3	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or SID Tavares

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 243 No of People at End of Month 850.5

Design Flow 370 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis W. Moro C-6497 - Lance D. Shreffler C-6587 - Brain E. Heath C-5825

I certify this report is correct Brain Heath C 5825

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

Days of Month	Total Water Treated in in Gallons	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	1,314,000	24.10		56.1					31.2	22.8	5	
Average:	43,800	0.80		1.9					1.2	0.9		
Maximum:	92,000	1.50		3.0					1.2	1.0		
Minimum:	11,000	0.25		1.7					1.2	0.8		
1	26,000								1.2	0.9		Ran Emerg. Gen
2	40,000	0.75		2.2					1.2	0.9		
3	27,000	0.50		2.2					1.2	0.9		
4	62,000	1.00		1.9					1.2	0.9		
5												
6	120,000	2.00		2.0					1.2	0.9		
7	11,000	0.25		2.7					1.2	0.9		
8	52,000	1.00		2.3					1.2	1.0	1	Main break/flush
9	33,000	0.50		1.8					1.2	0.9	1	Break clearance
10	20,000	0.50		3.0					1.2	0.9		
11												
12	53,000	1.00		2.3					1.2	1.0		
13	40,000	0.75		2.2					1.2	0.9	3	Ran Emerg Gen.
14	30,000	0.50		2.0					1.2	0.9		
15	43,000	0.75		2.1					1.2	0.9		
16	47,000	0.75		1.9					1.2	0.9		
17	27,000	0.50		2.2					1.2	0.9		
18												
19	135,000	3.00		2.7					1.2	1.0		
20	59,000	1.60		3.3					1.2	0.9		Ran Emerg. Gen.
21	33,000	0.50		1.8					1.2	0.8		
22	35,000	0.50		1.7					1.2	0.8		
23	56,000	1.00		2.1					1.2	0.8		
24	50,000	1.00		2.4					1.2	0.8		
25	92,000	1.50		2.0					1.2	0.8		
26												
27	104,000	2.00		2.3					1.2	0.8		Ran Emerg. Gen.
28	25,000	0.50		2.4					1.2	0.8		
29	41,000	0.75		2.2					1.2	0.8		
30	53,000	1.00		2.3					1.2	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

3350584 0624 U

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 243 No of People at End of Month 850.5

Design Flow 370 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis W. Moro C-6497 / Brian E. Heath C-5825 / Lance D. Shreffler C-6587

I certify this report is correct Arnold B. Cardi (Lead Operator's Signature) B (Cert. Level) 2483 (Cert. No.)

Days of Month	Total Water Treated in Gallons	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	1,479,000	26.75		56.5					31.5	20.9	3	
Average	47,710	0.86		1.8					1.2	0.8		
Maximum	79,000	1.50		2.6					1.5	1.0		
Minimum	18,500	0.38		1.8					1.2	0.8		
1	48,000	0.75		1.9					1.2	0.8		
2	70,000	1.50		2.6					1.2	0.9		
3												
4	153,000	2.50		2.0					1.2	0.9		Ran generator 1 hr
5	71,000	1.50		2.5					1.2	0.9		
6	38,000	0.75		2.4					1.2	0.9		
7	29,000	0.50		2.1					1.2	0.9		
8	27,000	0.50		2.2					1.2	0.9		
9	51,000	1.00		2.4					1.5	1.0		
10												
11	81,000	1.00		2.0					1.2	0.8		Ran generator 1 hr
12	34,000	0.50		1.8					1.2	0.8	3	Compliance samples
13	52,000	1.00		2.3					1.2	0.8		
14	59,000	1.00		2.0					1.2	0.8		
15	27,000	0.50		2.2					1.2	0.8		
16	42,000	0.75		2.1					1.2	0.8		
17												
18	37,000	0.75		2.4					1.2	0.8		
19	59,000	1.00		2.0					1.2	0.8		Ran generator 1 hr
20	55,000	1.00		2.2					1.2	0.8		
21	59,000	1.00		2.0					1.2	0.8		
22	52,000	1.00		2.3					1.2	0.8		
23	64,000	1.25		2.3					1.2			
24												
25	100,000	2.00		2.4					1.2	0.8		VOC/NO2/NO3 sample
26	45,000	0.75		2.0					1.2	0.8		Ran generator 1 hr
27	63,000	1.00		1.9					1.2	0.8		
28	79,000	1.25		1.9					1.2	0.8		Flushed lines
29	55,000	1.00		2.2					1.2	0.8		
30	49,000	1.00		2.4					1.2	0.9		
31												

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month No of People at End of Month
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Lance D. Shreffler C-6587 / William M. Fontaine C-6813
I certify this report is correct Lance Heath C-5525
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,637,000	26.75		48.4					31.7	21.2	3	
Average	54,567	0.89		1.6					1.3	1.0		
Maximum	80,000	1.25		2.5					1.5	1.2		
Minimum	29,000	0.50		1.7					1.2	0.9		
1	60,000	1.00		2.0					1.2	0.9		
2	42,000	0.75		2.1					1.2	0.9		Ran Emerg Gen
3	43,000	0.75		2.1					1.2	0.9		
4	59,000	1.00		2.0					1.2	0.9		
5	63,000	1.00		1.9					1.2	0.9		
6	60,000	1.00		2.0					1.2	0.9		
7												
8	120,000	2.00		2.0					1.2	0.9		Ran Emerg Gen
9	29,000	0.50		2.1					1.2	0.9	3	Compliance samples
10	39,000	0.75		2.3					1.2	0.9		
11	36,000	0.75		2.5					1.2	0.9		
12	36,000	0.75		2.5					1.2	0.9		
13												
14	127,000	2.00		1.9					1.2			
15	69,000	1.00		1.7					1.5	1.0		Ran Emerg Gen
16	80,000	1.25		1.9					1.5	1.0		
17	78,000	1.25		1.9					1.5	1.0		
18	67,000	1.00		1.8					1.5	1.0		
19	71,000	1.25		2.1					1.2	0.9		
20												
21												
22	177,000	2.50		1.7					1.3	0.9		
23	52,000	0.75		1.7					1.4	0.9		
24	54,000	0.75		1.7					1.5	1.0		Ran Emerg Gen
25												
26	91,000	1.50		2.0					1.5	1.2		
27	40,000	0.75		2.2					1.4			
28												
29	91,000	1.50		2.0					1.5	1.2		Ran Emerg Gen
30	53,000	1.00		2.3					1.5	1.2		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350584 PWS Name Imperial Terrace Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 242 No of People at End of Month 847.0
Design Flow 370 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
B HEATH C-5825/LANCE SHREFFLER C-6587/D MORO C-6497/W FONTAINE C-6513
I certify this report is correct Donald B. Carder B 2403
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,562.000	25.75		53.1					36.4	21.0	3	
Average	50.387	0.83		1.7					1.3	1.0		
Maximum	80.000	1.75		3.0					1.5	1.2		
Minimum	20.000	0.50		1.8					1.2	0.8		
1	64.000	1.00		1.9					1.5	1.2		
2	59.000	1.00		2.0					1.5	1.2		
3	62.000	1.00		1.9					1.2	0.9		
4												
5	133.000	2.25		2.0					1.2			
6	76.000	1.25		2.0					1.2	0.9		Emergency Gen Ran
7	78.000	1.25		1.9					1.2	0.9	3	Compliance Samples
8	62.000	1.00		1.9					1.2	0.8		
9	63.000	1.00		1.9					1.2	0.8		
10	67.000	1.00		1.8					1.2	0.8		
11	38.000	0.50		1.6					1.2			
12												
13	85.000	1.50		2.1					1.5	1.0		Emergency Gen Ran
14	50.000	1.00		2.4					1.5	1.0		
15	45.000	0.75		2.0					1.5	1.0		
16	49.000	0.75		1.8					1.5	0.9		
17	48.000	0.75		1.9					1.2	0.8		
18	80.000	1.50		2.2					1.5			
19												
20	95.000	1.75		2.2					1.5	1.2		Gen Ran 1.0 hrs
21	40.000	0.50		1.5					1.4	1.0		
22	36.000	0.50		1.7					1.5	1.1		
23	33.000	0.50		1.8					1.5	1.0		Drain site gauss
24	20.000	0.50		3.0					1.5	1.0		
25												
26	61.000	1.00		2.0					1.4			
27	42.000	0.50		1.4					1.4			Emergency Gen Ran
28	45.000	0.75		2.0					1.2	1.0		
29	45.000	0.75		2.0					1.2	0.8		
30	52.000	1.00		2.3					1.2	0.8		
31	34.000	0.50		1.8					1.3	0.9		

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

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 281 No of People at End of Month 984
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel # C-6411/ Michael Boozer # C-7599.
I certify this report is correct William Trendel C 6411
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,696,740	33.0		61.3			4.00	25.9	14.0	4	
Average	54,734	1.06		2.0				1.0	0.5		
Maximum	81,040	1.00		4.0				1.5	0.9		
Minimum	35,925	0.50		1.0				0.7	0.3		
1											
2	77,850	1.00		1.5				1.5	0.8		
3	52,110	1.00		2.3				1.3	0.9		
4	54,610	1.00		2.2			1.30	1.3	0.9		
5	48,880	1.00		2.5				1.1	0.8	4	Compliance
6	53,100	1.00		2.3				1.0	0.4		
7	44,050	1.00		2.7				0.7	0.3		
8											
9	96,260	2.00		2.5				0.9	0.4		
10	63,910	1.00		1.9				0.9	0.9		
11	52,710	1.00		2.3				0.8	0.6		
12	44,410	1.00		2.7				1.0	0.6		
13	55,760	1.00		2.2				1.0	0.5		
14	41,030	1.00		2.9				0.7	0.4		
15											
16	122,470	2.00		2.0			1.20	1.0	0.4		
17	44,600	1.00		2.7				1.0	0.4		Gen. remote switch
18	81,040	2.00		3.0			1.50	0.9	0.4		Off
19	80,000	1.00		1.5				0.8	0.4		Gen on line
20	55,400	0.50		1.1				1.0	0.3		
21	48,890	0.50		1.2				0.8	0.3		
22											
23	109,230	3.00		3.3				1.1	0.5		
24	71,600	2.00		3.3				1.0	0.6		
25	57,310	0.50		1.0				1.0	0.6		
26	53,260	1.50		3.4				1.1	0.5		
27	59,570	2.00		4.0				0.9	0.4		
28	50,820	1.00		2.4				0.8	0.3		
29	42,810	1.00		2.8				1.1	0.6		
30											Line flush
31	135,060	2.00		1.8				1.2	0.8		

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.

DER Form 17-555910(2)
Effective [illegible] 1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0055 Reporting Month February 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 282 No of People at End of Month 987
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Bill Trendel C-6411/ Mike Boozer C-7599
I certify this report is correct Michael Boozer C 7599
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total:	1,515,160	32.0		59.6				2.10	23.4	14.3	4	
Average:	54,113	1.14		2.1					1.0	0.6		
Maximum:	92,400	3.00		6.1					1.2	0.9		
Minimum:	37,390	0.50		1.3					0.7	0.4		
1	61,630	2.00		3.9					0.9	0.4		
2	52,150	1.00		2.3					1.0	0.6		
3	52,760	1.00		2.3					1.1	0.6		
4	59,150	1.00		2.0					0.9	0.6		
5												
6	82,100	2.00		2.9					1.0	0.6		
7	92,400	1.00		1.3					1.0	0.6	4	Compliance
8	49,530	1.00		2.4					0.9	0.5		
9	57,690	1.00		2.1					0.7	0.4		
10	59,810	1.00		2.0					0.8	0.5		
11	52,180	1.00		2.3					0.7	0.5		
12												
13	101,020	3.00		3.6					0.9	0.5		
14	61,810	1.00		1.9					1.0	0.5		
15	80,050	1.00		1.5					1.0	0.6		
16	37,390	0.50		1.6					1.0	0.6		
17	45,630	0.50		1.3					1.2	0.6		
18	58,940	3.00		6.1					1.0	0.6		
19	43,150	1.00		2.8					1.1	0.8		
20												
21	99,840	2.00		2.4				2.10	1.2	0.8		
22	62,980	1.00		1.9					1.2	0.9		
23	58,510	1.00		2.0					1.0	0.8		
24	46,960	1.00		2.6					1.0	0.8		
25	49,420	1.00		2.4					0.8	0.5		
26												
27	98,000	3.00		3.7					1.0	0.4		
28	52,060	1.00		2.3					1.0	0.4		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 283 No of People at End of Month 991
Design Flow 0.380 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel C-6411/ Mike Boozer C-7599
I certify this report is correct William Trendel C 6411
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,961,040	40.0		68.0				0.90	25.8	16.3	4	
Average	63,259	1.29		2.2					1.1	0.5		
Maximum	84,890	2.00		4.5					1.2	0.8		
Minimum	39,410	1.00		1.2					0.9	0.3		
1	79,260	1.00		1.5					1.0	0.6		
2	46,720	1.00		2.6					1.0	0.6		
3	52,260	1.00		2.3					1.0	0.7		
4	53,300	1.00		2.2				0.50	1.1	0.6		
5												
6	124,110	2.00		1.9					1.2	0.8		
7	39,410	1.00		3.0					1.2	0.8		
8	53,800	2.00		4.5					1.2	0.6	4	Compliance
9	61,040	2.00		3.9					1.2	0.6		
10	56,260	1.00		2.1					1.0	0.6		
11	55,760	1.00		2.2					1.0	0.5		
12	64,310	2.00		3.7					0.9	0.3		
13												
14	89,370	2.00		2.7					1.2	0.5		
15	69,380	1.00		1.7					1.0	0.5		
16	49,940	1.00		2.4					1.1	0.6		Line flushing
17	67,220	1.00		1.8					1.0	0.6		Line flushing
18	84,890	2.00		2.8					1.0	0.6		
19												
20	126,900	3.00		2.6					1.1	0.8		
21	83,240	1.00		1.4					1.1	0.6		
22	79,720	1.00		1.5					1.1	0.6		Line flushing
23	59,310	2.00		4.0					1.2	0.6		By-pass meter
24	74,950	2.00		3.2					1.0	0.7		6,100 gals
25	51,780	1.00		2.3					1.0	0.6		
26												
27	148,930	3.00		2.4					1.1	0.6		
28	83,860	1.00		1.4					1.0	0.6		
29	72,450	1.00		1.7				0.40	1.1	0.6		
30	57,190	2.00		4.2					1.0	0.5		
31	75,680	1.00		1.6					1.0	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 month of record

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 283 No of People at End of Month 991
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel C-6411 / Mike Boozer C-7599
I certify this report is correct William Trendel (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	2,144,540	42.0		66.2				5.00	28.5	14.8	4	
Average:	71,485	1.40		2.2					1.1	0.6		
Maximum:	144,390	2.00		5.4					1.6	0.7		
Minimum:	44,300	1.00		0.7					0.8	0.3		
1	76,920	2.00		3.1					1.0	0.6		Flushing
2												
3	144,390	3.00		2.5					1.0	0.6		
4	87,100	1.00		1.4					1.2	0.6		
5	91,550	1.00		1.3					1.2	0.6		
6	103,690	2.00		2.3					1.1	0.5		
7	51,850	2.00		4.6					1.0	0.6		
8	51,950	2.00		4.6					1.1	0.6		
9	44,300	2.00		5.4					1.2	0.5		
10												
11	270,610	3.00		1.3					1.0	0.5		
12	86,530	2.00		2.8					1.0	0.6		
13	74,020	1.00		1.6					1.0	0.6		
14	71,700	1.00		1.7					1.0	0.5		
15	58,160	1.00		2.1					1.0	0.6		
16												
17	117,400	3.00		3.1					1.0	0.5		
18	80,400	1.00		1.5					1.0	0.5	4	Compliance
19	75,500	2.00		3.2					1.0	0.5		Chngd Cl2 cyl
20	62,100	1.00		1.9					0.8	0.4		
21	66,230	2.00		3.6					1.2	0.7		
22	56,650	1.00		2.1				4.70	1.2	0.6		
23												
24	101,850	2.00		2.4				0.30	1.6	0.7		
25	70,600	1.00		1.7					1.5	0.7		
26	61,050	2.00		3.9					0.9	0.3		
27	69,720	1.00		1.7					1.2	0.6		
28	52,050	1.00		2.3					1.1	0.6		
29	56,610	1.00		2.1					1.2	0.7		
30	61,610	1.00		1.9					1.0	0.6		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 283 No of People at End of Month 991
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Bill Trendel C-6411/Mike Boozer C-7599
I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in *Gallons*	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,961,990	45.0		71.9			1.30	29.9	16.5	4	
Average	63,290	1.45		2.3				1.2	0.6		
Maximum	91,760	4.00		5.3				1.5	0.9		
Minimum	45,400	1.00		1.4				0.8	0.4		
1											
2	113,720	2.00		2.1				0.9	0.5		Ran W-1
3	66,800	1.00		1.8				1.5	0.9		
4	54,730	2.00		4.4			1.00	1.0	0.6		
5	45,430	2.00		5.3				1.2	0.8		
6	53,900	1.00		2.2				0.8	0.4		
7	870										
8	91,860	2.00		2.6				1.0	0.6		
9	91,430	2.00		2.5				1.0	0.6		
10	57,440	1.00		2.1				1.2	0.7	4	Compliance
11	60,120	1.00		2.0				1.2	0.5		Line Flushing
12	65,810	2.00		3.6				1.0	0.6		
13	84,800	1.00		1.4				1.3	0.7		
14	1,170										
15	133,220	4.00		3.6				1.2	0.5		
16	73,850	2.00		3.2				1.2	0.5		
17	82,990	1.00		1.4				1.1	0.6		
18	55,470	1.00		2.2				1.3	0.7		
19	63,070	1.00		1.9				1.1	0.7		
20	64,500	2.00		3.7				1.3	0.7		
21	1,300										
22	104,730	3.00		3.4				1.4	0.6		
23	63,740	1.00		1.9				1.4	0.6		
24	80,170	1.00		1.5				1.2	0.6		
25	54,080	2.00		4.4				1.2	0.8		
26	82,790	2.00		2.9				1.0	0.7		
27	55,610	1.00		2.2				1.1	0.7		
28	56,100	1.00		2.1				1.2	0.7		
29	1,290										
30	136,190	4.00		3.5			0.30	1.1	0.6		
31	64,800	2.00		3.7				1.0	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 month of record.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City

Owned By Southern States Utilities Phone Number: 407-860-0058 Reporting Month June 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 253 No of People at End of Month 991

Design Flow 0.360 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Trendel C-6411 \ Michael Boozer C-7599

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

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e. backwash frequency main line breaks meter calibrations)
Monthly Total	1,857,450	41.0		69.2				7.40	29.2	19.2	4	
Average:	61,915	1.37		2.3					1.1	0.7		
Maximum:	86,100	4.00		6.6					1.2	1.0		
Minimum:	45,410	1.00		1.4					1.0	0.5		
1	59,530	1.00		2.0				0.70	1.0	0.7		
2	61,450	1.00		2.0					1.1	0.7		
3	45,410	1.00		2.6				0.20	1.0	0.6		
4												
5	112,350	3.00		3.2					1.1	0.7		
6	60,210	1.00		2.0					1.1	0.7	4	Bact's
7	53,370	1.00		2.2					1.1	0.7		
8	52,670	2.00		4.6				2.00	1.2	0.6		
9	60,230	1.00		2.0				0.50	1.0	0.5		
10	65,590	1.00		1.8				0.40	1.0	0.6		
11												
12	99,120	2.00		2.4					1.2	0.8		
13	75,620	1.00		1.6					1.2	0.8		
14	69,210	2.00		3.5				0.30	1.2	0.8		
15	58,910	1.00		2.0				0.20	1.2	0.7		
16	61,540	1.00		1.9					1.1	0.7		
17	69,930	1.00		1.7				2.00	1.0	0.8		
18												
19	84,590	2.00		2.8					1.2	0.8		
20	71,710	2.00		3.3				0.20	1.1	0.8		
21	62,890	2.00		3.8					1.1	0.7		
22	77,920	2.00		3.1					1.2	0.8		
23	62,290	1.00		1.9				0.30	1.2	0.8		
24	76,300	2.00		3.1					1.2	0.9		
25												
26	134,840	2.00		1.8					1.2	1.0		
27	86,100	1.00		1.4					1.1	0.8		
28	72,730	4.00		6.6					1.1	0.7		
29	67,490	2.00		3.6					1.2	0.8		
30	55,450	1.00		2.2				0.60	1.1	0.7		
31												

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 284 No of People at End of Month 994
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Mike Boozer C-7599 / William Trendel C-6411
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C (Cert. No) 6411

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,816,010	44.0		77.5				4.30	29.8	19.0	4	
Average:	58,581	1.42		2.5					1.1	0.7		
Maximum:	113,540	3.00							1.9	1.0		
Minimum:	37,140	1.00							0.6	0.2		
1	70,250	1.00		1.7					1.1	0.7		
2												
3	129,190	2.00		1.9					1.3	1.0		
4	61,790	2.00		3.9					1.2	0.8		
5	62,620	2.00		3.8				0.40	1.0	0.6		
6	56,980	2.00		4.2					1.0	0.6		
7	56,980	2.00		4.2				0.70	1.0	0.6		
8	74,300	1.00		1.6					1.0	0.5		
9												
10	67,810	2.00		3.5					1.2	0.9		
11	42,010	1.00		2.9					1.2	0.8		
12	113,540	3.00		3.2					1.3	0.9		
13	63,780	1.00		1.9					1.0	0.6		
14	50,860	1.00		2.4					1.1	0.7	4	Bact's
15	66,700	2.00		3.6					1.2	0.8		
16												
17	101,220	2.00		2.4					1.3	0.9		
18	73,510	1.00		1.6				1.00	1.3	0.9		
19	74,490	2.00		3.2					1.2	0.9		
20	64,610	1.00		1.9					1.3	1.0		
21	37,140	1.00		3.2					1.2	0.8		
22	59,780	1.00		2.0					1.2	0.8		
23												
24	99,620	2.50		3.0					1.0	0.6		
25	63,430	2.50		4.7				1.50	0.8	0.5		
26	69,780	3.00		5.2					0.6	0.2		Changed CL2 Cyl
27	38,290	1.00		3.1				0.20	1.0	0.4		
28	71,060	2.00		3.4				0.30	1.9	1.0		
29	44,570	1.00		2.7				0.20	1.2	0.7		
30												
31	101,700	2.00		2.4					1.2	0.8		

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 284 No of People at End of Month 994
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Mike Boozer C-7599
I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine					Rain		Residual Chlorine (mg/l)		Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequenc main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	inches	Plant Effluent	Remote Tap		
Monthly Total	1,861,230	47.0		82.4				8.20	34.6	24.2	4	
Average	60,040	1.52		2.7					1.3	0.9		
Maximum:	97,390	3.00		6.5					1.8	1.3		
Minimum:	36,170	1.00		1.2					1.0	0.6		
1	72,650	1.00		1.7					1.3	0.9		
2	55,320	3.00		6.5					1.3	0.9		
3	63,600	2.00		3.8					1.3	0.8		
4	62,700	1.00		1.9					1.2	0.6		
5	60,690	1.00		2.0					1.3	0.8		
6												
7	100,030	4.00		4.8					1.3	1.1		
8	68,310	1.00		1.8				3.50	1.3	1.0	4	
9	52,260	1.00		2.3					1.3	0.9		
10	64,410	2.00		3.7				0.50	1.5	1.0		
11	58,420	2.00		4.1				0.20	1.3	0.7		
12	61,140	1.00		2.0					1.3	0.7		
13												
14	93,200	2.00		2.6					1.3	1.1		
15	61,440	1.00		2.0					1.3	1.0		
16	41,330	1.00		2.9					1.0	0.9		
17	36,170	1.00		3.3				0.20	1.0	1.0		
18	52,400	1.00		2.3					1.0	0.7		
19	97,390	1.00		1.2				1.20	1.0	0.7		
20												
21	118,170	3.00		3.0					1.0	0.8		
22	64,230	2.00		3.7					1.0	0.8		
23	61,790	2.00		3.9				0.30	1.8	1.3		
24	76,190	2.00		3.1				0.40	1.7	1.3		
25	57,350	2.00		4.2				1.00	1.5	1.0		
26	61,600	2.00		3.9				0.30	1.4	0.8		
27												
28	102,820	3.00		3.5					1.3	0.8		
29	82,410	2.00		2.9				0.60	1.3	0.8		
30	70,420	1.00		1.7					1.3	0.9		
31	64,590	2.00		3.7					1.3	0.9		

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 rec

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3490673 PWS Name Intercession City Location:City or S/D Intercession City

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 284 No of People at End of Month 994

Design Flow 0.360 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Mike Boozer C-7599

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No)

Days of Month	Total Water Treated in m Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	Chlorine lbs used	Chlorine mg/l	Rain lbs used	Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Sample Taken	Plant Operation and Maintenance information (i e) backwash frequenc main line breaks meter calibrations)
Monthly Total	1,890,850	50 0		61.8				10.80	37.6	24.3	4	
Average	63,028	1 67		2 7					1 4	0 9		
Maximum	100 300	4 00		5 6					1 8	1 4		
Minimum	42,310	1 00		1 4					1 2	0 6		
1	64 600	2 00		3 7					1 3	0 8		
2	84,720	2 00		2 8				1.30	1 5	1 0		
3												
4	100 290	3 00		3 6					1 5	1 1		
5	100,300	3 00		3 6					1 5	1 0		
6	71,440	1 00		1 7					1 5	1 0		
7	63,760	2 00		3 8					1 8	1 1		
8	64,340	2 00		3 7					1 6	1 0		
9	64,240	2 00		3 7					1 6	1 1		
10												
11	85,460	3 00		4 2					1 4	0 7		
12	85,370	2 00		2 8				0 90	1 5	0 9	4	
13	53,370	1 00		2 2				2.00	1 5	1 1		
14	56,970	2 00		4 2					1 4	0 8		
15	51,220	1 00		2 3				1 40	1 5	0 9		
16	54,290	1 00		2 2					1 2	0 7		
17												
18	102,500	3 00		3 5				0 50	1 5	0 8		
19	88,210	1 00		1 4				1 20	1 3	0 8		
20	51,220	1 00		2 3				1 00	1 3	0 6		
21	42,310	1 00		2 8					1 5	0 9		
22	85 330	3 00		4 2					1 4	0 8		
23	85 420	4 00		5 6					1 4	1 0		
24												
25	131,610	2 00		1 8				1 80	1 5	1 2		
26	71,410	2 00		3 4				0 70	1 5	0 9		
27	62,350	2 00		3 8					1 3	0 8		
28	53 000	1 00		2 3					1 3	1 1		
29	54 470	1 00		2 2					1 6	1 4		
30	62 650	2 00		3 8					1 2	0 8		
31												

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 rec

DER Form 17 555910(2)

Effective 11 1 1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3490673 PWS Name Intercession City Location:City or S D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 284 No of People at End of Month 994
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Mike Boozer C-7599
I certify this report is correct (Lead Operator's Signature) B (Cert. Level) 3807 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		Residual Chlorine (mg/l)		Number of Sample Taken	Plant Operation and Maintenance information (i.e. backwash frequenc main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	inches	Plant Effluent	Remote Tap		
Monthly Total	1,795,940	43.0		77.0				2.50	35.5	23.0	4	
Average	57,934	1.39		2.5					1.4	0.9		
Maximum	89,600	3.00		5.9					1.7	1.2		
Minimum	41,920	0.50		0.6					0.4	0.4		
1	89,600	1.00		1.3					1.4	1.0		
2												
3	100,150	0.50		0.6				0.90	0.4	0.4		
4	71,420	0.50		0.8					1.3	0.6		
5	57,880	2.00		4.1					1.4	0.8	4	
6	61,420	1.00		2.0					1.5	0.9		
7	83,730	2.00		2.9					1.6	1.0		
8												
9	100,940	3.00		3.6					1.5	1.2		
10	65,800	2.00		2.8				0.30	1.5	0.9		
11	76,630	2.00		3.1					1.4	1.0		
12	72,180	2.00		3.3					1.4	0.8		
13	68,590	1.00		1.7					1.4	0.9		
14	59,900	2.00		4.0					1.3	0.7		
15												
16	91,550	3.00		3.9					1.3	0.8		
17	61,210	3.00		5.9					1.3	0.8		
18	61,100	1.00		2.0					1.3	0.8		
19	52,320	1.00		2.3					1.5	1.0		
20	57,180	1.00		2.1					1.5	1.2		
21	51,520	2.00		4.7					1.7	1.2		
22												
23	99,150	2.00		2.4					1.5	1.0		
24	67,730	1.00		1.8					1.6	1.2		
25	56,250	1.00		2.1					1.5	1.0		
26	51,440	2.00		4.7					1.3	0.8		
27	41,920	1.00		2.9					1.3	1.0		
28	47,810	2.00		5.0					1.0	0.6		
29												
30	77,500	3.00		4.6					1.3	0.7		
31	51,020	1.00		2.4				1.30	1.3	0.7		

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 rec

DER Form 17-555910(2)
Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 284 No of People at End of Month 994
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Mike Boozer C-7599 64-11
I certify this report is correct [signature] C ~~7896~~
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,494,600	40.0		85.5				6.00	36.6	23.0	4	
Average:	49,820	1.33		2.9					1.4	0.9		
Maximum:	68,150	3.50		8.7					1.6	1.2		
Minimum:	38,780	0.50		1.3					1.0	0.6		
1	48,500	2.00		4.9					1.5	0.9		
2	49,980	1.00		2.4					1.4	0.8		
3	49,960	1.00		2.4					1.4	0.8		
4	38,780	1.00		3.1					1.5	0.7		
5												
6	95,150	2.00		2.5					1.5	1.0		
7	52,120	1.00		2.3					1.5	0.7		
8	49,930	1.00		2.4					1.4	0.7		
9	52,170	3.00		6.9					1.4	0.8		
10	54,970	2.00		4.4					1.4	0.9		
11	45,040	1.00		2.7					1.5	1.2		
12												
13	101,940	2.00		2.4					1.5	1.2		
14	46,270	0.50		1.3					1.5	1.0	4	
15	48,200	3.50		8.7				1.00	1.3	0.8		
16	49,540	1.00		2.4				5.00	1.2	0.8		
17	50,020	1.00		2.4					1.4	1.2		
18	49,920	1.00		2.4					1.4	1.2		
19												
20	95,510	3.00		3.8					1.4	1.0		
21	41,110	1.00		2.9					1.4	1.0		
22	68,150	1.00		1.8					1.5	1.2		cleaned 1°comp.
23	48,720	2.00		4.9					1.0	0.6		flow meter
24	52,110	2.00		4.6					1.2	0.6		
25	52,410	1.00		2.3					1.3	0.7		
26												
27	99,200	2.00		2.4					1.5	1.0		
28	50,510	1.00		2.4					1.5	0.6		
29	53,040	1.00		2.3					1.6	0.8		
30	51,330	2.00		4.7					1.4	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 885 No of People at End of Month ---

Design Flow 0.360 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Mike Boozer C7599

I certify this report is correct (William L Mundell) (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		Residual Chlorine (mg/l)		Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequenc main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	inches	Plant Effluent	Remote Tap		
Monthly Total	1,476,110	43.0		93.7				0.70	38.3	24.9	4	
Average	47,616	1.39		3.0					1.5	1.0		
Maximum:	67,710	3.00		9.1					1.6	1.3		
Minimum:	33,320	1.00		1.8					1.0	0.6		
1	55,620	2.00		4.3					1.4	0.6		
2	38,090	2.00		6.3					1.4	0.7		
3												
4	99,390	2.00		2.4					1.5	1.0		
5	51,300	1.00		2.3					1.5	0.9		
6	52,220	1.00		2.3					1.4	0.9		
7	51,020	1.00		2.4					1.5	0.9		
8	45,190	2.00		5.3					1.5	0.8		
9	47,920	1.00		2.5					1.4	0.8		
10												
11	107,540	2.00		2.2					1.5	0.9		
12	33,320	1.00		3.6					1.5	1.0	4	ran well#1
13	50,220	2.00		4.8					1.5	1.2		
14	51,900	1.00		2.3					1.5	1.0		
15	44,860	1.00		2.7					1.5	1.2		
16	62,100	3.00		5.8					1.6	1.2		
17												
18	98,000	2.00		2.4					1.6	1.0		
19	39,440	3.00		9.1					1.6	0.9		
20	49,150	1.00		2.4					1.6	1.0		
21	49,060	2.00		4.9					1.5	0.8		
22	34,260	1.00		3.5					1.5	1.0		
23	43,020	1.00		2.8				0.70	1.3	0.8		
24	67,710	1.00		1.8					1.0	0.6		
25												
26	102,860	5.00		5.8					1.5	1.2		
27	55,910	1.00		2.1					1.5	1.2		
28	43,220	1.00		2.8					1.5	1.3		
29	44,430	1.00		2.7					1.5	1.0		
30	58,360	2.00		4.1					1.5	1.0		
31												

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 rec

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 278 No of People at End of Month 973
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6614

I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1.829	41		67.9				4.4	32.4	24.6	8	
Average:	0.059	1.5		2.1					1.2	0.9		
Maximum:	0.085	3		4.3					1.7	1.2		
Minimum:		1		1.5					0.9	0.5		
1	0.141	4		3.4					1.0	0.5		
2												
3	0.085	2		2.8					1.0	0.5		
4	0.078	1		1.5					1.0	0.5		
5	0.060	1		2.0					1.0	0.5		
6	0.074	2		3.2					1.2	0.8		
7	0.055	2		4.3					1.1	0.8	4	
8	0.109	3		3.3					1.1	0.9		
9												
10	0.069	1		1.7				0.9	1.1	0.9		
11	0.050	1		2.4					1.0	0.9		
12	0.063	1		1.7					1.5	1.2		
13	0.061	2		1.9					1.5	1.2		
14	0.060	3		4.0					1.3	1.2		
15	0.103	3		3.4					1.3	1.2		
16												
17	0.066	1		1.8				1.6	1.3	1.0		
18	0.050	1		2.4					1.3	1.0		
19	0.066	1		1.8					1.3	1.0		
20	0.040	1		3.0					1.3	1.0		
21	0.062	1		1.9					1.3	1.1		
22	0.085	2		2.8					1.2	1.1		
23												
24	0.069	1		1.7					1.3	1.0		
25	0.050	1		2.4					1.3	0.9		
26	0.051	1		2.4				0.9	1.4	1.2		
27	0.052	1		2.3				1.0	0.9	0.7		
28	0.066	2		3.6					1.7	1.2	2	Water
29	0.099	4		4.6					1.5	1.1	2	Outage
30												
31	0.065	1		1.6					1.5	1.2		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 278 No of People at End of Month 973
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,469,900	32		61.9				1.6	31.0	19.5	14	
Average:	52,496	1		2.2					1.3	0.8		
Maximum:	66,100	3		6.5					2.0	1.2		
Minimum:	33,200	0.5		1.0					0.5	0.5		
1	65,400	3.00		5.8					1.5	0.9	2	Water
2	62,400	3.00		5.8					1.5	1.0	2	Outage
3	41,800	1.00		2.9					1.5	1.1		
4	56,500	1.00		2.1					1.4	1.1	5	4-monthly samples
5	53,300	1.00		2.2					1.3	1.1	1	2-pressure
6												tank clearance
7	86,900	3.00		4.1					1.4	0.9		
8	56,200	1.00		2.1					1.4	0.9		
9	50,100	1.00		2.4					1.4	1.0		
10	61,200	0.50		1.0				0.2	1.2	0.6		
11	37,500	0.50		1.6					1.3	0.9		
12	50,000	0.50		1.2				0.2	0.5	0.5		
13	33,200	0.50		1.8					1.6	0.6		
14												
15	108,300	1.00		1.1					1.0	0.6		
16	54,900	0.50		1.1					1.3	0.6		
17	47,500	0.50		1.3					1.5	0.8		
18	46,500	0.50		1.3					1.3	0.8		
19	61,500	0.50		1.0					1.3	0.8		
20												
21	100,700	2.00		2.4					1.3	0.6		
22	66,100	3.00		5.5					1.5	0.6		
23	54,900	3.00		6.5				0.6	2.0	1.2		
24	50,700	0.50		1.2					0.5	0.5		
25	55,500	1.50		3.2					1.2	0.6	2	isolated
26	59,600	1.00		2.0				0.6	1.1	1.0	2	Water Outage
27												
28	109,200	2.00		2.2					1.0	0.8		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 278 No of People at End of Month 973
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411) (Cert. Level) (Cert. No)
(Lead Operator's Signature)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,738,400	34		64.2				3.6	35.0	22.7	4	
Average:	56,077	1		2.1					1.3	0.8		
Maximum:	84,500	2.5		4.8					2.0	1.1		
Minimum:	44,000	0.5		1.1					1.0	0.6		
1	65,600	1		1.8					1.2	0.8		
2	55,600	1		2.1					1.2	0.6		
3	53,200	1		2.2					1.3	0.9		
4	62,000	1		1.9				0.6	1.3	0.8		
5	50,300	1		2.4					1.6	1.1		
6												
7	108,300	2		2.2					1.3	1.1		
8	61,900	2.5		4.8					1.3	1.0		
9	65,500	1.5		2.7					1.4	1.0		
10	51,500	1.5		3.4					1.4	1.0	4	
11	54,100	0.5		1.1					1.4	0.9		
12	63,400	1		1.9					1.4	1.0		
13												
14	86,300	2		2.7					1.4	1.0		
15	62,300	1		1.9					1.4	1.0		
16	44,000	1		2.7					1.5	0.9		
17	62,700	2		3.8					2.0	1.0		
18	53,000	1		2.2				0.2	1.5	1.0		
19	50,800	1		2.3					1.0	0.8		
20												
21	96,200	2		2.5					1.0	0.8		
22	69,300	1		3.0				0.3	1.0	0.8		
23	60,300	1		2.0					1.2	0.6		
24	58,000	1		2.0				0.7	1.1	0.6		
25	56,200	1		2.1				1.0	1.1	0.6		
26	48,200	1		2.5				0.8	1.1	0.6		
27												
28	102,100	2		2.3					1.3	0.6		
29	84,500	1		1.4					1.2	0.6		
30	49,200	1		2.4					1.2	0.8		
31	63,900	1		1.9					1.2	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 278 No of People at End of Month 973
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6514
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,806,300	41		65.1				1.6	33.2	25.0	4	
Average:	60,210	1		2.2					1.3	1.0		
Maximum:	76,200	2		4.7					1.6	1.1		
Minimum:	40,000	0.5		0.8					1.1	0.7		
1	40,000	1		3.0					1.6	1.0		
2	73,800	2		3.2					1.5	1.0		
3												
4	94,200	3		3.8					1.5	0.8		
5	60,200	1		2.0				0.4	1.5	0.9	4	
6	51,500	1		2.3					1.3	0.9		
7	50,600	1		2.3					1.3	0.9		
8	58,500	1		2.0					1.3	0.9		
9	49,000	1		2.4					1.1	0.7		
10	70,100	1		1.7					1.3	0.9		
11												
12	116,100	3		3.1					1.3	1.0		
13	45,200	1		2.6					1.3	1.0		
14	71,400	1		1.6					1.3	1.1		
15	50,500	2		4.7					1.3	1.1		
16	50,800	1		2.3				1.2	1.3	1.0		
17												
18	109,400	2		2.2					1.2	1.1		
19	76,200	2		3.1					1.2	1.0		
20	59,900	1		2.0					1.2	1.0		
21	69,000	2		3.4					1.2	1.0		
22	63,100	2		3.8					1.2	1.0		
23	69,700	2		3.4					1.2	1.0		
24	58,900	1		2.0					1.2	1.0		
25												
26	154,200	5		3.8					1.2	1.0		
27	69,200	0.5		0.8					1.2	1.0		
28	70,000	0.5		0.8					1.2	0.9		
29	61,000	2		3.9					1.2	0.9		
30	63,800	1		2.0					1.1	0.9		
31												

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

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 278 No of People at End of Month 973
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
John B. Coffee, Jr
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,672,290	45		85.1				4.5	33.0	25.5	10	
Average:	53,945	1.45		2.7				0.145	1.3	1.0		
Maximum:	74,800	3		5.8					1.5	1.2		
Minimum:	41,100	1		1.8					1.2	0.8		
1												
2	114,100	2		2.1					1.2	0.8		
3	74,800	2		3.2					1.2	0.8		
4	66,100	1		1.8					1.2	0.8		
5	65,700	1		1.8				2.0	1.2	0.9		
6	61,700	3		5.8					1.2	0.9		
7	66,400	1		1.8					1.2	0.9		
8												
9	119,000	2		2.0					1.2	1.0		
10	57,200	2		4.2				0.5	1.2	1.0	4	
11	74,400	2		3.2					1.2	1.0		
12	45,200	1		2.6					1.2	1.0	2	Water Outage -
13	46,480	1		2.6					1.2	1.0	2	New Meter
14	45,600	2		5.2					1.2	1.0		
15	46,960	1		2.5					1.2	1.0		
16												
17	113,570	4		4.2					1.2	1.0		
18	45,770	1		2.6					1.2	1.0		
19	49,140	1		2.4				0.2	1.2	0.9		
20	52,640	1		2.2					1.2	1.0		
21	59,170	2		4.0					1.2	1.0		
22												
23	94,420	3		3.8					1.4	1.2		
24	69,540	2		3.4					1.4	1.1		
25	46,100	1		2.6					1.4	1.1		
26	52,400	2		4.6					1.4	1.1		
27	47,000	2		5.1					1.4	1.1		
28	46,600	2		5.1					1.4	1.1		
29												
30	71,100	2		3.4				1.5	1.5	0.9		
31	41,000	1		2.9					1.5	0.9	2	(Water Outage)

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 278 No of People at End of Month 973
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6641
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total:	1,534,000	45		94.9				1.1	31.6	26.2	6	
Average	51,000	1.5		3.2					1.2	1.0		
Maximum	148,000	3		5.6					1.3	1.2		
Minimum	34,000	1		2.3					1.1	0.9		
1	41,000	2		5.8					1.1	0.9	2	Outage on
2	51,000	1		2.3					1.2	0.9		5/31 DER
3	47,000	2		5.1					1.1	0.9		notified
4	48,000	2		5.0					1.1	0.9		
5												
6	100,000	2		2.4					1.3	0.9		
7	148,000	3		2.4					1.2	0.9		
8	46,000	2		5.2					1.2	0.9	4	
9	45,000	2		5.3					1.2	0.9		
10	40,000	1		4.9					1.2	0.9		
11	51,000	1		2.3					1.2	0.9		
12	34,000	1		3.5					1.2	0.9		
13												
14	124,000	3		2.9					1.3	1.0		
15	36,000	1		3.5					1.3	1.2		
16	51,000	2		4.5					1.3	1.2		
17	43,000	2		5.5					1.3	1.1		
18	53,000	2		4.5					1.3	1.1		
19												
20	108,000	3		3.3					1.3	1.2		
21	65,000	2		3.6					1.2	1.2		
22	47,000	1		2.5				0.3	1.2	1.2		
23	46,000	1		2.6				0.2	1.2	1.1		
24	46,000	1		2.6					1.2	1.0		
25	51,000	1		2.3					1.2	1.0		
26	36,000	1		2.3					1.2	1.0		
27												
28	96,000	4		5.0				0.1	1.2	1.0		
29	43,000	1		2.7				0.1	1.2	1.0		
30	38,000	1		3.1				0.4	1.2	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 278 No of People at End of Month 973
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
John Coffee C-6514
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,561,000	44		91.4				4.2	34.2	24.1	4	
Average:	50,000	1		2.9					1.3	0.9		
Maximum:	29,000	2		5.2					1.7	1.2		
Minimum:	34,000	1		2.0					0.6	0.4		
1	50,000	1		2.4					1.7	1.0		
2	51,000	2		4.7					1.2	1.0		
3												
4	79,000	2		3.0					1.3	0.9		
5	61,000	2		3.9					1.3	1.0		
6	55,000	2		4.3				2.4	1.3	1.0		
7	49,000	1		2.4					1.2	1.0	4	
8	50,000	1		2.4				0.1	1.2	1.0		
9	45,000	1		2.6					1.0	0.7		
10												
11	89,000	2		2.6					1.1	0.7		
12	59,000	1		2.0					1.2	0.8		
13	60,000	2		4.0					1.2	0.8		
14	34,000	1		3.5					1.2	0.8		
15	50,000	1		2.4					0.6	0.5		
16	46,000	2		5.2					1.0	0.5		
17												
18	99,000	3		3.6					1.0	0.4		
19	52,000	2		4.6					1.6	0.9		
20	62,000	2		3.9					1.5	1.2		
21	52,000	1		2.3					1.5	1.2		
22	46,000	2		5.2				0.7	1.5	1.2		
23	52,000	1		2.3					1.5	0.9		
24												
25	92,000	2.5		3.3				0.3	1.5	1.1		
26	55,000	1.5		3.3					1.3	1.0		
27	61,000	2		3.9					1.3	0.9		
28	51,000	1		2.4				0.7	1.3	1.0		
29	51,000	1		2.4					1.3	1.0		
30	55,000	2		4.4					1.2	0.8		
31	55,000	2		4.4					1.2	0.8		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 281 No of People at End of Month 984

Design Flow 0.360 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Coffee C-6614

I certify this report is correct (Original signed by William Trendel C-6411)

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

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,695,000	47		83.8				1.4	34.5	25.5	4	
Average	55,000	1.5		2.7					1.3	1.0		
Maximum	116,000	3		5.1					1.4	1.1		
Minimum	41,000	1		2.1					1.3	0.9		
1												
2	116,000	3		3.1					1.3	1.0		
3	41,000	1		2.9					1.3	1.0		
4	48,000	1		2.5				0.3	1.3	1.0		
5	55,000	1		2.2					1.3	1.0		
6	52,000	1		2.3					1.3	1.0		
7												
8	111,000	3		3.2					1.4	1.1		
9	70,000	2		3.4					1.4	1.0	4	
10	55,000	2		4.3					1.4	1.0		
11	53,000	2		4.5					1.4	1.0		
12	54,000	1		2.2					1.4	1.0		
13	83,000	3		4.3					1.3	1.0		
14												
15	106,000	3		3.5					1.3	1.1		
16	67,000	2		3.5					1.3	1.0		
17	57,000	1		2.1					1.3	1.0		
18	61,000	2		3.9					1.3	1.0		
19	64,000	2		3.7					1.3	1.0		
20	57,000	2		4.2					1.3	1.0		
21												
22	86,000	3		4.2					1.3	0.9		
23	73,000	2		3.2					1.3	0.9		
24	49,000	1		2.4					1.3	0.9		
25	49,000	1		2.4					1.3	0.9		
26	49,000	1		2.4					1.3	1.0		
27	51,000	1		2.3				0.1	1.3	1.0		
28												
29	94,000	3		3.8					1.3	0.9		
30	47,000	1		2.6				0.5	1.4	0.9		
31	47,000	2		5.1				0.5	1.4	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1983
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 281 No of People at End of Month 984
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel C-6411 / John B. Coffee C-6614 / Jerome Hampton C-7361
I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,605,050	46.0		88.8				5.20	37.9	27.0	4	
Average	53,502	1.53		3.0					1.5	1.0		
Maximum	77,070	2.00		5.6					1.8	1.5		
Minimum	40,510	1.00		1.1					1.0	0.9		
1	49,620	1.00		2.4				0.20	1.3	1.0		
2	52,520	1.00		2.3				0.40	1.5	1.2	4	Compliance Samples
3	45,550	2.00		5.3					1.5	1.2		
4												
5	92,010	3.00		3.9					1.4	1.3		
6	53,500	1.00		2.2					1.5	0.9		
7	64,610	3.00		5.6				0.50	1.5	1.0		
8	42,890	1.00		2.8				1.80	1.5	1.0		
9	56,900	2.00		4.2					1.5	1.0		
10	50,350	2.00		4.8				0.70	1.5	1.0		
11												
12	97,190	3.00		3.7				0.40	1.5	1.0		
13	56,040	2.00		4.3					1.5	1.0		
14	58,280	1.00		2.1				0.30	1.5	1.0		
15	49,000	1.00		2.4					1.5	1.0		
16	63,880	2.00		3.8					1.5	1.0		
17	43,390	2.00		5.5					1.6	1.0		
18												
19	95,440	3.00		3.8					1.5	0.9		
20	58,020	2.00		4.1					1.5	1.0		
21	56,950	2.00		4.2					1.4	1.0		
22	40,510	1.00		3.0				0.90	1.4	1.0		
23	55,940	0.50		1.1					1.4	0.9		
24	52,800	1.50		3.4					1.4	1.0		
25												
26	100,150	3.00		3.6					1.3	0.9		
27	54,400	1.00		2.2					1.3	0.9		Well #2 grinding
28	74,890	2.00		3.2					1.8	1.2		Well #1 in use
29	63,070	1.00		1.9					1.0	1.1		
30	77,070	2.00		3.1					1.6	1.5		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 281 No of People at End of Month 984

Design Flow 0.360 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Trendell C-6411 / Jerome Hampton C-7360

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

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,769,180	44.0		75.5				2.50	29.6	18.2	12	
Average:	57,070	1.42		2.4					1.1	0.7		
Maximum:	103,000	4.00							3.0	2.6		
Minimum:	42,300	0.25							0.5	0.3		
1	75,270	2.00		3.2					1.0	0.8		
2												
3	125,590	7.00		6.7					3.0	2.6		
4	58,600	1.00		2.0					0.6	0.6		
5	61,000	2.00		3.9					0.5	0.3	4	Clearance samples
6	55,800	1.00		2.1					0.7	0.4		
7	49,700	1.00		2.4					1.2	0.5	2	well clearance
8	42,300	0.50		1.4					1.4	0.6	2	well clearance
9												
10	108,000	1.00		1.1					0.5	0.3		
11	63,200	0.50		0.9				0.50	0.8	0.4		
12	61,900	2.00		3.9					0.6	0.5		
13	54,700	4.00		8.8					2.3	1.5		
14	52,100	1.00		2.3					0.9	0.6		
15	43,000	1.00		2.8					1.2	0.6		
16												
17	90,400	2.00		2.7					1.3	0.6		
18	61,200	1.00		2.0				1.50	1.2	0.5	2	well clearance
19	73,500	1.00		1.6					1.3	0.6	2	well clearance
20	53,000	0.25		0.6					0.6	0.3		
21	57,700	2.75		5.7					1.6	0.8		
22	68,600	1.00		1.7					1.2	0.9		
23												
24	103,500	3.00		3.5					1.4	0.9		
25	71,300	2.00		3.4					0.8	0.6		
26	57,150	1.00		2.1					1.2	0.8		
27	49,320	1.50		3.6					1.0	0.6		
28	63,060	1.50		2.9					1.0	0.5		
29	81,360	1.00		1.5					1.1	0.6		
30												
31	87,930	2.00		2.7				0.50	1.2	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 281 No of People at End of Month 964
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel C-6411 / Jerome Hampton C-7360
I certify this report is correct William Trendel C 6411
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,687,000	34.5		64.6					33.9	20.6	4	
Average	56.233	1.15		2.2					1.3	0.8		
Maximum	83.750	2.50		4.6					1.5	1.1		
Minimum	34.160	0.50		1.3					0.9	0.5		
1	65.390	2.00		3.7					1.5	0.9		
2	54.190	1.00		2.2					1.5	1.1		Ran Emerg Gen
3	62.330	1.00		1.9					1.5	0.6		
4	67.200	1.00		1.8					1.4	0.9	4	Compliance samples
5	45.000	1.00		2.7					1.3	0.9		
6												
7	96.760	2.00		2.5					1.1	1.0		
8	84.980	2.00		2.8					1.2	0.6		
9	53.500	1.00		2.2					1.3	0.8		
10	82.740	2.00		2.9					1.3	0.8		Ran Emerg Gen
11	83.200	1.00		1.4					1.2	0.8		
12	59.670	1.00		2.0					1.2	0.9		
13												
14	108.820	2.00		2.2					1.0	0.6		
15	83.750	1.00		1.4					0.9	0.6		Ran Emerg Gen
16	34.160	0.50		1.8					1.0	0.8		
17	75.300	2.50		4.0					1.3	1.1		
18	47.830	1.00		2.5					1.3	1.1		
19	50.270	1.00		2.4					1.3	1.0		
20												
21	102.180	2.00		2.3					1.3	0.9		
22	42.800	1.00		2.8					1.4	0.9		
23	46.650	1.00		2.6					1.5	0.9		Ran Emerg Gen
24	47.460	1.00		2.5					1.5	0.6		
25	51.700	2.00		4.6					1.5	0.6		
26	42.750	1.00		2.8					1.5	0.6		
27	38.070	1.00		3.1					1.5	0.6		
28												
29	113.130	2.00		2.1					1.2	0.5		
30	47.170	0.50		1.3					1.2	0.5		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3490673 PWS Name Intercession City Location:City or S/D Intercession City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 281 No of People at End of Month 964
Design Flow 0.360 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel C-6411 / Jerome Hampton C-7340
I certify this report is correct William Trendel C 6411
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain		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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,785,930	35.5		65.2					35.6	21.8	4	
Average:	57.611	1.15		2.1					1.3	0.8		
Maximum:	72.220	1.00		4.7					1.5	1.2		
Minimum	43.950	0.50		1.1					1.0	0.6		
1	55.870	0.50		1.1					1.5	1.2		
2	49.100	0.50		1.2					1.0	0.8		
3	43.950	0.50		1.4					1.1	0.9		
4												
5	102.870	2.00		2.3					1.3	0.8		
6	69.160	1.00		1.7					1.3	0.8		VOC/NO3/NO3 sample
7	61.730	1.00		1.9					1.3	0.9		
8	67.530	2.00		3.6					1.2	0.7		
9	44.470	1.00		2.7					1.3	0.6	4	Compliance samples
10	60.130	2.00		4.0					1.3	0.9		
11												
12	90.130	1.00		1.3					1.2	0.8		
13	62.910	1.00		1.9					1.4	0.6		
14	59.160	1.00		2.0					1.2	0.8		
15	54.470	1.00		2.2					1.2	0.8		
16	61.430	1.00		2.0					1.0	0.6		
17	61.040	1.00		2.0					1.2	0.8		
18												
19	101.940	2.00		2.4					1.3	0.9		
20	63.900	1.00		1.9					1.3	0.9		
21	51.100	2.00		4.7					1.3	0.9		Repl Gen batteries
22	57.850	2.00		4.1					1.5	0.9		Ran Emer. Gen.
23	55.760	1.00		2.2					1.5	0.6		
24	72.220	1.00		1.7					1.5	0.8		
25												
26	127.610	2.00		1.9					1.4	0.8		
27	53.090	1.00		2.3					1.4	0.8		
28	58.600	1.00		2.0					1.4	0.8		
29	63.120	2.00		3.8					1.5	0.8		
30	71.160	2.00		3.4					1.5	0.8		
31	65.630	2.00		3.7					1.5	0.8		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540645 PWS Name Interlochen Lake Estates Location:City or S/D Hollister

Owned By Southern States Utilities Phone: 904-648-8673 Reporting Month January 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Mont 253 No of People at End of Month 633

Design Flow 1.116 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bau B-6521

I certify this report is correct (Lead Operator's Signature) (Cert. Level) G-52 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,139,400	51.75		116							6	
Average:	36,755	2.46		4					1.9	0.8		
Maximum:	59,800	2.75		7					2.4	1.2	6	
Minimum:	24,100	1.00		4					1.5	0.6	6	
1												
2												
3	97,700	4.25		5					2.0	1.0		
4	42,200	2.00		6					1.8	0.8	4	WELL 2-P
5	33,800	1.75		6					1.8	0.8		
6	59,800	2.75		6					1.8	0.8		
7	24,100	1.00		5					1.8	0.8		
8												
9												
10	108,800	5.00		6					1.7	0.8		
11	40,500	1.75		5					1.8	0.8		
12	33,400	1.75		6					1.8	0.8		
13	43,500	1.50		4					2.4	1.2		
14												
15	63,900	3.25		6					1.8	0.8		
16												
17											1	WELL 2-A
18	107,400	4.75		5					1.9	0.8	1	WELL 2-A
19	36,800	2.00		7					1.8	0.7		
20	50,700	2.25		5					1.8	0.8		
21	40,300	1.75		5					2.2	1.0		
22	32,900	1.50		5					2.0	1.0		
23												
24	52,400	2.50		6					1.8	0.8		
25	43,900	2.00		5					1.8	0.8		
26	35,500	1.50		5					1.7	0.8		
27	48,700	2.25		6					1.8	0.6		
28												
29	69,600	3.25		6					1.9	0.8		
30												
31	74,000	3.00		5					1.8	0.8		

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

DER Form 17-555(10)(2)

Effective 11/1/1984

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Est. Location:City or S/D Hollister

Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month February 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Month ____ No of People at End of Month ____

Design Flow 1.115 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in Gallons	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	1,030,300	48.00		112					35.8	18.2	7	
Average:	36,796	1.71		8					1.8	0.8		
Maximum:	80,000	3.00		8					2.3	1.0		
Minimum:	13,100	0.50		5					1.2	0.6		
1	32,900	1.50		5					2.3	1.0		
2	23,700	1.50		8					1.2	0.8		
3	57,600	2.50		5					2.0	1.0		
4												
5	59,600	2.50		5					1.8	0.8		
6												
7	67,000	3.00		5					1.5	0.6		
8	39,800	2.00		6					1.5	0.6	4	WELL2 TNTC
9	80,000	2.50		5					2.0	1.0		
10	18,700	1.00		8					2.0	1.0		
11	46,500	2.00		5					2.0	0.7		
12												
13												
14	118,800	5.75		6					1.9	0.8		
15	26,300	1.25		6					1.8	0.6		
16	47,700	2.50		6					2.1	0.8		
17	25,100	1.00		5					1.5	0.6		
18												
19	71,700	3.50		6					1.7	0.8		
20												
21	74,500	3.50		6					1.8	0.8		
22	43,300	2.00		6					1.9	0.8	1	WELL P
23	33,200	1.50		5					1.5	0.7		
24	59,700	3.00		6					2.0	1.0	1	WELL A
25	13,100	0.50		5					1.6	0.9	1	WELL A
26												
27												
28	111,100	5.00		5					1.5	0.7		
29												
30												
31												

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Est. Location:City or S/D Hollister

Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month March 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 223 No of People at End of Month 558

Design Flow 1.115 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct D. Hall (-7251

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

Days of Month	Total Water Treated in in Gallons	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	1,332,900	62.00		130					39.1	15.6	4	
Average:	42,997	2.00		6					1.7	0.7		
Maximum:	58,100	3.00		7					2.0	1.0		
Minimum:	34,900	1.75		4					1.2	0.4		
1	47,000	2.00		5					1.7	0.8		
2												
3	65,100	2.00		4					1.3	0.5		
4	38,800	2.00		7					1.7	0.8		
5	44,900	2.00		5					1.8	0.9		
6												
7	62,100	3.00		6					1.5	0.7		
8												
9	97,400	4.25		5					1.8	0.7	4	ALL A
10	35,900	2.00		7					1.6	0.8		
11	41,300	2.00		6					1.7	0.7		
12	39,000	1.75		5					1.9	0.8		
13												
14	68,000	3.00		5					1.5	0.5		
15	48,200	2.00		5					1.8	0.4		
16	41,600	2.00		6					1.7	0.7		
17	47,800	2.50		8					1.5	0.5		
18	50,900	2.25		5					1.2	0.4		
19												
20												
21	152,100	7.25		6					1.8	0.7		
22	51,500	2.50		6					1.8	0.7		
23	46,700	2.25		6					1.8	0.7		
24	51,100	2.50		6					1.8	0.7		
25	58,100	3.00		6					1.8	0.7		
26												
27												
28	118,300	5.25		5					1.7	0.7		
29	34,900	1.75		6					2.0	1.0		
30	44,800	2.25		6					1.9	1.0		
31	51,600	2.50		6					1.8	0.4		

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.

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Est. Location:City or S/D Hollister

Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month April 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 223 No of People at End of Month 558

Design Flow 1.115 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

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

Days of Month	Total Water Treated In In Gallons	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	1,638,000	78.00		120					36.1	15.7	4	
Average:	54,633	2.60		6					1.7	0.7		
Maximum:	189,300	9.50		7					2.5	1.6		
Minimum:	18,100	1.00		4					0.7	0.3		
1												
2												
3												
4	153,800	7.50		6					2.0	1.0		
5	51,700	2.50		6					2.0	1.0		
6	62,300	3.25		6					0.7	0.3		
7	42,800	2.25		6					2.0	1.0	4	ALL A
8												
9	118,700	5.50		6					2.2	1.6		
10												
11	102,000	5.00		6					2.5	1.6		
12	43,500	2.50		7					1.3	0.4		
13	58,000	2.50		5					2.0	0.4		
14	50,100	2.50		6					2.1	1.1		
15	18,100	1.00		7					1.5	0.3		
16												
17												
18	136,400	7.50		6					1.8	0.4		
19	74,600	4.00		6					2.0	1.2		
20	40,200	2.00		6					1.8	0.5		
21	74,100	3.50		6					2.2	1.4		
22	23,300	1.00		5					1.8	0.4		
23												
24												
25	147,800	6.50		5					1.5	0.3		
26	189,300	9.50		6					1.3	1.0		
27	52,100	2.00		5					1.0	0.6		
28	63,100	2.50		5					1.5	0.6		
29	50,200	2.50		6					1.4	0.3		
30	67,100	2.50		4					1.5	0.3		
31												

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540845 PWS Name Interlachen Lake Est. Location:City or S/D Hollister

Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month May 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 223 No of People at End of Month 558

Design Flow 1.115 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct C-7251

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

Days of Month	Total Water Treated in Gallons	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	1,600,400	75 50		126					34 8	11 1	4	
Average	51,626	2 44		8					1 6	0 5		
Maximum	101,400	5 50		8					2 4	1 0		
Minimum	22,100	1.00		3					1 0	0 2		
1												
2	94,300	4 50		6					1 2	0 3		
3	54,200	2 50		6					1 0	0 3		
4	26,300	1 00		5					1 3	0 3	4	ALL A
5	44,800	1 50		4					1 0	0 2		
6	22,100	1 50		8					1 0	0 2		
7												
8												
9	140,200	6 50		6					1 1	0 2		
10	66,300	3 00		5					1 7	0 6		
11	55,900	2 50		5					1 8	0 4		
12	68,100	3 50		6					2 4	0 8		
13	36,400	1 50		5					1 5	0 4		
14												
15												
16	134,700	6 50		6					1 5	0 3		
17	57,200	3 00		9					2 0	1 0		
18	50 800	4 00		9					2 0	0 8		
19	64,100	1 50		3					2 0	0 8		
20	38,400	1 50		5					1 8	0 8		
21												
22												
23	153,800	7 00		5					1 7	1 0		
24	101,400	8 50		7					2 0	0 8		
25	58,100	2 50		5					1 8	0 8		
26	73,000	3 50		6					1 8	0 8		
27												
28	139,300	6 50		6					1 1	0 4		
29												
30	91,200	4 00		5					1 3	0 3		
31	31,700	2 00		8					1 8	0 8		

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

DER Form 17.555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Est. Location: City or S/D Hollister

Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month June 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 223 No of People at End of Month 558

Design Flow 1.115 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Paul Thompson C-7251, Branan Ward A-6415

I certify this report is correct (Lead Operator's Signature) (Cert. Level) A6415 (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	1,045,300	48.00		115.3					43.6	14.2	4	
Average:	34,843	1.53		3.8					1.9	0.6		
Maximum:	53,100								2.6	1.4		
Minimum:	18,900								1.0	0.3		
1	49,500	2.00		4.8					1.5	0.6		
2	32,900	1.50		5.5					2.0	0.7		
3									1.0			
4	76,200	3.50		5.5					1.5	0.5		
5												
6	63,500	3.50		6.6					1.5	0.4		
7	42,700	1.50		4.2					2.0	0.5	4	
8	31,500	1.50		5.7					2.0	0.6		
9	18,900	1.00		6.3					1.6	0.6		
10	34,200	1.50		5.3					1.6	0.5		
11												
12												
13	94,600	4.50		5.7					1.3	0.3		
14	43,300	2.00		5.5					2.0	1.4		
15	41,100	1.50		4.4					2.0	1.4		
16	33,800	2.90		7.1					2.0	0.8		
17	30,500	2.00		7.9					2.6	1.0		
18												
19												
20	82,600	4.00		5.8					2.4	0.8		
21	41,100	2.00		5.8					2.0	0.6		
22	37,500	2.00		6.4					2.2	0.6		
23	41,300	1.00		2.9					2.0	0.4		
24	53,100	2.00		4.5					2.2	0.6		
25												
26												
27	78,000	4.00		6.1					2.0	0.4		
28	34,200	1.00		3.5					2.0	0.4		
29	44,700	1.00		2.7					2.0	0.4		
30	40,100	1.00		3.0					2.2	0.6		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Est. Location:City or S/D Hollister
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month July 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month ____ No of People at End of Month ____
Design Flow 1.115 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Branan M. Ward A 6415
I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,144,800	53.00		126.2					42.7	18.0	4	
Average:	36,929	1.71		4.1					1.9	0.7		
Maximum:									2.4	1.0		
Minimum:									1.4	0.4		
1	38,000	1.00		3.2					2.2	0.4		
2												
3												
4	115,000	7.00		7.3					2.0	0.4		
5	19,900	2.00		12.1					2.0	0.4		
6	34,700	2.00		6.9					2.2	0.4		
7	32,200	2.00		7.4					2.0	0.6	4	
8	40,100	2.00		6.0					1.8	1.0		
9												
10												
11	101,700	6.00		7.1					1.8	0.8		
12	31,200	2.00		7.7					2.0	0.6		
13	39,900	2.00		6.0					1.8	0.6		
14	38,000	2.00		6.3					1.6	0.6		
15	26,100	2.00		9.2					1.8	1.0		
16												
17												
18	109,800	4.00		4.4					2.0	1.0		
19	40,600	2.00		5.9					2.2	0.8		
20	40,800	1.00		3.0					2.4	1.0		
21	44,400	1.00		2.7					2.2	0.8		
22	43,000	1.00		2.8					2.0	1.0		
23												
24												
25	105,200	6.00		6.8					1.8	0.8		
26	41,200	2.00		5.8					2.0	1.0		
27	45,100	2.00		5.3					2.2	1.0		
28	35,900	2.00		6.7					2.0	0.8		
29	52,400	0.50		1.1					1.5	0.5		
30												
31	69,800	1.50		2.6					1.4	0.5		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

No. 2540545 PWS Name Interlachen Lake Est. Location:City or S/D Hollister

d By Southern States Utilities Phone Number: 904-649-8873 Reporting Month August 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 223 No of People at End of Month 558

Design Flow 1.115 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7251 (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	1,093,300	44.00		110					31.0	13.7	4	
Average:	35,268	1.42		5					1.3	0.6		
Maximum:	54,400	3.00		9					2.0	0.9		
Minimum:	22,700	1.00		2					1.0	0.2		
1	28,800	1.00		4					1.2	0.8		
2	55,200	3.00		7					1.0	0.8		
3	25,200	1.00		5					1.0	0.8		
4	39,800	1.00		3					1.0	0.8		
5	41,100	2.00		6					1.1	0.4		
6												
7												
8	97,200	8.00		7					1.2	0.4		
9	41,000	1.00		3					1.4	0.4	4	ALL A
10	23,000	1.00		5					1.3	0.3		
11	45,000	1.00		3					1.2	0.6		
12	22,700	1.00		5					1.4	0.6		
13												
14												
15	100,200	2.00		2					2.0	0.8		
16	33,300	1.00		4					1.0	0.2		
17	39,500	1.50		5					1.8	0.4		
18	32,000	1.50		6					1.8	0.4		
19	27,300	2.00		9					1.6	0.4		
20												
21												
22	100,500	4.00		5					1.5	0.9		
23	36,900	1.00		3					1.5	0.9		
24	31,200	1.00		4					1.4	0.7		
25	33,200	1.00		4					1.4	0.8		
26	35,400	1.00		3					1.4	0.7		
27												
28												
29	111,500	5.00		5					1.3	0.7		
30	41,900	2.00		6					1.3	0.7		
31	54,400	3.00		7					1.2	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Est. Location:City or S/D Hollister

Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month September 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 223 No of People at End of Month 558

Design Flow 1.115 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Paul D. Thompson (Lead Operator's Signature) C (Cert. Level) 7251 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,091,200	45.00		108					31.0	14.8	4	
Average	36,373	1.50		5					1.4	0.7		
Maximum:	48,700	2.00		7					2.0	1.0		
Minimum:	23,600	1.00		3					1.2	0.5		
1	26,000	1.50		7					1.3	0.6		
2	44,600	1.50		4					1.4	0.8		
3												
4												
5	124,500	6.00		6					2.0	1.0		
6	46,100	1.50		4					1.6	0.6		
7	47,800	1.50		4					1.4	0.8		
8	48,700	2.00		5					1.5	0.6		
9	23,600	1.00		5					1.4	0.6		
10												
11												
12	131,800	6.00		5					1.3	0.5		
13	35,800	1.00		3					1.2	0.5	4	ALL A
14	26,700	1.50		7					1.4	0.6		
15	26,700	1.50		7					1.3	0.6		
16	34,900	1.00		3					1.4	0.6		
17												
18												
19	91,700	4.00		5					1.4	0.7		
20	32,500	1.50		6					1.3	0.7		
21	34,200	1.50		5					1.4	0.8		
22	33,900	1.00		4					1.3	0.8		
23	34,700	1.00		3					1.3	0.7		
24												
25												
26	100,800	4.00		5					1.4	0.6		
27	35,000	1.50		5					1.4	0.7		
28	41,200	1.50		4					1.4	0.8		
29	33,700	1.00		4					1.3	0.8		
30	34,300	2.00		7					1.6	0.6		
31												

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Est. Location:City or S/D Hollister
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month October 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month ____ No of People at End of Month ____
Design Flow 1.118 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ (Lead Operator's Signature) _____ (Cert. Level) 6-721 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,246,700	51.00		112.7					32.5	15.0	3	
Average:	40,216	1.65		3.6					1.5	0.7		
Maximum:	130,700	5.50							2.5	2.5		
Minimum:	19,500	1.42							0.6	0.2		
1												
2												
3	108,900	4.00		4.5					1.4	0.8		
4	28,800	1.50		6.2					1.3	0.8		
5	40,700	1.50		4.4					1.3	0.5	3	
6	35,700	1.50		5.0					1.4	0.8		
7	41,000	1.50		4.4					1.4	0.7		
8												
9												
10	125,400	5.00		4.8					2.5	2.5		
11	36,800	1.50		4.9					2.0	1.0		
12	47,000	2.50		6.4					2.0	1.0		
13	36,900	1.50		4.9					1.9	1.0		
14	44,800	3.00		8.1					2.0	1.0		
15												
16												
17	107,900	5.50		6.1					2.0	0.8		
18	86,100	2.00		2.8					0.6	0.2		
19	19,500	2.00		12.3					1.0	0.4		
20	25,900	1.50		6.9					1.2	0.4		
21	48,800	1.50		3.7					1.0	0.4		
22												
23												
24	130,700	5.00		4.6					1.5	0.5		
25	60,400	2.00		4.0					1.4	0.6		
26	37,500	1.50		4.8					1.9	0.6		
27	31,200	1.50		5.8					1.8	0.6		
28	37,500	1.42		4.5					1.7	0.4		
29												
30												
31	117,400	3.58		3.7					1.4	0.4		

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

DER Form 17.555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Est. Location:City or S/D Hollister
Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month November 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____
Design Flow 1.115 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in In Gallons	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	1,190,500	53.00		128.9					33.1	16.1	4	
Average:	39,683	1.77		4.3					1.8	0.8		
Maximum:	150,100								2.0	1.1		
Minimum:	18,900								0.4	0.4		
1	38,200	5.00		15.3								
2	37,800	1.50		4.8					1.8	0.5		
3	33,700	1.00		3.6					1.4	0.5		
4	33,700	1.50		5.3					1.5	0.8		
5												
6												
7	130,300	5.00		4.6					1.8	0.7		
8	41,000	2.00		5.6					1.8	0.9	4	
9	37,300	2.00		6.4					1.8	1.1		
10	41,200	2.00		5.8					1.5	0.8		
11	34,300	1.50		5.2					1.6	0.4		
12												
13												
14	109,100	4.50		4.9					1.3	0.6		
15	46,000	2.00		5.2					0.4	0.6		
16	38,500	1.50		4.7					1.8	0.6		
17	36,900	1.50		4.9					1.8	0.7		
18	34,900	2.00		6.9					1.7	1.0		
19												
20												
21	114,000	4.00		4.2					1.4	0.8		
22	38,500	2.00		6.3					1.8	1.0		
23	39,100	1.50		4.6					1.8	0.7		
24	39,500	1.50		4.6					1.7	0.7		
25	18,900	2.00		12.8					1.5	1.0		
26												
27												
28	150,100	5.50		4.4					2.0	1.0		
29	43,500	1.50		4.1					1.7	0.8		
30	53,900	2.00		4.5					2.0	0.9		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlochen Lake Est. Location:City or S/D Hollister
Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month December 1994
Plant Effluent pH (Avg) 7.0 No of Services at End of Month No of People at End of Month
Design Flow 1.119 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Brenan Ward A-6415, Paul Thompson C-7251
I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,191,000	40.50		105.2					34.8	21.1	4	
Average:	38,484	1.31		3.4					1.6	1.0		
Maximum:	134,100								3.0	1.8		
Minimum:	20,000								0.8	0.4		
1											4	
2	58,600	1.00		2.0					1.8	0.8		
3												
4												
5	117,900	3.50		3.8					1.4	0.6		
6	43,200	2.00		5.6					1.6	0.6		
7	48,800	2.00		4.9					2.0	0.8		
8	24,100	1.00		5.0					1.5	1.1		
9	31,700	1.00		3.8					2.0	1.0		
10												
11												
12	35,900	6.00		20.0					1.8	1.2		
13	20,000	1.00		6.0					1.6	1.4		
14	35,500	1.00		3.4					2.0	1.8		
15	134,100	1.00		0.9					2.1	1.8		
16	36,200	2.00		6.6					3.0	1.8		
17												
18												
19	112,700	5.00		5.3					2.0	1.0		
20	40,500	1.00		3.0					1.4	0.8		
21	27,600	1.50		6.5					1.4	0.8		
22	38,000	1.00		3.2					1.2	1.0		
23	54,400	2.00		4.4					1.8	1.0		
24												
25												
26	80,200	3.50		5.2					0.8	0.4		
27	31,300	1.00		3.8					1.1	0.8		
28	39,700	1.00		3.0					1.0	0.4		
29	39,800	1.00		3.0					1.1	0.6		
30	39,800	1.00		3.0					1.2	0.8		
31	40,000	1.00		3.0					1.2	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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Estates Location:City or S/D Hollister

Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month January 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Mont 215 No of People at End of Month

Design Flow 1.115 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bou C6521

I certify this report is correct Original signed by Michael Bou

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1157.2	52.0		113					33.4	24.2	5	All OK
Average:	37.3	2.5		5					1.6	1.1	5	
Maximum:	50.7	6.0		7					2.0	1.6	5	
Minimum:	17.3	1.0		4					1.1	0.3	5	
1	50.7	2.00		5					1.1	0.3		
2												
3												
4	130.7	6.00		6					1.8	1.0		
5	20.4	1.00		6					1.8	1.5	4	1-TNTC
6	50.4	2.50		6					1.8	1.5		
7	37.3	1.50		5					1.8	1.6		
8	42.5	1.50		4					1.8	1.5		
9												
10												
11	117.1	5.50		6					2.0	1.3		
12	31.9	1.50		6					1.5	1.0		
13	47.9	2.25		6					1.7	1.3	1	All OK
14	21.4	1.00		6					1.6	1.3		
15	36.9	1.75		6					1.6	1.3		
16												
17												
18												
19	137.9	6.00		5					1.6	1.3		
20	35.2	1.75		6					1.6	1.2		
21	33.4	1.50		5					1.6	1.2		
22	40.7	1.50		4					1.5	1.0		
23	50.0	2.25		5					1.5	1.0		
24												
25	76.8	3.25		5					1.4	1.0		
26												
27	84.0	3.75		7					1.5	1.0		
28	17.3	0.75		5					1.4	1.0		
29	35.2	1.50		5					1.4	0.9		
30												
31	79.5	3.25		5					1.4	0.9		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Estates Location:City or S/D Hollister
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month February 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Mont 215 No of People at End of Month
Design Flow 1.115 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Michael J. Bou C66521
I certify this report is correct Original signed by Michael Bou
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequen 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	986.9	40.5		91					26.1	17.8	6	All OK
Average:	35.6	2.0		5					1.4	1.0	6	
Maximum:	47.9	5.0		7					3.5	2.5	6	
Minimum:	22.7	1.0		3					0.6	0.7	6	
1	32.2	1.50		6					1.4	0.9		
2	47.9	1.75		4					1.4	0.9		
3												
4	57.1	2.50		5					1.3	0.8		
5	47.4	2.00		5					1.6	1.0		
6												
7												
8	101.6	4.25		5					1.3	0.8		
9	27.2	1.25		5					1.4	1.2	4	2 - TNTC - wells
10	42.9	1.75		5					1.3	1.0		
11	28.2	1.25		5					1.4	1.0		
12	45.6	1.75		5					1.2	0.9		
13												
14												
15												
16	123.1	5.00		5					1.4	1.0		
17	33.7	1.75		6					1.4	1.0		
18	37.2	1.25		4					1.3	0.8		
19	36.1	1.75		6					1.6	1.2		
20												
21												
22												
23	141.8	3.50		3					0.6	0.2	2	All OK
24	66.5	4.00		7					3.5	2.5		
25	28.6	1.25		5					1.5	1.2		
26	22.7	1.00		5					1.2	0.7		
27												
28	77.1	3.00		5					1.3	0.7		
29												
30												
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Estates Location:City or S/D Hollister

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month March 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Mont 215 No of People at End of Month

Design Flow 1.115 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bou C6521

I certify this report is correct Original signed by Michael Bou

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1247.6	52.5		115					33.4	20.3	4	All OK
Average:	40.2	2.3		5					1.5	0.9	4	
Maximum:	18.0	5.8		8					3.0	2.0	4	
Minimum:	65.8	0.8		2					0.2	0.2	4	
1	32.4	1.50		6					1.3	0.7		
2	41.4	1.50		4					1.3	0.7		
3	62.8	3.00		6					1.7	1.3		
4	18.0	0.75		5					1.7	1.4		
5	35.5	1.50		5					1.6	1.3		
6												
7												
8	123.1	5.25		5					1.4	0.7	4	All OK
9	46.3	2.00		5					1.3	0.6		
10	65.8	2.75		5					1.5	1.0		
11	23.6	1.25		6					1.4	0.6		
12	53.0	2.00		5					1.5	0.6		
13												
14												
15	111.9	4.75		5					1.5	0.8		
16	40.6	0.75		2					0.2	0.2		
17	42.5	3.00		8					3.0	2.0		
18	36.9	1.50		5					1.9	1.2		
19	46.1	2.25		6					1.5	1.0		
20												
21												
22	100.7	4.00		5					1.2	0.6		
23	51.4	2.25		5					1.3	0.8		
24	23.2	1.00		5					1.8	1.0		
25	27.7	1.25		5					1.5	1.0		
26	46.0	2.00		5					1.4	1.0		
27												
28												
29	126.2	5.75		5					1.4	1.0		
30	59.0	1.50		3					1.2	0.6		
31	33.5	1.00		4					1.0	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1989

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Estates Location:City or S/D Hollister

Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month April 1993

Plant Effluent pH (Avg) 8.0 No of Services at End of Mont 221 No of People at End of Month

Design Flow 1.115 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bou C-8521

I certify this report is correct Original signed by Michael Bou

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1407.1	64.25		121					31.8	12.4	5	All OK
Average:	46.9	2.90		6					1.4	0.6	5	
Maximum:	65.1	6.72		10					2.8	1.5	5	
Minimum:	31.4	0.75		2					0.5	0.2	5	
1	57.6	3.75		8					1.4	0.6		
2												
3	57.6	1.50		3					1.1	0.4		
4												
5	82.3	2.75		4					1.2	0.4		
6	65.1	3.50		6					1.3	0.5		
7	31.4	2.50		10					0.5	0.2		
8	38.9	2.00		6					1.0	0.5		
9	49.2	1.00		2					1.8	0.4		
10												
11												
12	126.3	5.75		6					1.5	0.6		
13	39.9	0.75		2					0.8	0.2	4	1-"C"
14	47.6	2.75		7					1.6	0.6		
15	46.1	2.25		6					1.2	0.4		
16	54.9	2.25		5					1.6	0.6		
17												
18												
19	123.0	5.75		6					1.0	0.4		
20	59.1	3.25		7					2.8	1.5	1	All OK
21	47.6	2.00		5					1.6	0.7		
22												
23	94.7	4.25		5					2.0	0.7		
24	65.5	3.00		6					1.8	0.8		
25												
26	103.9	4.75		5					1.5	0.7		
27	54.0	3.50		6					1.5	0.7		
28	54.2	2.25		5					1.5	0.7		
29	45.5	2.00		5					1.4	0.6		
30	60.6	2.75		5					1.7	0.8		
31												

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Estates Location:City or S/D Hollister
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month May 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Mont 221 No of People at End of Month
Design Flow 1.115 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Michael J. Bou C-6521
I certify this report is correct Original signed by Michael Bou
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequen 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	1562.8	72.75		120					34.2	18.4	4	All Ok
Average:	50.4	3.50		5					1.8	0.8	4	
Maximum:	79.9	8.50		8					2.0	1.0	4	
Minimum:	37.3	1.50		3					1.0	0.4	4	
1												
2												
3	179.1	8.50		6					1.8	1.0		
4	37.3	1.75		6					1.7	1.0		
5	55.5	1.50		3					1.5	0.8		
6	52.8	3.50		8					1.7	1.0		
7	58.7	2.00		4					1.7	1.0		
8												
9												
10	144.9	7.25		6					1.5	0.8		
11	57.2	2.25		5					1.0	0.6		
12	50.1	2.50		6					1.5	0.8	4	All OK
13	49.9	2.50		6					1.5	0.8		
14	37.7	1.75		6					1.4	0.6		
15												
16												
17	143.0	6.50		6					1.4	0.6		
18	57.8	2.25		5					1.2	0.4		
19	53.4	3.00		7					1.8	0.8		
20	50.6	2.50		6					1.8	0.8		
21	52.9	2.50		6					1.9	0.8		
22												
23												
24	150.2	7.00		6					1.8	0.8		
25	54.7	2.00		5					1.8	0.8		
26	45.4	2.25		6					2.0	1.0		
27	79.9	3.50		5					1.7	0.4		
28	40.2	2.00		6					2.0	0.8		
29												
30												
31	111.5	5.25		6					1.5	0.8		

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

DER Form 17.555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540645 PWS Name Interlochen Lake Estates Location:City or S/D Hollister
Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month June 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Month ____ No of People at End of Month ____
Design Flow 1.115 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,198,900	55.00		124.7							4	
Average:	39,963	2.55		4.2					1.5	0.8		
Maximum:												
Minimum:												
1	37,900	1.75		5.5					1.6	0.8		
2	36,800	1.75		5.7					2.0	1.0		
3	40,500	1.75		5.2					1.7	0.8		
4	41,000	1.75		5.1					1.5	0.7		
5												
6												
7	143,400	7.00		5.9					1.5	0.7		
8	40,500	2.00		5.9					2.0	1.0	4	
9	51,900	2.00		4.6					1.7	0.8		
10	62,700	3.00		5.7					1.4	0.6		
11	43,100	2.00		5.6					1.6	0.8		
12												
13												
14	112,300	5.00		5.3					1.2	0.6		
15	41,500	2.50		7.2					1.6	0.8		
16	22,900	1.00		5.4					1.7	0.8		
17	33,800	1.50		5.3					1.5	0.7		
18	55,200	2.50		5.4					1.7	0.8		
19												
20												
21	121,900	4.75		4.7					0.5	0.2		
22	36,100	2.00		6.3					1.6	0.8		
23	36,600	1.50		4.9					1.8	0.9		
24	31,600	1.50		5.7					1.2	0.6		
25												
26	75,100	4.00		6.4					2.2	1.0		
27												
28	64,900	3.00		5.5					2.0	1.0		
29	33,300	2.00		7.2					2.2	1.0		
30	34,500	1.75		6.1					2.0	1.0		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Estates Location:City or S/D Hollister

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month July 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month ____ No of People at End of Month ____

Design Flow 1.115 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ (Lead Operator's Signature) (Cert. Level) C-5CB (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,104,300	84.25		137.5							4	
Average:	35,623	2.36		4.4					2.0	1.0		
Maximum:	62,100	3.00		10.0					2.5	1.4		
Minimum:	7,400	0.25		4.1					1.4	0.6		
1	30,900	1.75		6.8					2.2	1.0		
2	33,000	1.75		6.4					1.8	0.9		
3												
4												
5	98,600	5.00		6.1					2.0	1.0		
6	29,900	1.50		6.0					2.1	1.0		
7	44,100	2.25		6.1					2.1	1.0		
8	23,200	1.00		5.2					2.2	1.2		
9	34,200	1.75		6.1					2.4	1.4		
10												
11												
12	101,400	4.75		5.6					1.8	0.9		
13	48,500	2.50		6.2					2.5	1.3		
14	26,700	1.50		6.7					1.8	0.9	4	
15	55,800	3.00		6.4					2.5	1.3		
16	38,600	1.50		4.7					1.6	0.6		
17												
18												
19	115,100	5.00		5.2					1.5	0.8		
20	26,900	2.25		10.0					1.9	0.8		
21	62,100	3.00		5.8					2.5	1.3		
22	7,400	0.25		4.1					2.2	1.0		
23	33,900	1.50		5.3					2.0	0.6		
24												
25												
26	109,100	5.00		5.5					1.4	0.6		
27	32,200	2.00		7.4					2.3	1.0		
28	36,200	1.75		5.8					1.8	0.8		
29	37,100	1.75		5.7					1.8	0.8		
30	42,800	2.25		6.3					2.0	1.0		
31	36,600	1.25		4.1					1.5	0.8		

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

DER Form 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Estates Location:City or S/D Hollister
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month August 1993
Plant Effluent pH (Avg) 8.24 No of Services at End of Month ____ No of People at End of Month ____
Design Flow 1.115 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,249,000	60.00		125.9							5	
Average:	40,290	2.73		4.1					1.8	0.8		
Maximum:												
Minimum:												
1												
2	83,600	4.75		6.1					1.7	0.8		
3	22,600	1.50		8.0					1.9	0.9		
4	32,900	1.50		5.5					1.8	0.9		
5	48,200	2.25		5.6					2.0	1.0		
6	34,500	1.50		5.2					1.8	0.9		
7												
8												
9	139,500	6.50		5.6					2.0	1.0		
10	45,600	2.50		6.6					1.6	0.8	4	
11	49,100	2.25		5.5					2.0	1.0		
12	45,400	2.25		5.9					2.0	1.0		
13												
14	107,500	5.00		5.6					1.5	0.7		
15												
16	62,400	3.00		5.8					1.7	0.7		
17	49,600	2.00		4.8					2.0	0.8		
18	40,600	2.25		6.6					1.8	0.7		
19	51,800	2.50		5.8					1.8	0.7	1	
20	37,100	1.75		5.7					1.8	0.7		
21												
22												
23	111,200	5.50		5.9					1.8	0.7		
24	33,100	1.50		5.4					1.8	0.7		
25	35,400	1.50		5.1					2.0	1.0		
26	35,900	1.75		5.8					2.0	1.0		
27	39,400	1.75		5.3					2.0	1.0		
28												
29												
30	96,900	5.00		6.2					1.6	0.7		
31	36,700	1.50		4.9					1.6	0.7		

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

DER Form 17-555810(2)
Effective 11/1/1989

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Estates Location:City or S/D Hollister
Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month September 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Month No of People at End of Month
Design Flow 1.115 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequen 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	1,135,500	53.25		124							4	
Average:	37,850	2.42		4					1.8	0.9		
Maximum:	44,500	2.00		7					2.5	1.3		
Minimum:	26,800	1.00		3					1.2	0.6		
1	41,000	2.00		6					1.5	0.7		
2	43,500	1.00		3					1.5	0.7		
3	39,200	2.00		6					1.4	0.7		
4												
5												
6	113,300	5.50		6					1.5	0.7		
7	42,800	2.00		6					1.2	0.6		
8	26,800	1.00		4					1.5	0.7		
9	30,700	1.50		6					2.0	1.0		
10												
11	72,300	3.75		6					1.7	0.8		
12												
13	65,900	3.00		5					1.8	0.9		
14	36,300	2.00		6					2.0	1.2	4	
15	31,100	1.50		6					1.7	0.9		
16	33,900	1.50		5					2.0	1.2		
17												
18	85,200	4.00		6					1.6	0.7		
19												
20	76,900	4.00		6					1.8	0.9		
21	41,600	1.50		4					1.8	0.9		
22	32,600	1.75		6					2.0	1.0		
23	32,500	1.75		6					2.0	1.0		
24	38,700	1.75		5					2.0	1.0		
25												
26												
27	130,300	5.75		5					2.5	1.3		
28	42,000	2.00		6					2.2	1.2		
29	32,400	2.00		7					2.3	1.2		
30	44,500	2.00		5					2.2	1.2		
31												

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

DER Form 17-555(10)(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2340545 PWS Name Interlachen Lake Estates Location:City or S/D Hollister
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month October 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Month _____ No of People at End of Month _____
Design Flow 1.115 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ C-7233
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,219,400	56.50		131							4	
Average:	39,335	2.66		4					1.9	0.9		
Maximum:	49,100	2.50		8					2.2	1.2		
Minimum:	26,900	1.50		5					1.3	0.4		
1	36,000	2.00		7					2.1	0.9		
2												
3												
4	126,800	8.00		6					1.9	0.9		
5	47,100	2.50		6					2.0	1.0		
6	44,500	2.00		5					2.2	1.2		
7	44,200	2.00		5					1.8	0.9	4	
8	26,900	1.50		7					2.0	1.0		
9												
10												
11	107,200	5.00		6					1.6	0.7		
12	44,600	2.25		6					2.0	1.0		
13	43,200	2.25		6					2.0	1.0		
14	45,300	2.00		5					2.2	1.2		
15	40,300	2.00		6					1.8	0.9		
16												
17												
18	109,200	5.00		5					2.0	1.0		
19	43,800	2.00		5					1.8	0.9		
20	33,100	2.00		7					2.0	1.0		
21	38,600	1.50		5					1.3	0.4		
22	44,000	2.50		7					2.0	1.0		
23												
24												
25	110,400	4.50		5					2.0	0.6		
26	42,600	2.00		6					2.0	0.6		
27	31,900	1.50		6					1.7	0.6		
28	49,100	2.50		6					1.5	0.6		
29	29,800	2.00		8					1.4	0.4		
30												
31	80,600	3.50		5					2.0	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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540645 PWS Name Interlachen Lake Estates Location:City or S/D Hollister
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month November 1993
Plant Effluent pH (Avg) _____ No of Services at End of Month _____ No of People at End of Month _____
Design Flow 1.115 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequen 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	1,180,600	51.00		116.2							4	
Average:	39,353	2.32		4					1.6	0.5		
Maximum:	80,900	3.00		9					2.2	1.0		
Minimum:	26,000	1.00		4					1.2	0.3		
1												
2	70,300	2.50		4					1.4	0.5	4	
3	34,600	2.50		9					2.2	1.0		
4	39,900	1.50		5					1.6	0.8		
5	33,100	1.50		5					1.5	0.3		
6	43,000	2.00		6					1.7	0.3		
7												
8	67,500	3.00		5					1.8	0.4		
9	44,700	1.50		4					1.5	0.4		
10	26,000	1.00		5					1.5	0.4		
11	80,900	3.00		4					1.4	0.4		
12	38,700	2.00		6					1.5	0.4		
13												
14												
15	114,500	5.00		5					1.6	0.4		
16	44,700	2.00		5					1.6	0.3		
17	42,600	2.00		6					1.2	0.4		
18	43,300	1.50		4					1.8	0.4		
19	34,900	2.00		7					1.4	0.3		
20												
21												
22	116,800	5.00		5					1.4	0.3		
23	41,200	2.00		6					1.6	0.4		
24												
25	84,200	3.00		4					1.6	0.6		
26	30,200	1.25		5					1.6	0.6		
27	43,600	1.75		5					1.4	0.4		
28												
29	84,300	3.50		7					1.9	0.8		
30	41,600	1.50		4					1.6	0.6		
31												

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

DER Form 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540545 PWS Name Interlachen Lake Estates Location:City or S/D Hollister
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month December 1993
Plant Effluent pH (Avg) _____ No of Services at End of Month _____ No of People at End of Month _____
Design Flow 1.115 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Michael J. Cook (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequen 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	1,164,900	45.25		117							4	
Average:	37,577	1.97		4					1.6	0.8		
Maximum:	58,900	2.50		7					2.4	1.4	4	
Minimum:	19,000	0.50		0.4					0.2	0.2	4	
1	37,800	1.50		5					1.8	0.8		
2	58,900	0.50		1					0.4	0.4		
3	21,200	0.50		3					0.4	0.4		
4												
5												
6	150,300	0.50		0.4					0.2	0.2		
7	37,700	1.00		3					1.0	0.3		
8	19,000	1.00		6					1.1	0.4	4	ALL A
9	36,600	1.75		6					1.6	0.6		
10	32,000	1.75		7					1.8	0.8		
11												
12												
13	104,600	5.50		6					2.1	1.1		
14	35,300	1.50		5					2.2	1.2		
15	35,100	2.00		7					2.4	1.4		
16	33,400	1.25		4					1.9	0.8		
17	32,800	1.75		6					2.0	0.9		
18												
19												
20	110,200	5.00		5					1.7	0.7		
21	33,400	1.50		5					2.0	1.0		
22	39,600	1.75		5					1.8	0.8		
23	38,700	1.75		5					2.0	1.0		
24	49,700	2.50		6					2.2	1.1		
25												
26												
27	92,100	4.00		5					1.9	0.8		
28	42,400	2.25		6					2.0	1.0		
29	43,200	2.25		6					1.6	0.5		
30	56,100	2.50		5					2.0	1.0		
31	24,800	1.25		6					1.8	0.8		

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

DER Form 17-555910(2)
Effective 11/1/1985

Reference: Park Manor / Putnam County
Monthly Operating Reports / Water

Please Note:

April 14, 1992 the **Park Manor** water treatment plant was taken off line. The wells were disconnected from the system and the interconnect with Interlachen Lakes Estates was opened

There are no monthly operating reports for this area for 1993 or 1994.

THIS PAGE INTENTIONALLY LEFT BLANK

Reference: Jungle Den / Volusia County
Monthly Operating Reports / Water

Please Note:

Water to serve the customers at **Jungle Den** is purchased from the Astor-Astor Park Water Association, Inc.

There are no monthly operating reports for this area.

THIS PAGE INTENTIONALLY LEFT BLANK

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month January 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 149 No of People at End of Month 520
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H. KEEN C7240 J STAPH C6963 K KERLIN CS926
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C 7240 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	884,000	6.80		23.7					13.1	10.5		
Average:	27,967	0.20		0.7					0.5	0.4		
Maximum:	41,000	0.25		1.4					0.6	0.5		
Minimum:	21,000	0.10		0.4					0.3	0.4		
1	41,000	0.25		0.7					0.5	0.4		
2												
3	51,000	0.25		0.6					0.5	0.4		
4	26,000	0.25		1.2					0.5	0.4	4	
5	25,000	0.15		0.7					0.5	0.4		
6	27,000	0.10		0.4					0.5	0.4		
7	26,000	0.25		1.2					0.5	0.4		
8												
9	54,000	0.50		1.1					0.5	0.4		
10	28,000	0.25		1.1					0.5	0.4		
11	26,000	0.10		0.5					0.5	0.4		
12	27,000	0.15		0.7					0.5	0.4		
13	27,000	0.25		1.1					0.5	0.4		
14	21,000	0.25		1.4					0.5	0.4		
15	32,000	0.25		0.9					0.5	0.4		
16												
17	54,000	0.25		0.5					0.5	0.4		
18	27,000	0.25		1.1					0.5	0.4		
19	27,000	0.25		1.1					0.5	0.4		
20	30,000	0.25		1.0					0.5	0.4		
21	27,000	0.25		1.1					0.5	0.4		
22	38,000	0.25		0.8					0.5	0.4		
23												
24	54,000	0.25		0.5					0.5	0.4		
25	41,000	0.25		0.7					0.6	0.5		
26	34,000	0.25		0.9					0.5	0.4		
27	35,000	0.25		0.9					0.5	0.4		
28	23,000	0.25		1.3					0.5	0.4		
29	36,000	0.25		0.8					0.5	0.4		
30												
31	45,000	0.50		1.3					0.5	0.4		

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9867 Reporting Month February 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 149 No of People at End of Month 515
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H. KEEN C7240 J STAPH C8963 K KERLIN C8926
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C 7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	925,000	6.25		22.0					12.4	9.8		
Average:	33,036	0.22		0.8					0.5	0.4		
Maximum:	43,000	0.25		2.3					0.7	0.5		
Minimum:	13,000	0.10		0.4					0.5	0.4		
1	30,000	0.25		1.0					0.5	0.4		
2	24,000	0.25		1.2					0.5	0.4		
3	28,000	0.10		0.4					0.5	0.4	4	
4	40,000	0.15		0.4					0.5	0.4		
5												
6	70,000	0.50		0.9					0.5	0.4		
7	23,000	0.25		1.3					0.5	0.4		
8	32,000	0.25		0.9					0.5	0.4		
9	32,000	0.25		0.9					0.5	0.4		
10	48,000	0.25		0.6					0.5	0.4		
11	26,000	0.25		1.1					0.7	0.5		
12												
13	98,000	0.50		0.6					0.5	0.4		
14	13,000	0.25		2.3					0.7	0.5		
15	36,000	0.25		0.8					0.5	0.4		
16	33,000	0.25		0.9					0.5	0.4		
17	35,000	0.25		0.9					0.5	0.4		
18	29,000	0.25		1.0					0.5	0.4		
19												
20	72,000	0.25		0.4					0.4	0.3		
21	31,000	0.25		1.0					0.6	0.5		
22	39,000	0.25		0.8					0.5	0.4		
23	30,000	0.25		1.0					0.5	0.4		
24	33,000	0.25		0.9					0.5	0.4		
25	24,000	0.25		1.2					0.5	0.4		
26	43,000	0.25		0.7					0.5	0.4		
27												
28	54,000	0.25		0.6					0.5	0.4		
29												
30												
31												

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
DER Form 17.555910(2)
Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9567 Reporting Month March 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 149 No of People at End of Month 522

Design Flow 1.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

H. KEEN C7240 J STAPH C6963 K KERLIN C5926

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

Days of Month	Total Water Treated in In Gallons	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	1,244,000	9.00		23.0					14.7	11.7		
Average:	40,267	0.29		0.7					0.5	0.4		
Maximum:	48,000	1.25		1.0					1.0	0.6		
Minimum:	24,000	0.25		0.5					0.5	0.4		
1	45,000	0.25		0.7					0.5	0.4		
2	27,000	0.25		1.1					0.5	0.4	4	
3	24,000	0.25		1.2					0.7	0.5		
4	26,000	0.25		1.2					0.5	0.4		
5												
6	87,000	0.75		1.0					0.5	0.4		
7	29,000	0.25		1.0					0.5	0.4		
8	44,000	0.25		0.7					0.5	0.4		
9	36,000	0.25		0.8					0.5	0.4		
10	37,000	0.25		0.8					0.7	0.6		
11	30,000	0.25		1.0					0.7	0.6		
12												
13	64,000	0.25		0.5					0.5	0.4		
14	42,000	0.25		0.7					0.5	0.4		
15	39,000	0.25		0.8					0.5	0.4		
16	46,000	0.25		0.7					0.5	0.4		
17	44,000	0.25		0.7					0.5	0.4		
18	47,000	0.25		0.6					0.5	0.4		
19	47,000	0.25		0.6					0.5	0.4		
20												
21	112,000	0.75		0.8					0.5	0.4		
22	47,000	0.25		0.6					0.5	0.4		
23	38,000	0.25		0.8					0.5	0.4		
24	45,000	0.25		0.7					0.6	0.5		
25	48,000	0.25		0.6					0.5	0.4		
26												
27	83,000	1.50		2.2					1.0	0.6		
28	48,000	0.25		0.6					0.5	0.4		
29	44,000	0.25		0.7					0.5	0.5		
30	27,000	0.25		1.1					0.5	0.4		
31	36,000	0.25		0.8					0.5	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estate Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month April 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 149 No of People at End of Month 521.5

Design Flow 1.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Harold L Keen C-7240

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorin (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	1,473,000	9.00							13.3	10.5		
Average	49,100	0.30		0.6					0.5	0.4		
Maximum	83,000	0.75		1.4					0.6	0.5		
Minimum	37,000	0.25		0.3					0.4	0.3		
1	39,000	0.25		0.8					0.5	0.4		
2												
3	86,000	0.25		0.3					0.4	0.3		
4	38,000	0.25		0.8					0.5	0.4		
5	41,000	0.25		0.7					0.5	0.4	4	
6	60,000	0.25		0.5					0.5	0.4		
7	63,000	0.25		0.5					0.5	0.4		
8	61,000	0.50		1.0					0.6	0.5		
9	71,000	0.25		0.4					0.5	0.4		
10												
11	94,000	0.75		1.0					0.5	0.4		
12	58,000	0.50		1.0					0.5	0.4		
13	58,000	0.50		1.0					0.5	0.4		
14	47,000	0.25		0.6					0.5	0.4		
15	38,000	0.25		0.8					0.5	0.4		
16	46,000	0.25		0.7					0.5	0.4		
17												
18	63,000	0.25		0.5					0.5	0.4		
19	48,000	0.25		0.6					0.5	0.4		
20	37,000	0.25		0.8					0.5	0.4		
21	50,000	0.50		1.2					0.5	0.4		
22	38,000	0.25		0.8					0.5	0.4		
23												
24	63,000	0.25		0.5					0.5	0.4		
25	43,000	0.25		0.7					0.6	0.5		
26	59,000	0.25		0.5					0.5	0.4		
27	68,000	0.25		0.4					0.5	0.4		
28	55,000	0.50		1.1					0.6	0.4		
29	66,000	0.75		1.4					0.6	0.4		
30	83,000	0.50		0.7					0.5	0.4		
31												

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

DER Form 17-555910:2

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estate Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month May 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 149 No of People at End of Month 521.5

Design Flow 1.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,969,000	10.75							14.1	10.9		
Average	64,161	0.35		0.6					0.5	0.4		
Maximum	229,000	1.50		1.3					1.0	0.8		
Minimum	32,000	0.10		0.2					0.4	0.3		
1												
2	107,000	1.00		1.1					0.5	0.4		
3	35,000	0.25		0.9					0.5	0.4	4	
4	35,000	0.25		0.9					0.5	0.4		
5	32,000	0.25		0.9					0.5	0.4		
6	41,000	0.10		0.3					0.4	0.3		
7												
8	109,000	1.15		1.3					1.0	0.5		
9	43,000	0.25		0.7					0.5	0.4		
10	50,000	0.10		0.2					0.5	0.4		
11	60,000	0.15		0.3					0.5	0.4		
12	57,000	0.10		0.2					0.6	0.5		
13	61,000	0.15		0.3					0.4	0.3		
14												
15	126,000	0.75		0.7					0.6	0.5		
16	63,000	0.25		0.5					0.5	0.4		
17	38,000	0.25		0.8					0.5	0.4		
18	44,000	0.25		0.7					0.5	0.4		
19	59,000	0.25		0.5					0.5	0.4		
20	52,000	0.25		0.6					0.5	0.4		
21	53,000	0.25		0.6					0.5	0.4		
22												
23	109,000	0.75		0.8					1.0	0.8		
24	208,000	1.50		0.9					0.5	0.4		
25	229,000	0.25		0.1					0.4	0.3		
26	74,000	0.25		0.4					0.5	0.4		
27	70,000	0.75		1.3					0.5	0.4		
28	68,000	0.25		0.4					0.5	0.4		
29												
30	126,000	0.50		0.5					0.6	0.4		
31	40,000	0.50		1.5					0.6	0.5		

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

DER Form 17-555910(2)

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estate Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9567 Reporting Month June 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 149 No of People at End of Month 521.5

Design Flow 1.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct [signature] C-7240

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,092,000	7.00							13.0	10.8		
Average	36,400	0.23		0.6					0.5	0.4		
Maximum	68,000	0.25		1.0					0.6	0.5		
Minimum	23,000	0.10		0.3					0.4	0.3		
1	61,000	0.50		0.7					0.6	0.5		
2	68,000	0.25		0.4					0.5	0.4	4	
3	56,000	0.25		0.5					0.5	0.4		
4												
5	108,000	1.50		1.7					0.6	0.5		
6	38,000	0.25		0.8					0.5	0.4		
7	29,000	0.25		1.0					0.5	0.4		
8	29,000	0.25		1.0					0.5	0.4		
9	29,000	0.25		1.0					0.5	0.4		
10	31,000	0.25		1.0					0.5	0.4		
11	37,000	0.25		0.8					0.5	0.4		
12												
13	68,000	0.25		0.4					0.5	0.4		
14	38,000	0.15		0.5					0.5	0.4		
15	43,000	0.10		0.3					0.4	0.3		
16	33,000	0.10		0.4					0.5	0.4		
17	26,000	0.15		0.7					0.5	0.4		
18												
19	58,000	0.25		0.5					0.5	0.4		
20	30,000	0.10		0.4					0.5	0.4		
21	26,000	0.15		0.7					0.5	0.4		
22	23,000	0.10		0.5					0.5	0.4		
23	28,000	0.15		0.6					0.5	0.4		
24	29,000	0.10		0.4					0.5	0.4		
25												
26	52,000	0.40		0.9					0.6	0.5		
27	30,000	0.25		1.0					0.4	0.4		
28	30,000	0.25		1.0					0.4	0.4		
29	38,000	0.25		0.8					0.5	0.4		
30	34,000	0.25		0.9					0.5	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estate Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month July 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 149 No of People at End of Month 521.5

Design Flow 1.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct H. L. Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,245,000	8.00							13.2	10.5		
Average	40,161	0.26		0.7					0.5	0.4		
Maximum	65,000	0.50		1.2					0.6	0.5		
Minimum	23,000	0.10		0.5					0.5	0.4		
1	31,000	0.25		1.0					0.5	0.4	4	
2												
3	58,000	0.25		0.5					0.5	0.4		
4	29,000	0.25		1.0					0.5	0.4		
5	28,000	0.25		1.2					0.6	0.5		
6	31,000	0.25		1.0					0.5	0.4		
7	23,000	0.10		0.5					0.5	0.4		
8	38,000	0.15		0.5					0.5	0.4		
9	35,000	0.25		0.9					0.5	0.4	4	
10												
11	64,000	0.25		0.5					0.5	0.4		
12	37,000	0.25		0.8					0.5	0.4		
13	27,000	0.25		1.1					0.5	0.4		
14	53,000	0.25		0.6					0.5	0.4		
15	34,000	0.25		0.9					0.5	0.4		
16	61,000	0.50		1.0					0.6	0.4		
17												
18	107,000								0.5	0.4		
19	59,000	0.75		1.5					0.5	0.4		
20	65,000	0.50		0.9					0.5	0.4		
21	51,000	0.50		1.2					0.5	0.4		
22	44,000	0.25		0.7					0.5	0.4		
23	52,000	0.25		0.6					0.5	0.4		
24												
25	105,000	0.75		0.9					0.5	0.4		
26	47,000	0.25		0.6					0.5	0.4		
27	38,000	0.25		0.8					0.5	0.4		
28	31,000	0.25		1.0					0.5	0.4		
29	33,000	0.25		0.9					0.5	0.4		
30												
31	66,000	0.50		0.9					0.5	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

VS ID No. 2040412 PWS Name Keystone Club Estate Location: City or S/D Keystone Heights

...med By Southern States Utilities Phone No: 904-473-9567 Reporting Month August 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 149 No of People at End of Month 521.5

Design Flow 1.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5826 / J. W. Stapf C-6953 / H. L. Keen C-7240

I certify this report is correct C-7240

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorin (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	1,088,000	4.50							12.7	10.2		
Average:	35,097	0.15		0.4					0.5	0.4		
Maximum:	57,000	0.25		0.7					0.7	0.6		
Minimum:	25,000	0.10		0.2					0.3	0.3		
1	40,000	0.25		0.7					0.5	0.4		
2	40,000	0.25		0.7					0.5	0.4		
3	45,000	0.25		0.7					0.5	0.4		
4	32,000	0.15		0.6					0.5	0.4	4	
5	39,000	0.10		0.3					0.7	0.6		
6	44,000	0.25		0.7					0.6	0.5		
7												
8	53,000	0.25		0.6					0.6	0.5		
9	26,000	0.10		0.5					0.5	0.4		
10	28,000	0.10		0.4					0.5	0.4		
11	31,000	0.10		0.4					0.5	0.4		
12	31,000	0.10		0.4					0.3	0.3		
13	31,000	0.10		0.4					0.3	0.3		
14												
15	60,000	0.25		0.5					0.4	0.3		
16	27,000	0.10		0.4					0.4	0.3		
17	23,000	0.15		0.7					0.4	0.3		
18	26,000	0.15		0.7					0.4	0.3		
19	33,000	0.10		0.4					0.5	0.4		
20												
21	88,000	0.50		0.7					0.5	0.4		
22	29,000	0.10		0.4					0.5	0.4		
23	33,000	0.15		0.5					0.5	0.4		
24	27,000	0.10		0.4					0.4	0.3		
25	34,000	0.15		0.5					0.4	0.3		
26	40,000	0.15		0.4					0.5	0.4		
27	57,000	0.10		0.2					0.4	0.3		
28												
29	77,000	0.25		0.4					0.4	0.3		
30	39,000	0.10		0.3					0.5	0.4		
31	53,000	0.15		0.3					0.5	0.4		

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 ...ord

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estate Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9567 Reporting Month September 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 150 No of People at End of Month 525

Design Flow 1.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Harry L Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,050,000	5.00							12.3	9.4		
Average	35,000	0.17		0.5					0.5	0.4		
Maximum:	60,000	0.25		1.2					0.7	0.4		
Minimum:	22,000	0.10		0.3					0.3	0.3		
1	54,000	0.25		0.6					0.5	0.4		
2	46,000	0.25		0.7					0.5	0.4		
3	40,000	0.25		0.7					0.5	0.4	4	
4												
5	99,000	0.25		0.3					0.5	0.4		
6	60,000	0.25		0.5					0.5	0.4		
7	41,000	0.25		0.7					0.5	0.4		
8	47,000	0.25		0.6					0.5	0.4		
9	41,000	0.15		0.4					0.4	0.3		
10	47,000	0.35		0.9					0.5	0.3		
11												
12	54,000	0.25		0.6					0.5	0.4		
13	26,000	0.10		0.5					0.5	0.4		
14	30,000	0.15		0.6					0.4	0.3		
15	31,000	0.10		0.4					0.4	0.3		
16	32,000	0.15		0.6					0.4	0.3		
17												
18	57,000	0.25		0.5					0.4	0.3		
19	22,000	0.10		0.5					0.4	0.3		
20	32,000	0.15		0.6					0.4	0.3		
21	25,000	0.25		1.2					0.5	0.4		
22	23,000	0.10		0.5					0.3	0.3		
23	31,000	0.15		0.6					0.5	0.4		
24	21,000	0.10		0.6					0.5	0.4		
25												
26	56,000	0.30		0.6					0.5	0.4		
27	33,000	0.10		0.4					0.5	0.4		
28	26,000	0.25		1.1					0.5	0.4		
29	38,000	0.15		0.5					0.5	0.4		
30	36,000	0.10		0.3					0.7	0.3		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estate Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month October 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 150 No of People at End of Month 325

Design Flow 1.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5826 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct H L Keen C 7240

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorin (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	909,000	6.00							14.6	11.1		
Average	29,323	0.19		0.7					0.6	0.4		
Maximum:	49,000	0.25		2.6					2.0	1.2		
Minimum:	14,000	0.10		0.3					0.4	0.3		
1	51,000	0.25		0.6					0.5	0.4		
2												
3	57,000	1.25		2.6					0.5	0.4		
4	23,000	0.10		0.5					0.5	0.4	4	
5	20,000	0.15		0.9					0.5	0.4		
6	22,000	0.10		0.5					0.5	0.4		
7	37,000	0.15		0.5					0.5	0.4		
8												
9	68,000	0.25		0.4					0.5	0.4		
10	20,000	0.10		0.6					0.5	0.4		
11	34,000	0.15		0.5					0.5	0.4		
12	14,000	0.10		0.9					0.5	0.4		
13	21,000	0.15		0.9					0.5	0.4		
14	24,000	0.25		1.2					0.6	0.5		
15												
16	52,000	0.25		0.6					0.5	0.4		
17	27,000	0.10		0.4					0.4	0.3		
18	37,000	0.15		0.5					0.4	0.3		
19	49,000	0.25		0.6					0.5	0.4		
20	31,000	0.15		0.6					0.5	0.4		
21	37,000	0.10		0.3					0.4	0.3		
22												
23	69,000	0.50		0.9					0.5	0.4		
24	28,000	0.15		0.6					0.4	0.3		
25	36,000	0.20		0.7					0.5	0.4		
26	32,000	0.15		0.6					0.5	0.4		
27	22,000	0.25		1.4					0.5	0.4		
28	34,000	0.25		0.9					2.0	1.2		
29												
30	47,000	0.25		0.6					0.7	0.5		
31	17,000	0.25		1.8					0.7	0.5		

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

DER Form 17.555910(2)

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estate Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month November 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 151 No of People at End of Month 528.5

Design Flow 1.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-6926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Hugh L Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	839,000	5.75							13.2	10.6		
Average:	27,967	0.19		0.7					0.5	0.4		
Maximum:	47,000	0.25		1.3					0.7	0.5		
Minimum:	19,000	0.10		0.4					0.4	0.4		
1	19,000	0.25		1.6					0.7	0.5		
2	26,000	0.10		0.5					0.5	0.4		
3	23,000	0.15		0.8					0.5	0.4		
4	25,000	0.25		1.2					0.5	0.4		
5	47,000	0.25		0.6					0.5	0.4		
6												
7	58,000	0.50		1.0					0.5	0.4	4	
8	30,000	0.25		1.0					0.5	0.4		
9	32,000	0.25		0.9					0.5	0.4		
10	32,000	0.25		0.9					0.5	0.4		
11	27,000	0.25		1.1					0.5	0.4		
12	35,000	0.25		0.9					0.5	0.4		
13												
14	47,000	0.25		0.6					0.5	0.4		
15	23,000	0.10		0.5					0.5	0.4		
16	20,000	0.10		0.6					0.5	0.4		
17	22,000	0.05		0.3					0.5	0.4		
18	22,000	0.10		0.5					0.5	0.4		
19												
20	46,000	0.40		1.0					0.6	0.5		
21	33,000	0.25		0.9					0.5	0.4		
22	39,000	0.25		0.8					0.5	0.4		
23	30,000	0.10		0.4					0.5	0.4		
24	27,000	0.15		0.7					0.5	0.4		
25	22,000	0.10		0.5					0.5	0.4		
26	32,000	0.40		1.5					0.5	0.4		
27												
28	88,000	0.25		0.4					0.4	0.4		
29	27,000	0.25		1.1					0.5	0.4		
30	26,000	0.25		1.2					0.5	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estate Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month December 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 151 No of People at End of Month 528.5

Design Flow 1.8 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-6826 / J. W. Stapf C-6953 / H. L. Keen C-7240

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-7240 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorin (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	826,000	5.00							12.8	10.2		
Average:	26,645	0.16		0.6					0.5	0.4		
Maximum:	43,000	0.25		1.2					0.5	0.4		
Minimum:	2,100	0.10		0.4					0.4	0.3		
1	25,000	0.10		0.5					0.5	0.4		
2	28,000	0.15		0.6					0.5	0.4		
3	36,000	0.25		0.8					0.5	0.4		
4												
5	69,000	0.25		0.4					0.5	0.4	4	
6	30,000	0.25		1.0					0.5	0.4		
7	30,000	0.25		1.0					0.5	0.4		
8	36,000	0.25		0.8					0.5	0.4		
9	28,000	0.25		1.1					0.5	0.4		
10												
11	54,000	0.25		0.6					0.4	0.3		
12	26,000	0.10		0.5					0.4	0.3		
13	23,000	0.15		0.8					0.5	0.4		
14	24,000	0.10		0.5					0.5	0.4		
15	28,000	0.15		0.6					0.5	0.4		
16	24,000	0.10		0.5					0.5	0.4		
17	30,000	0.10		0.4					0.5	0.4		
18												
19	50,000	0.55		1.3					0.5	0.4		
20	26,000	0.25		1.2					0.5	0.4		
21	24,000	0.25		1.2					0.5	0.4		
22	21,000	0.10		0.6					0.5	0.4		
23	43,000	0.15		0.4					0.5	0.4		
24	24,000	0.10		0.5					0.5	0.4		
25												
26	45,000	0.15		0.4					0.5	0.4		
27	22,000	0.10		0.5					0.5	0.4		
28	26,000	0.15		0.7					0.5	0.4		
29	26,000	0.10		0.5					0.5	0.4		
30	28,000	0.40		1.7					0.5	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month January 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 146 No of People at End of Month
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H. KEEN C7240 J STAPH C5963 K KERLIN C5926
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	853											
Average:												
Maximum:												
Minimum:												
1	31	0.25		1.0					0.4	0.4		
2	29	0.50		2.1					0.5	0.4		
3												
4	67	0.75		1.3					0.5	0.4		
5	24	0.25		1.3					0.5	0.4	4	Wells 1 & 2
6	26	0.25		1.3					0.5	0.4		
7	25	0.25		1.3					0.5	0.4		
8	23	0.25		1.3					0.5	0.4		
9	33	0.25		0.9					0.5	0.4		
10												
11	52	0.25		0.6					0.5	0.4		
12	28	0.25		1.1					0.5	0.4		
13	33	0.25		0.9					0.5	0.4		
14	30	0.25		1.0					0.5	0.4		
15	26	0.25		1.1					0.5	0.4		
16												
17	42	0.25		0.8					1.0	0.5		
18	24	0.25		1.1					0.5	0.4		
19	35	0.25		0.9					0.5	0.4		
20	31	0.25		1.0					0.3	0.3		
21	27	1.00		4.3					0.6	0.4		
22	21	0.25		1.5					0.6	0.4		
23	25	0.25		1.1					0.6	0.4		
24												
25	58	1.25		2.5					0.5	0.4		
26	35	0.25		0.8					0.5	0.4		
27	23	0.25		1.3					0.5	0.4		
28	21	0.25		1.4					0.8	0.4		
29	26	0.25		1.3					0.8	0.8		
30												
31	58	1.00		2.1					1.5	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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8867 Reporting Month February 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 147 No of People at End of Month
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H. KEEN C7240 J STAPH C6863 K KERLIN C8926
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	842	8.00		31.4					12.8	9.9		
Average:	30	0.3		1.3					0.5	0.4		
Maximum:	39	1.25		4.2					1.5	1.0		
Minimum:	32	0.25		0.4					0.2	0.2		
1	32	0.25		1.0					0.5	0.4		
2	31	0.25		1.0					0.5	0.4		
3	26	0.25		1.3					0.5	0.4		
4	28	0.25		1.1					0.5	0.4		
5	32	0.25		1.0					0.9	0.6	4	Wells 1 & 2
6	24	0.25		1.3					0.8	0.6		
7												
8	81	0.25		0.4					0.5	0.4		
9	27	0.25		1.1					0.2	0.2		
10	30	0.25		1.0					0.3	0.2		
11	21	0.25		1.5					0.4	0.3		
12	22	0.25		1.4					0.5	0.3		
13	20	0.25		1.5					0.5	0.4		
14												
15	64	0.25		0.5					0.3	0.3		
16	33	0.25		0.9					0.5	0.4		
17	28	0.25		1.1					0.5	0.4		
18	24	0.25		1.3					0.5	0.4		
19	26	0.25		1.3					0.5	0.4		
20												
21	70	0.50		1.0					1.5	1.0		
22	32	0.50		2.0					0.5	0.4		
23	28	0.25		1.1					0.5	0.4		
24	39	0.25		0.8					0.4	0.4		
25	22	0.50		2.8					0.5	0.4		
26	35	1.25		4.2					0.5	0.4		
27												
28	67	0.50		0.8					0.4	0.4		
29												
30												
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month March 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 139 No of People at End of Month
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H. KEEN C7240 J STAPH C6963 K KERLIN C5926
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,148	8.50		27.7					13.9	10.7		
Average:	37	0.3		1.0					0.5	0.4		
Maximum:	49	0.50		2.5					0.8	0.7		
Minimum:	16	0.25		0.3					0.4	0.2		
1	16	0.25		1.9					0.4	0.2		
2	27	0.25		1.1					0.5	0.2	4	Wells 1 & 2
3	24	0.50		2.5					0.5	0.4		
4	49	0.25		0.8					0.5	0.4		
5	21	0.25		1.4					0.5	0.4		
6	36	0.25		0.8					0.5	0.4		
7												
8	79	0.50		0.7					0.6	0.4		
9	39	0.25		0.8					0.6	0.4		
10	33	0.50		1.7					0.5	0.4		
11	47	0.25		0.6					0.5	0.4		
12	36	0.50		1.7					0.5	0.4		
13	49	0.50		1.2					0.5	0.4		
14												
15	101	0.25		0.3					0.8	0.7		
16	40	0.25		0.8					0.4	0.3		
17	36	0.25		0.8					0.5	0.4		
18	37	0.50		1.7					0.5	0.4		
19	31	0.25		1.0					0.5	0.4		
20												
21	77	0.25		0.4					0.5	0.4		
22	23	0.25		1.3					0.5	0.4		
23	35	0.25		0.9					0.5	0.4		
24	32	0.25		0.9					0.6	0.5		
25	37	0.25		0.8					0.5	0.4		
26	37	0.25		0.8					0.5	0.4		
27	32	0.25		0.9					0.5	0.4		
28												
29	81	0.50		0.7					0.5	0.4		
30	43	0.25		0.5					0.5	0.4		
31	48	0.25		0.5					0.5	0.4		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8667 Reporting Month April 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 139 No of People at End of Month
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
N. KEEN C7240 J STAPH C8963 K KERLIN C8926
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,704	12.75		22.1					14.2	11.4		
Average:	57	0.50		0.9					0.5	0.4		
Maximum:	106	1.75		1.7					0.7	0.6		
Minimum:	33	0.25		0.6					0.5	0.3		
1	34	0.25		0.8					0.5	0.4		
2	38	0.50		0.7					0.5	0.4		
3												
4	86	0.50		0.7					0.6	0.4		
5	33	0.25		0.9					0.5	0.4		
6	34	0.25		0.9					0.5	0.4		
7	36	0.25		0.8					0.5	0.4	4	Wells 1 & 2
8	40	0.25		0.8					0.5	0.4		
9	43	0.25		0.6					0.5	0.4		
10												
11	86	0.50		0.7					0.5	0.4		
12	31	0.25		1.0					0.5	0.4		
13	48	0.25		0.6					0.4	0.3		
14	79	0.50		0.7					0.5	0.4		
15	106	0.50		0.6					0.5	0.4		
16	94	0.50		0.6					0.6	0.5		
17	126	1.75		1.6					0.6	0.5		
18												
19	168	1.25		0.9					0.5	0.4		
20	101	0.75		0.9					0.7	0.5		
21	98	1.00		1.3					0.7	0.6		
22	50	0.25		0.6					0.6	0.5		
23	44	0.25		0.6					0.6	0.5		
24	51	0.50		1.2					0.6	0.5		
25												
26	98	0.50		0.6					0.6	0.5		
27	36	0.50		1.7					0.5	0.4		
28	42	0.25		0.6					0.5	0.4		
29	42	0.25		0.6					0.5	0.4		
30	48	0.50		1.3					0.7	0.6		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month May 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 139 No of People at End of Month
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H. KEEN C7240 J STAPH C6963 K KERLIN C6926
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,687	13.00		23.8					14.5	11.7		
Average:	54	0.40		0.9					0.5	0.5		
Maximum:	86	1.25		2.6					0.9	0.7		
Minimum:	30	0.25		0.4					0.5	0.4		
1												
2	109	1.25		1.4					0.7	0.6		
3	53	0.25		0.6					0.5	0.4		
4	35	0.25		0.8					0.6	0.5		
5	49	0.25		0.6					0.5	0.4		
6	46	0.25		0.6					0.5	0.4		
7	70	0.25		0.4					0.5	0.4	4	
8	59	0.25		0.5					0.6	0.4		
9												
10	111	1.25		1.4					0.7	0.6		
11	62	0.25		0.5					0.7	0.6		
12	48	0.75		1.9					0.9	0.7		
13	44	0.50		1.4					0.5	0.4		
14	35	0.25		0.9					0.5	0.4		
15												
16	119	0.50		0.5					0.5	0.4		
17	43	0.25		0.6					0.5	0.4		
18	52	0.25		0.6					0.6	0.4		
19	59	0.25		0.5					0.5	0.4		
20	67	0.75		1.3					0.6	0.5		
21	69	0.25		0.5					0.6	0.5		
22												
23	104	0.75		0.9					0.6	0.5		
24	55	0.25		0.5					0.5	0.4		
25	86	0.75		1.1					0.5	0.4		
26	79	0.75		1.1					0.5	0.4		
27	72	0.50		0.8					0.5	0.4		
28	70	0.50		0.8					0.5	0.4		
29	30	0.25		1.0					0.6	0.4		
30												
31	59	1.25		2.6					0.5	0.4		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-6667 Reporting Month June 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 140 No of People at End of Month
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H. KEEN C7240 J STAPH C6963 K KERLIN C6926
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,221	6.90		23.0					14.0	11.1		
Average:	41	0.23		0.9					0.6	0.4		
Maximum:	56	0.25		3.3					1.0	0.8		
Minimum:	20	0.10		0.3					0.4	0.4		
1	42	0.25		0.7					0.5	0.4		
2	20	0.25		2.9					0.5	0.4		
3	36	0.25		3.3					0.5	0.4		
4	47	0.25		0.7					0.5	0.4		
5												
6	114	0.75		0.8					0.6	0.5		
7	45	0.25		0.6					0.5	0.4		
8	49	0.25		0.6					0.5	0.4	4	
9	38	0.25		0.8					0.5	0.4		
10	31	0.25		1.0					0.5	0.4		
11	41	0.25		0.8					0.5	0.4		
12												
13	78	0.50		0.7					0.5	0.4		
14	31	0.25		1.0					0.6	0.5		
15	32	0.25		0.9					0.5	0.5		
16	31	0.15		0.6					0.5	0.4		
17	43	0.10		0.4					0.5	0.4		
18	42	0.25		0.8					0.5	0.4		
19	56	0.25		0.5					0.5	0.4		
20												
21	105	0.50		0.6					0.5	0.4		
22	33	0.25		0.8					0.4	0.3		
23	56	0.25		0.5					0.4	0.3		
24	47	0.25		0.6					0.5	0.4		
25	44	0.25		0.6					1.0	0.8		
26	49	0.25		0.6					1.0	0.6		
27												
28	56	0.15		0.3					0.5	0.4		
29	27	0.10		0.5					0.5	0.4		
30	28	0.15		0.7					0.5	0.4		
31												

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
DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month July 1993
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 141 No of People at End of Month
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H. KEEN C7240 J STAPH CS963 K KERLIN CS926

I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	1,198	9.25		24.0					15.5	11.6		
Average:	39	0.30		1.0					0.6	0.5		
Maximum:	64	0.75		1.9					0.7	0.5		
Minimum:	25	0.10		0.3					0.5	0.4		
1	27	0.10		0.4					0.5	0.4	4	
2	31	0.15		0.6					0.5	0.4		
3												
4	71	0.25		0.4					0.5	0.4		
5	37	0.10		0.3					0.5	0.4		
6	54	0.15		0.3					0.5	0.4		
7	39	0.25		0.8					0.6	0.4		
8	33	0.25		0.8					0.6	0.4		
9	45	0.25		0.6					0.6	0.4		
10	45	0.25		0.7					0.6	0.4		
11												
12	63	0.75		1.5					0.6	0.4		
13	42	0.75		1.9					0.7	0.5		
14	47	0.50		1.3					0.7	0.5		
15	50	0.50		1.2					0.7	0.5		
16	40	0.25		0.6					0.7	0.5		
17	59	0.25		0.5					0.6	0.5		
18												
19	72	0.75		1.3					0.7	0.5		
20	43	0.50		1.3					0.5	0.4		
21	44	0.25		0.6					0.5	0.4		
22	29	0.25		1.0					0.5	0.4		
23	25	0.25		1.3					0.5	0.4		
24	45	0.25		0.6					0.5	0.4		
25												
26	64	1.00		2.0					0.5	0.4		
27	27	0.25		1.1					0.5	0.4		
28	38	0.25		0.8					0.5	0.4		
29	37	0.25		0.8					0.7	0.5		
30	47	0.25		0.6					0.7	0.5		
31	54	0.25		0.5					0.5	0.4		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9557 Reporting Month August 1993
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 143 No of People at End of Month
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H. KEEN C7240 J STAPH C6963 K KERLIN C5926
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,661	10.25		19.5					16.7	11.8		
Average:	54	0.3		0.75					0.6	0.5		
Maximum:	78	0.75		1.5					1.2	0.7		
Minimum:	40	0.25		0.4					0.4	0.3		
1												
2	81	0.75		1.1					0.6	0.5		
3	56	0.50		1.0					1.2	0.7		
4	56	0.25		0.5					1.2	0.7	4	
5	57	0.75		1.5					0.7	0.5		
6	63	0.50		1.0					0.7	0.5		
7	78	0.25		0.4					0.5	0.3		
8												
9	127	0.75		0.7					0.7	0.5		
10	65	0.50		1.0					0.7	0.5		
11	61	0.25		0.5					0.5	0.4		
12	60	0.25		0.5					1.0	0.8		
13	53	0.25		0.6					0.6	0.5		
14												
15	124	0.50		0.5					0.6	0.5		
16	40	0.25		0.8					1.0	0.7		
17	52	0.25		0.6					0.5	0.4		
18	66	0.25		0.4					0.5	0.4		
19	74	0.75		1.2					0.5	0.4		
20	46	0.25		0.7					0.7	0.5		
21	78	0.25		0.4					0.5	0.4		
22												
23	125	1.00		1.0					0.5	0.4		
24	31	0.25		1.0					0.5	0.4		
25	42	0.25		0.6					0.6	0.5		
26	41	0.25		0.8					0.5	0.4		
27	43	0.25		0.6					0.5	0.4		
28	53	0.25		0.5					0.5	0.4		
29												
30	59	0.25		0.5					0.5	0.4		
31	30	0.25		1.0					0.4	0.3		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-0567 Reporting Month September 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 143 No of People at End of Month 500.5
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H. KEEN C7340 J STAPH C0663 K KERLIN C0926

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-3440 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,016,000	5.90		19.01					18.4	13.7	4	
Average:	33,867	0.20		0.63					0.6	0.5		
Maximum:	36	0.25		1.30					1.3	0.4		
Minimum:	23	0.10		0.20					0.4			
1	32,000	0.15		0.56					0.5	0.4		
2	36,000	0.25		0.83					0.5	0.4	4	
3	27,000	0.10		0.44					0.5	0.4		
4												
5	83,000	0.15		0.22					0.5	0.4		
6	44,000	0.25		0.68					0.5	0.4		
7	23,000	0.25		1.30					0.4	0.4		
8	28,000	0.25		1.07					0.5	0.4		
9	27,000	0.25		1.11					0.5	0.4		
10	24,000	0.10		0.50					0.4	0.4		
11	28,000	0.15		0.64					0.5	0.4		
12												
13	74,000	0.10		0.16					1.2	1.0		
14	29,000	0.15		0.62					0.5	0.4		
15	34,000	0.25		0.88					0.6	0.5		
16	35,000	0.25		0.86					0.6	0.5		
17	29,000	0.10		0.41					0.5	0.4		
18												
19	65,000	0.15		0.28					1.5	0.6		
20	34,000	0.10		0.35					0.6	0.5		
21	37,000	0.15		0.49					0.5	0.4		
22	33,000	0.25		0.91					0.5	0.4		
23	31,000	0.25		0.97					0.7	0.6		
24	33,000	0.25		0.91					0.7	0.6		
25												
26	86,000	1.00		1.39					0.7	0.6		
27	29,000	0.25		1.03					0.7	0.6		
28	32,000	0.25		0.94					0.7	0.6		
29	41,000	0.25		0.73					0.7	0.6		
30	42,000	0.25		0.71					0.6	0.5		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month October 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month _____ No of People at End of Month _____
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H. KEEN C7240 J STAPH C8963 K KERLIN C8926
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	1,093,000	8.00		22.18					14.0	11.3	4	
Average:	35,258	0.26		0.72					0.5	0.4		
Maximum:	55,000	0.25		2.10					0.6	0.5		
Minimum:	23,000	0.10		0.30					0.5	0.4		
1	54,000	0.25		0.56					0.6	0.5		
2	55,000	0.25		0.55					0.5	0.4		
3												
4	83,000	1.50		2.17					0.6	0.5		
5	48,000	0.25		0.62					0.6	0.5		
6	35,000	0.25		0.86					0.6	0.5	4	
7	30,000	0.25		1.00					0.6	0.5		
8	29,000	0.25		1.03					0.5	0.4		
9												
10	64,000	0.50		0.94					0.6	0.4		
11	25,000	0.25		1.20					0.6	0.5		
12	32,000	0.25		0.94					0.5	0.4		
13	25,000	0.25		1.20					0.5	0.4		
14	33,000	0.15		0.55					0.5	0.4		
15	34,000	0.10		0.35					0.5	0.4		
16												
17	54,000	0.25		0.56					0.5	0.4		
18	23,000	0.10		0.52					0.5	0.4		
19	28,000	0.15		0.64					0.5	0.4		
20	41,000	0.25		0.73					0.6	0.5		
21	39,000	0.25		0.77					0.5	0.4		
22	71,000	0.25		0.42					0.5	0.4		
23	42,000	0.25		0.71					0.5	0.4		
24												
25	58,000	0.50		1.03					0.6	0.5		
26	30,000	0.25		1.00					0.6	0.5		
27	28,000	0.25		1.07					0.5	0.4		
28	30,000	0.25		1.00					0.5	0.4		
29	33,000	0.25		0.91					0.5	0.4		
30												
31	69,000	0.50		0.87					0.5	0.4		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8657 Reporting Month November 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 147 No of People at End of Month 514.5
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C-7240 J.W. STAPH C-8863 W.K. KERLIN C-8921
I certify this report is correct Harold E. Keen C-7240
(Last Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	876,000	6.00		22.15					13.3	10.8	4	
Average:	29,200	0.20		0.74					0.5	0.4		
Maximum:	39,000	0.25		1.50					0.6	0.5		
Minimum:	20,000	0.10		0.40					0.4	0.4		
1	20,000	0.25		1.50					0.5	0.4		
2	27,000	0.25		1.11					0.5	0.4	4	
3	27,000	0.25		1.11					0.5	0.4		
4	26,000	0.15		0.69					0.5	0.4		
5	31,000	0.10		0.39					0.5	0.4		
6												
7	63,000	0.25		0.48					0.5	0.4		
8	24,000	0.25		1.25					0.5	0.4		
9	25,000	0.25		1.20					0.5	0.4		
10	26,000	0.10		0.46					0.5	0.4		
11	24,000	0.15		0.75					0.5	0.4		
12	31,000	0.10		0.39					0.5	0.5		
13												
14	62,000	0.40		0.77					0.6	0.5		
15	26,000	0.10		0.46					0.5	0.4		
16	36,000	0.15		0.50					0.6	0.5		
17	31,000	0.25		0.97					0.5	0.4		
18	32,000	0.25		0.94					0.5	0.4		
19	31,000	0.25		0.97					0.5	0.4		
20	41,000	0.25		0.73					0.6	0.4		
21												
22	51,000	0.50		1.18					0.5	0.4		
23	31,000	0.25		0.97					0.5	0.4		
24	39,000	0.25		0.77					0.5	0.4		
25	38,000	0.25		0.79					0.5	0.4		
26	33,000	0.25		0.91					0.5	0.4		
27	27,000	0.25		1.11					0.5	0.4		
28												
29	48,000	0.25		0.62					0.4	0.3		
30	26,000	0.25		1.15					0.5	0.4		
31												

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
DER Form 17-555910(2)
Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3040412 PWS Name Keystone Club Estates Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month December 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 148 No of People at End of Month 518
Design Flow 1.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L.KEEN C-7240 J.W.STAPH C-6963 W.K.KERLIN C-6926
I certify this report is correct H. L. Keen (Lead Operator's Signature) C-7240 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,001,000	7.50		25.81					13.4	10.4	4	
Average:	32,290	0.24		0.83					0.5	0.4		
Maximum:	50,000	0.25		2.20					0.5	0.5		
Minimum:	26,000	0.10		0.30					0.4	0.3		
1	26,000	0.25		1.15					0.5	0.4		
2	32,000	0.25		0.94					0.5	0.4		
3	31,000	0.25		0.97					0.5	0.4	4	
4	50,000	0.25		0.60					0.5	0.4		
5												
6	63,000	0.25		0.48					0.5	0.4		
7	34,000	0.25		0.88					0.5	0.4		
8	29,000	0.25		1.03					0.5	0.4		
9	36,000	0.25		0.83					0.5	0.4		
10	36,000	0.10		0.33					0.5	0.4		
11	36,000	0.25		0.83					0.5	0.4		
12												
13	60,000	0.65		1.30					0.5	0.4		
14	36,000	0.25		0.83					0.5	0.4		
15	34,000	0.25		0.88					0.5	0.4		
16	33,000	0.25		0.91					0.4	0.3		
17	34,000	0.25		0.88					0.5	0.4		
18	52,000	0.25		0.56					0.5	0.4		
19												
20	64,000	0.25		0.47					0.5	0.4		
21	29,000	0.25		1.03					0.5	0.5		
22	32,000	0.25		0.94					0.5	0.4		
23	31,000	0.25		0.97					0.5	0.4		
24	27,000	0.25		1.11					0.5	0.4		
25												
26	65,000	0.50		0.92					0.5	0.4		
27	20,000	0.25		1.50					0.5	0.4		
28	27,000	0.25		1.11					0.5	0.4		
29	27,000	0.50		2.22					0.5	0.4		
30	31,000	0.25		0.97					0.5	0.4		
31	43,000	0.50		1.15					0.5	0.4		

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
DER Form 17-555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100810 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month January 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1015 No of People at End of Month 3535
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C7240 W.K. KERLIN C5926 J.W. STAPH C8963
I certify this report is correct Neal L Keen C 7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	3,254,000	29.25		27.84					18.9	12.4	6	
Average:	104,968	0.94		0.90					0.6	0.5		
Maximum:	127,000	1.75		1.65					1.2	0.6		
Minimum:	92,000	0.50		0.43					0.5	0.3		
1	139,000	0.50		0.43								
2												
3	169,000	2.25		1.43					1.2	0.5		
4	102,000	1.00		1.18					1.0	0.5	6	
5	100,000	0.75		0.90					0.8	0.4		
6	102,000	1.00		1.18					0.5	0.3		
7	92,000	0.75		0.98					0.8	0.5		
8	109,000	1.25		1.38					0.8	0.6		
9												
10	166,000	2.25		1.45					0.8	0.6		
11	110,000	0.50		0.55					0.8	0.6		
12	111,000	1.50		1.62					0.9	0.6		
13	103,000	1.00		1.16					0.6	0.4		
14	94,000	1.00		1.28					0.6	0.4		
15	111,000	0.75		0.81					0.6	0.4		
16												
17	233,000	2.00		1.03					0.6	0.4		
18	121,000	0.75		0.74					0.6	0.4		
19	104,000	0.75		0.86					0.5	0.4		
20	108,000	0.75		0.83					0.6	0.5		
21	99,000	1.00		1.21					0.6	0.5		
22	122,000	0.75		0.74					0.5	0.5		
23												
24	179,000	1.25		0.84					0.6	0.5		
25	102,000	0.75		0.88					0.7	0.5		
26	117,000	1.00		1.02					0.7	0.5		
27	108,000	1.25		1.39					1.0	0.6		
28	127,000	1.25		1.18					1.1	0.6		
29	127,000	1.75		1.65					1.0	0.6		
30												
31	159,000	1.50		1.13					1.0	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 month of record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month January 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1010 No of People at End of Month 3535
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.LKEEN C7240 W.K.KERLIN C8926 J.W. STAPH C8963
I certify this report is correct [signature] C-7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	5,658,000	140.5		77.42					30.1	13.0	6	
Average:	182,516	5		2.50					1.2	0.5		
Maximum:	226,000	6.5		4.28					1.3	0.6		
Minimum:	141,000	0.75		0.46					0.2	0.2		
1	237,000	6		3					1.3	0.5		
2												
3	327,000	8		3					1.0	0.5		
4	177,000	5		3					1.2	0.5	6	
5	177,000	5		3					1.2	0.5		
6	176,000	4		3					1.1	0.5		
7	161,000	5		3					1.2	0.5		
8												
9	367,000	10		3					1.2	0.5		
10	141,000	4		3					1.1	0.5		
11	190,000	4		3					1.1	0.5		
12	190,000	5		3					1.2	0.5		
13	168,000	4		3					1.2	0.5		
14	175,000	4		2					1.1	0.5		
15	198,000	6		3					1.0	0.5		
16												
17	402,000	10		3					1.3	0.5		
18	210,000	6		3					1.3	0.5		
19	180,000	5		3					1.3	0.5		
20	190,000	5		3					1.3	0.5		
21	173,000	5		3					1.2	0.5		
22	215,000	6		3					1.2	0.5		
23												
24	307,000	8		3					1.2	0.5		
25	182,000	7		4					1.2	0.5		
26	207,000	6		3					1.2	0.5		
27	195,000	1		0					0.2	0.2		
28	205,000	5		3					1.3	0.6		
29	226,000	6		3					1.3	0.6		
30												
31	282,000	7		3					1.2	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 month of record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month February 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 1012 No of People at End of Month 3642
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C7240 W.K. KERLIN CS926 J.W. STAPH CS963
I certify this report is correct (Last Operator's Signature) (Cert. Level) A 7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,804,000	31.50		33.36					25.5	12.0	6	
Average:	100,143	1.13		1.19					1.1	0.5		
Maximum:	133,000	1.50		2.09					1.2	0.5		
Minimum:	43,000	0.75		0.97					1.1	0.5		
1	101,000	1.00		1.19					1.2	0.5		
2	96,000	1.00		1.25					1.0	0.5		
3	101,000	1.50		1.78					1.0	0.5	6	
4	112,000	1.00		1.07					1.0	0.5		
5												
6	192,000	2.00		1.25					1.0	0.5		
7	75,000	1.25		2.00					1.1	0.5		
8	93,000	0.75		0.97					1.1	0.5		
9	106,000	1.25		1.41					1.1	0.5		
10	96,000	1.25		1.56					1.0	0.5		
11	106,000	1.25		1.41					1.1	0.5		
12												
13	265,000	2.75		1.24					1.0	0.5		
14	43,000	0.75		2.09					1.1	0.5		
15	105,000	1.00		1.14					1.1	0.5		
16	108,000	1.25		1.39					1.1	0.5		
17	97,000	1.25		1.55					1.1	0.5		
18	90,000	1.00		1.33					1.0	0.5		
19												
20	203,000	2.00		1.18					1.1	0.5		
21	82,000	1.00		1.46					1.1	0.5		
22	128,000	1.50		1.41					1.1	0.5		
23	103,000	1.00		1.16					1.1	0.5		
24	103,000	1.25		1.46					1.1	0.5		
25	88,000	1.00		1.36					1.0	0.5		
26	133,000	1.50		1.35					1.0	0.5		
27												
28	178,000	2.00		1.35					1.1	0.5		
29												
30												
31												

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month February 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1012 No of People at End of Month 3642
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L.KFEN C7240 W.K.KERLIN C5926 J.W. STAPH C6963
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C 7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	4,912,000	121.75		68.84					29.4	12.8	6	
Average:	175,429	4		2.46					1.2	0.5		
Maximum:	232,000	6		3.50					1.3	0.6		
Minimum:	75,000	1		1.50					1.1	0.5		
1	160,000	4		3					1.3	0.5		
2	161,000	4		3					1.3	0.5		
3	177,000	4		2					1.3	0.5	6	
4	232,000	6		3					1.2	0.5		
5												
6	306,000	8		3					1.2	0.5		
7	135,000	3		2					1.2	0.5		
8	162,000	4		3					1.3	0.5		
9	174,000	3		2					1.2	0.5		
10	179,000	4		3					1.3	0.5		
11	183,000	6		4					1.2	0.5		
12												
13	464,000	12		3					1.1	0.5		
14	75,000	1		2					1.2	0.5		
15	183,000	5		3					1.2	0.5		
16	190,000	5		3					1.2	0.5		
17	170,000	4		3					1.1	0.5		
18	160,000	4		3					1.1	0.5		
19												
20	360,000	13		4					1.1	0.5		
21	140,000	3		3					1.3	0.6		
22	219,000	6		3					1.3	0.6		
23	181,000	4		3					1.3	0.6		
24	182,000	5		3					1.3	0.6		
25	159,000	4		3					1.3	0.6		
26	227,000	5		3					1.2	0.6		
27												
28	313,000	8		3					1.2	0.5		
29												
30												
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights

ned By Southern States Utilities Phone 904-473-9567 Reporting Month March 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1914 No of People at End of Month 3549

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

H.L. KEEN C-7240 W.K.KERLIN C-5926 J.W. STAPF C-6963

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

Days of Month	Total Water Treated in in Gallons	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	4,437,000	38.75		36.02					25.3	12.5	6	
Average:	143,129	1.25		1.23					0.9	0.5		
Maximum:	202,000	2.50		3.61					1.5	0.5		
Minimum:	50,000	0.50		0.86					0.4	0.2		
1	112,000	1.25		1.34					1.1	0.5		
2	98,000	0.75		0.92					1.1	0.5	6	
3	92,000	1.25		1.63					1.0	0.5		
4	50,000	0.75		1.80					1.0	0.5		
5	141,000	1.00		0.85					1.0	0.5		
6												
7	218,000	2.25		1.24					1.1	0.5		
8	135,000	1.75		1.55					1.1	0.5		
9	127,000	1.25		1.18					1.0	0.5		
10	133,000	1.25		1.13					1.0	0.5		
11	97,000	1.00		1.24					1.0	0.5		
12												
13	218,000	2.50		1.38					1.0	0.5		
14	141,000	1.75		1.49					1.0	0.5		
15	144,000	1.25		1.04					1.0	0.5		
16	137,000	1.50		1.31					1.0	0.5		
17	121,000	1.25		1.24					1.1	0.5		
18	138,000	1.25		1.09					1.0	0.5		
19	276,000	1.50		0.84					1.0	0.5		
20												
21	331,000	2.00		1.97					1.0	0.5		
22	163,000	0.50		0.71					0.9	0.5		
23	176,000	0.75		0.98					0.8	0.5		
24	202,000	0.75		0.86					0.6	0.4		
25	183,000	0.75		0.94					0.6	0.4		
26												
27	375,000	4.75		2.91					0.4	0.3		
28	168,000	1.00		1.38					0.4	0.2		
29	159,000	2.50		3.61					0.4	0.2		
30	147,000	1.00		1.58					1.5	0.5		
31	155,000	1.25		1.85					1.2	0.5		

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

ard

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100810 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights

Issued By Southern States Utilities Phone 904-473-8567 Reporting Month March 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1014 No of People at End of Month 3649

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

H.L.KEEN C7240 W.K.KERLIN C5926 J.W. STAPH C6963

I certify this report is correct H. L. Keen C 7240

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

Days of Month	Total Water Treated in in Gallons	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	6,351,000	154.5		79.87					33.2	13.5	6	
Average:	204,871	5		2.58					1.2	0.5		
Maximum:	327,000	6.75		3.55					1.3	0.6		
Minimum:	152,000	2.25		1.41					0.4	0.2		
1	191,000	2		1					1.3	0.6		
2	174,000	4		3					1.3	0.6	6	
3	162,000	4		3					1.3	0.6		
4	327,000	2		1					0.4	0.2		
5	246,000	7		3					1.2	0.5		
6												
7	366,000	9		3					1.3	0.5		
8	242,000	6		3					1.3	0.5		
9	229,000	5		3					1.2	0.5		
10	212,000	5		3					1.3	0.5		
11	172,000	4		3					1.3	0.5		
12												
13	382,000	10		3					1.3	0.5		
14	239,000	6		3					1.3	0.5		
15	242,000	6		3					1.3	0.5		
16	252,000	6		3					1.3	0.5		
17	200,000	6		4					1.3	0.5		
18	238,000	6		3					1.3	0.5		
19	221,000	5		3					1.2	0.5		
20												
21	455,000	11		3					1.2	0.5		
22	172,000	5		3					1.2	0.5		
23	189,000	5		3					1.2	0.5		
24	203,000	5		3					1.3	0.5		
25	193,000	6		3					1.3	0.5		
26												
27	390,000	10		3					1.2	0.5		
28	172,000	5		3					1.2	0.5		
29	170,000	5		3					1.5	0.5		
30	152,000	5		4					1.2	0.5		
31	160,000	4		3					1.5	0.5		

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

ord

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights 1 & 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month April 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1014 No of People at End of Month 3093.5

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	5,126,000	38.25		23.99					20.9	11.2	6	
Average:	170,867	1.28		0.80					0.8	0.4		
Maximum:	247,000	2.75		1.70					1.2	0.5		
Minimum:	86,000	0.50		0.20					0.4	0.3		
1	183,000	1.50		1.10					1.2	0.5		
2												
3	398,000	2.25		0.68					1.1	0.5		
4	182,000	1.25		0.82					0.7	0.4		
5	215,000	0.75		0.42					0.7	0.4	6	
6	201,000	1.00		0.60					0.5	0.4		
7	177,000	0.50		0.34					0.5	0.4		
8	159,000	0.50		0.38					0.5	0.4		
9	187,000	1.25		0.80					0.5	0.4		
10												
11	304,000	0.50		0.20					0.4	0.3		
12	194,000	0.75		0.46					0.5	0.3		
13	170,000	0.50		0.35					0.5	0.3		
14	114,000	0.75		0.79					0.4	0.3		
15	105,000	1.00		1.14					1.0	0.5		
16	196,000	2.50		1.53					0.8	0.5		
17												
18	262,000	3.25		1.49					1.0	0.5		
19	159,000	2.25		1.70					1.0	0.5		
20	182,000	2.25		1.48					1.1	0.5		
21	191,000	2.25		1.41					1.1	0.5		
22	117,000	1.50		1.54					1.1	0.5		
23												
24	285,000	3.50		1.58					1.2	0.5		
25	182,000	1.50		1.11					1.2	0.5		
26	196,000	2.75		1.68					1.1	0.5		
27	193,000	1.00		0.62					0.7	0.4		
28	174,000	1.25		0.86					0.7	0.4		
29	213,000	0.75		0.42					0.7	0.4		
30	247,000	1.00		0.49					0.7	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month April 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1014 No of People at End of Month 3093.5

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Kean C-7240

I certify this report is correct H. L. Kean C-7240

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

Days of Month	Total Water Treated in in Gallons	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	7,933,000	205.5		81.45					33.7	13.0	6	
Average	264,433	7		2.72					1.3	0.5		
Maximum	409,000	11		3.53					1.5	0.5		
Minimum	169,000	4.25		2.67					1.2	0.5		
1	169,000	5		3					1.3	0.5		
2												
3	416,000	9		3					1.3	0.5		
4	180,000	4		3					1.3	0.5		
5	226,000	7		3					1.3	0.5	6	
6	308,000	8		3					1.3	0.5		
7	303,000	8		3					1.3	0.5		
8	256,000	6		3					1.3	0.5		
9	314,000	9		3					1.2	0.5		
10												
11	511,000	14		3					1.3	0.5		
12	302,000	9		3					1.3	0.5		
13	311,000	8		3					1.3	0.5		
14	187,000	6		4					1.3	0.5		
15	183,000	5		3					1.3	0.5		
16	328,000	9		3					1.2	0.5		
17												
18	418,000	12		3					1.3	0.5		
19	280,000	7		3					1.3	0.5		
20	304,000	9		3					1.4	0.5		
21	321,000	8		3					1.3	0.5		
22	196,000	5		3					1.3	0.5		
23												
24	445,000	10		3					1.2	0.5		
25	270,000	8		3					1.3	0.5		
26	329,000	8		3					1.3	0.5		
27	321,000	8		3					1.2	0.5		
28	300,000	8		3					1.3	0.5		
29	346,000	9		3					1.3	0.5		
30	409,000	11		3					1.5	0.5		
31												

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights 1 & 2 Location: City or S/D Keystone Heights
Owned By Southern States Utilities Phone No: 904-473-6567 Reporting Month May 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1017 No of People at End of Month 3096.5
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
W. K. Kerlin C-5926 / J. W. Stapf C-6953 / H. L. Keen C-7240
I certify this report is correct Ray L Keen (Lead Operator's Signature) C-7240 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	4,625,000	30.25		20.21					14.6	10.4	6	
Average	149,194	0.98		0.65					0.6	0.4		
Maximum	199,000	1.25		1.12					0.7	0.5		
Minimum	110,000	0.50		0.45					0.3	0.2		
1												
2	409,000	3.50		1.03					0.7	0.4		
3	130,000	0.50		0.46					0.5	0.4	6	
4	134,000	1.25		1.12					0.5	0.4		
5	110,000	0.50		0.55					0.7	0.4		
6	125,000	0.75		0.72					0.7	0.4		
7												
8	341,000	2.25		0.79					0.6	0.4		
9	113,000	0.75		0.80					0.5	0.4		
10	182,000	1.25		0.82					0.5	0.4		
11	166,000	1.25		0.90					0.5	0.4		
12	160,000	0.75		0.56					0.7	0.5		
13	189,000	1.25		0.79					0.7	0.5		
14												
15	394,000	2.25		0.68					0.7	0.5		
16	179,000	1.00		0.67					0.7	0.5		
17	143,000	0.75		0.63					0.7	0.5		
18	165,000	1.00		0.73					0.6	0.5		
19	199,000	0.75		0.45					0.5	0.4		
20	121,000	0.50		0.50					0.5	0.4		
21	148,000	1.00		0.81					0.5	0.4		
22												
23	347,000	1.25		0.43					0.5	0.4		
24									0.5			
25	40,000	0.75		2.25					0.5	0.4		
26									0.5	0.4		
27	169,000	2.75		1.95					0.5	0.4		
28	184,000	2.25		1.47					0.5	0.4		
29												
30	383,000	1.50		0.47					0.3	0.2		
31	94,000	0.50		0.64					0.5	0.4		

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
DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month May 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1017 No of People at End of Month 3086.5

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-8963 / H. L. Keen C-7240

I certify this report is correct Harold L Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	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	8,949,000	235.5		82.07					32.0	13.0	6	
Average:	288,677	8		2.65					1.2	0.5		
Maximum:	397,000	11		3.52					1.6	0.5		
Minimum:	158,000	4.25		2.86					1.0	0.5		
1												
2	687,000	19		3					1.2	0.5		
3	219,000	6		3					1.2	0.5	6	
4	225,000	6		3					1.2	0.5		
5	185,000	5		3					1.1	0.5		
6	212,000	6		3					1.3	0.5		
7												
8	569,000	15		3					1.0	0.5		
9	192,000	5		3					1.2	0.5		
10	303,000	8		3					1.2	0.5		
11	276,000	7		3					1.1	0.5		
12	272,000	8		3					1.3	0.5		
13	304,000	8		3					1.3	0.5		
14												
15	668,000	17		3					1.3	0.5		
16	293,000	7		3					1.3	0.5		
17	247,000	7		4					1.3	0.5		
18	268,000	7		3					1.4	0.5		
19	341,000	9		3					1.3	0.5		
20	194,000	5		3					1.3	0.5		
21	248,000	7		3					1.6	0.5		
22												
23	579,000	16		3					1.2	0.5		
24	394,000	11		3					1.2	0.5		
25	299,000	8		3					1.2	0.5		
26	397,000	11		3					1.2	0.5		
27	393,000	11		3					1.2	0.5		
28	366,000	10		3					1.0	0.5		
29												
30	660,000	17		3					1.2	0.5		
31	158,000	4		3					1.2	0.5		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights 1 & 2 Location: City or S/D Keystone Heights
Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month June 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1018 No of People at End of Month 3100
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Kean C-7240
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	3,642,000	18.00		16.03					9.5	8.8		
Average:	121,400	0.60		0.53					0.5	0.3		
Maximum:	211,000	1.50		1.36					0.5	0.4		
Minimum:	88,000	0.25		0.15					0.4	0.3		
1	164,000	1.50		1.10					0.5	0.4		
2	157,000	1.00		0.76					0.5	0.4		
3	160,000	1.00		0.75					0.5	0.4		
4												
5	327,000	2.25		0.83					0.5	0.4		
6	112,000	0.50		0.54					0.4	0.3		
7	116,000	0.75		0.78					0.5	0.4		
8	211,000	1.00		0.57					0.5	0.4		
9	108,000	0.75		0.83					0.4	0.3		
10	109,000	0.25		0.28					0.4	0.3		
11	110,000	0.50		0.55					0.4	0.3		
12												
13	203,000									.5		
14	119,000									.5		
15	152,000									.5		
16	115,000									.5		
17	92,000									.5		
18												
19	204,000	0.50		0.29								
20	88,000	1.00		1.36					0.5	0.3		
21	160,000	1.00		0.75					0.5	0.3		
22	71,000	0.50		0.84					0.5	0.3		
23	98,000	0.50		0.61					0.5	0.3		
24	95,000	0.75		0.95					0.5	0.3		
25												
26	195,000	0.25		0.15					0.4	0.3		
27	110,000	1.00		1.09					0.5	0.3		
28	115,000	1.25		1.30					0.5	0.3		
29	138,000	0.75		0.65					0.5	0.3		
30	113,000	1.00		1.06					0.5	0.3		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2100610 PWS Name Keystone Heights # 3 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month June 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1018 No of People at End of Month 3100

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	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	6,295,000	161.25		79.39					33.0	12.9	6	
Average	209,833	5		2.65					1.3	0.5		
Maximum	353,000	9.75		3.40					1.4	0.5		
Minimum	165,000	3.25		1.97					0.8	0.4		
1	276,000	7		3					1.2	0.5		
2	286,000	8		3					1.3	0.5		
3	267,000	7		3					1.3	0.5		
4												
5	564,000	15		3					1.3	0.5		
6	191,000	5		3					1.2	0.5	6	
7	202,000	5		3					1.3	0.5		
8	353,000	10		3					1.3	0.5		
9	189,000	5		3					1.2	0.5		
10	194,000	6		3					1.3	0.5		
11	187,000	5		3					1.2	0.5		
12												
13	339,000	8		3					1.3	0.5		
14	218,000	6		3					1.3	0.5		
15	261,000	7		3					1.3	0.5		
16	190,000	5		3					1.3	0.5		
17	165,000	4		3					1.3	0.5		
18												
19	358,000	9		3					1.3	0.5		
20	190,000	5		3					1.3	0.5		
21	172,000	5		3					1.4	0.5		
22	194,000	6		3					1.3	0.5		
23	171,000	4		3					1.3	0.5		
24	159,000	3		2					1.3	0.5		
25												
26	349,000	9		3					1.3	0.5		
27	189,000	5		3					1.2	0.5		
28	206,000	6		3					1.3	0.5		
29	227,000	7		4					1.4	0.5		
30	198,000	3		2					0.8	0.4		
31												

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

DER Form 17 555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights 1 & 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-6567 Reporting Month July 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1018 No of People at End of Month 3100

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Harold L Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	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	3,661,000	33.50		28.01					13.2	14.1	6	
Average	118,742	1.08		0.90					0.5	0.5		
Maximum	174,000	2.50		1.77					0.6	.4		
Minimum	73,000	0.50		0.59					0.5	0.4		
1	90,000	0.75		1.00					0.5	0.4	6	
2												
3	228,000	1.75		0.92					0.5	0.4		
4	100,000	0.75		0.90					0.5	0.4		
5	103,000	0.75		0.87					0.5	0.4		
6	91,000	0.75		0.99					0.6	0.4		
7	105,000	0.75		0.86					0.5	0.4		
8	107,000	0.75		0.84					0.5	0.4		
9	132,000	1.00		0.91					0.5	0.4		
10												
11	225,000	1.50		0.80					0.5	0.4		
12	107,000	0.75		0.84					0.5	0.4		
13	73,000	1.00		1.64					0.5	0.4		
14	101,000	0.50		0.59					0.5	0.4		
15	156,000	2.00		1.54					0.5	0.4		
16	169,000	2.50		1.77					0.5	0.4		
17												
18	272,000	3.75		1.65					0.5	0.4		
19	174,000	1.50		1.03					0.5	0.4		
20	136,000	1.50		1.32					0.6	0.5		
21	145,000	1.00		0.83					0.5	0.4		
22	107,000	1.25		1.40					0.5	0.4		
23	121,000	1.00		0.99					0.5	0.4		
24												
25	264,000	2.00		0.91					0.5	0.4		
26	114,000	1.00		1.05					0.5	0.4		
27	105,000	1.00		1.14					0.5	0.4		
28	102,000	1.00		1.18					0.5	0.4		
29	119,000	1.00		1.01					0.5	0.4		
30												
31	235,000	2.00		1.02					0.5	4.0		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location: City or S/D Keystone Heights
Owned By Southern States Utilities Phone No. 904-473-8567 Reporting Month July 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1018 No of People at End of Month 3100
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240
I certify this report is correct H. L. Keen C-7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	6,451,000	154.5		74.95					33.1	13.3	6	
Average	208,097	5		2.42					1.3	0.5		
Maximum	302,000	8		3.36					2.0	0.8		
Minimum	164,000	3.75		1.49					1.0	0.5		
1	164,000	5		3					1.3	0.5		
2											6	
3	390,000	8		2					1.3	0.5		
4	173,000	4		3					1.2	0.5		
5	170,000	5		3					1.3	0.5		
6	189,000	5		3					1.3	0.5		
7	169,000	4		3					1.3	0.5		
8	196,000	6		3					1.4	0.5		
9	214,000	6		3					1.3	0.5		
10												
11	383,000	10		3					1.3	0.5		
12	189,000	5		3					1.3	0.5		
13	176,000	5		3					1.3	0.5		
14	302,000	4		1					1.0	0.5		
15	228,000	4		2					1.3	0.5		
16	287,000	8		3					2.0	0.8		
17												
18	457,000	12		3					1.2	0.5		
19	292,000	7		3					1.2	0.5		
20	238,000	6		3					1.3	0.5		
21	241,000	7		3					1.2	0.5		
22	182,000	3		2					1.3	0.5		
23	211,000	5		3					1.0	0.5		
24												
25	446,000	11		3					1.3	0.5		
26	196,000	4		3					1.2	0.5		
27	184,000	5		3					1.3	0.5		
28	175,000	4		3					1.2	0.5		
29	198,000	6		3					1.3	0.5		
30												
31	401,000	10		3					1.0	0.5		

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
DER Form 17-555910(2
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights 1 & 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month August 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 1018 No of People at End of Month 3103

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	3,790,000	29.25		25.36					13.3	10.7	6	
Average	122,258	0.94		0.82					0.5	0.4		
Maximum	186,000	1.25		1.33					0.5	0.4		
Minimum	90,000	0.75		0.73					0.4	0.3		
1	95,000	0.75		0.95					0.5	0.4		
2	120,000	1.00		1.00					0.5	0.4		
3	147,000	1.25		1.02					0.5	0.4	6	
4	126,000	1.00		0.95					0.5	0.4		
5	122,000	1.00		0.98					0.5	0.4		
6												
7	224,000	1.75		0.94					0.5	0.4		
8	123,000	0.75		0.73					0.5	0.4		
9	95,000	0.75		0.95					0.5	0.4		
10	90,000	1.00		1.33					0.5	0.4		
11	110,000	0.75		0.82					0.5	0.4		
12	110,000	1.00		1.09					0.5	0.4		
13	113,000	0.75		0.80					0.5	0.4		
14												
15	204,000	1.75		1.03					0.5	0.4		
16	108,000	0.75		0.83					0.5	0.4		
17	95,000	0.75		0.95					0.5	0.4		
18	108,000	1.00		1.11					0.5	0.4		
19	119,000	1.00		1.01					0.5	0.4		
20												
21	345,000	2.50		0.87					0.5	0.4		
22	92,000	0.75		0.98					0.5	0.4		
23	95,000	0.75		0.95					0.5	0.4		
24	120,000	1.00		1.00					0.5	0.4		
25	135,000	1.00		0.89					0.5	0.4		
26	126,000	1.00		0.95					0.5	0.4		
27	186,000	1.25		0.81					0.4	0.4		
28												
29	238,000	1.75		0.89					0.5	0.4		
30	163,000	1.00		0.74					0.4	0.3		
31	183,000	1.25		0.82					0.5	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9567 Reporting Month August 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 1619 No of People at End of Month 3103

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5826 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct H. L. Keen C-7240

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

Days of Month	Total Water Treated in Gallons	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	6,460,000	163		80.57					33.9	13.6	6	
Average:	208,387	5		2.60					1.3	0.5		
Maximum:	311,000	8		3.45					1.3	0.6		
Minimum:	139,000	3.75		2.27					1.0	0.5		
1	179,000	5		3					1.2	0.5		
2	193,000	5		3					1.3	0.5		
3	250,000	7		3					1.3	0.5		
4	217,000	5		2					1.2	0.5		
5	222,000	6		3					1.3	0.5		
6											6	
7	373,000	6		2					1.2	0.5		
8	139,000	4		3					1.3	0.5		
9	166,000	4		3					1.3	0.5		
10	174,000	5		3					1.3	0.5		
11	164,000	5		3					1.3	0.5		
12	190,000	5		3					1.3	0.5		
13	200,000	4		2					1.2	0.5		
14												
15	355,000	9		3					1.3	0.5		
16	187,000	5		3					1.2	0.5		
17	161,000	4		3					1.3	0.5		
18	187,000	4		3					1.2	0.5		
19	207,000	6		3					1.3	0.5		
20												
21	572,000	14		3					1.2	0.6		
22	170,000	4		3					1.3	0.5		
23	224,000	5		3					1.2	0.5		
24	202,000	5		3					1.3	0.5		
25	218,000	5		3					1.3	0.5		
26	211,000	5		3					1.2	0.5		
27	311,000	8		3					1.3	0.5		
28												
29	386,000	18		5					1.0	0.5		
30	277,000	5		2					1.3	0.5		
31	305,000	8		3					1.3	0.5		

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

DER Form 17.555910(2)

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights 1 & 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9567 Reporting Month September 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 1018 No of People at End of Month 3103

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct H. L. Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	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	4,017,000	31.00		24.33					12.8	7.9	6	
Average	133,900	1.03		0.81					0.5	0.3		
Maximum	205,000	1.50		1.25					0.5	0.4		
Minimum	65,000	0.50		0.58					0.4	0.3		
1	169,000	1.25		0.89					0.5	0.4		
2	205,000	1.00		0.58					0.4	0.3	6	
3	183,000	1.00		0.74					0.5	0.3		
4												
5	308,000	2.50		0.97					0.5	0.3		
6	165,000	1.00		0.73					0.5	0.3		
7	180,000	1.25		0.83					0.5	0.3		
8	187,000	1.50		0.96					0.5	0.3		
9	141,000	1.25		1.06					0.5	0.3		
10	199,000	1.50		0.90					0.5	0.3		
11												
12	172,000	1.50		1.05					0.5	0.3		
13	119,000	1.00		1.01					0.5	0.3		
14	120,000	1.00		1.00					0.5	0.3		
15	125,000	1.00		0.96					0.5	0.3		
16	107,000	0.75		0.84					0.5	0.3		
17												
18	282,000	2.25		0.96					0.5	0.3		
19	65,000	0.50		0.92					0.5	0.3		
20	120,000	1.25		1.25					0.5	0.3		
21	104,000	0.75		0.86					0.4	0.3		
22	104,000	1.00		1.15					0.5	0.3		
23	115,000	0.75		0.78					0.5	0.3		
24	107,000	1.00		1.12					0.5	0.3		
25												
26	224,000	1.75		0.94					0.5	0.3		
27	126,000	1.00		0.95					0.5	0.3		
28	130,000	1.25		1.15					0.5	0.3		
29	135,000	1.00		0.89					0.5	0.3		
30	145,000	1.00		0.83					0.5	0.3		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9567 Reporting Month September 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1019 No of People at End of Month 3103

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	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	6,752,000	159.25		74.24					32.3	13.2	6	
Average	225,067	5		2.47					1.2	0.5		
Maximum	333,000	7.75		3.39					1.3	0.6		
Minimum	153,000	3.75		1.90					0.5	0.3		
1	301,000	7		3					1.3	0.6		
2	327,000	7		2					1.3	0.6	6	
3	265,000	7		3					1.2	0.6		
4												
5	523,000	13		3					1.3	0.6		
6	265,000	8		3					1.3	0.6		
7	306,000	8		3					1.2	0.5		
8	306,000	7		3					1.2	0.5		
9	241,000	6		3					1.3	0.5		
10	333,000	8		3					1.2	0.4		
11												
12	293,000	7		3					1.3	0.5		
13	204,000	4		2					1.2	0.5		
14	203,000	5		3					1.3	0.5		
15	205,000	5		3					1.3	0.5		
16	191,000	5		3					1.3	0.5		
17												
18	438,000	11		3					1.3	0.5		
19	153,000	4		3					1.3	0.5		
20	199,000	5		3					1.3	0.5		
21	182,000	5		3					1.3	0.5		
22	182,000	5		3					1.2	0.5		
23	186,000	5		3					1.3	0.5		
24	179,000	5		3					1.2	0.5		
25												
26	379,000	6		2					0.5	0.3		
27	213,000	5		3					1.3	0.5		
28	215,000	5		3					1.3	0.5		
29	231,000	5		3					1.3	0.5		
30	234,000	5		3					1.3	0.5		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights 1 & 2 Location: City or S/D Keystone Heights
Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month October 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1020 No of People at End of Month 3106
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C 7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	3,356,000	27.25		25.36					13.5	8.0	5	
Average	108,258	0.88		0.82					0.5	0.3		
Maximum	144,000	1.50		1.28					0.5	0.3		
Minimum	67,000	0.50		0.67					0.5	0.2		
1	144,000	1.25		1.04					0.5	0.2		
2												
3	220,000	1.50		0.82					0.5	0.3		
4	68,000	0.50		0.88					0.5	0.3	5	
5	101,000	1.00		1.19					0.5	0.3		
6	101,000	1.00		1.19					0.5	0.3		
7	119,000	1.00		1.01					0.5	0.3		
8												
9	253,000	1.75		0.83					0.5	0.3		
10	69,000	0.50		0.87					0.5	0.3		
11	133,000	1.25		1.13					0.5	0.3		
12	81,000	0.50		0.74					0.5	0.3		
13	116,000	1.00		1.03					0.5	0.3		
14	83,000	0.75		1.08					0.5	0.3		
15												
16	204,000	1.50		0.88					0.5	0.3		
17	90,000	0.50		0.67					0.5	0.3		
18	106,000	1.00		1.13					0.5	0.3		
19	120,000	0.75		0.75					0.5	0.3		
20	109,000	1.00		1.10					0.5	0.3		
21	112,000	0.75		0.80					0.5	0.3		
22									0.5	0.3		
23	268,000	2.00		0.89					0.5	0.3		
24	83,000	0.75		1.08					0.5	0.3		
25	128,000	0.75		0.70					0.5	0.3		
26	118,000	1.00		1.02					0.5	0.3		
27	110,000	1.00		1.09					0.5	0.3		
28	142,000	1.50		1.27					0.5	0.3		
29												
30	211,000	2.25		1.28					0.5	0.3		
31	67,000	0.50		0.89					0.5	0.3		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month October 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1020 No of People at End of Month 3106

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Harold L Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	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	5,638,000	132.25		74.86					31.1	12.3	5	
Average:	181,871	4		2.41					1.2	0.5		
Maximum:	228,000	6		5.43					1.3	0.5		
Minimum:	113,000	2.5		0.80					0.2	0.0		
1	247,000	6		3					1.2	0.4		
2												
3	325,000	9		3					1.3	0.5		
4	177,000	4		3					1.3	0.5		
5	162,000	3		2					1.1	0.4	5	
6	170,000	4		3					1.3	0.5		
7	198,000	3		2					1.2	0.5		
8												
9	428,000	11		3					1.3	0.5		
10	118,000	3		3					1.3	0.5		
11	222,000	5		3					1.3	0.5		
12	133,000	4		4					1.3	0.5		
13	165,000	4		3					1.2	0.5		
14	178,000	3		2					1.2	0.5		
15												
16	337,000	9		3					1.2	0.5		
17	152,000	3		3					1.2	0.5		
18	163,000	4		2					1.2	0.5		
19	171,000	8		5					1.3	0.5		
20	187,000	4		2					1.3	0.5		
21	188,000	6		4					1.3	0.5		
22												
23	444,000	10		3					1.2	0.5		
24	141,000	4		3					1.3	0.5		
25	214,000	6		3					1.3	0.5		
26	206,000	4		2					1.0	0.5		
27	178,000	4		3					1.2	0.5		
28	228,000	6		3					1.2	0.5		
29												
30	373,000	3		1					0.2	0.0		
31	113,000	3		3					1.2	0.5		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights 1 & 2 Location: City or S/D Keystone Heights
Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month November 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1021 No of People at End of Month 3109
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
W. K. Kerlin C-6626 / J. W. Stapf C-6663 / H. L. Keen C-7240
I certify this report is correct H. L. Keen C-7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	3,310,000	31.50		30.05					13.0	7.8	5	
Average:	110,333	1.05		1.00					0.5	0.3		
Maximum:	147,000	1.75		2.07					0.5	0.3		
Minimum:	90,000	0.50		0.80					0.5	0.3		
1	107,000	1.00		1.12					0.5	0.3		
2	107,000	1.25		1.40					0.5	0.3		
3	104,000	1.00		1.15					0.5	0.3		
4	110,000	1.00		1.09					0.5	0.3		
5	115,000	1.75		1.82					0.5	0.3	5	
6												
7	205,000	1.75		1.02					0.5	0.3		
8	109,000	1.25		1.38					0.5	0.3		
9	119,000	1.25		1.26					0.5	0.3		
10	125,000	1.25		1.20					0.5	0.3		
11	90,000	1.00		1.33					0.5	0.3		
12	138,000	1.25		1.09					0.5	0.3		
13												
14	185,000	1.50		0.97					0.5	0.3		
15	105,000	1.00		1.14					0.5	0.3		
16	101,000	1.25		1.48					0.5	0.3		
17	101,000	0.75		0.89					0.5	0.3		
18	104,000	1.00		1.15					0.5	0.3		
19												
20	195,000	1.75		1.08					0.5	0.3		
21	110,000	1.00		1.09					0.5	0.3		
22	112,000	1.00		1.07					0.5	0.3		
23	75,000	0.50		0.80					0.5	0.3		
24	111,000	1.00		1.08					0.5	0.3		
25	118,000	2.00		2.07					0.5	0.3		
26	134,000	0.50		0.45					0.5	0.3		
27												
28	255,000	2.50		1.18					0.5	0.3		
29	147,000	1.00		0.82					0.5	0.3		
30	130,000	1.00		0.92					0.5	0.3		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-6587 Reporting Month November 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 1021 No of People at End of Month 3109

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5826 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct [signature] C-7240

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

Days of Month	Total Water Treated in in Gallons	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	5,906,000	146.25		77.63					32.4	13.0	5	
Average	193,533	5		2.59					1.2	0.5		
Maximum:	265,000	6		5.65					1.3	0.5		
Minimum:	167,000	3.75		2.20					1.2	0.5		
1	189,000	6		3					1.2	0.5		
2	177,000	5		3					1.2	0.5		
3	184,000	4		2					1.2	0.5		
4	195,000	5		3					1.2	0.5		
5	265,000	6		3					1.3	0.5		
6												
7	349,000	9		3					1.2	0.5	5	
8	228,000	5		3					1.2	0.5		
9	219,000	5		3					1.2	0.5		
10	199,000	6		3					1.3	0.5		
11	238,000	5		3					1.3	0.5		
12	228,000	5		2					1.2	0.5		
13												
14	300,000	7		3					1.3	0.5		
15	186,000	5		3					1.2	0.5		
16	173,000	4		3					1.2	0.5		
17	167,000	4		3					1.2	0.5		
18	176,000	5		3					1.3	0.5		
19												
20	316,000	9		3					1.3	0.5		
21	169,000	4		3					1.2	0.5		
22	170,000	4		3					1.3	0.5		
23	185,000	4		3					1.2	0.5		
24	187,000	4		3					1.3	0.5		
25	195,000	5		3					1.2	0.5		
26	222,000	6		3					1.3	0.5		
27												
28	427,000	12		3					1.3	0.5		
29	244,000	12		6					1.3	0.5		
30	218,000	4		2					1.3	0.5		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights 1 & 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month December 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 1021 No of People at End of Month 3109

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5826 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Neal L Keen (Lead Operator's Signature) C 7240 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	3,285,000	21.75		20.72					11.1	8.2	5	
Average:	105,323	0.70		0.67					0.4	0.3		
Maximum:	188,000	1.00		1.15					0.5	0.4		
Minimum:	78,000	0.50		0.59					0.4	0.2		
1	121,000	1.00		0.99					0.4	0.3		
2	137,000	1.00		0.88					0.5	0.4		
3	188,000	1.00		0.64					0.5	0.3		
4												
5	255,000	2.00		0.94					0.5	0.3	5	
6	125,000	1.00		0.96					0.5	0.4		
7	139,000	0.75		0.65					0.5	0.4		
8	127,000	0.75		0.71					0.5	0.4		
9	133,000	1.00		0.90					0.5	0.4		
10												
11	220,000	1.50		0.82					0.4	0.3		
12	88,000	0.50		0.68					0.4	0.3		
13	95,000	0.50		0.63					0.4	0.3		
14	98,000	0.75		0.92					0.4	0.3		
15	101,000	0.50		0.59					0.4	0.3		
16	100,000	0.75		0.90					0.4	0.3		
17	116,000	1.00		1.03					0.4	0.3		
18												
19	171,000	1.00		0.70					0.4	0.3		
20	100,000	0.75		0.90					0.4	0.3		
21	108,000	0.75		0.83					0.4	0.3		
22	93,000	0.50		0.64					0.4	0.3		
23	110,000	0.75		0.81					0.4	0.2		
24	98,000	0.50		0.62					0.4	0.3		
25												
26	166,000	1.00		0.72					0.4	0.3		
27	78,000	0.75		1.15					0.4	0.3		
28	103,000	0.75		0.87					0.4	0.3		
29	102,000	0.50		0.59					0.4	0.3		
30	93,000	0.50		0.64					0.4	0.3		
31												

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

DER Form 17.555910(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month December 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1021 No of People at End of Month 3109

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-6926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Harry L Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	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	5,529,000	138		77.77					32.1	12.7	5	
Average:	178,355	4		2.51					1.2	0.5		
Maximum:	313,000	7.75		3.62					1.4	0.5		
Minimum:	131,000	3		2.10					0.8	0.3		
1	207,000	6		4					1.3	0.5		
2	223,000	5		3					1.3	0.5		
3	313,000	8		3					1.2	0.5		
4												
5	426,000	11		3					1.3	0.5	5	
6	213,000	5		3					1.3	0.5		
7	226,000	4		2					1.3	0.5		
8	220,000	5		3					1.3	0.5		
9	215,000	6		3					1.3	0.5		
10												
11	373,000	10		3					1.2	0.5		
12	152,000	3		2					1.0	0.5		
13	185,000	5		4					1.3	0.5		
14	167,000	4		3					1.3	0.5		
15	175,000	5		3					1.3	0.5		
16	167,000	4		3					1.3	0.5		
17	201,000	4		2					1.3	0.5		
18												
19	293,000	8		3					1.3	0.5		
20	175,000	5		3					1.3	0.5		
21	166,000	4		3					1.3	0.5		
22	161,000	4		3					1.2	0.5		
23	195,000	5		3					1.0	0.4		
24	163,000	4		3					0.8	0.3		
25												
26	295,000	8		3					1.0	0.5		
27	131,000	4		3					1.3	0.5		
28	174,000	4		3					1.4	0.5		
29	169,000	4		3					1.2	0.5		
30	160,000	5		3					1.3	0.5		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month January 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1004 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C7240 W.K. KERLIN C5926 J.W. STAPH C8963
I certify this report is correct Original signed by Hazel L. Keen C-007240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	3,855	37.50		30.8					38.4	15.4	6	
Average:	124	1.2		1.1					1.4	0.6		
Maximum:	176	1.75		1.5					1.5	0.6		
Minimum:	90	0.75		0.8					1.2	0.6		
1	168	2.00		1.4					1.2	0.5		
2	136	1.25		1.1					1.2	0.5		
3												
4	263	2.25		1.0					1.5	0.6		
5	122	1.00		1.0					1.5	0.6	6	Wells 1,2 & 3
6	164	1.50		1.1					1.5	0.6		
7	90	1.00		1.3					1.5	0.6		
8	176	1.75		1.2					1.5	0.6		
9	125	1.50		1.5					1.5	0.6		
10												
11	204	2.00		1.1					1.5	0.6		
12	133	1.00		0.9					1.5	0.6		
13	159	1.75		1.3					1.5	0.6		
14	140	1.50		1.3					1.5	0.6		
15	128	1.25		1.1					1.5	0.6		
16												
17	212	1.50		0.8					1.5	0.6		
18	134	1.50		1.4					1.5	0.6		
19	130	1.50		1.4					1.5	0.6		
20	97	1.25		1.6					1.5	0.6		
21	121	0.75		0.8					1.5	0.6		
22	115	1.25		1.3					1.5	0.6		
23	132	1.50		1.4					1.5	0.6		
24												
25	255	2.50		1.2					1.5	0.6		
26	121	1.25		1.3					1.5	0.6		
27	121	1.00		1.0					1.5	0.6		
28	134	1.25		1.1					1.5	0.6		
29	143	1.00		0.8					1.5	0.6		
30	132	1.50		1.4					1.5	0.6		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month January 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Month 1003 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L.KEEN C7240 W.K.KERLIN C5926 J.W. STAPH C8963
I certify this report is correct Original signed by Hazel L. Keen C-007240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	4,416	103.5		75.8					30.2	14.4	6	
Average:	143	3.3		2.9					1.2	0.6		
Maximum:	183	4.75		4.4					1.3	0.6		
Minimum:	103	2.5		1.9					1.0	0.5		
1	180	4.00		2.7					1.0	0.5		
2	151	3.00		2.5					1.0	0.5		
3												
4	301	7.00		2.8					1.2	0.6		
5	137	3.25		3.0					1.2	0.6	6	Wells 1,2 & 3
6	183	4.25		2.8					1.2	0.6		
7	103	2.50		3.1					1.1	0.6		
8	192	4.75		3.0					1.1	0.6		
9	136	3.25		3.0					1.0	0.5		
10												
11	227	5.75		3.0					1.3	0.6		
12	163	3.75		2.9					1.3	0.6		
13	167	4.50		3.2					1.3	0.6		
14	154	3.50		4.4					1.3	0.6		
15	145	3.50		2.9					1.3	0.6		
16												
17	232	5.00		2.6					1.3	0.6		
18	156	4.00		3.1					1.3	0.6		
19	145	3.50		2.9					1.3	0.6		
20	115	3.00		3.2					1.2	0.6		
21	134	2.50		2.3					1.2	0.5		
22	127	3.00		2.7					1.3	0.5		
23	146	3.50		2.9					1.0	0.5		
24												
25	294	7.00		2.8					1.0	0.5		
26	166	3.75		2.7					1.1	0.5		
27	105	3.25		3.7					1.1	0.5		
28	151	2.50		1.9					1.0	0.5		
29	165	4.00		2.9					1.0	0.5		
30												
31	241	5.50		2.8					1.1	0.5		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month February 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 1005 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C7240 W.K. KERLIN CS926 J.W. STAPH CS963
I certify this report is correct Original signed by Hazel L. Keen (Lead Operator's Signature) (Cert. Level) C-007240 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibretions)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3,283	28		24.60					29.2	11.9		
Average:	117	1.00		1					1.2	0.5		
Maximum:	143	1.50		1.40					1.5	0.7		
Minimum:	93	0.50		0.30					1.0	0.4		
1	224	2.00		0.90					1.5	0.7		
2	125	0.50		1.00					1.5	0.7		
3	111	0.75		0.80					1.2	0.5		
4	143	0.75		0.80					1.5	0.5	6	Wells 1,2 & 3
5	134	1.50		1.10					1.5	0.5		
6	108	0.75		0.80					1.5	0.5		
7												
8	252	2.75		1.40					1.5	0.5		
9	116	1.00		1.00					1.5	0.5		
10	121	1.00		1.10					1.5	0.5		
11	113	1.00		1.30					1.5	0.5		
12	117	1.00		1.00					1.5	0.5		
13	100	1.00		1.20					1.5	0.5		
14												
15	285	3.00		1.30					1.5	0.5		
16	109	1.00		0.90					1.0	0.4		
17	97	1.25		1.60					0.6	0.4		
18	101	1.00		1.20					0.8	0.4		
19	102	0.75		0.90					1.0	0.5		
20												
21	215	2.00		1.10					1.0	0.5		
22	92	1.00		1.30					1.0	0.5		
23	43	0.75		0.90					1.0	0.5		
24	152	0.75		0.90					1.0	0.5		
25	92	0.75		0.90					0.9	0.5		
26	92	1.25		0.90					1.0	0.4		
27												
28	239	0.50		0.30					0.7	0.4		
29												
30												
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month February 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 1005 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L.KEEN C7240 W.K.KERLIN C5926 J.W. STAPH C6963
I certify this report is correct Original signed by Hazel L. Keen C-007240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	4,386	105.5		68.6					25.4	11.7	6	
Average:	157	3.8		2.7					1.0	0.5		
Maximum:	218	5.5		3.8					1.5	0.5		
Minimum:	112	2.5		1.3					0.8	0.4		
1	155	3.5		2.7					1.0	0.5		
2	160	4.0		1.3					1.0	0.5		
3	121	3.0		3.0					1.0	0.5		
4	165	4.0		2.9					1.0	0.5	6	Wells 1,2 & 3
5	147	4.0		3.3					1.0	0.5		
6	115	2.5		2.5					1.0	0.5		
7												
8	283	7.0		3.5					1.0	0.5		
9	131	3.0		2.7					1.5	0.5		
10	137	3.0		2.5					1.0	0.5		
11	142	4.0		3.3					1.0	0.5		
12	130	2.5		2.5					0.9	0.4		
13	112	3.5		3.8					1.0	0.5		
14												
15	293	6.5		2.7					1.2	0.5		
16	202	5.0		2.9					1.3	0.5		
17	183	4.3		2.8					1.0	0.5		
18	136	3.3		3.0					1.2	0.5		
19	177	4.3		1.5					0.8	0.4		
20												
21	412	8.3		2.4					1.0	0.4		
22	124	3.8		3.9					1.1	0.5		
23	156	4.8		3.7					1.1	0.5		
24	218	5.5		3.1					1.1	0.5		
25	126	3.3		3.0					1.1	0.5		
26	172	4.3		3.0					1.1	0.5		
27												
28	389	8.5		2.7					1.0	0.5		
29												
30												
31												

his form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of
ecord
ER Form 17.555910(2)
ffective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month March 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month ____ No of People at End of Month ____
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C7240 W.K. KERLIN C6926 J.W. STAPH C6963
I certify this report is correct Original signed by Hazel L. Keen (Lead Operator's Signature) (Cert. Level) C-007240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	3,233	36.5		36.6					29.2	15.9	6	
Average:	104	1.2		1.4					1.1	0.6		
Maximum:	153	2.75		2.5					2.0	1.5		
Minimum:	13	0.25		0.2					0.2	0.2		
1	60	0.50		1.0					1.3	0.5		
2	13	0.25		2.5					1.0	0.5	6	Wells 1,2 & 3
3	65	0.25		0.5					1.0	0.5		
4	114	0.75		0.8					0.8	0.5		
5	98	0.50		0.6					1.0	0.5		
6	97	0.25		0.3					0.9	0.5		
7												
8	214	1.50		0.8					1.0	0.5		
9	118	0.50		0.5					0.8	0.5		
10	124	0.25		0.3					0.2	0.2		
11	132	0.25		0.2					0.2	0.2		
12	106	1.00		1.1					1.0	0.5		
13	144	2.00		1.7					1.0	0.5		
14												
15	196	4.25		2.7					1.0	0.5		
16	153	2.75		2.1					1.0	0.5		
17	113	2.25		2.5					2.0	1.5		
18	102	2.00		2.5					1.5	1.0		
19	102	1.00		1.3					1.8	1.0		
20												
21	212	2.75		1.5					1.5	1.0		
22	100	1.50		1.8					1.0	1.0		
23	97	1.50		1.9					1.3	0.5		
24	109	1.25		1.4					1.3	0.5		
25	106	1.50		1.7					1.2	0.5		
26	138	1.50		1.3					1.2	0.5		
27	66	0.75		1.3					1.2	0.5		
28												
29	218	2.75		1.5					1.0	0.5		
30	114	1.25		1.3					1.0	0.5		
31	120	1.50		1.5					1.0	0.5		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8687 Reporting Month March 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Month 1005 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L.KEEN C7240 W.K.KERLIN C5926 J.W. STAPH C6963

I certify this report is correct Original signed by Hazel L. Keen (Lead Operator's Signature) (Cert. Level) C-007240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	6,078	126.5		69.9					28.0	13.5	6	
Average:	196	4.1		2.6					1.0	0.5		
Maximum:	260	6.25		3.6					1.2	0.5		
Minimum:	107	2.50		1.0					1.0	0.5		
1	107	2.50		3.1					1.0	0.5		
2	260	6.25		2.8					1.0	0.5	6	Wells 1,2 & 3
3	248	4.75		2.3					1.0	0.5		
4	202	4.25		2.5					1.0	0.5		
5	165	3.75		2.7					1.0	0.5		
6	169	3.75		2.7					1.0	0.5		
7												
8	377	8.00		2.6					1.0	0.5		
9	228	4.75		2.5					1.0	0.5		
10	192	4.50		1.6					1.0	0.5		
11	220	4.75		2.6					1.1	0.5		
12	213	5.00		2.8					1.1	0.5		
13	245	5.00		2.5					1.2	0.5		
14												
15	559	4.50		1.0					1.2	0.5		
16	193	4.25		2.7					1.0	0.5		
17	196	4.50		2.8					1.1	0.5		
18	173	4.00		2.9					1.1	0.5		
19	162	3.50		2.5					1.1	0.5		
20												
21	409	9.25		2.7					1.1	0.5		
22	118	3.50		3.6					1.0	0.5		
23	171	3.00		2.1					1.0	0.5		
24	176	4.00		2.7					1.0	0.5		
25	182	4.00		2.7					1.0	0.5		
26	187	4.25		2.7					1.0	0.5		
27	157	3.75		2.9					1.0	0.5		
28												
29	362	7.50		2.5					1.0	0.5		
30	196	4.50		2.8					1.0	0.5		
31	211	4.75		2.6					1.0	0.5		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month April 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1005 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C7240 W.K. KERLIN C8926 J.W. STAPH C8983

I certify this report is correct Original signed by Hazel L. Keen (Lead Operator's Signature) (Cert. Level) C-007240 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	4,052	50.5		38.6					30.7	13.8	6	
Average:	135	1.7		1.5					1.2	0.5		
Maximum:	165	2.25		2.1					1.5	0.6		
Minimum:	94	0.75		0.9					1.0	0.5		
1	106	1.00		1.1					1.1	0.5		
2	130	2.00		1.8					1.0	0.5		
3												
4	255	2.50		1.3					1.2	0.5		
5	94	1.25		1.7					1.2	0.5		
6	106	1.50		1.7					1.2	0.5		
7	116	1.25		1.3					1.2	0.5	6	Wells 1,2 & 3
8	127	1.50		1.4					1.2	0.5		
9	121	1.25		1.3					1.1	0.5		
10												
11	265	3.00		1.4					1.1	0.5		
12	98	0.75		0.9					1.1	0.5		
13	165	2.00		1.4					1.0	0.5		
14	147	2.00		1.7					1.1	0.5		
15	157	1.50		1.2					1.1	0.5		
16	120	1.00		1.0					1.0	0.5		
17	145	1.50		1.3					1.0	0.5		
18												
19	233	2.75		1.4					1.1	0.5		
20	163	1.75		1.3					1.0	0.5		
21	139	1.50		1.3					1.0	0.5		
22	142	2.00		1.7					1.3	0.6		
23	150	2.25		1.7					1.3	0.6		
24	216	2.50		1.4					1.5	0.6		
25												
26	309	4.75		1.8					1.5	0.6		
27	106	1.75		1.9					1.4	0.6		
28	150	2.25		1.7					1.4	0.6		
29	130	2.00		1.8					1.3	0.6		
30	162	3.00		2.1					1.3	0.6		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month April 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1005 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L.KEEN C7240 W.K.KERLIN CS925 J.W. STAPH C6963
I certify this report is correct Original signed by Hazel L. Keen C-007240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	6,946	149.75		65.3					24.6	12.5	6	
Average:	232	5.0		2.5					0.9	0.5		
Maximum:	313	7.25		2.9					1.3	0.6		
Minimum:	151	1.75		0.9					0.2	0.2		
1	171	3.75		2.7					1.3	0.6		
2	208	5.00		2.9					1.0	0.5		
3												
4	436	9.50		2.6					1.2	0.5		
5	151	3.25		2.5					0.8	0.5		
6	178	4.25		2.8					0.9	0.5		
7	200	5.00		2.9					0.9	0.5	6	Wells 1,2 & 3
8	213	4.25		2.4					0.8	0.5		
9	216	5.00		2.8					0.9	0.5		
10												
11	417	9.00		2.6					0.9	0.5		
12	162	3.75		1.1					0.9	0.5		
13	268	6.25		2.8					1.0	0.5		
14	249	5.25		2.5					1.0	0.5		
15	269	6.25		2.8					1.1	0.5		
16	190	4.00		2.5					1.1	0.5		
17	241	5.25		2.6					1.0	0.5		
18												
19	390	8.75		2.7					1.1	0.5		
20	273	6.25		2.7					1.0	0.5		
21	237	5.00		2.5					1.0	0.5		
22	253	5.50		2.6					1.0	0.5		
23	269	6.25		2.8					1.1	0.5		
24	356	5.25		1.8					0.5	0.2		
25												
26	532	12.00		2.7					1.0	0.5		
27	224	1.75		0.9					0.2	0.2		
28	255	5.25		2.5					1.0	0.5		
29	307	7.25		2.8					0.9	0.5		
30	283	6.75		2.8					1.0	0.5		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9557 Reporting Month May 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 1005 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C7240 W.K. KERLIN C5926 J.W. STAPH C8963
I certify this report is correct Original signed by Hazel L. Keen (Lead Operator's Signature) (Cert. Level) C-007240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	5,860	76.5		41.1					29.1	13.7	6	
Average:	189	2.5		1.6					1.1	0.5		
Maximum:	271	3.75		2.5					1.4	0.6		
Minimum:	109	1.25		0.9					1.0	0.5		
1												
2	361	4.25		1.4					1.1	0.5		
3	149	2.25		1.9					1.1	0.5		
4	121	1.25		1.3					1.0	0.5		
5	142	2.00		1.7					1.2	0.5		
6	214	2.50		1.4					1.2	0.5		
7	169	2.00		1.4					1.2	0.5	6	Wells 1,2 & 3
8	190	2.75		1.7					1.2	0.5		
9												
10	362	4.25		1.4					1.1	0.5		
11	187	2.00		1.3					1.1	0.5		
12	109	2.25		2.5					1.0	0.5		
13	271	2.50		1.2					1.1	0.5		
14	158	2.50		1.9					1.1	0.5		
15												
16	448	7.00		1.9					1.0	0.5		
17	158	2.50		1.9					1.0	0.5		
18	230	3.50		1.8					1.3	0.5		
19	257	3.75		1.8					1.3	0.6		
20	211	2.75		1.5					1.2	0.6		
21	195	1.50		0.9					1.4	0.6		
22												
23	462	5.75		1.5					1.4	0.6		
24	192	2.50		1.6					1.4	0.6		
25	266	3.00		1.4					1.4	0.6		
26	185	2.50		1.7					1.2	0.5		
27	219	2.75		1.5					1.2	0.5		
28	242	2.75		1.4					1.2	0.5		
29	141	1.75		1.5					1.0	0.5		
30												
31	221	3.00		1.6					1.0	0.5		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month May 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1005 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L.KEEN C7240 W.K.KERLIN C5926 J.W. STAPH C6983

I certify this report is correct Original signed by Hazel L. Keen C-007240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	9,776	228		74.2					30.4	13.4	6	
Average:	315	7.4		2.9					1.2	0.5		
Maximum:	393	10.5		3.4					1.5	0.8		
Minimum:	219	5.25		1.8					1.0	0.4		
1												
2	617	15		2.8					1.0	0.5		
3	252	6		2.9					1.0	0.5		
4	219	5		2.9					1.0	0.5		
5	246	6		3.0					1.2	0.5		
6	316	8		2.9					1.2	0.5		
7	340	8		2.9					1.3	0.5	6	Wells 1,2 & 3
8	311	7		2.8					1.0	0.5		
9												
10	629	15		3.1					1.3	0.6		
11	309	8		2.9					1.3	0.6		
12	328	8		2.9					1.4	0.6		
13	346	9		3.4					1.5	0.6		
14	251	6		3.0					1.4	0.6		
15												
16	748	17		2.7					1.2	0.5		
17	268	7		3.1					1.3	0.5		
18	381	6		1.8					1.0	0.4		
19	393	7		2.1					1.1	0.5		
20	341	8		2.9					1.1	0.5		
21	345	9		2.9					1.1	0.5		
22												
23	741	18		2.9					1.1	0.5		
24	301	8		3.0					1.1	0.5		
25	445	11		2.8					1.0	0.5		
26	290	7		2.9					1.1	0.5		
27	369	9		2.8					1.1	0.5		
28	384	10		3.0					1.2	0.5		
29	239	6		2.9					1.2	0.5		
30												
31	367	9		2.8					1.2	0.5		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month June 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 1006 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C7240 W.K. KERLIN C5926 J.W. STAPH C6963
I certify this report is correct Original signed by Hazel L. Keen C-007240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	4,853	55		37.7					27.9	13.1	6	
Average:	155	1.8		1.5					1.1	0.5		
Maximum:	373	4.75		2.0					1.2	0.5		
Minimum:	68	1.00		0.9					1.0	0.5		
1	130	1.50		1.4					1.2	0.5		
2	133	2.00		1.8					1.0	0.5		
3	124	2.00		2.0					1.0	0.5		
4	180	1.75		1.2					1.0	0.5		
5												
6	404	4.75		1.4					1.2	0.5		
7	177	2.25		1.5					1.1	0.5		
8	293	3.50		1.5					1.1	0.5	6	Wells 1,2 & 3
9	373	4.75		1.5					1.0	0.5		
10	103	1.50		1.7					1.0	0.5		
11	160	1.50		1.2					1.2	0.5		
12												
13	276	3.25		1.4					1.2	0.5		
14	106	1.25		1.6					1.2	0.5		
15	99	1.50		1.9					1.1	0.5		
16	136	1.50		1.4					1.1	0.5		
17	140	1.50		1.3					1.0	0.5		
18	163	2.00		1.4					1.1	0.5		
19	195	2.50		1.6					1.0	0.5		
20												
21	380	4.50		1.4					1.0	0.5		
22	135	1.00		0.9					1.0	0.5		
23	142	1.50		1.3					1.0	0.5		
24	134	1.50		1.4					1.0	0.5		
25	111	1.00		1.1					1.2	0.6		
26	162	1.75		1.3					1.2	0.5		
27												
28	204	2.25		1.3					1.0	0.5		
29	125	1.50		1.5					1.0	0.5		
30	68	1.00		1.7					1.0	0.5		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month June 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 1006 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L.KEEN C7240 W.K.KERLIN C5926 J.W. STAPH C6963

I certify this report is correct Original signed by Hazel L. Keen (Lead Operator's Signature) (Cert. Level) C-007240 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	7,038	155.25		65.4					27.5	12.7	6	
Average:	235	5.2		2.6					1.1	0.5		
Maximum:	315	7.5		3.8					1.2	0.5		
Minimum:	145	0.75		0.3					1.0	0.2		
1	226	5		2.6					1.2	0.5		
2	214	6		3.1					1.0	0.5		
3	203	7		3.8					1.0	0.5		
4	296	5		2.0					1.0	0.5		
5												
6	671	16		2.9					1.0	0.5		
7	315	8		2.9					1.0	0.5	6	Wells 1,2 & 3
8	213	6		3.1					1.1	0.5		
9									1.0	0.5		
10	280	1		0.3					0.2	0.2		
11	304	7		2.7					1.1	0.5		
12												
13	415	9		2.5					1.1	0.5		
14	175	4		2.5					1.1	0.5		
15	169	3		2.3					1.1	0.5		
16	228	5		2.8					1.1	0.5		
17	233	5		2.6					1.0	0.5		
18	278	6		2.7					1.1	0.5		
19	306	8		2.8					1.0	0.5		
20												
21	647	15		2.8					1.0	0.5		
22	214	5		2.5					1.2	0.5		
23	226	5		2.0					1.2	0.5		
24	231	6		3.0					1.2	0.5		
25	264	8		2.6					1.2	0.5		
26	269	7		3.0					1.0	0.5		
27												
28	338	8		2.7					1.2	0.5		
29	178	4		2.5					1.2	0.5		
30	145	3		2.7					1.2	0.5		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month July 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 1006 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C7240 W.K. KERLIN C5926 J.W. STAPH C6963
I certify this report is correct Original signed by Hazel L. Keen C-007240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	4,316	45		33.4					28.6	13.2	6	
Average:	139	1.5		1.3					1.1	0.5		
Maximum:	197	2.25		1.6					1.3	0.5		
Minimum:	90	0.75		0.9					0.6	0.2		
1	108	1.00		1.1					1.0	0.5	5	Wells 1,2 & 3
2	90	1.00		1.3					1.0	0.5		
3												
4	257	3.00		1.4					1.0	0.5		
5	131	1.75		1.6					1.0	0.5		
6	132	1.25		1.1					1.0	0.5		
7	102	1.25		1.6					1.0	0.5		
8	108	1.00		1.1					1.0	0.5		
9	117	1.50		1.5					1.2	0.5		
10	143	1.25		1.0					1.0	0.5		
11												
12	219	2.50		1.4					1.0	0.5		
13	153	1.50		1.2					1.1	0.5		
14	190	2.25		1.4					1.1	0.5		
15	170	2.25		1.6					1.3	0.5		
16	175	1.50		1.0					1.2	0.5		
17	197	1.00		0.6					0.6	0.2		
18												
19	298	3.00		1.2					1.1	0.5		
20	170	2.00		1.4					1.1	0.5		
21	160	2.00		1.5					1.2	0.5		
22	122	1.50		1.5					1.0	0.5		
23	122	1.25		1.3					1.2	0.5		
24												
25	311	3.75		1.4					1.2	0.5		
26	90	0.75		0.9					1.1	0.5		
27	123	1.00		1.0					1.1	0.5		
28	144	1.25		1.0					1.0	0.5		
29	147	1.25		1.0					1.0	0.5		
30	153	1.25		1.0					1.0	0.5		
31	184	2.00		1.3					1.1	0.5		

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month July 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1006 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L.KEEN C7240 W.K.KERLIN CS926 J.W. STAPH C6963
I certify this report is correct Original signed by Hazel L. Keen C-007240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	7,145	148		85.00					28.2	13.2	6	
Average:	231	4.8		2.60					1.1	0.5		
Maximum:	331	7.25		3.40					1.2	0.5		
Minimum:	153	3.0		0.50					0.2	0.2		
1	178	5		1.5					1.0	0.5		
2	153	3		2.3					1.1	0.5	6	Wells 1,2 & 3
3												
4	422	10		2.8					1.1	0.5		
5	220	5		2.5					1.2	0.5		
6	218	5		2.8					1.2	0.5		
7	175	4		2.5					1.2	0.5		
8	176	4		2.7					1.2	0.5		
9	216	5		2.8					1.2	0.5		
10	221	5		2.8					1.0	0.5		
11												
12	366	2		0.5					0.2	0.2		
13	258	5		2.3					1.0	0.5		
14	313	7		2.7					1.0	0.5		
15	265	7		1.9					1.0	0.5		
16	307	6		2.4					1.0	0.5		
17	331	7		2.6					1.0	0.5		
18												
19	468	10		2.6					1.1	0.5		
20	306	7		2.5					1.1	0.5		
21	268	6		2.5					1.0	0.5		
22	205	6		3.8					1.0	0.5		
23	203	3		1.8					1.0	0.5		
24												
25	517	11		2.6					1.1	0.5		
26	153	3		2.3					1.1	0.5		
27	226	4		2.1					1.0	0.5		
28	195	3		1.9					1.0	0.5		
29	229	5		2.5					1.1	0.5		
30	284	7		2.7					1.1	0.5		
31	272	7		3.0					1.2	0.5		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month August 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1006 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C7240 W.K. KERLIN C5926 J.W. STAPH C6963
I certify this report is correct Original signed by Hazel L. Keen C-007240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	5,587	36.8		21.3					25.4	13.0	6	
Average:	180	1.2		0.8					1.0	0.5		
Maximum:	215	2.75		1.8					1.3	0.6		
Minimum:	123	0.25		0.2					0.3	0.2		
1												
2	331	2.50		0.9					1.0	0.5		
3	208	1.50		0.9					1.0	0.5		
4	168	1.25		0.9					1.0	0.5	6	Wells 1,2 & 3
5	192	1.25		0.8					1.0	0.5		
6	211	1.75		1.0					1.0	0.5		
7	221	1.75		1.0					1.0	0.5		
8												
9	381	2.50		0.8					1.0	0.5		
10	215	1.25		0.7					1.0	0.5		
11	197	1.25		0.8					0.9	0.5		
12	212	1.25		0.7					0.9	0.5		
13	214	1.75		1.0					1.0	0.5		
14												
15	470	2.25		0.6					0.9	0.5		
16	157	1.00		0.8					0.9	0.5		
17	180	1.00		0.7					0.9	0.5		
18	176	0.75		0.5					0.9	0.5		
19	185	0.50		0.3					0.9	0.5		
20	165	0.50		0.4					0.9	0.5		
21	208	0.50		0.3					0.8	0.5		
22												
23	399	0.25		0.2					0.8	0.5		
24	124	0.25		0.2					0.9	0.5		
25	139	0.25		0.2					0.3	0.2		
26	152	2.00		1.5					1.3	0.6		
27	145	2.00		1.2					1.4	0.6		
28	176	2.75		1.8					1.2	0.5		
29												
30	238	3.25		1.6					1.2	0.5		
31	123	1.50		1.5					1.3	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 month of record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month August 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1006 No of People at End of Month
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.I.KEEN C7240 W.K.KERLIN C5926 J.W. STAPH C6963
I certify this report is correct Original signed by Hazel L. Keen C-007240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	9,298	209.5		70.3					28.7	12.7	11	
Average:	300	6.8		2.7					1.1	0.5		
Maximum:	357	8.5		3.0					1.3	0.6		
Minimum:	205	4.5		2.0					0.9	0.4		
1												
2	804	11.50		2.3					1.1	0.4		
3	288	5.50		2.3					1.0	0.4		
4	288	6.25		2.6					1.1	0.5	11	
5	320	7.00		2.6					1.1	0.5		
6	343	7.50		2.6					1.2	0.5		
7	373	8.75		2.9					1.0	0.4		
8												
9	628	14.50		2.8					1.1	0.5		
10	354	7.75		2.6					1.1	0.5		
11	340	7.50		2.7					1.1	0.5		
12	357	8.00		2.7					1.1	0.5		
13	340	8.50		3.0					1.1	0.5		
14												
15	775	18.25		2.8					1.1	0.5		
16	260	5.75		2.6					1.1	0.5		
17	297	7.00		2.8					1.0	0.5		
18	299	6.75		2.7					1.2	0.5		
19	307	7.50		2.9					1.3	0.5		
20	276	6.50		2.8					1.0	0.5		
21	340	8.00		2.9					1.3	0.5		
22												
23	679	15.50		2.7					1.0	0.5		
24	208	4.50		2.6					0.9	0.4		
25	231	5.50		2.9					1.0	0.5		
26	259	6.00		2.7					1.0	0.5		
27	239	5.75		2.9					1.2	0.5		
28	297	5.00		2.0					1.2	0.5		
29												
30	391	9.75		3.0					1.2	0.5		
31	205	5.00		2.9					1.2	0.5		

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
DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month September 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1006 No of People at End of Month 3528
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
HLKEEN C7240 JWS C6963 KK 8926
I certify this report is correct Hayden L Keen C-7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	4,053,000	84.00		40.48					37.1	20.1	6	
Average:	135,100	1.80		1.35					1.3	0.7		
Maximum:	165	2.25		2.00					1.4	1.0		
Minimum:	98	0.75		0.90					1.0	0.5		
1	138,000	2.25		1.95					1.3	0.6		
2	142,000	2.25		1.90					1.3	0.6	6	
3	153,000	2.00		1.57					1.1	0.5		
4	137,000	2.00		1.75					1.3	0.6		
5												
6	269,000	3.50		1.56					1.4	1.0		
7	98,000	1.25		1.53					1.4	1.0		
8	116,000	1.25		1.29					1.2	0.9		
9	125,000	2.00		1.92					1.4	0.9		
10	110,000	1.75		1.91					1.4	0.9		
11	119,000	2.00		2.02					1.3	0.8		
12	222,000											
13		2.75							1.4	0.9		
14	133,000	1.75		1.58					1.4	0.9		
15	130,000	1.75		1.61					1.4	0.9		
16	153,000	2.00		1.57					1.4	0.9		
17	123,000	1.75		1.71					1.3	0.8		
18												
19	273,000	3.50		1.54					1.2	0.8		
20	102,000	1.50		1.76					1.3	0.6		
21	165,000	2.00		1.45					1.2	0.5		
22	161,000	2.00		1.49					1.0	0.5		
23	136,000	2.00		1.76					1.2	0.5		
24	151,000	1.75		1.39					1.1	0.5		
25												
26	348,000	4.50		1.55					1.2	0.5		
27	116,000	1.25		1.29					1.3	0.5		
28	144,000	1.75		1.46					1.3	0.5		
29	141,000	1.75		1.49					1.3	0.5		
30	148,000	1.75		1.42					1.3	0.5		
31												

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
DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

'S ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights

ned By Southern States Utilities Phone 904-473-9567 Reporting Month September 1993

nt Effluent pH (Avg) 7.2 No of Services at End of Month 1008 No of People at End of Month 3528

sign Flow 2.5 MGD Remarks (Use Reverse Side)

vide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

KEEN C7240 JW STAPH C6963 K.KERLIN C6926

rtify this report is correct Hayle L Keen C 7240

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

Days of Month	Total Water Treated in in Gallons	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		
nthly al	6,850,000	161.75		74.53					28.1	13.2	6	
rage:	228,333	5.39		2.48					1.1	0.5		
ximum:	251	7.25		3.20					1.2	0.8		
imum:	160	3.75		2.20					0.8	0.5		
1	229,000	5.25		2.75					1.2	0.5		
2	251,000	6.00		2.87					1.2	0.5	6	
3	248,000	5.75		2.78					1.2	0.5		
4												
5	458,000	9.50		2.49					1.2	0.5		
6	202,000	5.50		3.26					1.2	0.5		
7	160,000	3.75		2.81					0.8	0.5		
8	199,000	5.25		3.16					0.8	0.5		
9	204,000	4.50		2.64					0.9	0.5		
10	191,000	5.00		3.14					1.1	0.8		
11	199,000	3.75		2.26					1.0	0.8		
12												
13	382,000	8.75		2.75					1.0	0.5		
14	248,000	6.25		3.02					1.0	0.5		
15	215,000	5.00		2.79					1.1	0.5		
16	260,000	6.00		2.77					1.2	0.5		
17	208,000	5.25		3.03					1.0	0.5		
18												
19	469,000	10.75		2.75					1.2	0.5		
20	187,000	4.00		2.87					1.2	0.5		
21	274,000	7.25		3.17					1.1	0.5		
22	274,000	7.25		3.17					1.0	0.5		
23	240,000	6.00		3.00					1.1	0.5		
24	247,000	6.25		3.03					1.1	0.5		
25												
26	596,000	12.50		2.51					1.1	0.5		
27	192,000	4.75		2.97					1.1	0.5		
28	242,000	5.75		2.85					1.1	0.5		
29	247,000	5.75		2.79					1.1	0.5		
30	248,000	6.00		2.90					1.1	0.5		
31												

form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of

rd

Form 17.555910(2)

ctive 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month October 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 1009 No of People at End of Month 3531.5
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KEEN C7240 W.K. KERLIN C5926 J.W. STAPH C6963
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C 7240 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	4,011,000	56.75		43.54							6	
Average:	129,387	1.80		1.40					1.3	0.5		
Maximum:	151,000	3.00		2.00					1.3	0.6		
Minimum:	83,000	1.25		1.20					1.2	0.5		
1	148,000	1.75		1.44					1.3	0.6		
2	181,000	3.00		1.99					1.2	0.6		
3												
4	307,000	3.00		1.17					1.3	0.5		
5	173,000	2.25		1.56					1.3	0.5		
6	142,000	2.50		2.11					1.3	0.5		
7	121,000	1.50		1.49					1.3	0.5	6	
8	118,000	1.75		1.78					1.3	0.5		
9												
10	252,000	3.75		1.78					1.2	0.5		
11	99,000	1.25		1.51					1.3	0.5		
12	149,000	2.25		1.81					1.3	0.5		
13	144,000	2.25		1.87					1.3	0.5		
14	130,000	1.75		1.61					1.3	0.5		
15	122,000	1.75		1.72					1.3	0.5		
16												
17	240,000	3.50		1.75					1.3	0.5		
18	83,000	1.25		1.81					1.3	0.5		
19	117,000	1.25		1.28					1.3	0.5		
20	136,000	1.25		1.10					1.2	0.5		
21	102,000	1.25		1.47					1.3	0.5		
22	151,000	2.25		1.79					1.3	0.5		
23	148,000	2.25		1.82					1.3	0.5		
24												
25	233,000	3.25		1.67					1.3	0.5		
26	121,000	1.75		1.73					1.3	0.5		
27	123,000	2.00		1.95					1.3	0.5		
28	133,000	1.75		1.58					1.3	0.5		
29	109,000	1.75		1.93					1.2	0.5		
30												
31	231,000	3.50		1.82					1.2	0.5		

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
DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8667 Reporting Month October 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1009 No of People at End of Month 3531.5
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L.KEEN C7240 W.K.KERLIN C5926 J.W. STAPH C6963
I certify this report is correct [signature] C-6240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	6,856,000	168		76.75					29.1	13.5	6	
Average:	221,161	5		2.46					1.1	0.5		
Maximum:	306,000	7.5		3.30					1.3	0.6		
Minimum:	161,000	4		1.80					0.5	0.5		
1	242,000	7		3					1.1	0.5		
2	306,000	8		3					1.0	0.5		
3												
4	523,000	13		3					1.2	0.5		
5	293,000	8		3					1.2	0.5		
6	244,000	6		3					1.3	0.6	6	
7	213,000	6		3					1.2	0.6		
8	193,000	5		3					1.3	0.6		
9												
10	437,000	11		3					1.0	0.5		
11	183,000	5		3					1.3	0.6		
12	255,000	7		3					1.3	0.6		
13	244,000	6		3					1.3	0.6		
14	231,000	6		3					1.1	0.6		
15	214,000	6		3					1.1	0.5		
16												
17	386,000	9		3					1.2	0.5		
18	161,000	4		3					1.0	0.5		
19	196,000	5		3					1.0	0.5		
20	242,000	6		3					1.2	0.5		
21	172,000	5		3					1.1	0.5		
22	248,000	4		2					0.5	0.3		
23	258,000	6		3					1.0	0.5		
24												
25	402,000	9		3					1.0	0.5		
26	205,000	5		3					1.1	0.5		
27	206,000	5		3					1.2	0.5		
28	234,000	6		3					1.1	0.5		
29	191,000	5		3					1.3	0.5		
30												
31	397,000	10		3					1.0	0.5		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100810 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month November 1993
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 1006 No of People at End of Month 3528
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L. KERN C-7240 J.W. STAPH C-8963 W.K. KERLIN C-8828
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-B40 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	3,330,000	50.75		53.67					32.3	12.9	6	
Average:	111,000	1.69		1.79					1.2	0.5		
Maximum:	154,000	2.50		2.28					1.5	0.5		
Minimum:	74,000	1.00		1.24					1.0	0.4		
1	79,000	1.50		2.28					1.0	0.5		
2	97,000	1.00		1.24					1.3	0.5	6	
3	112,000	1.75		1.87					1.3	0.5		
4	113,000	2.00		2.12					1.3	0.5		
5	115,000	1.50		1.56					1.3	0.5		
6				1.80								
7	242,000	3.50		1.73					1.3	0.5		
8	78,000	1.25		1.92					1.3	0.5		
9	108,000	1.50		1.67					1.3	0.5		
10	114,000	2.00		2.10					1.3	0.5		
11	99,000	1.25		1.51					1.3	0.5		
12	101,000	2.50		2.97					1.5	0.5		
13												
14	257,000	3.00		1.40					1.3	0.5		
15	74,000	1.25		2.03					1.3	0.5		
16	120,000	1.75		1.75					1.2	0.5		
17	132,000	2.00		1.82					1.2	0.5		
18	124,000	2.00		1.93					1.2	0.5		
19	131,000	2.00		1.83					1.3	0.5		
20	154,000	2.25		1.75					1.2	0.4		
21				1.70								
22	186,000	2.75		1.77					1.2	0.5		
23	134,000	2.00		1.79					1.2	0.5		
24	80,000	1.00		1.50					1.1	0.5		
25	127,000	2.25		2.12					1.1	0.5		
26	115,000	1.50		1.56					1.1	0.5		
27	110,000	2.00		2.18					1.1	0.5		
28				1.80								
29	217,000	3.25		1.80					1.2	0.5		
30	111,000	2.00		2.16					1.4	0.5		
31												

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
DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month November 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1008 No of People at End of Month 3528
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
C-7240 H.L. KEEN C-6663 J.W. STAPH C-5826 W.K. KERLIN
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	5,872,000	142.25		76.56					30.7	12.7	6	
Average:	195,733	4.74		2.84					1.2	0.5		
Maximum:	271,000	7.25		4.09					1.3	0.5		
Minimum:	132,000	3.25		1.80					1.0	0.5		
1	132,000	4.50		4.09					1.0	0.5		
2	170,000	4.00		2.82					1.0	0.5	6	
3	198,000	5.00		3.03					1.0	0.5		
4	188,000	4.75		3.03					1.1	0.5		
5	195,000	3.75		2.31					1.3	0.5		
6												
7	418,000	11.50		3.30					1.3	0.5		
8	137,000	3.50		3.06					1.3	0.5		
9	192,000	5.25		3.28					1.3	0.5		
10	191,000	4.75		2.98					1.3	0.5		
11	162,000	4.00		2.96					1.3	0.5		
12	176,000	5.00		3.41					1.3	0.5		
13												
14	441,000	11.00		2.99					1.3	0.5		
15	134,000	3.25		2.91					1.3	0.5		
16	205,000	4.75		2.78					1.3	0.5		
17	223,000	6.50		2.96					1.2	0.5		
18	215,000	5.00		2.79					1.2	0.5		
19	223,000	5.25		2.82					1.2	0.5		
20	271,000	4.75		2.10					1.2	0.5		
21												
22	317,000	4.75		1.80					0.3	0.2		
23	228,000	4.50		2.37					1.3	0.5		
24	269,000	7.25		3.23					1.3	0.5		
25	221,000	8.75		3.12					1.0	0.5		
26	202,000	4.50		2.67					1.3	0.5		
27	191,000	5.50		3.45					1.3	0.5		
28												
29	385,000	9.00		2.80					1.0	0.5		
30	188,000	5.50		3.51					1.3	0.5		
31												

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
DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 1 & 2 Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9567 Reporting Month December 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1010 No of People at End of Month 3535

Design Flow 2.5 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

H.L. KEEN C7240 J.W. STAPH C-8963 W.K. KERLIN C-8926

I certify this report is correct Hugh L. Keen (Lead Operator's Signature) C-7240 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	3,512,000	54.75		49.99					36.2	14.5	6	
Average:	113,290	1.77		1.61					1.3	0.5		
Maximum:	146,000	2.50		3.90					1.7	0.6		
Minimum:	59,000	0.50		1.10					0.7	0.5		
1	121,000	2.00		1.98					1.4	0.6		
2	143,000	2.25		1.89					1.4	0.6		
3	136,000	2.25		1.98					1.4	0.6	6	
4	109,000	1.75		1.93					1.4	0.6		
5												
6	263,000	4.25		1.94					1.4	0.6		
7	148,000	2.50		2.03					1.5	0.6		
8	139,000	2.00		1.73					1.4	0.6		
9	121,000	2.00		1.98					1.4	0.6		
10	116,000	2.00		2.07					1.4	0.6		
11	124,000	1.75		1.69					1.2	0.5		
12												
13	207,000	3.50		2.03					1.5	0.6		
14	104,000	1.00		1.15					1.3	0.5		
15	110,000	2.00		2.18					1.4	0.5		
16	112,000	1.75		1.87					1.4	0.5		
17	106,000	1.75		1.98					1.4	0.5		
18	146,000	2.50		2.05					1.4	0.5		
19												
20	203,000	3.25		1.92					1.4	0.5		
21	59,000	0.75		1.52					1.4	0.5		
22	119,000	2.00		2.02					1.4	0.5		
23	102,000	2.50		2.94					1.4	0.5		
24	94,000	1.00		1.28					1.0	0.5		
25												
26	242,000	3.50		1.73					1.2	0.5		
27	72,000	1.25		2.08					1.5	0.5		
28	97,000	1.25		1.55					1.5	0.5		
29	105,000	1.50		1.71					1.7	0.5		
30	117,000	1.50		1.54					0.7	0.5		
31	97,000	1.00		1.24					0.7	0.5		

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

DER Form 17-5559TD(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100610 PWS Name Keystone Heights # 3 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month December 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 1010 No of People at End of Month 3535
Design Flow 2.5 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
H.L.KEEN C-7240 J.W. STAPH C-8963 W.K. KERLIN C-8926
I certify this report is correct [signature] C-7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	6,560,000	133.50		70.36					32.0	12.9	6	
Average:	211,613	4.31		2.27					1.2	0.5		
Maximum:	440,000	7.00		4.00					1.5	0.5		
Minimum:	132,000	1.00		0.60					0.3	0.2		
1	226,000	5.25		2.79					1.2	0.5		
2	239,000	5.75		2.88					1.4	0.5		
3	237,000	6.00		3.04					1.2	0.5	6	
4	440,000	4.50		1.23					1.0	0.5		
5												
6	454,000	3.00		0.79					1.2	0.5		
7	258,000	7.00		3.25					1.3	0.5		
8	239,000	6.75		3.39					1.3	0.5		
9	206,000	4.75		2.76					1.3	0.5		
10	201,000	6.25		3.73					1.5	0.5		
11	222,000	5.75		3.11					1.3	0.5		
12												
13	358,000	9.50		3.18					1.3	0.5		
14	172,000	4.50		3.14					1.3	0.5		
15	190,000	4.50		2.84					1.0	0.5		
16	189,000	4.75		3.01					1.3	0.5		
17	184,000	5.00		3.26					1.4	0.5		
18	250,000	6.25		3.00					1.3	0.5		
19												
20	351,000	10.00		3.42					1.2	0.5		
21	348,000	2.00		0.69					0.4	0.2		
22	202,000	1.00		0.59					1.0	0.5		
23	177,000	1.00		0.68					0.3	0.2		
24	163,000	4.00		2.94					1.0	0.5		
25												
26	420,000	4.50		1.26					1.5	0.5		
27	132,000	3.00		2.73					1.3	0.5		
28	159,000	4.00		3.02					1.2	0.5		
29	177,000	5.00		3.39					1.3	0.5		
30	198,000	5.00		3.03					1.3	0.5		
31	168,000	4.50		3.21					1.2	0.5		

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

DER Form 17.555910(2)
Effective 11/1/1988

Reference: Kingswood/ Brevard County
Monthly Operating Reports / Water

Please Note:

Water to serve the customers at **Kingswood** is purchased from Brevard County Utilities.

There are no monthly operating reports for this area.

THIS PAGE INTENTIONALLY LEFT BLANK

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month January 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 76 No of People at End of Month 266.0
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel # C-6411/Michael Boozer # C-7599/ Sam Sparks # A-235
I certify this report is correct [signature] C 1-411
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,072,900	244		712.8			4.2	44.0	9.0	7	
Average	34,610	8		23.0				1.7	0.3		
Maximum	46,900	13		38.2				15.0	0.7		
Minimum	21,800	4		11.1				0.4	0.2		
1	46,900	11		28.1				1.1	0.3		
2										2	Outage/comb
3	92,200	22		28.6				0.4	0.2	2	Outage/comb
4	35,600	4		13.5				0.4	0.2		
5	24,100	6		29.9				0.4	0.2	3	
6	29,000	6		24.8				1.2	0.3		
7	49,300	10		24.3				0.5	0.2		
8											
9	62,900	13		24.8				1.3	0.3		
10	32,000	9		33.7				1.3	0.3		
11	38,400	9		28.1				1.3	0.2		Line flush
12	37,400	8		25.6				1.5	0.4		D.E.P. compl.insp
13	35,000	10		34.3				1.6	0.5		
14	26,900	7		31.2				0.9	0.3		Line flush
15											
16	49,700	12		29.0				1.1	0.3		
17	32,200	8		29.8				1.2	0.5		Line flush
18	34,100	9		31.6			2.2	1.3	0.5		
19	21,800	5		27.5				2.0	0.7		
20	29,600	8		32.4				2.0	0.6		
21	42,400	10		28.3				0.6	0.3		
22											
23	59,500	11		22.2				1.2	0.4		
24	49,900	10		24.0				1.0	0.4		
25	32,700	8		29.3				0.8	0.3		
26	28,800	7		29.1				1.5	0.5		
27	31,000	3		11.6				1.5	0.3		
28	40,800	13		38.2				1.4	0.3		
29											
30	76,700	18		28.1				15.0	0.2		
31	34,000	7		24.7			2.0	1.5	0.3		Line flush

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

DER Form 17-555910:2
Effective 11/1/1989

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-860-0058 Reporting Month February 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 81 No of People at End of Month 283.5
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Bill Trendel C-6411/ Mike Boozer C-7599
I certify this report is correct Michael Boozer (Lead Operator's Signature) C (Cert. Level) 7599 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	879,400	200		663.8			3.2	23.4	9.3	2	
Average	31,407	7		23.7				1.0	0.4		
Maximum	50,800	18		38.8				1.8	0.6		
Minimum	19,400	3		14.2				0.2	0.2		
1	21,300	6		33.8				1.1	0.3		
2	24,400	7		34.4				1.0	0.4		
3	30,900	9		34.9				1.0	0.4		
4	28,100	8		34.1				1.0	0.3		
5											
6	75,200	17		27.1				1.3	0.3		
7	45,600	8		21.0				1.0	0.4		
8	43,600	9		24.8				1.2	0.3		
9	33,400	6		21.5				1.2	0.3		Line flush
10	50,800	12		28.3				0.5	0.4		
11	45,200	11		29.2				0.9	0.6	2	Compliance
12											
13	63,100	14		26.6				1.2	0.6		
14	32,700	9		33.0				1.4	0.6		
15	31,100	9		34.7				1.4	0.6		
16	25,300	3		14.2				1.3	0.6		
17	29,800	7		28.2				1.8	0.6		
18	23,400	6		30.7				1.7	0.6		Line flush
19	21,000	5		28.5			2.5	0.4	0.3		
20											
21	55,600	18		38.8			0.4	0.2	0.2		
22	22,800	3		15.8				0.3	0.2		Line flush
23	32,900	8		29.2				1.0	0.3		
24	32,900	7		25.5			0.3	1.0	0.3		
25	19,400	6		37.1				0.7	0.3		Line flush
26											
27	56,400	7		14.9				0.3	0.2		
28	34,500	5		17.4				0.5	0.2		
29											
30											
31											

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491856 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994

Plant Effluent pH (Avg) 6.9 No of Services at End of Month 82 No of People at End of Month 287.0

Design Flow 0.316 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Trendel C-6411/Mike Boozer C-7599

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,012,000	218		709.4			2.4	58.9	14.0	4	
Average	32,645	7		22.9				2.2	0.5		
Maximum	55,400	11		51.0				3.5	1.5		
Minimum	18,000	4		13.0				0.3	0.2		
1	38,100	7		22.0				1.2	0.3		New well on line
2	20,700	4		23.2				0.3	0.2		Flushed
3	27,500	6		26.2				2.8	0.2		Flushed
4	31,400	7		26.7			1.0	2.3	0.4		Sampled new well fo
5											group I unregulated
6	55,500	11		23.8				1.8	0.4		
7	47,400	10		25.3				2.0	0.5		
8	20,700	5		29.0				2.5	0.7	4	Compliance
9	28,800	4		16.7				1.5	0.3		Flushed
10	26,800	6		26.8			0.5	1.2	0.2		Flushed
11	40,100	11		32.9				2.2	0.7		
12	19,800	3		18.2				2.0	0.6		
13											
14	82,900	19		27.5				2.0	0.5		
15	33,600	7		25.0				2.5	0.4		
16	42,300	10		28.3				2.2	0.5		
17	25,100	5		23.9				2.6	0.4		
18	35,600	9		30.3				1.9	0.4		
19											
20	73,200	16		26.2				2.3	0.2		
21	55,400	6		13.0				1.8	0.3		Cl2 cylinde
22	34,500	6		20.9				2.5	0.4		Flushed
23	45,400	8		21.1				2.8	0.4		
24	18,000	4		26.6			0.9	2.8	1.5		
25	40,000	10		30.0				2.0	0.3		
26											
27	67,000	16		28.6				3.0	0.6		
28	18,800	6		51.0				1.7	1.0		Flushed
29	28,200	6		25.5				2.5	0.6		Using ET clock for
30	24,000	6		30.0				3.5	1.0		flow
31	31,200	8		30.7				3.0	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.

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994
Plant Effluent pH (Avg) 6.9 No of Services at End of Month 82 No of People at End of Month 287.0
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel C-6411/Mike Boozer C-7599
I certify this report is correct William Trendel C 6411
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,309,300	274		647.7			3.9	63.5	15.1	8	
Average:	13,908	9		21.6				2.4	0.6		
Maximum:	64,300	18		33.7				3.6	1.5		
Minimum:	23,300	4		11.6				1.1	0.2		
1	28,800	4		16.6				3.4	0.6		
2	54,600	12		26.2				3.1	0.6		
3											
4	80,000	24		36.0				3.0	0.5		
5	34,800	9		31.0				1.5	0.3		
6	33,100	6		21.7				3.5	0.7		
7	60,000	6		12.0				2.6	0.3		
8	30,700	7		27.3				2.3	0.4		
9	41,100	8		23.3				2.5	0.4		
10											
11	78,700	19		28.9				3.6	1.0		
12	53,300	13		29.2				3.0	1.5		
13	49,300	11		26.8				2.0	1.1		
14	41,100	9		26.2				3.0	1.0		
15	55,600	11		23.7				1.1	0.5		
16											
17	104,000	20		23.1				1.5	0.3	4	Compliance
18	64,300	13		24.2				1.3	0.2		
19	31,800	6		22.6				1.3	0.2		
20	32,000	9		33.7				1.4	0.2		
21	38,200	6		18.8			1.1	1.4	0.2	2	Outage
22	82,100	18		26.3				2.5	1.4	2	Outage
23							1.6				
24	46,600	9		23.2			1.2	3.5	0.3		
25	28,200	6		25.5				2.5	1.0		
26	45,800	8		20.9				2.7	0.5		
27	61,500	11		21.4				3.0	0.8		
28	26,700	6		26.9				3.3	0.4		
29	52,000	13		30.0				2.0	0.4		
30	55,000	10		21.8				2.5	0.3		
31											

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 86 No of People at End of Month 301.0

Design Flow 0.316 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Bill Trendel C-6411/M. Boozer C-7599

I certify the report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l		Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,823,780	316		589.5				3.3	55.6	15.9	6	
Average	58,832	10		18.4					2.1	0.6		
Maximum	105,070	28		29.5					3.5	2.5		
Minimum	23,110	5		8.5					0.4	0.2		
1												
2	89,320	20		26.8					2.2	0.4		Line flushing
3	47,410	10		25.3					1.7	0.3		
4	24,220	5		24.8				0.6	2.2	0.3		
5	34,480	8		27.8					3.2	0.2		
6	54,280	12		26.5					1.0	0.6		
7												
8	98,100	10		12.2					2.6	0.6		
9	51,010	7		16.5					3.0	1.0		
10	48,840	8		19.6					0.4	0.2	4	Compliance
11	58,950	8		16.8					3.5	0.4		Line flushing
12	48,500	10		24.7					3.5	1.3		
13	57,560	10		20.8					1.5	0.3		
14												
15	112,750	8		8.5					1.2	0.2		
16	104,470	21		24.1					3.5	2.5		
17	49,730	10		24.1				0.2	2.5	0.4		
18	34,230	7		24.5					2.6	0.4		
19	75,540	17		27.0					1.6	0.8		
20	44,770	11		29.5					2.7	0.6		
21												
22	126,720	25		23.7					1.2	0.6		
23	104,390	5		5.7					2.0	0.3		
24	71,900	12		20.0					1.4	0.4		
25	105,070	18		20.5					1.6	1.5		
26	74,370	16		25.8					1.4	0.4		Line flushing
27	98,100	18		22.0					1.2	0.3		Line flushing
28												
29	148,900	28		22.5					1.4	0.4		
30	23,110	6		31.1					3.0	0.6		
31	39,060	6		18.4				2.5	3.5	0.9	2	Outage/flushing

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month June 1994
Plant Effluent pH (Avg) 6.9 No of Services at End of Month 86 No of People at End of Month 301.0
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel C-6411 / Michael Boozer C-7599
I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,144,640	224		626.1			5.9	65.0	22.8	6	
Average:	38,155	7		20.9				2.5	0.9		
Maximum:	64,090	20		31.0				3.5	1.6		
Minimum:	21,120	3		7.2				1.4	0.4		
1	53,820	12		26.7				2.0	1.6	2	
2	43,200	9		25.0				2.5	1.2		
3	34,770	6		27.6			0.1	3.0	0.7		
4											
5	66,560	4		7.2			0.7	3.2	1.3		
6	44,260	4		10.8			0.6	2.0	0.7	4	Bact s
7	27,690	5		21.7				2.1	0.8		
8	32,940	4		14.6			3.0	3.3	0.9		
9	25,770	6		27.9			0.3	3.5	0.8		
10	24,430	5		24.5				3.0	0.4		
11											
12	59,790	12		24.1				3.2	0.4		
13	31,110	5		19.3				3.5	1.3		
14	48,570	10		24.7				1.5	1.5		
15	44,050	10		27.2				1.9	1.1		
16	42,040	20		57.0				1.7	1.2		
17	23,560	8		40.7			0.5	2.7	0.7		
18											
19	48,810	7		17.2			0.4	3.2	0.9		
20	46,450	12		31.0				1.8	0.8		
21	29,110	6		24.7			0.3	1.7	0.4		
22	35,040	8		27.4				1.7	0.4		
23	21,120	3		17.0				3.5	0.7		
24	48,330	14		34.7				2.3	0.9		
25											
26	94,920	20		25.3				3.5	1.2		
27	58,470	5		10.3				1.4	0.9		
28	58,310	9		18.5				1.8	0.7		
29	37,480	7		22.4				2.5	0.6		
30	64,040	11		20.6				2.5	0.7		
31											

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1994
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 87 No of People at End of Month 304.5
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Mike Boozer C-7599 / William Trendel C-6411
I certify this report is correct [signature] (Lead Operator's Signature) (Cert. Level) 1411 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	Sodium Hydroxide lbs used	Sodium Hydroxide mg/l	Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,318,240	249		599.8	159.6	312.5		64.2	28.3	4	
Average:	42,524	8		19.3		10.1		2.5	1.1		
Maximum:	66,770	19		46.7				3.5	3.0		
Minimum:	28,240	2		5.8				0.3	0.2		
1	103,860	8		9.2				2.3	1.5		
2											
3	96,300	19		23.7				3.5	0.6		
4	30,550	8		31.4				2.5	1.0		
5	38,560	9		28.0				1.9	1.4		
6	27,930	5		21.5				2.0	1.2		
7	30,190	7		27.8				2.3	0.4		
8	36,090	6		19.9				2.5	1.0		
9											
10	63,330	11		20.8				3.5	0.6		
11	62,190	14		27.0				1.8	0.6		
12	43,360	9		24.9	4.2	7.6		3.3	1.2		
13	37,470	7		22.4	12.6	29.2		3.5	1.3		
14	39,430	5		15.2	8.4	18.2		3.5	1.5	4	Bact's
15	41,290	2		5.8	16.8	27.3		1.6	0.4		
16											
17	93,080	13		16.7	16.8	15.3		1.0	0.5		
18	66,770	26		46.7	12.6	37.1		3.5	1.4		
19	41,780	10		28.7	8.4	17.0		3.5	2.3		
20	53,020	11		24.9	8.4	13.5		3.4	2.2		
21	33,100	5		18.1	8.4	22.3		3.0	0.7		
22	61,610	15		29.2	12.6	17.8		1.9	1.2		
23											
24	68,100	12		21.1	8.4	20.7		3.5	2.0		
25	50,210	10		23.9	8.4	14.1		1.0	0.4		
26	36,840	8		26.0	4.2	10.2		3.5	3.0		
27	40,510	3		8.9	8.4	18.1		0.3	0.2		
28	28,240	6		25.5	4.2	12.4		1.6	0.4		
29	38,650	10		31.0	8.4	18.4		1.7	0.8		
30											
31	55,740	10		21.5	8.4	13.3		2.1	0.5		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994
Plant Effluent pH (Avg) 7.8 No of Services at End of Month 87 No of People at End of Month 304.5
Design Flow 0.316 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Mike Boozer C-7599

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			Sodium Hydroxide		Rain		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	gals used	mg/l		inches	Plant Effluent	Remote Tap		
Monthly Total	1,052,550	176		521.5	226.8	510.2	0	9.0	68.6	19.7	4	
Average:	56,583	6		16.8		16.5			2.5	0.7		
Maximum:	54,730	10		40.8	16.8	39			3.5	3.0		
Minimum:	17,220	2		1.1	2.1	7.3			0.6	0.2		
1	51,480	5		11.6	10.5	18.9		0.0	1.4	0.5	0	
2	22,330	3		16.1	6.3	24.6		0.0	2.8	0.2	0	
3	48,260	4		9.9	4.2	7.3		0.0	2.2	0.5	0	
4	35,250	4		13.6	4.2	17.4		0.0	3.0	0.3	0	
5	41,230	8		23.3	16.4	33.6		0.5	1.3	0.2	0	
6	0	0		0.0	0	0.0		0.0	0.0	0.0	0	
7	70,460	13		22.1	8.4	10.2		0.0	0.6	0.2	0	
8	31,990	7		26.3	8.4	22.4		0.0	1.5	0.5	4	
9	31,080	5		19.3	4.2	11.4		0.0	2.0	0.4	0	
10	39,020	7		21.5	8.4	0.0		0.0	3.0	1.6	0	
11	36,840	8		26.0	8.4	19.0		1.9	2.2	1.2	0	
12	40,860	8		23.5	8.8	20.2		0.0	1.3	0.2	0	
13	0	0		0.0	0	0.0		0.0	0.0	0.0	0	
14	54,730	14		30.7	16.8	21.4		0.0	3.5	1.3	0	
15	40,010	9		27.0	12.6	28.0		0.0	3.5	0.7	0	
16	29,190	4		16.4	8.4	39.0		1.5	3.5	0.6	0	
17	36,430	7		23.0	4.2	9.2		0.0	3.5	0.6	0	
18	27,960	6		25.7	2.1	8.0		0.0	3.0	0.5	0	
19	29,390	10		40.8	10.5	20.0		1.5	2.9	0.6	0	
20	0	0		0.0	0	0.0		0.0	0.0	0.0	0	
21	49,810	10		1.1	8.4	14.7		0.0	2.2	0.5	0	
22	35,920	5		16.7	8.4	22.7		0.4	2.5	0.4	0	
23	33,680	2		7.1	8.4	22.0		0.0	3.0	0.4	0	
24	32,590	4		14.7	8.4	24.3		0.5	3.0	0.6	0	
25	41,520	3		8.7	8.4	22.0		0.5	2.5	3.0	0	
26	28,500	2		8.4	8.4	21.7		0.2	1.5	0.3	0	
27	0	0		0.0	0	0.0		0.0	0.0	0.0	0	
28	55,320	6		13.0	8.4	15.6		1.2	3.5	0.8	0	
29	42,240	8		22.7	8.4	17.8		0.8	3.5	0.8	0	
30	17,220	4		27.9	4.2	19.0		0.0	3.5	1.2	0	
31	49,270	10		24.3	12.6	22.0		0.0	2.2	1.6	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village

Owned By Southern States Utilities Phone Number 407-880-0058 Reporting Month September 1994

Plant Effluent pH (Avg) 7.9 No of Services at End of Month 87 No of People at End of Month

Design Flow 0.316 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No (s) for all certified operators working at the plant for the month

Mike Boozer C-7599

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 16411 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	Sodium Hydroxide gals used	Sodium Hydroxide mg/l	Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Sample Taken	Plant Operation and Maintenance information (i e backwash frequenc main line breaks meter calibrations)
Monthly Total	885,090	172		618.9	163.8	449.0	8.0	52.0	18.7	4	
Average	29,503	6		20.6	5.46	15.0		2.0	0.7		
Maximum	52,850	11		34.4	16.8	33.1		3.5	3.0		
Minimum	14,190	3		12.7	2.1	2.6		0.8	0.2		
1	26,730	5		22.4	4.2	13.7		3.5	3.0		
2	52,850	9		20.4	16.8	26.7		1.4	0.9		
3											
4	72,180	12		19.9	12.6	15.0	1.1	1.6	0.6		
5	35,530	6		20.2	8.4	20.4		1.6	0.3		
6	43,040	8		22.3	8.4	20.0		3.0	1.2		
7	37,920	9		28.5	8.4	17.4		3.0	0.5		
8	35,690	9		30.2	8.4	17.6		1.3	0.6		
9	30,330	5		19.8			1.5	1.6	0.9		
10											
11	67,850	16		28.3	2.1	2.6		2.1	0.7		
12	41,210	11		32.0	10.5	22.7	0.5	1.3	0.5	4	
13	25,490	5		23.5	4.2	13.2	1.3	1.2	0.2		
14	25,160	6		28.6	8.4	31.1	0.9	2.8	0.5		
15	25,350	6		28.4	8.4	26.7		2.7	0.5		
16	26,350	6		27.3	2.1	6.8		2.2	0.5		
17											
18	47,250	5		12.7	2.1	3.7		2.6	0.6		
19	43,300	7		19.4	10.5	22.3		1.5	0.8		
20	20,190	3		17.8	4.2	22.0	0.8	1.5	0.2		
21	25,490	5		23.5	4.2	12.0	0.4	2.0	1.0		
22	21,880	3		16.4	2.1	8.4		2.0	0.8		
23	20,850	6		34.4	8.4	33.1		1.9	1.0		
24											
25	54,040	8		17.8	6.3	9.8		3.0	0.7		
26	29,630	6		24.3	2.1	6.5	1.3	0.8	0.4		
27	14,190	3		25.3	6.3	27.5	0.2	2.0	0.6		
28	22,760	4		21.1	6.3	31.1		2.0	0.8		
29	19,760	5		30.3	4.2	17.4		1.5	0.6		
30	20,000	4		24.0	4.2	19.0		1.5	0.3		
31											

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 rec

DER Form 17-555910(2)

Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1994

Plant Effluent pH (Avg) 8.0 No of Services at End of Month 93 No of People at End of Month 325.5

Design Flow 0.316 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Mike Boozer C-7599

I certify this report is correct (Lead Operator's Signature) B (Cert. Level) 3607 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	Sodium Hydroxide gals used	Sodium Hydroxide mg/l	Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e. backwash frequenc main line breaks meter calibrations)
Monthly Total	986,440	186		600.7	193.2	464.7	3.0	67.7	16.6	4	
Average	31,821	6		19.4	6.232	15.0		2.6	0.6		
Maximum	64,860	17		45.5	14.7	41.3		3.5	1.6		
Minimum	11,220	2		4.0	2.1	8.1		1.6	0.3		
1	11,220	3		32.1	4.2	24.3		1.8	0.5		
2											
3	49,150	10		23.4	4.2	8.2	1.5	2.0	0.6		
4	14,350	3		25.1	4.2	25.5		2.5	0.3		
5	23,170	5		25.9	4.2	15.2		2.5	0.8	4	
6	32,410	5		18.5	4.2	14.4		3.5	0.3		
7	30,040	8		31.9	4.2	9.5		1.7	1.3		
8											
9	41,030	10		29.2	12.6	27.1		2.4	0.6		
10	35,300	8		27.2	4.2	10.2		2.0	0.7		
11	31,130	8		30.8	8.4	20.4		1.8	0.5		
12	32,110	4		14.9	6.3	21.0		2.1	0.3		
13	16,590	2		14.5	2.1	10.4		2.6	0.6		
14	30,380	2		7.9	12.6	41.3		1.6	0.6		
15											
16	59,820	2		4.0	8.4	11.9		2.8	0.6		
17	51,120	4		9.4	8.4	13.9		2.5	0.4		
18	41,110	6		17.5	4.2	10.5		3.0	0.4		
19	26,140	4		18.3	4.2	10.6		3.2	0.4		
20	38,090	6		18.9	8.4	19.2		3.0	0.5		
21	34,420	8		27.9	8.4	19.3		2.0	0.4		
22											
23	88,120	16		21.8	8.4	8.1		3.5	0.6		
24	64,860	15		27.7	8.4	10.8		2.2	0.4		
25	30,910	5		19.4	4.2	12.0		3.5	1.2		
26	36,110	7		23.2	12.6	32.9		3.5	1.0		
27	39,680	10		30.1	14.7	28.4		3.5	1.6		
28	41,220	17		49.5	10.5	21.6		2.5	0.7		
29											
30	51,460	9		21.0	12.6	21.5	1.5	3.5	0.8		
31	36,300	9		29.7	8.4	16.8		2.5	0.5		

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 rec

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994

Plant Effluent pH (Avg) 8.0 No of Services at End of Month 90 No of People at End of Month 315.0

Design Flow 0.316 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Mike BoozerC-7599 64 | 1

I certify this report is correct [signature] C ~~7895~~

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

Days of Month	Total Water Treated in in Gallons	Chlorine			Sodium Hydroxide		Rain		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	gals used	mg/l		inches	Plant Effluent	Remote Tap		
Monthly Total	1,021,700	173		545.5	193.2	434.3		5.5	68.0	22.3	4	
Average:	34,057	6		18.2	6.44	14.5			2.6	0.9		
Maximum:	65,310	12		44.1	21	41.2			4.9	1.8		
Minimum:	15,460	2		5.2	2.1	5.4			1.2	0.3		
1	34,230	3		10.5	4.2	12.3			2.0	1.6		
2	20,110	3		17.9	8.4	28.0			2.1	0.7		
3	30,430	2		7.9	4.2	14.4			2.6	1.8		
4	46,300	2		5.2	4.2	7.9			1.6	0.9		
5												
6	69,740	5		8.6	21	25.5			1.2	0.3		
7	65,310	12		22.0	12.6	16.3			2.4	1.4		
8	28,220	5		21.2	8.4	18.1			2.8	0.8		
9	42,930	9		25.1	8.4	18.4			4.9	0.6		
10	51,280	10		23.4	12.6	19.2			3.0	0.8		
11	49,330	12		29.2	4.2	9.3			2.0	0.6		
12												
13	70,590	15		25.5	8.4	10.1		0.5	3.5	1.8		
14	39,890	11		33.1	8.4	18.0			3.0	0.4	4	
15	43,080	6		16.7	4.2	8.1			3.5	0.8		
16	28,460	6		25.3	2.1	7.9			3.5	1.6		
17	24,460	9		44.1	2.1	5.4		5.0	3.5	0.7		
18	34,920	5		17.2	8.4	28.7			3.0	0.4		
19												
20	74,850	10		16.0	8.4	18.1			3.2	1.8		
21	27,460	8		34.9	4.2	11.2			3.5	0.6		
22	22,460	4		21.4	4.2	14.7			2.0	0.9		
23	31,920	2		7.5	8.4	28.7			2.5	0.7		
24	17,460	4		27.5	4.2	14.4			2.4	0.4		
25	22,460	2		10.7	4.2	7.8			2.4	0.5		
26	21,920	3		16.4	6.3	20.5			2.5	0.7		
27												
28	69,920	12		20.6	14.7	17.5			1.4	0.4		
29	26,990	7		31.1	12.6	40.2			1.6	0.3		
30	26,980	6		26.7	4.2	13.7			1.9	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location: City or S/D Lake Ajay Village

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994

Plant Effluent pH (Avg) 6.1 No of Services at End of Month 87 No of People at End of Month 304.5

Design Flow 0.316 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Bill TrendelC-6411/Mike BoozerC-7599

I certify this report is correct William J Trendel (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	Sodium Hydroxide lbs used	Sodium Hydroxide mg/l	Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequenc main line breaks meter calibrations)
Monthly Total	853,400	164		807.0	279.8	840.3		85.9	15.2	4	
Average:	27,529	5		19.8	9.026	27.1		2.5	0.6		
Maximum:	63,970	11		37.9	40	118.5		3.5	1.6		
Minimum:	16,340	2		6.7	2	6.5		1.5	0.3		
1	23,620	5		25.4	3.8	13.2		1.7	0.4		
2	31,760	8		30.2	8.8	24.4		2.3	0.6		
3											
4	52,820	8		18.2	8.8	16.2		2.5	0.4		
5	30,070	8		31.9	8.8	22.9		1.8	0.4		
6	19,800	4		24.2	3.8	16.3		2.2	0.5		
7	31,070	8		30.9	8.8	27.9		2.3	0.4		
8	16,340	3		22.0	5	26.0		2.3	0.3		
9	34,440	8		27.9	4	11.4		3.0	0.6		
10											
11	50,110	12		28.7	13	19.3		2.9	0.4		
12	40,200	8		23.9	12	39.0		3.5	0.4	4	
13	31,610	10		37.9	19	53.6		3.5	0.8		
14	28,800	3		12.5	11	41.6		3.5	0.8		
15	23,160	5		25.9	11	38.9		3.2	1.0		
16	40,070	11		32.9	25	54.6		3.0	0.8		
17											
18	44,970	8		21.3	25	48.8		3.5	1.6		
19	34,360	5		17.4	4	11.5		3.0	0.5		
20	35,630	2		6.7	4	9.9		2.5	0.7		
21	16,990	3		21.2	9	54.3		1.5	0.6		
22	18,190	4		26.4	12	50.0		2.3	0.7		
23	22,260	2		10.8	10	44.4		2.0	0.4		
24	16,980	5		35.3	8	43.4		1.6	0.4		
25											
26	52,610	12		27.3	9	15.7		1.5	0.4		
27	35,920	3		10.0	4	10.7		2.0	0.3		
28	27,380	4		17.5	2	6.5		2.5	0.4		
29	30,370	6		23.7	40	118.5		2.8	1.0		
30	63,970	9		16.9	10	21.2		3.0	0.4		
31											

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 rec

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 50 No of People at End of Month 175
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	0.413	103		819.2			5.8	35.8	21.7	3	
Average	0.013	4		26.4				1.3	0.8		
Maximum	0.027	6		36.0				1.5	1.1		
Minimum	0.009	2		18.5				0.2	0.3		
1	0.034	9		31.8				1.5	1.1		
2											
3	0.021	5		28.6				1.5	0.9		
4	0.024	4		20.0				1.5	0.9		
5	0.014	3		25.7				1.5	1.1		
6	0.017	4		28.2				1.5	1.1		
7	0.017	4		28.2				1.5	1.1	3	
8	0.009	2		26.7				1.5	1.1		
9	0.027	6		26.7			1.0	0.2	0.3		
10	0.015	3		24.0				0.5	0.4		
11	0.011	3		32.7				0.5	0.4		
12	0.012	3		30.0				1.5	0.5		
13	0.013	2		18.5			1.5	1.5	0.5		
14	0.010	3		36.0			0.3	1.3	1.0		
15	0.014	6		51.4				1.3	1.0		
16											
17	0.010	3		36.0				1.3	1.0		
18	0.012	3		30.0			2.0	1.3	1.0		
19	0.011	3		32.7				1.3	1.0		
20	0.011	3		32.7				1.3	0.8		
21	0.022	4		21.8				1.5	0.8		
22	0.022	7		38.1				1.5	0.8		
23											
24	0.011	3		32.7				1.4	0.8		
25	0.009	2		26.7				1.4	0.8		
26	0.009	2		26.7				1.5	0.8		
27	0.012	3		30.0				1.5	0.8		
28	0.012	3		30.0				1.5	0.8		
29	0.015	6		48.0				1.5	0.8		
30											
31	0.019	4		25.3				1.5	0.9		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 50 No of People at End of Month 175
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	510.500	128		738.4			2.5	33.0	15.5	11	
Average:	18,232	5		26.4				1.4	0.6		
Maximum:	34,800	9		46.1				1.8	1.2		
Minimum:	7,600	2		16.0				0.2	0.2		
1	19,400	7		44.2				1.8	0.6		
2	13,000	4		36.9				1.8	0.4		
3	21,000	5		28.5				1.3	0.8		
4	8,600	2		26.6				1.3	0.8	3	
5	7,600	2		30.0				1.3	0.9		
6											
7	31,500	6		21.8				1.5	0.9		
8	13,000	5		46.1				1.5	0.9		
9	30,700	8		30.9				1.5	0.6		
10	15,300	5		40.0				1.5	0.6		
11	15,300	3		24.0				1.5	0.6		
12	15,700	4		30.0			0.5	1.4	0.6		
13	16,000	4		30.0				1.3	0.5		
14											
15	36,400	8		26.6			0.2	1.3	0.4		
16	17,200	5		35.2				1.3	0.5		
17	21,500	6		32.7				1.4	0.5		
18	14,500	2		16.0				0.2	0.2	2	Water
19	34,800	9		30.8				1.5	1.2	2	Outage
20											
21	32,700	8		29.0				1.3	0.9	2	Water
22	29,700	7		28.0				1.4	0.6	2	Outage
23	17,000	4		28.2			1.3	1.4	0.6		
24	14,900	4		32.0				1.5	0.6		
25	15,900	5		37.5				1.4	0.6		
26	28,200	7		30.0			0.5	1.3	0.7		
27											
28	40,600	8		23.4				1.3	0.5		
29											
30											
31											

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

DER Form 17.555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-860-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 50 No of People at End of Month 175
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	656,100	158.5		796.8			4.2	39.7	17.6	3	
Average	21,164	5		9.6				1.4	0.7		
Maximum:	38,300	10		43.4				1.6	1.0		
Minimum:	12,000	3		16.5				1.3	0.5		
1	23,600	6.0		30.0				1.3	0.6		
2	23,100	5.0		43.4				1.4	0.6		
3	31,100	8.0		30.9				1.4	0.5		
4	38,300	10.0		31.5			0.9	1.4	0.5		
5	29,300	7.0		28.9				1.4	0.6		
6											
7	47,000	11.0		28.0				1.3	0.5		
8	27,900	8.0		34.2				1.5	0.6		
9	21,200	4.0		22.8				1.5	0.6		
10	36,900	9.0		29.1				1.7	0.5	3	
11	23,000	7.0		36.5				1.7	0.6		
12	19,800	4.0		24.0				1.7	0.6		
13											
14	25,500	7.0		31.1			2.0	1.6	0.6		
15	23,200	4.0		20.8				1.5	0.6		
16	15,000	3.0		24.0				1.5	0.6		
17	13,600	4.0		34.2				1.5	0.7		
18	14,700	3.0		24.0				1.5	0.6		
19	28,500	4.0		16.5				1.4	0.6		
20											
21	25,800	6.0		27.6				1.5	0.6		
22	19,100	4.0		25.2				1.4	0.7		
23	16,700	5.0		35.2			0.3	1.4	0.7		
24	19,600	4.5		27.0				1.4	0.7		
25	17,900	5.0		33.3			0.8	1.4	0.7		
26	12,000	3.0		30.0			0.2	1.3	0.7		
27											
28	40,500	10.0		29.2				1.5	0.6		
29	17,400	5.0		35.2				1.5	1.0		
30	21,000	5.0		28.5				1.5	1.0		
31	23,400	7.0		36.5				1.5	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location: City or S/D Lake Ajay Village

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 55 No of People at End of Month 192.5

Design Flow 0.316 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Jon Coffee C-6614

I certify this report is correct (Original signed by William Trendel C-6411)

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

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	875,700	214		771.8			2.5	37.4	23.6	3	
Average:	29,190	7		25.7				1.4	0.9		
Maximum:	40,500	9						1.5	1.1		
Minimum:	14,200	4						1.3	0.5		
1	26,700	6		26.7			1.3	1.5	0.6		
2	14,900	5		40.0				1.4	0.6		
3											
4	53,800	12		26.6				1.4	0.6		
5	32,000	8		30.0			0.4	1.4	0.5	3	
6	28,500	7		28.9				1.4	0.5		
7	28,600	7		28.9				1.4	0.9		
8	27,400	7		31.1				1.4	0.9		
9	27,600	7		30.0				1.5	1.1		
10	33,800	8		28.2				1.5	1.1		
11											
12	59,900	15		30.0				1.5	1.0		
13	14,200	4		34.2				1.5	1.0		
14	33,200	8		29.0				1.5	1.0		
15	35,200	9		30.8				1.3	0.9		
16	26,100	7		32.3			0.8	1.3	0.9		
17											
18	46,900	11		28.0				1.3	0.9		
19	24,000	7		33.6				1.5	1.0		
20	29,600	7		28.4				1.5	1.0		
21	28,000	7		30.0				1.5	1.0		
22	32,800	9		32.7				1.5	1.0		
23	25,600	5		23.0				1.5	1.0		
24	25,100	5		24.0				1.5	1.0		
25											
26	81,100	19		28.1				1.3	1.0		
27	35,000	9		30.8				1.3	1.0		
28	39,900	9		27.0				1.5	1.1		
29	25,300	7		33.6				1.5	1.0		
30	40,500	9		26.3				1.5	1.0		
31											

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 57 No of People at End of Month 235
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
John B. Coffee, Jr. C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,635,100	396		831.2			2.2	31.1		21	
Average:	52.745	12.7		26.8				1.2			
Maximum:	104,000	26		41.2				1.6	1.2		
Minimum:	26,400	7		22.4				0.5	0.3		
1											
2	81,800	21		30.7				1.6	1.2		
3	32,000	10		37.5				0.9	0.9		
4	36,000	8		26.6				1.3	1.0		
5	27,000	7		31.1			0.2	1.3	1.0		
6	27,400	7		31.1				1.3	1.0		
7	35,000	8		27.4				1.2	1.0		
8											
9	62,400	15		29.0				1.1	0.7		
10	26,400	8		36.9				1.1	0.7	3	
11	45,000	10		26.7				1.5	0.7	3	(well outage)
12	51,100	11		25.8				1.4	0.8	3	(well outage)
13	38,000	9		28.4				1.4	0.8		
14	35,400	9		30.8				1.4	0.8		
15	33,200	8		29.0				1.5	0.6		
16											
17	103,900	27		31.1				1.5	1.0		
18	75,400	18		28.8				1.0	1.0		
19	74,600	19		30.4				1.5	1.0		
20	83,100	20		28.9				1.5	1.0		
21	104,000	26		30.0				1.2	1.0		
22											
23	153,900	40		31.1				1.5	1.2		
24	64,200	22		41.2				1.5	1.2	2	Plant outage
25	76,500	19		29.6				1.4	1.0	2	Plant outage
26	74,800	14		22.4				0.5	0.4	4	Plant outage
27	98,400	12		14.6				0.5	0.4	4	Plant outage
28	80,600	19		28.1				0.6	0.5		
29											
30	75,000	19		30.4			2.0	0.5	0.3		
31	40,000	10		30.0				0.9	0.5		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1993
Plant Effluent pH (Avg) 6.9 No of Services at End of Month 70 No of People at End of Month 245
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,247,600	300		715.8			2.8	25.3	20.8	15	
Average	41,600	10		23.9				1.0	0.8		
Maximum	70,700	18		38.1				2.0	1.3		
Minimum	3,100	3		11.6				0.3	0.2		
1	3,100	3		11.6			0.5	0.4	0.3		
2	29,000	3		12.4				0.3	0.2		
3	25,600	8		36.9			0.5	0.5	0.5		
4	30,900	6		23.2				0.8	0.9		
5											
6	74,900	15		24.0				0.5	0.2		
7	41,100	9		26.3				0.6	0.3		
8	58,500	17		34.5				1.5	1.2	3	
9	49,200	13		31.8				1.5	1.2		
10	36,800	8		25.9				1.5	1.2		
11	46,300	12		31.3				1.5	1.2		
12	61,200	10		19.6				1.3	1.1		
13											
14	8,800	23		46.0				0.3	0.2	2	power outage
15	45,100	12		32.0			0.5	0.4	0.4	2	DER notified
16	47,400	11		28.0				1.0	1.0		
17	43,900	14		38.1				1.0	1.0		
18	51,700	11		25.3				1.0	1.0		
19											
20	103,400	29		33.7				2.0	1.3		
21	51,900	12		27.6				0.6	0.7		
22	58,700	18		36.6				0.8	0.8		
23	70,700	12		20.2				1.5	1.2		
24	58,200	8		16.5				1.2	1.0		
25	60,700	14		27.5				1.2	0.9		
26	66,600	3		23.2				0.9	0.6		
27											
28	63,000	15		28.5			0.8	1.0	0.8		
29	28,500	7		28.9				1.0	0.8	4	isolated dist.
30	32,400	7		26.5			0.5	1.0	0.8	4	outages
31											DER notified

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 70 No of People at End of Month 245

Design Flow 0.316 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Coffee C-6614

I certify this report is correct (Original signed by William Trendel C-6411)

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

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	860,000	194		758.0			7.5	31.8	18.9	3	
Average	28,000	6		24.5				1.2	0.7		
Maximum	44,000	13		38.1				1.7	1.5		
Minimum	18,000	3		17.5				0.7	0.3		
1	22,000	7		38.1			0.2	1.0	0.8		
2	22,000	5		27.2			1.4	1.0	0.7		
3											
4	46,000	11		28.6				1.1	0.5		
5	31,000	10		38.7				0.9	0.5		
6	31,000	7		27.0			1.6	0.9	0.7		
7	44,000	12		32.7				1.5	1.5	3	
8	19,000	5		31.5			1.0	0.9	0.7		
9	18,000	5		33.3			1.7	0.9	0.7		
10											
11	33,000	7		25.4				1.1	0.6		
12	20,000	6		36.0			0.4	1.1	0.6		
13	31,000	8		30.9				1.5	1.1		
14	32,000	6		22.5				1.5	1.1		
15	23,000	6		31.3			0.1	1.5	1.2		
16	18,000	3		21.1			0.5	1.3	0.9		
17											
18	55,000	8		17.5				1.1	0.4		
19	22,000	5		27.3				0.8	0.4		
20	39,000	6		18.5				1.5	0.6		
21	23,000	6		31.3				1.7	0.9		
22	26,000	4		18.5			0.3	1.7	1.1		
23	23,000	5		26.1				0.9	0.5		
24											
25	86,000	15		22.0				0.8	0.3		
26	31,000	8		31.0				0.9	0.4		
27	18,000	4		26.7			0.3	1.0	0.6		
28	21,000	5		28.6				0.7	0.3		
29	43,000	10		28.9				1.3	0.7		
30	43,000	13		36.3				1.7	0.6		
31	40,000	7		21.0				1.5	0.5		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month August 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 76 No of People at End of Month 266
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
John Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,374,000	293		715.0			7.4	33.3	23.2	15	
Average:	44,000	9		23.1				1.3	0.9		
Maximum:	141,000	18		36.6				2.5	2.5		
Minimum:	15,000	3		6.0				0.5	0.4		
1											
2	41,000	15		43.9			0.2	1.3	0.6		
3	35,000	9		30.8				1.2	0.6		
4	31,000	6		23.2				1.2	0.7		
5	27,000	6		26.6				1.3	1.0		
6	45,000	10		26.6				1.5	1.0		
7											
8	111,000	26		28.1				1.2	0.6		
9	55,000	15		32.7				1.5	1.0	3	
10	58,000	15		31.0				1.5	1.0		
11	60,000	14		28.0				1.1	0.9		
12	58,000	14		28.9				1.2	0.9		
13	48,000	12		30.0				1.0	0.6		
14											
15	104,000	24		27.6				1.2	0.6		
16	38,000	9		28.4			1.2	1.1	0.6		
17	141,000	7		6.0				1.2	0.5	2	Water
18	59,000	14		28.4				2.0	1.5	2	Outage
19	51,000	11		25.8				1.2	1.0		
20	49,000	11		26.9				1.5	1.1		
21											
22	99,000	12		14.5				1.4	1.0	2	Water
23	24,000	7		35.0			0.8	1.3	1.0	2	Outage
24	32,000	5		18.7				2.5	2.5	2	"
25	59,000	18		36.6				2.0	1.3	2	"
26	37,000	9		29.1				1.0	1.0		
27	28,000	7		30.0			1.0	0.8	0.8		
28											
29	54,000	10		22.2			2.0	1.1	0.4		
30	15,000	4		32.0			2.0	0.5	0.5		
31	15,000	3		24.0			0.2	0.5	0.5		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 78 No of People at End of Month 266.0

Design Flow 0.316 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Trendel C-6411 / John B. Coffee C-6614 / Jerome Hampton C-7380

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No.)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	966,100	211.00		682.8			7.50	27.5	21.3	3	
Average:	32,203	7.03		22.8				1.1	0.8		
Maximum:	47,750	10.00		38.5				2.2	1.7		
Minimum:	16,800	2.00		8.2				0.5	0.2		
1	29,400	2.00		8.2			1.00	1.0	1.0		Flushed Lines
2	16,800	2.00		14.3			0.20	0.7	0.5		Flushed Lines
3	32,400	4.00		14.8			0.10	0.5	0.6	3	Compliance Samples
4											
5	71,000	17.00		28.7				0.7	0.3		
6	31,000	5.00		19.3			0.40	0.5	0.3		
7	18,500	5.00		32.4			0.40	2.0	1.7		Flushed Line
8	22,100	5.00		27.1			2.50	1.0	1.0		
9	18,700	5.00		32.1				1.0	1.0		Flushed Lines
10	27,900	6.00		25.8				0.9	0.9		Flushed Line
11											
12	45,900	12.00		31.3			0.70	0.6	0.6		
13	26,100	6.00		27.6				1.0	1.0		Flushed Lines
14	33,600	9.00		32.1				1.2	1.3		Flushed Lines
15	25,700	7.00		32.7				1.2	1.2		Flushed Lines
16	35,700	7.00		23.5				1.0	1.0		Flushed Line
17	40,500	13.00		38.5				1.1	1.2		Flushed Lines
18											
19	77,000	12.00		18.7				1.1	0.7		
20	39,000	9.00		27.7			0.20	0.5	0.5		Flushed Lines
21	39,100	10.00		30.7				1.0	1.0		Flushed Lines
22	39,800	10.00		30.1				1.5	0.9		
23	44,000	9.00		24.5				0.7	1.0		Flushed Lines
24	40,000	7.00		21.0				1.0	1.0		
25											
26	95,900	20.00		25.0				1.3	0.8		
27	37,300	10.00		32.1			2.00	1.4	0.6		
28	21,400	4.00		22.4				1.1	0.5		
29	24,800	6.00		29.0				1.3	0.5		
30	32,500	9.00		33.2				2.2	0.2		
31											

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village

Owned By Southern States Utilities Phone Number: 407-890-0058 Reporting Month October 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 76 No of People at End of Month 266.0

Design Flow 0.316 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Trendel C-6411 / Jerome Hampton C-7360 / Sam Sparks A-235

I certify this report is correct William Trendel C 6411

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

Days of Month	Total Water Treated in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,023,800	223.00		711.9			3.70	32.4	12.4	3	
Average:	33,026	7.19		23.0				1.2	0.5		
Maximum:	45,100	20.00		61.5				1.7	0.9		
Minimum:	14,500	2.00		13.3				0.6	0.3		
1	27,700	5.00		21.6				1.6	0.4		
2											
3	82,500	20.00		29.1				1.6	0.5		
4	40,900	11.00		32.2				1.5	0.5		
5	41,000	10.00		29.2				1.4	0.6		
6	34,800	9.00		31.0				1.5	0.6	3	Compliance Samples
7	28,500	9.00		37.9			0.20	1.6	0.5		
8	29,200	6.00		24.6				1.5	0.5		
9											
10	97,500	11.00		13.5			1.00	1.3	0.5		
11	14,500	2.00		16.5				0.6	0.3		
12	22,000	7.00		38.2				1.3	0.4		
13	35,200	4.00		13.2				1.6	0.5		
14	45,100	8.00		21.3				1.4	0.9		
15	22,700	6.00		31.7				1.0	0.5		
16											
17	54,100	11.00		24.4			1.50	1.2	0.3		
18	31,000	7.00		27.1				1.4	0.4		
19	32,100	7.00		26.1				0.9	0.3		
20	35,300	10.00		34.0				1.2	0.4		
21	36,000	11.00		36.6				1.7	0.6		
22	41,000	6.00		17.5				1.4	0.5		
23											
24	58,000	10.00		20.7			0.50	1.2	0.8		
25	19,500	10.00		61.5				0.8	0.4		
26	23,500	3.00		15.3				0.6	0.3		
27	34,000	7.00		24.7				1.3	0.6		
28	38,100	11.00		34.6				0.6	0.3		
29	33,800	5.00		17.7				0.6	0.3		
30											
31	64,800	17.00		31.5			0.50	1.6	0.5		

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.

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 76 No of People at End of Month 266.0
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel C-6411 / Sam Sparks A-235
I certify this report is correct William Trendel C 6411
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	965.000	202.00		651.6				32.6	11.3	9	
Average	32.167	6.73		21.7				1.3	0.4		
Maximum:	53.700	16.00		38.9				1.8	2.0		
Minimum:	15.500	2.00		7.5				0.3	0.2		
1	28.400	8.00		33.8				1.8	0.6		
2	15.500	4.00		30.9				0.8	0.3		
3	38.600	4.00		12.4				0.5	0.2		
4	31.000	5.00		19.3				1.6	0.4	3	Compliance samples
5	50.600	9.00		21.3				1.5	0.3		
6											
7	68.400	15.00		26.3				1.7	0.5		
8	30.300	9.00		35.6			TRACE	1.5	0.3		
9	44.400	10.00		27.0				0.9	0.3		
10	24.000	5.00		25.0				1.6	0.4		
11	18.500	2.00		13.0				0.3	0.2	3	Water
12	29.700	7.00		28.3				1.7	2.0	3	Outage
13											
14	72.900	19.00		31.3				0.8	0.2		
15	48.000	15.00		37.5				1.0	0.3		
16	28.400	4.00		16.9				0.9	0.3		
17	53.700	16.00		35.7				0.7	0.2		
18	33.800	10.00		35.5				0.7	0.2		
19	37.600	5.00		15.9				0.9	0.2		
20											
21	52.800	5.00		11.4				1.6	0.3		
22	33.100	3.00		10.9				1.5	0.3		
23	31.900	2.00		7.5				1.5	0.9		
24	40.000	6.00		18.0				1.5	0.6		
25	51.100	11.00		25.8				1.5	0.5		
26	21.800	6.00		33.0				1.5	0.5		
27											
28	38.500	10.00		31.1				1.5	0.5		
29	21.600	7.00		38.9				1.6	0.4		
30	20.400	5.00		29.4				1.5	0.4		
31											

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491956 PWS Name Lake Ajay Village Location:City or S/D Lake Ajay Village
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 76 No of People at End of Month 286.0
Design Flow 0.316 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel C-6411 / Jerome Hampton C-7360 / Sam Sparks A-236
I certify this report is correct William J. Trendel (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l			Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,190,400	283		791.6			0.3	39.3	9.7	3	
Average:	38,400	9		25.5				1.5	0.4		
Maximum:	62,900	14		54.1				1.8	0.7		
Minimum:	26,600	3		5.7				1.0	0.3		
1	41,500	10		28.9				1.7	0.6		
2	40,300	11		32.7				1.7	0.7		
3	36,000	11		36.6				1.6	0.3		
4											
5	75,300	34		54.1				1.7	0.3		
6	53,300	12		27.0				1.4	0.5		
7	48,900	10		24.5				1.5	0.4		
8	44,300	12		32.5				1.5	0.3		
9	47,900	11		27.5				1.5	0.4	3	Compliance samples
10	35,400	9		30.5				1.7	0.4		
11											
12	52,400	13		29.7				1.8	0.3		
13	33,400	11		39.5				1.5	0.4		
14	31,000	7		27.1				1.5	0.3		
15	30,400	6		23.7				1.6	0.3		
16	35,800	11		36.8				1.6	0.5		
17	50,900	14		33.0				1.6	0.3		
18											
19	104,500	9		10.3				1.5	0.3		
20	62,900	3		5.7				1.5	0.4		
21	28,400	5		21.1				1.0	0.3		
22	37,600	7		22.3			0.1	1.3	0.3		
23	26,600	6		27.0			0.2	1.1	0.3		
24	31,000	8		30.9				1.2	0.3		
25											
26	59,500	12		24.2				1.3	0.3		
27	31,200	9		34.6				1.4	0.3		
28	44,300	12		32.5				1.4	0.3		
29	47,000	14		35.7				1.2	0.3		
30	29,600	6		24.3				1.1	0.3		
31	31,000	10		38.7				1.4	0.3		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 66 No of People at End of Month 231
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264 / James W. Johnson C-4354
I certify this report is correct Donald B. Cook B 24073
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	469,100	34.0		225.3					36.3	17.7	4	
Average	15,132	1.1		7.3					1.4	0.7		
Maximum:	17,000	3.0		15.0					1.5	0.7		
Minimum:	12,000	1.0		3.3					1.2	0.5		
1												
2	30,000	3.0		12.0					1.5	0.7		
3	17,000	1.0		7.1					1.4	0.7		
4	15,000	1.0		8.0					1.4	0.7	4	Compliance samples
5	14,000	1.0		8.6					1.4	0.7		
6	16,000	2.0		15.0					1.4	0.7		
7	14,000	0.5		4.3					1.4	0.7		
8	15,400	1.5		11.7					1.5	0.7		
9												
10	30,000	2.0		8.0					1.4	0.7		
11	15,000	1.0		8.0					1.4	0.7		
12	12,000	1.0		10.0					1.4	0.7		
13	20,000	1.0		6.0					1.4	0.7		
14	16,000	1.0		7.5					1.4	0.7		
15												
16	30,200	3.0		11.9					1.5	0.7		
17	13,500	1.0		8.9					1.4	0.6		
18	16,000	1.0		7.5					1.2	0.5		
19	14,000	1.0		8.6					1.4	0.7		
20	16,000	1.0		7.5					1.4	0.7		
21	13,000	1.0		9.2					1.4	0.7		
22	14,000	1.0		8.6					1.4	0.7		
23												
24	36,000	1.0		3.3					1.2	0.5		
25	15,000	1.0		8.0					1.4	0.7		
26	17,000	1.0		7.1					1.4	0.7		
27	13,000	1.0		9.2					1.4	0.7		
28	16,000	1.0		7.5					1.4	0.7		
29												
30	28,000	3.0		12.8					1.4	0.7		
31	13,000	1.0		9.2					1.4	0.7		

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.

DER Form 17-555910(2)
Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 69 No of People at End of Month 242
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James W. Johnson # C-4354 / Donald B. Corder # B-2403
I certify this report is correct James W. Johnson C 4354
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	430,800	29.0		202.2					30.1	14.7	4	
Average:	15,386	1.0		7.2					1.3	0.6		
Maximum:	22,285	2.0		13.4					1.5	0.7		
Minimum:	10,000	1.0		3.4					1.0	0.5		
1	11,600	1.0		10.3					1.5	0.7		
2	13,200	1.0		9.1					1.4	0.7		
3	15,200	1.0		7.9					1.5	0.7		
4	11,400	1.0		10.5					1.4	0.7		
5	11,400	1.0		10.5					1.4	0.6		
6												
7	35,700	1.0		3.4					1.0	0.5		
8	18,300	1.0		6.6					1.4	0.7		
9	13,900	1.0		8.6					1.2	0.6		
10	15,300	1.0		7.8					1.4	0.6		
11	16,200	1.0		7.4					1.2	0.6		
12	12,100	1.0		9.9					1.4	0.7		
13												
14	34,100	2.0		7.0					1.4	0.7		
15	13,600	1.0		8.8					1.2	0.6		
16	15,000	1.5		12.0					1.3	0.7	4	Compliance
17	16,600	1.0		7.2					1.2	0.6		
18	14,800	1.5		12.2					1.3	0.7		
19	12,200	1.0		9.8					1.4	0.7		
20												
21	45,700	2.0		5.2					1.4	0.6		
22	15,000	1.0		8.0					1.1	0.5		
23												
24	26,800	3.0		13.4					1.3	0.6		
25	14,700	1.0		8.2					1.2	0.6		
26	10,000	1.0		12.0					1.3	0.7		
27												
28	38,000	2.0		6.3					1.2	0.6		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 69 No of People at End of Month 242

Design Flow 0.150 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James W. Johnson # C-4354/ Frank McCord # C-7264/ Donald B. Corder B-2403

I certify this report is correct Frank McCord C C7264

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

Days of Month	Total Water Treated in in Gallons	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	607,100	41.0		225.9					37.9	17.7	4	
Average	19,584	1.3		7.3					1.4	0.7		
Maximum:	33,000	2.0		11.2					1.5	0.7		
Minimum:	11,200	1.0		2.9					1.3	0.6		
1	14,000	1.0		8.6					1.4	0.6		
2	16,000	1.5		11.2					1.4	0.7		
3	15,000	1.0		8.0					1.4	0.7		
4	13,000	1.0		9.2					1.4	0.7		
5	16,000	1.0		7.5					1.4	0.6		
6												
7	42,900	2.5		7.0					1.3	0.6		
8	14,400	1.0		8.3					1.4	0.6		
9	27,400	1.5		6.6					1.4	0.6		
10	17,200	1.0		7.0					1.4	0.7		
11	17,000	1.5		10.6					1.4	0.6		
12	11,200	1.0		10.7					1.4	0.6		
13												
14	53,200	4.0		9.0					1.4	0.6		
15	22,500	1.0		5.3					1.4	0.6		
16	16,400	1.0		7.3					1.4	0.6		
17	25,000	1.5		7.2					1.4	0.6	4	Compliance
18	15,000	1.0		8.0					1.4	0.6		
19												
20	51,900	2.5		5.8					1.5	0.7		
21	33,000	2.0		8.0					1.4	0.7		
22	17,000	1.0		7.1					1.4	0.7		New CL2
23	19,000	1.5		9.5					1.4	0.7		
24	23,000	1.5		7.8					1.4	0.7		
25	18,000	1.5		10.0					1.4	0.7		
26	15,000	1.5		12.0					1.5	0.7		
27												
28	46,000	3.5		9.1					1.4	0.7		
29	22,000	1.5		8.2					1.4	0.7		
30	17,000	1.0		7.1					1.4	0.7		
31	12,000	1.0		10.0					1.4	0.7		

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 69 No of People at End of Month 242
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank Mc Cord C-7264/James Johnson C-4354
I certify this report is correct James Johnson C 4354
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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:	663,800	47.0		218.9					35.2	17.5	4	
Average	22,127	1.6		7.3					1.4	0.7		
Maximum	41,000	3.0		18.9					1.5	0.7		
Minimum	14,000	0.8		3.0					1.4	0.7		
1	21,000	1.0		5.7					1.4	0.7		
2												
3	48,800	4.0		9.8					1.5	0.7		
4	22,000	1.0		5.5					1.4	0.7		
5	20,000	1.5		9.0					1.4	0.7		
6	25,000	1.5		7.2					1.4	0.7		
7	25,000	1.5		7.2					1.4	0.7	4	Compliance
8	20,000	1.0		6.0					1.4	0.7		
9												
10	40,000	2.0		6.0					1.4	0.7		
11	30,000	2.0		8.0					1.4	0.7		
12	28,000	2.0		8.8					1.4	0.7		
13	23,000	1.5		7.8					1.4	0.7		
14	25,000	1.5		7.2					1.4	0.7		
15	30,000	1.5		5.0					1.4	0.7		
16												
17	57,000	3.0		5.3					1.5	0.7		
18	41,000	3.0		8.8					1.4	0.7		
19	24,000	2.5		12.5					1.4	0.7		
20	19,000	2.5		15.8					1.4	0.7		New Scale
21	25,000	2.0		9.6					1.4	0.7		
22	19,000	3.0		16.9					1.4	0.7		
23	16,000	2.0		15.0					1.4	0.7		
24												
25	38,000	3.0		9.5					1.4	0.7		
26	21,000	1.3		7.1					1.4	0.7		
27	14,000	0.8		6.4					1.4	0.7		
28	17,000	1.0		7.1					1.4	0.7		
29	15,000	1.0		8.0					1.4	0.7		
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 69 No of People at End of Month 242
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264 / James Johnson C-4354
I certify this report is correct James W. Johnson (Lead Operator's Signature) C (Cert. Level) 4354 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	695,000	40.5		192.3					38.0	16.9	4	
Average:	22,419	1.3		6.2					1.4	0.7		
Maximum:	33,000	3.0		10.6					1.5	0.7		
Minimum:	14,000	0.5		3.3					1.4	0.7		
1	43,200	2.0		5.6					1.4	0.7		
2	33,000	2.0		7.3					1.4	0.7		
3	17,000	1.5		10.6					1.4	0.7		
4	18,000	0.5		3.3					1.4	0.7		
5	20,000	1.0		6.0					1.4	0.7		
6	22,000	1.5		8.2					1.4	0.7		
7	23,100	1.5		7.8					1.4	0.7		
8												
9	57,000	3.0		6.3					1.4	0.7		Line flushing
10	15,000	1.0		8.0					1.4	0.7	4	Compliance
11	21,000	1.5		8.6					1.4	0.7		
12	22,000	1.5		8.2					1.4	0.7		
13	28,000	1.5		6.4					1.4	0.7		
14												
15	42,000	2.5		7.1					1.5	0.7		
16	26,000	1.5		6.9					1.4	0.7		
17	24,000	1.5		7.5					1.4	0.7		
18	16,000	1.0		7.5					1.4	0.7		
19	16,000	1.0		7.5					1.4	0.7		
20	16,000	1.0		7.5					1.4	0.7		
21	14,000	1.0		8.6					1.4	0.7		
22												
23	43,000	2.5		7.0					1.4	0.7		
24	26,000	1.5		6.9					1.4	0.7		
25	21,000	1.0		5.7					1.4	0.7		
26	25,000	1.5		7.2					1.4	0.7		
27	26,000	1.5		6.9					1.4	0.7		
28	24,000	1.0		5.0					1.5	0.7		
29												
30	40,700	2.5		7.4					1.4	0.7		
31	16,000	1.0		7.5					1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 69 No of People at End of Month 242
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/James Johnson C-4354
I certify this report is correct James Johnson (Lead Operator's Signature) C (Cert. Level) 4354 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	533,200	31.8		188.2					36.5	18.1	4	
Average:	17,773	1.1		6.3					1.4	0.7		
Maximum:	38,000	3.0		9.0					1.5	0.7		
Minimum:	12,000	0.8		6.3					1.4	0.6		
1	16,000	1.0		7.5					1.4	0.7	4	Compliance
2	12,000	0.8		7.5					1.4	0.7		
3	13,000	0.8		6.9					1.4	0.7		
4												
5	27,800	1.5		6.5					1.5	0.7		
6	20,600	1.5		8.7					1.4	0.7		
7	13,000	0.8		6.9					1.4	0.7		
8	12,000	0.8		7.5					1.4	0.7		
9	19,000	1.0		6.3					1.4	0.7		
10	12,000	0.8		7.5					1.4	0.7		
11												
12	30,400	1.8		6.9					1.4	0.7		
13	20,000	1.5		9.0					1.4	0.7		
14	18,000	1.0		6.7					1.4	0.7		
15	15,000	1.0		8.0					1.4	0.7		
16	12,000	0.5		5.0					1.4	0.7		
17	15,000	1.0		8.0					1.4	0.7		
18												
19	37,000	2.0		6.5					1.4	0.7		
20	22,000	1.5		8.2					1.4	0.7		
21	11,000	0.8		8.2					1.4	0.7		
22	13,000	0.8		6.9					1.4	0.7		
23	17,000	1.0		7.1					1.4	0.7		
24	13,000	0.8		6.9					1.4	0.7		
25												
26	56,600	3.0		6.4					1.4	0.8		
27	38,000	2.3		7.1					1.4	0.7		
28	23,000	1.5		7.8					1.4	0.7		
29	28,000	1.5		6.4					1.4	0.7		
30	19,000	1.3		7.9					1.4	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 89 No of People at End of Month 242

Design Flow 0.150 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James Johnson C-4354/Frank McCord C-7264/Donald B. Corde B-2403

I certify this report is correct Donald B. Corde (Lead Operator's Signature) B (Cert. Level) 2403 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	537,100	30.3		177.8					35.5	17.8	4	
Average:	17,326	1.0		5.7					1.4	0.7		
Maximum:	23,000	2.3		13.5					1.5	0.7		
Minimum:	12,800	0.3		1.3					1.4	0.6		
1	17,000	0.8		5.3					1.4	0.7		
2	12,800	1.0		9.4					1.5	0.7		
3												
4	37,000	1.5		4.9					1.4	0.7		
5												
6	38,200	2.5		7.8					1.5	0.7		
7	13,700	1.0		8.8					1.5	0.7		
8	13,000	1.0		9.2					1.4	0.7		
9										0.7		
10	31,300	1.5		5.7					1.4	0.6		
11	33,400	1.5		5.4					1.4	0.6		
12	20,400	2.0		11.8					1.5	0.7		
13	19,100	1.0		6.3					1.4	0.7		
14	19,300	1.0		6.2					1.4	0.6		
15	16,700	1.0		7.2					1.5	0.7		
16	20,500	1.0		5.8					1.4	0.7		
17												
18	39,000	2.0		6.1					1.4	0.7		
19	15,500	1.0		7.7					1.4	0.7	4	Compliance
20	20,000	2.3		13.5					1.4	0.7		
21	23,000	0.3		1.3					1.4	0.7		
22	14,000	0.8		6.4					1.4	0.7		
23												
24	44,000	1.8		4.8					1.4	0.6		
25	15,000	1.0		8.0					1.4	0.7		
26	14,000	1.0		8.6					1.4	0.7		
27	17,000	1.0		7.1					1.4	0.7		New Cl2 cyl
28	16,000	1.0		7.5					1.4	0.7		
29	14,000	1.0		8.6					1.4	0.7		
30	13,200	0.5		4.5					1.4	0.7		
31												

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 89 No of People at End of Month 242
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/J. Johnson C-4354/D. Corder B-2403
I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) C7264 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	512,700	29.5		188.0					37.9	18.8	4	
Average	16,539	1.0		6.1					1.4	0.7		
Maximum	21,800	1.5		10.0					1.5	0.7		
Minimum	10,000	0.5		3.1					1.4	0.6		
1	39,000	2.0		6.1					1.4	0.7	4	Compliance
2	12,000	0.5		5.0					1.4	0.7		
3	16,600	1.0		7.2					1.4	0.6		
4	14,000	0.6		6.4					1.4	0.7		
5	21,800	1.3		6.9					1.4	0.7		
6												
7	33,500	2.0		7.2					1.4	0.7		
8	21,000	1.3		7.1					1.4	0.7		
9	16,000	0.8		5.6					1.4	0.7		
10	17,000	1.0		7.1					1.5	0.7		
11	16,000	0.5		3.7					1.4	0.7		
12	14,000	1.0		8.6					1.4	0.7		
13	10,000	0.5		6.0					1.4	0.7		
14												
15	37,000	2.0		6.5					1.4	0.7		
16	14,000	1.0		8.6					1.4	0.7		
17	13,000	0.8		6.9					1.4	0.7		
18	12,000	0.5		5.0					1.4	0.7		
19	18,000	1.5		10.0					1.4	0.7		
20	15,000	1.0		8.0					1.4	0.7		
21												
22	40,000	2.0		6.0					1.4	0.7		
23	10,000	0.8		9.0					1.4	0.7		
24	19,000	1.0		6.3					1.4	0.7		
25	12,000	0.8		7.5					1.4	0.7		
26	12,000	0.8		7.5					1.4	0.7		
27												
28	26,800	2.0		8.3					1.4	0.7		
29	20,000	1.0		6.0					1.4	0.7		
30	16,000	1.0		7.5					1.4	0.7		
31	15,000	1.0		8.0					1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 69 No of People at End of Month 242

Design Flow 0.150 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C-7264/J. Johnson C-4354

I certify this report is correct James W. Johnson (Lead Operator's Signature) C (Cert. Level) 4354 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l					Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	505,200	32.0		198.4					36.1	17.6	8	
Average	16,840	1.1		6.6					1.4	0.7		
Maximum	23,500	3.0		10.1					1.5	0.7		
Minimum	11,200	0.8		5.1					1.2	0.4		
1	17,200	1.0		7.0					1.4	0.7		
2	17,500	1.0		6.9					1.4	0.7		
3	23,500	1.0		5.1					1.4	0.6		
4												
5	41,000	3.0		8.8					1.4	0.7		
6	21,000	1.3		7.1					1.4	0.7	4	Compliance
7	15,000	0.8		6.0					1.4	0.7		
8	18,000	1.5		9.5					1.4	0.7		
9	15,000	0.8		6.0					1.4	0.7		
10												
11	30,000	1.8		7.0					1.4	0.7		
12	20,000	1.0		6.0					1.2	0.4		
13	14,000	0.8		6.4					1.3	0.5	2	Plnt outage
14	13,000	1.0		9.2					1.4	0.7	2	Plnt outage
15	18,000	1.3		8.3					1.4	0.7		
16	15,000	1.0		8.0					1.4	0.7		
17	15,000	1.0		6.0					1.4	0.7		
18												
19	35,000	2.0		6.9					1.5	0.7		
20	17,000	1.0		7.1					1.4	0.7		
21	15,000	1.0		8.0					1.4	0.7		
22	11,200	0.8		6.0					1.2	0.7		
23	14,800	1.3		10.1					1.4	0.7		
24												
25	32,000	2.0		7.5					1.5	0.7		
26	21,000	1.5		8.6					1.4	0.7		
27	12,000	0.8		7.5					1.4	0.7		
28	19,000	1.3		7.9					1.4	0.7		
29	16,000	1.3		9.4					1.4	0.7		
30	18,000	1.3		8.3					1.4	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 69 No of People at End of Month 242
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/J. Johnson C-4354/D. Corder B-2403
I certify this report is correct Frank McCord C C7264
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	550,000	38.5		222.2					36.3	18.0	4	
Average:	17,742	1.2		7.2					1.4	0.7		
Maximum:	26,000	2.0		12.0					1.5	0.7		
Minimum:	12,000	0.8		3.1					1.2	0.5		
1	21,000	1.5		8.6					1.4	0.7		
2												
3	36,000	3.0		10.0					1.4	0.7		
4	14,000	0.8		6.4					1.4	0.7	4	Compliance -
5	17,000	1.3		8.8					1.4	0.7		- flushing
6	23,000	1.5		7.8					1.4	0.7		
7	12,000	1.0		10.0					1.4	0.7		
8												
9	34,000	2.0		7.1					1.5	0.7		
10	26,000	2.0		9.2					1.4	0.7		
11	15,100	1.0		7.9					1.2	0.5		
12	20,000	1.5		9.0					1.4	0.7		
13	13,000	1.0		9.2					1.4	0.7		
14	20,000	1.5		9.0					1.4	0.7		
15												
16	27,000	2.0		8.9					1.4	0.7		
17	18,000	1.0		6.7					1.4	0.7		
18	15,000	1.5		12.0					1.4	0.7		
19	21,000	1.0		5.7					1.4	0.7		
20	13,000	1.3		11.5					1.4	0.7		
21	19,000	1.3		7.9					1.4	0.7		
22												
23	38,900	2.0		6.2					1.4	0.7		
24	21,000	2.0		11.4					1.4	0.7		
25	19,000	1.0		6.3					1.4	0.7		
26	18,000	1.5		10.0					1.4	0.7		
27	14,000	1.0		8.6					1.4	0.7		
28	15,000	1.0		8.0					1.4	0.7		
29												
30	38,000	2.5		7.9					1.4	0.7		
31	22,000	1.5		8.2					1.4	0.7		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 69 No of People at End of Month 242

Design Flow 0.150 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C-7264/J. Johnson C-4354/D. Corder B-2403

I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) CR2.4 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	571,000	37.3		199.7					35.9	17.8	4	
Average	19,033	1.2		6.7					1.4	0.7		
Maximum	32,000	1.8		10.6					1.4	0.7		
Minimum	12,000	0.5		4.3					1.2	0.5		
1	18,000	1.5		10.0					1.4	0.7		
2	18,000	1.0		6.7					1.4	0.7	4	Compliance
3	23,000	1.5		7.8					1.4	0.7		
4	16,000	1.3		9.4					1.4	0.7		
5												
6	40,000	2.8		8.2					1.4	0.7		
7	32,000	1.5		5.6					1.4	0.7		
8	17,000	1.5		10.6					1.4	0.7		
9	20,000	1.5		9.0					1.4	0.7		
10	19,000	1.5		9.5					1.4	0.7		
11	24,000	1.8		8.7					1.4	0.7		
12	21,000	0.8		4.3					1.4	0.7		
13												
14	33,000	2.5		9.1					1.4	0.7		
15	18,000	1.5		10.0					1.4	0.7		
16	15,000	1.0		8.0					1.4	0.7		
17	19,000	1.0		6.3					1.4	0.7		
18	17,000	1.0		7.1					1.4	0.7		
19												
20	33,000	3.0		10.9					1.4	0.7		
21	22,900	1.0		5.2					1.2	0.6		
22	12,000	0.5		5.0					1.2	0.5		
23	19,000	1.0		6.3					1.4	0.7		Flushing-
24	12,000	0.8		7.5					1.4	0.7		-ran a/c
25	17,000	1.3		8.8					1.4	0.7		Ran a/c
26	14,700	1.0		8.2					1.4	0.6		
27												
28	47,400	3.5		8.9					1.4	0.7		
29	24,000	1.8		8.7					1.4	0.7		
30	19,000								1.3	0.7		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 69 No of People at End of Month 242

Design Flow 0.150 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C-7264/J. Johnson C-4354/D. Corder B-2403

I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) C-7264 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	473.200	32.0		212.1					35.8	17.4	4	
Average	15.265	1.0		6.8					1.4	0.7		
Maximum	21.000	1.5		10.0					1.5	0.7		
Minimum	10.000	0.8		6.4					1.0	0.5		
1	17.000	1.0		7.1					1.3	0.6		
2	18.000	1.0		6.7					1.3	0.6		
3												
4	27.800	2.0		8.6					1.4	0.7		
5	20.000	1.0		6.0					1.4	0.7	4	Compliance
6	18.000	1.5		10.0					1.4	0.7		
7	15.000	1.0		8.0					1.4	0.7		
8	13.000	1.0		9.2					1.4	0.7		
9	14.400	1.0		8.3					1.3	0.6		
10	15.600	1.0		7.7					1.4	0.7		
11												
12	37.000	2.5		8.1					1.4	0.7		
13	15.000	1.0		8.0					1.4	0.7		
14	13.000	1.0		9.2					1.4	0.7		
15	19.000	1.5		9.5					1.4	0.7		
16	13.200	1.0		9.1					1.4	0.6		
17												
18	30.000	2.0		8.0					1.4	0.7		
19	21.000	1.5		8.6					1.4	0.7		
20	11.000	0.8		8.2					1.4	0.7		
21	15.000	1.0		8.0					1.4	0.7		
22	18.000	1.3		8.3					1.4	0.7		
23	10.000	0.8		9.0					1.4	0.7		
24	16.400	1.0		7.3					1.4	0.6		
25												
26	28.000	1.8		7.5					1.4	0.7		
27	18.600	1.0		6.4					1.4	0.6		
28	15.800	1.0		7.6					1.4	0.7		
29	18.200	1.5		9.9					1.5	0.7		
30	15.200	1.0		7.9					1.0	0.5		
31												

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.

DER Form 17-555910(2)

Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location: City or S/D Lake Brantley

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 70 No of People at End of Month 245

Design Flow 0.150 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James Johnson C-4354

I certify this report is correct (Original signed by Frank McCord C-7264)

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

Days of Month	Total Water Treated in in Gallons	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	530	34.5		204.3					35.4	15.4	4	
Average	17.1	1.1		8.2					1.4	0.6		
Maximum	25	1.5		12.7					1.5	0.7		
Minimum	13	1.0		2.8					1.4	0.6		
1	0	0.0		0.0					0.0	0.0		
2	35	3.0		10.3					1.4	0.6		
3	0	0.0		0.0					0.0	0.0		
4	36	1.5		5.0					1.4	0.6		
5	14	1.5		12.7					1.5	0.6		
6	25	1.5		7.2					1.5	0.7		
7	13	1.0		9.2					1.4	0.7		
8	19	1.0		6.3					1.5	0.6		
9	15	1.0		8.0					1.4	0.6		
10	0	0.0		0.0					0.0	0.0		
11	34	2.0		7.1					1.4	0.6		
12	15	1.0		8.0					1.4	0.6	4	Compliance
13	17	1.0		7.1					1.4	0.6		
14	13	1.0		9.2					1.4	0.6		
15	15	1.0		8.0					1.4	0.6		
16	0	0.0		0.0					0.0	0.0		
17	28	2.0		8.5					1.4	0.6		
18	24	1.0		5.0					1.4	0.6		
19	16	1.0		7.5					1.4	0.6		
20	20	1.5		9.0					1.4	0.6		
21	13	1.0		9.2					1.4	0.6		
22	18	1.5		10.0					1.4	0.6		
23	15	1.0		8.2					1.4	0.7		
24	0	0.0		0.0					0.0	0.0		
25	43	1.0		2.8					1.4	0.6		
26	15	1.0		8.0					1.4	0.6		
27	19	1.5		9.5					1.4	0.6		
28	18	1.0		6.7					1.4	0.6		
29	16	1.5		11.3					1.4	0.6		
30	0	0.0		0.0					0.0	0.0		
31	34	3.0		10.6					1.5	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 70 No of People at End of Month 245
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James Johnson C-4354
I certify this report is correct (Original signed by Frank McCord C-7264)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	496	29.0		180.8					33.7	14.5	4	
Average:	17.7	1.0		7.5					1.4	0.6		
Maximum:	22	1.5		10.2					1.5	0.7		
Minimum:	14	0.75		4.0					1.4	0.6		
1	21	1.0		5.7					1.4	0.6	4	Compliance
2	20	1.5		9.0					1.4	0.6		
3	15	1.0		8.0					1.4	0.6		
4	15	1.0		8.0					1.4	0.6		
5	14	1.0		8.6					1.4	0.6		
6	0	0.0		0.0					0.0	0.0		
7	38	1.5		4.8					1.5	0.7		
8	19	1.5		9.5					1.4	0.6		
9	14	1.0		8.6					1.4	0.6		
10	14	1.0		8.6					1.4	0.6		
11	19	1.5		9.5					1.4	0.6		
12	16	1.0		7.5					1.4	0.6		
13	18	1.5		10.2					1.4	0.6		
14	0	0.0		0.0					0.0	0.0		
15	45	1.5		4.0					1.4	0.6		
16	17	1.0		7.1					1.4	0.6		
17	17	1.0		7.1					1.4	0.6		
18	15	1.0		8.0					1.4	0.6		
19	16	1.0		7.5					1.4	0.6		
20	15	1.0		8.0					1.4	0.6		
21	0	0.0		0.0					0.0	0.0		
22	43	1.5		4.2					1.4	0.6		
23	19	1.5		9.5					1.4	0.6		
24	17	1.0		7.1					1.4	0.6		
25	17	1.0		7.1					1.4	0.6		
26	19	1.0		6.3					1.4	0.6		
27	0	0.0		0.0					0.0	0.0		
28	33	2.0		7.3					1.4	0.6		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 70 No of People at End of Month 245

Design Flow 0.150 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James Johnson C-4354

I certify this report is correct (Original signed by Frank McCord C-7264)

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

Days of Month	Total Water Treated in in Gallons	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	589	40.0		221.1					38.1	17.3	4	
Average:	19.0	1.3		8.2					1.4	0.6		
Maximum:	29	2.0		12.0					1.5	0.7		
Minimum:	13	1.00		5.7					1.4	0.6		
1	30	1.5		6.2					1.4	0.6		
2	20	1.5		9.0					1.4	0.6		
3	20	1.5		9.0					1.4	0.7		
4	16	1.0		7.5					1.4	0.6	4	Compliance
5	16	1.0		7.5					1.4	0.6		
6	0	0.0		0.0					0.0	0.0		
7	32	2.5		9.4					1.5	0.6		
8	20	1.0		6.0					1.4	0.6		
9	18	1.0		6.7					1.4	0.6		
10	16	1.0		7.5					1.4	0.6		
11	26	2.0		9.2					1.4	0.6		
12	18	1.0		6.7					1.4	0.6		
13	20	1.0		6.0					1.5	0.7		
14	0	0.0		0.0					0.0	0.0		
15	30	2.5		10.0					1.4	0.6		
16	16	1.0		7.5					1.4	0.6		
17	18	1.5		10.0					1.4	0.6		
18	10	1.0		12.0					1.4	0.6		
19	21	1.0		5.7					1.4	0.6		
20	19	1.0		6.3					1.4	0.6		
21	0	0.0		0.0					0.0	0.0		
22	44	3.5		9.5					1.4	0.7		
23	21	1.5		8.6					1.4	0.7		
24	20	1.5		9.0					1.4	0.7		
25	20	1.5		9.0					1.4	0.7		
26	13	1.0		9.2					1.4	0.7		
27	17	1.5		10.9					1.5	0.7		
28	0	0.0		0.0					0.0	0.0		
29	45	2.5		6.7					1.4	0.7		
30	20	1.0		6.0					1.4	0.7		
31	24	2.0		10.0					1.4	0.7		

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

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 70 No of People at End of Month 245
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James Johnson C-4354
I certify this report is correct (Original signed by Frank McCord C-7264)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	736	50.5		225.4					38.9	19.1	4	
Average	23.8	1.6		8.3					1.4	0.7		
Maximum	39	3.0		12.0					1.6	0.8		
Minimum	16	1.00		6.3					1.4	0.7		
1	21	1.5		8.6					1.4	0.7		
2	16	1.0		7.5					1.4	0.7		
3												
4	43	3.5		9.7					1.5	0.7		
5	19	1.0		6.3					1.4	0.7	4	Compliance
6	25	1.5		7.2					1.4	0.7		
7	20	1.5		9.0					1.4	0.7		
8	25	1.5		7.2					1.4	0.7		
9	25	1.5		7.2					1.4	0.7		
10	20	2.0		12.0					1.5	0.7		
11												
12	46	3.0		7.9					1.6	0.8		
13	24	1.5		7.5					1.4	0.7		
14	32	2.0		7.5					1.4	0.7		
15	28	2.0		8.6					1.4	0.7		
16	22	1.5		8.2					1.4	0.7		
17	25	1.5		7.2					1.4	0.7		
18	28	2.0		8.6					1.4	0.7		
19	39	2.0		6.2					1.4	0.7		
20	22	1.5		8.2					1.4	0.7		
21	22	1.5		8.2					1.4	0.7		
22	25	2.0		9.6					1.4	0.7		
23	25	2.0		9.6					1.4	0.7		
24	23	2.0		10.4					1.6	0.8		
25												
26	66	4.0		7.3					1.6	0.7		
27	23	3.0		15.5					1.5	0.7		
28	23	1.0		5.1					1.5	0.7		
29	20	1.5		9.0					1.5	0.7		
30	29	1.5		6.3					1.4	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 70 No of People at End of Month 245
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James Johnson C-4354
I certify this report is correct (Original signed by Frank McCord C-7264)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	789	51.5		210.3					37.1	17.8	4	
Average:	25.4	1.7		6.8					1.4	0.7		
Maximum:												
Minimum:												
1												
2	50	4.0		9.6					1.6	0.7		
3	33	2.0		7.3					1.4	0.7		
4	19	1.5		9.5					1.4	0.7	4	Compliance
5	25	2.0		9.6					1.4	0.7		
6	18	1.5		10.0					1.4	0.7		
7	25	1.5		7.2					1.4	0.7		
8	22	1.5		8.2					1.5	0.7		
9												
10	63	2.0		3.8					0.8	0.4		reset roto
11	20	1.0		6.0					1.3	0.5		
12	27	1.5		6.7					1.4	0.7		
13	27	3.0		13.3					1.9	0.8		Serv.Pump-New Flow
14	18	2.0		13.2					1.6	0.8		Meter & ck Valve
15	19	1.0		6.2					1.4	0.6		
16												
17	66	3.0		5.4					1.4	0.7		inst screen door
18	30	2.5		9.9					1.5	0.7		on aerator
19	25	1.5		7.2					1.4	0.7		
20	25	1.0		4.8					1.4	0.7		
21	26	1.5		6.9					1.4	0.7		
22												
23	66	5.0		9.0					1.5	0.7		
24	25	1.5		7.2					1.4	0.7		
25	26	1.5		6.9					1.4	0.7		
26	26	2.0		9.2					1.4	0.7		
27	25	1.5		7.2					1.4	0.7		
28	32	2.0		7.5					1.4	0.7		
29												
30	33	3.0		10.9					1.5	0.7		
31	16	1.0		7.5					1.5	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 70 No of People at End of Month 245

Design Flow 0.150 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James Johnson C-4354

I certify this report is correct (Original signed by Frank McCord C-7264)

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

Days of Month	Total Water Treated in in Gallons	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	668	46.5		217.3					36.8	18.2	4	
Average:	22.3	1.6		8.4					1.4	0.7		
Maximum:	27	2.0		12.0					1.5	0.7		
Minimum:	15	1.00		6.0					1.4	0.7		
1	31	2.0		7.7					1.4	0.7		
2	27	2.0		8.9					1.4	0.7	4	Compliance
3	22	1.5		8.2					1.4	0.7		
4	21	1.5		8.6					1.4	0.7		
5												
6	43	3.0		8.5					1.4	0.7		
7	32	2.5		9.4					1.4	0.7		
8	24	1.5		7.5					1.4	0.7		
9	27	2.0		8.9					1.4	0.7		
10	26	1.5		6.9					1.4	0.7		
11	25	2.0		9.6					1.4	0.7		
12	25	2.5		12.0					1.5	0.7		
13												
14	53	3.0		6.8					1.4	0.7		
15	16	1.0		7.5					1.4	0.7		
16	21	1.5		8.6					1.4	0.7		
17	17	1.0		7.1					1.4	0.7		
18	16	1.0		7.5					1.4	0.7		
19												
20	50	4.0		9.5					1.5	0.7		
21	30	1.5		6.0					1.4	0.7		
22	20	1.5		9.0					1.4	0.7		
23	16	1.0		7.5					1.4	0.7		
24	18	1.5		10.0					1.5	0.7		
25	22	1.5		8.2					1.4	0.7		
26	20	1.5		8.9					1.5	0.7		
27												
28	37	2.5		8.1					1.4	0.7		
29	15	1.0		8.0					1.4	0.7		
30	14	1.0		8.6					1.4	0.7		
31												

This form must be completed in full and sent to the appropnate DER or County Health Department office within 15 days after the month of record.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 67 No of People at End of Month 234.5
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James Johnson C-4354
I certify this report is correct (Original signed by Frank McCord C-7264)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	548	36.0		209.0					36.6	18.1	4	
Average	17.7	1.2		8.0					1.4	0.7		
Maximum:	29	2.0		10.0					1.5	0.7		
Minimum:	12	1.00		5.5					1.3	0.6		
1	16	1.0		7.5					1.4	0.7		
2	18	1.5		10.0					1.4	0.7		
3	19	1.0		6.3					1.4	0.7		
4	0	0.0		0.0					0.0	0.0		
5	44	2.0		5.5					1.4	0.7		
6	20	1.5		9.0					1.4	0.7	4	Compliance
7	20	1.5		9.0					1.5	0.7		
8	20	1.0		6.0					1.4	0.7		
9	29	2.0		8.3					1.4	0.7		
10	0	0.0		0.0					0.0	0.0		
11	36	3.0		10.0					1.5	0.7		
12	22	1.0		5.5					1.4	0.7		
13	13	1.0		9.2					1.4	0.7		
14	16	1.0		7.5					1.4	0.7		
15	15	1.0		8.0					1.4	0.7		
16	12	1.0		10.0					1.4	0.7		
17	0	0.0		0.0					0.0	0.0		
18	31	2.0		7.7					1.3	0.6		
19	19	1.5		9.5					1.4	0.7		
20	18	1.5		9.8					1.4	0.7		
21	14	1.0		8.6					1.4	0.7		
22	15	1.0		8.0					1.4	0.7		
23	13	1.0		9.2					1.4	0.7		
24	24	1.5		7.7					1.5	0.7		
25	0	0.0		0.0					0.0	0.0		
26	30	1.5		6.0					1.4	0.7		
27	18	1.0		6.7					1.4	0.7		
28	25	2.0		9.6					1.4	0.7		
29	20	1.0		6.0					1.4	0.7		
30	21	1.5		8.6					1.4	0.7		New CL2
31	0	0.0		0.0					0.0	0.0		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 67 No of People at End of Month 234.5
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James Johnson C-4354
I certify this report is correct (Original signed by Frank McCord C-7264)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	730	51.5		232.7					38.1	18.8	4	
Average:	23.5	1.7		8.6					1.4	0.7		
Maximum:	34	2.5		13.8					1.5	0.8		
Minimum:	13	1.00		5.5					1.3	0.6		
1	47	4.0		10.2					1.5	0.7		
2	28	1.5		6.4					1.4	0.7		
3	26	1.5		6.9					1.4	0.7		
4	26	2.0		9.2					1.4	0.7		
5	26	2.0		9.2					1.4	0.7		
6	25	1.5		7.2					1.4	0.7		
7	34	2.5		8.8					1.5	0.7		
8	0	0.0		0.0					0.0	0.0		
9	57	3.5		7.4					1.4	0.7	4	Compliance
10	34	2.5		8.8					1.4	0.7		
11	25	1.5		7.2					1.4	0.7		
12	34	2.5		8.8					1.4	0.7		
13	34	2.5		8.8					1.4	0.7		
14	0	0.0		0.0					0.0	0.0		
15	45	3.5		9.3					1.4	0.7		
16	22	1.0		5.5					1.4	0.7		
17	15	1.0		8.0					1.4	0.7		
18	21	1.5		8.6					1.4	0.7		
19	23	1.5		7.8					1.4	0.7		
20	24	2.0		10.0					1.4	0.7		
21	20	2.0		12.0					1.4	0.7		
22	0	0.0		0.0					0.0	0.0		
23	46	3.0		7.8					1.5	0.8		
24	16	1.0		7.5					1.4	0.6		
25	14	1.0		8.6					1.3	0.7		
26	16	1.5		11.3					1.5	0.7		
27	13	1.0		9.2					1.4	0.6		
28	13	1.5		13.8					1.4	0.7		
29	0	0.0		0.0					0.0	0.0		
30	32	1.5		5.6					1.4	0.7		New CL2
31	14	1.0		8.6					1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

2117013X N

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location: City or S/D Lake Brantley

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993

Plant Effluent pH (Avg) 6.9 No of Services at End of Month 70 No of People at End of Month 245

Design Flow 0.150 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James W. Johnson C-4354 / Frank McCord C-7264

I certify this report is correct Frank McCord C 7264

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

Days of Month	Total Water Treated in Gallons	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	587,900	38.5		206.3					36.5	18.1	4	
Average	19,597	1.3		6.9					1.4	0.7		
Maximum	27,000	1.5		10.3					1.5	0.7		
Minimum	14,000	1.0		4.4					1.4	0.6		
1	14,000	1.0		8.6					1.4	0.7		
2	15,000	1.0		8.0					1.4	0.7	4	Compliance
3	17,000	1.0		7.1					1.4	0.7		
4												
5	34,800	3.0		10.3					1.5	0.7		
6	20,800	1.5		8.6					1.4	0.7		
7	22,600	1.0		5.3					1.4	0.7		
8	17,500	1.0		6.9					1.4	0.7		
9	20,200	1.0		5.9					1.4	0.7		
10	15,000	1.5		12.0					1.4	0.7		Oper Air Comp
11												
12	31,000	2.0		7.7					1.4	0.7		
13	18,000	1.5		10.0					1.4	0.7		
14	18,000	1.0		6.7					1.4	0.7		
15	18,000	1.5		10.0					1.4	0.7		
16	24,000	1.5		7.5					1.4	0.7		
17	20,000	1.5		9.0					1.4	0.7		
18	18,000	1.5		10.0					1.4	0.7		
19												
20	45,000	3.0		8.0					1.4	0.7		
21	21,000	1.2		6.9					1.4	0.7		
22	21,000	1.8		10.3					1.4	0.7		
23	23,000	1.5		7.8					1.4	0.7		
24	25,000	2.0		9.6					1.4	0.7		
25												
26	46,000	2.5		6.5					1.4	0.6		
27	27,000	1.0		4.4					1.4	0.7		New Cl2 Reg
28	18,000	1.0		6.7					1.4	0.7		[illegible]
29	20,000	1.0		6.0					1.4	0.7		Line Flushed
30	18,000	1.0		6.7					1.4	0.7		New Cl2 Reg
31												

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.

DER Form 17-555910(2)

Effective 11/1/1988

2117013N

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or SID Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 70 No of People at End of Month 245
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264 | James W. Johnson C-4354
I certify this report is correct Frank McCord (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	587,000	40.5		211.6					36.2	17.2	4	
Average:	18,935	1.3		6.8					1.4	0.7		
Maximum:	28,000	2.0		13.3					1.5	0.7		
Minimum:	15,000	1.0		3.2					1.3	0.5		
1	21,000	1.0		5.7					1.3	0.5		
2												
3	44,400	4.0		10.8					1.4	0.6		
4	27,000	2.0		8.9					1.4	0.7	4	Compliance Samples
5	28,000	2.0		8.6					1.4	0.7		
6	21,000	1.5		8.6					1.4	0.7		
7	18,000	1.5		10.0					1.4	0.7		
8	16,000	1.0		7.5					1.4	0.7		
9	16,000	1.0		7.5					1.5	0.7		
10												
11	27,800	3.0		12.9					1.4	0.6		
12	16,900	1.0		7.1					1.5	0.7		
13	28,000	2.0		8.6					1.4	0.6		Line Flushing
14	18,500	1.0		6.5					1.4	0.6		
15	17,400	1.0		6.9					1.3	0.5		
16	15,000	1.0		8.0					1.3	0.6		
17												
18	38,000	1.5		5.0					1.3	0.6		
19	20,000	1.5		9.0					1.4	0.7		
20	18,000	1.0		6.7					1.4	0.7		
21	19,000	0.5		3.2					1.4	0.7		
22	23,000	2.0		10.4					1.4	0.7		
23												
24	37,000	2.5		8.1					1.4	0.7		
25	18,000	2.0		13.3					1.4	0.7		
26	18,000	1.0		6.7					1.4	0.7		
27	17,000	1.0		7.1					1.4	0.7		
28	25,000	1.5		7.2					1.4	0.7		
29	20,000	1.5		9.0					1.4	0.7		
30	21,000	1.5		8.6					1.4	0.7		
31												

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 69 No of People at End of Month 242
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264 / James W. Johnson C-4654
I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) 7264 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	gas used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	552.000	33.5		197.6					36.7	21.7	4	
Average	18.400	1.1		6.6					1.4	0.8		
Maximum	24.000	1.3		13.4					1.5	3.7		
Minimum	13.400	1.0		3.5					1.4	0.6		
1	28.000	1.5		6.4					1.4	0.7		
2	14.000	1.0		8.6					1.4	0.7		
3	22.000	1.5		8.2					1.4	0.7		
4	15.000	1.0		8.0					1.4	0.7	4	COMPLIANCE
5	16.000	1.0		7.5					1.4	0.7		
6	20.000	1.5		9.0					1.5	0.7		
7												
8	48.000	2.0		5.0					1.4	0.7		FLUSHED LINES
9	17.000	1.0		7.1					1.4	0.7		
10	15.000	1.0		8.0					1.4	0.7		
11	17.000	1.5		10.6					1.4	0.7		
12	14.000	1.0		8.6					1.4	0.7		
13												
14	28.800	2.5		10.4					1.5	0.7		
15	24.000	1.0		5.0					1.4	0.7		RAN AIR COMP
16	16.000	1.0		7.5					1.4	0.7		
17	18.000	1.0		6.7					1.4	0.7		
18	21.000	1.0		5.7					1.4	0.7		
19	19.000	1.5		9.5					1.4	0.7		
20												
21	41.200	3.0		8.7					1.5	3.7		
22	24.000	1.0		5.0					1.4	0.7		
23	14.000	1.0		8.6					1.4	0.7		
24	17.000	1.0		7.1					1.4	0.7		
25	13.400	1.5		13.4					1.4	0.7		
26	17.000	1.0		7.1					1.4	0.7		
27										0.7		
28	34.600	1.0		3.5					1.4	0.6		
29	17.000	1.0		7.1					1.4	0.7		
30	21.000	1.0		5.7					1.4	0.6		
31												

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.

DER Form 17.555910(2
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590685 PWS Name Lake Brantley Location:City or S/D Lake Brantley
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 69 No of People at End of Month 242
Design Flow 0.150 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264 / James W. Johnson C-4354
I certify this report is correct Frank McCord C C7264
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	513.000	39.0		246.2					38.4	19.0	4	
Average	16.548	1.3		7.9					1.4	0.6		
Maximum:	25.000	2.0		17.8					1.7	0.9		
Minimum:	10.000	1.0		5.3					1.3			
1	20.000	1.0		6.0					1.3	0.6		Repd CL2 injector
2	20.000	2.0		12.0					1.7	0.9		Repl CL2 injector
3	17.000	1.5		10.6					1.4	0.7		
4												
5	33.000	2.5		9.1					1.5	0.7		
6	18.000	1.0		6.7					1.4	0.7		
7	12.000	1.0		10.0					1.4	0.7	4	Compliance
8	25.000	1.5		7.2					1.4	0.7		
9	15.000	1.0		8.0					1.4	0.7		
10	17.000	1.5		10.6					1.5	0.7		
11	13.000	1.5		13.8					1.4	0.7		
12												
13	34.000	1.5		5.3					1.4	0.7		
14	19.000	1.0		6.3					1.4	0.7		
15	10.000	1.0		12.0					1.4	0.7		
16	15.000	1.0		8.0					1.4	0.7		
17	14.000	1.0		8.6					1.4	0.7		
18												
19	38.000	3.5		11.0					1.5	0.7		
20	20.000	1.0		6.0					1.4	0.7		Rep Air Comp
21	19.000	1.5		9.5					1.4	0.7		
22	16.000	1.0		7.5					1.4	0.7		
23	14.000	1.0		8.6					1.4	0.7		
24	15.000	1.0		8.0					1.4	0.7		
25												
26	27.000	4.0		17.8					1.5	0.7		
27	18.000	1.0		6.7					1.4	0.7		
28	15.000	1.0		8.0					1.4	0.7		
29	17.000	2.0		14.1					1.4	0.7		
30	15.000	1.0		8.0					1.4	0.7		
31	17.000	1.0		7.1					1.4	0.7		

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

DER Form 17.555910(2)
Effective 11/1/1986

Reference: Lake Conway / Orange County
Monthly Operating Reports / Water

Please Note:

August 29, 1991 the **Lake Conway** water treatment plant was taken off line. Wholesale water is being purchased from Orlando Utilities.Comission. The reason the plant has been removed from service is due to pollution sources within 100 feet of the supply well.

There are no monthly operating reports for this area after August, 1991.

THIS PAGE INTENTIONALLY LEFT BLANK

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 282 No of People at End of Month 987
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264 / James W. Johnson C-4354
I certify this report is correct Ernest B. Corder (Lead Operator's Signature) B (Cert. Level) 2403 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,126,100	148.0		221.7					36.6	17.9	4	
Average	68,584	4.8		7.2					1.4	0.7		
Maximum	84,400	7.5		11.5					1.5	0.7		
Minimum	45,500	4.0		4.2					1.4	0.6		
1												
2	142,500	5.0		4.2					1.4	0.6		
3	84,400	5.0		7.1					1.4	0.7		
4	58,000	4.0		8.3					1.4	0.7	4	
5	82,000	6.0		8.6					1.4	0.7		
6	75,400	5.0		8.0					1.4	0.7		
7	56,300	3.0		6.4					1.4	0.7		
8	76,500	5.0		7.8					1.4	0.7		
9												
10	156,000	15.0		11.5					1.4	0.7		
11	45,500	4.0		10.5					1.4	0.7		
12	69,700	6.0		10.3					1.4	0.7		
13	70,900	6.0		10.1					1.4	0.7		
14	58,000	4.0		8.3					1.4	0.7		
15												
16	134,000	8.0		7.2					1.4	0.7		
17	67,000	4.0		7.2					1.4	0.6		
18	73,000	6.0		9.9					1.5	0.7		
19	61,000	6.0		11.8					1.4	0.7		
20	70,000	6.0		10.3					1.4	0.7		
21	56,000	4.0		8.6					1.4	0.7		
22	69,000	4.0		7.0					1.4	0.7		
23												
24	147,000	10.0		8.2					1.4	0.7		
25	71,000	6.0		10.1					1.4	0.7		
26	71,000	6.0		10.1					1.4	0.7		
27	77,000	6.0		9.3					1.4	0.7		
28	63,000	4.0		7.6					1.4	0.7		
29												
30	128,700	6.0		5.6					1.5	0.7		
31	63,200	4.0		7.6					1.4	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 month of record.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 284 No of People at End of Month 994
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James W. Johnson # C-4354/ Donald B. Corder # B-2403
I certify this report is correct James W. Johnson C 4354
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,960,300	161.0		236.1					31.4	14.5	4	
Average:	70,011	5.8		8.4					1.3	0.6		
Maximum:	101,100	14.0		12.8					1.5	0.7		
Minimum:	48,000	4.0		7.1					1.0	0.5		
1	65,000	4.0		7.4					1.5	0.7		
2	61,400	4.0		7.8					1.4	0.6		
3	59,600	4.0		8.0					1.5	0.7		
4	101,100	6.0		7.1					1.4	0.7		
5	48,000	3.0		7.5					1.4	0.6		
6												
7	164,600	13.0		9.5					1.0	0.5		
8	69,400	6.0		10.4					1.0	0.5		
9	61,000	4.0		7.9					1.2	0.6		
10	92,900	7.0		9.0					1.0	0.5		
11	65,200	6.0		11.0					1.0	0.5		
12	73,800	5.0		8.1					1.3	0.6		
13												
14	133,800	13.0		11.6					1.2	0.6		
15	65,600	5.0		9.1					1.3	0.6		
16	66,000	6.0		10.9					1.4	0.6	4	Compliance
17	71,000	7.0		11.8					1.4	0.6		
18	76,500	7.0		11.0					1.3	0.6		
19	56,200	6.0		12.4					1.4	0.6		
20												
21	146,600	14.0		11.5					1.4	0.6		
22	65,800	7.0		12.8					1.5	0.7		
23	52,500	5.0		11.4					1.4	0.6		
24	75,700	7.0		11.1					1.4	0.6		
25	70,400	6.0		10.2					1.3	0.6		
26	59,000	5.0		10.2					1.3	0.7		
27												
28	157,200	11.0		8.4					1.4	0.6		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 274 No of People at End of Month 959
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James Johnson C-4354/ Frank McCord C-7264/ Donald B. Corder # B-2403
I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) C7764 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,166,700	178.0		252.1					37.8	17.2	4	* Indicates water through Altamonte Springs emergency interconnect
Average:	70,539	5.7		8.1					1.4	0.6		
Maximum:	110,000	8.0		13.1					1.5	0.7		
Minimum:	13,200	2.0		5.4					1.2	0.5		
1	72,000	7.0		11.7					1.4	0.7		Ran A/C
2	65,000	6.0		11.1					1.4	0.7		
3	63,000	6.0		11.4					1.4	0.7		
4	63,900	4.0		7.5					1.4	0.7		
5	78,600	6.0		9.2					1.5	0.7		
6												
7	156,800	14.0		10.7					1.5	0.7		
8	57,900	6.0		12.4					1.5	0.6		
9	89,900	8.0		10.7					1.4	0.6		
10	51,400	4.0		9.3					1.3	0.6		
11	66,200	5.0		9.1					1.4	0.6		
12	74,800	4.0		6.4					1.4	0.6		
13												
14	154,800	15.0		11.6					1.4	0.6		
15	65,700	6.0		11.0					1.4	0.6		
16	73,000	8.0		13.1					1.4	0.6		
17	66,000	5.0		9.1					1.4	0.6	4	Compliance
18	73,000	5.0		8.2					1.4	0.6		* 17,000
19												
20	13,200	2.0		N/A					1.2	0.5		* 153,000
21	110,000	8.0		8.7					1.4	0.6		
22	82,000	6.0		8.8					1.4	0.6		
23	79,500	6.0		9.0					1.4	0.6		
24	92,000	7.0		9.1					1.4	0.6		
25	82,000	6.0		8.8					1.4	0.6		New CL2
26	63,000	4.0		7.6					1.4	0.7		
27												
28	152,000	10.0		7.9					1.4	0.7		
29	91,000	8.0		10.5					1.4	0.7		
30	78,000	6.0		9.2					1.4	0.7		* 1,000
31	72,000	6.0		10.0					1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994

Plant Effluent pH (Avg) _____ No of Services at End of Month 284 No of People at End of Month 994

Design Flow 0.864 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C-7264/ James Johnson C-4354

I certify this report is correct James Johnson (Lead Operator's Signature) C (Cert. Level) 4354 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	2,087,100	158.5		218.4					35.0	17.1	4	* Indicates water through Altamonte
Average:	69,570	5.3		7.3					1.4	0.7		Springs emergency
Maximum:	113,000	8.5		17.1					1.4	0.7		interconnect.
Minimum:	14,000	2.0		3.0					1.4	0.5		
1	72,000	6.0		10.0					1.4	0.7		
2												
3	189,000	12.0		7.6					1.4	0.7		
4	86,000	8.0		11.2					1.4	0.7		
5	87,000	8.0		11.0					1.4	0.7		
6	113,000	8.0		8.5					1.4	0.7		
7	98,000	8.0		9.8					1.4	0.7	4	Compliance
8	48,000	4.0		10.0					1.4	0.7		
9												
10									1.4	0.5		* 183000
11	89,000	6.0		8.1					1.4	0.7		
12	96,000	8.0		10.0					1.4	0.7		
13	14,000	2.0		17.1					1.4	0.7		* 94,000
14									1.4	0.7		* 78,000
15	39,000	2.0		6.1					1.4	0.7		* 80,000
16												
17	215,000	14.0		7.8					1.4	0.6		
18	101,000	8.0		9.5					1.4	0.7		
19	106,000	8.5		9.6					1.4	0.7		
20	79,000	8.0		12.1					1.4	0.7		New Cl2
21	79,000	6.0		9.1					1.4	0.7		
22	71,000	5.0		8.4					1.4	0.7		
23	70,100	5.0		8.6					1.4	0.6		
24												
25	143,000	11.0		9.2					1.4	0.7		
26	79,000	6.0		9.1					1.4	0.7		
27	65,000	5.0		9.2					1.4	0.7		
28	70,000	5.0		8.6					1.4	0.7		
29	78,000	5.0		7.7					1.4	0.7		
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 284 No of People at End of Month 994
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7284 / J. Johnson C-4354
I certify this report is correct James W. Johnson C 4354
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,871,500	241.5		274.7					38.0	15.9	4	
Average:	92,629	7.8		8.9					1.4	0.7		
Maximum:	140,000	18.0		11.8					1.5	0.7		
Minimum:	66,000	5.0		9.0					1.4	0.7		
1	165,000	11.0		8.0					1.4	0.7		
2	93,000	8.0		10.3					1.4	0.7		
3	82,000	7.0		10.2					1.4	0.7		
4	70,000	6.0		10.3					1.4	0.7		
5	88,000	7.0		9.5					1.4	0.7		
6	92,000	9.0		11.7					1.4	0.7		
7	102,000	9.0		10.6					1.4	0.7		Line flushing
8												
9	208,000	18.0		10.4					1.4	0.7		Line flushing
10	93,000	8.0		10.3					1.4	0.7	4	Compliance
11	86,000	8.0		11.2					1.4	0.7		
12	89,000	8.0		10.8					1.4	0.7		
13	110,000	8.0		8.7					1.4	0.7		Line flushing -
14												- new Cl2 cyl
15	157,000	15.0		11.5					1.5	0.7		
16	140,000	11.0		9.4					1.4	0.7		
17	91,000	8.0		10.5					1.4	0.7		
18	75,000	6.0		9.6					1.4	0.7		
19	71,000	7.0		11.8					1.4	0.7		
20	67,000	5.0		8.9					1.4	0.7		
21	66,000	8.0		10.9					1.4	0.7		
22												
23	167,000	13.5		9.7					1.4	0.7		
24	104,000	9.0		10.4					1.4	0.7		
25	102,000	8.5		10.0					1.4	0.7		
26	105,000	8.5		9.7					1.4	0.7		
27	119,000	10.0		10.1					1.4	0.7		
28	83,000	7.0		10.1					1.4	0.7		
29												
30	160,200	12.0		9.0					1.5	0.7		
31	86,300	6.0		11.1					1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 284 No of People at End of Month 994
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7284/James Johnson C-4354
I certify this report is correct James Johnson (Lead Operator's Signature) C (Cert. Level) 4354 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	2,281,400	199.5		271.4					38.6	18.2	4	* Indicates water from Alt. Spgs. interconnect
Average:	76,047	6.7		9.0					1.4	0.7		
Maximum:	115,000	11.5		12.4					1.5	0.7		
Minimum:	59,000	4.5		8.4					1.4	0.7		
1	73,000	5.5		9.0					1.4	0.7	4	Compliance-flush
2	O											* 69,000
3	64,000	5.0		9.4					1.4	0.7		
4	71,000	6.0		10.1					1.4	0.7		New Cl2
5	71,400	5.0		8.4					1.5	0.7		
6	86,000	8.0		11.2					1.4	0.7		
7	76,000	7.0		11.0					1.4	0.7		Flushing
8	72,000	7.0		11.7					1.4	0.7		* 14,000
9	77,000	6.0		9.3					1.4	0.7		
10	71,000	6.5		11.0					1.4	0.7		
11												
12	129,000	11.5		10.7					1.4	0.7		
13	86,000	8.0		11.2					1.4	0.7		
14	115,000	10.0		10.4					1.4	0.7		Flushing
15	63,000	5.5		10.5					1.4	0.7		
16	52,000	4.5		10.4					1.4	0.7		
17	69,000	6.0		10.4					1.4	0.7		
18	92,000	8.0		10.4					1.5	0.7		
19												
20	144,000	14.0		11.7					1.4	0.7		
21	59,000	5.0		10.2					1.4	0.7		
22	93,000	7.0		9.0					1.4	0.7		
23	85,000	8.0		11.3					1.4	0.7		
24	70,000	7.0		12.0					1.4	0.7		
25									1.4	0.7		
26	156,000	13.0		10.0								
27	106,000	11.0		12.4					1.4	0.7		New Cl2
28	102,000	8.0		9.4					1.4	0.7		
29	109,000	10.0		11.0					1.4	0.7		
30	90,000	7.0		9.3					1.4	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 284 No of People at End of Month 994

Design Flow 0.864 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James Johnson C-4354/Frank McC9ord C-7264/Donald B. Corder B-2403

I certify this report is correct Donald B. Corder B 2403

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

Days of Month	Total Water Treated in in Gallons	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	2,347,900	184.0		235.6					37.1	17.1	4	* Indicates gallons pumped Alt Spgs by-pass
Average:	75,739	5.9		7.6					1.4	0.7		
Maximum:	180,800	10.0		14.4					1.9	0.9		
Minimum:	60,800	2.0		2.6					1.0	0.3		
1	82,000	7.0		10.2					1.4	0.7		
2	66,000	6.0		8.4					1.4	0.6		
3												
4	172,000	12.0		8.4					1.4	0.7		
5	96,000	8.0		10.0					1.5	0.7		
6	83,000	10.0		14.4					1.5	0.6		
7	70,200	6.0		10.2					1.4	0.6		
8	68,800	6.0		10.5					1.4	0.7		
9												
10	180,800	14.0		9.3					1.4	0.7		
11	108,000	10.0		11.1					1.2	0.6		
12	85,100	7.0		9.9					1.2	0.5		
13	82,200	6.0		8.8					1.2	0.5		
14	71,900	4.0		6.7					1.0	0.3		
15	84,600	8.0		11.3					1.9	0.9		
16	87,400	7.0		9.6					1.7	0.8		* 2,000
17												
18	164,000	12.0		8.8					1.6	0.8		
19	68,000	5.0		8.8					1.5	0.7	4	Compliance
20	91,000	8.0		10.5					1.5	0.7		
21	73,000	6.0		9.9					1.5	0.7		
22	78,000	6.0		9.2					1.5	0.7		
23												
24	118,100	10.0		10.2					1.6	0.7		* 54,000
25	0								1.5	0.7		* 69,000
26	92,000	4.0		5.2					1.2	0.4		
27	78,000	5.0		7.7					1.4	0.7		
28	91,000	7.0		9.2					1.4	0.7		
29	76,000	6.0		9.5					1.4	0.7		
30	60,800	4.0		7.9					1.4	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 284 No of People at End of Month 994
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/J. Johnson C-4354/D. Corder B-2403
I certify this report is correct Frank McCord C C7264
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,049,100	168.5		217.4					37.2	17.8	4	* indicates gallons through Aft.aux
Average	66,100	5.4		7.2					1.4	0.7		
Maximum	98,700	9.0		12.0					1.5	0.7		
Minimum	3,000	0.6		0.9					1.2	0.4		
1	176,000	14.0		9.5					1.4	0.7	4	Compliance
2	83,000	6.0		8.7					1.3	0.5		
3	79,000	6.0		9.1					1.4	0.7		
4	70,000	7.0		12.0					1.4	0.7		
5	98,700	9.0		10.9					1.5	0.7		
6												
7	155,500	14.0		10.8					1.4	0.7		
8	91,000	8.0		10.5					1.4	0.7		
9	79,000	5.0		7.6					1.4	0.7		
10	10,000	6.0		7.6					1.4	0.7		*85,000
11	3,000	1.0							1.2	0.5		*90,000
12	0								1.3	0.5		
13	18,200								1.3	0.5		*51,000
14												
15	0								1.4	0.7		*196,000
16	80,000	3.0		4.5					1.2	0.4		
17	71,000	5.5		9.3					1.4	0.7		
18	52,000	4.5		10.4					1.4	0.7		
19	76,000	6.0		9.5					1.4	0.7		
20	71,000	6.0		10.1					1.4	0.7		
21												
22	160,600	13.0		9.7					1.4	0.7		
23	59,400	4.0		8.1					1.4	0.7		
24	92,500	8.0		10.4					1.4	0.7		
25	59,000	5.0		10.2					1.4	0.7		
26	63,000	5.0		9.5					1.4	0.7		
27												
28	151,000	12.0		9.5					1.4	0.7		
29	92,000	8.0		10.4					1.4	0.7		
30	93,000	7.0		9.0					1.4	0.7		
31	65,200	5.5		10.1					1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harnet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 284 No of People at End of Month 994
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/J. Johnson C-4354
I certify this report is correct James D Johnson (Lead Operator's Signature) C (Cert. Level) 4354 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,236,000	172.5		230.6					36.6	18.1	4	
Average	74,533	5.8		7.7					1.4	0.7		
Maximum	97000	13.0		10.1					1.5	0.8		
Minimum	53,000	4.5		7.6					1.4	0.6		
1	92,000	7.5		9.8					1.4	0.7		
2	92,000	7.5		9.8					1.4	0.7		
3	73,800	5.5		8.9					1.4	0.7		
4												
5	162,000	13.0		9.6					1.4	0.7		
6	100,000	8.0		9.6					1.4	0.7	4	Compliance
7	0								1.5	0.8		
8	79,000	5.0		7.6					1.4	0.7		
9	66,000	5.0		9.1					1.4	0.7		New Cl2
10												
11	148,300	12.0		9.7					1.4	0.7		
12	92,000	7.0		9.1					1.4	0.7		
13	58,000	4.5		9.3					1.4	0.7		
14	78,000	6.0		9.2					1.4	0.7		
15	72,000	5.5		9.2					1.4	0.7		
16	67,000	5.0		8.9					1.4	0.6		
17	80,700	6.0		8.9					1.5	0.7		
18												
19	167,200	13.0		9.3					1.4	0.6		
20	77,000	6.5		10.1					1.4	0.7		
21	77,000	5.5		8.6					1.4	0.7		
22	66,000	5.0		9.1					1.4	0.7		
23	85,000	7.0		9.9					1.4	0.7		
24												
25	143,000	10.0		8.4					1.4	0.7		
26	97,000	8.0		9.9					1.4	0.7		
27	58,000	4.5		9.3					1.4	0.7		
28	83,000	6.0		8.7					1.4	0.7		
29	69,000	5.5		9.6					1.4	0.7		
30	53,000	4.0		9.0					1.4	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location: City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 284 No of People at End of Month 994
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James Johnson C-4354/Frank McCord C-7264/Donald B. Corder B-2403
I certify this report is correct Frank McCord C C7264
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,015,000	163.3		238.9					34.1	16.6	4	* Indicates flow from Altamonte Springs Aux meter
Average:	65,000	5.3		7.7					1.4	0.7		
Maximum:	97,000	8.5		11.5					1.5	0.7		
Minimum:	2,200	3.3		4.3					1.0	0.4		
1	84,800	6.0		8.5					1.5	0.7		
2												
3	155,000	12.0		9.3					1.4	0.7		
4	66,000	5.0		9.1					1.4	0.7	4	Compliance
5	0								1.2	0.5		* 41,000
6	92,000	6.5		8.5					1.4	0.7		
7	58,000	4.3		8.6					1.4	0.7		
8												
9	156,200	11.3		8.6					1.4	0.6		
10	85,000	6.0		8.5					1.4	0.7		
11	65,000	5.0		9.2					1.0	0.4		
12	97,000	7.0		8.7					1.4	0.7		
13	58,000	5.5		11.4					1.4	0.7		
14	90,000	7.0		9.3					1.4	0.7		
15												
16	117,000	10.0		10.2					1.4	0.7		
17	81,000	6.5		9.6					1.4	0.7		Flushing
18	65,400	5.0		9.2					1.2	0.6		
19	88,500	8.5		11.5					1.4	0.7		
20	66,000	6.3		11.4					1.4	0.7		
21	83,000	7.3		10.5					1.4	0.7		
22												
23	144,800	12.0		9.9					1.4	0.7		
24	73,000	7.0		11.5					1.4	0.7		Flushing
25	91,000	8.0		10.5					1.4	0.7		
26	72,000	6.0		10.0					1.4	0.7		
27	65,000	6.0		11.1					1.4	0.7		
28	59,000	5.0		10.2					1.4	0.7		
29												
30	2,200	0.3		13.6					1.2	0.5		
31	0											* 204,000

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 180 No of People at End of Month 630
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/James Johnson C-4354
I certify this report is correct Frank McCord C C7264
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,285,000	202.5		274.3					37.0	18.0	4	
Average:	76,167	6.8		9.1					1.4	0.7		
Maximum:	118,000	10.5		11.8					1.5	0.7		
Minimum:	58,000	5.0		5.5					1.4	0.6		
1	92,000	6.5		8.5					1.4	0.7		
2	72,000	6.5		10.8					1.4	0.7	4	Compliance
3	86,000	7.5		10.5					1.4	0.7		
4	86,000	7.5		10.5					1.4	0.7		
5												
6	172,000	16.0		11.2					1.4	0.7		
7	118,000	10.5		10.7					1.4	0.7		
8	59,000	5.5		11.2					1.4	0.7		Flushing
9	91,000	8.3		10.9					1.4	0.7		
10	73,000	6.8		11.1					1.4	0.7		
11	65,000	5.5		10.1					1.4	0.7		
12	86,000	7.5		10.2					1.4	0.7		
13												
14	117,800	12.0		12.2					1.4	0.6		
15	75,000	6.0		9.6					1.4	0.7		
16	67,000	6.0		10.7					1.4	0.7		
17	70,000	6.0		10.3					1.4	0.7		Flushing
18	70,000	6.0		10.3					1.4	0.7		
19												
20	127,200	12.0		11.3					1.4	0.6		
21	77,000	5.0		7.8					1.4	0.7		New A/C
22	92,000	8.0		10.4					1.5	0.7		
23	72,000	6.5		10.8					1.5	0.7		
24	58,000	5.0		10.3					1.4	0.7		
25	71,000	7.0		11.8					1.5	0.7		
26	66,000	5.5		10.0					1.4	0.7		
27												
28	152,000	14.0		11.0					1.5	0.7		
29	90,000	8.5		11.3					1.5	0.7		
30	78,000	7.0		10.8					1.5	0.7		
31												

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 285 No of People at End of Month 998
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/J. Johnson C-4354/D. Corder B-2403
I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) C7264 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,050,100	184.5		270.8					36.8	17.4	4	
Average:	66,132	6.0		8.7					1.4	0.7		
Maximum:	93,000	9.0		14.2					1.5	0.7		
Minimum:	51,000	3.0		8.6					1.3	0.5		
1	52,000	4.5		10.4					1.4	0.7		
2	92,000	9.0		11.7					1.4	0.7		
3												
4	129,000	12.0		11.2					1.4	0.6		
5	93,000	8.0		10.3					1.5	0.7	4	Compliance
6	0								1.3	0.5		
7	65,000	6.0		11.1					1.4	0.7		
8	64,000	6.0		11.2					1.4	0.7		
9	64,200	6.0		11.2					1.5	0.7		
10	71,600	6.0		10.0					1.4	0.6		
11												
12	155,000	14.0		10.8					1.4	0.7		
13	71,000	6.5		11.0					1.4	0.7		
14	63,000	4.5		8.6					1.3	0.7		New Cl2
15	76,000	7.0		11.0					1.4	0.7		
16	51,000	5.0		11.8					1.5	0.6		
17												
18	146,000	13.0		10.5					1.4	0.7		
19	85,000	7.5		10.6					1.4	0.7		
20	64,000	6.0		11.2					1.5	0.7		
21	77,000	7.0		10.9					1.4	0.7		
22	87,200	7.5		10.3					1.5	0.7		
23	59,000	5.0		10.2					1.4	0.7		
24	77,000	8.0		12.5					1.4	0.6		
25												
26	117,000	10.0		10.2					1.4	0.7		Ran A/C
27	75,000	6.5		10.4					1.5	0.7		
28	66,000	5.5		10.0					1.4	0.7		
29	89,000	7.0		9.4					1.4	0.6		
30	59,100	7.0		14.2					1.4	0.6		
31												

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 295 No of People at End of Month 885
Design Flow 0.0864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James Johnson C-4354
I certify this report is correct (Original signed by Frank McCord C-7264)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2428	176.0		229.7					36.5	16.1	8	
Average:	78.3	5.7		8.5					1.4	0.6		
Maximum:	99	9.0		12.5					1.6	0.8		
Minimum:	57	2.0		3.6					1.3	0.5		
1	0	0.0		0.0					0.0	0.0		
2	168	12.0		8.6					1.6	0.8		
3	0	0.0		0.0					0.0	0.0		
4	177	9.0		6.1					1.4	0.6		
5	89	5.0		6.8					1.3	0.6		
6	74	5.0		8.1					1.4	0.7		
7	87	7.0		9.6					1.5	0.7		
8	87	7.0		9.7					1.4	0.7		
9	58	5.0		10.3					1.4	0.6		
10	0	0.0		0.0					0.0	0.0		
11	148	12.0		9.7					1.4	0.6		
12	75	3.0		4.8					1.4	0.6	4	COMPLIANCE
13	66	2.0		3.6					1.4	0.6		
14	79	6.0		9.1					1.4	0.6		
15	66	5.0		9.1					1.4	0.6		
16	0	0.0		0.0					0.0	0.0		
17	133	10.0		9.0					1.5	0.7		
18	83	7.0		10.1					1.4	0.6		
19	71	7.0		11.8					1.5	0.7		
20	78	4.0		6.2					1.3	0.5		
21	83	6.0		8.7					1.3	0.5		
22	58	5.0		10.3					1.3	0.5		
23	75	6.0		9.6					1.4	0.6		
24	0	0.0		0.0					0.0	0.0		
25	168	13.0		9.3					1.4	0.6		
26	62	5.0		9.7					1.4	0.6		
27	99	8.0		9.7					1.4	0.6		
28	137	9.0		7.9					1.4	0.6	2	Main Break
29	70	6.0		10.3					1.4	0.6	2	
30	80	6.0		9.0					1.4	0.6		
31	57	6.0		12.5					1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 295 No of People at End of Month 885

Design Flow 0.864 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James W. Johnson C-4354

I certify this report is correct (Original signed by Frank McCord C-7264)

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

Days of Month	Total Water Treated in Gallons	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	2055	158.0		221.3					35.3	15.4	4	
Average:	82.2	5.6		8.9					1.4	0.6		
Maximum:	88	10.0		11.0					1.6	0.9		
Minimum:	59	2.0		3.2					1.3	0.6		
1	88	6.0		8.2					1.4	0.6	4	Compliance
2	68	5.0		8.9					1.4	0.6		
3	87	8.0		11.0					1.4	0.6		
4	66	4.0		7.3					1.4	0.6		
5	74	2.0		3.2					1.4	0.6		
6	0	0.0		0.0					0.0	0.0		
7	150	20.0		16.0					1.6	0.9		
8	79	5.0		7.6					1.4	0.6		
9	70	5.0		8.6					1.4	0.6		
10	72	5.0		8.3					1.4	0.6		
11	59	4.0		8.1					1.4	0.6		
12	66	4.0		7.3					1.3	0.6		
13	81	6.0		8.9					1.5	0.6		
14	0	0.0		0.0					0.0	0.0		
15	173	14.0		9.7					1.4	0.6		
16	69	6.0		10.4					1.4	0.6		
17	78	6.0		9.2					1.4	0.6		
18	60	4.0		8.0					1.4	0.6		
19	72	5.0		8.3					1.4	0.6		
20	69	5.0		8.7					1.4	0.6		
21	0	0.0		0.0					0.0	0.0		
22	157	13.0		9.9					1.4	0.6		
23	66	5.0		9.1					1.4	0.6		
24	74	5.0		8.1					1.4	0.6		
25	66	5.0		9.1					1.4	0.6		
26	71	5.0		8.4					1.4	0.6		
27	71	5.0		8.4					1.4	0.6		
28	70	6.0		10.3					1.5	0.7		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 295 No of People at End of Month 885
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James W. Johnson C-4354
I certify this report is correct (Original signed by Frank McCord C-7264)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2325	173.0		215.9					37.8	17.3	4	
Average:	75.0	5.6		8.0					1.4	0.6		
Maximum:	89	7.0		12.0					1.5	0.7		
Minimum:	63	3.0		3.0					1.3	0.6		
1	84	6.0		8.6					1.4	0.6		
2	69	5.0		8.7					1.4	0.6		
3	82	7.0		10.2					1.5	0.7		
4	80	5.0		7.5					1.4	0.6	4	Compliance
5	71	4.0		6.8					1.4	0.6		
6	0	0.0		0.0					0.0	0.0		
7	140	7.0		6.0					1.4	0.7		
8	85	6.0		8.5					1.4	0.6		
9	68	5.0		8.8					1.4	0.6		
10	74	6.0		9.7					1.4	0.6		
11	89	7.0		9.4					1.4	0.6		
12	72	5.0		8.3					1.4	0.6		
13	71	7.0		11.8					1.4	0.7		
14	0	0.0		0.0					0.0	0.0		
15	170	13.0		9.2					1.4	0.6		
16	88	7.0		9.5					1.4	0.6		
17	80	7.0		10.5					1.4	0.6		
18	61	4.0		7.9					1.4	0.6		
19	73	6.0		9.9					1.4	0.6		
20	68	6.0		10.6					1.4	0.6		
21	0	0.0		0.0					0.0	0.0		
22	142	13.0		12.0					1.4	0.7		
23	64	5.0		3.0					1.4	0.7		
24	77	5.0		3.0					1.4	0.7		
25	63	5.0		4.0					1.4	0.7		
26	67	5.0		3.0					1.3	0.6		
27	66	5.0		5.0					1.4	0.7		
28	0	0.0		0.0					0.0	0.0		
29	160	12.0		9.0					1.4	0.7		
30	80	7.0		10.5					1.4	0.7		
31	81	3.0		4.4					1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 295 No of People at End of Month 885
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James Johnson C-4354
I certify this report is correct (Original signed by Frank McCord C-7264)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2602	252.0		308.9					36.9	17.9	4	
Average:	86.7	8.4		11.9					1.4	0.7		
Maximum:	110	9.5		93.4					1.5	0.7		
Minimum:	59	5.0		5.5					1.4	0.6		
1	78	5.0		7.7					1.4	0.7		
2	64	5.0		9.4					1.4	0.7		
3	O	0.0										
4	151	14.0		11.1					1.5	0.7		
5	75	5.0		8.0					1.4	0.7	4	COMPLIANCE
6	85	66.0		93.4					1.4	0.7		
7	84	5.0		7.1					1.4	0.7		Line Flushing
8	66	3.0		5.5					1.4	0.7		
9	88	7.0		9.5					1.4	0.7		
10	83	8.0		11.6					1.5	0.7		New CL2
11	O	0.0										
12	174	14.0		9.7					1.4	0.6		
13	102	6.0		7.1					1.4	0.7		
14	96	6.0		7.5					1.4	0.7		
15	103	5.0		5.8					1.4	0.7		
16	59	3.0		6.1					1.4	0.7		
17	78	6.0		9.2					1.4	0.7		
18	O											
19	170	13.0		9.2					1.4	0.7		
20	91	7.0		9.2					1.4	0.7		
21	88	6.0		8.2					1.4	0.7		
22	84	6.0		8.6					1.4	0.7		
23	88	7.0		9.5					1.4	0.7		
24	100	9.0		10.8					1.5	0.6		
25	O											
26	219	19.0		10.4					1.4	0.6		Operated AC
27	95	8.0		10.1					1.5	0.7		
28	93	8.0		10.3					1.5	0.7		
29	90	5.0		6.7					1.4	0.7		
30	98	6.0		7.4					1.4	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 295 No of People at End of Month 885
Design Flow 0.0864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James Johnson C-4354
I certify this report is correct (Original signed by Frank McCord C-7264)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	3150	165.4		174.6					33.7	17.1	4	
Average	101.6	5.3		5.5					1.3	0.7		
Maximum:									1.8	0.8		
Minimum:									0.7	0.6		
1												
2	210	8.6		4.9					1.5	0.7		
3	114	7.3		7.7					1.4	0.7		
4	79	9.1		13.8					1.4	0.7	4	COMPLIANCE
5	101	5.9		7.0					1.4	0.7		
6	79	9.1		13.8					1.4	0.7		
7	89	9.4		12.7					1.4	0.7		Line Flushing
8	60	12.0		24.0					1.8	0.8		
9												
10	225	0.0		0.0					0.8	0.6		New CL2
11	89	2.0		0.0								
12	107	n/a		0.0					0.8	0.6		
13	87	n/a		0.0					0.7	0.6		
14	88	n/a		0.0					1.3	0.6		
15	106	n/a		0.0					1.2	0.8		
16												
17	192	n/a		0.0					1.2	0.6		
18	105	n/a		0.0					1.3	0.6		
19	104	n/a		0.0					1.3	0.6		
20	121	10.0		9.9					1.5	0.7		
21	117	11.0		11.3					1.5	0.7		
22												
23	271	25.0		11.1					1.6	0.8		
24	89	7.0		9.4					1.5	0.7		
25	126	10.0		9.5					1.5	0.7		
26	121	10.0		9.9					1.5	0.7		Operate AC
27	122	6.0		5.9					1.5	0.7		
28	127	6.0		5.7					1.3	0.7		
29												
30	148	12.0		9.7					1.5	0.7		
31	73	5.0		8.2					1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590599 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 295 No of People at End of Month 885
Design Flow 0.0864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James W. Johnson C-4354
I certify this report is correct (Original signed by Frank McCord C-7264)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2983	240.0		257.0					38.4	18.8	4	
Average:	99.4	8.0		9.5					1.4	0.7		
Maximum:	137	11.0		11.5					1.5	0.7		
Minimum:	65	5.0		7.0					1.4	0.6		
1	99	9.0		10.9					1.4	0.7		
2	107	5.0		5.6					1.4	0.7		
3	73	5.0		8.2					1.4	0.7		
4	90	6.0		8.0					1.4	0.7	4	COMPLIANCE
5	O			0.0								
6	211	20.0		11.4					1.5	0.7		
7	137	10.0		8.8					1.4	0.7		Line Flushing
8	130	10.0		9.2					1.4	0.7		
9	124	10.0		9.7					1.4	0.7		
10	119	11.0		11.1					1.5	0.7		New CL2
11	115	11.0		11.5					1.5	0.7		
12	115	11.0		11.5					1.5	0.7		
13	100	9.0		10.7					1.4	0.6		
14	121	10.0		9.9					1.4	0.7		
15	89	7.0		9.4					1.4	0.7		
16	105	8.0		9.1					1.4	0.7		
17	86	5.0		7.0					1.4	0.7		
18	92	6.0		7.8					1.4	0.7		
19	O			0.0								
20	191	18.0		11.3					1.4	0.7		
21	124	9.0		8.7					1.4	0.7		
22	91	7.0		9.2					1.4	0.7		
23	89	8.0		10.8					1.5	0.7		
24	87	7.0		9.6					1.4	0.7		
25	99	8.0		9.7					1.4	0.7		
26	86	8.0		11.2					1.5	0.7		
27	O			0.0								
28	170	12.0		8.5					1.4	0.7		
29	65	5.0		9.2					1.4	0.7		
30	68	5.0		8.8					1.4	0.7		
31	O			0.0								

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 295 No of People at End of Month 1032.5

Design Flow 0.864 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James Johnson C-4354

I certify this report is correct (Original signed by Frank McCord C-7264)

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

Days of Month	Total Water Treated in in Gallons	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	2329	156.0		206.3					35.4	18.0	4	
Average	75	5.0		7.9					1.4	0.7		
Maximum	113	7.0		10.4					1.5	0.7		
Minimum	63	2.0		4.4					0.8	0.6		
1	79	6.0		9.1					1.4	0.7		
2	71	5.0		8.4					1.4	0.7		
3	82	5.0		7.3					1.4	0.7		New CL2
4	0	0.0		0.0					0.0	0.0		
5	186	14.0		9.0					1.4	0.7		
6	95	7.0		8.6					1.4	0.7	4	COMPLIANCE
7	78	0.0		0.0					0.8	0.6		Main Break
8	81	5.0		9.5					1.4	0.7		
9	88	n/a		0.0					0.8	0.6		By pass
10	0	0.0		0.0					0.0	0.0		
11	168	11.0		9.3					1.5	0.7		
12	80								1.4	0.7		
13	54	2.0		10.4					1.4	0.7		
14	71	5.0		8.4					1.4	0.7		Re-set PSI down 15%
15	70	5.0		8.6					1.4	0.7		
16	64	4.0		7.5					1.4	0.7		
17	0	0.0		0.0					0.0	0.0		
18	145	12.0		9.9					1.5	0.7		
19	94	6.0		7.7					1.4	0.7		
20	80	6.0		9.0					1.4	0.7		
21	63	5.0		9.5					1.4	0.7		
22	74	6.0		9.7					1.4	0.7		
23	69	6.0		10.4					1.4	0.7		
24	113	7.0		7.4					1.4	0.7		
25	0	0.0		0.0					0.0	0.0		
26	106	9.0		10.2					1.4	0.7		
27	72	6.0		10.0					1.4	0.7		
28	73	6.0		9.9					1.4	0.7		
29	78	6.0		9.2					1.4	0.7		
30	95	7.0		8.8					1.4	0.7		
31	0	0.0		0.0					0.0	0.0		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 295 No of People at End of Month 1032.5
Design Flow 0.0864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James Johnson C-4354
I certify this report is correct (Original signed by Frank McCord C-7264)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2742	193.0		235.4					38.5	18.7	4	
Average:	88.5	6.2		8.6					1.4	0.7		
Maximum:	106	8.0		11.2					1.5	0.7		
Minimum:	68	5.0		5.3					1.3	0.6		
1	158	10.0		7.6					1.5	0.7		New CL2
2	87	6.0		8.3					1.4	0.7		
3	93	6.0		7.7					1.4	0.7		
4	90	6.0		8.0					1.4	0.7		
5	95	7.0		8.8					1.4	0.7		
6	93	8.0		10.3					1.4	0.7		
7	101	6.0		7.1					1.5	0.7		
8	0	0.0		0.0					0.0	0.0		
9	204	13.0		7.6					1.4	0.7	4	COMPLIANCE
10	92	7.0		9.1					1.5	0.7		
11	70	5.0		8.6					1.4	0.7		
12	90	6.0		8.0					1.4	0.7		
13	72	6.0		10.0					1.4	0.7		
14	0	0.0		0.0					0.0	0.0		
15	172	16.0		11.2					1.5	0.7		
16	78	5.0		7.7					1.4	0.7		
17	71	6.0		10.1					1.4	0.7		
18	80	7.0		10.5					1.4	0.7		
19	94	7.0		8.9					1.4	0.7		
20	95	8.0		10.1					1.4	0.7		
21	101	7.0		8.3					1.5	0.7		
22	0	0.0		0.0					0.0	0.0		
23	211	10.0		5.7					1.3	0.6		
24	79	6.0		9.1					1.4	0.7		
25	78	6.0		9.2					1.5	0.7		
26	76	6.0		9.5					1.4	0.6		
27	79	6.0		9.1					1.5	0.7		
28	57	5.0		10.5					1.5	0.7		
29	0	0.0		0.0					0.0	0.0		
30	158	7.0		5.3					1.4	0.7		
31	68	5.0		8.8					1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

21170126 N

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3560699 PWS Name Lake Harriet Location:City or SID Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 295 No of People at End of Month 1,033
Design Flow 0.0864 MGD Remarks (Use Reverse Side) * indicates gallons from Alt Springs By-pass
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James W. Johnson C-4354 / Frank McCord C-7264
I certify this report is correct: Frank McCord (Lead Operator's Signature) C (Cert. Level) 7264 (Cert. No.)

Days of Month	Total Water Treated in Gallons	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	gas used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,379,000	168.0		225.2					37.9	18.9	4	
Average	79,300	5.6		7.5					1.4	0.7		
Maximum	94,000	7.0		10.2					1.5	0.7		
Minimum	57,000	2.0		3.5					1.0	0.7		
1	64,000	5.0		9.4					1.4	0.7		
2	74,000	5.0		8.1					1.4	0.7	4	Compliance
3	82,000	7.0		10.2					1.4	0.7		
4												
5	147,000	14.0		11.4					1.5	0.7		
6	81,800	7.0		10.3					1.4	0.7		
7	82,000	6.0		8.8					1.4	0.7		
8	78,000	5.0		7.7					1.4	0.7		
9	57,000	5.0		10.5					1.4	0.7		8,000 *
10	68,000	2.0		3.5					1.0	0.7		
11												
12	147,600	11.0		8.9					1.5	0.7		
13	82,000	6.0		8.8					1.5	0.7		
14	94,000	7.0		8.9					1.5	0.7		1,000 * / flushed
15	63,000	5.0		9.5					1.5	0.7		Repair serv. pump
16	83,000	4.0		5.8					1.4	0.7		6,000 *
17	68,000	1.0		1.8					1.4	0.7		
18	81,000	6.0		8.9					1.4	0.7		
19	83,000	5.0		7.2					1.4	0.7		New Cl2
20	89,600	7.0		9.4					1.4	0.7		
21	87,000	6.0		8.3					1.4	0.7		
22	94,000	7.0		8.9					1.4	0.7		
23	85,000	6.0		8.5					1.4	0.7		
24	85,000	6.0		8.5					1.4	0.7		
25												
26	163,000	11.0		8.1					1.4	0.7		
27	90,000	6.0		8.0					1.4	0.7		
28	83,000	6.0		8.7					1.4	0.7		Nitrate/VOC tes:
29	84,000	6.0		8.6					1.4	0.7		1,000 *
30	83,000	6.0		8.7					1.4	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1983

21170 126 N

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 295 No of People at End of Month 1,033

Design Flow 0.0864 MGD Remarks (Use Reverse Side) * Indicates water use thru Alta Spgs interconnect

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C-7264 / James W. Johnson C-4354

I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) 7264 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	2,313,100	178.0		237.5					36.9	18.0	4	
Average	74,616	5.7		7.7					1.4	0.7		
Maximum	111,800	8.0		11.4					1.6	0.8		
Minimum	60,100	4.0		5.4					1.3	0.6		
1	75,000	7.0		11.2					1.4	0.7		
2												
3	164,000	14.0		10.2					1.4	0.6		
4	104,000	7.0		8.1					1.4	0.7	4	Compliance
5	92,000	8.0		10.4					1.4	0.7		
6	71,000	5.0		8.4					1.4	0.7		* 9,000
7	67,000	5.0		8.9					1.4	0.7		
8	78,000	6.0		9.2					1.4	0.7		
9	72,000	6.0		10.0					1.5	0.7		
10												
11	141,000	12.0		10.2					1.6	0.8		
12	111,800	5.0		5.4					1.5	0.7		
13	71,200	5.0		8.4					1.3	0.6		
14	83,000	6.0		8.7					1.4	0.7		
15	60,100	4.0		8.0					1.4	0.6		
16	79,000	5.0		7.6					1.5	0.7		
17												
18	137,000	13.0		11.4					1.5	0.7		
19	88,000	6.0		8.2					1.4	0.7		
20	62,000	4.0		7.7					1.4	0.7		
21	78,000	6.0		9.2					1.4	0.7		
22	82,000	7.0		10.2					1.4	0.7		
23												
24	143,000	11.0		9.2					1.4	0.7		
25	82,000	8.0		11.7					1.4	0.7		
26	73,000	5.0		8.2					1.4	0.7		
27	69,000	5.0		8.7					1.4	0.7		
28	81,000	6.0		8.9					1.4	0.7		
29	76,000	6.0		9.5					1.4	0.7		
30	73,000	6.0		9.9					1.4	0.7		
31												

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.

DER Form 17-555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 282 No of People at End of Month 987
Design Flow 0.0864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James W. Johnson C-4354 / Frank McCord C-7264
I certify this report is correct Frank McCord C C7264
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	2,312,000	180.0		246.3					36.5	18.2	4	
Average	77,067	6.0		8.2					1.4	0.7		
Maximum	114,000	14.0		12.9					1.5	0.7		
Minimum	60,000	4.0		5.9					1.4	0.7		
1	152,000	12.0		9.5					1.4	0.7		
2	66,000	6.0		10.9					1.4	0.7		
3	79,000	6.0		9.1					1.4	0.7		
4	66,000	6.0		10.9					1.4	0.7	4	COMPLIANCE
5	74,000	6.0		9.7					1.4	0.7		
6	66,000	6.0		10.9					1.5	0.7		
7												
8	156,000	10.0		7.7					1.4	0.7		NEW CL2
9	77,000	5.0		7.8					1.4	0.7		
10	67,000	5.0		8.9					1.4	0.7		
11	70,000	5.0		8.6					1.4	0.7		
12	78,000	5.0		7.7					1.4	0.7		
13												
14	163,000	8.0		5.9					1.4	0.7		
15	114,000	14.0		14.7					1.4	0.7		RAN AIR COMP
16	85,000	8.0		11.3					1.4	0.7		
17	93,000	10.0		12.9					1.4	0.7		
18	83,000	6.0		8.7					1.4	0.7		
19	72,000	4.0		6.7					1.4	0.7		
20												
21	126,000	10.0		9.5					1.4	0.7		
22	87,000	10.0		13.8					1.4	0.7		
23	65,000	6.0		11.1					1.4	0.7		
24	64,000	4.0		7.5					1.4	0.7		
25	62,000	4.0		7.7					1.4	0.7		
26	63,000	6.0		11.4					1.4	0.7		
27												
28	142,000	8.0		6.8					1.4	0.7		
29	82,000	6.0		8.8					1.4	0.7		
30	60,000	4.0		8.0					1.4	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590699 PWS Name Lake Harriet Location:City or S/D Forest City
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 283 No of People at End of Month 991
Design Flow 0.864 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264 / James W. Johnson C-4354
I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) C7264 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l					Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
					lbs used	mg/l	lbs used	mg/l				
Monthly Total	2,237,000	172.0		257.4					39.3	19.4	4	* indicates water thru Altamonte Springs emergency interconnect
Average:	72,161	5.5		8.3					1.4	0.7		
Maximum:	119,000	8.0		13.1					1.5	0.7		
Minimum:	22,000	2.0		6.7					1.4	0.6		
1	77,000	6.0		9.3					1.4	0.7		
2	74,000	6.0		9.7					1.4	0.7		
3	71,000	4.0		6.8					1.4	0.7		
4	74,000	6.0		9.7					1.4	0.7		New CL2
5	72,000	4.0		6.7					1.4	0.6		
6	89,000	6.0		8.1					1.4	0.7		
7	61,000	4.0		7.9					1.4	0.7	4	Compliance
8	58,000	4.0		8.3					1.4	0.7		* 17,000
9	73,000	6.0		9.9					1.4	0.7		
10	79,000	6.0		9.1					1.5	0.7		
11	65,000	4.0		7.4					1.4	0.6		
12												
13	143,000	12.0		10.1					1.4	0.7		
14	22,000	2.0		10.9					1.4	0.7		* 62,000
15	63,000	4.0		7.6					1.4	0.7		Ran Air Comp.
16	73,000	8.0		13.1					1.4	0.7		
17	81,000	6.0		8.9					1.4	0.7		
18												
19	125,000	10.0		9.6					1.4	0.7		
20	119,000	8.0		8.1					1.4	0.7		
21	80,000	6.0		9.0					1.4	0.7		
22	65,000	5.0		9.2					1.4	0.7		
23	70,000	5.0		8.6					1.4	0.7		
24	74,000	6.0		9.7					1.4	0.7		
25												
26	131,000	11.0		10.1					1.4	0.7		
27	92,000	7.0		9.1					1.4	0.7		
28	76,000	6.0		9.5					1.4	0.7		Ran Air Comp.
29	78,000	8.0		12.3					1.4	0.7		
30	79,000	6.0		9.1					1.4	0.7		
31	73,000	6.0		9.9					1.4	0.7		New CL2

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

DER Form 17.555910(2)
Effective 11/1/1988

LAKESIDE

Monthly Operating Water Reports

Missing April through December 1994

and

Missing November 1993

They were never submitted by the previous owner.

State of Florida
Department of Environmental Regulation

RECEIVED
MAR 10 1994
Department of Environmental Protection
SOUTHWEST DISTRICT

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6098197 PWS Name Lakeside Water Co. Location: City or Sub SOUTHWEST DISTRICT
Owned by Lakeside C.C. Phone No.: _____ Reporting Month Jan
Plant Effluent pH (Avg) _____ No. of Services at End of Month 84 No. of People Served at End of Month 117
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
Stephen L. Jones C: 6532

I certify this report is correct Stephen L Jones C 6532
(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	3223000											
Average	103.96											
Maximum	105000											
Minimum	83000											
1	97000	6		9.3					1.2	.6	2	
2												
3	117000	10		10.2					1.0	.4	2	
4	76000	6							1.1	.4	2	
5	117000	10.5		107.6					1.0	.3	2	CL2 T 105 lb
6	97000	8		10.3					1.2	.5	2	B10 off h
7	90000	8		10.6					1.0	.4	2	
8	95000	8		10.0					1.1	.4	2	
9												
10	222000	15		8.1					1.0	.4	2	
11	254000	25		11.5					1.0	.4	2	
12	292000	25		10.1					0.8	.3	2	
13	68000	6		10.5					1.0	.4	2	
14	42000	6		17.1					1.0	.4	2	
15												
16	129000	10		9.2					1.1	.4	2	
17	610000	9		17.2					1.2	.4	2	
18	64000	8		14.9					1.0	.4	2	
19	64000	7		13.1					1.1	.4	2	
20	67000	6		10.7					1.2	.4	2	
21	39000	6		18.4					1.4	.4	2	
22	33000	7		25.0					1.2	.5	2	
23												
24	102000	8		9.4					1.2	.4	2	
25	115000	9		8.3					1.1	.4	2	
26	59000	6		10.1					1.2	.4	2	
27	60000	9		13.9					1.2	.4	2	
28	62000	7		13.5					1.1	.4	2	
29	126000	10		9.5					1.0	.4	2	
30												
31	705000	100		17.0					1.4	.5	2	

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

DER Form 17-555.910(2)

State of Florida
Department of Environmental Regulation

RECEIVED
MAY 10 1994
Department of Environmental Protection
SOUTHWEST DISTRICT

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092147 PWS Name Lakeside [illegible] Co. Location: City or S/D [illegible]
Owned by Lakeside C C Phone No.: _____ Reporting Month Feb. 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 54 No. of People Served at End of Month 117
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
Stephen L. Jones C 6532

I certify this report is correct _____ C 6532
(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 frequ. main line breal meter calibratic
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2119000											
Average	75.6K											
Maximum	357000											
Minimum	41000											
1	135000	10		15.9					1.0	.3	2	
2	65000	6		11.0					1.1	.4	2	
3	57000	5		11.1					1.2	.4	2	
4	100000	6		11.6					1.4	1.0	2	
5												
6	72000	10		9.5					1.0	.3	2	
7	60000	5		5.7					1.5	.5	2	
8	120000	6		6.5					0.8	.3	2	
9	91000	6		5.2					1.0	.4	2	
10	57000	4		9.8					1.0	.4	2	
11	157000	10		7.7					.8	.4	2	
12	71000	5		3.9					.8	.4	2	
13												
14	130000	9		8.3					1.0	.4	2	
15	71000	8		13.5					1.0	.4	2	
16	121000	9		8.9					1.0	.4	2	
17	95000	6		13.0					1.0	.4	2	
18	59000	6		12.4					1.0	.4	2	
19												
20	176000	8		8.6					1.0	.4	2	
21	66000	6		11.9					1.0	.4	2	
22	89000	7		10.1					1.3	.4	2	
23	101000	9		10.6					1.1	.5	2	
24	70000	6		10.2					1.0	.4	2	
25	41000	4		11.5					1.0	.4	2	
26	25000	14		6.5					1.2	.5	2	
27												
28	146000	9		7.3					1.0	.4	2	
29												
30												
31												

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 reco

DER Form 17-555.910(2)
Effective 11/1/89

RECEIVED
MAY 10 1994
Department of Environmental Protection
SOUTHWEST DISTRICT

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 1270197 PWS Name Lakeside Water Co. Location: City or S/D Hernando
Owned by Lakeside W. C. Phone No.: _____ Reporting Month MARCH 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 57 No. of People Served at End of Month 117
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
Stephen L. Sellers C-6532

I certify this report is correct Stephen L. Sellers C - 6532
(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	2360800											
Average	19.163											
Maximum	26000											
Minimum	32000											
1	96000	7		17.7					1.1	.5	2	
2	57600	6		12.5					1.0	.5	2	
3	32000	6		22.4					1.1	.6	2	
4	71000	6		17.5					1.2	.6	2	
5	46000	3		15.4					1.1	.5	2	
6												
7	119000	11		8.1					1.0	.4	2	
8	74000	7		5.7					1.2	.6	2	
9	58000	7		7.5					1.1	.5	2	
10	35000	7		10.7					1.0	.4	2	
11	42000	7		12.4					1.1	.4	2	
12												
13	150000	9		5.4					0.8	.4	2	
14	58000	5		10.3					1.4	.8	2	
15	77000	5		7.7					1.1	.5	2	
16	98000	6		8.1					1.2	.6	2	
17	78000	6		9.4					1.2	.6	2	
18	72000	6		10.1					1.2	.6	2	
19	72000	6		9.9					1.2	.4	2	
20												
21	177000	10		6.7					1.3	.5	2	
22	96000	6		7.4					1.2	.6	2	
23	116000	8		8.3					1.5	.4	2	
24	158000	8		5.1					1.0	.4	2	
25	68000	6		11.2					1.3	.4	2	
26	73000	6		9.5					1.2	.6	2	
27												
28	210000	12		7.2					1.3	1.6	2	
29	72000	6		9.9					1.1	.5	2	
30	72000	6		9.8					1.0	.5	2	
31	72000	6		9.5					1.0	.5	2	

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.

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092197 PWS Name Lakeside Water Co. Location: City or S/D Inv. Fla.
Owned by Lakeside C.C. Phone No. 726-1461 Reporting Month Jan DEP
Plant Effluent pH (Avg) _____ No. of Services at End of Month 115 No. of People Served at End of Month 115
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
Stephen R. Jones C-6532

JUN 04 1993
SOUTHWEST DISTRICT
TAMPA

I certify this report is correct _____ (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	1902000											
Average	61,354											
Maximum	165000											
Minimum	34000											
1	55000	8		17.4				✓	1.0	.3	2	
2	77000	5		13.3					1.0	.3	2	
3												
4	165000	11		7.9					1.2	.4	2	
5	95000	7		8.8					1.1	.4	2	
6	67000	12		23.2					1.0	.4	2	
7	70000	5		8.5					1.2	.4	2	
8	74000	7		11.3					1.0	.4	2	
9	43000	5		13.9					1.2	.4	2	
10												
11	102000	10		11.7					1.3	.4	2	
12	61000	5		9.8					1.0	.4	2	
13	36000	6		19.9					1.3	.4	2	
14	57000	9		12.4					1.0	.4	2	
15	34000	7		24.6					1.3	.3	2	
16	41000	8		23.2					1.3	.3	2	
17												
18	123000	9		8.7					1.0	.3	2	
19	78000	5		7.6					1.0	.3	2	
20	54000	7		15.5					1.5	.4	2	
21	45000	5		13.3					1.3	.4	2	
22	91000	6		7.9					1.2	.4	2	
23	35000	4		8.7					1.1	.3	2	
24												
25	175000	10		9.6					1.0	.4	2	
26	102000	4		4.7					1.0	.4	2	
27	38000	3		9.4					1.0	.6	2	Samples
28	67000	5		8.9					1.1	.4	2	
29	65000	8		14.1					1.2	.4	2	
30	55000	7		15.2					1.0	.4	2	
31												

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.

DER Form 17-555.900(2)
Effective 11/1/89

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092197 PWS Name Lakeside Water Co. Location: City or S/D Inv. Els
Owned by Lakeside W.C. Phone No: 726-1461 Reporting Month: Feb 93
Plant Effluent pH (Avg) _____ No of Services at End of Month 75 No of People Served at End of Month 117
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No (s) for all Certified Operators working at the plant for month _____
Stephen L Sowe C 6532

I certify this report is correct Stephen L Sowe C 6532
(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 (e.g. 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	2070000											
Average	73928											
Maximum	145000											
Minimum	41000											
1	130000	10		9.2				/	1.0	.4	2	
2	82000	6		8.7					1.1	.4	2	
3	96000	7		8.7					1.0	.3	2	
4	57000	5		10.5					1.0	.3	2	
5	72000	6		9.2					1.1	.4	2	
6	74000	5		10.2					1.3	.4	2	
7												
8	65000	9		15.6					1.0	.3	2	
9	74000	5		8.1					1.0	.3	2	
10	43000	4		11.1					1.2	.4	2	
11	73000	6		9.7					1.1	.3	2	
12	92000	7		9.5					1.1	.3	2	
13	54000	8		17.7					1.0	.3	2	
14												
15	104000	10		11.5					1.0	.4	2	
16	81000	10		14.8					1.0	.3	2	
17	101000	5		5.4					1.0	.3	2	
18	71000	9		15.1					1.1	.3	2	
19	66000	5		9.9					1.0	.4	2	
20	82000	7		10.2					0.8	.2	2	
21												
22	144000	8		6.6					2.6	.2	2	
23	101500	4		7.8					1.0	.3	2	
24	62000	6		11.6					1.2	.3	2	
25	103000	5		9.3					1.1	.3	2	
26	41000	4		11.6					1.2	.3	2	
27												
28	145000	8		6.6					1.0	.3	2	
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 10 days after the month of record

DER Form 17-555 (922)
Effective 11/1/89

RECEIVED
AUG 23 1993
Department of Environmental Protection
SOUTHWEST DISTRICT
BY _____

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092197 PWS Name Lakeside Water Co. Location: City or S/D Z. No. Fla
Owned by Lakeside C.C. Phone No.: 726-1461 Reporting Month March 93
Plant Effluent pH (Avg) _____ No. of Services at End of Month 75 No. of People Served at End of Month 117
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
Stephen L. C 6532

I certify this report is correct Stephen L. C 6532
(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 (e.g., 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	2,174,000											31	
Average	70,129											2	
Maximum	180,000												
Minimum	45,000												
1	57,000	12		22.2					/	1.6	.3	2	
2	76,000	8		12.6						1.1	.3	2	
3	81,000	6		14.1						1.6	.3	2	
4	45,000	7		18.6						1.2	.3	2	
5	60,000	5		14.1						1.2	.3	2	
6													
7	110,000	10		10.9						1.1	.4	2	
8	69,000	2		5.6						1.6	.3	2	
9	112,000	5		5.3						1.2	.4	2	
10	45,000	5		12.8						1.6	.4	2	
11	65,000	3		5.4						1.1	.4	2	
12	67,000	3		5.1						1.6	.3	2	
13	65,000	5		14.7						1.5	.3	2	
14													
15	131,000	9		8.4						1.5	.5	2	
16	55,000	3		14.4						1.8	.3	2	
17	76,000	8		13.7						1.5	.6	2	
18	55,000	3		16.3						1.2	.4	2	
19	55,000	4		9.6						1.3	.1	2	
20	65,000	6		11.4						1.1	.5	2	
21													
22	97,000	10		12.3						1.1	.4	2	
23	97,000	10		12.3						1.1	.4	2	
24	56,000	8		17.1						1.3	.4	2	
25	55,000	5		10.9						1.2	.4	2	
26	52,000	4		9.2						1.3	.4	2	
27	54,000	3		7.1						1.5	.3	2	
28													
29	144,000	10		8.3						1.6	.4	2	
30	126,000	8		7.6						1.4	.4	2	
31	100,000	6		7.1						1.2	.4	2	

D.E.R.
AUG 23 1993
SOUTHWEST DISTRICT
TAMPA

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

DER Form 17-555(10)(2)
Effective 11/1/89

State of Florida
Department of Environmental Regulation

AUG [illegible]

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6059197 PWS Name Lakeside Water Co Location: City or S/D Inv. Fla.
Owned by Lakeside C C Phone No.: 726-1461 Reporting Month: ~~Nov~~ April 93
Plant Effluent pH (Avg) _____ No. of Services at End of Month 75 No. of People Served at End of Month 117
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
Stephen R Jones C- 6532

I certify this report is correct Steph R Jones C 6532
(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												
Average												
Maximum	192000											
Minimum	50000											
1	54000	3		6.2				/	1.1	.3	2	
2	100000	5		5.0					1.0	.3	2	
3	84000	6		8.5					1.1	.3	2	
4												
5	180000	10		6.4					1.2	.4	2	
6	138000	5		4.3					1.0	.3	2	
7	66000	4		7.2					1.1	.4	2	
8	45000	6		7.5					1.1	.4	2	
9	92000	7		8.6					1.0	.3	2	
10												
11	192000	5		3.1					1.0	.3	2	
12	126000	9		8.9					1.1	.4	2	
13	122000	9		8.9					1.1	.4	2	
14	103000	7		8.1					1.3	.5	2	
15	70000	5		6.6					1.0	.3	2	
16	83200	6		8.4					1.0	.3	2	
17	66000	3		5.3					1.0	.3	2	
18												
19	188000	8		5.0					1.0	.3	2	
20	75200	8		12.7					1.1	.4	2	
21	83000	6		8.6					1.1	.4	2	
22	150000	7		4.4					1.3	.4	2	
23	80000	5		7.4					1.0	.3	2	fuse panel blew
24	83200	4		5.6					1.0	.3	2	
25	70000	7		11.9					1.0	.3	2	
26	130000	6		5.5					.8	.3	2	
27	80000	8		11.9					.8	.3	2	
28	97000	5		6.1					1.0	.3	2	
29	75000	6		9.5					1.0	.3	2	
30	66000	5		9.0					.9	.3	2	
31												

D.E.R.
AUG 23 1993
SOUTHWEST DISTRICT
TAMPA

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.

DER Form 17-555 (1/92)
Effective 11/1/88

AUG 7 9 1993

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 6097197 PWS Name Lakeside Water Co. Location: City or S/D JNo. Fla.
Owned by Lakeside Country Club Phone No. 726-1461 Reporting Month 11104 93
Plant Effluent pH (Avg) _____ No of Services at End of Month 84 No of People Served at End of Month 170
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No (s) for all Certified Operators working at the plant for month
Stephen K Jones C-6532

I certify this report is correct Stephen K Jones (Lead Operator's Signature) C (Cert Level) 6532 (Cert. No)

Days of Month	Total Water Treated in Gals	Chlorine lbs used	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	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	1116000											
Average	37.2											
Maximum	270000											
Minimum	19000											
1	122000	6		3.1				/	1.0	.4	2	
2												
3	100000	10		11.9					1.2	.4	2	
4	102000	10		11.7					1.0	.4	2	
5	127000	10		9.4					1.0	.3	2	
6	128000	14		13.1					1.0	.4	2	
7	125000	10		9.5					1.0	.4	2	
8	179000	8		5.3					1.1	.5	2	
9												
10	222000	10		5.4					1.0	.4	2	
11	241000	10		4.8					1.0	.4	2	
12	113000	12		10.6					1.1	.4	2	
13	131000	8		7.3					1.0	.4	2	
14	116000	8		8.2					1.0	.4	2	
15	113000	9		7.0					.8	.3	2	
16												
17	250000	10		4.7					1.0	.3	2	
18	184000	10		6.5					1.1	.4	2	
19	178000	10		8.6					.7	.3	2	
20	146000	8		6.5					.8	.3	2	
21	175000	8		7.1					.8	.3	2	
22	185000	8		5.1					1.0	.4	2	
23												
24	254000	10		4.7					1.0	.4	2	
25	178000	10		6.7					1.2	.4	2	
26	89000	10		13.7					1.0	.3	2	
27	95000	9		11.3					1.0	.3	2	
28	125000	9		8.6					1.1	.4	2	
29	296000	10		4.0					1.2	.4	2	
30												
31	123000	10		9.7					1.0	.4	2	

D.E.R.
AUG 23 1993
SOUTHWEST DISTRICT
TAMPA

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

DER Form 17-555 (1/32)
Effective 11/1/89

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 1009197 PWS Name Lakeside Water Co. Location: City or S/D Citrus County
Owned by Lakeside E.C. Phone No. 726-1461 Reporting Month June 93
Plant Effluent pH (Avg) _____ No. of Services at End of Month 84 No. of People Served at End of Month 112
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
Stephen C. Jones C-6532

I certify this report is correct Stephen R. Jones C 6532
(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 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	4162000											
Average	138763											
Maximum	260000											
Minimum	79000											
1	213000	9		5.0				✓	1.0	.3	2	
2	87000	6		6.8					1.0	.4	2	
3	129000	10		9.2					1.0	.4	2	
4	189000	10		6.3					1.0	.4	2	
5	152000	8		6.3					1.0	.4		
6												
7	210000	9		5.1					1.0	.4	2	
8	245000	8		3.9					1.0	.4	2	
9	152000	8		6.3					1.0	.4	2	
10	260000	10		4.6					1.0	.4	2	
11	150000	9		7.1					1.0	.4	2	
12	148000	9		7.5					1.0	.4	2	
13												
14	205000	10		5.8					1.0	.4	2	
15	109000	9		9.9					1.0	.4	2	
16	120000	10		9.5					1.0	.4	2	
17	150000	10		7.9					1.0	.4	2	
18	79000	8		12.1					1.0	.4	2	
19	260000	10		4.6					1.0	.4	2	
20						D.E.R.						
21	260000	10		4.6					1.0	.4	2	
22	168000	10		7.1					1.0	.4	2	
23	160000	10		7.4		AUG 23 1993			1.0	.4	2	
24	96000	10		12.4					1.0	.4	2	
25	143000	10		8.4		SOUTHWEST DISTRICT			1.0	.4	2	
26	102000	10		11.7		TAMPA			1.1	.4	2	
27												
28	175000	10		6.8					1.0	.4	2	
29	105000	8		9.1					1.0	.4	2	
30	102000	8		9.4					1.0	.4	2	
31												

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

DER Form 17-555.900(2)
Effective 11/1/89

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6[illegible]107 PWS Name [illegible] Location City or S/D [illegible]
Owned by [illegible] Phone No: [illegible] Reporting Month [illegible]
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
[illegible]

I certify this report is correct _____ (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	[illegible]											
Average	[illegible]											
Maximum	[illegible]											
Minimum	[illegible]											
1	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
2	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
3	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
4	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
5												
6	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
7	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
8	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
9	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
10	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
11	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
12												
13	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
14	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
15	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
16	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
17	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
18												
19	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
20	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
21	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
22	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
23	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
24												
25	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
26	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
27	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
28	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
29	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
30	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	
31	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	

D.E.R.
AUG 23 1993
SOUTHWEST DISTRICT
TAMPA

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.

DER Form 17-555(8)(c)(3)
Effective 10/1/89

RECEIVED
SEP 15 1993
Department of Environmental Protection
SOUTHWEST DISTRICT
BY

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092197 PWS Name Lakeside Water Co. Location: City or S/D Inv.
Owned by Lakeside C. C. Phone No.: _____ Reporting Month Aug 93
Plant Effluent pH (Avg) _____ No. of Services at End of Month 84 No. of People Served at End of Month 117
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
Stephen R. Jones C-6532
I certify this report is correct _____ C 6532
(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	3196[illegible]	23										
Average	113[illegible]	75										
Maximum	27[illegible]	1.4							1.2			
Minimum	64[illegible]	7							.7			
1												
2	20[illegible]	10		3.9					1.1	.4	2	
3	153[illegible]	9		6.9					1.0	.4	2	
4	376[illegible]	11		4.7					.8	.3	2	
5	111[illegible]	8		8.6					1.0	.4	2	
6	135[illegible]	8		5.1					.8	.3	2	
7												
8	26300	11		5.0					1.1	.3	2	
9	6[illegible]	7		13.7					1.0	.3	2	
10	16[illegible]	7		4.9					.8	.3	2	
11	6[illegible]	8		8.6					1.0	.3	2	
12	132[illegible]	7		6.3					.8	.3	2	
13	107[illegible]	8		8.9					.8	.2	2	
14	100[illegible]	8		8.8					.8	.3	2	
15												
16	197[illegible]	12		7.6					.7	.2	2	
17	76[illegible]	10		15.7					1.0	.3	2	
18	115[illegible]	11		11.4					1.2	.3	2	
19	100[illegible]	10		11.9					1.0	.3	2	
20	91[illegible]	7		9.5					.9	.3	2	
21												
22	28[illegible]	14		5.9					1.0	.3	2	
23	131[illegible]	10		8.6					1.1	.4	2	
24	106[illegible]	9		10.1					1.1	.4	2	
25	97[illegible]	8		9.6					1.0	.4	2	
26	98[illegible]	8		10.9					1.2	.4	2	
27	84[illegible]	9		12.8					1.1	.4	2	
28	120[illegible]	10		9.9					1.1	.4	2	
29	123[illegible]	9		8.8					1.0	.4	2	
30	24[illegible]	9		16.8					1.1	.4	2	
31												

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.

DER Form 17-555.910(2)

RECEIVED
NOV 15 1993
BY SOUTHWEST

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. [illegible] PWS Name [illegible] Location: City or S/D [illegible]
Owned by [illegible] Phone No.: _____ Reporting Month Sept. 93
Plant Effluent pH (Avg) _____ No. of Services at End of Month 54 No. of People Served at End of Month 117
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
[illegible] 6532

I certify this report is correct [signature] C 6532
(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	[illegible]											
Average	[illegible]											
Maximum	[illegible]											
Minimum	[illegible]											
1	[illegible]	[illegible]		[illegible]					1.2	.4	2	
2	[illegible]	[illegible]		[illegible]					1.1	.3	2	
3	[illegible]	[illegible]		[illegible]					1.3	.4	2	
4	[illegible]	[illegible]		[illegible]					1.3	.4	2	
5												
6	[illegible]	[illegible]		[illegible]					1.1	.3	2	
7	[illegible]	[illegible]		[illegible]					1.2	.4	2	
8	[illegible]	[illegible]		[illegible]					1.1	.4	2	
9	[illegible]	[illegible]		[illegible]					1.2	.4	2	
10	[illegible]	[illegible]		[illegible]					1.1	.4	2	
11	[illegible]	[illegible]		[illegible]					1.2	.4	2	
12												
13	[illegible]	[illegible]		[illegible]					1.1	.4	2	
14	[illegible]	[illegible]		[illegible]					1.2	.3	2	
15	[illegible]	[illegible]		[illegible]					1.2	.4	2	
16	[illegible]	[illegible]		[illegible]					1.2	.4	2	
17	[illegible]	[illegible]		[illegible]					1.2	.4	2	
18	[illegible]	[illegible]		[illegible]					1.2	1.5	2	
19												
20	[illegible]	[illegible]		[illegible]					1.1	.3	2	
21	[illegible]	[illegible]		[illegible]					1.2	.4	2	
22	[illegible]	[illegible]		[illegible]					1.1	.3	2	
23	[illegible]	[illegible]		[illegible]					1.2	.4	2	
24	[illegible]	[illegible]		[illegible]					1.0	.3	2	
25	[illegible]	[illegible]		[illegible]					1.1	.3	2	
26												
27	[illegible]	[illegible]		[illegible]					1.2	.3	2	
28	[illegible]	[illegible]		[illegible]					1.1	.4	2	
29	[illegible]	[illegible]		[illegible]					1.2	.4	2	
30	[illegible]	[illegible]		[illegible]					1.2	.4	2	
31												

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.

DER Form 17-555.901(2)

RECEIVED
DEC 03 1993
Department of Environmental Protection
SOUTHWEST DISTRICT
BY

State of Florida
Department of Environmental Regulation

DEC 7 1993

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092197 PWS Name Lakeside Water Co. Location: City or S/D INV
Owned by Lakeside C.C Phone No.: Reporting Month Oct, 93
Plant Effluent pH (Avg) No. of Services at End of Month 54 No. of People Served at End of Month 117
Design Flow Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
Stephen R. Jones C-6532

I certify this report is correct Stephen Jones C 6532
(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												
Average												
Maximum	157000											
Minimum	25200											
1	106600	7		7.9					1.1	5	2	
2												
3	157000	10		7.5					1.5	.6	2	
4	113000	7		7.4					1.4	.5	2	
5	102000	7		8.2					1.2	.4	2	
6	58000	5		10.3					1.3	.4	2	
7	68000	6		10.5					1.4	.4	2	
8	50000	5		9.1					1.1	.4	2	
9	78000	8		12.2					1.0	.3	2	
10												
11	136000	9		7.9					1.2	.4	2	
12	61000	6		11.7					1.1	.4	2	
13	92000	6		7.5					1.0	.3	2	
14	89000	5		6.7					1.1	.4	2	
15	57000	7		14.6					1.2	.5	2	
16												
17	137000	9		7.7					1.2	.5	2	
18	90000	5		6.6					1.0	.4	2	
19	74000	5		8.1					1.0	.4	2	
20	43000	6		16.7					1.3	.5	2	
21	82000	7		10.2					1.2	.5	2	
22	53000	8		11.5					1.2	.4	2	
23												
24	182000	10		6.5					1.3	.5	2	
25	65000	5		9.5					1.0	.4	2	
26	25000	5		23.9					1.1	.4	2	
27	100000	4		6.9					1.0	.4	2	
28	120000	7		11.7					1.0	.4	2	
29	95000	6		14.3					1.1	.4	2	
30	45000	8		21.3					1.0	.4	2	
31												

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.

DER Form 17-555.910(2)

State of Florida
Department of Environmental Regulation

FEB 03 1994

SOUTHWEST DISTRICT
TAMPA

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092197 PWS Name Lakeside Water Co. Location: City or S/D Inv
Owned by Lakeside C.C. Phone No.: _____ Reporting Month Dec 93
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
Stephen R Sears C. 6532

I certify this report is correct [signature] C 6532
(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	3556000											
Average	114.70											
Maximum	861000											
Minimum	40000											
1	165000	11		7.9					1.0	.4	2	
2	252000	17		8.1					1.0	.3	2	
3	172000	15		10.4					1.1	.4	2	
4	86/000	20		6.1					1.2	.5	2	Back flush stuck
5												
6	163000	14		8.6					1.1	.4	2	
7	40000	5		14.9					1.2	.5	2	
8	195000	10		6.1					1.2	.5	2	Back flush stuck
9	62000	7		13.5					1.2	.5	2	
10	95000			8.8					1.2	.6	2	
11	61600	8		10.4					1.2	.5	2	
12												
13	81000	5		7.4					1.0	.5	2	
14	102000	7		7.8					1.1	.5	2	
15	87000	6		8.0					1.1	.5	2	
16	114000	8		8.4					1.2	.4	2	
17	87000	8		11.0					1.1	.4	2	
18	97000	9		11.1					1.2	.4	2	
19												
20	135000	12		9.4					1.1	.4	2	
21	40000	6		17.4					1.1	.4	2	
22	55000	5		10.3					1.1	.4	2	
23	78000	3		12.2					1.1	.4	2	
24	65000	8		15.2					1.2	.4	2	
25												
26	96000	9		11.2					1.0	.3	2	
27	76000	7		11.0					1.0	.4	2	
28	52000	6		12.6					1.0	.3	2	
29	77000	7		10.4					1.0	.4	2	
30	64000	6		11.2					1.0	.4	2	
31	55000	8		17.4					1.0	.4	2	

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

DER Form 17-555.910(7)
Effective 11/1/88

1 reading / week unless otherwise

THIS PAGE INTENTIONALLY LEFT BLANK

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month January 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 15 No of People at End of Month 45
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240 J.W.STAPH C-6963
I certify this report is correct [signature] C-7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Millimeters 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	62,500		106	138.7					10.9	8.8		
Average:	2,016		5	6.6					0.5	0.4		
Maximum:	3,900			5.0					0.8	0.5		
Minimum:	1,600			2.0					0.5	0.4		
1	1,700		2	3.5					0.5	0.4		
2												
3	3,200		10	2.8					0.6	0.5		
4	2,000		2	4.1					0.6	0.5	3	
5	1,900		3	4.1					0.6	0.5		
6	1,800		5	5.9					0.6	0.5		
7	1,800		4	7.7					0.5	0.4		
8												
9												
10	5,200		9	7.5					0.5	0.4		
11	2,100		2	4.1					0.5	0.4		
12	2,600		3	4.0					0.5	0.4		
13	1,500		3	5.9					0.5	0.4		
14	2,000		3	5.9					0.5	0.4		
15												
16												
17	7,400		10	5.7					0.5	0.4		
18	2,100		3	5.9					0.5	0.4		
19	2,300		3	5.9					0.5	0.4		
20	3,900		9	10.0					0.5	0.4		
21	1,900		3	5.9					0.5	0.4		
22												
23												
24	6,300		12	8.0					0.5	0.4		
25	2,900		2	12.0					0.5	0.4		
26	1,300		4	16.3					0.5	0.4		
27												
28	3,800		7	7.7					0.5	0.4		
29												
30												
31	5,000		7	5.8					0.5	0.4		

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9667 Reporting Month February 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 15 No of People at End of Month 35
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240 [illegible]
I certify this report is correct [signature] C-7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimolars 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	57,300		85	110.7					11.2	9.2		
Average:	2,046		4	5.8					0.6	0.5		
Maximum:	2,800		10	13.5					2.0	1.8		
Minimum:	1,200		2	3.5					0.5	0.4		
1	2,000		2	4.1					0.5	0.4		
2												
3	4,100		8	9.0					0.5	0.4	3	
4	1,600		2	4.1					0.5	0.4		
5												
6												
7	6,400		8	5.4					0.5	0.4		
8	1,700		3	5.9					0.5	0.4		
9	2,700		4	5.2					0.5	0.4		
10	1,800		3	5.9					0.5	0.4		
11	2,200		7	13.5					2.0	1.8		
12												
13												
14	5,900		5	3.4					0.5	0.4		
15	2,800		3	4.0					0.5	0.4		
16	1,800		2	4.1					0.5	0.4		
17	1,700		3	5.0					0.5	0.4		
18	1,900		2	3.5					0.5	0.4		
19												
20												
21	5,600		8	5.4					0.5	0.4		
22	2,500		10	11.0					0.6	0.5		
23	1,200		2	5.8					0.6	0.5		
24	2,100		2	3.5					0.5	0.4		
25	1,800		3	5.0					0.5	0.4		
26												
27												
28	7,500		8	3.9					0.5	0.4		
29												
30												
31												

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
DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9567 Reporting Month March 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 14 No of People at End of Month 35

Design Flow .036 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

J.W.STAPF C-5963 W.K. KERLIN C-5928 H.L.KEEN C-7240

I certify this report is correct [signature] C-7240

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

Days of Month	Total Water Treated in in Gallons		Millimeters 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	92,200		88	101.8					11.8	9.3		
Average:	2,974		4	4.4					0.5	0.4		
Maximum:	7,400			8.8					0.8	0.5		
Minimum:	1,300			2.1					0.4	0.3		
1	2,400		2	4.1					0.5	0.4		
2	1,300		2	8.8					0.4	0.3	3	
3	2,000		3	5.9					0.5	0.4		
4	1,300		2	8.8					0.5	0.4		
5												
6												
7	7,600		10	4.7					0.5	0.4		
8	2,800		2	2.3					0.5	0.4		
9	1,700		3	5.9					0.5	0.4		
10	2,100		2	4.1					0.5	0.4		
11	2,900		4	5.2					0.5	0.4		
12												
13												
14	7,700		9	4.3					0.5	0.4		
15	1,700		2	4.1					0.5	0.4		
16	2,300		2	4.1					0.5	0.4		
17	2,200		2	4.1					0.5	0.4		
18	2,100		2	4.1					0.5	0.4		
19												
20												
21	10,300		12	5.0					0.8	0.5		
22	7,400		5	2.8					0.5	0.4		
23	4,600		4	4.3					0.5	0.4		
24	4,700		3	2.5					0.5	0.4		
25	7,800		3	1.4					0.5	0.4		
26												
27												
28	8,800		5	2.1					0.4	0.3		
29	3,300		3	4.0					0.5	0.4		
30	3,700		3	3.3					0.6	0.5		
31	1,900		3	5.9					0.6	0.5		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month April 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 15 No of People at End of Month 40

Design Flow .036 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Kean C-7240

I certify this report is correct Harold L. Kean C-7240

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

Days of Month	Total Water Treated in Gallons	Millimeters 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	108,600		86	72.9					10.7	8.6		
Average:	3,653		4	3.5					0.5	0.4		
Maximum:	12,200		5	4.1					0.7	0.6		
Minimum:	1,500		2	1.1					0.3	0.2		
1	2,200		2	4.1					0.5	0.4		
2												
3	9,500											
4	2,200		8	3.4					0.5	0.4		
5	2,800		2	4.1					0.5	0.4	3	
6	3,000		2	2.3					0.5	0.4		
7	2,700		3	3.3					0.5	0.4		
8			3	3.3					0.5	0.4		
9												
10												
11	10,300		7	2.9					0.5	0.4		
12	3,200		2	2.3					0.5	0.4		
13	2,800		2	2.3					0.5	0.4		
14	2,200		2	4.1					0.5	0.4		
15	1,500		2	4.1					0.4	0.3		
16												
17												
18	17,700		5	1.1					0.4	0.3		
19	12,200		2	1.7					0.4	0.3		
20	6,500		8	2.8					0.4	0.3		
21	7,600		5	2.4					0.3	0.2		
22	2,300		2	4.1					0.5	0.4		
23												
24												
25	6,300		13	8.4					0.7	0.6		
26	1,900		2	4.1					0.7	0.6		
27	1,700		2	4.1					0.5	0.4		
28	5,500		7	4.6					0.7	0.6		
29	5,500		5	3.4					0.7	0.6		
30												
31												

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.

DER Form 17-555.510(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month May 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 14 No of People at End of Month 35

Design Flow .038 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Harold Keen C.7240

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

Days of Month	Total Water Treated in in Gallons	Millimeters 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	84,800		67	53.9					8.8	7.1		
Average	2,735		4	3.0					0.5	0.4		
Maximum	7,500			5.1					0.9	0.8		
Minimum	1,400			0.9					0.2	0.2		
1												
2	9,000		13	5.1					0.5	0.4		
3	2,500		2	3.5					0.5	0.4	3	
4												
5	4,500		5	4.3					0.5	0.4		
6	2,100		2	3.5					0.5	0.4		
7												
8												
9	5,800		3	2.0					0.5	0.4		
10	2,000		2	3.5					0.5	0.4		
11	2,900		2	2.3					0.5	0.4		
12	2,200		2	3.5					0.4	0.3		
13	1,400		2	0.9					0.5	0.4		
14												
15												
16												
17	12,000		4	1.3					0.5	0.4		
18	4,000		2	2.3					0.5	0.4		
19	2,700		2	2.3					0.9	0.8		
20	1,500		2	3.5					0.7	0.6		
21	3,100		2	2.3					0.5	0.4		
22												
23	5,500		11	7.4					0.3	0.2		
24	1,700		1	1.8					0.3	0.2		
25	7,500		2	1.0					0.3	0.2		
26												
27	5,400								0.2	0.2		
28												
29												
30												
31	9,000		8	3.4					0.2	0.2		

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.

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9567 Reporting Month June 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 14 No of People at End of Month 35

Design Flow .036 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify the report is correct H. L. Keen C-7240

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

Days of Month	Total Water Treated in Gallons	Millimeters Chlorine lbs used	Millimeters Chlorine gals used	Millimeters Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	66,500		87	108.4					11.5	8.9		
Average	2,217		4	5.4					0.6	0.4		
Maximum:	4,800		5	8.9					0.8	0.6		
Minimum:	1,300		1	1.8					0.4	0.3		
1	5,400		5	4.3					0.5	0.4		
2	4,800		3	2.5					0.6	0.5	3	
3	1,400		2	8.9					0.6	0.5		
4												
5												
6	4,900		7	5.8					0.4	0.3		
7	1,300		2	8.8					0.4	0.3		
8	2,100		2	4.1					0.7	0.6		
9	1,900		1	1.8					0.6	0.5		
10	1,500		3	5.0					0.6	0.5		
11												
12												
13	4,000		7	7.7					0.7	0.5		
14	1,600		3	5.0					0.7	0.5		
15												
16	5,100		5	4.3					0.6	0.5		
17	1,500		2	4.1					0.7	0.5		
18												
19												
20	6,200		11	7.4					0.7	0.5		
21	2,000		2	4.1					0.5	0.4		
22	2,200		3	5.0					0.5	0.4		
23												
24	4,400		5	5.7					0.5	0.4		
25												
26												
27	8,800		13	5.3					0.5	0.4		
28	2,200		4	7.7					0.5	0.4		
29	2,200		2	4.1					0.5	0.4		
30	3,200		5	6.8					0.5	0.4		
31												

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.

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9587 Reporting Month July 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 15 No of People at End of Month 31

Design Flow .036 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify the report is correct Hoyle L Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Milligrams 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	106,400		121	75.8					8.3	8.8		
Average	3,432		7	4.5					0.5	0.4		
Maximum	6,000		7	10.0					0.5	0.4		
Minimum	1,300		1	1.9					0.4	0.3		
1	6,400		9	6.0					0.5	0.4	3	
2												
3												
4												
5	15,600		20	5.0					0.5	0.4		
6												
7	12,800		7	2.1					0.5	0.4		
8	3,900		4	4.3					0.5	0.4		
9												
10												
11	16,200		35	8.9					0.5	0.4		
12	4,200		2	2.3					0.5	0.4		
13	5,000		5	4.3					0.5	0.4		
14												
15	11,400		5	1.9					0.4	0.3		
16												
17												
18	6,500		7	3.8					0.5	0.4		
19	1,700		2	4.1					0.5	0.4		
20	2,400		2	4.1					0.5	0.4		
21	3,000		3	4.0					0.5	0.4		
22	2,300		5	10.0					0.5	0.4		
23												
24												
25	7,200		9	5.0					0.5	0.4		
26	1,300		1	3.7					0.4	0.3		
27	3,100		2	3.5					0.5	0.4		
28												
29	3,400		3	2.8					0.5	0.4		
30												
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month August 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 14 No of People at End of Month 35

Design Flow .038 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

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 in Gallons	Millimeters 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	50,600		44	77.2					10.5	8.4		
Average	1,632		2	3.7					0.5	0.4		
Maximum:	4,300			6.0					0.5	0.4		
Minimum:	1,000			1.8					0.5	0.4		
1	3,900		4	4.3					0.5	0.4		
2	1,400		1	3.8					0.5	0.4		
3	1,400		1	3.8					0.5	0.4	3	
4	2,100		2	4.1					0.5	0.4		
5	1,200		1	3.8					0.5	0.4		
6												
7												
8	4,400		2	2.3					0.5	0.4		
9	1,400		1	3.8					0.5	0.4		
10	1,500		2	4.1					0.5	0.4		
11	1,300		2	2.8					0.5	0.4		
12	1,300		1	3.8					0.5	0.4		
13												
14												
15	5,600		9	6.0					0.5	0.4		
16	1,300		1	3.8					0.5	0.4		
17												
18	2,400		2	4.1					0.5	0.4		
19	1,200		1	3.8					0.5	0.4		
20												
21												
22	5,400		2	1.8					0.5	0.4		
23	1,400		1	3.8					0.5	0.4		
24	4,300		2	2.3					0.5	0.4		
25												
26	500		2	4.1					0.5	0.4		
27												
28												
29	4,100		4	4.3					0.5	0.4		
30	3,100		2	2.8					0.5	0.4		
31	1,400		1	3.8					0.5	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9567 Reporting Month September 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .036 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Wayne L Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Millimeters 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	51,000		48	74.0					12.2	10.1		
Average:	1,700		2	3.5					0.6	0.5		
Maximum:	2,000		4	4.1					0.7	0.6		
Minimum:	1,000		1	1.8					0.5	0.4		
1	1,600		2	4.1					0.6	0.5		
2	2,000		2	4.1					0.6	0.5	3	
3												
4												
5												
6	6,900		4	2.6					0.5	0.4		
7	1,900		2	4.1					0.6	0.5		
8	1,500		1	1.8					0.5	0.4		
9	1,600		2	4.1					0.7	0.6		
10												
11												
12	5,900		5	3.4					0.6	0.5		
13	2,000		2	4.1					0.6	0.5		
14	1,500		2	4.1					0.6	0.5		
15	1,500		2	4.1					0.6	0.5		
16	1,600		2	4.1					0.6	0.5		
17												
18												
19	5,200		4	3.3					0.6	0.5		
20	1,600		1	1.8					0.5	0.4		
21	1,700		2	4.1					0.6	0.5		
22	1,800		2	4.1					0.6	0.5		
23	1,800		2	4.1					0.6	0.5		
24												
25												
26	5,000		4						0.6	0.5		
27	2,000		2	4.1					0.6	0.5		
28	1,500		2	4.1					0.6	0.5		
29	1,600		2	4.1					0.5	0.4		
30	1,000		1	3.7					0.5	0.4		
31												

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.

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8587 Reporting Month October 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month _____ No of People at End of Month _____

Design Flow .038 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5928 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Clyde L Keen C. 7240

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

Days of Month	Total Water Treated in Gallons	Millimeters 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	42,300		37	74.7					9.7	7.8		
Average:	1,365		2	3.8					0.5	0.4		
Maximum:	2,000		3	4.1					0.6	0.5		
Minimum:	900		1	1.8					0.2	0.2		
1												
2												
3	5,200		3	2.5					0.5	0.4		
4	1,600		2	4.1					0.5	0.4	3	
5	1,200		1	3.8					0.5	0.4		
6	1,300		1	3.8					0.5	0.4		
7	1,100		1	3.8					0.3	0.2		
8												
9												
10	4,600		3	2.5					0.5	0.4		
11	1,200		1	3.8					0.5	0.4		
12	1,300		1	3.8					0.5	0.4		
13	1,300		1	3.8					0.5	0.4		
14	1,900		1	1.8					0.5	0.4		
15												
16												
17	3,800		5	5.7					0.5	0.4		
18	2,000		1	1.8					0.5	0.4		
19	900		1	3.8					0.5	0.4		
20	1,400		1	3.8					0.6	0.5		
21	900		1	3.8					0.4	0.3		
22												
23												
24	3,600		3	3.3					0.5	0.4		
25	1,600		2	4.1					0.6	0.5		
26	1,400		1	3.8					0.5	0.4		
27												
28	2,300		4	4.1					0.6	0.5		
29				3.5								
30												
31	3,700		3	3.3					0.2	0.2		

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.

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month November 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 15 No of People at End of Month 32.5

Design Flow .036 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5626 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Harold L Keen C-7240

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

Days of Month	Total Water Treated in Gallons	Millimeters 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	42,400		42	76.2					10.8	8.8		
Average	1,413		2	3.7					0.5	0.4		
Maximum									0.7	0.5		
Minimum									0.5	0.4		
1	1,600		1	1.8					0.5	0.4		
2	1,300		1	3.8					0.5	0.4		
3	1,400		1	3.8					0.5	0.4		
4	1,200		1	3.8					0.7	0.5		
5												
6												
7	4,200		4	4.3					0.5	0.4	3	
8												
9	2,700		4	4.3					0.5	0.4		
10	1,300		1	3.8					0.5	0.4		
11	1,500		4	7.7					0.6	0.5		
12	1,500		4	7.6					0.5	0.5		
13												
14	2,100		1	1.8					0.5	0.5		
15	1,200		1	3.8					0.5	0.4		
16	1,400		1	3.8					0.5	0.4		
17	1,200		1	3.8					0.5	0.4		
18	1,600		2	4.1					0.5	0.4		
19												
20												
21	4,100		4	4.3					0.5	0.4		
22	1,800		1	1.8					0.5	0.4		
23	1,500		1	1.8					0.5	0.4		
24												
25	3,000		3	3.3					0.5	0.4		
26												
27												
28	5,100		4	3.2					0.5	0.4		
29	1,500		1	1.8					0.5	0.4		
30	1,200		1	3.8					0.5	0.4		
31												

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.

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location: City or S/D Keystone Heights
Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month December 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 15 No of People at End of Month 37.5
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240
I certify this report is correct [signature] C-624
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimeters 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	55,900		36	52.6					10.8	8.7		
Average	1,803		2	2.6					0.5	0.4		
Maximum	2,900		3	4.0					1.5	1.3		
Minimum	900		1	1.0					0.4	0.3		
1	1,100		1	3.8					0.4	0.3		
2	900		1	3.8					0.4	0.3		
3												
4												
5	3,400		2	2.3					0.5	0.4	3	
6	1,200		1	3.8					0.5	0.4		
7	1,800		1	1.8					0.5	0.4		
8	1,300		1	3.8					0.5	0.4		
9	1,700		1	1.8					0.5	0.4		
10												
11												
12	5,200		4	3.3					0.5	0.4		
13	2,100		1	1.8					0.5	0.4		
14	2,000		1	1.8					0.5	0.4		
15	1,700		1	1.8					0.5	0.4		
16	1,800		1	1.8					0.5	0.4		
17												
18												
19	7,100		3	1.7					0.5	0.4		
20	2,900		1	1.0					0.5	0.4		
21												
22	3,900		4	4.3					0.5	0.4		
23												
24												
25												
26	8,600		4	1.6					0.5	0.4		
27	1,700		1	1.8					0.5	0.4		
28	2,200		2	3.8					0.5	0.4		
29	2,600		2	2.8					1.5	1.3		
30	2,900		3	4.0					0.5	0.4		
31												

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.
DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month January 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 15 No of People at End of Month
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel L. Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons		Millimeters 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	61		58	76.3					8.1	6.4		
Average:	2		2	4.5					0.5	0.4		
Maximum:	3		3	8.8					0.5	0.4		
Minimum:	1		1	2.5					0.3	0.2		
1												
2												
3												
4	9		6	2.5					0.3	0.2		
5	2		2	4.1					0.5	0.4	3	
6	2		3	5.9					0.5	0.4		
7	2		2	4.1					0.5	0.4		
8	1		2	8.8					0.5	0.4		
9												
10												
11	5		4	3.3					0.5	0.4		
12	1		2	8.8					0.5	0.4		
13												
14	4		4	4.3					0.5	0.4		
15	2		2	4.1					0.5	0.4		
16												
17												
18	5		5	4.1					0.5	0.4		
19	3		2	3.5					0.5	0.4		
20												
21	4		3	3.3					0.4	0.3		
22	3		2	2.8					0.4	0.3		
23												
24												
25	8		8	3.9					0.5	0.4		
26												
27	5		7	5.8					0.5	0.4		
28	2		1	3.0					0.5	0.4		
29	3		3	4.0					0.5	0.4		
30												
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month February 1993
Plant Effluent pH (Avg) 7.9 No of Services at End of Month 15 No of People at End of Month
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons		Millimeters 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	60		61	53.3					10.7	8.5		
Average:	2		2	3.5					0.7	0.8		
Maximum:	5		6	6.5					0.8	0.7		
Minimum:	2		1	1.2					0.5	0.4		
1	5		3	2.5					0.8	0.7		
2	2		2	3.5					0.8	0.7		
3	2		2	3.5					0.7	0.5		
4	2		4	6.5					0.8	0.7	3	
5	3		2	2.3					0.8	0.7		
6												
7	6		7	4.6					0.8	0.7		
8	4		2	2.3					0.6	0.5		
9	3		3	3.3					0.7	0.6		
10	5		6	5.0					0.6	0.5		
11												
12												
13												
14												
15	7		9	4.3					0.6	0.5		
16												
17												
18	7		6	3.3					0.6	0.5		
19												
20												
21												
22	7		10	5.5					0.8	0.6		
23												
24	3		2	2.3					0.5	0.4		
25	2		1	1.5					0.8	0.4		
26	2		2	3.5					0.8	0.4		
27												
28												
29												
30												
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9567 Reporting Month March 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 15 No of People at End of Month

Design Flow .036 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Jay Staff C-6963

I certify this report is correct Original signed by Jay Staff C-6963

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

Days of Month	Total Water Treated in Gallons		Millimeters 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	56		2.2	15.2					14.9	13.3	3	
Average:	1.8		0.11	1.3					1.3	2.0		
Maximum:	7		0.10	3.8					1.0	1.0		
Minimum:	1		0.03	1.2					0.4	0.3		
1	3		0.10	3.3					1.0	1.0		
2	3		0.10	3.3					0.4	0.3		
3	1		0.03	3.8					1.0	1.0		2
4	2		0.10	5.0					1.0	1.0		
5	1		0.03	3.8					0.8	0.8		
6												
7												
8	4		0.10	3.3					0.8	0.7		
9												
10	3		0.16	5.3					0.9	0.8		
11												
12	2		0.16	0.1					1.0	0.9		
13												
14												
15												
16	7		0.40	0.4					1.0	0.9		
17	2		0.07	3.5					1.0	0.9		
18	2		0.07	3.5					1.0	0.9		
19	1		0.07	3.8					1.0	0.9		
20												
21												
22	6		0.16	3.2					0.5	0.4		
23	1		0.03	3.8					0.5	0.4		
24	2		0.07	3.5					0.5	0.4		
25	2		0.07	3.5					0.5	0.4		
26	1		0.07	3.5					0.5	0.4		
27												
28												
29	6		0.33	5.5					0.5	0.4		
30	3		0.07	2.3					0.5	0.4		
31	4		0.07	1.2					0.5	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9667 Reporting Month April 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 15 No of People at End of Month
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jay Staff C-8863
I certify this report is correct Original signed by Jay Staff C-8863
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons		Millimeters 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	51.8		1.59	55.9					9.9	8.0	3	
Average:	1.8		0.06	3.1					0.5	0.4		
Maximum:	3		0.07	3.5					0.5	0.4		
Minimum:	1		0.03	0.09					0.5	0.4		
1	2		0.03	1.5					0.5	0.4		
2	2		0.03	1.5					0.5	0.4		
3												
4												
5	5		0.07	1.8					0.4	0.4		
6	2		0.07	3.5					0.5	0.4		
7	3		0.07	2.3					0.5	0.4	3	
8	2		0.07	3.5					0.5	0.4		
9	2		0.07	3.5					0.5	0.4		
10												
11												
12	5		0.17	4.3					0.5	0.4		
13	2		0.07	3.5					0.5	0.4		
14												
15	3		0.07	2.3					0.5	0.4		
16	1		0.60	1.3					0.5	0.4		
17												
18												
19	5		0.13	3.3					0.5	0.4		
20	2		0.10	5.0					0.5	0.4		
21	2		0.07	3.5					0.5	0.4		
22	2		0.03	1.5					0.5	0.4		
23												
24												
25												
26	6		0.27	5.4					0.5	0.4		
27	2		0.07	3.5					0.5	0.4		
28	3		0.07	2.3					0.5	0.4		
29	1		0.07	0.9					0.5	0.4		
30	2		0.03	1.5					0.5	0.4		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month May 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 15 No of People at End of Month
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Millimolars 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	78		112	91.2					8.9	7.8		
Average:	3		4	5.1					0.8	0.4		
Maximum:	5		5	8.5					0.8	0.7		
Minimum:	2		1	1.5					0.4	0.2		
1												
2												
3	7		7	4.6					0.5	0.4		
4	2		3	5.0					0.5	0.4		
5	3		2	3.5					0.4	0.2		
6	2		1	1.5					0.4	0.2		
7	3		2	1.4					0.4	0.3	3	
8												
9												
10	6		10	6.5					0.7	0.6		
11	3		2	2.3					0.8	0.6		
12	3		2	2.3					0.6	0.5		
13												
14	6		3	5.4					0.6	0.5		
15												
16												
17	8		13	7.2					0.6	0.5		
18												
19	5		9	6.0					0.8	0.7		
20												
21	5		5	3.2					0.5	0.4		
22												
23												
24	7		13	7.1					0.6	0.5		
25	5		8	4.3					0.5	0.4		
26	2		5	8.5					0.5	0.4		
27	2		4	6.5					0.5	0.4		
28	2		4	6.5					0.5	0.4		
29												
30												
31	7		17	9.3					0.5	0.4		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month June 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 14 No of People at End of Month
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons		Milimeters 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	70		103	68					10.3	7.8		
Average:	2		3	4.3					0.6	0.5		
Maximum:	12		31	12.5					1.5	0.8		
Minimum:	2		1	1.3					0.5	0.4		
1	2		3	5.0					0.5	0.4		
2	2		3	5.0					0.5	0.4		
3	2		4	6.5					0.5	0.4		
4	2		2	3.5					0.5	0.4		
5												
6												
7	2		1	0.7					0.5	0.4		
8	8		12	4.0					1.0	0.8	3	
9												
10												
11	3		2	2.3					0.5	0.4		
12												
13												
14	2		2	3.5					0.5	0.4		
15												
16	10		31	12.5					1.5	0.7		
17	2		2	3.5					0.5	0.4		
18	4		2	2.3					0.5	0.4		
19												
20												
21												
22	12		16	5.3					1.0	0.8		
23	2		2	3.5					0.5	0.4		
24												
25	5		3	2.8					0.5	0.4		
26												
27												
28	7		10	5.6					0.8	0.5		
29												
30	5		8	1.3					0.5	0.4		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month July 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 15 No of People at End of Month
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Millimeters 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	88		130	116.5					12.9	10.6		
Average:	3		4	5.0					0.5	0.4		
Maximum:	7		7	8.5					1.0	0.8		
Minimum:	2		2	1.4					0.2	0.2		
1	3		7	7.7					0.5	0.4		
2	3		5	5.7					0.5	0.4	3	
3												
4												
5	9		17	6.9					0.5	0.4		
6	2		3	5.0					0.5	0.4		
7	4		5	5.7					0.5	0.4		
8	2		5	8.5					0.5	0.4		
9	2		5	8.5					0.5	0.4		
10												
11												
12	8		10	4.7					0.5	0.4		
13	2		3	5.0					0.5	0.4		
14	3		5	5.7					0.2	0.2		
15	4		5	5.7					0.5	0.4		
16	2		5	5.7					0.5	0.4		
17												
18												
19	6		7	4.6					0.5	0.4		
20	2		3	5.0					0.5	0.4		
21	5		7	1.4					0.5	0.4		
22	7		5	2.8					1.0	0.9		
23	4		5	5.7					0.8	0.5		
24												
25												
26	8		10	5.5					0.5	0.4		
27	2		5	5.7					1.0	0.8		
28	2		5	5.7					0.6	0.5		
29	2		3	1.5					0.7	0.6		
30	3		2	2.3					0.7	0.6		
31	3		3	1.5					0.6	0.5		

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
DER Form 17-555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8687 Reporting Month August 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 15 No of People at End of Month
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jay Staff C-6963
I certify this report is correct Original signed by Jay Staff
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Millimeters 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	80		112	75.7					10.3	8.2		
Average:	2.5		3.6	3.8					0.5	0.4		
Maximum:	2		2	6.0					0.8	0.4		
Minimum:	2		6	1.0					0.4	0.3		
1												
2	6		7	4.6					0.6	0.5		
3	3		5	2.3					0.5	0.4		
4	4		5	2.3					0.5	0.4	4	
5	2		3	3.0					0.6	0.4		
6	3		2	3.5					0.5	0.4		
7												
8												
9	8		9	4.3					0.5	0.4		
10	2		3	5.9					0.5	0.4		
11	2		5	2.3					0.5	0.4		
12	2		5	4.1					0.4	0.3		
13	2		2	4.1					0.4	0.3		
14												
15												
16	11		13	4.8					0.4	0.3		
17	1		2	1.0					0.4	0.3		
18	3		2	2.7					0.4	0.3		
19	2		2	2.7					0.5	0.4		
20	2		3	1.0					0.5	0.4		
21												
22												
23	8		15	6.8					0.5	0.4		
24	3		3	6.0					0.5	0.4		
25												
26	4		5	2.3					0.8	0.7		
27												
28												
29												
30	10		15	6.0					0.8	0.7		
31	3		6	6.0					0.5	0.4		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month September 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 15 No of People at End of Month 37.5
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240 J. W. Steph C-8983
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimeters 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	75,300		121	125.30					14.7	11.5	4	
Average:	2,429		6	5.70					0.6	0.5		
Maximum:	3,300		5	6.5					1.0	0.9		
Minimum:	2,000		2	3.0					0.5	0.4		
1	3		5	6.0					0.5	0.4		
2	3		3	3.0					0.5	0.4	4	
3	2		4	7.0					0.5	0.4		
4												
5												
6	12		20	7.0					0.5			
7	2		2	3.0					0.5	0.4		
8	3		4	4.0					0.5	0.4		
9	3		4	4.0					0.5	0.4		
10	2		5	9.0					0.5	0.4		
11												
12												
13	7		10	6.0					0.8	0.7		
14	3		3	3.0					0.7	0.6		
15	2		3	5.0					0.6	0.5		
16	2		4	7.0					0.5	0.4		
17	2		3	5.0					0.7	0.5		
18												
19												
20	7		12	7.0					1.0	0.8		
21	2		3	5.0					0.8	0.5		
22	2		3	5.0					0.7	0.6		
23	2		4	7.0					1.0	0.9		
24	2		5	9.0					0.7	0.5		
25												
26												
27	7		12	7.0					0.5	0.4		
28	2		4	7.0					0.8	0.7		
29	2		4	7.0					0.8	0.7		
30	2		4	7.0					0.5	0.4		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month October 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 14 No of People at End of Month 35
Design Flow .036 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH C6963
I certify this report is correct Original Signed by Hazel L. Keen C-72240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimeters 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	63,300		107.00	112.20							3
Average:	2,042		5.10	5.34					0.6	0.5	
Maximum:	2,700		5.00	9.40					0.8	0.7	
Minimum:	1,200		1.00	1.50					0.5	0.2	
1	2,700		7.00	7.50					0.8	0.7	
2											
3											
4	6,500		10.00	8.50					0.6	0.5	
5	2,400		4.00	6.50					0.6	0.5	
6	1,900		4.00	6.50					0.6	0.5	
7	1,800		2.00	3.50					0.5	0.4	3
8	1,900		2.00	3.50					0.3	0.2	
9											
10											
11	6,000		11.00	7.20					0.6	0.5	
12	2,400		3.00	5.00					0.8	0.7	
13	1,800		4.00	6.50					0.7	0.6	
14	2,000		2.00	3.50					0.6	0.5	
15	2,300		2.00	3.50					0.8	0.7	
16											
17											
18	6,800		14.00	9.40					0.5	0.4	
19	2,600		4.00	4.30					0.6	0.5	
20	1,800		3.00	5.00					0.8	0.7	
21	2,600		5.00	5.70					0.7	0.6	
22	1,500		4.00	6.50					0.5	0.4	
23											
24											
25	7,400		16.00	12.00					0.5	0.4	
26	1,200		1.00	1.50					0.5	0.4	
27	2,500		2.00	2.30					0.5	0.4	
28	2,500		2.00	2.30					0.5	0.4	
29	2,700		3.00	3.30					0.5	0.4	
30											
31											

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9567 Reporting Month November 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 15 No of People at End of Month 37.5

Design Flow .036 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

J.W. STAPH C6963 H.L. KEEN C-7240

I certify this report is correct [signature] C-7240

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

Days of Month	Total Water Treated in In Gallons	Millimeters 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	75,200		126	116.70					8.2	7.0	3	
Average:	2,507		6	5.94					0.4	0.4		
Maximum:	6,100		12	10.00					0.5	0.4		
Minimum:	1,300		2	1.30					0.3	0.3		
1	6,100		12	8					0.5	0.4		
2	2,000		5	9					0.5	0.4	3	
3	2,100		3	5					0.5	0.4		
4	1,800		3	5					0.5	0.4		
5	2,300		4	7					0.5	0.4		
6												
7												
8	7,300		10	6					0.3	0.3		
9	2,100		2	4					0.3	0.3		
10	2,500		2	2					0.3	0.3		
11												
12	3,700		9	10					0.3	0.3		
13												
14												
15	8,900		9	5					0.5	0.4		
16	2,000		5	9					0.3	0.3		
17	2,200		3	5					0.3	0.3		
18	2,100		6	10					0.4	0.3		
19	2,200		2	4					0.4	0.3		
20												
21												
22	9,400		28	16					0.5	0.4		
23	2,500		3	3					0.5	0.4		
24	2,800		3	3					0.5	0.4		
25												
26	5,500		4	3					0.5	0.4		
27												
28												
29	8,400		10	5					0.3	0.3		
30	1,300		3	1					0.3	0.3		
31												

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

DER Form 17-555910(2)

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2104350 PWS Name Lakeview Villas Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9667 Reporting Month December 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 15 No of People at End of Month 37.5

Design Flow .035 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

J.W. STAPH C-6863

I certify this report is correct Douglas L. Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Millimeters 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	61,500		108	117.70					11.1	8.8	3	
Average:	1,984		5	5.35					0.5	0.4		
Maximum:	3,500		6	8.50					0.5	0.4		
Minimum:	1,400		2	2.10					0.5	0.4		
1	1,400		5	2					0.5	0.4		
2	1,700		4	7					0.5	0.4		
3	1,800		6	9					0.5	0.4	3	
4												
5												
6	5,900		13	6					0.5	0.4		
7	1,900		2	4					0.5	0.4		
8	2,200		3	5					0.5	0.4		
9	1,500		3	5					0.5	0.4		
10	2,000		4	7					0.5	0.4		
11												
12												
13	6,900		15	6					0.5	0.4		
14	2,100		2	4					0.5	0.4		
15	3,500		2	4					0.5	0.4		
16	2,100		2	5					0.5	0.4		
17	2,000		4	7					0.5	0.4		
18												
19												
20	5,700		10	7					0.5	0.4		
21	1,800		3	5					0.5	0.4		
22	2,000		3	5					0.5	0.4		
23	1,800		2	4					0.5	0.4		
24	1,800		4	7					0.5	0.4		
25												
26												
27												
28	5,200		13	6					0.5	0.4		
29	1,500		2	4					0.5	0.4		
30	1,700		3	5					0.5	0.4		
31	1,800		3	5					0.5	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

T.P.

Lehigh

January

LEAD OPERATOR SIGNATURE: Rick Glenn
Sally Abernathy "A" 3780

HOW MANY OTHER OPERATORS? 8

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: D. Jackson "B" 3214 — CERTIFICATION NO: R. Clark "C" 2265
H. York "C" 0256 — T. Elswick "B" 3503 — R. Loveland "C" 7201

DESIGN FLOW: 2.8 MGD

TOTAL METERED SERVICES AT END OF MONTH: 8288

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	C-6	CHLORINE POST	OTHER: POLYMER 25401R	ACID	POLYMER 190K CDP	NH3	H2SO4	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 25407R	C-6	POLYMER 190K CDP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	17.0	1,205	1,205	130	70	35	19	2,000	20	130	63		54	20	510	105.0		11.0	04	22	5	3	00
2	19.1	1,150	1,313	140	73	73	13	1,900	21	134	38		48	23	495	104.0		11.0	04	22	5	2	00
3	20.0	1,150	1,330	103	69	31	10	1,905	21	119	30		48	23	490	105.2		11.0	04	22	5	2	00
4	22.3	1,370	1,370	100	70	40	20	2,050	20	137	33		65	31	625	104.7		10.0	04	23	5	2	00
5	18.1	1,120	1,270	103	73	25	25	1,935	21	133	36		67	32	630	104.9		11.0	04	22	5	2	00
6	17.5	1,250	1,315	110	53	05	10	2,000	23	133	43		52	25	500	105.5		12.0	04	22	5	2	00
7	12.8	1,190	1,301	121	57	57	20	1,940	23	119	40		50	24	475	105.8		10.0	04	22	5	2	00
8	19.7	1,340	1,301	100	90	90	10	2,100	24	124	45		56	25	535	105.3		11.5	04	21	5	2	00
9	13.5	905	1,337	110	00	00	25	1,920	18	58	35		42	18	390	105.0		7.0	04	22	5	1	00
10	15.2	1,190	1,344	115	60	60	10	1,931	19	65	37		47	19	450	104.7		8.0	04	20	5	1	00
11	23.0	2,000	1,320	125	84	07	20	2,210	24	87	56		70	30	665	104.8		7.0	04	20	5	1	00
12	18.3	1,321	1,345	126	79	53	25	2,150	22	77	44		55	15	529	105.3		7.0	04	20	5	1	00
13	16.4	1,316	1,330	114	57	57	10	1,911	20	70	40		51	14	485	104.7		8.0	04	20	5	1	00
14	14.0	1,003	1,330	110	56	56	10	1,930	17	59	33		42	12	395	104.0		8.0	04	20	5	1	00
15	15.5	1,131	1,350	123	73	50	10	1,940	19	66	37		47	13	440	105.1		7.0	04	20	5	1	00
16	17.7	1,315	1,323	130	65	65	14	2,135	22	70	44		55	13	515	105.1		8.0	04	20	5	1	00
17	19.0	1,304	1,430	120	60	60	17	1,960	20	70	40		50	14	472	105.2		7.0	04	20	5	1	00
18	23.0	2,253	1,500	120	04	04	17	2,050	20	102	58		68	21	690	104.9		7.0	04	20	5	1	00
19	23.2	1,770	1,331	100	73	73	20	2,090	20	103	60		69	21	696	105.1		7.0	04	20	5	1	00
20	14.3	1,071	1,300	223	90	07	21	1,740	16	82	33		54	12	420	104.8		8.0	04	20	5	1	00
21	18.2	1,901	1,478	137	78	01	25	2,440	20	87	40		73	17	590	104.9		8.0	04	20	5	1	00
22	19.0	1,109	1,384	108	70	33	46	1,835	40	99	30		00	15	470	105.1		7.0	04	20	5	1	00
23	15.0	1,337	1,413	90	48	48	34	2,045	02	75	40		53	13	003	105.1		7.0	04	20	5	1	00
24	17.0	2,200	2,000	130	60	37	42	2,260	48	01	43		60	16	545	105.0		7.0	04	20	5	1	00
25	23.0	1,823	1,301	120	06	33	45	2,060	01	100	60		01	21	710	105.0		7.0	04	20	5	1	00
26	22.2	1,700	1,455	100	00	01	33	2,073	50	103	50		50	01	005	104.9		7.0	04	20	5	1	00
27	20.3	1,612	1,444	210	03	05	07	2,020	20	04	53		54	10	032	104.9		7.0	04	20	5	1	00
28	10.0	1,373	1,350	100	00	02	31	2,230	40	00	10		40	10	300	104.7		7.0	04	20	5	1	00
29	21.0	1,023	1,490	00	50	37	30	2,305	00	05	00		00	17	500	105.0		8.0	04	20	5	1	00
30	15.0	1,200	1,420	230	01	30	30	2,110	04	75	43		03	15	010	104.0		8.0	04	21	5	1	00
31	10.3	1,010	1,340	01	35	37	35	2,000	43	74	43		03	15	005	105.0		8.0	04	20	5	1	00
TOTAL	557	41,610	42,611	4410	2040	1500	070.0	67,070	000	2023	130		1700	500	19440	6041		250	133	000	103	01	1400
MAX	23	2,253	2,000	230	90	73	07.0	2,060	01	137	60		00	31	710	105		13	04	41	5	3.4	00
MIN	14	000	1,270	07	00	01	13.0	1,020	17	50	33		42	12	395	105		7	04	00	4	1.3	07
AVG	18	1,343	1,388	143	00	01	20.1	2,161	32	01	00		03	10	030	105		8	04	00	5	1.0	07

DER FORM 17-1.500(5) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

T.P

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: January
TELEPHONE NUMBER: 813-369-1766

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COLOR UNITS	SETTLED pH	SETTLED P ALK AS CACO3	SETTLED M ALK AS CACO3	SETTLED TOTAL HDNS AS CACO3	SETTLED CA HDNS AS CACO3	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	10.2	34	64	132	128	8.5	2	48	174	150	3.8	16	0.2		
2	0	0	0	0	0	0	10.1	30	62	138	128	8.4	0	44	164	140	3.0	0	0.8		
3	7.3	264	360	352	8	45	10.2	36	64	144	130	8.6	4	48	174	150	3.9	14	0.1		
4	0	0	0	0	0	0	10.1	38	62	144	118	8.3	2	50	170	146	3.8	11	0.3		
5	0	0	0	0	0	0	10.1	32	62	130	126	8.4	0	48	170	174	3.9	11	0		
6	0	0	0	0	0	0	10.2	32	66	134	116	8.5	2	50	170	150	4	11	0		
7	0	0	0	0	0	0	10.2	40	62	140	130	8.6	0	50	174	172	3.8	8	0		
8	0	0	0	0	0	0	10.2	34	60	142	132	8.8	2	48	176	154	3	11	1.2		
9	0	0	0	0	0	0	10.2	32	62	136	130	8.7	2	44	172	140	3.4	10	0		
10	7	276	368	352	16	31	10	36	62	136	124	8.4	0	48	172	162	2.8	14	0		
11	0	0	0	0	0	0	10.2	38	60	136	130	8.6	2	52	174	146	3.1	9	0.3		
12	0	0	0	0	0	0	10	37	60	134	126	8.6	0	50	174	164	3.1	9	0		
13	0	0	0	0	0	0	10	30	64	140	124	8.6	4	46	180	172	3.1	9	0.3		
14	0	0	0	0	0	0	10.1	34	64	140	140	8.8	2	40	178	168	3.0	13	0		
15	0	0	0	0	0	0	10.1	32	60	140	130	8.5	2	44	182	150	3.1	12	0		
16	0	0	0	0	0	0	10.2	36	60	140	130	8.6	4	46	184	160	3.3	7	0		
17	0	0	0	0	0	0	9.9	28	60	136	126	8.3	2	50	170	146	3	9	0.7		
18	0	0	0	0	0	0	10.1	36	60	140	132	8.8	2	42	150	140	3.8	13	0.1		
19	7.3	278	356	340	16	31	10.2	34	64	140	132	8.4	0	50	150	132	3.7	10	0		
20	0	0	0	0	0	0	9.9	30	64	128	120	8.5	0	48	152	140	3.8	12	0		
21	0	0	0	0	0	0	10	32	62	128	118	8.4	0	44	150	146	3.1	11	0		
22	0	0	0	0	0	0	10.1	30	66	140	130	8.6	0	46	164	148	3.2	9	0		
23	0	0	0	0	0	0	10	28	60	138	130	8.4	2	44	160	150	3.3	14	0		
24	0	0	0	0	0	0	10.1	32	62	138	134	8.4	0	42	156	150	3.8	8	0		
25	0	0	0	0	0	0	10	36	70	150	124	8.7	4	44	170	142	3.8	8	0		
26	7.4	280	368	360	8	31	10.1	36	68	140	118	8.6	2	40	166	164	3.1	8	0.8		
27	0	0	0	0	0	0	10.2	40	70	150	140	8.6	4	42	156	156	3.1	7	0.3		
28	0	0	0	0	0	0	10.3	42	70	144	142	8.3	0	48	156	152	3	6	0		
29	0	0	0	0	0	0	10.1	38	66	140	120	8.4	4	44	148	128	2	9	4		
30	0	0	0	0	0	0	10.1	40	70	138	132	8.7	6	50	150	126	3	7	0.1		
31	0	0	0	0	0	0	10.2	50	76	128	124	8.5	2	46	164	160	3.6	7	0.1		
TOTAL	26.6	1092	1432	1404	48	138	314	1060	2006	4316	3952	283	62	1410	5150	4670	99.7	296	4.4		
MAX	7.4	280	368	360	16	45	10.3	50	76	164	142	8.7	6	52	184	174	4.0	16	1.2		
MIN	0.0	0	0	0	0	0	9.9	28	60	128	116	8.3	0	40	148	128	2.7	0	0.0		
AVG	7.2	273	363	351	12	35	10.1	34	65	139	127	8.5	2.0	45	166	151	3.8	10	0.1		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

LEAD OPERATOR SIGNATURE: Billy Abernathy 'A' 3708

HOW MANY CLASS A OPERATORS? 5

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: D. Jackson 'B' 3210; D. Forshaw 'A' 3038; T. Elswick 'B' 3503; R. Loveland 'C' 7201

CERTIFICATION NO: R. Clark 'C' 7365

DESIGN FLOW: 2.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 8300

February

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	C-6	CHLORINE POST	OTHER: POLYMER 2100TR	ACID	POLYMER 100K COP	NH3	H2SO4	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2100TR	C-6	POLYMER 100K COP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	22.7	1,077	1,305	90	90	90																	
2	18.3	1,273	1,295	126	72	41	20	3,050	62	101	50		04	21	735	1040		20	04	40		0	2	47
3	16.9	1,369	1,421	153	97	39	15.0	2,075	42	96	30		04	23	900	1051		00	04	30		0	2	47
4	17.1	1,444	1,322	107	74	33	66	2,230	46	103	41		05	23	537	1051		00	04	40		0	2	47
5	19.4	1,354	1,499	137	91	33	56	2,350	48	100	44		12	30	984	1091		01	04	40		0	2	47
6	19.4	1,262	1,400	95	81	34	43	2,200	45	102	43		00	28	931	1040		00	04	40		0	2	47
7	16.5	1,370	1,431	117	97	36	26	2,050	42	95	36		03	21	405	1040		00	04	40		0	2	47
8	22.0	1,073	1,490	126	49	32	55	2,100	45	100	46		00	32	570	1000		00	04	50		0	2	47
9	22.0	1,010	1,395	96	88	39	61	2,210	05	150	50		00	33	270	1051		01	04	40		0	2	47
10	22.0	1,307	1,494	102	88	40	16	3,103	65	144	57		05	32	744	1051		00	04	60		0	2	47
11	23.0	1,799	1,490	100	90	49	43	2,223	49	103	41		00	33	930	1051		00	04	50		0	2	47
12	15.0	1,119	1,540	100	90	49	31	2,005	38	139	54		00	28	899	1051		00	04	40		0	2	47
13	17.3	1,345	1,496	122	81	81	24	1,626	37	84	30		00	28	899	1051		00	04	40		0	2	47
14	23.4	1,000	1,490	132	79	58	21	2,103	44	101	41		36	10	420	1051		00	04	40		0	2	47
15	23.5	1,037	1,493	214	39	38	24	2,713	55	126	50		07	23	837	1051		00	04	40		0	2	47
16	23.5	1,000	1,549	120	60	60	20	2,000	33	123	50		04	20	630	1051		00	04	40		0	2	47
17	23.5	1,066	1,034	107	70	47	30	2,700	56	129	53		02	24	630	1051		01	04	40		0	2	47
18	21.0	1,300	1,400	102	71	71	30	3,030	62	146	60		05	28	891	1051		00	04	40		0	2	46
19	20.5	1,056	1,500	130	80	80	20	2,273	46	105	42		03	20	210	1051		00	04	40		0	2	46
20	17.3	1,350	1,443	153	95	36	10	2,330	52	117	47		76	21	530	1051		00	04	30		0	2	46
21	18.0	1,203	0,000	100	01	01	27	2,209	48	102	41		78	23	598	1051		00	04	40		0	2	46
22	22.0	1,200	1,500	120	75	34	17	2,000	02	97	39		00	20	630	1051		00	04	40		0	2	46
23	24.0	1,034	1,500	230	80	30	15	2,025	00	139	54		05	10	693	1051		01	04	30		0	2	46
24	20.0	1,419	1,001	00	0	0	33	3,145	04	140	53		90	27	630	1051		00	04	40		0	2	46
25	19.7	1,023	1,500	0	0	0	10	2,300	53	122	48		07	20	742	1051		01	02	40		0	2	46
26	17.4	1,370	1,553	200	103	101	0	2,313	54	122	48		90	24	630	1051		00	04	30		0	2	46
27	19.1	1,000	1,001	200	104	104	19	2,500	52	119	47		01	25	634	1051		00	04	40		0	2	46
28	21.0	1,050	1,703	200	100	100	21	2,030	05	125	50		10	23	606	1051		00	04	40		0	2	46
29	00	0	0	0	0	0	24	2,015	02	155	57		03	25	837	1051		00	04	40		0	2	46
30	00	0	0	0	0	0	0	0	0	0	00		02	31	714	1051		00	04	40		0	2	46
31	00	0	0	0	0	0	0	0	0	0	00		0	0	0	00		00	00	00		0	0	0
							0	0	0	0	00		0	0	0	00		00	00	00		0	0	0
TOTAL	510	42,933	43,673	4023	1898	1477	813 0	73,100	1,455	3324	130		2194	693	17020	9033		330	1000	1161		100	33	1380
MAX	24	1,823	1,703	230	104	104	66 0	3,210	65	155	59		05	33	773	103		10	04	40		0	2	47
MIN	13	1,010	1,294	0	0	0	00	1,020	37	84	34		36	10	630	190		0	02	30		0	17	46
AVG	20	1,560	1,480	144	87	93	29 0	2,530	52	119	47		70	25	608	191		0	04	40		0	19	46

CERTIFORM 17 1 2001(0)

EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

T-1

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: February
TELEPHONE NUMBER: 813-368-1766

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COLOR UNITS	SETTLED pH	SETTLED P ALK	SETTLED M ALK	SETTLED TOTAL HDNS	SETTLED CA HDNS	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	10.3	38	74	134	124	8.4	2	40	164	142	3	7	0.4		
2	0	0	0	0	0	0	9.9	42	78	146	104	8.5	4	42	146	128	3	14	0.1		
3	0	0	0	0	0	0	10.2	40	72	144	140	8.5	2	44	154	142	2.9	12	0		
4	7.1	280	360	360	20	35	10.1	36	78	146	136	8.3	0	50	166	160	2.9	9	0		
5	0	0	0	0	0	0	10.3	32	62	140	134	8.6	0	50	170	140	2.6	8	0		
6	0	0	0	0	0	0	10.3	38	66	150	126	8.6	4	48	174	144	3	8	0		
7	7.2	276	360	356	4	40	10.1	36	62	150	118	8.3	4	44	164	160	2.7	9	0		
8	0	0	0	0	0	0	10.3	40	68	148	132	8.4	4	36	162	118	3.0	6	0		
9	0	0	0	0	0	0	10.1	36	80	136	124	8.8	4	50	192	146	3	10	0		
10	0	0	0	0	0	0	10.2	42	72	138	132	8.8	2	46	164	152	3	11	0		
11	0	0	0	0	0	0	10.2	46	74	136	124	8.4	0	56	168	164	3.0	3	0		
12	0	0	0	0	0	0	10.1	34	70	138	128	8.3	0	46	164	156	2.8	8	0		
13	0	0	0	0	0	0	10.3	38	72	140	128	8.4	0	46	166	162	2.9	9	0		
14	7.2	312	364	348	28	32	10.3	40	68	140	130	8.6	2	42	162	170	3	12	0		
15	0	0	0	0	0	0	10.2	38	62	132	128	8.6	4	50	172	154	3.6	11	0		
16	0	0	0	0	0	0	10.3	50	86	134	134	8.6	4	50	168	154	3.3	10	0		
17	0	0	0	0	0	0	10.2	42	74	138	128	8.5	2	50	164	152	3	3	0.4		
18	0	0	0	0	0	0	10.2	46	78	140	128	8.3	0	44	160	154	3.3	8	0.2		
19	0	0	0	0	0	0	10.1	34	76	150	126	8.6	4	50	174	150	3	8	0		
20	0	0	0	0	0	0	10.1	36	78	146	128	8.5	2	44	176	148	2.9	6	0		
21	0	0	0	0	0	0	10.2	30	68	140	132	8.6	0	46	156	140	3.0	4	0		
22	0	0	0	0	0	0	10.2	32	56	144	138	8.4	0	46	158	136	3.1	7	0		
23	0	0	0	0	0	0	10.3	32	62	140	128	8.5	4	50	160	146	3.0	7	0		
24	0	0	0	0	0	0	10.3	38	70	136	112	8.6	4	42	160	134	2.8	6	0		
25	7.4	268	372	352	20	16	10.3	42	72	144	132	8.5	2	46	168	154	3	3	Tr.		
26	0	0	0	0	0	0	10.1	40	70	152	114	8.4	2	44	168	138	3.0	3	0		
27	0	0	0	0	0	0	10.1	52	84	150	144	8.3	0	48	172	138	3.4	8	0		
28	7.3	284	348	328	20	40	0	0	0	0	0	0	0	0	172	170	3	9	0		
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	36.2	1432	1824	1746	84	163	288	1096	1984	3978	3592	238	69	1298	4840	4188	110.9	216	1.1		
MAX	7.4	312	380	360	28	40	10.3	52	84	152	144	8.8	4	56	194	170	33.0	14	0.4		
MIN	0.0	0	0	0	0	0	9.9	30	56	126	104	8.2	0	36	142	118	2.6	3	0.0		
AVG	7.2	286	365	349	17	33	10.2	39	71	147	129	8.5	2.5	46	168	149	4.2	8	0.0		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

LEAD OPERATOR SIGNATURE: Billy Abernathy
HOW MANY OTHER OPERATORS? 5
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: D. Feinberg "A" 3736; Q. Jackson "B" 3744; T. Elmwick "B" 3303; CERTIFICATION NO.: R. Loveland "C" 2285; R. Clark "C" 2285

DESIGN FLOW: 2.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 6334

March

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS			TOTAL WASH WATER IN GALLONS	LIME	C-1	CHLORINE POST	OTHER						DOSAGES (mg/l)							
				TOTAL	MAXIMUM	MINIMUM					POLYMER 2540TR	ACID	POLYMER 1006 CDP	NH3	H2SO4		LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2540TR	C-1	POLYMER 1006 CDP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		16	17	18	19	20	21	22	23
1	23.0	1,431	1,331	87	0	0	0	0	2,329	44	131	43		72	29	330	104.0		11.0	0.4	37	0	2	30
2	19.0	1,353	1,400	384	141	96	0	32	2,323	46	143	47		76	31	347	103.0		11.0	0.4	37	0	2	30
3	23.0	1,458	1,337	134	61	63	0	31	2,376	43	134	44		73	30	337	104.0		11.0	0.4	37	0	2	30
4	24.0	1,497	1,301	200	103	103	0	34	2,435	46	137	45		75	30	341	103.0		11.0	0.4	37	0	2	30
5	18.0	1,412	1,324	183	99	63	0	31	2,305	43	130	42		71	29	329	103.0		11.0	0.4	37	0	2	30
6	19.1	1,391	1,476	182	91	61	0	30	2,119	40	119	39		65	26	302	104.0		11.0	0.4	37	0	2	30
7	19.5	1,301	1,487	186	93	91	0	30	2,115	40	119	39		65	26	302	104.0		11.0	0.4	37	0	2	30
8	23.0	1,393	1,390	175	99	78	0	29	2,346	37	121	38		66	26	302	104.0		11.0	0.4	37	0	2	30
9	24.0	1,397	1,341	156	75	75	0	30	2,033	46	142	46		80	32	370	103.2		11.0	0.4	37	0	2	30
10	21.0	1,471	1,619	184	92	92	0	30	2,440	45	135	44		76	30	353	103.0		11.0	0.4	37	0	2	30
11	19.5	1,331	1,418	234	93	88	0	29	2,423	41	124	40		69	27	320	103.2		11.0	0.4	37	0	2	30
12	15.0	1,410	1,211	151	37	34	0	31	2,530	43	129	42		72	28	333	103.0		11.0	0.4	37	0	2	30
13	22.0	1,370	1,665	201	87	83	0	31	2,345	39	109	38		62	24	288	103.2		11.0	0.4	37	0	2	30
14	17.0	1,391	1,679	190	39	34	0	30	2,434	43	128	42		72	28	333	103.2		11.0	0.4	37	0	2	30
15	19.1	1,301	1,313	135	72	53	0	30	2,330	38	126	41		70	27	326	103.1		11.0	0.4	38	1	2	30
16	23.0	1,393	1,307	190	78	57	0	32	2,370	41	124	43		71	27	329	103.1		11.0	0.4	37	1	2	30
17	19.1	1,349	1,412	190	74	58	0	32	2,185	42	115	41		67	26	311	103.0		11.0	0.4	37	1	2	30
18	23.0	1,478	1,401	112	58	56	0	30	2,350	38	106	37		61	24	284	103.0		11.0	0.4	37	1	2	30
19	23.0	1,782	1,023	119	57	57	0	27	2,063	36	102	35		59	23	273	103.1		11.0	0.4	38	1	2	30
20	16.0	1,124	1,598	200	91	91	0	34	1,878	37	103	36		59	23	276	103.2		11.0	0.4	40	1	2	30
21	15.1	1,068	1,931	144	89	85	0	20	2,063	33	97	33		53	21	260	103.2		11.0	0.4	40	1	2	30
22	23.1	1,270	1,483	183	78	51	0	33	2,340	39	101	34		55	22	265	103.1		11.0	0.4	39	1	2	30
23	24.0	1,891	1,404	198	79	53	0	34	2,330	43	111	37		60	24	288	103.1		10.0	0.4	39	1	2	30
24	19.1	1,333	1,313	171	83	47	0	33	2,000	31	140	50		76	32	370	103.1		10.0	0.4	40	1	2	32
25	16.1	1,311	1,324	175	68	43	0	30	2,105	43	117	42		64	26	308	103.2		10.0	0.4	40	1	2	33
26	21.0	1,865	1,865	130	90	60	0	33	2,123	35	111	40		61	25	294	103.2		10.0	0.4	40	1	2	33
27	18.0	1,221	1,386	113	58	56	0	22	2,365	41	115	41		63	26	303	103.0		10.0	0.4	40	1	2	32
28	18.5	1,332	1,428	170	72	51	0	20	2,013	31	140	51		77	32	370	103.0		10.0	0.4	40	1	2	32
29	23.0	1,893	1,319	120	78	56	0	23	2,550	42	122	44		67	28	322	103.0		10.0	0.4	40	1	2	32
30	22.2	1,828	1,480	195	78	56	0	30	3,030	54	140	51		77	32	370	103.0		10.0	0.4	40	1	2	32
31	20.2	1,439	1,564	130	64	64	0	22	2,880	48	131	48		72	30	346	103.0		10.0	0.4	40	1	2	32
TOTAL	619	40,242	42,220	5016	2306	1803	723.0	82,340	1,470	4231	1469		2370	630	19557	6900								
MAX	24	1,901	1,711	384	141	103	35.0	3,330	63	176	63		111	37	529	225	340	12.0	110.0	391	50	1371		
MIN	15	1,068	1,313	87	0	0	0.0	1,878	33	97	33		53	19	403	193	91	0.4	36	7	2.4	93		
AVG	20	1,492	1,333	162	74	60	24.0	2,833	49	136	49		83	28	631	213	311	0.4	36	6	3.0	50		
																				7	2.1	91		

DER FORM 17-1.202(10) EFFECTIVE NOVEMBER 30, 1982

T.P.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: March
TELEPHONE NUMBER: 813-368-1766

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COLOR UNITS	SETTLED pH	SETTLED P ALK AS CACO3	SETTLED M ALK AS CACO3	SETTLED TOTAL HDNS AS CACO3	SETTLED CA HDNS AS CACO3	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	10.3	34	74	150	126	8.3	2	40	170	130	3.0	0	0		
2	0	0	0	0	0	0	10.2	32	66	146	122	8.0	2	38	170	140	3.1	0	2.09		
3	0	0	0	0	0	0	10.1	34	78	170	138	8.3	0	42	188	142	3.0	7	0		
4	0	0	0	0	0	0	10.1	32	76	158	150	8.2	0	50	184	152	3.1	0	0		
5	0	0	0	0	0	0	10.3	30	80	148	126	8.4	0	46	182	152	3.7	0	0		
6	0	0	0	0	0	0	10.2	34	76	154	140	8.0	2	40	186	138	3.3	7	0		
7	0	0	0	0	0	0	10.2	34	80	158	142	8.5	2	42	170	140	2.2	7	0		
8	0	0	0	0	0	0	10.4	36	80	156	138	8.3	0	46	176	138	3	0	0		
9	7.4	384	352	340	12	44	10.3	36	78	140	110	8.6	2	44	188	140	2.8	11	0		
10	0	0	0	0	0	0	10.2	38	80	144	124	8.6	2	40	184	150	3.5	0	0		
11	0	0	0	0	0	0	10	36	78	148	146	8.2	0	46	176	164	3.8	7	0		
12	0	0	0	0	0	0	10.1	32	70	166	156	8.6	2	46	178	138	3.6	7	0		
13	0	0	0	0	0	0	10.3	38	88	148	138	8.5	2	48	172	140	3.4	0	0		
14	7.4	380	352	322	30	50	10.1	30	84	132	120	8.5	0	40	170	142	3.1	0	0		
15	0	0	0	0	0	0	10.3	32	70	144	138	8.4	0	44	170	142	3.2	0	0		
16	0	0	0	0	0	0	10.1	28	72	148	140	8.0	2	40	182	150	3.0	7	0		
17	0	0	0	0	0	0	10.2	40	68	148	136	8.4	0	38	168	132	2.9	0	0		
18	0	0	0	0	0	0	10.2	36	68	144	132	8.5	2	44	174	170	2.7	11	0		
19	0	0	0	0	0	0	10.3	36	70	152	120	8.3	0	44	178	160	3.3	0	0		
20	0	0	0	0	0	0	10.2	32	70	150	130	8.6	2	46	174	142	3.3	0	0		
21	7.3	372	360	320	40	49	10.3	36	68	152	120	8.4	0	46	170	136	2	0	0		
22	0	0	0	0	0	0	10.3	36	72	150	122	8.0	2	42	182	150	3.7	7	0		
23	0	0	0	0	0	0	10.3	40	72	146	136	8.4	4	40	162	150	3.9	0	0		
24	0	0	0	0	0	0	10.1	28	68	138	118	8.8	0	40	156	122	3.4	0	0		
25	0	0	0	0	0	0	10.1	30	64	138	128	8.3	0	42	166	150	2.9	7	0		
26	0	0	0	0	0	0	10.2	28	70	154	118	8.5	2	40	180	138	2.8	7	0		
27	0	0	0	0	0	0	10.3	36	68	138	118	8.4	2	38	158	132	3.6	7	0		
28	7.2	368	340	320	20	47	10.3	36	62	126	110	8.5	0	40	152	126	3.7	0	0		
29	0	0	0	0	0	0	10.3	38	60	130	114	8.3	0	40	152	122	2.9	0	0.1		
30	0	0	0	0	0	0	10.1	30	66	126	112	8.6	2	40	154	130	3	0	0.1		
31	0	0	0	0	0	0	10.2	36	62	122	100	8.2	0	40	158	154	3	0	0		
TOTAL	39.3	1104	1404	1302	102	190	317	1074	2162	4528	3982	263	34	1328	5208	4408	96.8	242	2.3		
MAX	7.4	384	360	340	40	50	10.4	40	80	170	156	8.8	4	50	188	170	3.7	11	2.1		
MIN	0.0	0	0	0	0	0	10.0	28	60	122	100	8.2	0	38	152	122	2.8	0	0.0		
AVG	7.3	376	351	326	26	49	10.2	35	70	146	128	8.5	1.1	43	168	142	3.1	8	0.1		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

T-P

Lehigh

April

LEAD OPERATOR SIGNATURE Billy Abernathy "A" 2706

HOW MANY OTHER OPERATORS? 0

OPERATOR'S NAMES G. Jackson "B" 3714 G. Feinberg "A" 3730 E. Elsnick "B" 3503

CERTIFICATION NO R. Clark "C" 2985 R. Loveland "C" 2381

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

DESIGN FLOW 1.5 MGD

TOTAL METERED SERVICES AT END OF MONTH 8325

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	OTHER: LIME	C-t	CHLORINE POST	POLYMER 2540TR	ACID	POLYMER 100K CDP	NH3	H2SO4	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2540TR	C-t	POLYMER 100K CDP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	24.0	1,853	1,939	130	84	88	36	3,100	55	136	5.2		83	25	800	224.0		100	0.4	4.0	6	2	48
2	22.5	1,545	1,373	124	90	87	31	2,900	52	129	5.0		77	23	520	215.1		100	0.4	4.0	6	2	48
3	13.0	1,208	1,530	130	69	87	26	2,315	42	100	4.0		64	19	367	224.5		100	0.4	4.0	6	2	48
4	15.5	1,321	1,804	140	93	83	19	2,305	44	110	4.2		66	20	520	200.1		100	0.4	4.0	6	2	48
5	23.0	1,894	1,440	130	76	56	22	3,225	60	166	6.3		100	30	760	199.9		100	0.4	4.0	6	2	48
6	24.0	1,742	1,550	208	77	58	25	3,015	58	144	5.8		87	28	670	200.1		100	0.4	4.0	6	2	48
7	24.0	1,760	1,513	204	78	63	24	2,920	58	146	5.8		87	29	673	200.2		100	0.4	4.0	6	2	48
8	20.5	1,498	1,439	190	71	48	25	2,350	47	117	4.5		70	24	540	200.1		100	0.4	4.0	6	2	48
9	18.5	1,404	1,456	130	69	69	21	2,340	47	117	4.5		70	24	539	200.3		100	0.4	4.0	6	2	48
10	15.5	1,208	1,469	160	84	68	20	2,315	46	111	4.3		66	22	510	199.8		100	0.4	4.0	6	2	48
11	15.5	1,291	1,496	193	86	58	20	2,480	49	119	4.2		67	24	554	200.3		110	0.4	4.0	6	2	48
12	12.0	1,047	1,547	81	50	31	22	2,230	56	133	5.4		63	21	390	200.2		110	0.4	3.0	5	2	48
13	24.0	1,710	1,528	191	72	56	23	3,005	57	150	5.8		82	32	818	199.8		110	0.4	4.0	6	2	48
14	23.0	1,706	1,484	124	82	69	19	2,865	52	138	5.6		80	31	813	200.0		110	0.4	4.0	6	2	48
15	18.5	1,310	1,371	157	80	71	20	2,185	44	110	4.3		65	24	630	200.0		110	0.4	4.0	6	2	48
16	21.5	1,532	1,561	201	99	68	20	2,555	59	153	5.9		86	23	549	200.0		110	0.4	4.0	5	2	48
17	18.0	1,368	1,491	213	81	63	20	2,280	45	114	4.5		66	26	690	199.8		110	0.4	3.0	6	2	48
18	15.5	1,077	1,378	72	56	18	19	2,130	40	107	4.2		61	0	630	200.0		120	0.4	3.0	6	0	48
19	20.5	1,463	1,315	124	71	33	20	2,713	52	206	5.6		83	0	955	200.1		120	0.4	3.1	6	0	48
20	19.2	1,402	1,567	193	72	51	20	2,575	50	180	5.3		80	0	931	200.2		120	0.4	3.2	6	0	48
21	18.1	1,340	1,518	195	76	55	20	1,990	37	138	3.9		59	0	390	200.2		120	0.5	3.2	4	0	48
22	20.0	1,428	1,401	130	55	55	20	2,326	44	163	4.6		71	0	470	200.2		120	0.4	3.1	4	0	48
23	20.0	1,373	1,584	144	55	30	21	2,290	43	132	4.5		69	0	430	200.1		120	0.4	3.2	0	0	48
24	18.0	1,203	1,448	128	74	55	23	2,110	39	120	4.1		63	0	423	200.0		120	0.4	3.2	0	0	48
25	15.5	1,291	1,359	90	55	55	20	2,153	41	122	4.1		64	0	431	199.8		120	0.4	4.0	4	0	48
26	22.7	1,575	1,381	198	86	59	27	3,155	61	180	6.0		94	0	624	200.1		120	0.4	4.0	4	0	48
27	17.2	1,278	1,351	204	109	38	20	2,330	45	130	4.4		69	0	420	199.7		120	0.5	3.9	4	0	48
28	21.0	1,562	1,490	130	58	40	17	2,635	51	150	5.0		78	0	521	199.8		120	0.4	3.8	0	0	48
29	18.1	1,330	1,488	143	83	60	20	2,230	44	114	4.2		66	0	510	199.8		120	0.4	3.8	4	0	48
30	20.4	1,462	1,495	160	59	42	20	2,535	49	149	4.6		73	0	487	199.7		120	0.4	3.9	0	0	48
31	0.0	0	0	0	0	0	0	0	0	0	0.0		0	0	0	0.0		0.0	0.0	0.0	0	0	0
TOTAL	590	43,609	43,691	4869	2101	1540	692.0	73,310	1,455	4118	144		3219	446	15908	6025		351	11.8	117.5	128	35	1281
MAX	24	1,894	1,939	204	109	71	60.0	3,315	60	166	6.3		100	31	760	215		12	0.5	4.0	6	3.2	48
MIN	15	1,108	1,223	72	50	18	19.0	1,990	37	108	3.9		59	0	390	200		10	0.4	3.2	0	0.0	48
AVG	20	1,402	1,410	162	71	51	39.7	3,511	49	137	4.8		74	15	530	203		11	0.4	3.9	6	1.2	43

(REVERSE OF 1 FORM)

EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: April
TELEPHONE NUMBER: 813 368 1766

COUNTY: Lee
ED NO: 5360172
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COLOR UNITS	SETTLED pH	SETTLED P ALK AS CACO3	SETTLED M ALK AS CACO3	SETTLED TOTAL HDNS AS CACO3	SETTLED CA HDNS AS CACO3	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	29	35	38	37	39	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	10.4	36	78	124	106	8.1	0	52	152	126	3.7	7	0		
2	0	0	0	0	0	0	10.2	40	74	130	114	8.4	4	48	152	140	3.2	8	0		
3	0	0	0	0	0	0	10.3	38	72	136	126	8.5	2	50	158	154	3.8	7	0		
4	0	0	0	0	0	0	10.2	38	70	130	116	8.5	2	42	150	140	3	7	0		
5	7.2	260	340	304	36	45	10.3	42	72	130	118	8.5	0	40	160	146	2.9	9	0		
6	0	0	0	0	0	0	10.1	32	68	130	104	8.4	0	44	158	150	2.8	8	0		
7	0	0	0	0	0	0	10.1	30	62	114	86	8.4	0	40	150	110	3.1	7	0		
8	0	0	0	0	0	0	10.2	42	66	150	112	8.3	0	52	188	148	2.8	9	0		
9	0	0	0	0	0	0	10.1	32	66	150	128	8.6	4	48	174	144	3	8	1.2		
10	0	0	0	0	0	0	10.2	44	68	152	126	8.2	0	42	168	148	2.8	7	0		
11	7.1	240	352	308	44	58	10.3	44	72	144	122	8.3	0	38	158	138	3	7	0		
12	0	0	0	0	0	0	10.3	46	70	148	122	8.3	0	36	150	132	3	7	0		
13	0	0	0	0	0	0	10.3	42	68	142	118	8.5	2	40	152	126	3.5	7	0		
14	0	0	0	0	0	0	10.1	34	74	138	116	8.5	2	38	152	128	3.6	7	0.2		
15	0	0	0	0	0	0	10.1	34	66	128	122	8.2	0	40	144	130	3.2	6	0		
16	0	0	0	0	0	0	10.3	40	70	148	128	8.5	2	42	162	134	3	7	0		
17	0	0	0	0	0	0	10.2	34	70	142	116	8.4	0	38	160	132	3.3	7	0.7		
18	7.2	252	366	332	34	40	10.3	36	74	144	120	8.1	0	38	156	130	3.8	7	0.6		
19	0	0	0	0	0	0	10.3	38	74	146	116	8.1	0	44	158	132	3.4	7	1.1		
20	0	0	0	0	0	0	10.1	34	66	142	130	7.9	0	50	180	134	1.5	8	0.3		
21	0	0	0	0	0	0	10.3	38	64	146	116	8.6	2	38	154	132	3.2	5	0		
22	0	0	0	0	0	0	10.3	38	64	144	120	8.7	2	46	150	140	3.6	3	0		
23	0	0	0	0	0	0	10.2	40	74	140	118	8.6	2	44	144	126	3.6	4	0		
24	0	0	0	0	0	0	10.2	40	74	140	118	8.6	0	38	140	132	3.1	6	0.9		
25	7.4	260	358	344	14	30	10.3	38	68	142	120	8.6	2	42	150	128	3.8	6	Trace		
26	0	0	0	0	0	0	10.3	46	74	140	118	8.4	0	38	150	130	3	6	Trace		
27	0	0	0	0	0	0	10.2	44	74	140	118	8.6	2	44	146	126	3	6	Trace		
28	0	0	0	0	0	0	10.3	44	70	144	118	8.3	0	36	150	128	2.8	3	0		
29	0	0	0	0	0	0	10.2	40	70	152	134	8.4	0	38	142	140	2.9	4	0		
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	150	130	3.6	6	0		
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	36.9	1020	1410	1288	122	173	306	1121	2094	4216	3586	251	28	1258	4648	4004	90.4	180	3.0		
MAX	7.4	260	366	344	44	58	10.4	46	74	156	134	8.7	4	52	180	154	3.7	9	1.2		
MIN	0.0	0	0	0	0	0	10.0	3	62	114	86	7.9	0	36	136	110	1.5	3	0.0		
AVG	7.2	255	353	322	31	43	10.2	37	70	141	120	8.4	0.9	42	155	133	3.0	6	0.2		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 1

T-F

Lehigh

May

LEAD OPERATOR SIGNATURE: Billy Abernathy 'A' 2786

HOW MANY OTHER OPERATORS? 5

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: G. Jackson 'B' 3116; G. Feinberg 'A' 2736; T. Elmslie 'B' 3561

CERTIFICATION NO: R. Clark 'C' 7285; R. Loveland 'C' 7281

DESIGN FLOW: 3.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 8304

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	C-4	CHLORINE POST	OTHER: POLYMER 3540TR	ACID	POLYMER 1005 CDP	NH3	H2SO4	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 3540TR	C-4	POLYMER 1005 CDP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	15.0	1,250	1,121	122	62	28	62	2,005	38	116	4.2		53	0	831	200.0		180.0	0.4	3.7	5	0	80
2	18.0	1,300	1,440	113	58	30	38	2,175	45	120	4.3		51	0	548	199.7		110.0	0.4	3.8	5	0	80
3	23.0	1,010	1,257	123	61	51	31	3,101	60	90	6.5		65	10	700	199.8		80	0.4	3.8	5	1	90
4	20.5	1,317	1,110	102	54	34	34	2,530	48	84	5.2		67	13	633	200.0		81	0.4	3.8	5	1	80
5	21.3	1,311	1,488	102	59	44	42	2,535	48	83	5.3		66	13	683	200.0		81	0.4	3.7	5	1	80
6	19.5	1,330	1,388	112	65	41	42	2,320	42	80	4.5		59	12	555	200.1		80	0.4	3.8	5	1	80
7	19.3	1,411	1,468	100	60	40	39	2,355	44	80	4.5		62	12	500	200.1		80	0.4	3.7	5	1	80
8	18.8	1,171	1,050	134	58	38	38	1,905	37	68	4.0		52	10	486	199.1		80	0.4	3.8	5	1	80
9	19.3	1,232	1,484	100	54	34	31	2,010	39	72	4.2		52	11	518	199.8		80	0.4	3.8	5	1	80
10	22.0	1,031	1,281	102	51	31	31	2,009	37	77	6.3		70	16	765	199.9		80	0.4	3.7	5	1	80
11	20.5	1,400	1,387	102	70	34	49	2,405	46	83	5.1		67	13	617	199.8		80	0.4	3.7	5	1	80
12	19.0	1,300	1,200	134	75	50	31	2,120	41	95	4.5		64	11	560	199.8		80	0.4	3.8	5	1	80
13	19.0	1,434	1,373	109	77	61	33	2,355	45	80	4.9		68	12	588	199.9		80	0.4	3.8	5	1	80
14	21.7	1,018	1,493	213	58	38	36	2,315	80	80	6.5		96	16	799	199.9		80	0.4	3.8	5	1	80
15	18.3	1,395	1,000	106	61	43	46	2,230	43	59	4.2		56	12	510	199.8		80	0.4	3.7	5	1	80
16	15.3	1,315	1,408	116	39	36	34	2,194	43	58	4.2		54	8	536	200.1		48	0.4	3.8	5	1	92
17	21.0	1,240	1,200	103	55	61	31	2,950	58	78	5.8		86	12	740	200.1		67	0.4	3.8	6	1	92
18	22.0	1,220	1,321	103	77	33	33	2,950	48	88	3.9		88	13	533	200.0		60	0.4	3.8	6	1	92
19	23.0	1,513	1,343	130	70	60	33	2,890	34	110	5.1		70	10	700	200.0		82	0.4	4.0	6	1	92
20	13.5	993	1,333	204	98	68	31	1,840	23	60	3.1		46	8	420	200.0		69	0.4	3.9	6	1	92
21	16.3	1,436	1,556	186	68	60	35	2,300	47	93	4.5		68	11	618	200.1		69	0.4	4.0	6	1	92
22	19.4	1,327	1,451	184	53	33	18	2,214	44	85	4.2		61	13	575	200.1		59	0.4	4.0	6	1	92
23	19.0	1,536	1,390	90	48	45	32	2,395	32	90	4.9		73	10	675	200.0		39	0.4	4.0	6	1	92
24	23.0	1,963	1,650	133	83	58	19	3,160	63	98	9.1		91	24	851	205.2		68	0.4	4.0	5	2	92
25	25.0	2,076	1,646	120	72	58	31	3,150	69	104	7.1		99	20	999	203.2		68	0.4	4.0	5	2	92
26	16.0	1,322	1,429	201	96	69	41	2,260	44	84	4.5		63	10	573	205.0		68	0.4	4.0	5	1	92
27	19.0	1,422	1,418	144	81	62	30	2,980	56	81	5.8		86	26	782	204.9		68	0.4	4.0	5	1	92
28	18.0	1,290	1,072	82	0	0	0	2,215	43	83	6.4		59	10	562	204.8		68	0.4	4.0	5	1	92
29	18.0	1,491	1,551	130	75	29	32	2,395	47	70	4.8		59	12	662	203.8		68	0.4	4.0	5	1	92
30	15.4	1,312	1,308	130	65	60	31	2,230	45	67	4.6		56	17	582	203.8		68	0.4	4.0	5	2	92
31	18.9	1,503	1,300	67	0	0	11	2,570	50	73	5.3		61	19	651	203.8		68	0.4	4.0	5	2	93
TOTAL	592	45,733	43,878	4589	1864	1533	992.9	70,301	1,469	2117	154		2012	423	18419	6396		120	12.5	118.0	166	36	1583
MAX	26	2,076	1,650	243	98	75	49.0	3,550	69	120	7.1		99	26	999	205		81	0.4	4.0	6	2	93
MIN	14	993	1,201	67	0	0	0.0	1,840	23	60	3.1		46	0	420	199		0	0.4	3.8	5	1.0	80
AVG.	19	1,477	1,419	147	64	53	32.0	2,461	47	70	5.0		65	15	630	200		0	0.4	3.8	5	1.1	85

DER FORM 17-1.209(8) EFFECTIVE NOVEMBER 30, 1982

T-R

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: May
TELEPHONE NUMBER: 813-368-1766

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS

DATE	pH	M.O. ALK	HARDNESS TOTAL	HARDNESS CALCIUM	HARDNESS MAGNESIUM	COLOR UNITS	SETTLED pH	SETTLED P ALK. (AS CaCO3)	SETTLED M ALK. (AS CaCO3)	SETTLED TOTAL HDNS (AS CaCO3)	SETTLED CA HDNS (AS CaCO3)	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	10.2	40	64	158	124	8.4	0	38	148	136	3	4	0		
2	7.2	300	380	340	40	25	10.1	32	74	152	130	8.3	0	36	150	132	2.5	4	0.3		
3	0	0	0	0	0	0	10.1	32	80	138	108	8.5	4	42	164	152	4.8	11	0		
4	0	0	0	0	0	0	10	34	82	140	106	8.6	6	48	164	150	3.0	10	0		
5	0	0	0	0	0	0	10.5	46	76	152	124	8.3	0	42	158	144	3.0	9	0		
6	0	0	0	0	0	0	9.9	36	78	146	104	8.4	0	32	150	140	3.5	11	0		
7	0	0	0	0	0	0	10	30	82	140	124	8.4	0	40	160	142	3.1	11	0		
8	0	0	0	0	0	0	10.3	32	70	146	118	8.5	0	40	164	146	3.0	10	0		
9	7.2	264	370	350	20	25	10.3	40	72	152	122	8.9	2	38	160	138	3.0	11	0		
10	0	0	0	0	0	0	10.2	46	74	148	122	8.6	0	46	158	138	2.8	10	0		
11	0	0	0	0	0	0	10.1	34	72	150	122	8.5	0	48	154	134	3.4	10	0.5		
12	0	0	0	0	0	0	10.3	38	64	140	114	8.3	0	40	160	138	3.1	9	0		
13	0	0	0	0	0	0	10.2	40	62	140	132	8.3	0	38	156	142	2.8	11	0		
14	0	0	0	0	0	0	10	32	68	140	110	8.5	2	40	156	130	3.5	10	0		
15	0	0	0	0	0	0	10.3	38	64	142	110	8.4	0	36	150	126	2.7	10	0.2		
16	7.2	280	340	312	28	25	10.3	44	70	150	116	8.5	2	42	156	126	3.2	9	0		
17	0	0	0	0	0	0	10.2	42	80	138	110	8.4	0	36	154	138	3	11	0		
18	0	0	0	0	0	0	10.5	48	68	136	130	8.5	2	42	150	126	3.5	11	0		
19	0	0	0	0	0	0	9.9	38	78	138	112	8	0	36	144	130	2.8	11	0		
20	0	0	0	0	0	0	10.2	44	72	140	118	8	0	36	150	140	2.9	9	0		
21	0	0	0	0	0	0	10.2	44	74	142	116	8.5	4	40	142	134	3.4	9	0		
22	0	0	0	0	0	0	10.1	40	78	144	120	8.4	0	36	150	126	2.9	9	0		
23	0	0	0	0	0	0	9.7	36	74	148	126	8	0	36	148	128	3	9	0		
24	7.2	280	374	340	34	25	10.1	40	74	154	126	8.1	0	42	164	142	3.4	8	0		
25	0	0	0	0	0	0	9.9	38	74	146	122	8.6	4	46	164	140	3.9	10	0		
26	0	0	0	0	0	0	9.9	34	68	142	112	8.5	0	42	158	138	3.4	9	0		
27	0	0	0	0	0	0	10.2	32	70	148	124	8.4	0	42	162	134	3.1	10	0		
28	0	0	0	0	0	0	10.1	30	62	142	130	8.6	0	46	166	138	3.9	9	0		
29	0	0	0	0	0	0	10	32	62	136	124	8	0	46	156	154	3	9	0.7		
30	0	0	0	0	0	0	10	30	60	140	130	8.5	2	46	156	154	2.8	10	0		
31	7.1	296	382	340	14	20	10.2	32	66	136	124	8.3	2	46	160	142	3.3	10	0.1		
TOTAL	36.0	1420	1832	1690	142	131	314	1122	2150	4672	3778	260	36	1224	4854	4256	100.0	285	3.7		
MAX	7.2	300	380	350	40	25	10.5	48	80	158	144	8.9	6	48	168	154	4.8	11	0.7		
MIN	0.0	0	0	0	0	0	9.7	24	60	136	106	8.0	0	32	142	124	2.5	0	0.0		
AVG	7.2	284	366	338	28	26	10.1	36	69	144	122	8.4	1.2	39	157	137	3.2	10	0.1		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

T.P.

LEAD OPERATOR SIGNATURE Billy Abernathy 'A' 2396

HOW MANY OTHER OPERATORS? 9

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES Q. Jackson 'B' 3714 — CERTIFICATION NO: R. Clark 'C' 1363

Q. Fairburg 'A' 3736 — T. Flowers 'B' 3103 — R. Loveland 'C' 2381

DESIGN FLOW 2.5 MGD

TOTAL METERED SERVICES AT END OF MONTH 8418

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS			TOTAL WASH WATER IN GALLONS	CHEMICALS USED									DOSAGES (mg/l)							
				TOTAL	MAXIMUM	MINIMUM		LIME	C-4	CHLORINE POST	OTHER: POLYMER 23901A		POLYMER 1006 COP	NH3	H2SO4		LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 23901A	C-4	POLYMER 1006 COP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		16	17	18	19	20	21	22	23
1	16.6	1,100,000	1,007,000	336	192	60	31	2,000	60	60	30		60	13	560		200.0		60	6.4	4.0	0	2	34
2	16.2	1,101,000	1,050,000	189	97	91	30	1,000	60	60	30		60	15	530		200.1		60	6.0	4.0	0	2	34
3	16.3	1,307,000	830,000	110	67	33	29	2,200	60	60	41		60	17	810		200.0		60	6.4	4.0	0	1	34
4	14.6	1,102,000	1,110,000	90	49	49	27	1,990	60	60	30		60	15	830		200.3		60	6.4	4.0	0	1	34
5	15.5	1,348,000	1,300,000	110	62	62	28	2,330	45	67	41		60	18	807		200.1		60	6.0	4.0	0	2	34
6	16.0	1,500,000	1,200,000	178	91	46	42	2,500	30	75	45		70	19	875		199.9		60	6.4	4.0	0	1	34
7	16.6	1,304,000	1,170,000	104	66	49	28	2,310	60	60	41		70	17	813		200.1		60	6.4	4.0	0	1	34
8	16.6	1,200,000	1,222,000	110	59	59	27	2,100	64	69	30		65	16	804		199.9		60	6.6	4.0	0	1	34
9	14.0	1,099,000	1,007,000	105	55	55	29	1,975	35	53	32		53	14	670		199.9		60	6.4	4.0	0	1	34
10	13.6	1,344,000	1,330,000	94	47	47	30	2,340	45	67	40		60	17	665		199.9		60	6.4	4.0	0	2	34
11	15.3	1,330,000	1,310,000	90	46	46	18	2,200	60	60	41		60	21	810		199.9		60	6.4	4.0	0	2	34
12	13.4	1,303,000	1,301,000	96	48	48	34	2,240	45	67	40		60	21	804		200.0		60	6.4	4.0	0	2	34
13	15.9	1,342,000	1,220,000	110	59	59	18	2,240	45	67	40		60	21	804		200.1		60	6.4	4.0	0	2	34
14	21.3	1,903,000	1,323,000	126	62	62	28	2,240	45	67	40		60	21	804		200.1		60	6.4	4.0	0	2	34
15	21.6	1,409,000	1,207,000	100	50	50	28	2,075	30	60	40		60	21	722		200.1		60	6.4	4.0	0	2	34
16	13.1	913,000	1,107,000	131	73	58	30	2,075	30	74	40		70	23	805		200.0		60	6.4	4.0	0	2	34
17	13.9	1,274,000	1,057,000	122	69	53	27	1,920	31	49	37		60	12	410		199.9		60	6.4	4.0	0	2	34
18	15.6	1,320,000	1,200,000	117	69	48	30	2,123	43	63	38		64	18	574		200.0		60	6.4	4.0	0	2	34
19	15.0	1,339,000	1,123,000	105	63	42	18	2,200	44	66	40		60	18	805		199.8		60	6.4	4.0	0	2	34
20	15.4	1,320,000	1,225,000	125	68	57	26	2,000	41	62	37		61	17	850		200.3		60	6.4	4.0	0	2	34
21	21.9	1,909,000	1,171,000	122	61	61	29	2,050	41	61	37		60	20	533		200.2		60	6.4	4.0	0	2	34
22	17.0	1,284,000	1,130,000	106	67	53	33	2,005	34	66	40		61	22	725		200.1		60	6.4	4.0	0	2	34
23	16.0	1,040,000	1,173,000	123	69	54	30	2,110	42	63	38		64	19	560		200.2		60	6.4	4.0	0	2	34
24	15.7	1,324,000	1,101,000	127	66	61	23	1,190	33	57	37		53	18	633		200.3		60	6.4	4.0	0	2	34
25	15.9	1,280,000	1,172,000	118	60	47	31	2,040	41	61	37		63	18	591		199.8		60	6.4	4.0	0	2	34
26	15.5	1,280,000	1,120,000	124	62	62	25	2,150	43	64	38		63	19	580		200.2		60	6.4	4.0	0	2	34
27	15.2	1,307,000	1,140,000	122	61	61	32	2,125	43	64	38		63	20	570		200.0		60	6.4	4.0	0	2	34
28	20.0	1,310,000	1,132,000	124	62	62	30	2,115	42	63	38		64	20	571		200.1		60	6.4	4.0	0	2	34
29	15.4	1,124,000	1,008,000	166	87	92	23	1,925	39	57	33		58	16	570		200.0		60	6.4	4.0	0	2	34
30	13.9	1,137,000	1,190,000	87	0	0	15	1,930	39	58	33		58	16	574		200.0		60	6.4	4.0	0	2	34
31	0.0	0	0	0	0	0	0	0	0	0	0.0		0	0	0		0.0		0.0	0.0	0.0	0	0	0
TOTAL	489.2	39,709,000	38,231,000	3971.0	1859.0	1510.0	733.0	66,629	1,300	1935.0	1103		1886.0	552.0	17403.0		5992.3		179.4	180.0	120.0	110	31	1019
MAX	21.9	1,909,000	1,350,000	336.0	192.0	92.0	42.0	2,500	64	75.0	45		81.0	23.0	733.0		201.3		60.0	6.4	4.1	0	2	34
MIN	13.1	913,000	830,000	87.0	0.0	0.0	15.0	1,190	31	49.0	27		53.0	12.0	410.0		199.8		59.0	6.4	4.0	0	1	34
AVG	16.2	1,282,867	1,207,000	131.6	63.4	53.3	29.1	2,155	43	64.5	36		61.0	18.4	561.1		199.7		60.0	6.4	4.0	0.0	1.7	34.0

OPTIONAL (JOBS) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: June
TELEPHONE NUMBER: 813-369-1788

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS

								SETTLED					FINISHED									
			HARDNESS					AS CACO3														
DATE	pH	M.O. ALK	TOTAL	CALCIUM	MAGNESIUM	COLOR UNITS	PH	P ALK	M ALK	TOTAL HDNS	CA HDNS	pH	P ALK	M ALK	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	RAIN FALL		
	26	25	28	27	29	39	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	10.1	32	64	110	88	8.8	2	40	166	136	3.1	10	0		
2	0	0	0	0	0	0	10.2	32	60	120	104	8	0	46	152	128	3.4	0	0		
3	0	0	0	0	0	0	10	30	66	120	106	8.7	0	42	148	140	3.6	0	1.4		
4	0	0	0	0	0	0	10.1	30	62	130	110	8.4	2	40	148	138	3.4	0	0		
5	0	0	0	0	0	0	10.2	32	66	128	110	8.3	0	46	146	132	3.2	0	0.3		
6	7.4	272	352	336	16	25	10.3	36	68	130	114	8.6	2	48	148	138	3.8	10	1.4		
7	0	0	0	0	0	0	9.7	24	70	124	104	8.3	0	46	154	138	3.4	10	0		
8	0	0	0	0	0	0	9.9	26	66	122	112	8.3	0	42	154	136	3.1	0	0		
9	0	0	0	0	0	0	10	34	66	118	110	8.5	2	46	156	138	3.3	0	0		
10	0	0	0	0	0	0	10.2	32	68	122	110	8.4	0	34	158	140	3.6	0	0		
11	0	0	0	0	0	0	10	36	68	120	110	7.9	0	34	160	138	3.8	0	0.4		
12	0	0	0	0	0	0	10	32	68	120	112	8.2	0	48	158	134	3.4	7	0		
13	7.2	200	352	340	12	25	10.2	32	70	122	112	8.9	2	44	160	138	3.9	0	0		
14	0	0	0	0	0	0	10	30	66	120	104	8.4	0	42	160	138	3.3	0	0.8		
15	0	0	0	0	0	0	10.1	30	68	132	126	8.5	2	48	156	136	3.4	0	0.3		
16	0	0	0	0	0	0	10.1	32	70	124	102	8.2	0	38	156	132	3.6	0	0.3		
17	0	0	0	0	0	0	10.2	34	62	126	108	8	0	48	156	142	3	10	0.2		
18	0	0	0	0	0	0	10	36	68	116	106	8	0	38	152	124	3.3	0	2.6		
19	0	0	0	0	0	0	10.3	36	70	120	104	8.5	2	40	156	136	3	0	0		
20	7.3	180	340	320	20	32	10.3	36	68	120	102	8.4	0	36	156	132	2.9	0	0.1		
21	0	0	0	0	0	0	10.3	36	70	122	104	8.4	0	36	156	132	3.9	0	0		
22	0	0	0	0	0	0	10.36	36	66	114	104	8.2	0	40	152	128	2.8	0	0		
23	0	0	0	0	0	0	10.2	34	66	120	100	8.4	0	36	156	134	3	0	0.3		
24	0	0	0	0	0	0	10.2	32	62	120	110	8.3	0	34	156	136	2.9	0	0		
25	0	0	0	0	0	0	10.2	36	64	128	108	8	0	40	150	128	3.5	0	0.1		
26	0	0	0	0	0	0	10.3	36	64	126	102	8.5	2	40	158	134	3.1	0	0.15		
27	7.3	204	352	320	32	34	10.3	36	70	130	110	8.5	2	34	154	128	3.6	0	0.2		
28	0	0	0	0	0	0	10.1	36	62	124	108	8.5	2	36	158	138	3.1	0	0		
29	0	0	0	0	0	0	10.1	36	68	132	116	8.2	0	38	160	138	2.8	0	0.7		
30	0	0	0	0	0	0	10.1	38	72	134	126	8.4	0	36	156	140	3.3	0	0.3		
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	29.2	858.0	1388.0	1316.0	80.0	115.0	304.1	1018.0	1992.0	3744.0	3244.0	249.6	20.0	1176.0	4638.0	4026.0	95.4	268.6	9.1		
MAX	7.4	272.0	352.0	340.0	32.0	34.0	10.4	38.0	72.0	132.0	126.0	8.8	2.0	48.0	160.0	140.0	3.8	10.0	2.8		
MIN	0.0	0.0	0.0	0.0	0.0	0.0	9.7	24.0	60.0	110.0	88.0	7.9	0.0	34.0	148.0	124.0	2.8	0.0	0.0		
AVG	7.3	214.0	346.0	329.0	20.0	28.8	10.1	33.9	66.4	125.1	108.1	8.3	0.7	39.0	155.3	134.2	3.2	8.7	0.3		

Bill Abernathy was chief operator, but has retired. I was an operator at this time and familiar with this report. Gary Fernberg #3738

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

July

LEAD OPERATOR SIGNATURE: Billy Abernathy 'A' 2706

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: G. Jackow 'B' 3714 — CERTIFICATION NO: R. Clark 'C' 7285
G. Fernberg 'A' 3738 — T. Elswick 'B' 3503 — R. Loveland 'C' 7281

DESIGN FLOW: 2.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 8414

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED	TOTAL WATER TREATED LEAVING PLANT	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS			TOTAL WASH WATER IN GALLONS											DOSAGES (mg/l)								
											OTHER											OTHER				
				TOTAL	MAXIMUM	MINIMUM		LIME	C-4	CHLORINE POST	POLYMER 2540TR	ACID	POLYMER 196K CDP	NH3	H2SO4	LIME	CHLORINE PRE	CHLORINE POST	POLYMER 2540TR	C-4	POLYMER 196K CDP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	13.8	1,053	1,008	114	65	49	27	1,756	39	53	3.1		53	11	439	200.0		6.0	0.4	4.4	6	1	50
2	19.5	1,202	1,157	84	42	42	23	2,003	44	60	3.5		60	12	501	200.0		6.0	0.3	4.4	6	1	50
3	15.4	1,351	1,329	101	58	43	17	2,254	50	68	3.9		68	14	563	200.0		6.0	0.3	4.4	6	1	50
4	14.9	1,235	1,244	168	110	58	38	2,060	45	62	3.6		62	12	515	200.0		6.0	0.3	4.4	6	1	50
5	20.1	1,501	1,178	120	60	60	17	2,504	55	75	4.4		75	15	626	200.0		6.0	0.3	4.4	6	1	50
6	17.2	1,271	1,194	102	68	50	22	2,120	47	64	3.7		64	13	536	200.0		6.0	0.4	4.4	6	1	50
7	12.8	999	1,100	122	88	52	23	1,648	36	49	2.9		49	10	412	200.0		6.0	0.3	4.4	6	1	50
8	14.5	1,202	1,113	100	50	50	14	2,005	44	60	3.5		60	12	501	200.0		5.9	0.4	4.4	6	1	50
9	15.2	1,344	1,186	90	45	45	30	2,242	49	67	3.9		67	13	561	200.0		6.0	0.3	4.4	6	1	50
10	13.3	1,139	1,186	103	60	43	21	1,883	41	57	3.3		57	11	471	200.0		6.0	0.3	4.4	6	1	50
11	15.4	1,290	1,240	86	58	43	21	2,135	47	64	3.7		64	13	534	200.0		6.1	0.4	4.4	6	1	50
12	15.9	1,330	1,156	129	71	58	27	2,052	45	63	3.6		62	12	513	200.0		6.0	0.3	4.4	6	1	50
13	15.4	1,373	1,116	103	59	44	23	2,290	50	69	4.0			14	573	200.0		6.0	0.4	4.4	6	1	50
14	13.8	1,236	1,123	101	75	46	29	2,062	45	62	3.6		62	12	515	200.0		6.0	0.3	4.4	6	1	50
15	13.6	1,215	1,142	89	62	47	19	2,027	45	61	3.6		61	12	507	200.0		6.0	0.3	4.4	6	1	50
16	15.3	1,312	1,297	94	47	47	27	2,188	48	66	3.8		66	13	547	200.0		6.0	0.4	4.4	6	1	50
17	12.7	1,018	1,287	94	47	47	16	1,695	37	51	3.0		51	10	421	200.0		6.0	0.3	4.4	6	1	50
18	15.1	1,359	1,233	134	75	59	17	2,267	50	68	4.0		68	14	0	200.0		6.1	0.3	4.4	6	1	50
19	22.7	1,822	1,248	145	59	43	28	3,039	67	91	5.3		91	18	744	200.0		6.0	0.4	4.4	6	1	0
20	15.0	1,120	1,082	87	51	16	20	1,868	41	56	3.3		56	11	438	200.0		6.0	0.3	4.4	6	1	47
21	15.7	1,185	1,187	119	66	53	17	1,977	44	60	3.5		59	12	465	200.0		6.0	0.4	4.4	6	1	47
22	15.2	1,112	1,010	193	84	69	21	1,855	41	56	3.3		56	11	436	200.0		6.0	0.4	4.5	6	1	47
23	15.5	1,199	1,207	138	69	69	17	1,998	44	60	3.5		60	12	470	200.0		6.0	0.4	4.4	6	1	47
24	15.6	1,164	1,156	122	81	41	32	1,942	43	58	3.4		58	12	456	200.0		6.0	0.4	4.4	6	1	47
25	15.9	1,170	1,100	108	62	46	17	1,952	43	59	3.4		59	12	458	200.0		6.0	0.4	4.4	6	1	47
26	20.6	1,382	1,114	123	77	46	29	2,039	58	78	4.6		78	16	620	200.0		6.0	0.3	4.4	6	1	47
27	16.5	1,396	1,183	200	92	51	29	2,302	51	69	4.0		69	14	541	200.0		6.0	0.3	4.4	6	1	47
28	13.0	1,005	1,165	180	70	55	24	1,676	37	50	2.9		50	10	394	200.0		6.0	0.3	4.4	6	1	47
29	15.6	1,220	1,071	106	53	53	14	2,030	45	61	3.6		61	12	478	200.0		6.0	0.4	4.4	6	1	47
30	15.4	1,221	1,174	86	46	46	13	2,027	45	61	3.6		61	12	478	200.0		6.0	0.4	4.4	6	1	47
31	14.7	1,157	1,111	106	63	43	21	1,930	43	58	3.4		58	12	454	200.0		6.0	0.4	4.5	6	1	47
TOTAL	487	38,027	35,965	3822	1961	1538	696.0	64,433	1,419	1935	114		1896	387	15134	6200		186	11.0	136.0	186	37	1461
MAX	23	1,822	1,287	200	110	69	39.0	3,039	67	91	5.3		91	18	744	200		6	0.8	4.6	6	1.2	50
MIN	13	999	1,008	67	42	16	13.0	1,648	36	49	2.9		0	10	0	200		6	0.3	4.4	6	1.2	0
AVG.	16	1,248	1,160	123	63	50	22.5	2,078	46	62	3.7		60	12	488	200		6	0.4	4.4	6	1.2	47

DER FORM 17-1.200(6) EFFECTIVE NOVEMBER 30, 1982

277

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: July
TELEPHONE NUMBER: 813-368-1766

COUNTY: Lee
I.D. NO: 5360123
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS																								
			HARDNESS				SETTLED AS CACO3					FINISHED												
DATE	pH	M.O. ALK	TOTAL	CALCIUM	MAGNESIUM	COLOR UNITS	PH	P ALK	M ALK	TOTAL HDNS	CA HDNS	pH	P ALK.	M ALK.	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	RAIN FALL					
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44			
1	0	0	0	0	0	0	10.1	38	64	130	120	8.4	0	32	160	150	3	10	0.3					
2	0	0	0	0	0	0	10	40	62	120	120	8	0	28	160	152	3	0	0					
3	0	0	0	0	0	0	10.3	36	70	134	124	8.5	2	34	160	144	2.7	0	0					
4	7.3	260	340	296	46	32	10.3	36	68	132	124	8.1	0	36	162	148	3	0	0					
5	0	0	0	0	0	0	10.1	34	62	124	116	8.1	0	36	164	140	3.3	0	0					
6	0	0	0	0	0	0	10.2	38	62	126	120	8.5	2	38	176	164	3.3	0	0.6					
7	0	0	0	0	0	0	10.1	36	64	140	142	8.5	2	36	166	162	3.4	0	0.2					
8	0	0	0	0	0	0	10.2	40	70	146	138	8.4	0	32	168	156	3	0	0.9					
9	0	0	0	0	0	0	10.2	40	72	150	140	8	0	36	166	154	3	0	0.2					
10	0	0	0	0	0	0	9.9	38	72	140	128	8.4	0	34	166	152	2.9	0	0					
11	7.3	264	360	304	56	28	10.1	32	66	150	116	8.2	0	36	160	150	2.9	0	0.1					
12	0	0	0	0	0	0	9.9	36	62	130	110	8	0	34	164	142	3	0	0					
13	0	0	0	0	0	0	10	40	60	130	112	8.4	0	30	166	146	3.3	0	0.1					
14	0	0	0	0	0	0	10	38	60	140	114	8.5	0	34	164	142	3.1	0	0					
15	0	0	0	0	0	0	10.2	42	70	146	132	8.4	0	36	166	154	3.3	0	0					
16	0	0	0	0	0	0	10	34	62	156	146	8.4	0	36	168	152	3.3	0	0					
17	0	0	0	0	0	0	10.2	36	66	134	110	8.5	0	36	162	142	2.9	0	0					
18	0	0	0	0	0	0	10.1	30	58	142	104	8.6	2	40	168	156	3.4	0	0.1					
19	7.3	270	350	304	54	30	10	30	62	144	110	8	0	44	166	152	3.4	10	1					
20	0	0	0	0	0	0	10.3	36	66	144	110	8.6	0	44	170	160	3	10	0.2					
21	0	0	0	0	0	0	10.3	36	68	142	108	8.5	2	40	170	142	3.1	0	0.6					
22	0	0	0	0	0	0	10	38	64	140	126	8.4	0	42	170	162	3.4	0	0.1					
23	0	0	0	0	0	0	10.3	38	64	142	110	8.5	2	42	170	142	3.4	0	0					
24	0	0	0	0	0	0	10.3	36	60	144	110	8.2	0	40	174	150	3.1	0	0.9					
25	0	0	0	0	0	0	10.2	46	70	154	134	8.4	2	46	170	132	3.0	0	0.1					
26	7.5	272	364	356	8	28	10.2	40	64	140	126	8.4	0	42	170	162	2.9	0	0					
27	0	0	0	0	0	0	10.2	38	60	144	126	8.3	0	40	170	148	3.3	0	0.1					
28	0	0	0	0	0	0	10.2	42	76	146	132	8.2	0	46	170	162	3.1	2	0.1					
29	0	0	0	0	0	0	10.1	40	72	142	126	8.2	0	42	170	146	3	0	0.2					
30	0	0	0	0	0	0	10.1	38	78	140	130	8	0	34	166	144	3	0	0					
31	0	0	0	0	0	0	10.3	38	72	144	126	8.3	0	38	168	162	3.2	0	0					
TOTAL	29.4	1066	1420	1360	146	118	315	1156	2006	4420	3882	259	24	1102	5222	4633	97.3	288	8.7					
MAX	7.5	280	364	356	56	32	10.3	46	78	156	146	8.6	5	64	176	164	3.4	10	1.0					
MIN	0.0	0	0	0	0	0	9.9	30	58	126	104	8.0	0	28	160	133	2.7	0	0.0					
AVG	7.4	272	351	315	42	30	10.1	37	67	143	125	8.4	0.8	37	168	149	3.1	9	0.2					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

August

LEAD OPERATOR SIGNATURE: Gary Fernberg "A" 3738 Gary Fernberg A 3738
HOW MANY OTHER OPERATORS? 3
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: G. Jackow "B" 3716 CERTIFICATION NO: R. Clark "C" 7269
R. Abernathy "A" 2706 T. Elswick "D" 3503 R. Loveland "C" 7281

DESIGN FLOW: 2.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 8434

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED	TOTAL WATER TREATED (LEAVING PLANT)	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS			TOTAL WASH WATER IN GALLONS	LIME	C-9	CHLORINE POST	OTHER: POLYMER 2540TR	OTHER: ACID	OTHER: POLYMER 100K CDP	OTHER: NH3	OTHER: H2SO4	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2540TR	OTHER: C-9	OTHER: POLYMER 100K CDP	OTHER: NH3	OTHER: H2SO4
		GALLONS	IN GALLONS	TOTAL	MAXIMUM	MINIMUM																	
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	15.4	1,211	1,224	120	60	60	19	2,020	38	60	4.3		84	16	770	200		8	8.4	3.8	8	2	70
2	20.3	1,561	1,582	122	61	61	13	2,597	43	86	3.7		69	16	878	203		8	8.3	3.4	8	1	46
3	18.6	1,422	1,440	118	60	58	21	2,339	50	80	4.4		82	16	878	197		7	8.4	4.2	8	1	49
4	13.0	990	1,144	153	84	69	22	1,661	37	60	4.3		40	12	385	200		7	8.8	3.8	8	1	46
5	14.7	991	1,068	134	67	67	20	1,853	44	60	2.6		44	12	578	200		7	8.3	3.3	8	1	70
6	15.9	1,343	1,364	113	67	46	22	2,274	63	90	4.4		84	16	870	200		7	8.4	3.8	8	1	51
7	15.4	1,326	1,169	145	83	62	19	2,302	38	60	4.4		82	16	878	200		7	8.4	3.8	8	1	55
8	15.7	1,356	1,306	165	59	46	20	2,263	39	58	3.9		84	16	770	200		4	8.3	3.4	8	1	86
9	19.6	1,407	1,200	137	75	62	18	2,339	47	60	4.6		42	12	378	200		8	8.4	4.8	8	1	49
10	14.8	1,310	1,190	120	63	57	24	2,196	50	70	4.4		46	14	378	200		6	8.8	4.8	6	1	83
11	15.0	1,284	1,012	124	62	62	22	2,005	56	60	3.6		86	12	385	200		8	8.4	3.8	8	1	58
12	14.6	1,233	1,148	124	62	62	20	2,037	41	60	3.9		87	12	378	200		8	8.4	3.8	8	1	58
13	14.8	1,231	1,165	122	61	61	21	2,037	46	60	4.3		44	10	388	200		8	8.4	4.3	8	2	58
14	15.9	1,219	1,151	120	60	60	27	2,033	45	60	4.3		86	12	378	200		8	8.4	4.1	8	1	67
15	19.0	1,365	1,244	100	61	45	31	2,116	38	60	4.3		84	14	770	200		8	8.4	3.7	8	2	73
16	17.0	1,421	1,198	102	70	46	31	2,370	39	58	4.6		76	10	770	200		4	8.4	3.3	8	1	83
17	15.8	1,373	1,212	107	64	49	34	2,133	45	50	3.8		83	10	385	200		8	8.4	4.2	8	1	38
18	14.9	1,269	1,247	96	49	49	23	2,010	36	60	4.1		63	12	578	200		8	8.4	3.8	8	2	58
19	15.7	1,288	1,180	96	48	48	19	2,115	36	90	4.1		81	10	578	200		8	8.4	3.8	8	2	65
20	15.7	1,320	1,053	71	37	34	12	2,202	41	50	4.8		86	10	578	200		8	8.4	3.7	8	1	53
21	15.8	1,339	1,210	72	36	36	12	2,334	41	60	4.7		89	12	578	200		8	8.4	3.7	8	1	52
22	19.3	1,345	1,241	140	70	70	19	2,244	47	60	4.6		88	10	770	200		7	8.4	4.3	8	1	68
23	21.4	1,769	1,512	130	66	64	46	2,951	48	110	4.2		86	22	874	200		7	8.3	3.3	4	1	66
24	16.5	1,357	1,270	183	96	86	37	2,230	47	80	3.8		87	12	485	200		8	8.3	4.2	8	1	43
25	15.6	979	1,093	178	84	58	21	1,033	57	90	4.6		81	10	778	200		8	8.8	7.0	8	1	84
26	15.7	1,062	1,098	193	89	56	25	1,771	61	90	3.6		82	12	385	200		7	8.4	4.8	7	1	43
27	15.7	1,357	1,306	117	69	48	27	2,264	48	86	5.1		86	10	578	200		7	8.8	4.1	8	1	61
28	15.2	1,379	1,166	84	47	47	25	2,290	43	90	4.8		88	10	578	200		8	8.4	3.8	6	2	58
29	16.5	1,331	1,146	109	62	47	35	2,190	40	90	4.1		78	10	578	197		8	8.4	3.8	7	1	62
30	19.3	1,828	1,112	142	79	63	22	2,949	48	80	4.9		94	10	578	200		8	8.4	3.6	6	1	45
31	22.3	1,554	1,442	134	67	67	24	2,550	58	100	2.5		78	20	770	197		8	8.3	4.3	8	2	59
TOTAL	505	40,477	37,815	3866	2013	1706	747	67,448	1,395	2140	130.1		1817	418	18300	6194		197	12.1	130.4	188	39.5	1695
MAX	22	1,769	1,442	193	96	86	46	2,951	63	110	5.1		87	22	770	203		8	8.8	7.0	8	2	86
MIN	13	979	1,012	71	36	34	12	1,033	36	50	2.5		40	10	385	197		4	8.2	3.3	4	0.8	36
AVG	16	1,306	1,200	125	65	55	24.1	2,176	45	69	4.2		59	14	590	200		6	8.4	4.2	6	1.3	55

DEP FORM 17-1.208(6) EFFECTIVE NOVEMBER 30, 1982

279

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: August
TELEPHONE NUMBER: 813 368-1766

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1990

	CHEMICAL AND PHYSICAL RESULTS																							
	RAW							SETTLED						FINISHED										
				HARDNESS					AS CACO3															
DATE	pH	M.O. ALK	TOTAL	CALCIUM	MAGNESIUM	COLOR UNITS	PH	P ALK	M ALK	TOTAL HDNS	CA HDNS	pH	P ALK	M ALK	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	RAIN FALL					
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44			
1	7.5	280.0	344.0	312.0	32.0	33.0	10.0	38	74	130	100	8.4		38	102	136	2.3	9	0.1					
2							10.2	32	70	132	100	9.1		36	156	122	2.2	8						
3							10.1	40	72	120	110	8.6		38	160	126	2.3	7						
4							10.0	38	76	136	110	8.1		40	164	122	2.1	7	0.1					
5							10.1	36	68	132	110	8.3		42	150	134	2.0	6	0.7					
6							10.0	38	66	140	122	8.0		44	180	140	2.3	9						
7							10.2	36	68	132	112	8.4		38	162	132	2.4	8	1.0					
8	7.4	270.0	340.0	320.0	20.0	42.0	10.4	34	76	150	140	8.2		46	186	138	2.0	7	3.0					
9							10.1	36	76	150	130	8.3		40	170	132	2.4	7						
10							10.0	36	78	156	120	8.3		44	172	124	2.2	6	0.8					
11							10.1	30	62	150	110	8.0		46	160	126	2.1	7	0.1					
12							10.2	36	72	132	110	8.2		46	166	130	2.2	9	0.1					
13							10.2	36	70	156	126	8.0		42	170	142	2.0	7	0.3					
14							10.3	36	72	140	112	8.2		40	166	136	2.1	6						
15	7.4	284.0	356.0	332.0	24.0	33.0	9.9	34	78	124	120	8.4		42	164	136	2.2	11	0.2					
16							10.2	30	66	136	130	8.5		44	162	140	2.2	10						
17							9.9	36	64	138	110	8.5		44	164	132	2.0	11						
18							10.0	32	70	144	112	8.5		46	164	136	2.0	9	2.5					
19							10.3	32	62	140	110	8.5		40	162	132	2.1	8						
20							10.1	28	68	140	120	8.3		40	160	140	2.0	10						
21							10.3	30	66	144	118	8.3		40	164	130	2.0	8						
22	7.3	290.0	364.0	344.0	20.0	31.0	10.1	40	66	142	132	8.4		44	156	136	2.2	9						
23							10.2	34	62	140	130	8.5		46	158	144	2.2	6						
24							10.3	44	74	164	146	8.9		44	158	130	2.2	9	0.3					
25							10.3	40	72	146	130	8.5		48	160	130	2.0	7	0.6					
26							10.2	34	68	150	144	8.1		38	186	140	2.0	9	0.1					
27							10.1	28	62	138	118	8.1		46	176	136	2.0	9						
28							10.3	32	64	138	128	8.5	2	44	170	140	2.0	9	1.5					
29	7.3	292.0	356.0	320.0	18.0	30.0	10.2	44	68	136	103	8.5	2	44	156	116	2.3	9						
30							10.1	30	68	140	114	8.4	2	44	158	136	2.0	8						
31							10.1	40	72	148	108	8.4	2	48	174	148	2.3	8	0.6					
TOTAL	36.9	1426	1748	1636	112	169	314.8	1102	2128	4392	3721	259.2	8	1302	5072	4216	97.1	265	12.8					
MAX	7.5	292	364	344	32	42	10.4	54	78	164	146	8.8	2	48	176	152	2.3	11	3.0					
MIN	7.3	276	336	312	18	30	9.9	28	62	124	100	8.0		36	150	116	2.0	6						
AVG.	7.4	285	350	327	22	34	10.1	36	68	142	120	8.4	0.3	42	164	136	2.1	8	0.4					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

September

LEAD OPERATOR SIGNATURE: Gary Fernberg "A" 3738 — Gary Fernberg
HOW MANY OTHER OPERATORS? 5
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: G. Joshow "B" 3714 — CERTIFICATION NO: R. Clark "C" 7268
J. Devore "B" 5831 — T. Elswick "B" 3503 — R. Loveland "C" 7281

DESIGN FLOW: 2.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 8450

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	C-9	CHLORINE POST	OTHER: POLYMER 2540TR	ACID	POLYMER 190K CDP	NH3	H2SO4	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2540TR	C-9	POLYMER 190K CDP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	16.4	1,372	1,230	131	73	58	20	2,274	57	70	6.6		51	14	570	199.7		0.1	0.6	5.0	4	1	51
2	15.9	1,413	1,127	132	74	58	25	2,808	50	60	5.1		58	12	570	237.8		5.1	0.4	4.2	5	1	49
3	15.0	1,399	1,250	148	74	74	21	3,030	48	80	5.1		54	16	770	250.7		6.0	0.4	4.3	5	1	66
4	13.8	1,142	1,194	144	89	55	23	2,418	42	60	3.6		51	12	570	283.9		0.3	0.6	4.4	5	1	61
5	13.6	1,332	1,303	120	60	60	25	2,403	42	80	4.5		51	16	570	210.3		7.3	0.4	3.9	3	1	52
6	20.7	1,705	1,277	152	76	76	27	2,736	48	90	4.1		63	18	570	192.5		0.3	0.3	3.4	6	1	41
7	15.0	1,253	1,103	177	84	48	27	2,982	51	60	3.9		51	12	570	299.4		5.7	0.4	4.9	5	1	64
8	11.9	956	1,090	115	64	51	20	2,490	30	70	4.1		25	14	465	313.1		0.0	0.5	3.6	3	2	61
9	16.6	1,323	1,097	111	63	48	20	2,298	57	90	4.3		58	16	770	206.3		7.3	0.4	3.4	5	1	70
10	15.0	1,257	1,183	106	64	44	23	2,478	39	50	4.3		56	10	570	230.4		4.0	0.4	3.7	6	1	55
11	15.3	1,247	1,138	103	59	44	19	2,190	40	70	4.1		51	14	385	310.9		0.7	0.4	3.8	5	1	37
12	15.3	1,255	1,123	133	74	59	24	2,010	42	60	4.1		54	12	770	192.6		5.7	0.4	4.0	3	1	74
13	13.1	1,089	1,159	126	63	63	28	1,740	40	40	3.6		48	8	385	191.8		4.4	0.4	4.4	5	1	42
14	13.9	1,449	1,113	118	59	59	27	2,592	66	50	5.0		44	10	770	214.5		4.1	0.4	5.6	4	1	64
15	15.7	1,289	1,036	120	60	60	33	2,076	37	40	4.1		51	8	770	193.1		3.7	0.1	3.4	5	1	72
16	15.7	1,268	1,120	76	60	16	18	2,218	40	40	3.6		51	8	570	257.0		3.6	0.3	3.6	5	1	55
17	14.9	1,214	1,115	92	76	16	9	2,766	30	70	3.4		41	14	570	272.0		6.0	0.3	3.0	4	1	57
18	13.4	1,235	1,140	212	75	62	37	2,346	37	60	4.3		55	8	770	237.9		3.9	0.4	3.6	5	1	79
19	15.0	1,145	1,155	140	78	62	25	1,849	33	60	3.6		44	12	570	193.8		0.3	0.4	3.5	5	1	61
20	15.7	1,281	1,019	139	77	62	26	2,374	45	60	2.9		73	12	570	223.7		5.7	0.3	4.3	7	1	85
21	16.5	1,340	1,081	78	62	16	23	2,409	52	70	4.6		47	14	770	215.6		0.3	0.4	4.7	4	1	89
22	15.6	1,304	1,027	126	63	63	31	2,434	46	70	3.5		51	14	770	223.9		0.4	0.3	4.2	5	1	71
23	14.2	1,188	1,165	142	78	65	31	2,172	39	90	4.6		40	8	570	217.4		4.0	0.8	3.8	4	1	56
24	15.5	1,305	1,185	140	78	62	42	2,434	39	30	3.9		85	8	570	223.6		2.8	0.4	3.6	6	1	53
25	14.8	1,233	1,238	107	62	45	50	2,424	42	60	3.1		51	12	385	235.7		3.8	0.3	4.1	5	1	37
26	15.3	1,303	1,175	137	77	60	27	2,886	47	30	3.3		54	8	770	247.4		2.8	0.3	4.3	5	1	71
27	22.1	1,381	1,028	120	60	60	35	2,052	39	80	2.7		84	16	870	179.2		6.0	0.2	3.0	7	1	80
28	20.9	1,359	1,024	188	68	52	47	2,592	39	40	3.0		73	8	570	246.0		3.8	0.4	3.7	7	1	55
29	11.9	955	1,109	132	73	59	26	1,892	51	40	3.1		44	8	385	212.8		0.0	0.4	0.4	6	1	48
30	15.8	1,272	1,113	103	70	33	27	2,178	39	40	3.8		47	8	570	205.3		3.0	0.4	3.9	4	1	84
31	0.0	0	0	0	0	0	0	0	0	0	0.0		0	0	0	0.0		0.0	0.0	0.0	0	0	0
TOTAL	471	39,154	34,111	3870	2074	1589	816.0	71,660	1,265	1730	121		1600	344	19295	6700		103	11.4	121.6	151	33	1720
MAX	22	1,705	1,303	212	89	76	50.0	3,030	66	90	6.6		94	16	770	313		6	0.6	6.4	7	1.0	79
MIN	12	953	1,010	76	59	16	9.0	1,892	30	30	2.7		25	8	385	179		3	0.2	3.0	3	0.0	37
AVG	16	1,272	1,137	129	69	53	27.2	2,388	43	58	4.0		54	12	610	220		6	0.4	4.1	5	1.1	58

DER FORM 17-1.209(6) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: September
TELEPHONE NUMBER: 813 368-1766

COUNTY: Lee
I.D. NO: 5360171
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS

DATE	pH	M.O. ALK.	HARDNESS TOTAL	HARDNESS CALCIUM	HARDNESS MAGNESIUM	COLOR UNITS	SETTLED pH	SETTLED P ALK.	SETTLED M ALK.	SETTLED TOTAL HDNS	SETTLED CA HDNS	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	10.1	34	64	154	110	8.4	2	38	160	160	3.3	8	0		
2	0	0	0	0	0	0	10.3	36	62	160	122	8.4	2	44	166	134	3.2	11	0		
3	0	0	0	0	0	0	10.2	34	66	168	104	8.3	0	38	160	140	2.9	8	0		
4	0	0	0	0	0	0	10.2	36	72	154	120	8.3	0	42	156	146	3.2	9	1.8		
5	7.5	204	340	292	48	12	10.2	38	68	160	130	8.3	0	40	156	130	3	9	1.5		
6	0	0	0	0	0	0	10	34	66	158	108	8.4	0	34	160	126	3.1	9	0.5		
7	0	0	0	0	0	0	9.9	36	68	166	120	8.4	1	40	166	134	3.1	8	0		
8	0	0	0	0	0	0	9.9	36	70	162	108	8.3	0	38	160	140	3	7	0		
9	0	0	0	0	0	0	10.1	34	64	150	114	8.4	0	36	160	124	3.2	8	0.9		
10	0	0	0	0	0	0	10.1	40	76	158	120	8.4	0	40	156	134	2.9	10	0		
11	0	0	0	0	0	0	10.1	38	76	158	136	8.3	0	42	158	128	3.2	9	0.2		
11	7.5	202	332	304	28	14	10.1	32	66	144	110	8.3	0	38	166	132	3.1	10	1.7		
13	0	0	0	0	0	0	10.1	40	72	166	112	8	0	36	162	130	3	9	0.3		
14	0	0	0	0	0	0	10.2	40	68	158	116	8.2	2	44	160	136	3.6	9	0.6		
15	0	0	0	0	0	0	10.1	34	70	164	110	8	0	42	160	140	3	8	0.7		
16	0	0	0	0	0	0	10.2	44	76	154	124	8.3	0	40	160	134	3.2	9	0.4		
17	0	0	0	0	0	0	10	34	68	154	106	8.3	0	40	166	130	3	9	0.5		
18	0	0	0	0	0	0	10.2	36	70	158	118	8.2	0	42	168	140	3.2	9	0.1		
19	7.5	196	364	340	24	12	10.1	32	66	128	102	8.1	0	38	156	118	3.2	9	1.3		
20	0	0	0	0	0	0	10.3	46	74	158	98	8.1	0	48	158	134	3.6	10	0		
21	0	0	0	0	0	0	10	34	68	168	116	8.3	0	48	160	144	3.3	9	0		
22	0	0	0	0	0	0	10.1	52	76	168	108	8.1	0	34	164	134	3.6	9	0		
23	0	0	0	0	0	0	9.9	32	70	168	98	8.3	0	38	164	142	3.6	10	0		
24	0	0	0	0	0	0	9.9	36	52	134	90	8.3	1	40	168	144	3.2	9	0.8		
25	0	0	0	0	0	0	10.2	38	66	166	122	8.1	0	38	162	146	3.6	9	2.4		
26	7.5	194	360	332	28	30	10.3	46	68	166	114	8.2	0	38	166	130	3.9	9	0		
27	0	0	0	0	0	0	9.9	34	62	116	112	8.3	0	46	162	142	3.3	10	0.3		
28	0	0	0	0	0	0	10.1	40	72	134	104	8.3	0	38	160	140	3.6	9	0.1		
29	0	0	0	0	0	0	10	32	66	134	100	8.5	2	50	158	136	3.6	9	0		
30	0	0	0	0	0	0	10	34	68	134	100	8.3	0	50	162	140	3.3	10	0		
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	29.8	1196	1456	1268	188	110	303	1064	2044	4504	3372	268	12	1313	4964	4088	98.9	270	13.1		
MAX	7.5	204	392	304	48	34	10.3	52	76	168	136	8.5	2	50	168	148	3.6	11	2.4		
MIN	0.0	0	0	0	0	0	9.9	32	52	128	90	8.0	0	34	154	118	2.6	7	0.0		
AVG	7.5	199	364	317	37	32	10.1	36	68	163	111	8.3	0.4	44	162	136	3.3	9	0.4		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

T.F.

Lehigh

October

LEAD OPERATOR SIGNATURE: Gary Fernberg "A" 3738 Gary Fernberg A3738
(NOW MAILT OTHER OPERATIONS)T: 5
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: G. Jackow "B" 3719 — CERTIFICATION NO: R. Clark "C" 7265
J. Devore "B" 5931 — T. Hewlick "B" 3503 — R. Loveland "C" 7281

DESIGN FLOW: 2.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 8478

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	C-4	CHLORINE POST	OTHER: POLYMER 2540TR	ACID	POLYMER 188K CDP	NH3	H2SO4	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2540TR	C-4	POLYMER 188K CDP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	15.5	1,264	1,223	142	71	71	31	2,268	41	68	4.3		93	12	770	215		0	0.4	3.9	0	1	73
2	13.5	1,245	1,075	120	60	60	47	2,082	39	40	3.8		25	0	570	201		0	0.4	3.8	0	1	76
3	15.1	1,235	1,178	118	59	59	45	2,072	59	50	4.4		36	10	385	201		0	0.4	5.7	0	1	97
4	22.4	1,433	1,095	124	62	62	22	2,052	34	80	2.7		65	10	970	172		2	0.8	2.8	0	1	98
5	21.6	1,300	1,202	101	69	53	54	1,936	51	40	3.8		45	0	770	179		0	0.4	4.7	0	1	71
6	11.9	958	1,142	134	75	59	33	1,800	50	30	4.6		51	0	485	200		4	0.8	6.3	0	1	61
7	15.7	1,305	1,153	101	71	30	37	2,363	33	50	3.9		51	10	770	215		0	0.4	3.9	0	1	71
8	15.6	1,301	1,186	121	72	49	30	2,116	35	50	4.1		47	10	570	195		0	0.4	3.2	0	1	83
9	15.5	1,287	1,117	108	65	43	27	2,112	45	80	4.1		64	10	570	197		0	0.4	4.2	0	1	84
10	19.8	1,367	1,226	106	59	47	40	2,190	36	90	3.6		70	10	385	203		0	0.3	3.5	0	2	96
11	23.7	1,539	1,380	124	62	62	37	2,124	25	120	2.9		73	24	770	165		0	0.2	1.9	0	3	60
12	24.0	1,543	1,333	106	70	36	34	2,484	37	100	3.0		105	20	770	193		0	0.3	2.9	0	2	66
13	18.0	802	1,186	101	78	23	28	1,600	45	40	3.6		15	0	385	229		0	0.6	7.3	2	1	58
14	17.1	1,479	1,150	130	73	57	19	2,598	45	80	3.9		94	12	970	216		0	0.3	3.6	0	1	47
15	15.7	1,421	1,249	125	74	51	25	2,454	48	70	4.8		48	10	570	207		0	0.4	4.9	2	1	49
16	15.4	1,379	1,271	134	67	67	18	2,306	42	85	3.9		47	13	570	201		0	0.3	3.7	4	1	80
17	15.5	1,281	1,258	116	58	58	26	2,168	41	55	3.1		58	11	770	203		0	0.3	2.8	0	1	72
18	23.2	1,870	1,389	128	64	64	18	2,420	26	90	2.9		67	10	770	160		7	0.3	1.9	0	1	67
19	18.8	1,390	1,292	140	70	70	15	2,250	32	100	3.7		64	20	770	194		0	0.3	2.8	0	2	69
20	18.8	1,225	1,230	146	73	73	27	2,661	56	80	5.9		58	0	570	200		0	0.6	6.5	0	1	87
21	15.4	1,107	1,153	118	59	59	20	2,130	34	60	2.8		56	10	570	213		0	0.3	3.4	0	2	80
22	15.6	1,359	1,206	125	74	51	22	2,232	39	50	4.7		60	10	570	197		4	0.4	3.4	0	1	81
23	15.4	1,386	1,307	156	90	66	18	2,402	42	70	4.6		33	14	570	211		0	0.4	3.6	2	1	80
24	15.6	1,499	1,463	126	63	63	25	2,304	39	70	3.9		56	14	570	186		0	0.3	3.3	0	1	49
25	21.3	1,979	1,283	174	87	87	26	2,282	39	90	4.6		90	10	980	139		0	0.3	2.4	2	1	59
26	13.6	1,053	1,298	189	96	93	31	2,358	47	60	5.3		81	12	570	269		7	0.6	5.4	0	1	64
27	15.6	1,246	1,193	117	66	51	23	2,032	31	90	4.1		51	10	570	197		0	0.4	3.8	0	2	98
28	15.7	1,445	1,222	118	67	51	18	2,076	33	50	5.1		65	10	570	172		4	0.4	3.7	0	1	46
29	15.7	1,394	1,327	112	67	45	28	2,142	35	70	4.7		83	14	385	186		0	0.4	3.8	7	1	53
30	15.4	1,281	1,248	122	61	61	24	2,179	34	70	3.9		40	14	770	204		7	0.4	3.8	4	1	72
31	15.6	1,292	1,275	124	62	62	20	2,112	37	90	4.3		58	10	770	196		0	0.4	3.4	0	2	71
TOTAL	519	41,340	38,738	4102	2095	1784	870	68,141	1,238	2110	126.2		1781	414	19450	6207		109	11.7	115.5	189	37.0	1795
MAX	24	1,970	1,663	194	90	73	54	2,661	59	120	5.9		105	24	980	269		9	0.6	7.3	8	1.9	73
MIN	10	802	1,075	106	58	34	15	1,600	25	30	2.7		15	0	385	139		4	0.3	1.9	2	0.7	33
AVG	17	1,334	1,249	134	68	58	28.1	2,198	40	68	4.1		57	13	627	200		6	0.4	3.7	6	1.2	57

DH FORM 17-1 208(6) EFFECTIVE NOVEMBER 30, 1982

T-1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: October
TELEPHONE NUMBER: 813-368-1766

COUNTY: Lee
I.D. NO: 5360179
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COLOR UNITS	SETTLED pH	SETTLED P ALK AS CACO3	SETTLED M ALK AS CACO3	SETTLED TOTAL HDNS AS CACO3	SETTLED CA HDNS AS CACO3	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1							10.2	38	70	140	112	8.5	2	44	100	102	3.2	10	0.4		
2							10.0	28	70	148	110	8.4	2	48	102	100	3.0	7	0.3		
3	7.7	282.0	304.0	324.0	48.0	35.0	9.8	18	62	144	110	8.2		48	136	124	3.0	8	1.8		
4							10.4	38	68	144	98	8.3		44	100	128	3.0	8	0.1		
5							10.0	34	62	132	104	8.4	2	52	100	104	3.4	10			
6							10.2	40	72	126	100	8.3	2	50	100	100	3.0	8			
7							9.9	38	64	144	106	8.3	2	44	156	102	3.1	8			
8							10.0	40	70	150	110	8.4		48	102	100	3.0	11			
9							10.1	30	70	152	112	8.4	2	38	108	132	3.0	8			
10	7.7	264.0	300.0	320.0	44.0	30.0	10.0	28	60	148	100	8.3		38	170	126	3.4	13	0.8		
11							10.2	24	62	140	96	8.1		40	166	136	3.0	10			
12							10.1	34	68	138	106	8.4		44	170	140	3.0	12			
13							10.1	40	70	138	102	8.5		36	170	130	3.3	10			
14							10.1	32	70	144	122	8.8	2	40	160	130	3.0	10			
15							9.9	30	66	140	106	8.4		48	170	130	3.0	11			
16							10.1	40	70	138	110	7.9		42	170	136	3.3	10			
17	7.7	284.0	300.0	310.0	50.0	65.0	10.3	34	66	140	98	8.4		40	160	130	3.2	13			
18							9.9	34	70	140	114	8.3		36	160	144	3.2	11			
19							10.4	38	70	144	118	8.5	4	40	170	152	3.3	10			
20							10.1	40	70	136	124	8.5	2	40	162	148	3.2	12			
21							10.0	32	70	156	120	8.2	2	40	168	150	3.3	12			
22							10.0	38	70	144	110	8.3	2	44	170	140	3.0	10			
23							10.1	38	70	138	124	7.9		38	160	132	3.0	10			
24	7.7	280.0	352.0	398.0	84.0	85.0	10.0	28	66	126	60	8.1		42	162	120	3.3	11			
25							9.9	28	70	146	98	8.3		40	170	140	2.9	12			
26							10.2	26	66	124	92	8.3		40	164	136	3.0	12	0.5		
27							10.3	32	70	136	98	8.5	2	52	164	140	3.0	13	0.9		
28							10.3	32	70	150	110	8.2	2	40	156	136	3.0	12			
29							10.0	34	62	136	106	8.6	2	60	162	142	3.3	13			
30							9.9	26	66	160	110	8.3	4	52	170	140	3.0	12			
31	7.6	276.0	340.0	368.0	48.0	70.0	10.2	34	62	122	90	8.0		46	160	116	3.0	10			
TOTAL	38.6	1406	1760	1900	324	373	312.7	1018	2108	4248	3290	267.0	34	1354	5188	4274	98.4	333	3.8		
MAX	7.8	284	304	324	84	70	10.4	40	74	160	136	8.8	4	62	166	152	3.8	13	1.8		
MIN	7.7	276	340	288	48	35	9.8	18	66	122	90	7.9		36	156	116		7			
AVG.	7.7	281	352	312	48	35	10.1	35	68	140	106	8.3	1.1	44	167	138	3.1	11	0.1		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

November

LEAD OPERATOR SIGNATURE: Gary Fernberg "A" 3738 Gary Fernberg

HOW MANY OTHER OPERATORS? 5

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: G. Jackow "B"3719, J. Devera "B" 5931, T. Elswick "B" 3503, R. Loveland "C" 7261

CERTIFICATION NO: R. Clark "C" 7265

DESIGN FLOW: 2.9 MGD

TOTAL METERED SERVICES AT END OF MONTH: 8485

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	C-4	CHLORINE POST	OTHER: POLYMER 2540TR	ACID	POLYMER 186K CDP	NH3	H2SO4	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2540TR	C-4	POLYMER 186K CDP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	22.3	1,717	1,271	124	62	62	22	3,078	33	160	4.3		87	32	770	215		11	6.3	2.3	6	2	84
2	20.4	1,369	1,388	178	69	40	36	2,633	41	110	3.0		62	22	770	246		10	0.3	3.6	5	2	61
3	16.6	1,382	1,346	206	74	58	28	2,364	49	80	5.3		69	18	770	200		7	0.5	4.3	6	1	67
4	15.7	1,288	1,174	59	59	59	9	2,340	32	40	2.5		51	8	578	218		4	0.2	3.0	5	1	54
5	15.7	1,339	1,396	128	75	53	21	2,337	41	90	4.4		58	18	578	209		8	0.4	3.7	5	2	62
6	15.5	1,404	1,315	136	68	68	28	2,340	41	90	4.8		73	18	578	200		8	0.4	3.8	6	2	49
7	15.6	1,425	1,459	128	64	64	16	2,406	43	80	4.8		29	16	578	202		7	0.4	3.6	2	1	49
8	21.2	1,688	1,343	142	79	63	21	3,258	40	120	4.6		78	24	578	207		8	0.3	2.8	5	2	37
9	21.4	1,471	1,402	121	68	53	28	3,066	41	140	3.2		73	28	770	250		11	0.3	3.3	6	2	63
10	16.2	1,207	1,401	74	74	74	9	2,484	57	60	5.3		62	12	770	247		6	0.5	5.7	6	1	76
11	15.7	1,349	1,345	148	74	74	29	3,012	52	120	4.3		54	24	770	268		11	0.4	4.6	5	2	68
12	15.5	1,449	1,359	150	75	75	17	2,598	43	70	4.5		60	14	770	215		6	0.4	3.6	7	1	64
13	15.6	1,489	1,381	138	69	69	20	2,562	46	110	4.3		69	22	770	206		9	0.3	3.7	6	2	62
14	15.5	1,442	1,412	147	84	63	22	2,478	43	90	4.1		65	18	578	206		7	0.3	3.6	5	1	46
15	21.1	1,694	1,212	124	62	62	26	3,126	40	110	4.0		60	22	770	221		8	0.3	2.8	6	2	65
16	20.0	1,414	1,232	136	68	68	21	2,405	37	140	3.6		69	28	770	204		12	0.3	3.1	6	2	65
17	12.9	1,112	1,276	168	71	40	40	1,862	40	100	4.0		47	20	578	201		11	0.5	4.3	5	2	62
18	15.6	1,332	1,217	155	85	70	23	2,490	33	90	3.4		51	18	770	224		8	0.3	3.0	5	2	69
19	15.7	1,331	1,369	119	70	49	22	2,346	34	50	3.9		51	10	770	211		5	0.4	3.1	5	1	69
20	15.3	1,287	1,336	108	64	44	17	2,274	34	50	3.6		47	10	770	215		5	0.3	3.2	4	1	73
21	23.5	1,931	1,426	120	60	60	16	3,480	34	130	3.6		60	26	770	218		8	0.2	2.1	5	2	46
22	14.5	1,338	1,406	70	70	70	12	2,070	33	100	3.4		58	20	578	186		9	0.3	3.0	5	2	52
23	21.9	1,551	1,422	154	85	69	22	3,007	33	105	4.7		60	21	770	232		8	0.4	2.6	6	2	60
24	14.5	1,353	1,310	241	91	75	38	2,070	63	65	5.6		58	13	578	183		6	0.5	5.6	5	1	51
25	15.6	1,446	1,173	148	74	74	30	2,550	34	90	3.9		58	18	578	211		7	0.3	2.8	5	1	48
26	15.3	1,407	1,487	140	88	52	24	2,358	37	70	4.4		44	14	578	201		6	0.4	3.2	4	1	49
27	15.5	1,400	1,403	90	45	45	19	2,268	50	70	4.1		54	14	578	194		8	0.4	4.3	5	1	50
28	15.4	1,332	1,348	144	83	61	18	2,118	41	75	3.8		82	15	578	191		7	0.3	3.7	6	1	62
29	23.8	1,640	1,442	108	62	46	22	3,069	39	135	3.9		87	27	770	200		9	0.3	2.5	6	2	50
30	21.4	1,348	1,238	211	86	55	27	2,260	48	85	3.3		63	17	578	201		8	0.3	4.3	6	2	81
31																							
TOTAL	525	43,315	40,281	4115	2158	1815	689	76,849	1,232	2625	123.4		1897	565	20412	6384		233	10.4	104.4	157	49.6	1714
MAX	24	1,931	1,487	241	91	75	40	3,480	63	160	5.6		87	32	770	268		12	0.5	5.7	7	2.4	76
MIN	13	1,112	1,173	59	45	40	9	1,862	32	40	2.5		29	8	578	183		4	0.2	2.1	2	0.7	37
AVG.	17	1,444	1,343	137	72	61	23.0	2,562	41	94	4.1		63	19	680	213		8	0.3	3.5	5	1.6	57

DER FORM 17-1.208(5) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: November
TELEPHONE NUMBER: 813-360-1766

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COLOR UNITS	SETTLED PH	SETTLED P ALK	SETTLED M ALK	SETTLED TOTAL HDNS AS CACO3	SETTLED CA HDNS AS CACO3	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNs	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1							10.1	32	60	120	92	8.4		54	174	140	3.8	15			
2							10.0	36	66	146	110	8.4		38	178	150	3.3	15			
3							10.0	40	76	136	96	8.3		40	166	140	3.8	12			
4							10.0	40	76	130	100	8.3		38	156	140	3.9	12			
5							10.3	46	72	144	106	8.5	2	46	166	144	3.3	12			
6							10.1	36	58	122	94	8.0		34	156	140	3.9	12			
7	7.7	272.0	360.0	308.0	52.0	65.0	10.1	32	68	130	96	8.0		46	162	144	3.7	12			
8							10.0	32	68	134	106	8.1		44	166	136	3.7	12			
9							10.2	38	70	140	110	8.2		40	174	136	3.7	12			
10							9.9	32	70	136	100	8.3	2	50	160	134	3.8	12			
11							10.1	40	74	124	98	8.1		40	176	138	3.9	12			
12							10.0	32	74	138	114	8.1		44	166	144	3.9	12			
13							10.2	46	78	144	110	8.1		44	168	148	3.3	14			
14	7.7	290.0	340.0	312.0	28.0	55.0	10.3	48	74	134	110	8.4		48	168	134	3.9	14	0.7		
15							10.3	30	72	140	110	8.5	2	50	178	144	3.1	12	1.0		
16							10.2	36	76	130	110	8.3		36	162	132	3.8	12	0.3		
17							10.0	40	76	138	116	8.1		36	166	132	3.8	12			
18							10.2	40	72	130	110	8.1		42	156	130	3.6	12			
19							10.1	36	76	134	114	8.2		36	156	130	3.8	12			
20							10.2	46	78	144	132	8.5	2	36	160	136	3.3	12			
21	7.7	268.0	340.0	310.0	24.0	65.0	10.0	36	74	138	108	8.3		32	160	128	3.4	12			
22							10.0	42	76	144	136	8.5	2	36	156	128	3.6	12			
23							10.2	40	80	140	130	8.3		46	156	128	3.1	14			
24							10.1	40	82	136	134	8.4	2	44	152	140	3.9	10			
25							10.3	38	78	148	136	8.2		50	164	140	3.1	14			
26							10.2	40	72	144	110	8.2		46	168	140	3.9	12			
27							10.3	44	76	148	128	8.3		46	168	140	3.8	10			
28	7.4	292.0	340.0	296.0	44.0	45.0	10.3	42	74	136	104	8.4		42	148	110	3.3	14			
29							10.1	36	78	138	100	8.5	2	44	150	128	3.1	14			
30							10.3	44	78	134	110	8.4	2	42	156	130	3.8	10			
31																					
TOTAL	30.9	1130	1360	1232	148	230	304.8	1150	2184	4092	3378	248.3	10	1280	4952	4102	92.3	387	2.0		
MAX	7.7	290	360	312	52	65	10.4	48	82	148	136	8.5	2	54	178	150	3.9	15	1.0		
MIN	7.4	268	340	296	24	45	9.9	30	58	120	92	8.0		32	148	110	3.7	12			
AVG.	7.6	282	345	308	37	58	10.2	38	73	136	113	8.3	0.5	43	165	137	3.1	13	0.1		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

December

LEAD OPERATOR SIGNATURE: Gary Fernberg "A"3738 Gary Fernberg
HOW MANY OTHER OPERATORS? 5
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: G. Jackow "B"3719, J. Devore "B"5931, T. Elswick "B" 3503
CERTIFICATION NO: R. Clark "C" 7285, R. Loveland "C" 7281

DESIGN FLOW: 2.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 8502

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	C-4	CHLORINE POST	OTHER: POLYMER 2540TR	ACID	POLYMER 186K CDP	NH3	H2SO4	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2540TR	C-4	POLYMER 186K CDP	NH3	H2S
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
1	13.4	1,179	1,319	213	78	61	29	1,890	49	80	5.5		62	16	578	192		8	0.6	5.0	6	2	
2	18.6	1,622	1,266	133	74	59	21	3,039	46	100	4.1		65	20	578	200		7	0.3	3.0	4	1	
3	13.4	1,234	1,303	130	77	53	22	2,130	42	100	3.6		62	20	578	207		10	0.3	4.1	6	2	
4	14.8	1,352	1,349	112	67	45	20	2,442	35	110	4.1		40	22	385	217		10	0.4	3.1	4	2	
5	15.6	1,378	1,425	120	60	60	20	2,292	35	120	3.9		62	14	385	199		10	0.3	3.0	6	1	
6	21.6	1,734	1,225	124	62	62	11	2,868	36	90	3.6		94	16	578	196		6	0.2	2.6	4	1	
7	20.8	1,522	1,287	130	65	65	19	2,304	44	120	3.1		91	24	578	192		9	0.2	3.5	7	2	
8	12.6	1,062	1,348	204	73	58	27	2,138	53	80	5.0		54	12	385	241		7	0.6	6.0	6	1	
9	15.6	1,363	1,264	126	71	55	14	2,430	46	70	3.7		58	14	385	214		6	0.3	4.0	5	1	
10	15.8	1,437	1,367	120	71	49	16	2,424	43	110	3.9		56	22	385	202		9	0.3	3.6	5	2	
11	15.2	1,435	1,331	109	65	44	21	2,496	42	110	4.3		73	22	770	209		9	0.4	3.5	6	2	
12	15.4	1,448	1,390	118	59	59	19	2,493	51	70	4.0		54	14	385	207		6	0.3	4.2	4	1	
13	22.7	1,864	1,308	124	62	62	16	3,174	42	110	3.1		83	22	770	204		7	0.2	2.7	5	1	
14	14.0	1,012	1,310	191	69	53	27	1,815	38	70	3.7		29	14	385	215		8	0.4	4.6	3	2	
15	15.7	1,328	1,249	119	67	52	19	2,349	42	70	3.9		40	14	578	213		6	0.4	3.8	4	1	
16	15.6	1,453	1,220	120	68	52	16	2,208	51	80	4.3		58	16	385	192		7	0.4	5.0	5	1	
17	15.7	1,444	1,427	113	68	45	17	2,406	59	60	4.3		65	12	578	200		5	0.4	6.7	5	1	
18	15.3	1,432	1,394	122	61	61	17	2,616	54	70	4.3		58	14	385	219		6	0.4	4.5	5	1	
19	15.5	1,446	1,357	124	62	62	20	2,822	52	100	4.3		40	20	578	217		6	0.4	4.3	3	2	
20	23.2	2,047	1,328	62	62	62	11	3,372	52	90	6.4		96	18	770	196		5	0.3	3.0	6	1	
21	13.9	1,010	1,185	85	85	85	7	1,567	58	100	4.3		44	20	578	186		12	0.5	6.9	5	2	
22	15.8	1,500	1,311	84	84	84	11	2,406	47	70	4.4		58	14	578	192		6	0.4	3.6	5	1	
23	15.6	1,493	1,265	183	99	84	24	2,423	42	150	4.6		62	30	385	195		12	0.4	3.4	5	2	
24	15.6	1,502	1,426	214	115	99	20	2,476	41	100	4.4		73	20	578	196		5	0.4	3.3	5	2	
25	14.3	1,267	1,187	184	100	84	19	2,406	37	90	3.8		56	18	385	228		9	0.4	3.5	5	2	
26	15.4	1,478	1,446	182	75	46	35	2,694	41	120	4.0		69	22	578	219		10	0.3	3.3	6	2	
27	15.7	1,502	1,422	106	61	45	18	2,418	41	60	4.3		58	12	385	193		5	0.3	3.3	5	1	
28	22.8	2,182	1,294	106	61	45	23	3,625	39	110	4.4		83	22	578	201		6	0.2	2.2	5	1	
29	14.2	1,354	1,463	178	66	54	38	2,470	56	100	3.8		62	20	385	219		9	0.3	5.0	5	2	
30	15.2	1,441	1,255	68	68	68	10	2,350	37	90	4.4		73	18	578	196		7	0.4	3.1	6	1	
31	15.6	1,499	1,479	130	68	68	20	2,330	36	60	4.4		62	12	578	186		5	0.4	2.9	5	1	
TOTAL	504	45,197	41,236	4132	2223	1861	609	78,873	1,409	2840	127.9		1942	556	15965	6327		238	19.9	119.8	160	48.5	1
MAX	23	2,182	1,479	214	115	99	38	3,625	69	150	5.5		96	30	770	241		12	0.6	6.9	7	2.4	
MIN	13	1,010	1,185	62	59	44	7	1,567	35	60	3.1		29	12	385	182		5	0.2	2.2	3	1.0	
AVG.	16	1,458	1,330	133	72	61	19.6	2,473	45	92	4.1		63	18	516	204		8	0.4	3.9	5	1.5	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 1

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: December
TELEPHONE NUMBER: 813-568-1566

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS

	RAW						SETTLED					FINISHED									
			HARDNESS				AS CaCO3														
DATE	pH	M.O. ALK	TOTAL	CALCIUM	MAGNESIUM	COLOR UNITS	PH	P ALK	M ALK	TOTAL IONS	CA IONS	pH	P ALK.	M ALK.	TOTAL IONS	CALCIUM IONS	RESIDUAL CHLORINE	COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1							10.3	60	70	146	120	8.3		40	160	130	3.4	13			
2							10.1	32	66	132	112	8.4		40	160	140	2.8	14			
3							10.0	30	72	144	116	8.3		38	164	142	2.8	13			
4							10.2	36	74	148	122	8.2		42	150	130	3.0	14	1.0		
5	7.3	292.0	364.0	304.0	60.0	55.0	10.3	44	70	134	118	8.3		38	162	138	3.7	14	0.1		
6							10.4	44	72	138	120	8.4		38	154	130	3.1	13			
7							10.0	32	66	126	110	8.4		42	150	126	3.1	13			
8							10.1	36	62	122	96	8.2		46	154	130	3.1	14			
9							10.0	34	66	136	130	8.3		46	160	130	3.3	13			
10							10.1	36	68	134	100	8.3		44	152	126	3.0	12			
11							10.1	38	68	130	112	8.0		42	154	128	2.8	13			
12	7.4	292.0	340.0	304.0	66.0	45.0	10.1	42	80	146	130	8.4		42	152	126	3.0	14			
13							10.3	36	64	144	130	8.4		48	150	130	3.3	13			
14							10.1	46	74	158	138	8.1		38	156	136	3.6	13			
15							10.3	42	99	160	102	8.0		38	150	126	3.0	13			
16							10.4	48	70	132	101	8.1		34	152	120	3.0	13			
17							10.0	30	62	120	110	8.6		32	154	130	3.0	14			
18							10.0	36	66	132	122	8.5		36	150	126	2.8	14			
19	7.4	304.0	356.0	312.0	44.0	45.0	9.9	34	72	138	108	8.0		38	150	120	3.0	13			
20							10.0	30	66	128	116	8.3		44	154	130	3.2	14	2.0		
21							10.1	36	66	140	132	8.3		30	134	110	2.9	14	1.3		
22							9.9	30	62	126	114	8.2		34	150	126	3.1	14	0.3		
23							10.0	36	70	140	124	8.2		40	152	140	3.3	14			
24							10.1	38	66	138	112	8.1		36	150	116	2.9	14			
25							10.2	38	68	140	116	8.4		42	148	128	2.9	14			
26	7.4	296.0	360.0	320.0	40.0	45.0	10.1	36	64	144	124	8.3		42	146	122	3.0	13			
27							9.9	30	66	134	106	8.2		42	152	126	3.2	14			
28							10.0	34	64	140	112	8.2		36	146	118	3.2	14			
29							10.3	48	72	154	104	8.5	2	40	142	120	3.4	14			
30							10.2	42	74	156	112	8.1		38	140	130	3.0	14			
31							10.0	36	72	154	114	8.1		34	142	116	3.0	14			
TOTAL	29.7	1184	1420	1136	192	190	313.7	1136	2153	4224	3506	255.6	2	1116	4714	4010	95.9	416	4.6		
MAX	7.5	304	364	320	66	55	10.6	66	99	160	138	8.5	2	48	164	142	3.7	14	2.0		
MIN	7.4	292	340	300	40	45	9.9	30	62	120	96	8.0		30	134	116	2.8	11			
AVG	7.4	296	355	309	48	48	10.1	37	69	136	113	8.2	0.1	39	151	129	3.1	13	0.1		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

January 1992

LEAD OPERATOR SIGNATURE: Billy Abernathy "A" 7705 Original signed by Billy Abernathy
HOW MANY OTHER OPERATORS? 6
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATORS NAME: G. Jackson "B" 3616 CERTIFICATION NO: R. Clark "D" 7260
H. York "C" 6968 T. Elsafah "B" 7662 R. Loveland "D" 7291

DESIGN FLOW: 2.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 6668

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RAN BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	C-A	CHLORINE POST	OTHER: POLYMER 3540TR	HRO6A	POLYMER 1006 CSP	HRO		DOSAGE (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 3540TR		POLYMER 1006 CSP	HRO	
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	23.0	1,388	1,270	197	76	42	61	2,000	0	120	6.0	600	0	20		200		11	0.0	48	0	1	
2	24.0	1,410	1,272	197	76	42	61	2,007	0	120	6.3	630	0	20		200		11	0.0	48	0	1	
3	10.0	600	1,262	199	71	47	61	1,001	0	60	3.7	369	0	10		200		11	0.0	48	0	1	
4	19.1	1,141	1,207	199	69	48	61	2,004	0	106	3.3	331	0	21		200		11	0.0	48	0	1	
5	23.0	1,388	1,266	166	69	39	61	3,175	0	166	5.1	506	0	31		200		11	0.0	48	0	1	
6	22.6	1,366	1,210	140	69	36	61	2,000	0	120	4.0	400	20	21		200		11	0.0	48	0	1	
7	14.0	1,001	1,200	139	65	47	61	1,072	0	67	2.6	261	20	12		200		11	0.0	48	0	1	
8	23.0	1,624	1,200	142	69	39	61	2,000	0	101	6.1	610	17	20		200		11	0.0	48	0	1	
9	24.0	1,200	1,200	137	67	39	61	2,070	0	120	4.0	407	20	25		200		11	0.0	48	0	1	
10	16.0	970	1,270	199	69	47	57	1,000	0	60	2.0	204	14	14		200		11	0.0	48	0	1	
11	18.5	1,104	1,100	199	91	91	57	2,211	0	120	4.0	360	20	22		200		11	0.0	48	0	1	
12	23.0	1,000	1,200	168	69	99	61	2,440	0	120	6.1	610	20	24		200		11	0.0	48	0	1	
13	22.1	1,720	1,210	200	150	69	61	3,200	0	160	6.0	600	27	32		200		11	0.0	48	0	1	
14	21.4	905	1,204	176	84	47	61	1,000	0	60	3.3	330	10	10		200		11	0.0	48	0	1	
15	23.0	1,000	1,230	200	69	69	61	2,044	0	120	4.7	470	20	20		200		11	0.0	48	0	1	
16	24.0	1,000	1,207	101	69	69	61	2,000	0	101	6.0	600	20	21		200		11	0.0	48	0	1	
17	10.3	1,000	1,200	110	69	47	57	1,074	0	67	3.6	361	13	13		200		11	0.0	48	0	1	
18	12.0	1,000	1,200	100	35	65	61	2,000	0	120	4.0	400	17	20		200		11	0.0	48	0	1	
19	22.0	1,701	1,210	196	91	39	61	3,200	0	101	6.3	634	20	24		200		11	0.0	48	0	1	
20	22.0	1,200	1,200	170	69	69	61	2,010	0	120	4.1	404	40	20		200		11	0.0	48	0	1	
21	10.5	1,140	1,207	100	69	69	61	2,160	0	100	2.0	200	0	21		200		11	0.0	48	0	1	
22	23.0	1,040	1,210	197	69	39	61	2,207	0	140	6.6	617	0	20		200		11	0.0	48	0	1	
23	20.1	1,040	1,201	100	69	39	61	2,210	0	120	5.0	500	0	17		200		11	0.0	48	0	1	
24	10.4	1,100	1,201	120	69	69	57	2,172	0	100	2.0	200	0	21		200		11	0.0	48	0	1	
25	12.0	1,207	1,201	100	69	69	61	2,200	0	110	6.3	630	0	13		200		11	0.0	48	0	1	
26	22.3	1,004	1,207	100	84	84	57	3,000	0	140	6.0	642	0	20		200		11	0.0	48	0	1	
27	21.1	1,000	1,201	100	70	30	61	2,414	0	110	6.3	420	0	24		200		11	0.0	48	0	1	
28	10.3	1,000	1,200	100	70	40	61	2,000	0	100	3.7	304	0	20		200		11	0.0	48	0	1	
29	23.0	1,001	1,200	174	70	30	61	2,000	0	100	6.0	600	0	20		200		11	0.0	48	0	1	
30	20.0	1,000	1,270	134	60	60	57	2,200	0	120	6.0	601	20	20		200		11	0.0	48	0	1	
31	10.1	900	1,200	102	60	60	61	1,000	0	60	3.3	307	60	10		200		11	0.0	48	10	1	
TOTAL	600	41,777	40,001	5130	2110	1431	1100	72,010	0	3000	101.3	13040	1200	770		6000		300	22.0	1240	110	30	
MAX	24	1,007	1,272	240	150	99	61	3,440	0	160	6.1	913	60	34		200		11	0.00	48	10	1.0	
MIN	10	900	1,200	100	35	30	57	1,000	0	60	2.0	200	40	10		200		11	0.0	48	0	1.0	
AVG	20	1,347	1,207	165	69	48	57	2,210	0	114	4.0	400	19	20		114		11	0.01	48	0.1	2.2	

DER FORM 17-1.202(6) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: January
TELEPHONE NUMBER: 813-369-1766

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS																							
			HARDNESS				SETTLED AS CaCO3					FINISHED											
DATE	pH	M.O. ALK	TOTAL	CALCIUM	MAGNESIUM	COLOR UNITS	PH	P ALK	M ALK	TOTAL HDNS	CA HDNS	pH	P ALK.	M ALK.	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	RAIN FALL				
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44		
1	0	0	0	0	0	0	10.2	32	62	124	116	8.7	6	46	140	110	3.3	10	0.1				
2	0	0	0	0	0	0	10.1	32	64	114	104	8.7	4	50	130	110	3.6	12	0				
3	0	0	0	0	0	0	10.1	30	62	124	116	8.5	6	42	128	110	3.6	10	0				
4	0	0	0	0	0	0	10.5	46	70	126	106	8.4	8	44	132	110	3.8	10	0.2				
5	7.3	292	328	316	12	30	10.1	38	66	124	106	8.7	8	44	130	112	3.6	10	0.1				
6	0	0	0	0	0	0	10.4	40	66	118	94	8.7	8	36	130	94	3	14	0				
7	0	0	0	0	0	0	10.1	36	62	118	110	8.3	8	30	150	124	3.6	8	0				
8	0	0	0	0	0	0	10.3	44	70	130	92	8.9	10	46	140	130	3	10	3.1				
9	0	0	0	0	0	0	10.4	34	60	110	96	8.8	4	38	144	110	3.3	8	0.2				
10	0	0	0	0	0	0	10	30	60	112	104	8.6	4	32	132	124	3.2	8	0				
11	0	0	0	0	0	0	10	34	62	110	90	8.5	4	36	126	120	3.3	8	0				
12	7.3	292	352	346	4	20	10.5	40	66	116	110	8.7	4	40	142	130	3	11	0				
13	0	0	0	0	0	0	10.6	46	72	130	110	8.6	8	38	140	110	3.2	10	0				
14	0	0	0	0	0	0	10	46	66	120	106	8.8	6	44	134	100	3.3	9	0				
15	0	0	0	0	0	0	10.6	32	58	120	94	8.7	10	40	120	100	3	10	0.6				
16	0	0	0	0	0	0	10.1	34	56	112	92	8.6	4	36	120	100	3.6	8	0.6				
17	0	0	0	0	0	0	10.1	36	64	110	110	8.6	6	38	126	112	3.4	8	0				
18	7.3	284	320	306	12	33	10.3	36	74	112	100	8.6	8	50	126	100	3.6	9	0				
19	0	0	0	0	0	0	10	30	64	108	104	8.5	6	40	120	112	3	10	0				
20	0	0	0	0	0	0	10.6	32	72	120	110	8.6	8	36	122	110	3.2	11	0				
21	0	0	0	0	0	0	10.4	34	60	124	92	8.6	12	44	130	90	3	10	0				
22	0	0	0	0	0	0	10.1	32	72	110	76	8.9	6	42	130	100	3	12	0				
23	0	0	0	0	0	0	10.4	36	62	122	102	8.8	4	44	128	110	3.6	11	0				
24	0	0	0	0	0	0	10.1	34	60	110	106	8.3	4	42	130	120	3.6	13	0				
25	0	0	0	0	0	0	10.1	30	60	112	104	8.4	6	40	132	124	3	11	2.3				
26	0	0	0	0	0	0	10.6	50	68	110	96	8.6	6	40	132	100	3.4	12	0.4				
27	7.1	276	320	312	8	30	10.2	42	76	122	120	8.7	4	46	154	120	3.4	13	0				
28	0	0	0	0	0	0	10.4	40	66	124	120	8.7	6	38	150	130	3.9	12	0				
29	0	0	0	0	0	0	10.6	58	78	120	104	8.9	6	48	130	110	3	12	0				
30	0	0	0	0	0	0	10.2	36	66	124	104	8.9	4	44	134	96	3.8	10	0				
31	0	0	0	0	0	0	10.1	34	66	120	112	8.6	2	40	120	110	3	11	0				
TOTAL	29.0	1144	1320	1284	36	122	310	1216	2066	3701	3238	266	148	1269	4190	3510	100.6	342	8.5				
MAX	7.3	292	352	346	12	33	10.6	54	80	130	118	8.9	12	50	154	130	3.9	13	2.3				
MIN	7.1	276	320	306	4	20	10	30	56	106	76	8.3	2	30	120	90	3.0	8	0.0				
AVG	7.3	286	330	321	9	31	10.2	39	67	120	105	8.6	5	41	134	113	3.3	11	0.3				

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

February

LEAD OPERATOR SIGNATURE: Billy Abernathy "A" 3788 Original signed by Billy Abernathy

HOW MANY OTHER OPERATORS? 0

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATORS NAMES: G. Jackson "B" 3516 CERTIFICATION NO: R. Clark "A" 7340
H. York "C" 6858 T. Elsnick "B" 3662 R. Loveland "C" 7291

DESIGN FLOW: 2.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 6970

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	G-4	CHLORINE POST	OTHER: POLYMER 3000TR	ACID	POLYMER 1000LCBP	SHS	NSSDA	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 3000TR	G-4	POLYMER 1000LCBP	SHS	NSSDA
COLUMN	1	2	3	6	9	8	7	8	5	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	16.2	1,048	1,040	124	68	68	35	2,373	0	68	4.3		186	17	488	220.0			0.1	0.4	0.0	10	2	60
2	23.0	1,081	1,027	130	68	14	42	3,414	0	122	5.0		186	24	648	220.0			0.0	0.4	0.0	10	2	60
3	21.1	1,481	1,388	111	70	68	42	2,987	0	86	4.7		118	18	618	220.0			0.0	0.4	0.0	10	2	30
4	16.7	1,188	1,038	188	78	48	48	2,688	0	78	3.0		88	18	383	220.0			0.0	0.4	0.0	10	2	30
5	22.0	1,888	1,813	196	88	38	48	3,888	0	186	5.1		138	21	488	220.0			0.0	0.4	0.0	10	2	30
6	22.7	1,817	1,888	186	88	37	42	3,887	0	187	6.3		138	22	473	220.0			7.0	0.4	0.0	10	2	30
7	14.3	1,046	1,001	138	88	46	39	1,918	0	88	3.8		88	14	388	220.0			7.0	0.4	0.0	10	2	30
8	17.8	1,288	1,228	218	78	88	42	2,548	0	88	4.8		118	18	468	220.0			7.0	0.4	0.0	10	2	30
9	23.7	1,888	1,881	188	88	88	42	3,388	0	124	6.3		188	26	487	218.0			0.0	0.4	0.0	10	2	30
10	21.7	1,884	1,884	198	88	61	42	2,788	0	188	5.8		186	28	378	218.0			7.0	0.4	0.0	10	2	30
11	14.8	1,178	1,188	174	88	48	48	2,888	0	78	3.8		0	18	288	218.0			0.0	0.4	0.0	0	2	30
12	18.8	1,481	1,284	188	81	81	38	2,888	0	88	4.8		0	28	371	218.0			0.0	0.4	0.0	0	2	30
13	21.8	1,882	1,882	171	82	87	44	3,888	0	188	6.4		0	33	488	218.0			0.0	0.4	0.0	0	2	30
14	17.1	1,281	1,281	118	88	88	38	2,287	0	88	4.3		0	17	381	218.0			0.0	0.4	0.0	0	2	30
15	18.8	1,288	1,188	188	78	88	88	2,388	0	88	4.2		0	17	388	218.1			0.0	0.4	0.0	0	2	30
16	23.8	1,781	1,378	188	88	88	48	3,813	0	188	6.8		0	24	448	218.0			0.0	0.4	0.0	0	2	30
17	21.3	1,388	1,343	181	88	38	48	3,888	0	88	6.8		0	18	388	218.0			0.0	0.4	0.0	0	2	30
18	16.6	881	1,288	184	88	84	88	1,777	0	88	3.8		0	13	348	218.0			0.0	0.4	0.0	0	2	30
19	22.4	1,873	1,887	184	88	38	48	3,888	0	118	6.8		0	28	418	218.0			0.0	0.4	0.0	0	2	30
20	21.8	1,488	1,878	188	87	38	48	3,848	0	88	6.7		0	28	388	218.0			0.0	0.4	0.0	0	2	30
21	18.8	1,188	1,881	118	88	88	38	2,888	0	78	5.8		0	18	288	218.0			0.0	0.4	0.0	0	2	30
22	19.8	1,288	1,212	188	81	78	48	3,288	0	88	6.1		0	17	314	218.0			0.0	0.4	0.0	0	2	30
23	23.8	1,787	1,288	188	77	84	48	3,884	0	118	6.8		0	24	447	218.0			0.0	0.4	0.0	0	2	30
24	18.3	1,288	1,288	138	88	38	48	2,488	0	88	4.8		0	18	388	218.0			0.0	0.4	0.0	0	2	30
25	18.4	1,288	1,281	174	78	48	48	3,388	0	88	4.2		0	17	388	218.0			7.0	0.4	0.0	0	2	30
26	23.8	1,888	1,878	118	88	88	38	3,778	0	188	6.8		0	21	388	218.0			0.0	0.4	0.0	0	2	30
27	21.3	1,388	1,373	178	88	88	48	3,888	0	88	6.8		0	18	388	218.0			0.0	0.4	0.0	0	2	30
28	18.8	1,182	1,388	188	88	88	38	2,888	0	77	5.8		0	18	388	218.0			0.0	0.4	0.0	0	2	30
29	0.0	0	0	0	0	0	0	0	0	0	0.0		0	0	0	0.0			0.0	0.0	0.0	0	0	0
30	0.0	0	0	0	0	0	0	0	0	0	0.0		0	0	0	0.0			0.0	0.0	0.0	0	0	0
31	0.0	0	0	0	0	0	0	0	0	0	0.0		0	0	0	0.0			0.0	0.0	0.0	0	0	0
TOTAL	563	38,870	38,888	4888	1788	1388	1078	71,888	0	8888	181		1718	888	18888	6878			884	11.8	0.0	188	68	1888
MAX	23.7	1,888	1,888	218	87	88	48	3,884	0	188	6.8		188	38	848	888			7.0	0.4	0.0	10	2	60
MIN	14.3	881	1,278	118	88	38	38	1,777	0	88	3.8		0	13	348	218			0	0.4	0.0	10	1.8	30
AVG.	18.4	1,817	1,388	188	88	48	38	2,888	0	181	4.9		122	18	417	217			0	0.4	0.0	10	1.8	30

DER FORM 17-1.202(9) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: February
TELEPHONE NUMBER: 813-368-1768

COUNTY: Lee
FD NO: 5360172
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COLOR UNITS	SETTLED pH	SETTLED P ALK AS CACO3	SETTLED M ALK AS CACO3	SETTLED TOTAL HDNS AS CACO3	SETTLED CA HDNS AS CACO3	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	26	28	29	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	7.9	300	344	306	44	31	10.6	50	70	120	90	8.5	0	42	130	100	3	0	0		
2	0	0	0	0	0	0	10.4	42	86	126	104	8.1	0	32	126	114	3.4	10	0		
3	0	0	0	0	0	0	10.1	48	86	132	92	8.8	0	36	132	106	3.0	10	0		
4	0	0	0	0	0	0	10.9	84	84	156	120	8.6	0	36	128	106	3.0	12	0		
5	0	0	0	0	0	0	10.2	48	84	120	100	9.2	10	36	124	90	3.8	14	0		
6	0	0	0	0	0	0	10.1	30	84	104	76	8.9	0	36	110	94	3.8	10	0.1		
7	0	0	0	0	0	0	10.2	36	80	104	86	8.9	0	40	108	104	3.6	11	0		
8	0	0	0	0	0	0	10	28	80	104	96	8.8	4	42	112	106	3	10	0		
9	0	0	0	0	0	0	10.3	34	84	108	90	8.6	0	42	122	114	3.2	8	0.1		
10	0	0	0	0	0	0	10.5	36	80	120	88	8	0	40	118	98	4.0	13	0		
11	0	0	0	0	0	0	10.5	36	88	116	90	8.5	0	40	120	92	4.2	13	1.6		
12	0	0	0	0	0	0	10.3	34	84	118	110	9	0	44	120	100	3.3	12	0		
13	0	0	0	0	0	0	10	30	82	116	114	8.8	6	46	130	112	3.8	12	0		
14	0	0	0	0	0	0	10.1	30	84	114	110	8.3	2	38	124	108	3	12	0		
15	7.3	290	340	300	32	32	10.3	32	86	118	74	8.8	0	44	130	108	3.3	13	0		
16	0	0	0	0	0	0	10.5	40	72	120	106	8.5	0	42	130	100	3.2	13	0		
17	0	0	0	0	0	0	10.4	42	78	118	90	8.7	4	40	128	104	3.6	12	0		
18	0	0	0	0	0	0	10.4	42	76	118	98	8.7	0	40	120	110	3.2	12	0		
19	0	0	0	0	0	0	10.6	36	76	112	94	8.7	0	40	124	108	3	12	0		
20	0	0	0	0	0	0	10	28	82	130	112	8.9	4	40	138	110	3.6	12	0		
21	0	0	0	0	0	0	10.1	36	82	128	114	8.8	2	40	140	124	3.2	12	0		
22	7.3	302	340	306	34	31	9.9	30	86	130	118	8.5	0	44	134	104	3.7	14	1.2		
23	0	0	0	0	0	0	10.2	36	86	116	110	8.6	0	42	130	110	3.6	14	0		
24	0	0	0	0	0	0	10.2	36	86	112	112	8.6	4	44	130	120	3.6	12	0		
25	0	0	0	0	0	0	10.1	36	76	116	116	8.9	0	38	136	126	3.8	12	0		
26	0	0	0	0	0	0	9.8	36	78	120	102	8.8	0	38	134	110	3	12	0.6		
27	0	0	0	0	0	0	10	30	82	116	96	8.6	2	46	144	106	3.6	12	0		
28	0	0	0	0	0	0	10	28	80	122	108	8.6	4	42	128	106	3	14	0		
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	21.9	890	1024	914	110	94	307	1042	1686	3328	2796	243	100	1156	3870	2964	96	339	4.1		
MAX	7.3	302	344	306	44	32	10.9	84	84	132	120	9.2	10	50	140	180	4.0	17	1.6		
MIN	7.3	290	340	300	32	31	9.9	28	56	104	74	8.1	0	32	108	82	3.2	8	0.6		
AVG	7.3	296	341	305	37	31	10.25	37	82	119	100	8.8	3.6	41	128	105	3.4	12	0.144		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

March

LEAD OPERATOR SIGNATURE: Billy Abernathy "A" 3788 Original signed by Billy Abernathy

HOW MANY OTHER OPERATORS? 6

OPERATOR'S NAMES: D. Jackson "D" 3648 CERTIFICATION NOS. R. Clark "C" 7396

M. York "C" 6498 T. Rhodes "D" 3660 R. Loveland "C" 7391

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

DESIGN FLOW: 2.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 6155

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	C-1	CHLORINE POST	OTHER: POLYMER (NAME)	ACID	POLYMER (NAME)	MIS	HOOKS	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER (NAME)	C-1	POLYMER (NAME)	MIS	HOOKS
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	16.0	1,001	1,000	150	60	60	30	2,301	0	100	0.0		60	12	240	210		0.0	0.0	0.0	0	0	30
2	23.0	1,010	1,003	180	91	37	60	2,240	0	121	0.3		70	24	480	210		0.0	0.0	0.0	0	0	30
3	25.5	1,005	1,003	110	70	30	60	2,010	0	96	0.0		60	10	201	210		0.0	0.0	0.0	0	0	30
4	16.7	1,100	1,004	170	70	64	60	2,003	0	77	0.0		60	10	200	210		0.0	0.0	0.0	0	0	30
5	21.7	1,010	1,000	95	60	30	30	2,100	0	101	0.3		60	20	201	210		0.0	0.0	0.0	0	2	30
6	24.0	1,000	1,007	194	60	57	60	2,000	0	100	0.7		60	20	200	210		0.0	0.0	0.0	0	2	30
7	19.1	1,000	1,007	190	60	60	30	1,000	0	70	0.7		44	14	204	210		0.0	0.0	0.0	0	2	30
8	18.4	1,010	1,000	130	70	60	30	2,177	0	91	0.3		61	10	200	210		0.0	0.0	0.0	0	2	30
9	23.0	1,047	1,077	107	77	60	60	2,212	0	123	0.0		77	20	400	200		0.0	0.0	0.0	0	2	30
10	22.0	1,076	1,010	171	70	30	60	2,700	0	113	0.0		70	22	400	200		0.0	0.0	0.0	0	2	30
11	16.0	1,100	1,004	190	77	60	60	1,004	0	90	0.3		60	20	207	210		10.0	0.0	0.0	0	2	30
12	19.0	1,070	1,000	100	91	30	60	2,000	0	131	0.0		70	00	400	200		10.0	0.0	0.0	0	2	30
13	16.0	1,100	1,000	110	97	97	30	1,000	0	97	0.1		60	20	200	200		10.0	0.0	0.0	0	2	30
14	19.0	1,070	1,004	100	60	30	60	2,130	0	107	0.0		64	21	272	200		10.0	0.0	0.0	0	2	30
15	19.0	1,077	1,007	103	91	91	60	2,130	0	107	0.0		64	21	272	200		10.0	0.0	0.0	0	2	30
16	23.0	1,001	1,000	120	97	30	60	2,121	0	100	0.0		64	21	000	200		10.0	0.0	0.0	0	2	30
17	16.3	1,000	1,000	100	60	60	60	2,000	0	100	0.0		60	21	200	200		10.0	0.0	0.0	0	2	30
18	14.0	1,000	1,010	100	60	60	60	1,770	0	00	0.7		04	10	211	200		10.0	0.0	0.0	0	2	30
19	22.7	1,070	1,000	107	91	30	60	2,000	0	100	0.1		60	20	200	200		10.0	0.0	0.0	0	2	30
20	24.1	1,000	1,000	00	0	0	10	2,270	0	110	0.0		71	20	410	200		10.0	0.0	0.0	0	2	30
21	17.7	1,000	1,000	130	70	00	30	2,070	0	100	0.0		60	21	200	200		10.0	0.0	0.0	0	2	30
22	19.0	1,100	1,000	107	70	01	60	1,000	0	100	0.3		60	20	200	200		10.1	0.0	0.0	0	2	30
23	23.0	1,170	1,001	221	91	04	61	2,002	0	102	0.3		60	20	217	200		10.0	0.0	0.0	0	2	30
24	23.0	1,073	1,000	103	97	30	60	2,000	0	110	0.0		60	22	001	200		10.0	0.0	0.0	0	2	30
25	18.1	1,001	1,000	117	97	97	60	1,000	0	01	0.0		04	10	210	200		10.0	0.0	0.0	0	2	30
26	03.3	1,000	1,001	101	60	60	30	2,003	0	101	0.0		60	20	000	200		10.0	0.0	0.0	0	2	30
27	20.0	1,000	1,073	100	60	60	60	2,010	0	101	0.1		72	24	400	200		10.0	0.0	0.0	0	2	30
28	18.0	1,004	1,000	110	60	60	30	2,100	0	100	0.0		60	21	200	200		10.0	0.0	0.0	0	2	30
29	18.0	1,010	1,000	120	77	60	30	2,010	0	101	0.2		01	20	203	200		10.0	0.0	0.0	0	2	30
30	22.0	1,100	1,001	100	70	60	60	2,000	0	107	0.3		60	20	011	200		10.0	0.0	0.0	0	2	30
31	21.0	1,001	1,007	104	70	00	60	2,107	0	110	0.3		70	24	420	200		10.1	0.0	0.0	0	2	30
TOTAL	600	02,000	01,000	0100	2003	1402	1140	74,020	0	3042	104		2070	000	12100	0200		200	10.0	0.0	170	00	1000
MAX	24	1,071	1,010	221	91	02	62	2,212	0	100	0.0		04	21	040	210		10	0.0	0.0	0.0	2.1	30
MIN	14.0	1,000	1,000	00	00	00	10	1,770	0	70	0.7		04	10	200	200		0	0.0	0.0	0	1.0	30
AVG.	10.3	1,010	1,000	104	00	40	37	2,011	0	111	0.0		07	27	304	200		0	0.0	0.0	0	1.0	31

DEP FORM 17-1.200(9) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: March
TELEPHONE NUMBER: 813-368-1766
COUNTY: Lee
I.D. NO: 6360178
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	pH	M O ALK	HARDNESS TOTAL	HARDNESS CALCIUM	HARDNESS MAGNESIUM	COLOR UNITS	SETTLED pH	SETTLED P ALK AS CACO3	SETTLED M ALK AS CACO3	SETTLED TOTAL HDNS AS CACO3	SETTLED CA HDNS AS CACO3	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	7.4	296	340	332	8	29	10.2	40	80	112	100	8.7	0	50	140	130	3.1	12	0		
2	0	0	0	0	0	0	10.1	44	86	118	100	8.6	0	44	130	130	3.1	12	0		
3	0	0	0	0	0	0	10.6	40	82	118	92	8.6	4	36	126	102	3.0	10	0.3		
4	0	0	0	0	0	0	10.3	36	70	116	90	8.5	0	46	120	100	3.3	10	0		
5	0	0	0	0	0	0	9.9	36	80	116	116	8.6	0	34	132	110	2.8	13	0		
6	0	0	0	0	0	0	10.6	44	88	114	88	8.4	0	40	130	110	3.0	12	0		
7	0	0	0	0	0	0	10.1	46	92	116	102	8.6	2	36	124	112	3	12	0		
8	7.1	288	344	336	8	28	10.4	42	84	124	110	8.3	0	34	126	126	3.0	12	0		
9	0	0	0	0	0	0	10.4	38	84	120	110	8.3	0	38	140	120	3	10	0		
10	0	0	0	0	0	0	10.6	36	80	120	110	8.1	0	40	130	100	3.3	10	0		
11	0	0	0	0	0	0	10.2	36	90	122	112	8.6	2	40	134	120	3.1	9	0		
12	0	0	0	0	0	0	10	34	92	116	104	8.5	2	40	132	122	3.1	9	1.2		
13	0	0	0	0	0	0	10.1	36	78	144	110	8.9	0	44	140	110	3.3	20	0.1		
14	0	0	0	0	0	0	10.2	36	84	128	112	8.9	0	42	130	120	3	11	0		
15	7.3	276	336	312	24	31	10.2	46	72	134	110	8.8	2	46	130	124	3	9	0		
16	0	0	0	0	0	0	10.6	50	76	136	110	8.3	0	44	134	100	3.4	16	0		
17	0	0	0	0	0	0	10.2	44	72	132	120	8.6	4	50	130	130	3.1	9	1.6		
18	0	0	0	0	0	0	10.5	46	86	128	114	8.9	4	36	130	122	2.8	9	0		
19	0	0	0	0	0	0	10.1	42	70	134	110	8.6	0	50	140	120	3.3	8	0		
20	0	0	0	0	0	0	10.2	38	82	136	110	8.6	0	44	140	130	3	8	0		
21	0	0	0	0	0	0	10.1	40	86	136	122	8.7	0	50	130	120	3	8	0		
22	0	0	0	0	0	0	10	30	90	120	112	8.3	0	50	144	132	3.4	7	0		
23	0	0	0	0	0	0	10.5	40	72	136	94	8.4	0	48	144	132	3.3	8	0		
24	0	0	0	0	0	0	10.6	36	68	120	104	8.8	0	46	130	124	3.8	10	0.1		
25	0	0	0	0	0	0	10.3	38	84	132	110	8.8	2	50	140	130	3.3	9	0		
26	7.4	280	372	364	8	27	10.2	28	90	142	126	8.7	4	42	140	132	3	8	0		
27	0	0	0	0	0	0	10	28	82	154	124	8.8	4	36	150	130	3.8	8	0		
28	0	0	0	0	0	0	10	22	86	148	128	8.7	0	48	140	130	3.3	8	0		
29	0	0	0	0	0	0	9.8	40	80	124	112	8.7	0	36	140	120	3.3	9	0		
30	0	0	0	0	0	0	10.3	26	80	124	110	8.8	10	50	140	120	3.3	10	0		
31	0	0	0	0	0	0	10	34	86	120	100	8.6	0	50	130	100	3.6	10	0		
TOTAL	29.2	1160	1392	1314	48	114	317	1166	2628	3926	3464	268	136	1280	4280	3822	100	314	3.4		
MAX	7.4	296	372	364	24	31	10.6	50	90	154	126	8.9	10	50	152	132	3.8	16	1.6		
MIN	7.1	276	336	312	0	27	9.9	22	68	112	94	8.1	0	34	124	100	2.8	7	0.0		
AVG	7.3	290	348	336	13	29	10.2	38	65	127	112	8.6	4.9	41	137	123	3.2	10	0.1		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

April

LEAD OPERATOR SIGNATURE: Billy Abernathy "A" 2708 Original signed by Billy Abernathy

HOW MANY OTHER OPERATORS? 6

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: G. Jackson "B" 3614 CERTIFICATION NOS: B. Clark "B" 7200
H. York "C" 6696 T. Elwick "B" 3660 S. Loveland "C" 7201

DESIGN FLOW: 0.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 6135

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER FLOW BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	C-6	CHLORINE POST	OTHER: POLYMER 0640TR	ACID	POLYMER 1606 CDP	KMD	HYDRO	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 0640TR	C-6	POLYMER 1606 CDP	KMD	HYDRO
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	19.0	970	1,040	120	61	61	10	1,000	0	120	5.0		60	20	120	200.0		14.0	0.4	0.0	0	3	24
2	20.0	1,004	1,078	120	61	61	27	2,740	0	100	6.1		62	20	600	200.0		12.1	0.4	0.0	0	3	24
3	24.0	1,020	1,000	100	60	60	27	2,004	0	100	6.4		61	20	600	200.0		20.1	0.4	0.0	0	3	24
4	18.0	1,004	1,048	60	0	0	0	1,770	0	100	3.7		60	20	360	200.0		11.0	0.4	0.0	0	3	24
5	19.0	1,100	1,200	0	0	0	0	1,000	0	120	6.1		60	20	360	200.0		10.0	0.4	0.0	0	3	24
6	23.5	1,743	1,200	140	60	70	27	2,000	0	100	6.1		60	20	600	200.0		10.0	0.4	0.0	0	3	24
7	22.2	1,027	1,200	140	100	70	10	2,731	0	140	6.7		60	20	600	200.0		10.4	0.4	0.0	0	3	24
8	18.0	1,000	1,207	200	100	60	20	1,020	0	80	3.0		60	20	600	200.0		10.3	0.4	0.0	0	3	24
9	27.3	1,000	2,100	120	61	61	30	2,774	0	100	6.0		60	10	310	200.1		0.0	0.0	0.0	0	3	24
10	20.7	1,010	1,200	100	61	30	30	2,100	0	100	6.2		60	20	410	200.0		11.0	0.4	0.0	0	3	24
11	19.2	1,001	1,211	120	61	61	10	1,700	0	80	3.0		74	20	417	200.0		10.7	0.4	0.0	0	3	24
12	19.0	1,000	1,100	100	60	60	30	2,000	0	100	6.3		61	10	200	200.0		0.0	0.0	0.0	0	3	24
13	23.0	1,700	1,210	100	62	62	23	2,201	0	120	6.0		61	20	307	200.0		0.0	0.0	0.0	0	3	24
14	24.0	1,012	1,200	140	64	60	23	3,004	0	110	6.0		60	20	400	200.0		0.1	0.4	0.0	0	3	24
15	19.3	1,173	1,200	110	64	60	27	2,007	0	100	6.1		61	20	600	200.1		0.3	0.4	0.0	0	3	24
16	20.1	1,011	1,020	100	60	60	30	2,000	0	100	6.1		60	20	300	200.0		10.3	0.4	0.0	0	3	24
17	22.0	1,000	1,207	100	60	30	24	2,240	0	100	6.2		74	20	400	200.0		10.0	0.4	0.0	0	3	24
18	16.0	0,130	1,200	120	60	60	10	1,000	0	100	4.0		70	14	411	200.0		10.0	0.4	0.0	0	3	24
19	16.0	0,100	0,200	140	61	61	27	1,000	0	100	4.2		60	20	307	200.0		10.1	0.4	0.0	0	3	24
20	22.0	1,710	1,277	100	62	62	30	2,001	0	100	6.0		60	24	601	200.0		0.4	0.0	0.0	0	3	24
21	21.7	1,200	1,200	107	64	30	24	2,212	0	100	6.0		70	20	400	200.0		10.0	0.4	0.0	0	3	24
22	14.0	000	1,200	170	60	60	24	1,004	0	100	6.3		60	24	370	200.0		10.4	0.4	0.0	0	3	24
23	23.0	1,000	1,000	100	61	61	10	2,100	0	110	6.0		60	22	601	200.0		0.0	0.4	0.0	0	3	24
24	20.3	1,010	1,200	100	61	61	23	2,200	0	80	4.0		71	10	410	200.0		0.0	0.0	0.0	0	1	24
25	14.0	1,003	1,200	120	60	60	17	1,700	0	80	3.0		61	10	200	200.0		0.0	0.0	0.0	0	3	24
26	14.0	1,000	1,201	120	70	60	10	1,721	0	100	3.3		60	20	300	200.0		11.4	0.0	0.0	0	3	24
27	20.0	1,710	1,200	172	73	60	21	2,010	0	100	6.1		61	20	407	200.0		10.4	0.4	0.0	0	3	24
28	22.0	1,007	1,200	170	70	60	30	2,104	0	100	6.0		60	20	670	200.0		10.0	0.4	0.0	0	3	24
29	19.0	1,007	1,200	101	60	61	24	1,700	0	110	5.0		60	20	300	200.0		10.4	0.0	0.0	0	3	24
30	23.0	1,000	1,211	110	60	60	30	2,100	0	110	6.0		60	30	600	200.0		12.3	0.4	0.0	0	3	24
31	0.0	0	0	0	0	0	0	0	0	0	0.0		0	0	0	0.0		0.0	0.0	0.0	0	0	0
TOTAL	000	31,000	30,000	4000	1020	1020	007	60,272	0	3072	100		2010	714	11000	6000		300	10.0	0.0	000	00	1000
MAX	24	1,210	1,400	200	100	70	30	2,001	0	100	6.4		61	30	600	200		10	0.40	0.0	0	3.1	24
MIN	14	000	1,100	00	00	30	0	1,001	0	00	3.0		07	10	277	200		7	0.00	0.0	0	1.4	24
AVG.	19.7	1,205	1,210	100	00	00	27	2,000	0	100	6.0		00	20	300	200		11	0.40	0.0	0	2.0	24

DER FORM 17-1.200(6) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: April
TELEPHONE NUMBER: 813-368-1768

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	pH	M.O. ALK.	HARDNESS TOTAL	HARDNESS CALCIUM	HARDNESS MAGNESIUM	COLOR UNITS	BETTLED pH	BETTLED AS CACO3 P ALK.	BETTLED AS CACO3 M ALK.	BETTLED AS CACO3 TOTAL HDNS	BETTLED AS CACO3 CA HDNS	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	0.0	32	60	130	120	8.5	2	62	130	130	3	7	0		
2	0	0	0	0	0	0	10	36	56	134	84	8.9	10	66	140	120	3	10	0		
3	0	0	0	0	0	0	10.3	30	60	124	94	8.8	4	62	140	130	3.6	0	0		
4	0	0	0	0	0	0	10.1	30	56	132	104	8.7	0	60	140	132	3	0	1		
5	7.3	280	340	312	28	35	10.4	46	70	120	100	8.4	0	46	144	100	3.3	0	0		
6	0	0	0	0	0	0	10.4	46	66	122	90	8.7	0	46	140	134	3	0	0		
7	0	0	0	0	0	0	10.2	34	62	118	100	8.7	4	36	134	134	3.3	0	0		
8	0	0	0	0	0	0	10.3	36	62	120	112	8.3	0	36	134	120	2.0	0	0		
9	0	0	0	0	0	0	10.4	44	66	140	134	8.9	0	46	146	130	3.3	10	0.3		
10	0	0	0	0	0	0	10	28	54	126	102	8.7	2	46	150	130	3.6	0	0		
11	0	0	0	0	0	0	10.1	30	56	132	100	8.7	4	42	140	132	3.6	0	0		
12	0	0	0	0	0	0	10.3	32	64	136	120	8.9	0	46	152	130	3.3	0	0		
13	7	304	396	360	36	33	10.0	58	72	144	130	8.9	4	46	152	140	3	9	0		
14	0	0	0	0	0	0	10.3	32	66	120	120	8.4	0	36	166	160	3.3	7	0		
15	0	0	0	0	0	0	10.0	46	70	116	90	8.6	10	46	156	130	3.3	0	1.15		
16	0	0	0	0	0	0	10.0	36	56	132	122	8.7	0	56	160	140	3.3	9	0		
17	0	0	0	0	0	0	10.1	34	66	140	100	8.8	6	44	152	110	3.6	0	0		
18	0	0	0	0	0	0	10	30	60	136	110	8.5	2	36	154	140	3.6	0	0		
19	7.2	296	372	364	8	37	10.5	42	66	146	112	8.8	6	42	160	134	3.3	0	0		
20	0	0	0	0	0	0	10.6	46	70	120	120	8.6	0	46	152	140	3.4	0	0		
21	0	0	0	0	0	0	10.6	52	76	140	140	8.5	2	46	166	140	3	10	0		
22	0	0	0	0	0	0	10.5	42	64	146	146	8.7	2	36	160	130	3.1	0	0		
23	0	0	0	0	0	0	10.1	30	62	140	120	8.6	4	36	164	140	3	7	0		
24	0	0	0	0	0	0	10.2	34	62	136	120	8.7	4	36	160	140	3.3	0	0		
25	0	0	0	0	0	0	10	28	60	130	122	8.6	0	36	160	132	3.6	0	0		
26	0	0	0	0	0	0	10	28	56	134	122	8.3	0	36	156	140	3.6	7	0		
27	0	0	0	0	0	0	10.2	34	58	118	118	8.4	0	46	148	130	3.3	7	0		
28	0	0	0	0	0	0	10.2	34	56	130	120	8	0	32	150	140	3.6	0	0		
29	0	0	0	0	0	0	10.0	44	66	130	130	8.3	0	36	162	140	3.4	0	0		
30	7.2	296	364	348	16	35	10.1	36	58	130	120	8.6	0	34	148	130	3.2	0	0		
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	29	1170	1472	1384	88	139	309	1046	1872	3874	3534	250.3	106	1228	4480	4064	96	250	2.45		
MAX	7.3	304	396	364	36	37	10.6	58	76	146	146	8.9	10	56	166	160	3.6	10	1.15		
MIN	7.0	280	340	312	8	37	9.9	22	54	116	84	8.0	0	32	134	100	2.0	7	0.0		
AVG	7.2	293	368	346	22	35	10.3	36	62	133	118	8.6	4	41	150	135	3.2	8	0.082		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

May

LEAD OPERATOR SIGNATURE: Billy Abernathy "B" 7700 Original signed by Billy Abernathy

HOW MANY OTHER OPERATORS? 6

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: S. Jackson "B" 7210 CERTIFICATION NO: R. Clark "D" 7500
H. York "C" 6500 T. Church "B" 3000 R. Loveland "D" 7201

DESIGN FLOW: 2.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 4500

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS (kg/d): LIME	C-4	CHLORINE POST	OTHER: POLYMER 2000TR	ACID	POLYMER 1000C CDP	HYD	HYDRA	CHEMICALS (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2000TR	C-4	POLYMER 1000C CDP	HYD	HYDRA
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	10.0	1,284	1,004	103	91	91	29	3,000	0	110	4.3		71	25	350	000.1		8.7	0.4	0.0	0	0	20
2	10.0	1,170	1,017	110	00	00	17	1,000	0	100	3.7		00	20	310	100.0		10.2	0.4	0.0	0	0	20
3	10.0	1,150	1,000	100	70	00	20	1,000	0	170	3.0		00	24	310	000.0		10.1	0.4	0.0	0	0	20
4	23.0	1,737	1,405	102	01	01	20	2,000	0	170	0.5		00	20	404	100.0		11.7	0.4	0.0	0	0	20
5	10.0	1,403	1,040	100	00	40	21	2,300	0	130	4.0		70	27	300	100.0		10.7	0.4	0.0	0	0	20
6	10.4	1,200	1,200	101	00	43	27	1,000	0	110	3.0		00	21	207	100.0		10.7	0.4	0.0	0	0	20
7	23.0	1,000	1,300	120	00	00	10	2,000	0	100	0.2		00	20	040	100.0		11.4	0.4	0.0	0	0	20
8	22.0	1,473	1,000	100	00	00	20	2,300	0	130	4.1		70	27	300	100.0		10.6	0.4	0.0	0	0	20
9	10.3	1,017	1,270	100	00	00	22	1,010	0	110	3.2		00	23	271	100.0		12.0	0.4	0.0	0	0	20
10	13.7	1,013	1,300	00	0	0	0	1,000	0	100	3.3		00	21	270	100.0		10.3	0.4	0.0	0	0	20
11	22.0	1,100	1,000	110	74	01	10	2,700	0	100	0.0		00	20	400	100.0		10.2	0.4	0.0	0	0	20
12	24.0	1,700	1,300	100	00	00	13	2,770	0	130	0.0		00	00	000	100.0		0.0	0.4	0.0	0	0	20
13	10.0	1,100	1,300	107	74	01	20	1,070	0	100	3.0		01	00	310	100.7		12.0	0.4	0.0	0	0	20
14	23.0	1,000	1,300	100	00	00	17	2,300	0	170	4.1		77	20	307	100.0		13.7	0.4	0.0	0	0	20
15	23.3	1,000	1,000	101	00	00	20	2,200	0	110	4.0		72	00	301	100.0		0.3	0.0	0.0	0	0	20
16	10.0	1,200	1,200	213	07	03	20	1,000	0	00	3.0		04	21	200	100.0		0.0	0.0	0.0	0	0	20
17	10.0	1,130	1,000	104	00	00	10	1,700	0	100	3.0		00	22	300	100.0		10.0	0.4	0.0	0	0	20
18	23.4	1,042	1,011	100	00	04	20	2,000	0	100	0.3		04	20	400	100.1		10.4	0.4	0.0	0	0	20
19	22.0	1,000	1,000	100	00	20	21	2,000	0	100	0.0		04	20	400	100.0		10.0	0.4	0.0	0	0	20
20	10.0	1,100	1,200	107	70	47	20	1,000	0	100	3.4		00	20	000	100.0		11.2	0.4	0.0	0	0	20
21	10.0	1,001	1,277	104	00	00	10	2,000	0	100	0.4		01	00	401	100.0		12.0	0.4	0.0	0	0	20
22	00.0	1,000	1,001	102	01	01	20	2,400	0	120	0.0		70	20	410	100.0		10.1	0.4	0.0	0	0	20
23	10.0	1,017	1,241	100	00	00	10	1,010	0	00	3.3		02	10	271	100.0		0.4	0.4	0.0	0	0	20
24	10.0	1,100	1,100	100	00	00	10	1,100	0	100	3.0		00	21	300	100.0		10.0	0.4	0.0	0	0	20
25	23.4	1,004	1,201	100	70	03	11	2,000	0	100	0.1		00	20	010	100.0		0.3	0.0	0.0	0	0	20
26	23.0	1,200	1,041	102	70	03	21	2,710	0	100	0.4		00	20	400	100.1		10.0	0.4	0.0	0	0	20
27	14.1	1,010	1,300	200	77	03	20	1,000	0	00	3.2		03	20	270	100.0		10.0	0.4	0.0	0	0	20
28	23.0	1,000	1,200	101	01	01	10	2,000	0	100	0.1		03	20	430	100.0		0.0	0.4	0.0	0	0	20
29	21.0	1,201	1,200	103	01	01	20	2,000	0	100	0.1		00	20	340	100.0		12.1	0.4	0.0	0	0	20
30	10.3	1,000	1,100	110	00	00	10	1,000	0	00	3.3		02	21	272	100.7		10.0	0.4	0.0	0	0	20
31	10.1	1,107	1,220	100	70	00	21	1,000	0	100	3.7		00	21	300	100.3		10.4	0.4	0.0	0	0	20
TOTAL	000	00,001	40,000	4720	1000	1700	040	00,010	0	3010	130		2201	000	11000	0000		301	10	0.0	100	70	000
MAX	24	1,200	1,001	213	07	04	30	2,000	0	100	0.1		00	00	010	200		10	0.00	0.0	0	2.3	20
MIN	10	1,010	1,100	00	01	20	0	1,000	0	00	2.3		02	10	270	100		0	0.00	0.0	0	0.0	20
AVG.	10	1,200	1,200	103	00	00	21	2,210	0	100	4.4		77	21	270	101		11	0.00	0.0	0	1.4	20

DER FORM 17-1 2000(9) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: May
TELEPHONE NUMBER: 813-368-1766

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	pH	M O ALK	HARDNESS TOTAL	HARDNESS CALCIUM	HARDNESS MAGNESIUM	COLOR UNITS	SETTLED pH	SETTLED P ALK	SETTLED M ALK	SETTLED TOTAL HDNS	SETTLED CA HDNS	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	10.1	32	68	130	104	8.6	2	38	148	132	3.3	7	0		
2	0	0	0	0	0	0	10.2	34	62	134	110	8.7	4	34	144	120	3.3	7	0		
3	7.3	270	376	368	20	37	10.4	40	60	120	126	8.4	0	36	144	142	2.8	0	0		
4	0	0	0	0	0	0	10.0	40	66	138	134	8.3	0	40	150	100	3.3	5	0		
5	0	0	0	0	0	0	10.7	50	68	138	134	8.0	4	37	138	110	3.6	0	0		
6	0	0	0	0	0	0	11	52	70	154	130	8.4	0	32	140	102	3	0	0		
7	0	0	0	0	0	0	10	30	56	142	136	8.7	4	34	152	100	2.8	11	0		
8	0	0	0	0	0	0	10.3	28	62	144	120	8.6	0	30	150	120	3.8	10	0		
9	0	0	0	0	0	0	10.2	30	62	138	110	8.4	0	30	152	100	3	10	0		
10	7.6	288	364	358	8	28	10.6	42	64	136	130	8.7	2	34	144	134	3	10	0		
11	0	0	0	0	0	0	10.5	36	60	128	120	8.6	2	34	156	156	2.7	10	0		
12	0	0	0	0	0	0	10.6	36	62	120	114	8.6	0	46	144	134	3	10	0		
13	0	0	0	0	0	0	10.6	60	62	114	94	8.7	0	36	136	120	3	10	0		
14	0	0	0	0	0	0	10.4	34	66	114	100	8.6	2	34	132	120	2.7	0	0		
15	0	0	0	0	0	0	10.3	28	60	112	90	8.6	0	36	124	104	3.3	0	0		
16	0	0	0	0	0	0	10.1	30	66	126	100	8.6	4	34	130	110	3.3	0	0		
17	7.4	282	364	356	8	30	10.2	28	62	134	110	8.3	0	30	130	120	3	0	0		
18	0	0	0	0	0	0	10	32	66	128	116	8.3	0	36	128	126	2.7	0	0		
19	0	0	0	0	0	0	10.3	36	56	128	120	8.6	4	28	136	136	3.1	0	0		
20	0	0	0	0	0	0	10.6	46	68	100	134	8.5	2	30	144	142	3	0	0		
21	0	0	0	0	0	0	10	30	60	126	124	8.5	2	32	146	130	2.8	0	0		
22	0	0	0	0	0	0	10.6	40	60	130	126	8.5	2	34	144	132	3	0	0		
23	0	0	0	0	0	0	10.3	28	52	132	110	8.8	0	38	126	110	3.1	0	0		
24	7.3	290	336	320	16	28	10.6	48	66	136	128	8.9	0	34	132	120	3.2	0	0		
25	0	0	0	0	0	0	10.8	36	56	120	124	8.6	0	36	132	112	2.7	6	0		
26	0	0	0	0	0	0	10.3	34	66	128	96	9.2	14	46	148	130	3.9	0	0		
27	0	0	0	0	0	0	10	36	70	114	94	8.5	2	36	132	130	3	0	0		
28	0	0	0	0	0	0	10.1	30	60	112	100	8.9	2	36	132	132	2.8	0	0.3		
29	0	0	0	0	0	0	10.4	30	56	130	118	8.5	2	40	134	100	2.8	0	3.8		
30	0	0	0	0	0	0	10.1	28	66	132	112	8.5	4	36	136	112	3.3	0	0		
31	7.3	288	348	328	12	30	10.3	34	62	116	110	9	8	42	126	100	3.4	0	0.1		
TOTAL	36.8	1414	1700	1718	84	153	321	1100	1908	4014	3424	264	90	1102	4318	3982	95	276	4.2		
MAX	7.6	288	376	368	20	37	11	52	70	154	136	9.2	14	46	152	156	3.9	11	3.8		
MIN	7.3	270	336	320	8	28	10	28	52	112	94	8.3	0	28	124	104	2.5	7	0.0		
AVG	7.3	283	340	343	13	31	10.4	36	62	130	117	8.6	3.0	36	139	128	3.1	9	0.135		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

PAGE 1 OF 2

LEAD OPERATOR SIGNATURE: Billy Abernathy 'A' 7700 Original signed by Billy Abernathy
HOW MANY OTHER OPERATORS? 6
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATORS NAMES: G. Jenkins 'B' 3910, H. York 'C' 6969, T. Shenick 'B' 3993, R. Lankford 'C' 7991, R. Clark 'C' 7998
CERTIFICATION NO:

DESIGN FLOW: 0.6 MGD

TOTAL METERED SERVICES AT END OF MONTH: 6870

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS			TOTAL WASH WATER IN GALLONS	LIME	C-4	CHLORINE POST	OTHER					DOSAGES (mg/l)							
				TOTAL	MAXIMUM	MINIMUM					POLYMER 3000TR	ACID	POLYMER 1000 COP	HRO	H5000	LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 3000TR	C-4	POLYMER 1000 COP	HRO	H5000
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	23.9	1,000	1,220	100	60	60	20	2,000	0	100	0.0		0	30	430	100.0		11.0		0.4	0.0	0	2	30
2	10.7	1,200	1,200	131	80	30	20	1,940	0	120	0.1		0	30	300	100.0		12.0		0.4	0.0	0	2	30
3	10.0	900	1,100	113	70	30	10	1,830	0	90	0.2		0	30	300	100.0		11.0		0.4	0.0	0	2	30
4	23.1	1,010	1,200	131	80	30	20	2,100	0	100	0.1		0	30	300	100.0		12.0		0.4	0.0	0	2	30
5	23.0	1,200	1,200	222	80	60	20	2,100	0	120	0.0		0	30	300	100.0		12.0		0.4	0.0	0	2	30
6	10.0	900	1,217	94	67	67	20	1,470	0	90	0.1		0	30	300	100.0		11.0		0.4	0.0	0	2	30
7	10.0	1,111	1,204	201	70	60	20	1,910	0	110	0.0		0	30	300	100.0		11.0		0.4	0.0	0	2	30
8	23.0	1,707	1,200	110	60	60	10	2,000	0	120	0.0		0	30	300	100.0		11.0		0.4	0.0	0	2	30
9	10.0	1,200	1,211	174	70	40	27	2,040	0	100	0.2		0	30	304	100.0		12.0		0.4	0.0	0	2	30
10	10.7	900	1,200	100	70	60	20	1,000	0	100	0.2		0	30	300	100.0		12.0		0.4	0.0	0	2	30
11	23.0	1,004	1,200	110	60	60	17	2,000	0	120	0.2		0	30	300	100.0		12.0		0.4	0.0	0	2	30
12	10.0	1,004	1,140	107	67	67	22	2,110	0	100	0.0		0	30	300	100.0		9.3		0.4	0.0	0	2	30
13	10.0	1,100	1,217	130	70	60	20	1,000	0	90	0.0		0	30	300	100.0		10.3		0.4	0.0	0	2	30
14	23.1	1,000	1,161	104	60	60	10	1,000	0	120	0.0		0	30	300	100.0		9.6		0.4	0.0	0	2	30
15	10.2	900	1,000	100	74	60	22	2,200	0	70	0.0		0	30	300	100.0		10.4		0.4	0.0	0	2	30
17	10.6	1,007	1,104	172	60	60	27	1,000	0	90	0.0		0	30	300	100.0		9.4		0.4	0.0	0	1	30
18	23.0	1,170	1,130	110	60	60	20	1,700	0	90	0.0		0	30	300	100.0		9.4		0.4	0.0	0	1	30
19	21.0	1,200	1,207	100	60	10	27	2,300	0	90	0.0		0	30	300	100.0		9.4		0.4	0.0	0	1	30
20	10.1	907	1,200	100	60	60	20	1,000	0	100	0.0		0	30	300	100.0		9.4		0.4	0.0	0	1	30
21	10.1	1,200	1,107	110	60	60	20	1,000	0	100	0.0		0	30	300	100.0		9.4		0.4	0.0	0	1	30
22	22.0	1,004	1,230	122	60	60	20	2,110	0	90	0.0		0	30	300	100.0		9.4		0.4	0.0	0	1	30
23	24.0	900	1,100	120	71	60	10	1,000	0	90	0.0		0	30	300	100.0		9.4		0.4	0.0	0	1	30
24	10.1	1,207	1,170	100	70	60	20	1,000	0	90	0.0		0	30	300	100.0		9.4		0.4	0.0	0	1	30
25	23.0	1,000	1,100	130	60	60	20	2,210	0	90	0.0		0	30	300	100.0		10.3		0.4	0.0	7	1	60
26	23.5	1,070	1,200	210	60	60	22	2,000	0	100	0.0		0	30	300	100.0		9.4		0.4	0.0	7	1	60
27	10.2	1,007	1,170	100	60	60	20	1,000	0	100	0.0		0	30	300	100.0		11.2		0.0	0.0	0	0	60
28	10.4	1,000	1,230	104	60	60	20	1,000	0	100	0.0		0	30	300	100.0		10.0		0.0	0.0	0	0	60
29	10.0	1,000	1,100	100	60	60	10	2,100	0	110	0.0		0	30	300	100.0		11.0		0.0	0.0	7	0	60
30	10.2	1,000	1,211	110	70	60	22	2,010	0	270	0.0		0	30	300	100.0		10.0		0.0	0.0	0	0	60
31	0.0	0	0	0	0	0	20	2,000	0	110	0.0		0	30	300	100.0		10.0		0.0	0.0	7	0	60
				0	0	0	0	0	0	0													
TOTAL	570	30,700	36,530	4071	1900	1520	771	61,000	0	3000	130												
MAX	24	1,707	1,300	222	80	60	44	2,300	0	270	0.2		1010	740	11304	6969		314	77	0.0	100	60	1020
MIN	10.1	900	1,100	94	67	10	10	1,830	0	70	0.0		0	30	300	100.0		10	0.4	0.0	7	0	60
AVG	19.2	1,000	1,210	100	66	51	20	2,007	0	119	0.0		34	25	378	100		11	0.4	0.0	0.3	1.3	34

DER FORM 17-1.202(6) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: June
TELEPHONE NUMBER: 813-368-1766

COUNTY: Lee
I D NO: 5360172
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS							SETTLED					FINISHED									
			HARDNESS					AS CACO3													
DATE	pH	M.O. ALK	TOTAL	CALCIUM	MAGNESIUM	COLOR UNITS	PH	P ALK	M ALK	TOTAL HDNS	CA HDNS	pH	P ALK.	M ALK	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	10.5	42	60	124	90	8.8	0	42	136	130	2.7	11	0		
2	0	0	0	0	0	0	10.1	36	56	124	114	9.3	0	34	132	104	3	9	0		
3	0	0	0	0	0	0	10.2	32	56	132	120	8.6	2	44	150	100	3.3	7	0		
4	0	0	0	0	0	0	10	26	60	130	110	8.7	4	42	144	124	2.9	7	0		
5	0	0	0	0	0	0	10.1	26	64	140	120	8.8	4	46	140	120	3	8	0		
6	0	0	0	0	0	0	10.2	30	62	136	120	9.5	2	46	142	120	3.4	9	0		
7	7.3	296	380	340	36	30	10.2	34	64	128	112	9.3	0	46	140	114	3.6	7	0		
8	0	0	0	0	0	0	9.9	24	74	150	140	8.9	10	62	164	100	3.3	8	0		
9	0	0	0	0	0	0	10.3	30	56	130	100	8.5	2	46	156	120	3	8	0		
10	0	0	0	0	0	0	10.2	28	64	132	120	8.4	0	46	158	140	3.4	8	0		
11	0	0	0	0	0	0	10.1	36	66	142	100	8.8	0	46	140	120	2.7	11	0		
12	0	0	0	0	0	0	10.4	34	60	132	110	8.7	4	42	144	120	3	9	0		
13	0	0	0	0	0	0	10.2	30	62	130	120	8.6	2	42	142	110	3.3	9	1.7		
14	7.2	292	352	348	8	33	10.2	30	58	120	112	8.7	0	42	140	130	3	8	0		
15	0	0	0	0	0	0	10.6	27	64	120	100	8.8	10	56	164	136	3.3	9	2.7		
16	0	0	0	0	0	0	10.3	28	60	114	84	8.7	0	44	160	130	2.8	9	0		
17	0	0	0	0	0	0	10.1	30	58	110	90	8.7	10	44	154	140	3.2	14	0.5		
18	0	0	0	0	0	0	10.6	40	60	116	116	8.7	2	44	136	132	2.7	13	0		
19	0	0	0	0	0	0	10.2	30	64	120	112	8.7	2	46	140	110	3.3	13	0		
20	0	0	0	0	0	0	10.2	32	62	118	112	8.8	10	60	144	120	2.8	13	0.1		
21	7.4	296	352	332	20	30	10.2	32	60	122	94	8.6	4	64	142	114	2.8	11	0		
22	0	0	0	0	0	0	10	34	60	116	90	8.5	6	46	144	110	2.9	11	0		
23	0	0	0	0	0	0	10.4	60	64	112	86	8.8	0	46	144	112	2.6	9	0.3		
24	0	0	0	0	0	0	10.7	32	60	126	106	8.7	0	66	148	144	3	9	0.05		
25	0	0	0	0	0	0	10.1	36	64	130	110	8.7	0	48	148	140	3.2	8	1.3		
26	0	0	0	0	0	0	10.4	42	66	142	120	8.5	4	36	144	122	3.3	8	0.6		
27	0	0	0	0	0	0	10.3	36	62	116	90	8.8	0	40	154	134	3	8	0.4		
28	0	0	0	0	0	0	10.3	36	60	134	106	8.6	2	42	144	120	3.3	8	0		
29	7.3	288	372	364	8	28	10.2	36	60	130	110	8.7	4	36	156	136	2.8	8	0		
30	0	0	0	0	0	0	10.1	36	66	132	130	8.6	2	36	154	130	2.7	8	0		
31	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL	29	1172	1436	1384	84	151	307	997	1856	3830	3304	256	132	1300	4424	3840	91	270	10.2		
MAX	7.4	296	372	364	36	33	10.6	60	64	150	140	8.9	10	66	164	140	3.7	14	2.7		
MIN	7.2	288	352	332	8	28	9.9	24	64	112	84	8.3	0	34	132	104	2.6	7.0	0.0		
AVG	7.3	293	359	346	14	30	10.2	33	62	128	110	8.8	4	43	147	128	3.0	9.3	0.34		

300

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 1

Lehigh

July

LEAD OPERATOR SIGNATURE: Billy Abernathy "A" 7700 Original signed by Billy Abernathy

HOW MANY OTHER OPERATORS? 6

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATORS NAME: G. Jackson "B" 7210 CERTIFICATION NO: R. Clark "D" 7100

H. York "C" 6600 T. Shedrick "B" 7600 R. Loveland "C" 7201

DESIGN FLOW: 0.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5000

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICAL USAGE (mg/l): LIME	C-4	CHLORINE POST	OTHER: POLYMER 2000TR	ACID	POLYMER 1000 CDP	HNO3	H2SO4	LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2000TR	C-4	POLYMER 1000 CDP	HNO3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	14.1	691	1,200	110	97	97	10	1,020	0	90	3.0		60	33	300	300.0		11.0	0.0	0.0	0	2	40
2	21.0	1,200	1,000	110	90	85	10	2,270	0	110	6.1		60	27	000	310.3		0.7	0.0	0.0	0	3	40
3	10.5	1,170	1,240	100	70	65	22	1,070	0	100	4.0		42	20	420	210.0		10.0	0.0	0.0	0	3	40
4	10.1	1,100	1,111	100	71	61	10	2,040	0	100	6.3		40	26	427	210.0		10.2	0.0	0.0	0	3	40
5	10.0	1,100	1,220	100	62	60	10	2,000	0	100	6.3		40	26	420	210.3		10.0	0.0	0.0	0	3	40
6	21.0	1,070	1,104	100	60	47	20	2,100	0	100	6.0		60	37	600	300.1		11.3	0.0	0.0	0	3	40
7	10.1	1,040	1,204	107	60	84	10	2,170	0	110	6.6		62	27	600	310.3		10.0	0.0	0.0	0	3	40
8	14.1	997	1,070	107	73	62	20	1,000	0	70	3.3		27	17	200	240.3		0.4	0.0	0.0	0	3	40
9	20.3	1,000	1,212	100	60	60	10	2,000	0	100	6.3		60	30	600	300.0		11.0	0.0	0.0	0	3	40
10	12.0	962	1,100	100	84	34	30	1,000	0	100	3.0		30	18	300	210.0		10.7	0.0	0.0	0	3	40
11	10.0	1,130	1,104	112	60	47	10	1,000	0	110	6.2		57	27	600	300.0		11.0	0.0	0.0	0	3	40
12	10.0	1,100	1,120	60	0	0	12	1,000	0	100	6.1		40	30	410	210.3		10.0	0.0	0.0	0	3	40
13	21.0	1,202	2,200	112	90	64	20	2,100	0	130	6.1		67	30	010	300.7		11.3	0.0	0.0	0	3	40
14	10.2	1,111	2,217	102	60	62	20	1,000	0	120	4.3		60	30	010	210.0		10.3	0.0	0.0	0	3	40
15	20.0	700	2,200	90	60	40	20	1,020	0	100	3.0		30	20	200	200.0		10.1	0.0	0.0	0	4	40
16	21.2	1,272	1,107	101	91	60	10	2,040	0	120	6.1		60	30	017	300.0		10.4	0.0	0.0	0	3	40
17	10.2	1,117	1,210	200	80	61	20	2,100	0	100	4.0		67	30	410	200.4		10.0	0.0	0.0	0	3	40
18	10.0	1,100	1,200	100	77	60	20	2,170	0	100	4.3		60	30	420	200.3		10.2	0.0	0.0	0	3	40
19	10.5	1,220	1,210	100	60	64	10	2,200	0	100	4.0		60	30	000	200.2		0.0	0.0	0.0	0	0	40
20	10.0	1,122	1,240	107	60	60	27	2,110	0	130	4.3		67	30	021	200.0		12.0	0.0	0.0	0	3	40
21	20.1	1,004	1,127	00	60	60	20	2,000	0	170	6.0		07	40	000	200.0		11.7	0.0	0.0	0	3	40
22	20.2	1,200	1,200	110	00	31	20	2,200	0	130	4.0		01	30	000	200.1		12.7	0.0	0.0	0	3	40
23	10.2	1,170	1,220	100	72	07	31	2,100	0	110	4.3		07	30	000	200.0		11.7	0.0	0.0	0	3	40
24	10.2	1,004	1,210	100	00	00	10	1,000	0	110	3.0		04	27	300	200.0		10.7	0.0	0.0	0	3	40
25	10.7	1,100	1,242	110	00	05	10	2,170	0	110	4.3		00	27	020	200.1		11.4	0.0	0.0	0	3	40
26	10.2	1,200	1,204	100	70	00	20	2,200	0	100	4.0		01	30	000	200.2		0.0	0.0	0.0	0	0	40
27	20.0	1,000	1,200	113	00	07	17	2,000	0	100	6.4		00	00	020	200.0		12.0	0.0	0.0	0	3	40
28	10.7	1,210	1,204	172	00	00	20	2,200	0	110	4.0		01	27	000	200.0		10.0	0.0	0.0	0	3	40
29	13.4	040	1,272	100	00	00	20	1,000	0	00	3.3		30	00	210	200.3		11.3	0.0	0.0	0	3	40
30	10.7	1,204	1,110	00	02	20	10	2,410	0	130	4.0		04	32	001	200.1		12.3	0.0	0.0	0	3	40
31	10.0	070	1,101	120	72	02	10	1,020	0	00	3.0		11	20	207	220.0		11.0	0.0	0.0	0	3	40
TOTAL	000.5	30,000	37,000	0201	1004	1013	700	00,200	0	3040	130		1024	070	13000	0102		301	13.0	0.0	100	00	1200
MAX	21.0	1,004	1,200	200	97	01	30	2,000	0	170	6		07	42	000	320		10.7	0.40	0.0	0	2.0	40
MIN	10.0	700	1,100	00	0	0	12	1,120	0	70	2.0		30	17	200	210		0.0	0.10	0.0	0	2.3	40
AVG.	17.0	1,175	1,202	130	04	00	20.0	2,130	0	110	4.0		40	20	040	210		11.7	0.44	0.0	0	3.0	40

DER FORM 17-1.202(9) EFFECTIVE NOVEMBER 30, 1982

Bill Abernathy is on vacation. The MOR was approved by Tom Pound per Bill Allen

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: July
TELEPHONE NUMBER: 813-368-1766

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COLOR UNITS	SETTLED pH	SETTLED P ALK. (as CaCO3)	SETTLED M ALK. (as CaCO3)	SETTLED TOTAL HDNS (as CaCO3)	SETTLED CA HDNS (as CaCO3)	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	26	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0															
2	0	0	0	0	0	0	10.2	36	84	120	110	8.5	2	34	142	120	3.1	8	0.2		
3	0	0	0	0	0	0	10	28	68	140	124	8.6	4	36	140	130	3	8	0.2		
4	0	0	0	0	0	0	10	36	80	116	98	8.5	4	36	134	118	3.1	7	0		
5	0	0	0	0	0	0	10.2	36	82	122	100	8.7	6	34	140	124	3	8	1.1		
6	0	0	0	0	0	0	10	36	82	116	104	8.3	6	36	136	118	2.8	6	0.2		
7	7.4	396	380	352	0	28	9.8	24	88	118	88	8.6	0	36	134	116	2.7	10	0		
8	0	0	0	0	0	0	10.2	36	84	118	114	8.8	2	32	138	138	2.8	9	0.6		
9	0	0	0	0	0	0	10.4	36	82	122	120	8.8	2	36	138	138	3	9	0.4		
10	0	0	0	0	0	0	10.3	42	84	118	98	8.8	4	32	140	118	2.7	10	0.2		
11	0	0	0	0	0	0	10.3	44	86	118	118	8.8	0	44	163	134	3.1	11	0		
12	0	0	0	0	0	0	10	24	84	118	104	8.8	4	40	152	140	3	11	0.4		
13	0	0	0	0	0	0	10.1	30	84	118	118	8.1	0	42	154	134	2.1	8	0.2		
14	7.3	394	344	336	8	32	10	36	84	124	100	8.4	4	38	140	120	3.3	8	0.8		
15	0	0	0	0	0	0	10.3	36	82	126	126	8.8	6	40	144	144	2.8	10	0.2		
16	0	0	0	0	0	0	10.3	36	86	118	114	8.6	2	42	154	134	2.8	9	0		
17	0	0	0	0	0	0	10.3	32	84	118	102	8.4	0	40	150	124	2.8	9	0		
18	0	0	0	0	0	0	10	36	80	124	104	8.8	4	36	144	120	2.9	8	0.4		
19	0	0	0	0	0	0	10.3	34	86	120	100	8.8	6	42	150	122	2.8	9	0		
20	0	0	0	0	0	0	10.3	34	86	120	120	8.8	4	40	164	144	3.3	9	0		
21	7.4	390	348	344	4	28	10.4	36	82	130	114	8.8	4	44	164	136	2.8	8	0		
22	0	0	0	0	0	0	10.4	36	86	132	122	8.9	8	40	154	134	2.8	9	0		
23	0	0	0	0	0	0	10.3	40	82	134	132	8.5	2	42	166	136	2.9	8	0		
24	0	0	0	0	0	0	10.3	34	86	126	124	8.7	2	42	166	132	2.8	10	0		
25	0	0	0	0	0	0	10.4	36	86	126	106	8.4	0	40	162	130	3	8	0.2		
26	0	0	0	0	0	0	10	28	84	126	110	8.8	0	46	156	140	3	9	0		
27	0	0	0	0	0	0	10.2	32	86	126	122	8.7	2	38	164	164	2.8	9	0		
28	7.4	396	344	336	8	30	10.5	40	82	134	132	8.7	6	46	156	134	2.7	9	0		
29	0	0	0	0	0	0	10.2	32	86	122	120	8.6	2	42	164	132	2.7	10	0.4		
30	0	0	0	0	0	0	10.1	30	84	118	98	8.7	4	36	160	130	2.7	8	1.278		
31	0	0	0	0	0	0	10.1	32	86	120	120	8.4	0	36	142	142	2.8	9	0.2		
							10	32	86	132	120	8.8	4	34	162	124	3.1	9	0.8		
TOTAL	29.5	1132	1396	1378	20	118	315	1040	1830	3830	3302	266	86	1304	4582	4104	88	273	7.07		
MAX	7.4	396	380	352	8	32	10.5	44	88	140	132	8.9	6	46	166	162	3.3	11	1.27		
MIN	7.3	390	344	336	4	28	9.8	24	82	118	88	8.1	0	32	130	118	2.1	7	0.2		
AVG	7.3	783	349	342	6.5	29.5	10.1	33	89	133	112	8.5	3	38.0	147	132	2.9	8.6	0.24		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

August

LEAD OPERATOR SIGNATURE: Billy Abernathy "A" 2720 (Original signed by Billy Abernathy)
HOW MANY OTHER OPERATORS? 0
OPERATORS NAMES: G. Jackson "B" 2716 — CERTIFICATION NO.: H. Clark "B" 7305
H. York "C" 8208 — T. Flowers "B" 3900 — R. Loveland "C" 7201
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

DESIGN FLOW: 3.0 MGD
TOTAL METERED SERVICES AT END OF MONTH: 3217

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	C-4	CHLORINE POST	OTHER: POLYMER 30HSTR	ACID	POLYMER 100K CSP	H2O	H2SO4	CHEMICALS (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 30HSTR	C-4	POLYMER 100K CSP	H2O	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	19.0	1,170,000	1,230,000,000	60	60	60	13	2,100	24	100	3.2	440	17	30	440	214.0		19.2	0.2	2.4	1	3	46
2	19.0	1,270,000	1,340,000,000	130	60	60	10	2,700	16	110	4.1	570	44	30	570	210.0		19.3	0.4	1.4	0	3	46
3	19.4	1,290,000	1,307,000,000	134	97	97	20	2,210	16	100	3.3	460	22	30	460	215.7		19.6	0.3	1.6	1	3	46
4	19.0	1,317,000	1,381,000,000	100	95	90	20	2,300	20	100	3.3	460	7	30	460	214.0		9.1	0.3	2.0	1	3	46
5	19.3	994,000	1,010,000,000	100	90	35	27	1,800	18	90	3.4	330	32	30	330	214.0		19.6	0.3	2.0	4	3	46
6	20.0	1,404,000	1,343,000,000	110	97	91	10	2,010	20	100	3.3	667	30	30	667	214.0		10.0	0.3	1.5	2	3	46
7	19.0	1,000,000	1,207,000,000	100	90	90	10	1,900	22	100	3.3	307	20	30	307	214.0		13.0	0.3	2.0	2	3	46
8	14.7	1,100,000	1,001,000,000	123	70	62	17	1,800	17	100	3.7	510	31	30	510	210.0		10.0	0.4	1.8	2	3	46
9	19.0	1,107,000	1,100,000,000	130	60	60	10	2,000	21	110	3.0	435	30	30	435	200.0		11.0	0.3	2.3	3	3	46
10	19.0	1,201,000	1,141,000,000	130	97	97	20	2,300	23	120	3.7	513	30	30	513	210.1		11.4	0.3	1.9	3	3	46
11	19.3	999,000	1,104,000,000	100	60	60	27	1,720	20	110	3.7	399	30	30	399	210.2		13.0	0.3	3.0	4	3	46
12	19.1	1,001,000	1,101,000,000	110	97	60	10	1,900	19	110	3.0	304	30	30	304	200.0		10.0	0.3	2.2	4	3	46
13	19.3	1,100,000	1,200,000,000	120	60	60	30	1,800	19	90	3.1	410	30	22	410	200.0		8.0	0.3	2.1	4	3	46
14	19.4	1,100,000	1,200,000,000	115	97	60	13	2,000	21	90	2.9	435	30	30	435	210.0		8.3	0.2	2.3	4	3	46
15	19.7	1,100,000	1,220,000,000	120	94	94	18	2,000	17	100	3.1	439	60	30	439	200.0		10.2	0.2	1.3	5	3	46
16	19.1	1,100,000	1,107,000,000	179	60	97	30	2,010	19	100	3.4	501	63	30	501	200.0		12.0	0.4	2.0	4	3	46
17	20.0	1,200,000	1,100,000,000	161	60	31	27	2,210	20	110	3.7	666	40	30	666	210.0		11.1	0.3	2.7	4	3	46
18	20.7	1,000,000	1,000,000,000	100	60	30	24	2,100	21	100	3.4	440	40	30	440	210.0		13.0	0.3	3.0	4	3	44
19	13.1	907,000	1,200,000,000	113	60	60	10	1,900	19	70	3.7	380	30	16	380	210.0		8.0	0.4	1.4	3	3	46
20	23.1	1,017,000	1,200,000,000	100	94	94	13	2,000	20	110	3.0	672	60	27	672	210.2		8.7	0.3	0.5	0	3	46
21	19.4	1,000,000	1,011,000,000	130	77	97	13	1,710	19	90	3.3	380	40	23	380	210.2		14.0	0.4	2.3	5	3	46
22	19.3	1,100,000	1,200,000,000	140	73	73	18	2,000	22	100	3.0	666	10	30	666	210.0		10.4	0.4	2.4	3	3	46
23	14.3	1,007,000	1,000,000,000	80	0	0	0	1,900	19	100	3.7	417	30	30	417	210.1		11.0	0.4	3.1	4	3	46
24	24.3	1,040,000	1,100,000,000	200	60	60	20	2,700	19	130	4.3	691	42	30	691	210.0		26.1	0.3	1.9	3	3	46
25	20.0	1,100,000	1,201,000,000	132	60	60	10	2,010	22	120	3.7	481	30	30	481	210.0		13.0	0.4	2.0	4	3	46
26	19.0	992,000	1,100,000,000	100	70	60	20	1,800	21	110	3.7	380	10	27	380	210.4		10.0	0.4	2.0	3	3	46
27	21.1	1,200,000	1,170,000,000	110	60	60	10	2,000	19	120	3.3	617	60	30	617	210.1		10.0	0.2	1.7	4	3	46
28	19.3	910,000	1,200,000,000	110	90	90	13	1,800	19	70	2.9	380	60	10	380	210.0		8.0	0.4	0.5	0	3	46
29	19.3	1,101,000	1,210,000,000	100	60	60	10	2,100	19	120	4.4	667	60	30	667	210.0		12.1	0.4	1.8	4	3	46
30	18.0	1,107,000	1,200,000,000	100	70	70	10	2,000	20	110	3.0	630	60	27	630	210.1		11.0	0.4	4.1	0	3	46
31	20.0	1,207,000	1,203,000,000	130	60	60	17	2,710	20	130	3.1	620	60	30	620	201.3		11.3	0.3	3.0	0	3	46
TOTAL	600.4	30,300,000	32,001,000,000	3100.0	1866.0	1660.0	530.0	66,040	600.0	3630.0	104.4	13760.0	1100.0	960.0	13760.0	6606.1		301.0	10.0	71.0	110	90	1406
MAX	23.1	1,500,000	1,343,000,000	200.0	90.0	73.0	30.0	2,710	30.0	140.0	4.4	691.0	60.0	30.0	691.0	241.3		14.0	0.5	4.1	5	4	46
MIN	13.1	907,000	1,144,000,000	80.0	0.0	0.0	0.0	1,800	19.0	70.0	2.7	380.0	7.0	10.0	380.0	200.0		8.7	0.2	1.4	0	3	44
AVG.	17.3	1,170,000	1,031,000,000	106.4	60.7	60.0	17.3	2,000	20.0	110.0	3.4	443.9	30.7	27.4	443.9	213.0		11.3	0.3	2.3	2.0	2.9	45.3

DER FORM 17-1.200(5) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: August
TELEPHONE NUMBER: 813-368-1760

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	pH	M.O. ALK	HARDNESS TOTAL	HARDNESS CALCIUM	HARDNESS MAGNESIUM	COLOR UNITS	SETTLED pH	SETTLED P ALK. AS CACO3	SETTLED M ALK. AS CACO3	SETTLED TOTAL HDNS AS CACO3	SETTLED CA HDNS AS CACO3	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	0.0	28	50	120	102	8.7	4	36	150	130	3.2	0	0		
2	0	0	0	0	0	0	10.1	38	58	170	120	8.4	0	58	190	164	2.4	0	0.4		
3	0	0	0	0	0	0	10.1	28	58	128	110	8.7	0	44	160	120	3.0	0	0		
4	0	0	0	0	0	0	10	28	58	124	124	8.9	6	38	162	163	3.2	0	0		
5	7.3	290	340	330	10	31	10.1	28	58	130	120	8.1	0	38	150	120	2.7	0	0		
6	0	0	0	0	0	0	10.2	30	60	128	120	8.5	4	48	140	110	2.6	0	0		
7	0	0	0	0	0	0	10.2	34	60	130	124	8.3	0	48	160	130	2.9	0	0		
8	0	0	0	0	0	0	10	30	62	130	110	8.6	0	48	165	120	2.7	0	0		
9	0	0	0	0	0	0	10.6	42	64	142	133	8.6	2	38	180	152	2.7	0	0.7		
10	0	0	0	0	0	0	8.9	36	70	164	110	8.6	0	38	184	110	3	0	1.4		
11	0	0	0	0	0	0	10	38	56	126	90	8.7	0	48	140	110	2.7	0	0.1		
12	7.4	296	342	330	12	30	9.9	28	70	142	125	8.8	0	48	140	110	2.8	0	0.8		
13	0	0	0	0	0	0	10	28	58	130	90	8.6	2	38	140	110	3	7	0		
14	0	0	0	0	0	0	10	32	60	120	98	8.7	0	38	140	122	2.8	7	0		
15	0	0	0	0	0	0	10	30	58	124	100	8.8	0	48	140	130	2.7	0	0.1		
16	0	0	0	0	0	0	10.5	46	64	132	114	8.3	0	48	140	140	2.7	0	0.7		
17	7.2	300	340	328	12	32	10.1	34	58	112	94	8.1	0	38	150	120	2.7	0	0		
18	0	0	0	0	0	0	10.4	36	64	120	114	8.6	2	44	140	130	2.7	0	0		
19	0	0	0	0	0	0	10.4	36	58	116	112	8.4	0	44	142	140	2.9	0	0		
20	0	0	0	0	0	0	10	28	58	124	122	8.6	4	40	140	130	3	0	0		
21	0	0	0	0	0	0	10	34	60	114	90	8.7	0	40	160	110	2.1	0	0		
22	0	0	0	0	0	0	10.2	36	64	116	90	8	0	36	180	123	2.7	0	0.1		
23	0	0	0	0	0	0	10.1	30	58	120	116	8.7	4	40	140	130	2.1	0	0.4		
24	7.3	292	340	336	4	31	10.1	34	66	128	124	8.3	0	48	152	140	2.8	0	2		
25	0	0	0	0	0	0	10.3	38	64	122	116	8.2	0	40	140	120	3	10	0.3		
26	0	0	0	0	0	0	10.4	42	70	146	120	8.7	14	48	160	122	3.2	10	0.1		
27	0	0	0	0	0	0	10	34	60	114	90	8.6	1	40	140	110	3.6	0	0.5		
28	0	0	0	0	0	0	10.3	36	74	130	110	8.7	4	42	152	120	2.8	0	0.6		
29	0	0	0	0	0	0	10.7	34	64	126	122	8.1	0	48	140	130	3	10	2.6		
30	0	0	0	0	0	0	10.1	30	58	126	124	8.3	0	48	152	140	2.7	0	0.3		
31	0	0	0	0	0	0	10.1	32	58	128	122	8.4	0	42	144	130	3	0	0.3		
TOTAL	29.2	1186.0	1418.0	1372.0	38.0	124.0	314.1	1008.0	1918.0	3904.0	3493.0	263.6	84.0	1348.0	4669.0	3988.0	88.8	267.0	11.7		
MAX	7.4	300.0	388.0	370.0	12.0	32.0	10.8	42.0	74.0	144.0	132.0	8.8	14.0	58.0	196.0	164.0	3.6	10.0	2.6		
MIN	0.0	0.0	0.0	0.0	0.0	0.0	9.9	28.0	50.0	112.0	90.0	8.0	0.0	36.0	140.0	110.0	2.6	7.0	0.0		
AVG	7.3	296.5	352.5	343.0	9.5	31.0	10.1	32.5	61.8	125.9	112.7	8.5	2.7	40.3	150.6	128.6	2.9	8.6	0.4		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Lehigh

September

LEAD OPERATOR SIGNATURE: Billy Abernathy 'A' 3708 Original signed by Billy Abernathy

HOW MANY OTHER OPERATORS? 0

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATORS NAME: B. Jackson 'B' 3710 CERTIFICATION NO: R. Clark 'C' 7208

H. York 'C' 6008 T. Florian 'B' 3000 R. Loveland 'C' 7201

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH:

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	C-9	CHLORINE POST	OTHER: POLYMER 2065TR	ACID	POLYMER 100K CDP	HNS	NH3	SOSA639 (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2065TR	C-9	POLYMER 100K CDP	HNS	NH3
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	10.0	1,171,000	1,000,000	135	65	69	16	1,020	60	130	4.1		64	30	300	198.1			12.9	0.4	0	0	3	30
2	10.0	1,000,000	1,230,000	102	71	71	14	1,000	20	90	3.0		64	17	300	200.2			10.7	0.5	3	0	3	30
3	10.2	1,207,000	1,000,000	139	69	69	17	2,270	34	130	4.1		30	30	270	200.0			10.0	0.4	3	3	3	31
4	10.5	991,000	1,240,000	144	72	72	18	1,020	20	100	3.0		30	30	300	199.0			13.2	0.4	3	3	3	37
5	10.0	1,139,000	1,191,000	134	67	67	13	1,000	20	100	3.0		30	30	300	200.2			10.0	0.4	2	2	2	30
6	10.0	1,010,000	1,200,000	113	63	63	17	1,000	20	100	4.0		30	30	300	200.2			9.0	0.4	2	3	4	30
7	20.0	1,201,000	1,100,000	130	75	65	14	2,300	34	100	3.4		30	40	470	200.1			13.0	0.3	3	3	3	42
8	23.0	1,207,000	1,247,000	134	67	67	14	2,010	30	130	3.3		60	30	470	200.3			11.3	0.3	4	4	3	47
9	10.3	1,000,000	1,207,000	140	70	70	14	1,010	34	90	4.0		40	30	300	199.0			8.0	0.5	3	3	3	30
10	10.1	1,204,000	1,011,000	136	70	66	14	2,000	30	130	4.3		67	30	672	199.0			11.0	0.5	4	4	3	46
11	10.0	972,000	1,200,000	132	77	62	16	1,000	34	100	3.3		30	30	300	199.0			11.1	0.4	3	4	4	37
12	10.0	1,104,000	1,207,000	134	72	72	16	1,000	20	100	4.4		30	30	300	199.0			10.3	0.5	3	4	3	30
13	10.0	1,101,000	1,200,000	66	0	0	7	1,000	30	90	3.0		33	33	300	199.0			8.3	0.4	3	3	3	30
14	21.0	1,300,000	1,100,000	140	60	60	16	2,310	10	120	3.0		73	30	670	200.1			14.0	0.3	1	6	3	60
15	10.0	1,107,000	1,200,000	226	97	60	20	1,000	20	80	4.3		34	23	674	199.0			10.0	0.5	2	6	3	60
16	10.4	910,000	1,100,000	200	72	41	21	1,000	20	70	3.0		23	16	300	200.0			8.0	0.6	4	3	3	60
17	23.2	1,200,000	1,200,000	0	0	0	0	2,130	20	100	3.4		60	30	300	200.0			10.0	0.3	3	7	3	30
18	10.0	1,100,000	1,217,000	171	92	92	20	1,000	40	110	3.6		34	30	300	200.0			11.0	0.4	6	6	3	41
19	10.0	1,205,000	1,214,000	100	60	60	14	2,040	34	90	4.1		44	23	674	200.0			8.0	0.6	3	6	3	60
20	10.0	1,100,000	1,200,000	207	90	60	22	1,000	20	110	3.1		67	30	300	200.3			11.0	0.3	6	6	3	30
21	20.6	1,200,000	1,000,000	141	60	47	22	2,230	20	100	2.2		72	40	300	199.0			10.1	0.3	2	7	4	34
22	21.0	1,207,000	1,240,000	104	60	60	19	2,110	44	100	3.1		67	30	674	210.1			9.0	0.3	4	8	3	60
23	10.0	900,000	1,240,000	101	60	43	20	1,070	77	90	4.2		30	30	300	200.0			10.0	0.6	3	6	3	31
24	23.0	1,400,000	1,200,000	130	75	60	13	2,010	10	120	3.7		30	30	674	210.2			10.0	0.5	1	5	3	60
25	10.2	900,000	1,207,000	100	60	60	19	1,740	34	100	4.1		30	30	300	200.0			12.1	0.6	3	6	6	60
26	10.0	1,200,000	1,200,000	134	70	65	13	2,110	44	100	4.1		60	23	672	210.1			13.0	0.4	6	8	3	67
27	10.0	1,100,000	1,100,000	104	72	72	14	2,000	34	130	4.6		30	30	300	210.0			13.1	0.6	8	8	3	30
28	23.0	1,000,000	1,001,000	119	71	60	24	2,720	34	100	6.6		60	40	674	210.1			10.3	0.6	8	9	3	66
29	19.0	1,122,000	1,100,000	100	72	60	20	1,000	40	120	3.1		34	30	300	200.0			10.0	0.6	6	6	3	61
30	10.4	922,000	1,213,000	110	60	60	16	1,010	23	130	4.3		70	30	600	210.0			10.0	0.8	3	10	6	60
TOTAL	308.0	35,160,000	35,700,000	4017.0	1966.0	1670.0	488.0	69,430	960	3400.0	117.4		1380.0	900.0	13000.0	6000.0			380.0	13.2	90.0	139.0	99.0	1301.0
MAX	23.0	1,400,000	1,247,000	226.0	97.0	72.0	31.0	2,730	77	130.0	6.6		67.0	40.0	674.0	210.3			13.0	0.8	8.0	10.1	6.0	66.4
MIN	10.0	900,000	1,111,000	0.0	0.0	0.0	0.0	1,000	10	70.0	3.1		23.0	16.0	300.0	198.1			8.0	0.3	1.0	0.4	0.3	30.2
AVG	17.0	1,170,200	1,200,120	100.0	66.0	55.0	16.0	1,301	32	110.0	3.9		46.3	30.0	450.3	200.0			11.7	0.5	3.0	4.7	3.0	44.9

DER FORM 17-1.900(9) EFFECTIVE NOVEMBER 30, 1988

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: September
TELEPHONE NUMBER: 813-368-1766

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COLOR UNITS	SETTLED pH	SETTLED P ALK. AS CACO3	SETTLED M ALK. AS CACO3	SETTLED TOTAL HDNS AS CACO3	SETTLED CA HDNS AS CACO3	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	10.1	22	52	120	106	8.4	0	40	130	120	2.0	0	0.2		
2	0	0	0	0	0	0	10.3	30	72	122	116	8.6	2	44	150	140	2.6	10	trace		
3	0	0	0	0	0	0	10.1	30	66	140	144	8.4	0	42	130	102	2.6	0	0		
4	0	0	0	0	0	0	10.1	30	78	136	122	8.3	0	40	130	130	2.0	0	0		
5	0	0	0	0	0	0	10.1	30	66	130	120	8.8	4	42	152	142	3	0	1.7		
6	0	0	0	0	0	0	9.9	30	66	142	140	8.4	0	44	152	144	2.7	10	0.6		
7	7.6	390	372	366	0	20	10.2	34	66	144	142	8.6	2	42	150	140	2.0	0	0.3		
8	0	0	0	0	0	0	10.2	30	66	144	142	8.5	0	38	150	150	2.8	0	0		
9	0	0	0	0	0	0	10.3	60	66	150	140	8.3	0	40	154	152	3.0	0	0		
10	0	0	0	0	0	0	10	34	66	122	114	8.3	0	40	136	124	2.6	0	0		
11	0	0	0	0	0	0	10.2	36	66	140	142	8.1	2	42	144	136	3	10	0		
12	0	0	0	0	0	0	10.1	40	66	130	130	8.7	4	38	150	146	2.8	10	0		
13	7.4	300	300	300	0	30	10	32	66	124	114	8.6	0	66	150	124	2.4	10	0.1		
14	0	0	0	0	0	0	10	34	64	136	130	8.4	0	42	148	140	2.6	11	0		
15	0	0	0	0	0	0	10.6	44	66	154	140	8.9	4	46	150	146	2.4	11	0.3		
16	0	0	0	0	0	0	10.1	30	66	128	126	8.8	2	46	148	140	2.4	11	0.3		
17	0	0	0	0	0	0	10.1	30	70	128	116	8.4	0	46	142	126	3	10	0		
18	0	0	0	0	0	0	10.1	32	66	124	110	8.3	0	38	148	134	2.7	11	0		
19	0	0	0	0	0	0	10	32	66	130	124	8.4	0	46	148	136	2.3	9	0.2		
20	7.2	304	300	352	0	27	10	30	70	142	130	8.4	0	44	148	130	2.9	10	0		
21	0	0	0	0	0	0	10.3	34	66	142	124	8.6	0	42	150	152	2.6	9	0		
22	0	0	0	0	0	0	10.2	36	70	154	132	8.3	0	44	172	156	2.9	9	0		
23	0	0	0	0	0	0	10.3	46	70	148	144	8.8	2	46	174	174	2.8	10	0		
24	0	0	0	0	0	0	10.2	32	66	146	130	8.5	2	46	170	148	3	10	0		
25	0	0	0	0	0	0	10.1	32	66	132	120	8.3	0	46	168	140	3.0	10	0		
26	0	0	0	0	0	0	10	36	66	126	126	8.7	4	44	164	164	2.3	0	0.4		
27	0	0	0	0	0	0	10	36	70	130	122	8.3	0	46	162	150	2.7	9	1.3		
28	0	0	0	0	0	0	10.4	36	66	134	134	8.6	2	44	144	126	2.0	0	0		
29	7.6	284	364	360	0	24	9.9	32	70	136	134	8.7	0	46	152	128	2.8	0	0		
30	0	0	0	0	0	0															
TOTAL	29.1	1184.0	1668.0	1438.0	32.0	199.0	303.8	1052.0	1998.0	4072.0	3898.0	253.8	66.0	1246.0	4678.0	4270.0	82.0	201.0	5.2		
MAX	7.6	300.0	372.0	366.0	8.0	30.0	10.4	60.0	78.0	154.0	148.0	8.9	6.0	50.0	174.0	174.0	3.3	12.0	1.7		
MIN	0.0	0.0	0.0	0.0	0.0	0.0	9.9	22.0	52.0	120.0	106.0	8.1	0.0	38.0	130.0	120.0	2.3	0.0	0.0		
AVG	7.4	291.0	347.0	359.0	8.0	27.3	10.1	35.1	66.6	135.7	129.7	8.5	1.3	41.5	152.6	142.3	2.8	9.7	0.2		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE Billy Abernathy

HOW MANY OTHER OPERATORS? 6

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES G. Jackson "B" 3714 — CERTIFICATION NO. R. Clark "C" 7285
H. York "C" 8258 — T. Crooks "B" 3502 — R. Loveland "C" 7281

DESIGN FLOW 2.5 MGD

TOTAL METERED SERVICES AT END OF MONTH 8253

October

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED	TOTAL WATER TREATED SERVING PLANT	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS			TOTAL WASH WATER IN GALLONS	CHEMICALS								DOSAGES (mg/l)							
				TOTAL	MAXIMUM	MINIMUM		LIME	C.A.	CHLORINE POST	OTHER POLYMER 25401R	OTHER ACID	OTHER POLYMER 1004 CDP	MIST	HEXOSE	LIME	CHLORINE PRE	CHLORINE POST	OTHER POLYMER 25401R	C.A.	POLYMER 1004 CDP	MIST	HEXOSE
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	23.7	1,472,000	1,193,000	120	60	60	10	2,870	48	120	44	400	71	30	400	225.0		10.1	0.4	48	0	3	41
2	19.6	940,000	1,233,000	333	93	40	13	1,300	28	80	41	324	67	33	326	223.1		11.4	0.8	27	0	3	41
3	18.8	1,378,000	1,210,000	109	73	38	28	2,330	28	110	43	403	64	28	403	224.0		11.6	0.4	34	5	3	41
4	18.8	1,183,000	1,270,000	217	91	55	33	3,320	38	100	44	404	81	35	404	225.1		10.1	0.2	28	5	3	41
5	23.3	1,300,000	1,183,000	90	48	48	14	2,440	34	100	38	444	58	40	444	225.1		14.0	0.3	32	0	3	41
6	24.0	1,333,000	1,240,000	183	93	39	20	2,590	48	120	37	463	83	38	463	226.0		10.0	0.3	41	0	4	41
7	18.7	1,044,000	1,223,000	120	81	83	13	1,980	24	130	40	352	58	31	323	225.1		14.0	0.3	28	0	4	41
8	19.2	1,137,000	1,123,000	144	96	66	13	2,005	48	100	33	370	58	33	318	226.0		10.0	0.4	47	0	3	41
9	15.1	1,013,000	1,210,000	70	0	0	5	1,001	24	90	38	343	53	33	343	225.0		11.0	0.4	48	0	3	41
10	17.0	1,305,000	1,220,000	202	69	69	18	2,615	48	90	53	373	49	33	373	225.0		7.0	0.3	47	0	3	41
11	15.3	1,233,000	1,210,000	126	83	83	18	2,315	48	80	53	417	40	28	417	225.1		11.0	0.3	32	0	3	41
12	16.1	1,309,000	1,220,000	102	81	66	20	2,555	19	130	37	443	47	33	443	224.0		11.0	0.3	32	0	3	41
13	17.3	1,145,000	1,190,000	183	78	36	21	2,190	19	80	33	387	39	28	387	225.1		8.4	0.3	30	0	3	41
14	16.5	954,000	1,133,000	118	66	51	19	1,790	48	90	33	323	39	23	323	225.0		11.2	0.4	44	0	3	41
15	21.1	1,393,000	1,200,000	133	82	30	18	2,665	39	140	36	421	54	33	421	226.1		12.1	0.5	55	5	3	41
16	13.8	903,000	1,190,000	126	74	55	15	1,905	28	70	31	337	33	18	337	224.7		8.4	0.4	35	0	3	41
17	19.3	1,107,000	1,205,000	87	0	0	8	2,320	19	130	43	400	62	33	400	225.0		12.0	0.6	19	5	3	41
18	16.2	1,272,000	1,223,000	212	83	83	24	2,305	24	80	48	430	73	33	430	224.0		8.0	0.4	32	0	3	41
19	18.1	1,312,000	1,213,000	113	87	66	26	2,480	28	130	37	444	78	33	444	224.0		11.0	0.3	19	0	3	41
20	19.5	1,394,000	1,230,000	151	94	85	15	2,410	39	140	34	420	66	35	420	223.1		13.1	0.3	55	0	3	41
21	13.1	838,000	1,217,000	165	55	55	15	1,605	28	80	33	388	62	28	388	223.0		11.4	0.5	36	5	3	38
22	19.2	1,064,000	1,150,000	136	65	55	15	2,055	39	120	43	370	58	33	370	223.2		13.2	0.3	22	0	3	41
23	15.4	1,105,000	1,271,000	118	80	48	16	2,240	48	100	44	404	63	28	404	224.0		10.0	0.4	48	0	3	41
24	17.2	1,322,000	1,263,000	108	64	64	16	2,400	28	100	36	442	51	28	442	224.0		9.1	0.3	36	0	3	41
25	13.0	1,225,000	1,241,000	118	83	66	19	2,230	44	120	40	400	61	24	400	218.3		11.7	0.3	32	5	3	41
26	20.5	1,377,000	1,230,000	133	66	66	14	2,565	48	140	34	444	70	28	444	225.1		12.1	0.3	41	0	3	38
27	20.9	1,388,000	1,232,000	177	89	54	21	2,265	34	120	33	444	61	35	444	225.0		11.0	0.3	34	0	3	44
28	14.5	913,000	1,221,000	109	54	54	13	1,825	24	100	33	325	48	28	323	225.1		12.0	0.4	30	0	3	38
29	23.0	1,321,000	1,203,000	103	71	36	23	2,490	38	140	38	481	66	28	481	225.1		12.7	0.3	19	0	3	44
30	16.3	1,009,000	1,209,000	118	58	58	14	2,000	28	130	41	387	33	38	387	224.0		10.1	0.4	30	0	4	38
31	16.3	1,106,000	1,101,000	107	74	38	33	2,250	38	130	45	400	66	38	400	224.0		13.0	0.4	30	0	4	44
TOTAL	530.1	36,002,000	36,101,000	4827.0	2003.0	1521.0	522.0	68,965	1,051	3410.0	1354.0	13,100.0	1853.0	920.0	13,080.0	6949.0		390.3	12.3	1,106.0	165	94	1,256
MAX	24.0	1,472,000	1,316,000	212.0	91.0	66.0	33.0	3,320	48	140.0	53	463.0	83.0	40.0	463.0	226.0		14.0	0.8	55	5	4	44
MIN	13.1	838,000	1,101,000	87.0	0.0	0.0	5.0	1,001	19	70.0	31	337.0	33.0	18.0	337.0	223.1		7.0	0.3	19	0	3	38
AVG	17.1	1,161,000	1,210,000	156.0	64.7	49.1	16.8	2,225	34	111.0	38	423.2	59.7	29.7	422.2	224.0		11.3	0.4	34	5	3	40

DER FORM 17-1.200(5) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: October
TELEPHONE NUMBER: 813-368-1768

COUNTY: Lee
I.D. NO. 5360172
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS																									
			HARDNESS				SETTLED AS CACO3					FINISHED													
DATE	pH	M O ALK	TOTAL	CALCIUM	MAGNESIUM	COLOR UNITS	PH	P ALK	M ALK	TOTAL HDNS	CA HDNS	pH	P ALK.	M ALK.	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	RAIN FALL						
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44				
1	0	0	0	0	0	0	10.5	46	70	130	100	8.4	0	42	134	120	3.3	0	0						
2	0	0	0	0	0	0	10.6	48	74	132	110	8.6	2	44	150	130	3.3	0	0						
3	0	0	0	0	0	0	10.1	50	78	140	120	8.7	0	46	148	140	2.9	0	0						
4	0	0	0	0	0	0	10.7	50	70	138	112	8.7	4	44	160	130	3	10	0						
5	0	0	0	0	0	0	10.7	48	70	130	112	8.5	2	46	152	140	3	0	0.4						
6	0	0	0	0	0	0	10.5	50	78	132	110	8.6	0	50	152	140	3.0	0	0.1						
7	7.6	284	352	336	16	20	10.1	36	76	136	132	8.7	6	50	150	152	3.3	0	0						
8	0	0	0	0	0	0	10.3	46	76	144	120	8.6	2	42	162	154	2.6	0	0						
9	0	0	0	0	0	0	9.9	36	70	130	128	8.5	2	44	164	164	2.6	0	21						
10	0	0	0	0	0	0	10.1	28	58	136	128	8.3	0	42	156	152	2.6	0	0						
11	0	0	0	0	0	0	10.1	30	66	140	128	8.3	0	40	152	148	2.1	0	0						
12	0	0	0	0	0	0	10	28	66	144	132	8.9	0	42	166	152	2.1	0	0						
13	0	0	0	0	0	0	10.3	38	60	140	100	8.7	2	46	166	166	2.6	0	0						
14	7.6	272	340	308	32	35	10.2	42	66	146	144	8.7	2	42	160	148	2.9	11	0.5						
15	0	0	0	0	0	0	10.1	34	62	140	128	8.1	0	38	156	150	3	0	1						
16	0	0	0	0	0	0	10.2	38	66	150	128	8.8	0	40	164	148	3.3	0	1.9						
17	0	0	0	0	0	0	10.3	40	76	140	126	8.9	0	44	166	156	3	0	0						
18	0	0	0	0	0	0	10.3	34	70	142	126	8.3	0	40	148	148	2.6	10	0						
19	0	0	0	0	0	0	10.1	32	66	138	132	8.7	4	50	166	140	3	0	0						
20	0	0	0	0	0	0	10.4	38	64	118	112	8.4	0	44	156	166	3.1	0	0						
21	7.4	276	344	332	12	33	10.2	46	70	128	128	8.7	4	34	166	143	3.4	0	0.4						
22	0	0	0	0	0	0	10.1	42	70	124	122	8.7	4	38	166	166	2.6	0	0.5						
23	0	0	0	0	0	0	10.1	40	78	126	122	8.8	2	42	168	164	2.6	0	0.1						
24	0	0	0	0	0	0	10	30	68	138	132	8.1	0	46	166	164	2.6	10	0						
25	0	0	0	0	0	0	10.2	46	70	126	122	8.5	2	44	154	162	2.7	0	0						
26	7	284	328	320	8	30	9.9	34	62	110	100	8.4	0	32	156	120	2.6	0	0						
27	0	0	0	0	0	0	10	32	68	124	120	8.3	0	46	164	138	3.1	0	0.2						
28	0	0	0	0	0	0	10.2	40	82	124	116	8.3	0	46	156	146	2.6	0	0						
29	0	0	0	0	0	0	10.1	36	80	150	148	8.7	0	30	158	128	3.3	0	0						
30	0	0	0	0	0	0	10.1	28	36	140	128	8.7	4	46	160	124	3.3	0	0.3						
31	0	0	0	0	0	0	10	30	62	144	128	8.8	0	28	168	156	2.6	0	0.4						
TOTAL	29.8	1110.0	1368.0	1332.0	88.0	123.0	316.1	1200.0	2062.0	4300.0	3834.0	264.1	72.0	1284.0	4962.0	4474.0	91.1	270.0	5.4						
MAX	7.6	284.0	364.0	344.0	32.0	35.0	10.7	54.0	78.0	156.0	148.0	8.9	6.0	50.0	168.0	166.0	3.4	11.0	2.6						
MIN	0.0	0.0	0.0	0.0	0.0	0.0	9.9	28.0	36.0	110.0	100.0	8.1	0.0	28.0	148.0	120.0	2.1	0.0	0.0						
AVG	7.4	278.0	342.0	333.0	14.0	31.3	10.2	38.7	66.5	135.9	123.7	8.5	3.3	40.5	154.8	144.3	2.9	8.9	0.2						

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

LEAD OPERATOR SIGNATURE: Billy Abernathy "A" 3766
(HOW MANY OTHER OPERATORS:) 3
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: M York "C" 6356 · G Jackson "B" 3510 · T Ellenbek "B" 3502

CERTIFICATION NO: R Copeland "C" 2201 · R Chick "C" 7205

DESIGN FLOW: 2.5 MGD

TOTAL METERED SERVICES AT END OF MONTH: 9338

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	TIME	C·t	CHLORINE POST	OTHER: POLYMER 3540TR	ACID	POLYMER 100K COP	NH3	H2SO4	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2540TR	C·t	POLYMER 100K COP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	13.0	1,100,000	1,307,000	126	70	56	19	2,150	33	110	40	450	60	24	430	210.0		83.0		84	33		
2	22.3	1,547,000	1,300,000	120	72	48	14	2,270	42	100	51	501	80	31	501	210.1		82.0		84	40	4	3	45
3	21.0	1,272,000	1,317,000	118	70	54	21	2,280	39	122	42	477	81	29	477	214.0		82.0		84	34	4	3	45
4	18.4	1,151,000	1,433,000	120	70	50	17	2,005	40	115	38	433	67	23	433	215.1		82.0		84	33	4	3	45
5	24.0	1,591,000	1,324,000	130	70	60	14	2,100	33	130	51	503	81	31	503	215.0		82.1		84	33	4	3	45
6	18.2	991,000	1,331,000	140	64	62	13	2,273	38	100	33	372	53	20	372	214.0		82.1		84	33	4	3	45
7	16.0	1,200,000	1,350,000	138	70	70	16	2,150	39	120	40	450	64	24	450	214.0		82.1		84	33	4	3	45
8	16.0	1,100,000	1,345,000	105	53	52	21	2,150	33	120	39	440	63	24	440	214.0		82.1		84	33	4	3	45
9	23.5	1,731,000	1,340,000	137	69	68	22	2,100	44	123	37	850	54	33	850	214.1		82.1		84	33	4	3	45
10	20.0	1,100,000	1,324,000	200	96	94	23	2,215	40	120	39	900	56	24	900	215.0		82.0		84	33	4	3	45
11	18.4	1,100,000	1,470,000	180	92	88	15	1,937	39	111	37	415	64	23	415	210.0		82.0		84	40	4	3	45
12	23.1	1,600,000	1,333,000	126	62	64	24	2,012	33	120	36	460	65	24	460	210.0		82.0		84	33	4	3	45
13	18.2	1,150,000	1,299,000	126	67	62	13	1,970	39	110	37	423	60	23	423	210.0		82.0		84	33	4	3	45
14	18.0	1,193,000	1,300,000	134	78	56	16	1,923	44	110	39	446	60	24	446	210.0		82.1		84	33	4	3	45
15	16.0	1,150,000	1,400,000	144	72	72	15	2,032	39	110	38	439	60	23	439	210.0		82.0		84	33	4	3	45
16	23.0	1,050,000	1,300,000	146	71	75	23	2,205	42	100	39	822	60	23	822	210.0		82.0		84	33	4	3	45
17	18.0	1,093,000	1,390,000	128	72	56	15	2,420	39	100	40	857	60	23	857	210.0		82.0		84	33	4	3	45
18	18.4	1,070,000	1,300,000	160	91	73	18	1,800	39	117	38	816	63	23	816	210.0		82.0		84	33	4	3	45
19	18.4	1,444,000	1,303,000	218	78	60	20	2,405	42	127	40	854	60	23	854	210.0		82.0		84	33	4	3	45
20	15.0	1,104,000	1,472,000	100	78	22	20	1,930	41	120	38	806	60	23	806	210.0		82.0		84	33	4	3	45
21	18.4	1,325,000	1,373,000	100	52	52	20	1,900	41	121	41	490	61	27	490	210.0		82.0		84	33	4	3	45
22	18.0	1,190,000	1,310,000	104	52	52	15	1,925	41	120	41	470	58	26	470	205.0		82.0		84	33	4	3	47
23	22.0	1,500,000	1,300,000	110	68	68	18	2,245	44	103	38	881	70	31	881	195.2		82.0		84	33	4	3	48
24	24.0	1,370,000	1,350,000	107	71	53	22	2,245	39	150	47	941	70	30	941	203.0		82.0		84	33	4	3	47
25	14.0	990,000	1,307,000	126	63	63	14	1,820	39	100	34	390	49	22	390	205.0		82.0		84	33	4	3	47
26	23.1	1,600,000	1,310,000	154	83	71	23	2,015	42	124	53	831	67	33	831	210.0		82.0		84	33	4	3	47
27	18.0	1,050,000	1,320,000	152	82	70	15	1,720	37	115	36	415	64	23	415	210.0		82.0		84	33	4	3	47
28	18.4	1,130,000	1,307,000	138	70	68	19	1,985	39	120	40	434	60	23	434	210.0		82.0		84	33	4	3	47
29	18.0	1,130,000	1,333,000	138	69	69	18	1,940	38	115	39	424	62	23	424	205.3		82.0		84	33	4	3	47
30	23.0	1,442,000	1,323,000	100	71	46	30	2,000	41	103	39	810	60	23	810	210.3		83.0		84	30	4	3	49
TOTAL	569.4	30,210,000	46,031,000	4500.0	2210.0	1709.0	501.0	60.861	1,078	4052.0	1313	14932.0	1909.0	813.0	14931.0	6127.1								
MAX	24.0	1,731,000	1,939,000	212.0	96.0	94.0	30.0	2,100	62	1830	59	881.0	70.0	37.0	881.0	215.3		371.0	13.0	90.6	144	28	1301	
MIN	14.0	991,000	1,299,000	104.0	52.0	46.0	13.0	1,820	33	100.0	33	372.0	53.0	20.0	372.0	195.0		82.0		84	33	0	3	45
AVG	18.8	1,307,000	1,356,247	150.0	73.7	59.0	16.7	2,029	36	135.1	44	497.7	63.6	27.1	497.6	209.2		82.4		84	33	4.8	3.5	45.7

DER FORM 17-1.209(8) EFFECTIVE NOVEMBER 30, 1982

309

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: November
COUNTY: Lee
I.D. NO. 6360172
YEAR: 1993
TELEPHONE NUMBER: 813 368 1766

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COLOR UNITS	SETTLED pH	SETTLED P ALK AS CACO3	SETTLED M ALK AS CACO3	SETTLED TOTAL HDNS AS CACO3	SETTLED CA HDNS AS CACO3	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	RAIN FALL	43	44
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42		
1							10	30	54	120	96	8.6	4	60	164	140	2.7	10			
2							10.3	30	64	130	104	9	8	44	176	140	3	9			
3							10.2	34	60	136	122	8.6	2	60	150	140	3.4	9			
4							10.1	28	56	122	116	8.5	2	42	154	140	3.9	10			
5	7.4	260	336	328	8	24	10.3	34	66	128	110	8.4		42	152	152	2.1	6			
6							10.3	30	68	128	108	8.4	2	44	160	134	3.3	8	0.3		
7							10	28	56	126	114	8.4		40	158	140	3.3	9			
8							10.1	36	66	122	122	8.5	2	42	154	138	3.5	8			
9							10.3	34	66	128	122	8.3		40	154	140	2.7	9	1.2		
10							10.2	40	70	126	104	8.3		42	160	120	3	9			
11							10.2	42	78	122	106	8.6	2	40	160	142	3.5	14			
12	7.5	260	344	336	8	28	10.2	42	78	142	120	8.3		40	154	138	2.5	12			
13							10.2	42	76	138	112	8.7	2	40	152	136	2.6	10			
14							10.2	40	72	128	118	8.3		36	152	132	3.6	11			
15							10.4	44	72	142	126	8.6	2	42	158	154	3.8	9			
16							10.4	46	70	152	112	8.8	2	40	164	142	3	9			
17							10.1	38	74	130	126	8.7	2	42	160	140	3.2	8			
18							10.2	38	66	124	108	8.6	6	44	158	140	3	9			
19							10.1	30	60	120	106	8.5		42	150	140	3.2	9			
20							10.1	32	68	130	124	8.5	2	42	156	140	2.9	9			
21							10.1	32	64	132	120	8.3		40	160	140	2.9	10	0.1		
22	7.3	280	348	308	32	27	10.2	40	70	134	106	8.3		40	152	120	2.6	11	0.1		
23							10.2	38	70	136	120	8.6	6	52	160	134	3.3	10	0.1		
24							10.1	32	60	136	120	8.6	2	44	164	140	3.2	10			
25							10.2	42	76	142	120	8.5	2	42	154	138	3	10			
26							10.2	44	78	146	142	8.6	4	44	158	140	3.1	10			
27							10.2	38	68	132	124	8.6	2	42	160	140	3.3	10			
28							10.1	36	64	130	120	8.3		40	156	130	3	9			
29	7.4	280	348	328	20	23	10.2	40	68	130	126	8.6	4	50	158	142	3.3	8			
30							10.2	38	70	130	132	8.5	2	48	152	144	3.7	6			
TOTAL	29.6	1100.0	1368.0	1300.0	68.0	184.0	305.0	1084.0	2024.0	3962.0	3550.0	255.3	62.0	1266.0	4720.0	4198.0	92.4	270.0	1.8		
MAX	7.5	280.0	348.0	336.0	32.0	28.0	10.4	46.0	78.0	152.0	142.0	9.0	8.0	52.0	176.0	154.0	3.8	14.0	1.2		
MIN							10.0	28.0	54.0	120.0	96.0	8.2		36.0	150.0	120.0	2.5	4.0			
AVG	7.4	277.0	342.0	325.0	17.0	26.0	10.2	36.5	67.5	132.1	118.3	8.5	2.1	42.2	157.3	139.9	3.1	9.0	0.1		

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

December

LEAD OPERATOR SIGNATURE Billy Abernathy "A" 2706
HOW MANY OTHER OPERATORS? 5
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES O. Jackson "B" 3710 CERTIFICATION NO. B. Clark "C" 1265
H. York "C" 4950 T. Elsbth "B" 3503 R. Lovelond "C" 2201

DESIGN FLOW 2.1 MGD

TOTAL METERED SERVICES AT END OF MONTH 8765

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	C-4	CHLORINE POST	OTHER: POLYMER 2340TR		POLYMER 186K CDP	NH3	H2SO4	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: POLYMER 2340TR	C-4	POLYMER 186K CDP	NH3	H2SO4
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	23.0	1,500,000	1,400,000	127	31	96	18	2,780	40	160	40		74	32	385	210.3		10.1	0.4	20	0	2	45
2	19.1	893,000	1,300,000	141	19	62	15	1,740	25	98	30		47	20	273	210.1		12.0	0.4	20	0	2	45
3	22.0	1,331,000	1,300,000	136	37	61	17	2,303	33	131	40		62	20	194	200.0		12.0	0.4	20	0	2	45
4	23.0	1,500,000	1,451,000	229	84	60	20	2,780	40	156	53		74	32	385	200.0		11.0	0.4	20	0	2	45
5	17.0	791,000	1,307,000	145	84	61	10	1,380	20	78	26		37	16	205	210.3		12.0	0.4	20	0	2	45
6	18.0	1,131,000	1,329,000	142	78	64	13	1,890	28	109	37		53	21	424	200.0		11.0	0.4	20	0	2	45
7	23.0	1,450,000	1,365,000	184	90	57	24	2,885	34	165	54		77	33	575	199.1		12.0	0.4	20	0	2	45
8	22.0	1,400,000	1,309,000	193	90	56	20	2,430	33	140	46		70	30	000	199.0		12.0	0.4	20	0	2	45
9	11.0	1,516,000	1,264,000	43	0	0	0	1,611	29	111	38		53	23	455	199.9		12.0	0.4	20	0	2	45
10	20.0	1,070,000	1,401,000	221	73	31	32	2,723	36	166	55		79	34	000	199.0		12.0	0.4	20	0	2	45
11	13.2	1,110,000	1,355,000	59	0	0	0	1,963	28	113	37		54	23	000	199.1		12.0	0.4	27	0	2	45
12	15.0	1,000,000	1,287,000	160	97	31	16	1,770	25	107	35		51	22	440	199.1		12.0	0.4	20	0	2	45
13	19.0	1,155,000	1,337,000	203	99	36	23	1,000	24	113	43		57	23	502	199.2		11.0	0.4	25	0	2	45
14	22.1	1,410,000	1,331,000	142	71	71	18	2,030	34	160	50		81	20	600	199.9		10.4	0.3	25	0	2	45
15	18.2	1,107,000	1,287,000	131	70	36	24	1,993	26	140	46		58	20	987	199.7		14.4	0.5	25	0	2	45
16	18.1	1,310,000	1,352,000	169	55	30	31	2,130	27	120	51		85	24	324	199.0		11.0	0.5	20	0	2	45
17	17.0	1,272,000	1,351,000	130	73	37	17	2,020	22	127	50		63	23	500	199.1		12.0	0.3	25	0	2	45
18	18.3	1,411,000	1,419,000	184	52	32	13	2,305	29	161	47		71	28	587	199.0		11.0	0.4	25	0	2	45
19	13.6	877,000	1,310,000	127	73	33	17	1,503	20	98	41		49	20	201	199.5		12.0	0.5	23	0	2	45
20	18.0	1,300,000	1,300,000	186	88	30	21	2,210	26	138	60		80	27	344	199.8		12.0	0.6	23	0	2	45
21	24.0	1,730,000	1,491,000	129	88	31	19	2,815	31	173	93		86	35	602	199.1		11.0	0.4	23	0	2	45
22	21.5	1,120,000	1,383,000	174	75	43	23	1,839	27	112	37		56	23	451	199.1		11.0	0.4	23	0	2	45
23	23.0	1,251,000	1,347,000	205	77	69	25	2,040	31	128	43		62	23	502	199.1		12.6	0.4	25	0	2	45
24	21.0	1,370,000	1,399,000	114	68	45	17	2,240	36	130	46		68	26	551	199.0		12.0	0.3	23	0	2	45
25	17.2	1,143,000	1,241,000	196	90	68	18	1,860	22	114	41		52	23	450	199.8		11.0	0.5	23	0	2	45
26	15.0	1,152,000	1,370,000	201	81	82	26	1,875	22	115	48		51	23	464	199.2		12.0	0.5	23	0	2	45
27	15.1	1,107,000	1,370,000	131	77	54	13	1,855	22	114	43		57	23	437	199.0		12.0	0.5	23	0	2	45
28	23.1	1,711,000	1,400,000	119	70	49	18	2,700	32	121	57		85	35	004	199.0		12.0	0.4	23	0	2	45
29	19.0	1,371,000	1,401,000	182	72	55	20	2,230	26	137	45		88	29	548	199.0		12.0	0.4	23	0	2	45
30	19.5	1,320,000	1,400,000	136	73	59	22	1,920	21	112	32		56	23	490	199.6		12.0	0.4	23	0	2	45
31	20.0	1,401,000	1,444,000	134	73	59	22	2,425	28	140	50		74	30	598	199.0		12.0	0.4	23	0	2	45
TOTAL	598.7	40,461,000	42,403,000	4030.0	2100.0	1803.0	618.0	68,721	901	4023.0	1350		1907.0	810.0	19000.0	6134.5		370.4	12.0	703	101	73	1419
MAX	23.0	1,730,000	1,491,000	229.0	97.0	71.0	33.0	2,815	40	173.0	93		88.0	35.0	000.0	210.3		14.4	0.6	30	0	3	49
MIN	11.0	707,000	1,241,000	59.0	0.0	0.0	0.0	1,380	20	78.0	26		37.0	16.0	205.0	199.0		10.1	0.3	20	0	2	45
AVG	19.9	1,305,194	1,370,419	149.8	70.5	51.7	19.9	2,152	29	130.0	44		61.5	26.1	516.3	197.8		11.9	0.4	23	3.3	2	46

OER FORM 17-1.209(6) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Lehigh
UTILITY COMPANY: Southern States Utilities
MONTH: December
TELEPHONE NUMBER: 813-368-1768

COUNTY: Lee
I.D. NO: 5360172
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW						SETTLED					FINISHED									
	pH	M.O. ALK	HARDNESS TOTAL	HARDNESS CALCIUM	HARDNESS MAGNESIUM	COLOR UNITS	pH	AS CACO3 P ALK	AS CACO3 M ALK	AS CACO3 TOTAL HDNS	AS CACO3 CA HDNS	pH	P ALK.	M ALK.	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	RAIN FALL		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
1	0	0	0	0	0	0	9.9	28	88	112	100	8.5	2	40	140	124	3.6	6	0		
2	0	0	0	0	0	0	10.1	38	82	118	110	8.6	2	42	152	152	3.1	4	0		
3	0	0	0	0	0	0	10.0	46	72	108	136	8.1	0	50	168	140	2.8	11	0		
4	0	0	0	0	0	0	10.1	38	88	130	124	8.5	2	50	180	162	3.0	10	0		
5	0	0	0	0	0	0	10.1	36	78	130	128	8.4	0	48	156	148	2.8	7	0		
6	7.3	280	372	356	16	26	10	30	60	146	142	8.3	2	56	162	162	3.4	2	0		
7	0	0	0	0	0	0	10.2	40	64	150	132	8.6	2	48	152	152	3.1	2	0		
8	0	0	0	0	0	0	10.2	40	70	146	128	8.4	0	48	158	156	2.9	4	0		
9	0	0	0	0	0	0	0	0	0	0	0	8.5	2	48	162	146	3.4	4	0		
10	0	0	0	0	0	0	10.2	36	76	146	128	8.6	2	54	176	176	3.3	3	0.2		
11	0	0	0	0	0	0	10.1	38	62	138	120	8.3	0	48	168	158	3.3	6	0		
12	0	0	0	0	0	0	10.1	28	60	130	118	8.4	0	46	164	144	3.3	4	0		
13	7.3	280	356	344	12	28	10	30	60	144	140	8.6	2	48	174	170	3	4	0		
14	0	0	0	0	0	0	10	28	60	144	116	8.3	0	42	172	144	3.3	6	0.2		
15	0	0	0	0	0	0	10.2	44	78	136	130	8.5	2	50	164	156	3.2	3	0		
16	0	0	0	0	0	0	10.1	36	66	120	110	8.6	2	42	156	150	3	0	0		
17	0	0	0	0	0	0	10.1	42	72	134	112	8.3	0	48	158	152	3	9	0		
18	0	0	0	0	0	0	10.2	36	66	140	120	8.6	4	44	160	138	3	7	0		
19	0	0	0	0	0	0	10.1	40	70	136	116	8.4	0	48	160	140	3	6	0		
20	7.3	280	332	324	8	32	10.1	44	76	130	124	8.5	2	42	160	150	2.8	8	0.1		
21	0	0	0	0	0	0	10.1	30	60	124	104	8.4	2	42	144	136	3.3	9	0		
22	0	0	0	0	0	0	10.2	36	64	128	112	8.6	4	48	148	140	3.2	9	0		
23	0	0	0	0	0	0	9.9	32	64	144	120	8.5	0	42	160	160	2.9	12	0.4		
24	0	0	0	0	0	0	10.1	34	60	134	112	8.3	0	48	170	170	3.4	11	0.78		
25	0	0	0	0	0	0	10.1	34	70	152	130	8.6	6	48	170	146	2.8	10	0		
26	0	0	0	0	0	0	10.2	36	66	146	128	8.8	16	46	166	146	3.0	10	0		
27	7.3	284	360	352	8	51	10.2	34	66	146	132	8.4	0	42	160	160	2.7	14	0		
28	0	0	0	0	0	0	10.1	32	60	148	116	8.5	2	48	168	166	2.7	7	0		
29	0	0	0	0	0	0	10.2	36	66	128	122	8.5	2	48	160	150	2.9	12	0		
30	0	0	0	0	0	0	10.2	34	66	132	126	8.6	4	50	158	158	2.9	11	0		
31	0	0	0	0	0	0	10.2	36	66	140	124	8.8	2	46	160	150	2.7	11	0		
TOTAL	29.2	1124.0	1420.0	1378.0	64.0	137.0	303.9	1068.0	1982.0	4116.0	3872.0	263.1	64.0	1418.0	5058.0	4722.0	96.6	233.0	1.7		
MAX	7.3	284.0	372.0	356.0	16.0	51.0	10.2	46.0	78.0	152.0	142.0	8.8	16.0	56.0	180.0	176.0	3.4	14.0	0.8		
MIN	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.1	0.0	40.0	140.0	126.0	2.7	2.0	0.0		
AVG.	7.3	281.0	355.0	344.0	11.0	34.3	9.9	34.4	63.9	132.8	118.5	8.5	2.1	45.7	163.1	152.3	3.1	7.5	0.1		

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-834-5584 Reporting Month January 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 392 No of People at End of Month 1372.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk C-6033 / George West C-7246

I certify this report is correct Lowell T Polk B 6033

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

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	13,000	13				196.6			12.9	28.0	2	
Average	419	0.4		36.5		7.6			0.5	1.1		
Maximum	4,000	4				7.8			0.8	1.3		
Minimum	0	0				7.5			0.3	0.9		
1	0											
2	1,000	3				7.8			0.3	0.9		Ran well
3	0					7.7			0.3	1.0		
4	0					7.6				1.0	2	Compliance samples
5	0	1				7.6			0.5	1.1		
6	1,000	4				7.6			0.5	1.0		ran well
7	1,000					7.5			0.5	1.0		ran well
8												
9	0					7.6			0.5	1.0		
10	0					7.6			0.6	1.3		
11	0					7.6			0.5	1.1		
12	0					7.6			0.5	1.0		
13	1,000					7.5			0.5	1.2		ran well
14	0					7.5			0.5	1.2		
15												
16	0					7.5			0.5	1.0		
17	0					7.5			0.5	1.0		
18	0					7.5			0.5	1.0		
19	3,000	1				7.5			0.5	1.0		flushed
20	4,000	2				7.5			0.8	1.0		flushed
21	0					7.5			0.7	1.0		
22												
23	1,000	1				7.5			0.5	1.3		ran well
24	0	1				7.6			0.5	1.3		
25	0					7.6			0.5	1.3		
26	0					7.6			0.5	1.2		
27	0					7.6			0.5	1.1		
28	0					7.5			0.5	1.0		
29												
30	1,000					7.5			0.6	1.0		ran well
31	0					7.5			0.6	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month January 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 392 No of People at End of Month 1372.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
George West C-7246 / Lowell Polk B-6033 WB
I certify this report is correct Lowell T Polk B 6033
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	3,861,000	152		120.2		183			32.3	26.7	2	
Average	124,548	5		3.9		7.3			1.3	1.1		
Maximum	202,700	9		7.9		7.4			2.0	1.3		
Minimum	80,400	3		3.1		7.1			0.9	0.9		
1												
2	278,500	10		4.3		7.3			0.9	0.9		
3	130,800	5		4.6		7.3			1.2	1.0		
4	109,000	5		5.5		7.4			1.2	1.0	2	Compliance samples
5	146,900	6		4.9		7.3			1.2	1.1		
6	101,400	4		4.7		7.4			1.0	1.0		
7	154,600	6		4.7		7.3			1.2	1.0		
8												
9	225,800	9		4.8		7.3			0.9	1.0		
10	115,000	4		4.2		7.2			1.3	1.3		
11	111,000	5		5.4		7.2			1.3	1.3		
12	106,000	6		6.8		7.3			1.1	1.0		
13	202,700	6		3.5		7.3			1.1	1.0		
14	114,700	3		3.1		7.3			1.5	1.2		
15												
16	231,600	11		5.7		7.4			1.3	1.0		
17	126,300	4		3.8		7.2			1.5	1.0		
18	129,300	5		4.6		7.3			1.4	1.0		Flushed
19	116,400	5		5.2		7.4			1.3	1.0		Flushed
20	80,400	4		6.0		7.4			1.4	1.0		
21	95,300	5		6.3		7.3			1.5	1.0		
22												
23	300,700	11		4.4		7.1			1.5	1.3		
24												
25	238,800	9		4.5		7.2			2.0	1.3		
26	140,600	6		5.1		7.3			1.1	1.2		
27	120,400	5		5.0		7.2			1.5	1.1		
28	82,000	3		4.4		7.3			1.3	1.0		
29												
30	258,900	10		4.6		7.4			1.1	1.0		
31	143,900	5		4.2		7.4			1.5	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Lelani Heights #1 Location: City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month February 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 392 No of People at End of Month 1372.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk # B-6033 / George West C-7246

I certify this report is correct Lowell T. Polk B-6033

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

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	23,000	8				172.4			31.7	12.3	3	
Average:	821	0.3		27.8		7.5			1.4	0.5		
Maximum:	10,000	5				7.6			7.0	1.1		
Minimum:	200	<1				7.4			0.5	0.3		
1						7.5			1.1	0.4		
2						7.6			7.0	0.4		
3						7.5			1.0	0.3		
4						7.5			1.0	0.3		
5												
6	1,000	<1				7.5			1.0	0.5		
7						7.5			1.0	0.5		
8						7.5			1.0	0.5	2	Compliance
9	10,000					7.5			1.1	1.1		
10	1,000	5				7.5			1.0	1.0	1	Resample
11						7.5			1.0	0.5		
12												
13	1,000					7.4			1.2	0.5		
14						7.4			1.2	0.5		
15						7.5			1.5	0.4		
16	2,000	1										
17	2,000	1				7.5			1.2	0.5		
18						7.5			1.5	0.5		
19												
20						7.5			1.5	0.3		
21	1,000					7.5			0.5	0.3		
22	2,000	1				7.5			1.5	0.9		
23						7.5			1.2	0.8		
24						7.5			1.1	0.6		
25						7.5			1.0	0.5		
26												
27						7.5			1.1	0.5		Ran well
28	3,000					7.5			1.0	0.5		
29												
30												
31												

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.

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Lelani Heights #2 Location:City or SID Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month February 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 392 No of People at End of Month 1372.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

George West C-7246 / Lowell Polk B-6033

I certify this report is correct Lowell T Polk B-1033

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

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	3,274,600	133		117.9		174			36.2	28.4	2	
Average:	116,950	5		4.2		7.3			1.5	1.2		
Maximum:	152,900	7		5.6		7.4			2.5	1.7		
Minimum:	71,600	<1		4.3		7.0			1.0	1.0		
1	71,600	3		5.0		7.4			1.5	1.0		
2	108,900	4		4.4		7.4			1.4	1.0		
3	92,000	4		5.2		7.4			1.3	1.0		
4	92,100	4		5.2		7.4			1.1	1.0		
5												
6	249,500	9		4.3		7.3			1.1	1.0		
7	126,700	5		4.7		7.2			2.4	1.0		
8	109,700	5		5.5		7.3			1.5	1.0	2	Compliance
9	152,900	7		5.5		7.3			1.5	1.1		Flushed Hydrants
10	119,700	5		5.0		7.2			1.4	1.0		
11	85,200	4		5.6		7.2			2.5	1.2		
12												
13	268,700	13		5.4		7.1			1.7	1.2		
14	133,000	6		5.4		7.3			1.6	1.2		
15	99,500	5		6.0		7.2			2.3	1.5		
16	120,500	5		5.0		7.1			2.0	1.5		
17	133,700	6		5.4		7.0			1.3	1.2		
18	90,200	4		5.3		7.3			1.5	1.5		
19												
20	222,500	9		4.9		7.1			1.2	1.5		
21	122,900	5		4.9		7.2			1.7	1.7		
22	131,500	6		5.5		7.3			1.0	1.5		
23	108,300	5		5.5		7.2			1.3	1.2		
24	130,100	5		4.6		7.3			1.2	1.0		
25	128,200	5		4.7		7.3			1.2	1.0		
26												
27	221,600	9		4.9		7.3			1.5	1.1		
28	135,600	<1				7.4			1.0	1.0		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month March 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 391 No of People at End of Month 1368.5

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033 / George West C-7246

I certify this report is correct Lowell T Polk B-6033

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

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	1,048,000	17		151.2		137.5			12.4	18.8	1	Plant off line after 25th for new Hydro tank installation
Average:	33,806	0.5		4.9		7.6			0.7	1.0		
Maximum:	194,000	1				8.0			2.0	1.4		
Minimum	1,000					7.5			0.5	0.5		
1	0					7.5			0.5	1.0		
2	2,000	1		60.0		7.5			0.5	1.1		
3	2,000	1		60.0		7.5			0.6	1.2		
4	0					7.5			0.5	1.4		
5	0											
6	0					7.6			0.5	1.0		
7	1,000					7.5			0.5	1.3		
8	2,000					7.6			0.5	1.0		
9	3,000					7.6			0.5	1.0		
10	0					7.6			0.5	1.0		
11						7.6			0.5	1.0		
12												
13	142,000					7.7			2.0	1.3		
14	194,000					8.0			0.5	1.3		
15	161,000	2		1.5		7.9			0.8	1.0		
16	180,000	3		2.0		7.7			1.2	1.0		
17	161,000	3		2.2		7.7			0.8	0.5		
18	151,000	3		2.4		7.6			1.0	0.7		
19												
20	28,000	1		4.3		7.7			0.5	1.0		
21	19,000	3		18.9		7.7			0.5	1.0		
22	0											
23	0											
24	0											
25	2,000										1	Pulled Bact
26	0											
27	0											
28	0											
29	0											
30	0											
31												

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.

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month March 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 391 No of People at End of Month 1388.5
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct Lowell L Polk (Lead Operator's Signature) B-6033 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	3,407,600	130		106.9		190			30.0	26.6	4	
Average:	109,923	4		3.4		7.3			1.2	1.0		
Maximum:	248,200	14		5.7		7.4			1.5	1.5		
Minimum:	78,200	4		2.4		7.2			0.5	0.5		
1	107,900	3		3.3		7.4			1.0	0.8		
2	110,100	4		4.4		7.3			1.2	1.0		
3	104,700	5		5.7		7.2			1.5	1.2		
4	115,800	5		5.2		7.2			1.4	1.2		
5												
6	268,100	10		4.5								
7	119,700	4		4.0		7.2			1.5	1.2		
8	152,900	5		3.9		7.2			1.0	1.0		
9	142,300	6		5.1		7.3			1.1	1.0		
10	115,200	4		4.2		7.2			1.5	1.0		
11	135,800	5		4.4		7.2			1.4	1.5		
12												
13	157,900	6		4.6		7.3			1.2	1.0		
14	0					7.3			1.0	0.5		
15	0					7.3			1.0	1.0		
16	0					7.3			1.0	1.0		
17	0					7.3			0.8	1.0		
18	0					7.4			0.5	1.0		
19												
20	372,100	14		4.5		7.3			1.0	1.0		
21	154,600	6		4.7		7.4			1.5	1.0		
22	248,200	5		2.4		7.4			1.0	1.0		
23	78,200	6		9.2		7.3			1.3	1.1		
24	78,400	6		9.2		7.3			1.0	1.0		
25	124,800	5		4.8		7.3			1.3	1.5	4	Compliance
26	145,600	6		4.9		7.3			1.3	1.0		
27												
28	305,300	11		4.3		7.3			1.5	1.0		
29	127,300	5		4.7		7.4			1.0	0.8		
30	127,700	4		3.8		7.4			1.0	0.8		Pulled VOC's
31	115,000	5		5.2		7.4			1.0	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.

DER Form 17.555§10(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month April 1994

Plant Effluent pH (Avg) _____ No of Services at End of Month 391 No of People at End of Month 1368.5

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033

I certify this report is correct Lowell L Polk B-6033

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

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	11,000										5	* Plant did not run due to new
Average:	367											Hydro tank installati
Maximum:	11,000											
Minimum:	11,000											
1	O											
2	O											
3	O											
4	O											
5	11,000											Fill tnk/fittings
6	O										1	bac-t
7	O										1	bac-t
8	O											
9	O											
10	O											
11	O											
12	O											
13	O											
14	O											
15	O											
16	O											
17	O											
18	O											
19	O											
20	O											
21	O											Worked on tank
22	O											Emptied tank add
23	O											Cl2 booster gauges
24	O											& switch
25	O											
26	O											
27	O											
28	O										3	Compliance -
29	O											Electrician hooked
30	O											up switches & Cl2
31												booster pump

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-8584 Reporting Month April 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 391 No of People at End of Month 1368.5

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033/G. West C-7246

I certify this report is correct Lowell T Polk (Lead Operator's Signature) B-6033 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	4,248,500	156		116.9		190			27.6	25.1	1	
Average:	141,617	5		3.9		7.3			1.1	1.0		
Maximum:	169,300	7		5.3		7.4			1.9	1.5		
Minimum:	95,000	3		1.6		7.2			0.8	0.7		
1	113,100	5		5.3		7.3			0.9	1.0		
2	172,500	7		4.9		7.3			0.9	0.8		
3												
4	313,500	11		4.2		7.2			1.0	0.8		
5	122,000	3		2.9		7.3			1.0	0.8		Change Cl2 cyl
6	174,900	7		4.8		7.3			0.9	1.0		
7	138,900	5		4.3		7.3			1.1	1.1		
8	137,900	5		4.3		7.3			1.2	1.1		
9	177,300	7		4.7		7.3			1.1	0.9		
10												
11	337,000	9		3.2		7.3			1.0	0.9		
12	176,900	7		4.7		7.3			1.0	1.0		
13	161,500	4		3.0		7.4			0.8	0.7		
14	125,000	4		3.8		7.4			1.2	1.0		
15	152,600	5		3.9		7.3			1.3	1.0		
16	169,800	7		4.9		7.2			1.0	1.0		
17												
18	338,700	13		4.6		7.2			1.9	1.5		
19	135,700	6		5.3		7.3			1.0	1.1		
20	135,000	6		5.3		7.3			1.1	1.1		
21	121,300	5		4.9		7.3			0.9	1.0		
22	121,300	4		4.0		7.4			0.9	0.9		
23	107,900	4		4.4		7.3			1.0	0.9		
24												
25	246,000	8		3.9		7.3			1.0	0.9		
26	123,000	6		5.8		7.3			1.0	1.0		
27	118,400	5		5.1		7.3			1.3	1.0		
28	95,000	4		5.0		7.3			1.0	1.0	1	Well bac-t
29	113,500	5		5.3		7.4			1.0	0.7		
30	119,600	4		4.0		7.4			1.1	0.9		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month May 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 980
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk - B6033 and George West - C7246
I certify this report is correct Lowell T. Polk B-6033
Corrected Copy (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	604,000	15		23.7		29.7			4.9	3.9	2	
Average:	19,484	0.5		0.8		7.4			1.2	1.0		
Maximum:	250,000					7.5			1.5	1.1		
Minimum:	2,000					7.2			1.0	0.8		
1	O											
2	O											
3	O											
4	O											
5	O											
6	O											
7	O											
8	O											
9	O											
10	8,000											
11	O											
12	O											
13	O											
14	O											
15	O											
16	O											
17	O											
18	O											
19	O											
20	O											
21	O											
22	O											
23	O											
24	6,000										1	
25	8,000	1		15.0							1	
26	2,000											On-line
27	162,000	2		1.5		7.5			1.0	1.0		Flushed
28	250,000	7		3.4		7.5			1.4	1.0		
29	12,000					7.5			1.0	0.8		
30												
31	156,000	5		3.8		7.2			1.5	1.1		Flushed

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month May 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 980.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk - 86033 A2 George Wyatt - 07246

I certify this report is correct Lowell T Polk B-6033

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

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	4,721,400	126		109.4		169			23.8	17.3	3	
Average:	152,303	4		3.5		7.4			1.0	0.8		
Maximum:	381,500					7.5			2.3	1.5		
Minimum:	5,600					7.1			0.3	0.1		
1												
2	330,000	8		2.9								
3	166,800	5		3.6								
4	109,400	4		4.4								
5	138,700	6		5.2		7.3			1.0	0.7		
6	118,000	5		5.1		7.3			1.0	0.8		
7	154,600	5		3.9		7.3			1.0	1.0		
8	375,000	4		1.3		7.4			0.7	0.3		
9												
10	164,200	1		0.7		7.4			0.3	0.1		
11	164,200	5		3.7		7.3			1.2	1.0		
12	176,200	3		2.0		7.4			0.6	0.5		
13	158,000	1		0.8		7.4			0.5	0.3		
14	213,000	6		3.4		7.4			0.8	0.6		
15												
16	398,900	14		4.2		7.4			0.8	0.3		
17	188,800	8		5.1		7.3			1.0	0.7	3	
18	173,600	2		1.4		7.4			0.8	0.5		
19	122,100	2		2.0		7.5			0.5	0.2		
20	128,800	3		2.8		7.4			1.5	1.0		
21	136,200	3		2.6		7.4			1.3	1.0		
22	381,500	7		2.2		7.4			2.0	1.0		
23												
24	183,000	7		4.6		7.4			1.0	0.8		
25	181,400	7		4.6		7.3			1.0	0.9		
26	153,500	6		4.7		7.3			1.1	1.0		
27	26,300	1		4.6		7.4			0.5	1.0		FLUSHED
28	5,600	1		21.4		7.3			1.4	1.0		
29	359,800	11		3.7		7.3			2.3	1.5		
30												
31	13,600	1		8.7		7.1			1.5	1.1		FLUSHED

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month June 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 1372.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk - B6033 and George West - C7246
I certify this report is correct Lowell T Polk B-6033
Corrected Copy (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	3,435,000	83		63.5		193.6			34.4	26.2	5	
Average:	114,500	2.8		2.1		7.4			1.3	1.0		
Maximum:	207,000	8		6.0		7.6			3.0	1.3		
Minimum:	0					7.0			0.7	0.5		
1	207,000	4		2.3		7.5			1.1	1.0		
2	0					7.5			0.9	1.0		
3	145,000	5		4.1		7.4			1.3	1.0		
4	0					7.5			1.1	0.9		
5												
6	326,000	6		2.2		7.5			1.4	1.0		
7	0					7.5			1.2	1.0		
8	120,000	6		6.0								
9	0					7.4			1.1	1.0		
10	127,000					7.6			1.9	1.3		
11	0					7.4			1.0	0.9		
12												
13	276,000	3		1.3		7.5			1.5	1.0		
14	0					7.5			1.0	0.9		
15	181,000	6		4.0		7.4			1.3	1.0		
16	0					7.3			0.7	0.5		
17	168,000	5		3.6		7.5			1.4	1.0		
18	124,000	4		3.9		7.5			1.4	1.1		
19	50,000	2		4.8		7.0			3.0	1.3	1	BACT's
20	138,000	2		1.7		7.5			1.5	1.1	1	BACT's
21	117,000	3		3.1		7.4			1.3	1.0		
22	121,000	3		3.0		7.5			1.2	1.0		
23	155,000	4		3.1		7.5			1.3	1.0		
24	93,000	2		2.6		7.5			1.3	1.0		
25	171,000	4		2.8		7.4			1.3	1.0		
26												
27	355,000	5		1.6		7.5			1.3	1.0	3	BACT's
28	162,000	8		5.9		7.5			1.2	1.0		
29	196,000	5		3.1		7.4			1.5	1.2		
30	193,000	4		2.5		7.4			1.2	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Lellani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month June 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 1372.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk - B6033 and George West - C7246
I certify this report is correct Lowell L Polk B-6033
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	1,136,700	35		108.7		208			23.3	27.2	2	
Average:	37,890	1		3.6		7.4			0.8	1.0		
Maximum:	198,700	6.0		60.0		7.6			2.0	1.4		
Minimum:	0	0		0		7.2			0.3	0.5		
1	11,400	1		10.5		7.3			0.6	1.0		
2	115,700	4		4.1		7.4			1.0	1.0		
3	1,200					7.4			1.2	1.0		
4	117,200	4		4.1		7.4			0.9	0.9		
5												
6	7,600					7.4			0.7	0.5		
7	96,400	4		5.0		7.4			1.0	1.0		
8	0					7.2			2.0	1.1		
9	134,600	6		5.3		7.5			0.9	0.9		
10	0					7.4			0.6	1.0		
11	116,800	3		3.1		7.4			1.0	0.9		
12												
13	6,000	3		60.0		7.2			0.9	1.4		
14	139,700	2		1.7		7.2			0.9	1.1		
15	31,900	1		3.8		7.3			1.0	1.1		
16	135,800	4		3.5		7.4			0.6	0.5		
17	400					7.5			0.5	1.0		
18	0					7.4			1.0	1.1		
19	198,700	2		1.2		7.4			0.6	0.5		
20	0					7.6			0.3	1.1		
21	0					7.6			0.5	1.0		
22	0					7.6			0.7	1.0		
23	0					7.6			0.7	1.0		
24	0					7.5			0.8	1.0		
25	0					7.4			0.8	1.0		
26	0					7.4			0.8	1.0		
27	3,800					7.5			0.8	1.1	1	BACT's
28	0					7.5			0.8	1.0		
29	18,800	1		6.4		7.4			0.8	1.0	1	BACT's
30	700					7.4			0.9	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Lellani Heights #1 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month July 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 392 No of People at End of Month 1372.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033 and George West C-7246

I certify this report is correct Lowell T Polk B-6033

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

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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:	4,226,000	96		66.9		193.9			33.2	27.4	2	
Average	136,323	3.1		2.2		7.5			1.3	1.1		
Maximum:	259,000	8				7.6			3.5	2.8		
Minimum:	0	0				7.1			0.6	0.6		
1	220,000	5		2.7		7.5			1.2	1.0		
2	137,000	3		2.6		7.4			1.3	1.0		
3												
4	267,000	5		2.2		7.4			1.2	1.0		
5	138,000	5		4.3		7.4			1.4	1.2		
6	152,000	4		3.2		7.5			1.1	0.8		
7	181,000	3		2.0		7.5			1.3	1.0		
8	144,000	4		3.3		7.4			1.3	1.0		
9	220,000	5		2.7		7.4			1.4	1.2		
10												
11	452,000	6		1.6		7.4			1.0	1.0		
12	208,000	6		3.5		7.5			0.9	0.6		
13	201,000	3		1.8		7.5			0.9	0.8		
14	197,000	2		1.2		7.6			0.8	0.8		
15	259,000	7		3.2		7.1			3.5	2.8	2	Bact s/Compliance
16	4,000					7.5			1.0	0.9		
17												
18	492,000	11		2.7		7.4			1.7	1.0		
19	9,000					7.5			1.0	0.9		
20	234,000	4		2.0		7.6			1.0	0.8		
21	29,000	2		8.3		7.5			1.3	0.9		
22	0					7.6			0.6	0.9		
23	4,000					7.5			0.9	1.0		
24												
25	318,000	4		1.5		7.5			1.5	1.3		
26	112,000	8		8.6		7.4			1.8	1.3		
27	0					7.6			1.0	0.7		
28	100,000	5		6.0		7.4			2.0	1.5		Flushed
29	138,000	4		3.5		7.3			1.5	1.1		
30	0					7.5			0.6	0.9		
31												

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month July 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 1372.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 and George West C-7246
I certify this report is correct Lowell T Polk B-6033
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	1,142,500	26		34.3		185.5			22.3	25.3	2	
Average:	36,855	1		1.1		7.4			0.9	1.1		
Maximum:	228,400	8				7.6			2.5	2.8		
Minimum:	0	0				7.0			0.5	0.7		
1	0					7.4			0.9	1.0		
2	0					7.5			0.5	1.0		
3												
4												
5	0					7.5			0.5	1.2		
6	2,800					7.5			0.6	0.8		
7	0					7.5			0.7	1.0		
8	0					7.5			0.8	1.0		
9	0					7.5			0.8	1.2		
10	0					7.5			0.9	1.0		
11												
12	0					7.5			0.9	1.0		
13	0					7.6			0.7	0.8		
14	5,100					7.6			0.5	0.6		
15	14,800	1		8.1		7.5			0.9	2.8	2	Bact s/Compliance
16	187,200	6		3.8		7.4			1.1	0.9		
17												
18	13,300	1		9.0		7.4			0.5	1.0		
19	228,400	8		4.2		7.0			2.5	0.9		
20	12,200					7.3			1.0	0.8		
21	107,700	2		2.2		7.3			0.7	0.9		
22	123,200	2		1.9		7.2			0.8	0.9		
23	150,200	2		1.6		7.3			1.5	1.0		
24												
25	0					7.3			1.0	0.8		
26	1,500					7.3			1.0	1.3		
27	160,200	2		1.5		7.4			0.9	0.7		
28	0					7.5			0.8	1.5		Flushed
29	5,500					7.5			0.9	1.1		
30	130,400	2		1.8		7.5			0.9	0.9		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month August 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 392 No of People at End of Month 1372.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certificaton No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 and George West C-7246

I certify this report is correct Lowell T Polk (Lead Operator's Signature) (Cert. Level) B-6033 (Cert. No)
Corrected Copy

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	pH lbs used	pH mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	2,461,000	55		37.6		187.5			29.0	24.2	2	
Average	79,387	1.8		1.2		7.5			1.1	0.9		
Maximum	193,000	9				7.6			2.1	1.3		
Minimum	0					7.4			0.4	0.5		
1	297,000	2		0.8					1.5	1.2		
2	134,000	6		5.4		7.5			1.5	1.1		
3	0					7.5			1.0	0.5		
4	143,000	4		3.4		7.5			2.0	1.0	2	Sampling
5	0					7.5			1.0	1.0		
6	146,000	5		4.1		7.5			1.0	0.8		
7												
8	291,000	2		0.8		7.5			1.5	1.0		
9	140,000	9		7.7		7.5			1.6	1.3		
10	0					7.5			0.8	0.7		
11	139,000	3		2.6		7.5			1.0	0.8		
12	131,000	3		2.7		7.4			1.3	1.0		
13	0					7.5			0.8	1.1		
14												
15	302,000	4		1.6		7.4			1.9	1.0		
16	96,000					7.5			1.0	0.7		Fire Flow Test
17	193,000	2		1.2		7.4			2.1	1.0		
18	148,000	3		2.4		7.5			1.7	1.0		
19												
20	297,000	12		4.8		7.5			1.5	1.2		
21												
22	0					7.5			1.0	0.8		
23	0					7.6			0.8	0.6		
24	4,000					7.5			0.5	0.8		
25	0					7.5			0.5	0.8		
26	0					7.5			0.6	0.8		
27	0					7.5			0.8	1.0		
28												
29	0					7.5			0.4	1.0		
30	0					7.6			0.5	1.0		
31	0					7.6			0.7	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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month August 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 1372.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 and George West C-7245
I certify this report is correct Lowell T. Polk B-6033
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	1,951,200	74		64.7		200			31.2	24.1	2	
Average:	62,942	2		2.1		7.4			1.2	0.9		
Maximum:	148,200	9				7.7			3.0	1.3		
Minimum:	0	0				7.0			0.7	0.5		
1	0					7.4			0.9	1.0		
2	0					7.4			1.0	1.1		
3	142,600	4		3.4		7.5			0.8	0.5		
4	0					7.3			1.0	1.0	2	Sampling
5	117,300	5		5.1		7.4			1.0	1.0		
6	0					7.4			0.9	0.8		
7												
8	0					7.4			1.0	0.5		
9	0					7.5			1.0	1.3		
10	93,400	4		5.1		7.4			1.0	0.7		
11	0					7.4			0.8	0.8		
12	0					7.4			1.0	1.0		
13	116,300	5		5.2		7.4			1.3	1.1		
14												
15	0					7.4			1.5	1.0		
16	0					7.5			0.7	0.7		
17	0					7.4			0.7	0.7		
18	0					7.4			1.0	0.7		
19	0					7.0			3.0	1.2		
20	0					7.4			2.5	1.0		
21												
22	353,500	7		2.4		7.0			1.0	1.0		
23	102,200	9		10.6		7.5			0.8	0.6		
24	137,500	5		4.4		7.7			1.0	0.8		
25	116,800	5		5.1		7.7			1.1	0.8		
26	113,800	4		4.2		7.5			1.2	0.8		
27	137,500	6		5.2		7.3			1.2	1.0		
28												
29	263,000	10		4.6		7.4			1.3	1.0		
30	109,100	5		5.5		7.3			1.2	1.0		
31	148,200	5		4.0		7.3			1.3	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.

DER Form 17.555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month September 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 392 No of People at End of Month 1372.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033 / George West C-7245

I certify this report is correct [signature] (Lead Operator's Signature) B (Cert. Level) 6033 (Cert. No)

Corrected Copy

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	pH lbs used	pH mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,524,000	44		34.1		187.6			24.5	26.6	2	
Average	50,800	1.5		1.1		7.5			1.0	1.1		
Maximum	358,000	5		9.2		7.6			2.5	1.5		
Minimum	0	0		0		7.4			0.3	0.8		
1	0					7.5			0.7	1.0		
2	0					7.6			0.5	0.9		
3	0					7.6			0.5	1.0		
4												
5	0					7.6			0.5	1.0		
6	0					7.5			0.4	1.0		
7	1,000					7.5			0.5	1.0	2	pulled Bact's
8	0					7.5			0.5	1.0		
9	0					7.6			0.4	1.0		
10	0					7.6			0.4	1.0		
11												
12	358,000	3		1.0		7.6			0.9	1.0		
13	131,000	10		9.2		7.5			1.0	0.9		
14	0					7.5			0.8	1.0		
15	134,000	4		3.6		7.5			1.6	1.2		
16	0					7.5			1.3	0.8		
17	137,000	4		3.5		7.4			2.0	1.5		
18												
19	0					7.4			0.4	1.0		
20	0					7.5			0.3	1.0		
21	120,000	5		5.0		7.4			2.0	1.5		
22	0					7.4			1.2	1.0		
23	144,000	5		4.2		7.4			2.5	1.5		
24	0					7.4			1.2	1.0		
25												
26												
27	384,000	8		2.5		7.4			1.5	1.0		
28	0					7.6			0.9	1.0		
29	115,000	5		5.2		7.5			1.5	1.3		
30	0					7.5			1.0	1.0		
31												

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Lellani Heights #2 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month September 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 1372.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033 / Geroge West C-7246

I certify this report is correct Lowell T Polk (Lead Operator's Signature) B (Cert. Level) 6033 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	2,576,200	93		78.1		192			28.4	33.9	2	
Average	85,873	3		2.6		7.4			1.1	1.3		
Maximum	173,000	6		8.7		7.5			1.5	9.0		
Minimum	0	0		0		7.3			0.9	0.8		
1	142,700	6		5.0		7.3			1.2	1.0		
2	145,500	5		4.1		7.4			1.2	9.0		
3	174,400	6		4.1		7.3			1.1	1.0		
4												
5	384,900	13		4.0		7.3			1.5	1.0		
6	149,400	8		6.4		7.3			1.2	1.0		
7	173,000	6		4.2		7.4			1.1	1.0	2	Pulled Bact's
8	132,400	5		4.5		7.4			1.0	1.0		
9	145,000	4		3.3		7.4			1.2	1.0		
10	146,400	6		4.9		7.5			1.0	0.8		
11												
12	0					7.3			1.0	0.8		
13	0					7.3			1.0	1.0		
14	111,800	3		3.2		7.3			1.1	1.0		
15	0					7.3			1.0	1.0		
16	114,500	5		5.2		7.4			1.0	0.8		
17	0					7.4			1.2	1.5		
18												
19	276,400	4		1.7		7.3			0.9	0.8		
20	96,500	5		6.2		7.4			1.1	1.0		
21	0					7.4			1.1	1.0		
22	100,700	3		3.6		7.4			1.1	1.0		
23	0					7.4			1.0	1.0		
24	102,800	7		8.2		7.4			1.0	1.0		
25	0											
26	0					7.4			1.3	1.0		
27	0					7.5			1.0	1.0		
28	102,800	4		4.7		7.5			1.2	1.0		
29	0					7.5			0.9	1.2		
30	77,000	3		4.7		7.5			1.0	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month October 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 392 No of People at End of Month 1372.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033 and George West C-7246

I certify this report is correct _____ (Lead Operator's Signature) _____ (Cert. Level) B-6033 (Cert. No)

Corrected Copy

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	3,558,000	84		75.1		194.5			35.5	29.2	2	
Average	114,774	2.7		2.4		7.5			1.4	1.1		
Maximum	198,000	5				7.6			1.7	1.5		
Minimum	0	0				7.3			0.9	1.0		
1	118,000	3		3.0		7.5			1.5	1.5		
2												
3	248,000	4		1.9		7.3			1.3	1.0		
4	118,000	4		4.1		7.5			1.5	1.5		
5	111,000	3		3.2		7.5			1.7	1.0		
6	145,000	3		2.5		7.5			1.5	1.5		
7												
8	257,000	6		2.8		7.5			1.2	1.0		
9	182,000	4		2.6		7.5			1.3	1.0		
10	154,000	2		1.6		7.6			1.4	1.5		
11	158,000	5		3.8		7.5			1.3	1.0		
12	0					7.6			1.0	1.0	2	Bact's
13	15,000	1		8.0		7.6			1.1	1.5		
14	145,000	2		1.7		7.5			1.3	1.0		
15	118,000	2		2.0		7.5			1.5	1.2		
16												
17	280,000	4		1.7		7.5			1.5	1.0		
18	110,000	4		4.4		7.5			1.5	1.0		
19	0					7.5			1.1	1.0		
20	132,000	5		4.5		7.5			1.5	1.0		
21	0					7.4			1.0	1.0		
22	198,000	5		3.0		7.4			1.6	1.2		
23												
24	476,000	8		2.0		7.4			1.6	1.0		
25	40,000	4		12.0		7.4			1.5	1.1		
26	0					7.5			1.0	1.0		
27	126,000	4		3.8		7.4			1.7	1.2		
28	0					7.4			0.9	1.0		
29	139,000	4		3.5		7.5			1.3	1.0		
30												
31	288,000	7		2.9		7.5			1.7	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Lalani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month October 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 1372.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 and George West C-7246

I certify this report is correct Lowell T Polk (Lead Operator's Signature) (Cert. Level) B-6033 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	691,300	30		31.6		192			27.3	29.7	2	
Average	22,300	1		1.0		7.4			1.1	1.1		
Maximum	132,600					7.5			1.5	1.5		
Minimum	0					7.2			0.7	1.0		
1	0					7.5			1.0	1.5		
2	0											
3	0					7.3			1.3	1.0		
4	0					7.3			1.0	1.5		
5	0					7.3			1.0	1.0		
6	0					7.3			1.0	1.5		
7												
8	0					7.3			1.0	1.0		
9	0					7.3			1.0	1.0		
10	0					7.3			1.0	1.5		
11	0					7.4			1.0	1.0		
12	108,600	8		8.8		7.2			1.3	1.0	2	Bact's
13	88,400	4		5.4		7.3			1.0	1.5		
14	0					7.4			1.1	1.3		
15	0					7.4			1.0	1.2		
16												
17	0					7.4			1.0	1.2		
18	0					7.4			1.0	1.0		
19	119,600	5		5.0		7.4			0.8	1.0		
20	0					7.4			1.1	1.0		
21	128,000	5		4.7		7.4			1.2	1.0		
22	0					7.4			0.7	1.2		
23												
24	0					7.4			1.3	1.0		
25	0					7.4			0.9	1.1		
26	114,100	3		3.2		7.4			1.2	1.0		
27	0					7.4			1.0	1.2		
28	132,600	5		4.5		7.4			1.1	1.0		
29	0					7.5			0.8	1.0		
30												
31	0					7.4			1.5	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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Lellani Heights #1 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month November 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 392 No of People at End of Month 1372.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033 / George West C-7245

I certify this report is correct Lowell G Polk B-6033

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

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	2,390,000	63		45.1		178.9			33.4	26.4	2	
Average:	79,667	2.1		1.5		7.5			1.4	1.1		
Maximum:	197,000	9				7.6			3.5	1.5		
Minimum:	0	0				7.0			0.5	0.8		
1	112,000	1		1.1		7.5			0.8	1.0		
2	0					7.6			0.5	1.0		
3	157,000	7		5.3		7.4			1.5	1.1		
4	0					7.5			1.5	1.0		
5	0					7.5			1.1	1.0		
6	0											
7	0					7.4			0.5	1.0		
8	0					7.5			0.5	1.0		
9	175,000	5		3.4		7.4			2.0	1.5		
10	121,000	4		4.0		7.0			3.5	1.2		
11	101,000	2		2.4		7.3			2.5	1.5		
12	73,000	1		1.6		7.5			1.1	1.0		
13	0											
14	252,000	3		1.4		7.4			2.0	1.5		
15	103,000	5		5.8		7.4			2.0	1.5		
16	19,000											
17	0											
18	142,000	4		3.4		7.5			1.5	1.0		
19	0					7.5			1.0	1.0		
20	0											
21	243,000	9		4.4		7.5			1.1	0.9		
22	0					7.5			0.8	0.9		
23	125,000	4		3.8		7.5			1.0	0.8		
24	111,000	3		3.2		7.5			1.3	1.0		
25	197,000	3		1.8		7.5			1.2	1.0		
26	0					7.5			1.2	1.0		
27	0	3										
28	330,000	9		3.3		7.5			2.0	1.4		
29	129,000					7.5			1.8	1.1	2	Bact's
30	0					7.5			1.0	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month November 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 1372.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct Lowell Polk B-6033
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	1,618,100	62		65.5		185			26.5	25.4	2	
Average	53,937	2		2.2		7.4			1.1	1.0		
Maximum	155,300	8				7.5			1.8	1.5		
Minimum	0	0				7.3			0.5	0.8		
1	12,500	1		9.6		7.3			1.1	0.8		
2	92,200	3		3.9		7.4			1.2	1.0		
3	0					7.4			1.2	1.0		
4	92,500	2		2.6		7.4			1.1	0.9		
5	155,300	6		4.6		7.3			1.2	1.0		
6	0											
7	310,800	10		3.9		7.3			1.0	0.8		
8	120,300	8		8.0		7.4			1.8	1.0		
9	0					7.4			1.5	1.5		
10	0					7.3			0.7	1.2		
11	190,200	8		5.0		7.4			1.0	0.9		
12	16,800											
13	0											
14	0					7.4			1.0	0.9		
15	0					7.4			1.3	1.5		
16	99,400	4		4.8		7.3			1.3	1.1		
17	75,300	3		4.8		7.4			1.3	1.0		
18	0					7.4			1.0	1.0		
19	102,400	5		5.9		7.4			1.1	1.0		
20	0											
21	0					7.5			0.9	0.9		
22	112,300	5		5.3		7.4			1.1	1.0		
23	0					7.4			0.9	0.8		
24	0					7.4			0.8	1.0		
25	0					7.5			0.7	1.0		
26	97,400	3		3.7		7.5			1.1	1.0		
27	0											
28	0					7.5			0.7	1.0		
29	0					7.5			0.5	1.1	2	Bact's
30	140,700	4		3.4		7.4			1.0	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location: City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month December 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 332 No of People at End of Month 1372.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 and George West C-7246

I certify this report is correct Lowell T. Polk (Lead Operator's Signature) B (Cert. Level) 6033 (Cert. No)
Corrected Copy

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	2,425,000	64		54.8		201.6			35.0	27.1	2	
Average:	78,226	2.1		1.8		7.5			1.3	1.0		
Maximum:	145,000	8				7.5			1.8	1.2		
Minimum:	0	0				7.2			0.9	0.9		
1	130,000	3		2.8		7.2			1.8	1.2		
2	0					7.5			1.5	0.9		
3	0					7.5			1.0	0.9		
4	0											
5	260,000	3		1.4		7.5			1.4	0.9		
6	112,000	8		8.6		7.5			1.5	1.2		
7	0					7.5			1.2	1.0		
8	118,000	3		3.0		7.5			1.2	1.0		
9	120,000	4		4.0		7.4			1.4	1.0	2	Samplec
10	0					7.4			1.2	1.0		
11	0											
12	245,000	6		2.9		7.4			1.4	1.0		
13	0					7.5			1.0	1.0		
14	115,000	4		4.2		7.4			1.5	1.0		Flushed
15	0					7.5			1.0	1.0		
16	91,000	3		4.0		7.5			1.1	1.0		
17	119,000	3		3.0		7.5			1.3	1.0		
18	0											
19	276,000	6		2.6		7.5			1.5	1.0		
20	124,000	3		2.9		7.5			1.4	1.0		
21	0					7.5			1.2	1.0		
22	113,000	3		3.2		7.5			1.3	1.0		
23	0					7.5			1.2	1.0		
24	124,000	4		3.9		7.4			1.5	1.0		
25	0											
26	232,000	6		3.1		7.4			1.8	1.0		
27	145,000	2		1.7		7.5			1.4	1.0		
28	0					7.5			1.1	1.0		
29	0					7.5			1.0	1.0		
30	0					7.5			0.9	1.0		
31	99,000	3		3.6		7.5			1.2	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.

DER Form 17-555§10(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month December 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 1372.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 and George West C-7246
I certify this report is correct Lowell Polk (Lead Operator's Signature) B- 6033 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	1,255,300	48		51.7		201			30.8	26.7	2	
Average:	40,494	2		1.7		7.4			1.1	1.0		
Maximum:	136,600					7.5			3.0	1.2		
Minimum:	0					7.3			0.5	0.8		
1	0					7.5			0.7	1.2		
2	125,200	6		5.7		7.5			1.0	0.8		
3	89,100	5		6.7		7.4			1.0	0.9		
4	0											
5	0					7.4			1.0	0.8		
6	0					7.4			1.0	1.0		
7	116,400	5		5.2		7.5			1.0	1.0		
8	0					7.5			0.9	1.0		
9	0					7.5			0.7	1.0	2	Sampled
10	119,000	3		3.0		7.5			1.1	1.0		
11	0											
12	0					7.5			0.5	1.0		
13	104,900	5		5.7		7.5			1.2	1.0		
14	0					7.5			1.0	1.0		Flushed
15	136,600	4		3.5		7.4			1.0	1.0		
16	0					7.5			0.6	1.0		
17	0					7.4			3.0	1.0		
18	0											
19	0					7.3			2.5	1.0		
20	0					7.4			1.5	1.0		
21	108,800	5		5.6		7.3			1.5	1.0		
22	0					7.4			1.2	1.0		
23	97,700	5		6.1		7.4			1.3	1.0		
24	0					7.4			1.0	1.0		
25	0											
26	0					7.4			1.0	1.0		
27	0					7.4			1.0	1.0		
28	124,600	4		3.8		7.4			1.1	1.0		
29	105,700	3		3.4		7.4			1.2	1.0		
30	129,300	3		2.8		7.4			1.0	1.0		
31	0					7.5			0.8	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month January 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 391 No of People at End of Month 1368.5
Design Flow 0.40 Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct (Original signed by George West) C 7246
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	3384.0	88		78.5		192.2			51.2	39.3	4	
Average:	112.8	2.9		2.7		7.4			2.0	1.5		
Maximum:	139.0	4		4.8		7.5			3.0	2.1		
Minimum:	74.0	1		1.0		7.0			1.1	1.0		Flush hydrants
1	117.0	3		3.0		7.5			1.1	1.0		
2	114.0	3		3.1		7.5			1.2	1.0		
3												
4	230.0	6		3.1		7.5			1.4	1.1		
5	121.0	4		3.9		7.4			1.3	1.0		
6	121.0	3		2.9		7.4			1.3	1.0		
7	74.0	3		4.8		7.3			2.6	2.0		
8	136.0	3		2.6		7.3			2.5	2.1		
9	105.0	2		2.3		7.4			1.5	1.0		
10												
11	246.0	7		3.4		7.5			3.0	2.0		
12	106.0	4		4.5		7.4			2.5	2.1		
13	106.0	3		3.4		7.5			2.0	1.5		
14	81.0	2		3.0		7.3			2.0	1.5	4	
15	139.0	4		3.5		7.4			2.9	2.0		
16	120.0	1		1.0		7.5			1.1	1.0		
17												
18	242.0	6		3.0		7.5			2.5	2.0		
19	112.0	4		4.8		7.5			2.0	1.5		
20	105.0	3		3.4		7.4			2.5	2.0		
21	104.0	1		1.2		7.3			2.0	1.5		
22	122.0	2		2.0		7.3			2.0	1.5		
23	133.0	3		2.7		7.4			1.4	1.1		
24												
25	261.0	8		3.7		7.4			1.9	1.4		
26	91.0	3		4.0		7.4			2.0	1.5		
27	101.0	2		2.4		7.3			1.5	1.0		
28	99.0	2		2.4		7.4			2.0	1.5		
29	107.0	4		4.5		7.4			2.5	2.0		
30	91.0	2		2.6		7.0			2.5	2.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month January 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 391 No of People at End of Month 978
Design Flow 0.36 Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct (Original signed by Geroge West) C 7246
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	52.5	2		122.2		183.4			38.2	38.3	4	
Average:	1.8	0.06		61.1		7.3			1.5	1.5		
Maximum:	3.0	1		92.3		7.7			3.0	2.1		
Minimum:	0.7	0		0		7.1			0.5	1.0		
1	1.5					7.5			0.5	1.0		FI hydrants
2	1.5					7.5			0.5	1.0		
3												
4	3.8					7.4			1.0	1.1		
5	2.1					7.4			1.0	1.0		
6												
7	4.0	1		29.9		7.5			1.0	2.0		
8	2.3					7.4			0.5	2.1		
9	2.2					7.4			0.5	1.0		
10												
11	3.0					7.7			3.0	2.0		
12	3.0					7.7			3.0	2.1		
13	2.1					7.1			1.0	1.5		
14	2.5					7.1			0.5	1.5	4	
15	2.6					7.2			2.9	2.0		
16	1.8					7.2			1.5	1.0		
17												
18	2.7					7.2			1.5	2.0		
19	1.3	1		92.3		7.2			1.9	1.5		
20	2.4					7.1			2.0	2.0		
21	2.7					7.1			2.0	1.5		
22	1.2					7.4			1.5	1.5		
23	0.7					7.4			1.4	1.1		
24												
25	1.8					7.4			1.5	1.4		
26	0.9					7.5			1.5	1.5		
27	1.3					7.1			2.0	1.0		
28	2.2					7.1			2.0	1.5		
29	0.8					7.5			2.0	2.0		
30	1.9					7.3			2.0	2.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month February 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 391 No of People at End of Month 978.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
George West C-7246 / Lowell Polk B-6033
I certify this report is correct (Original signed by George West) (Lead Operator's Signature) C (Cert. Level) 7246 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	3.502	81		67.5		172.8			43.8	31.1	4	
Average:	0.146	3.4		2.5		7.2			1.8	1.3		
Maximum:	0.255	5		5.4		7.4			2.3	1.5		
Minimum:	0.067	2				7.0			1.1	0.9		
1	0.258	4		1.9		7.3			1.5	1.0		
2	0.124	4		3.8		7.3			1.9	1.0		
3	0.123	2		1.9		7.0			2.0	1.5		
4	0.123	4		3.9		7.0			2.0	1.5	4	
5	0.105	2		2.3		7.1			2.0	1.5		
6	0.108	3		3.3		7.4			1.5	1.1		
7												
8	0.244	7		3.4		7.3			2.0	1.5		
9	0.112	2		2.1		7.4			1.5	1.0		
10	0.115	3		3.1		7.3			2.0	1.5		
11	0.108	2		2.2		7.2			2.0	1.5		
12	0.067	3		5.4		7.2			1.5	1.0		
13	0.157					7.4			1.1	0.9		
14												
15	0.296	8		3.3		7.3			1.5	1.0		
16	0.134	5		4.5		7.1			1.5	1.0		
17	0.106	2		2.3		7.0			2.0	1.5		
18	0.113	3		3.2		7.0			2.0	1.5		
19	0.120	3		3.0		7.3			2.3	1.5		
20	0.211	3		1.7		7.2			2.0	1.5		
21												
22	0.297	9		3.6		7.0			2.0	1.5		
23	0.118	2		2.0		7.1			2.0	1.5		
24	0.118	4		4.1		7.3			1.5	1.0		
25	0.087	2		2.8		7.2			2.0	1.5		
26	0.140	2		1.7		7.2			2.0	1.5		
27	0.118	2		2.0		7.2			2.0	1.1		
28												
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month February 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 391 No of People at End of Month 978
Design Flow 0.36 Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
George West C-7246 / Lowell Polk B-6033
I certify this report is correct (Original signed by Geroge West)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	29.2	1		9.2		173.2			47.5	31.1	4	
Average:	1.9	0.04		0.3		7.2			2.0	1.3		
Maximum:	2.0	1		9.2		7.6			2.8	1.5		
Minimum:	0.1	0		0		7.0			1.1	0.9		
1	2.9					7.3			2.0	1.0		
2	1.5					7.3			2.4	1.0		
3	1.2					7.0			2.4	1.5		
4	1.4					7.1			2.5	1.5	4	
5	1.2					7.0			2.5	1.5		
6	1.8					7.2			2.0	1.1		
7												
8	2.0					7.1			2.0	1.5		
9	2.0					7.2			2.0	1.0		
10	1.5					7.3			2.8	1.5		
11	1.1	1		9.2		7.3			2.8	1.5		
12	1.2					7.1			2.5	1.0		
13	1.3					7.4			1.4	0.9		
14												
15	1.2					7.1			1.5	1.0		
16	0.9					7.1			2.0	1.0		
17	1.1					7.2			2.0	1.5		
18	1.9					7.3			2.0	1.5		
19	0.7					7.1			2.0	1.5		
20	1.2					7.3			1.5	1.5		
21												
22	1.3					7.3			2.0	1.5		
23	0.1					7.6			1.2	1.5		
24	0.7					7.3			1.5	1.0		
25	0.2					7.1			1.5	1.5		
26	0.5					7.1			1.9	1.5		
27	0.3					7.4			1.1	1.1		
28												
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month March 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 387 No of People at End of Month 968
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct (Original signed by George West) C 7246
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	3,208,000	82		78.3		193.4			47.8	35.8		
Average:	103,484	2.6		2.5		7.2			1.8	1.3		
Maximum:	149,000	6.0		7.0		7.4			2.5	2.0		
Minimum:	8,000	0		1.1		6.9			1.0	0.8		
1	226,000	7		3.7		7.2			2.5	2.0		
2	132,000	4		3.6		7.2			1.7	1.0		
3	135,000	3		2.7		7.1			2.0	1.5		
4	114,000	2		2.1		7.1			1.9	1.5		
5	120,000	3		3.0		7.2			2.0	1.5		
6	108,000	1		1.1		7.4			1.3	1.0		
7												
8	321,000	12		4.5		7.2			2.0	1.5		
9	129,000	3		2.8		7.1			2.0	1.5		
10	138,000	3		2.6		7.0			1.9	1.5		
11	126,000	3		2.9		7.3			1.9	1.5		
12	149,000	3		2.0		7.1			1.9	1.5		
13	68,000			1.5		7.1			1.0	1.0		
14											2	
15	91,000	5		6.5		7.2			2.5	2.0	2	
16	34,000	2		7.0		7.0			1.5	0.9	2	
17	120,000	1		1.0		7.0			1.5	0.9	2	
18	96,000	2		2.5		6.9			1.5	0.9		
19	90,000	2		2.6		7.2			2.0	1.5		
20	90,000	2		2.6		7.2			2.0	1.5		
21												
22	220,000	4		2.2		7.4			1.5	1.0		
23	103,000	3		3.5		7.3			1.9	1.5		
24	95,000	2		2.5		7.3			1.9	1.5		
25	8,000					7.3			2.0	1.5		
26	78,000	2		3.0		7.2			2.0	1.5	3	
27	104,000	1				7.4			1.0	0.8		
28												
29	151,000	7		5.6		7.0			1.0	0.8		
30	82,000	3		4.3		7.0			1.9	1.5		
31	80,000	2		3.0		7.0			1.5	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month March 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 391 No of People at End of Month 978
Design Flow 0.36 Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct (Original signed by Lowell Polk)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	229,700	28				179.1			39.8	35.8		
Average:	7,400	0.9				7.2			1.6	1.3		
Maximum:	92,200	12				7.5			3.0	2.0		
Minimum:	0	0				7.0			1.0	0.8		
1	1,200					7.4			1.5	2.0		
2	1,000					7.1			1.4	1.0		
3	300					7.2			1.5	1.5		
4	400					7.1			1.4	1.5		
5	300					7.1			1.5	1.5		
6	900					7.3			1.3	1.0		
7												
8	1,0[illegible]					7.1			1.5	1.5		
9	1,000	9				7.1			1.3	1.5		
10	300					7.0			1.5	1.5		
11	400					7.2			1.5	1.5		
12	500					7.2			1.4	1.5		
13	8,900					7.1			1.5	1.0		
14												
15						7.0			2.0	2.0		
16	27,000					7.0			1.5	0.9		
17	18,000					7.1			2.0	0.9		
18						7.0			1.5	0.9		
19						7.1			2.0	1.5		
20						7.0			2.0	1.5		
21												
22						7.3			1.0	1.0		
23										1.5		
24										1.5		
25						7.3			3.0	1.5		
26	20,500					7.5			1.0	1.5	1	
27	200	3		1200		7.4			1.0	0.8		
28												
29	92,200	12		15.6		7.2			3.0	0.8		
30	29,400	2		8.1		7.2			1.5	1.5		
31	26,200	2		9.2		7.1			1.5	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location: City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month April 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 387 No of People at End of Month 968
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246

I certify this report is correct (Original signed by Geroge West) (Lead Operator's Signature) C (Cert. Level) 7246 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	3,955,000	77		59.6		196.4			41.3	30.5	3	
Average	131,833	2.6		2.0		7.6			1.6	1.2		
Maximum:	197,000	5		4.7		8.0			3.0	2.0		
Minimum:	53,000	0		0		6.9			0.9	0.8		
1	93,000	2		2.6		7.0			1.5	1.0		
2	53,000	1		2.3		7.5			2.0	1.5		
3	78,000	1		1.5		7.4			0.9	1.1		
4												
5	232,000	3		1.6		7.5			2.0	1.5		
6	70,000	2		3.4		7.5			1.0	0.9		
7	77,000	3		4.7		7.7			3.0	2.0		
8	85,000	1		1.4		7.7			1.5	1.0	3	
9	108,000	3		3.3		8.0			1.9	0.9		
10												
11	237,000	3		1.5		7.5			1.0	0.8		
12	167,000	5		3.5		7.8			1.0	0.8		
13	135,000	4		3.5		8.0			2.3	2.0		
14	163,000	4		2.9		8.0			1.0	0.9		
15	158,000	2		1.5		6.9			1.6	1.0		
16	119,000	2		2.0		7.9			1.6	1.0		
17	88,000	0		0		7.5			1.5	1.0		
18												
19	286,000	8		3.4		7.6			1.4	1.0		
20	118,000	3		3.0		7.9			1.7	1.0		
21	174,000	4		2.8		7.7			1.9	1.5		
22	138,000	3		2.6		7.8			1.7	1.5		
23	154,000	3		2.3		7.8			2.0	1.5		
24	185,000	2		1.3		7.5			1.0	0.8		
25												
26	389,000	9		2.7		7.8			1.0	0.8		
27	161,000	5		3.7		7.2			2.0	1.5		
28	130,000	1		0.0		7.2			2.0	1.5		
29	160,000	2		1.5		7.0			1.5	1.0		
30	197,000	1		0.6		7.0			1.3	1.0		Flushed
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location: City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5564 Reporting Month April 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 387 No of People at End of Month 968
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct (Original signed by George West)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	563,900	18		1799.4		189.1			41.9	30.5		
Average:	18,797	0.6		60.0		7.3			1.6	1.2		
Maximum:	45,000	3		720.0		7.6			3.5	2.0		
Minimum:	900	<1		0		7.0			0.8	0.8		
1	30,100	2		8.0		7.1			1.5	1.0		
2	25,500	2		9.4		7.1			1.5	1.5		
3	32,300	<1		3.7		7.2			1.1	1.1		
4												
5	60,200	5		10.0		7.0			1.0	1.5		
6	23,100	1		5.2		7.0			1.0	0.9		
7	38,600	2		6.2		7.5			0.9	2.0		
8	41,900	2		5.7		7.0			2.4	1.0	1	
9	13,000	1		9.2		7.0			2.9	0.9		
10												
11	52,200	<1				7.4			0.8	0.8		
12	10,700	2		22.4		7.4			3.0	0.8		
13	15,800	<1				7.3			1.5	2.0		
14	45,000	1		2.6		7.5			1.5	0.9		
15	28,400	<1				7.2			3.0	1.0		
16	11,800	<1				7.6			1.0	1.0		
17	27,200	<1				7.4			1.3	1.0		
18												
19	15,500	<1				7.4			1.5	1.0		
20	4,900	<1				7.6			2.0	1.0		
21	10,800	<1				7.0			2.0	1.5		
22	5,000	3		720.0		7.2			3.5	1.5		
23	1,800	<1				7.6			1.0	1.5		
24	900	2		267.0		7.2			1.0	0.8		
25												
26	5,400	2		444.0		7.3			1.0	0.8		
27	9,000	<1				7.3			1.0	1.5		
28	36,700	<1				7.2			1.0	1.5		
29	13,900	<1				7.2			2.5	1.0		
30	4,200	1		266.0		7.4			1.0	1.0		Flushed
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month May 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 391 No of People at End of Month 978
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk C-6033 / George West C-7246
I certify this report is correct (Original signed by George West C-7246) C 7246
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	4,872,000	116		74		192			47	35	3	
Average:	157,161	4		2.9		7.4			1.8	1.3		
Maximum:	225,000	9		5.9		8.0			3.0	2.5		
Minimum:	53,000	<1		0		6.9			0.9	0.8		
1	230,000	8		4.2		7.0			3.0	1.8		
2												
3	376,000	9		2.8		6.9			1.5	1.0	3	
4	104,000	2		2.3		7.5			2.0	1.5		
5	198,000	5		3.0		7.8			1.9	1.5		
6	53,000	2		4.5		7.0			2.0	1.5		
7	177,000	4		2.7		7.0			2.0	1.5		
8	203,000	4		1.4		7.4			1.0	0.9		
9												
10	242,000	5		2.9		8.0			1.6	1.0		
11	127,000	3		2.8		7.1			1.4	1.0		
12	159,000	3		2.2		7.0			1.5	1.0		
13	135,000			0		7.0			1.9	1.5		
14	125,000	5		4.8		7.5			1.4	1.0		
15	164,000	3		2.2		7.5			1.3	1.0		
16												
17	382,000	7		2.2		7.7			1.0	0.9		
18	182,000	9		5.9		7.9			3.0	2.5		
19	161,000	4		2.9		7.9			2.0	1.5		
20	141,000	2		1.7		7.9			2.0	1.5		
21	185,000	5		3.2		7.6			2.0	1.5		
22	199,000	4		2.4		7.5			0.9	0.8		
23												
24	370,000	9		2.5		7.5			1.5	1.0		
25	144,000	4		3.3		7.9			2.5	2.0		Flushed
26	219,000	4		2.2		7.0			2.5	2.0		
27	225,000	5		2.6		6.9			2.5	2.0		
28	140,000	4		3.4		7.1			1.5	1.0		
29	85,000	2		2.8		7.4			1.4	1.1		
30												
31	146,000	4		3.2		7.3			1.5	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5564 Reporting Month May 1993
Plant Effluent pH (Avg) ____ No of Services at End of Month 391 No of People at End of Month 978
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk C-6033 / George West C-7346
I certify this report is correct (Original signed by George West) (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	739,600	34		165		193			42	35		
Average:	23,858	1.1		5.3		7.4			1.6	1.3		
Maximum:	127,300	3		48.0		8.1			3.5	2.5		
Minimum:	900	O		O		6.8			0.6	0.8		
1	16,100					7.5			1.0	1.8		
2												
3	50,400	3		7.1		6.9			2.5	1.0		
4	52,200	3		6.8		7.4			1.0	1.5		
5	20,000					7.5			1.0	1.5	1	
6	127,300	3		2.8		7.5			1.0	1.5		
7	16,300	2		14.7		7.0			1.5	1.5		
8	900					7.0			1.2	0.9		
9												
10	37,100	3		9.7		8.0			2.5	1.0		
11	20,500					8.1			1.0	1.0		
12	17,300					7.0			1.0	1.0		
13	21,500	2		11.1		8.0			1.0	1.5		
14	18,000					7.5			1.0	1.0		
15	29,600	3		12.4		6.8			3.5	1.0		
16												
17	33,400	4		14.3		7.5			2.0	0.9		
18	18,000					7.9			1.5	2.5		
19	20,000	2		12.0		7.5			1.0	1.5		
20	20,000					7.7			1.0	1.5		
21	21,300					7.7			2.0	1.5		
22	21,000	1		5.7		7.6			0.6	0.8		
23												
24	42,300	2		5.6		7.0			1.0	1.0		
25	17,100					7.5			2.0	2.0		
26	15,800	2		15.0		7.2			2.0	2.0		
27	13,300					7.1			1.5	2.0		
28	10,000	4		48.0		7.7			2.5	1.0		
29						6.9			3.5	1.1		
30												
31	80,200					7.0			2.0	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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location: City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month June 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 391 No of People at End of Month 978.0
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct (Original signed by Lowell L. Polk) (Lead Operator's Signature) B (Cert. Level) 6033 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	3,669,000	87		167		194			34	28		
Average:	122,300	3		6		7.5			1.3	1.1		
Maximum:	216,000	6		6.0		7.6			3.0	2.0		
Minimum:	2,000	1		1.3		7.0			0.6	0.8		
1	57,000	1		2.1		7.5			1.2	1.0		
2	78,000	1		1.5		7.4			1.1	1.2		
3	127,000	4		3.7		7.4			1.2	0.8		
4	115,000	3		3.1		7.5			1.0	1.0		
5	95,000	1		1.3		7.5			1.0	0.8		
6												
7	319,000	7		2.6		7.2			2.5	2.0		
8	137,000	6		5.2		7.0			3.0	1.5		
9	135,000	3		3.6		7.5			1.0	0.9		Flushed
10	168,000	4		2.8		7.5			1.0	1.0		
11	141,000	3		2.5		7.5			1.2	1.0		
12	227,000	4		2.1		7.5			1.1	0.8		
13												
14	432,000	8		2.2		7.5			1.0	0.9		
15	147,000	3		2.4		7.5			0.8	1.0	3	
16	188,000	3		1.9		7.5			0.9	1.0		
17	199,000	4		2.4		7.5			1.2	1.0		
18	170,000	4		2.8		7.5			1.0	1.0		
19	1,000	1		2.8		7.5			0.6	1.0		
20												
21	327,000	8		2.9		7.5			2.0	1.5		
22	147,000	5		4.0		7.4			1.5	1.0		
23	131,000	3		2.7		7.4			1.5	1.2		
24	123,000	4		3.9		7.4			1.9	1.5		
25	72,000	1		1.6		7.5			1.5	1.1		
26	40,000	1		3.0		7.6			1.2	1.0		
27												
28	3,000	1		40.0		7.4			1.5	1.1		
29	2,000	1		60.0		7.6			0.8	1.1		
30	88,000	3		4.1		7.5			1.0	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month June 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 391 No of People at End of Month 978

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033 / George West C-7246

I certify this report is correct (Original signed by George West)

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

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	934,300	52		249		190			33	28		
Average:	31,143	2		8.3		7.3			1.3	1.1		
Maximum:	141,500	5		60.0		7.6			3.5	2.0		
Minimum:	0	0		0.8		6.8			0.5	0.8		
1	25,300	1		4.7		7.5			0.5	1.0		
2	50,300	3		7.2		7.5			0.9	1.2		
3	9,400	1		12.8		7.4			0.8	0.8		
4	19,800	1		6.1		7.4			1.2	1.0		
5	38,400	1		3.1		7.4			1.1	0.8		
6												
7	64,600	3		5.6		7.4			1.5	2.0		
8	34,100	1		3.5		7.3			1.5	1.5		
9	24,400	2		9.8		7.1			1.3	0.9		Flushed
10	9,800	1		12.2		7.5			0.9	1.0		
11	72,100	3		5.0		7.4			1.0	1.0		
12	37,500	1		3.2		7.3			1.1	0.8		
13												
14	36,800	2		6.2		7.4			1.0	0.9		
15	30,000	3		12.0		7.3			1.0	1.0	1	
16	16,900	3		21.3		6.8			3.5	1.0		
17						7.0			1.5	1.0		
18	14,900	1		8.1		7.4			0.6	1.0		
19	141,500	1		0.8		7.6			0.9	1.0		
20												
21						7.3			0.6	1.5		
22						7.4			0.7	1.0		
23						7.3			0.9	1.2		
24	2,000	1		60.0		7.4			0.5	1.5		
25	75,300	3		4.8		7.1			2.0	1.1		
26	61,400	5		9.8		7.0			3.5	1.0		
27												
28	25,600	9		42.2		7.1			2.0	1.1		
29	83,400	3		4.3		7.3			0.9	1.1		
30	58,800	3		6.1		7.5			1.1	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location: City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month July 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 392 No of People at End of Month 980

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033 / George West C-7246

I certify this report is correct (Original signed by Lowell Polk) B 6033

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

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	3,602,000	92		78		202			38	32		
Average:	116,194	3		2.5		7.5			1.4	1.2		
Maximum:	235,000	7		15.0		7.6			3.0	2.5		
Minimum:	15,000	0		0		7.3			0.5	0.3		
1						7.5			1.0	1.0		
2	86,000	2		2.8		7.4			2.1	1.3		
3						7.5			1.7	1.5		
4												
5	245,000	7		3.4		7.4			2.0	1.5		
6	195,000	4		2.5		7.5			2.0	1.5		
7	170,000	5		3.5		7.4			1.0	0.7		
8	16,000	2		15.0		7.5			1.0	0.3		
9	68,000	1		1.8		7.5			1.0	1.1		
10	141,000	3		2.6		7.6			1.0	1.0		
11												
12	378,000	8		2.5		7.6			2.6	1.5		
13	156,000	6		4.6		7.5			1.0	1.5		
14	75,000	2		3.2		7.6			0.6	1.0		
15	149,000	4		3.2		7.5			1.5	1.5		
16	109,000	3		3.3		7.6			1.0	1.0		Flushed
17	235,000	5		2.6		7.4			1.3	1.0		
18												
19	424,000	9		2.5		7.4			2.0	1.5		
20	225,000	7		3.7		7.5			1.5	1.0		
21	45,000					7.5			1.4	1.0	2	
22	213,000	6		3.4		7.4			1.5	1.5		
23						7.7			0.6	0.5		
24	185,000	5		3.2		7.3			2.0	1.8		
25												
26	15,000	1		8.0		7.4			3.0	2.5		
27	17,000					7.4			1.5	1.0		
28	216,000	6		3.3		7.5			1.5	1.1		
29	19,000					7.5			1.3	1.2		
30	220,000	6		3.3		7.5			0.8	0.6		
31						7.6			0.5	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month July 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 392 No of People at End of Month 980
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct (Original signed by Lowell Polk)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	1,538,800	77		173		196			44	29		
Average:	49,635	2.5		5.6		7.3			1.5	1.2		
Maximum:	134,700	7		37.5		7.6			3.5	2.0		
Minimum:	0	0		0		6.7			0.5	0.6		
1	16,000	5		37.5		7.4			0.8	1.0		
2	32,400	2		7.4		7.3			1.6			
3	35,500	7		23.7		7.1			1.5	1.5		
4												
5	27,700	1		4.3		7.2			1.5	1.5		
6	21,600	2		11.1		7.3			2.7	2.0		
7	100,300	5		6.0		6.9			3.0	1.0		
8	100,300	5		6.0		6.8			3.5	1.5		
9	26,900	4		17.8		6.7			3.5	1.1		
10	41,400	5		14.5		6.7			3.5	1.0		
11												
12	27,200	4		17.6		6.8			3.5	1.0		
13	1,300					7.0			3.0	1.5		
14	117,400	1		1.0		7.4			1.0	1.0		
15						7.4			1.0	1.5		
16						7.4			1.0	1.0		Flushed
17	1,300					7.5			0.6	1.0		
18												
19						7.4			1.0	0.6		
20	2,000	1				7.5			0.9	1.0		
21	134,700	5		4.5		7.5			0.6	1.0	2	
22	1,700					7.5			0.8	1.5		
23	111,200	2		2.2		7.6			0.5			
24	5,700					7.4			1.2	1.8		
25												
26	299,900	12		4.8		7.4			1.9	1.0		
27	114,900	5		5.2		7.5			1.0	1.0		
28	6,000					7.4			1.1	1.0		
29	141,200	6		5.1		7.4			1.0	1.1		
30	38,000					7.4			1.1	0.6		
31	134,100	5		4.5		7.5			0.9	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month August 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 392 No of People at End of Month 980
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct (Original signed by Lowell L Polk) B 6033
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	2,510,000	70		79		194.5			37.1	31.0	4	
Average:	80,968	2		3		7.5			1.4	1.2		
Maximum:	279,000	4		30.1		7.7			3.0	2.2		
Minimum:	0	0		0		7.1			0.6	0.7		
1												
2	279,000	7		30.1		7.5			3.0	2.0		
3	3,000					7.5			2.0	0.9		
4	166,000	5		3.6		7.5			1.2	1.0		Flushed
5	9,000					7.5			1.0	1.0		
6	148,000	4		3.2		7.5			1.2	1.1		
7												
8	33,000	1		3.6		7.5			1.4	1.0		
9	254,000	5		2.4		7.5			1.7	1.0		
10	163,000	4		2.9		7.5			1.0	1.0		
11	0					7.6			0.8	1.0	4	
12	175,000	5		3.4		7.5			0.8	0.7		
13						7.5			1.5	1.3		
14	203,000	6		3.5		7.1			2.2	2.0		
15												
16	11,000					7.4			1.6	0.9		
17	95,000	3		3.8		7.1			3.0	2.2		
18						7.5			1.4	1.5		
19	174,000	6		4.1		7.5			1.5	1.2		
20						7.5			1.2	1.0		
21	237,000	8		4.1		7.5			1.0	1.0		
22												
23	273,000	8		3.5		7.5			1.8	1.5		
24						7.5			1.5	1.0		
25	107,000	4		4.5		7.6			1.5	1.5		
26						7.5			1.1	1.0		
27	126,000	2		1.9		7.5			1.4	1.5		
28						7.7			0.6	1.0		
29												
30	54,000	2		4.4		7.5			1.0	0.7		
31						7.5			0.7	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month August 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 980
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct (Original signed by Lowell Polk)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	2,161,500	77		232		194			25.9	30.4		
Average:	69,726	3		7.5		7.4			1.0	1.2		
Maximum:	165,000	7		60		7.5			2.0	2.2		
Minimum:	0	0		0		7.4			0.5	0.6		
1												
2						7.5			0.9	0.9		
3	109,500	4		4.4		7.5			0.5	0.9		
4	2,000					7.5			0.9	1.0		Flushed
5	184,400	8		11.4		7.5			1.0	1.0		
6	1,400					7.4			1.0	1.1		
7												
8	344,100	5		1.7		7.5			1.0	1.0		
9						7.5			1.0	1.0		
10	1,400					7.5			0.5	1.0		
11	165,000	7		5.1		7.4			1.0	1.0	2	
12	4,200	1		28.6		7.4			1.0	0.7		
13	168,000	7		5.0		7.4			1.3	1.3		
14	2,500	1		48.0		7.4			0.9	2.0		
15												
16	331,900	4		1.4		7.4			0.5	0.6		
17	3,800	1		31.6		7.5			0.8	2.2		
18	148,400	6		4.9		7.4			1.5	1.5		
19	1,800					7.4			1.0	1.2		
20	141,800	6		5.1		7.4			1.2	1.0		
21						7.4			1.0	1.0		
22												
23	2,100					7.5			0.8	1.5		
24	131,000	5		4.6		7.5			1.0	1.0		
25	2,000	1		60.0		7.4			2.0	1.5		
26	107,000	5		5.6		7.5			0.9	1.0		
27	3,100					7.4			1.0	1.5		
28	126,800	5		4.7		7.4			1.0	1.0		
29												
30	203,200	8		4.7		7.4			1.0	1.5		
31	76,100	3		4.7		7.4			1.2	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month September 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 392 No of People at End of Month 980

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033 / George West C-7246

I certify this report is correct (Original signed by George West) B 6033

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

Days of Month	Total Water Treated in Gallons	Chlorine			pH				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	2,405,000	71		51.2		195.0			32.4	31.0	2	
Average	80,167	2.4		1.7		7.5			1.2	1.2		
Maximum	157,000	5		4.1		7.7			2.5	2.0		
Minimum	0	0		0		7.3			0.5	0.7		
1	0					7.5			0.8	1.0		
2	0					7.6			0.7	1.0		
3	0					7.7			0.5	1.0		
4	16,000					7.5			1.1	0.9		
5												
6	308,000	9		3.5		7.5			1.0	0.7		
7	117,000	5		5.1		7.5			2.0	1.5		
8	0					7.5			1.0	0.9		
9	116,000	4		4.1		7.4			2.0	1.5		
10	0					7.5			0.8	0.8		
11	138,000	5		4.3		7.6			1.8	1.5		
12												
13	201,000	6		3.6		7.5			2.5	2.0		
14	117,000	4		4.1		7.5			1.4	1.4		Flushed
15	90,000	2		2.7		7.5			1.1	1.0		
16	0					7.7			0.7	1.1	2	
17	161,000	3		2.2		7.5			0.9	1.0		
18												
19	216,000	8		4.4		7.5			1.0	1.0		
20	10,000					7.5			0.9	1.0		
21	157,000	4		3.1		7.4			1.8	1.5		
22	0					7.5			1.0	0.9		
23	164,000	6		4.4		7.4			2.0	1.5		
24	18,000					7.5			1.5	1.0		
25												
26	324,000	8		3.0		7.4			1.5	1.3		
27	0					7.5			0.9	1.2		
28	147,000	4		3.3		7.5			1.0	1.5		
29	0					7.5			0.8	1.3		
30	105,000	3		3.4		7.3			1.7	1.5		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location: City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month September 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 980
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct (Original signed by Lowell Polk) (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	1,700,100	65		115.7		193.3			24.6	29.8	2	
Average:	56,670	2.2		3.9		7.4			0.9	1.1		
Maximum:	146,300	5		29.3		7.6			1.5	1.5		
Minimum:	0	0		0		7.2			0.5	0.7		
1	117,900	5		5.1		7.4			1.2	1.0		
2	97,600	4		4.9		7.4			1.2	1.0		
3	134,300	5		4.5		7.4			1.0	1.0		
4	119,900	5		5.0		7.5			0.8	0.9		
5												
6	50,000					7.4			1.0	0.7		
7	11,400					7.5			0.7	1.5		
8	121,800	5		4.9		7.5			1.0	0.9		
9	3,100					7.5			1.0	1.5		
10	116,800	5		5.1		7.5			0.7	0.8		
11	4,100	1		29.3		7.5			1.0	1.5		
12												
13	122,200	4		3.9		7.5			0.7	0.8		
14	600					7.5			0.9	1.4		Flushed
15	1,300					7.6			0.5	1.0		
16	108,800	4		4.4		7.4			1.1	1.1	2	
17						7.4			1.0	1.1		
18												
19	2,400					7.4			0.8	1.0		
20	133,200	5		4.5		7.4			1.0	1.0		
21	1,500					7.5			0.7	1.5		
22	123,800	4		3.9		7.5			0.9	0.9		
23	2,700					7.4			0.9	1.5		
24	146,300	6		4.9		7.4			1.5	0.9		
25												
26	4,700	1		25.5		7.4			1.0	1.3		
27	144,700	6		5.0		7.4			1.3	1.2		
28	1,800					7.2			1.0	1.5		
29	126,000	5		4.8		7.3			1.0	1.3		
30	1,200					7.4			0.7	1.5		
31												

This form must be completed in full and sent to the appropnate DER or County Health Department office within 15 days after the month of record.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month October 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 392 No of People at End of Month 1372.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk C-6033 / George West C-7246

I certify this report is correct Lowell T Polk B-6033

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

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	pH lbs used	pH mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	762,000	21				149.8			25.1	22.8	5	
Average	25,400	1				7.5			1.1	1.1		
Maximum	115,000	3		4.5		7.6			2.0	1.5		
Minimum	0	0		3.1		7.3			0.5	0.9		
1	1,000					7.3			1.7	0.9		
2												
3	230,000	8		3.1		7.3			1.6	1.5		Released air
4						7.5			1.2	1.2		
5	108,000	4		4.5		7.5			1.8	1.5		
6						7.5			1.1	1.0		
7	87,000	3		4.1		7.4			1.5	1.2		
8	1,000					7.5			1.5	1.2		
9												
10	193,000	4		2.5		7.3			1.4	1.0		
11						7.5			0.8	1.2		Released air
12	101,000	3		3.6		7.5			1.5	1.5		
13						7.5			1.0	1.0		Pressure tank leak / Pla
14	33,000	1		3.6		7.5			1.0	1.0		
15	7,000					7.5			1.4	1.0		
16	0											
17	0											
18	0											Patched tank
19	0											
20	0								2.0		1	Tank OK / no leaks / 50
21	0								1.5		4	Compliance Bact's
22	0											
23	0											
24	0					7.5			0.6	1.1		Placed tank on line as s
25	0					7.6			0.5	1.1		
26	0					7.6			0.8	1.1		
27	1,000					7.6			0.5	1.1		Released air
28	0					7.6			0.5	1.1		
29	0					7.6			0.5	1.1		
30	0											
31	2,000					7.5			0.7	1.0		Ran well

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.

DER Form 17-555910(2)

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month October 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 392 No of People at End of Month 1372.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

George West C-7246 / Lowell Polk B-8033

I certify this report is correct Harold T. Wolfe (Lead Operator's Signature) B-6033 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	2,695,500	104				184			32.4	29.6	1	
Average	86,952	3.35				7.4			1.3	1.1		
Maximum	143,050	8				7.5			2.5	1.5		
Minimum	1,100	<1				7.3			0.5	1.0		
1	120,600	1		1.0		7.4			1.8	1.0		
2												
3	1,400					7.4			1.0	1.5		
4	100,400	8		9.6		7.4			1.5	1.2		
5	4,100					7.4			0.6	1.5		
6	106,900	5		5.6		7.3			1.3	1.0		
7	1,200					7.4			1.0	1.2		
8	96,800	4		5.0		7.4			2.3	1.5		
9												
10	2,300					7.5			0.5	1.0		
11	97,700	5		6.1		7.4			1.2	1.2		
12	1,100					7.5			0.7	1.5		
13	120,600	4		4.0		7.4			1.0	1.0		
14	81,200	3		4.4		7.4			1.0	1.0		
15	108,600	5		5.5		7.4			2.5	1.3		
16												
17	201,900	8		4.8		7.4			1.0	1.0		
18	100,600	4		4.8		7.4			1.2	1.1		
19	111,000	5		5.4		7.3			1.4	1.1		
20	112,700	4		4.3		7.3			1.3	1.1		
21	134,400	5		4.5		7.3			1.3	1.0	1	Bac't sample
22	117,900	5		5.1		7.3			1.5	1.0		
23												
24	286,100	12		5.0		7.3			1.2	1.1		
25	123,100	5		4.9						1.1		
26	99,400	4		4.8		7.3			1.3	1.1		
27	116,200	5		5.2		7.3			1.3	1.1		
28	97,600	3		3.7		7.3			2.0	1.0		
29	116,100	3		3.1		7.3			1.5	1.0		Changed CL2 cylinder
30												
31	235,600	6		3.1		7.4			1.0	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month November 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 396 No of People at End of Month 1393.0

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-6033 / George West C-7246

I certify this report is correct Lowell Y Polk B-6033

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

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	4,092,600	149		113.6		191			32.4	25.0	2	
Average:	136,420	4.97		3.8		7.3			1.2	1.0		
Maximum:	176,000	7		6.1		7.5			2.0	1.4		
Minimum:	100,000	3		2.0		7.1			0.9	0.7		
1	120,500	5		5.0		7.3			1.1	1.0		
2	89,800	3		4.0		7.2			1.5	1.4		
3	87,700	4		5.5		7.4			1.0	0.8		
4	157,200	5		3.8		7.3			1.0	0.8		
5	131,400	4		3.7		7.3			2.0	1.0		
6												
7	286,300	10		4.2		7.4			1.1	1.0		
8	136,600	5		4.4		7.4			1.0	1.0		
9	120,400	4		4.0		7.3			1.0	0.9		
10	157,100	5		3.8		7.4			1.0	0.8		
11	137,800	5		4.4		7.3			1.5	0.8		
12	163,300	7		5.1		7.3			1.7	0.9		
13												
14	343,000	13		4.5		7.4			1.1	0.9		
15	120,900	4		4.0		7.2			1.1	1.0		
16	163,900	7		5.1		7.3			1.1	1.1		
17	161,600	6		4.5		7.1			0.9	0.8		
18	156,400	6		4.6		7.3			1.3	1.1		
19	176,300	3		2.0		7.4			1.6	1.0		
20												
21	315,200	16		6.1		7.4			1.0	0.9		
22	158,200	7		5.3		7.3			1.2	1.1		
23	107,500	5		5.6		7.4			1.2	1.0	2	Compliance samples
24	140,600	5		4.3		7.4			1.5	1.0		
25	100,000	3		3.6		7.3			1.5	1.0		
26	101,800	4		4.7		7.4			2.0	1.0		
27												
28	247,200	5		2.4		7.5			1.0	0.7		
29	101,300	4		4.7		7.5			1.0	1.0		
30	109,600	4		4.4		7.4			1.0	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4430790 PWS Name Lellani Heights #1 Location:City or S/D Jensen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month November 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 397 No of People at End of Month 1389.5
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct Lowell Polk B-6033
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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:	110,000	4		90.7		195.6			21.3	25.3	4	
Average:	3,667	<1		3.0		7.5			0.8	1.0		
Maximum:	49,000	1		60.0		7.8			1.5	1.4		
Minimum:	1,000	0		2.4		7.2			0.3	0.6		
1						7.4			1.0	1.0		
2	23,000					7.2			1.6	1.4		
3	49,000	1		2.4		7.8			0.5	0.9		
4						7.5			0.5	0.9		
5						7.6			0.5	0.9		
6												
7	2,000	1		60.0		7.7			0.5	1.0		
8						7.5			0.5	1.0		
9						7.5			0.5	0.9		
10	1,000					7.7			0.5	0.8		
11						7.7			0.5	0.8		
12	2,000					7.5			0.3	0.8		
13												
14	9,000	1		13.3		7.5			1.0	1.1		
15						7.5			0.9	1.0		
16	1,000					7.6			0.5	1.1		
17	2,000					7.5			0.7	0.8		
18						7.5			0.6	1.1		
19						7.5			0.6	0.8		
20												
21	8,000					7.5			1.2	0.9		
22	5,000					7.5			1.0	1.1	1	
23						7.4			1.5	1.0	3	Compliance samples
24	8,000	1		15.0		7.5			1.5	1.0		
25						7.5			1.4	1.0		
26						7.5			1.5	1.0		
27												
28						7.5			0.8	1.0		
29						7.5			0.7	1.0		
30						7.5			0.5	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

S ID No. 4430790 PWS Name Leilani Heights #2 Location:City or S/D Janeen Beach
Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month December 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 391 No of People at End of Month 1368.5
Design Flow 0.180 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lowell Polk B-6033 / George West C-7246
I certify this report is correct Lowell T Polk B-6033
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	4,046,200	162		126.9		199			32.3	27.0	2	
Average:	130,523	5		4.1		7.4			1.2	1.0		
Maximum:	166,000	6		7.5		7.5			1.9	1.1		
Minimum:	90,100	3		3.3		7.2			0.9	0.8		
1	101,000	4		4.7		7.4			1.0	1.0		
2	146,700	4		3.3		7.5			1.0	1.0		
3	90,100	3		4.0		7.2			1.9	1.0		
4												
5	272,900	12		5.3		7.4			1.5	1.0		
6	106,200	4		4.5		7.4			1.0	1.0		
7	138,900	6		5.2		7.3			1.1	1.0		
8	137,100	5		4.4		7.4			1.2	1.0		
9	136,200	5		4.4		7.4			1.1	1.0		
10	119,300	5		5.0		7.4			1.9	1.0		
11												
12	263,600	11		5.0		7.3			1.2	1.1		
13	166,000	6		4.3		7.4			1.1	1.0		
14	128,800	5		4.7		7.5			1.1	1.0		
15	110,500	5		5.4		7.4			1.1	1.0	2	Compliance samples
16	146,000	4		3.3		7.2			1.1	1.0		
17	124,200	6		5.8		7.4			1.5	1.0		
18												
19	285,300	11		4.6		7.4			1.2	1.1		
20	152,500	6		4.7		7.4			1.0	1.0		
21	132,000	6		5.5		7.4			1.1	1.0		
22	138,400	5		4.3		7.4			1.2	1.0		
23	113,100	4		4.2		7.4			1.0	1.0		
24	146,500	6		4.9		7.4			1.7	1.0		
25												
26	238,700	15		7.5		7.4			1.2	1.0		
27	133,500	6		5.4		7.4			1.1	1.0		
28	97,100	3		3.7		7.5			0.9	0.8		
29	128,300	4		3.7		7.3			1.1	1.0		
30	128,900	5		4.7		7.4			1.0	1.0		
31	164,400	6		4.4		7.3			1.0	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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

/S ID No. 4430790 PWS Name Leilani Heights #1 Location:City or S/D Jensen Beach

Owned By Southern States Utilities Phone Number: 407-334-5584 Reporting Month December 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 391 No of People at End of Month 1368.5

Design Flow 0.180 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lowell Polk B-5033 / George West C-7246

I certify this report is correct Lowell G Polk B-6033

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

Days of Month	Total Water Treated in in Gallons	Chlorine			pH				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	9,000	3		40.0		181.7			16.5	24.5	2	
Average:	290	0		11.6		7.6			0.7	1.0		
Maximum:	1,000	<1				7.7			1.3	1.5		
Minimum:	0	0		0		7.5			0.5	0.8		
1	0					7.5			0.6	1.0		
2	1,000					7.5			0.7	1.0		
3	0					7.5			0.7	1.5		
4												
5	1,000					7.7			0.5	1.0		
6	0											
7	0											
8	1,000											
9	1,000					7.6			0.8	1.0		
10	0					7.6			0.7	1.0		
11												
12	1,000					7.6			0.5	1.1		
13	0					7.6			0.5	1.0		
14	0					7.6			0.5	1.0		
15	1,000					7.5			0.8	1.0	2	Compliance samples
16	0					7.5			0.8	1.0		
17	1,000					7.6			1.3	1.0		
18												
19	0					7.5			0.8	1.1		
20	0					7.5			0.8	1.0		
21	0					7.5			0.6	1.0		
22	1,000	2				7.7			0.5	1.0		
23	0					7.6			0.7	1.0		
24	0					7.5			1.0	1.0		
25												
26	0					7.6			0.6	1.0		
27	1,000	1				7.6			0.8	1.0		
28	0					7.6			0.7	0.8		
29	0					7.6			0.5	1.0		
30	0					7.7			0.5	1.0		
31	0					7.5			0.6	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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridg Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-483-6118 Reporting Month January 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Original signed by Daniel Holmes C-4335
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,078,000	253.0		28.0								
Average:	348,000								1.2	0.6		
Maximum:	66,000								1.3	0.7		
Minimum:	15,000								1.0	0.5		
1	33,000	7.0							1.1	0.5		
2	33,000	7.0										
3	32,000	6.0							1.1	0.5		
4	36,000	13.0							1.2	0.6		
5	28,000	9.0							1.2	0.6		
6	21,000	7.0							1.2	0.6		
7	15,000	5.0							1.2	0.6		
8	35,000	7.0							1.2	0.6		
9	36,000	7.0							1.2	0.6		
10	35,000	7.0							1.2	0.6		
11	66,000	9.0							1.1	0.6		
12	21,000	8.0							1.3	0.7		
13	56,000	13.0							1.3	0.7		
14	30,000	12.0							1.3	0.7		
15	34,000	8.0							1.3	0.6		
16	33,000	8.0							1.2	0.6		
17	33,000	8.0							1.2	0.6		
18	29,000	8.0							1.3	0.6		
19	30,000	8.0							1.2	0.6		
20	22,000	4.0							1.2	0.6		
21	28,000	8.0							1.2	0.6		
22	35,000	9.0										
23	35,000	10.0										
24	35,000	9.0							1.1	0.5		
25	33,000	8.0							1.1	0.5		
26	48,000	9.0							1.1	0.5		
27	33,000	7.0							1.2	0.6		
28	42,000	8.0							1.1	0.5		
29	37,000	8.0							1.0	0.5		
30	38,000	8.0							1.0	0.5		
31	37,000	8.0							1.1	0.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridg Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-493-6118 Reporting Month February 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Original signed by Daniel Holmes C-4335
(Lead Operator's Signature (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	990,000	216.0		26.0								
Average:	354,000								1.1	0.5		
Maximum:	52,000								1.2	0.6		
Minimum:	21,000								1.1	0.4		
1	21,000	7.0							1.1	0.5		
2	47,000	11.0							1.2	0.5		
3	49,000	11.0							1.1	0.5		
4	36,000	8.0							1.1	0.5		
5	31,000	8.0										
6	31,000	8.0										
7	31,000	8.0							1.2	0.5		
8	48,000	12.0							1.2	0.5		
9	28,000	7.0							1.1	0.4		
10	50,000	14.0							1.2	0.6		
11	33,000	9.0							1.2	0.5		
12	41,000	6.0										
13	41,000	6.0										
14	41,000	6.0							1.1	0.5		
15	31,000	7.0							1.2	0.6		
16	22,000	5.0							1.2	0.6		
17	39,000	7.0							1.1	0.5		
18	38,000	7.0							1.2	0.5		
19	29,000	5.0										
20	29,000	5.0										
21	29,000	5.0							1.1	0.5		
22	23,000	4.0							1.1	0.5		
23	48,000	10.0							1.2	0.5		
24	28,000	6.0							1.2	0.5		
25	52,000	16.0							1.1	0.5		
26	32,000	8.0										
27	32,000	8.0										
28	31,000	7.0							1.2	0.5		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridg Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-483-6118 Reporting Month March 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Original signed by Daniel Holmes C-4335
(Lead Operator's Signature (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,105,000	218.0		24.0								
Average:	35,600								1.1	0.5		
Maximum:	55,000								1.2	0.6		
Minimum:	18,000								1.0	0.4		
1	34,000	8.0							1.2	0.5		
2	30,000	7.0							1.2	0.5		
3	18,000	4.0							1.1	0.4		
4	38,000	10.0							1.2	0.5		
5	35,000	4.0										
6	35,000	5.0										
7	35,000	4.0							1.1	0.4		
8	35,000	7.0							1.2	0.5		
9	47,000	10.0							1.1	0.5		
10	33,000	8.0							1.1	0.5		
11	28,000	7.0							1.2	0.5		
12	31,000	6.0										
13	31,000	7.0										
14	31,000	6.0							1.1	0.4		
15	52,000	7.0							1.0	0.4		
16	28,000	6.0							1.2	0.5		
17	34,000	8.0							1.2	0.5		
18	31,000	7.0							1.1	0.5		
19	43,000	8.0										
20	43,000	8.0										
21	42,000	8.0							1.1	0.5		
22	31,000	8.0							1.2	0.6		
23	25,000	6.0							1.2	0.6		
24	23,000	5.0							1.2	0.6		
25	55,000	6.0							1.1	0.6		
26	26,000	12.0							1.1	0.5		
27	48,000	11.0										
28	49,000	12.0							1.0	0.5		
29	28,000	6.0							1.1	0.5		
30	28,000	5.0							1.1	0.5		
31	26,000	4.0							1.1	0.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridg Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-493-6118 Reporting Month April 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Original signed by Daniel Holmes C-4335
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	969,000	201.0		25.0								
Average:	32,300								1.1	0.5		
Maximum:	43,000								1.2	0.6		
Minimum:	16,000								1.0	0.5		
1	17,000	4.0							1.2	0.5		
2	41,000	9.0										
3	42,000	9.0										
4	41,000	9.0							1.1	0.5		
5	33,000	6.0							1.1	0.5		
6	34,000	6.0							1.1	0.5		
7	43,000	9.0							1.1	0.5		
8	33,000	6.0							1.0	0.5		
9	39,000	7.0										
10	40,000	7.0										
11	40,000	8.0							1.1	0.5		
12	29,000	8.0							1.2	0.6		
13	33,000	5.0							1.1	0.5		
14	43,000	13.0							1.2	0.5		
15	18,000	3.0							1.2	0.5		
16	43,000	10.0										
17	43,000	10.0										
18	43,000	10.0							1.1	0.5		
19	29,000	5.0							1.1	0.5		
20	27,000	5.0							1.1	0.5		
21	33,000	8.0							1.2	0.5		
22	24,000	4.0							1.1	0.5		
23	22,000	5.0										
24	22,000	5.0										
25	22,000	5.0							1.2	0.6		
26	33,000	5.0							1.1	0.5		
27	36,000	6.0							1.2	0.5		
28	33,000	5.0							1.1	0.5		
29	16,000	3.0							1.2	0.5		
30	17,000	3.0							1.2	0.5		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid

Owned By Southern States Utilities Phone No: 813-483-6116 Reporting Month May 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Daniel Holmes C-4335

I certify this report is correct Original signed by Daniel Holmes (Lead Operator's Signature) C-4335 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	837,000	158.0		23.0					26.4	11.8		
Average:	27,323								1.1	0.5		
Maximum:	46,000								1.2	0.6		
Minimum:	14,000								0.9	0.4		
1	38,000								0.9	0.4		
2	39,000	21.0							1.2	0.5		
3	25,000	4.0							1.2	0.5		
4	22,000	3.0							1.1	0.5		
5	39,000	7.0							1.2	0.5		
6	23,000	6.0							1.2	0.6		
7	38,000	8.0							1.1	0.5		
8	38,000	9.0										
9	38,000	9.0							1.2	0.5		
10	26,000	5.0							1.1	0.5		
11	23,000	4.0							1.1	0.5		
12	22,000	4.0							1.1	0.5		
13	23,000	4.0							1.1	0.5		
14	26,000	4.0										
15	26,000	4.0										
16	26,000	4.0							0.9	0.4		
17	46,000	5.0							0.9	0.4		
18	22,000	3.0							0.9	0.4		
19	26,000	4.0							1.0	0.4		
20	14,000	2.0							1.0	0.4		
21	25,000	5.0										
22	25,000	5.0										
23	25,000	5.0							1.2	0.6		
24	33,000	6.0							1.2	0.5		
25	25,000	4.0							1.2	0.5		
26	21,000	3.0							1.1	0.5		
27	23,000	4.0							1.2	0.5		
28	22,000	4.0										
29	22,000	4.0										
30	22,000	4.0							1.2	0.5		
31	22,000	4.0							1.1	0.5		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-483-8118 Reporting Month June 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 220 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daniel Holmes C-4335

I certify this report is correct Original signed by Daniel Holmes C-4335
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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 PPM	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	610,000	85.0		17.0					22.4	10.8	4	
Average:	20,333	2.8							0.9	0.4		
Maximum:	35,000								1.2	0.5		
Minimum:	11,000								0.8	0.4		
1	26,000	3.0							1.1	0.5		
2	25,000	3.0							1.1	0.5		
3	20,000	3.0							0.8	0.4		
4	15,000	2.0										
5	15,000	2.0										
6	15,000	2.0							0.9	0.4		
7	21,000	2.0							0.9	0.4		
8	27,000	3.0							0.9	0.4		
9	14,000	1.0							0.9	0.4		
10	25,000	3.0							0.9	0.4		
11	23,000	3.0										
12	23,000	3.0										
13	24,000	3.0							0.8	0.4		
14	22,000	3.0							0.8	0.4		
15	35,000	4.0							0.8	0.4		
16	16,000	3.0							0.8	0.4		
17	20,000	3.0							0.8	0.4		
18	12,000	2.0							0.8	0.4		
19	23,000	3.0										
20	22,000	3.0							0.8	0.4		
21	15,000	2.0							1.0	0.4		
22	16,000	2.0							1.0	0.5		
23	16,000	2.0							0.9	0.4	4	BACT's
24	22,000	3.0							1.0	0.5		
25	12,000	2.0							1.0	0.5		
26	24,000	5.0										
27	24,000	5.0							1.0	0.5		
28	14,000	3.0							1.0	0.5		
29	33,000	5.0							1.2	0.5		
30	11,000	2.0							1.2	0.5		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-493-6118 Reporting Month July 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daniel Holmes C-4335
I certify this report is correct Original signed by Daniel Holmes C-4335
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	461,000	79.0							25.8	11.4	4	
Average:	15,839	2.5		19.3					1.1	0.5		
Maximum:	24,000								1.2	0.5		
Minimum:	7,000								1.0	0.4		
1	13,000	2.0							1.2	0.5		
2	7,000	1.0							1.2	0.5		
3	24,000	4.0										
4	24,000	4.0							1.2	0.5		
5	11,000	2.0							1.2	0.5		
6	16,000	2.0							1.1	0.5		
7	11,000	2.0							1.1	0.5		
8	11,000	2.0							1.0	0.4		
9	12,000	3.0										
10	12,000	3.0										
11	13,000	3.0							1.1	0.5		
12	24,000	4.0							1.0	0.4		
13	22,000	3.0							1.1	0.5		
14	18,000	3.0							1.1	0.5		
15	19,000	3.0							1.0	0.4		
16	11,000	2.0							1.0	0.4		
17	20,000	3.0										
18	19,000	3.0							1.0	0.5		
19	22,000	3.0							1.0	0.4	4	BACT's/Compliance
20	17,000	2.0							1.0	0.4		
21	13,000	1.0							1.0	0.4		
22	10,000	1.0							1.0	0.4		
23	15,000	3.0										
24	15,000	3.0										
25	14,000	3.0							1.0	0.4		
26	16,000	3.0							1.0	0.4		
27	18,000	3.0							1.1	0.5		
28	10,000	1.0							1.0	0.4		
29	22,000	3.0							1.2	0.5		
30	16,000	2.0							1.1	0.5		
31	16,000	2.0							1.1	0.5		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location: City or S/D Lake Placid
Owned By Southern States Utilities Phone No. 813-493-6118 Reporting Month August 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daniel Holmes C-4335
I certify this report is correct [signature] C-4335
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorin (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 PPM	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	480.000	89.0		22.0					26.5	13.2	4	
Average:	15.484	2.9							1.2	0.6		
Maximum:	23.000								1.5	0.8		
Minimum:	10.000								0.9	0.4		
1	17.000	2.0							1.2	0.5		
2	16.000	2.0							1.1	0.5		
3	15.000	2.0							1.0	0.5		
4	13.000	2.0							1.1	0.5		
5	13.000	2.0							1.2	0.6		
6	13.000	2.0										
7	13.000	2.0										
8	13.000	2.0							1.1	0.5		
9	10.000	2.0							1.1	0.5		
10	18.000	3.0							1.1	0.5		
11	14.000	2.0							1.2	0.5		
12	10.000	2.0							1.2	0.6		
13	14.000	2.0										
14	14.000	2.0										
15	14.000	2.0							1.1	0.6		
16	13.000	1.0							1.2	0.6		
17	15.000	2.0							1.0	0.5		
18	10.000	2.0							1.2	0.5		
19	17.000	4.0							1.3	0.8		
20	16.000	3.0										
21	16.000	3.0										
22	16.000	3.0							1.1	0.5		
23	15.000	3.0							1.0	0.4	4	A's
24	22.000	5.0							0.9	0.4		
25	13.000	4.0							1.2	0.6		
26	23.000	6.0							1.5	0.8		
27	21.000	5.0										
28	21.000	4.0										
29	21.000	5.0							1.1	0.8		
30	19.000	4.0							1.1	0.7		
31	15.000	4.0							1.5	0.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location: City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-493-6118 Reporting Month September 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daniel Holmes C-4335

I certify this report is correct [signature] C-4335
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l PPM	lbs used	mg/l	lbs used	mg/l	Residual Chlorin (mg/l) Plant Effluent	Residual Chlorin (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	429,000	97.0		27.0					30.6	13.8	4	
Average:	14,300	3.2							1.3	0.6		
Maximum:	27,000								1.5	0.8		
Minimum:	8,000								1.1	0.5		
1	8,000	2.0							1.4	0.7		
2	22,000	6.0							1.4	0.7		
3	13,000	3.0										
4	14,000	3.0										
5	14,000	3.0							1.3	0.6		
6	12,000	3.0							1.3	0.6		
7	12,000	3.0							1.3	0.6		
8	14,000	3.0							1.3	0.6		
9	14,000	3.0							1.3	0.6		
10	13,000	4.0										
11	14,000	3.0										
12	14,000	4.0							1.5	0.8		
13	9,000	2.0							1.1	0.5	4	Compliance
14	12,000	2.0							1.2	0.6		
15	21,000	5.0							1.2	0.6		
16	16,000	4.0							1.1	0.5		
17	14,000	3.0										
18	14,000	3.0										
19	13,000	3.0							1.5	0.6		
20	12,000	3.0							1.3	0.6		
21	18,000	6.0							1.5	0.7		
22	14,000	3.0							1.5	0.6		
23	13,000	3.0							1.5	0.6		
24	15,000	3.0							1.5	0.6		
25	15,000	3.0										
26	14,000	3.0							1.4	0.6		
27	11,000	2.0							1.4	0.6		
28	27,000	4.0							1.2	0.5		
29	12,000	2.0							1.2	0.5		
30	15,000	3.0							1.2	0.5		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location: City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-493-6118 Reporting Month October 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daniel Holmes C-4335

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-4335 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorin (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 PPM	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	568,000	114.0		23.5					33.0	14.8	4	
Average:	18,323	3.7							1.2	0.5		
Maximum:	28,000								1.3	0.6		
Minimum:	12,000								1.1	0.5		
1	12,000	2.0							1.2	0.5		
2	13,000	2.0							1.2	0.5		
3	13,000	2.0							1.1	0.5		
4	12,000	2.0							1.1	0.5		
5	14,000	3.0							1.2	0.6		
6	15,000	3.0							1.2	0.6		
7	12,000	2.0							1.2	0.5		
8	17,000	4.0							1.2	0.6		
9	18,000	4.0										
10	17,000	4.0							1.3	0.6	4	
11	17,000	4.0							1.3	0.6		
12	19,000	4.0							1.2	0.5		
13	16,000	3.0							1.3	0.6		
14	14,000	3.0							1.3	0.6		
15	14,000	3.0							1.2	0.5		
16	14,000	3.0										
17	15,000	3.0							1.2	0.5		
18	20,000	4.0							1.2	0.5		
19	25,000	5.0							1.3	0.6		
20	24,000	5.0							1.3	0.6		
21	20,000	4.0							1.2	0.5		
22	24,000	6.0							1.2	0.5		
23	24,000	6.0										
24	24,000	7.0							1.2	0.5		
25	28,000	5.0							1.2	0.5		
26	24,000	5.0							1.3	0.6		
27	25,000	5.0							1.3	0.6		
28	18,000	2.0							1.2	0.6		
29	20,000	3.0							1.2	0.6		
30	20,000	3.0										
31	20,000	3.0							1.2	0.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-493-6118 Reporting Month November 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daniel Holmes C-4335
I certify this report is correct [signature] C - 4335
(Lead Operator's Signature (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l PPM	lbs used	mg/l	lbs used	mg/l	Residual Chlorin (mg/l) Plant Effluent	Residual Chlorin (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	620,000	117.0		23.0					31.1	15.2	3	
Average:	20,667	3.9							1.2	0.6		
Maximum:	30,000								1.3	0.7		
Minimum:	13,000								1.2	0.5		
1	20,000	3.0							1.2	0.5		
2	21,000	4.0							1.3	0.6		
3	18,000	3.0							1.3	0.6		
4	20,000	3.0							1.2	0.5		
5	14,000	2.0							1.2	0.5		
6	25,000	5.0										
7	25,000	5.0							1.2	0.5		
8	18,000	3.0							1.2	0.6		
9	25,000	5.0							1.2	0.6		
10	22,000	5.0							1.2	0.6	3	Bact's/Compliance
11	17,000	3.0							1.3	0.6		
12	13,000	3.0										
13	27,000	7.0										
14	28,000	8.0							1.3	0.6		
15	21,000	4.0							1.2	0.6		
16	19,000	3.0							1.2	0.6		
17	13,000	3.0							1.3	0.6		
18	23,000	4.0							1.2	0.6		
19	16,000	3.0							1.2	0.6		
20	21,000	3.0										
21	21,000	3.0							1.2	0.6		
22	17,000	3.0							1.2	0.6		
23	17,000	3.0							1.2	0.6		
24	29,000	5.0							1.3	0.7		
25	17,000	3.0							1.3	0.7		
26	15,000	3.0							1.3	0.7		
27	30,000	6.0										
28	29,000	6.0							1.3	0.7		
29	17,000	2.0							1.3	0.7		
30	22,000	4.0							1.3	0.7		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-639-0331 Reporting Month December 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daniel Holmes C-4335

I certify this report is correct _____ C-4335
(Lead Operator's Signature (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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 PPM	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	627,000	100.0		19.0					33.4	15.7	3	
Average:	20,226	3.2							1.2	0.6		
Maximum:	29,000								1.3	0.7		
Minimum:	13,000								1.1	0.5		
1	14,000	2.0							1.3	0.6		
2	20,000	4.0							1.3	0.7		
3	13,000	2.0							1.3	0.7		
4	27,000	4.0										
5	26,000	4.0							1.2	0.6		
6	20,000	4.0							1.2	0.5	3	Bact's/Compliance
7	25,000	4.0							1.2	0.5		
8	18,000	3.0							1.1	0.5		
9	20,000	4.0							1.2	0.6		
10	14,000	3.0							1.2	0.6		
11	25,000	4.0										
12	25,000	4.0							1.3	0.6		
13	17,000	3.0							1.2	0.5		
14	13,000	2.0							1.2	0.5		
15	29,000	4.0							1.2	0.5		
16	18,000	3.0							1.3	0.6		
17	14,000	2.0							1.2	0.5		
18	29,000	4.0										
19	29,000	4.0							1.2	0.6		
20	21,000	4.0							1.3	0.6		
21	19,000	3.0							1.2	0.6		
22	16,000	2.0							1.2	0.6		
23	20,000	3.0							1.2	0.6		
24	14,000	2.0							1.2	0.6		
25	21,000	3.0										
26	22,000	2.0							1.3	0.6		
27	15,000	2.0							1.2	0.6		
28	23,000	4.0							1.3	0.6		
29	17,000	3.0							1.3	0.6		
30	23,000	4.0							1.3	0.6		
31	20,000	4.0							1.3	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 month record

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-493-6116 Reporting Month January 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daraid E. Pugh C-2261
I certify this report is correct Original signed by Daraid E. Pugh C-2261
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	940,000	291		36.1								
Average:	30,323								1.3	0.5		
Maximum:	41,000								1.5	0.7		
Minimum:	21,000								1.1	0.4		
1	31,000	10										
2	31,000	10							1.1	0.6		
3	31,000	10										
4	32,000	10							1.1	0.6		
5	24,000	6							1.2	0.6		
6	31,000	11							1.2	0.6		
7	30,000	11							1.1	0.6		
8	25,000	8							1.1	0.6		
9	37,000	9										
10	36,000	9										
11	32,000	9							1.1	0.6		
12	33,000	11							1.2	0.6		
13	41,000	14							1.2	0.7		
14	29,000	9							1.2	0.6		
15	32,000	12							1.3	0.6		
16	24,000	10										
17	24,000	10										
18	24,000	10							1.4	0.6		
19	32,000	8							1.4	0.6		
20	25,000	7							1.4	0.7		
21	24,000	7							1.3	0.5		
22	25,000	5							1.4	0.5		
23	38,000	9										
24	38,000	9										
25	39,000	10							1.5	0.4		
26	35,000	12							1.5	0.4		
27	35,000	11							1.5	0.5		
28	21,000	6							1.5	0.4		
29	25,000	6							1.5	0.5		
30	25,000	6										
31	26,000	6										

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-453-6116 Reporting Month February 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Derald E. Pugh C-2261
I certify this report is correct Original signed by Derald E. Pugh C-2261
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	806,000	224		33.3								
Average:	28,786								1.4	0.5		
Maximum:	43,000								1.5	0.6		
Minimum:	24,000								1.2	0.3		
1	43,000	16.0							1.4	0.4		
2	32,000	10.0							1.4	0.5		
3	32,000	10.0							1.5	0.5		
4	24,000	9.0							1.5	0.5		
5	27,000	13.0							1.3	0.3		
6	28,000	8.0										
7	28,000	7.0										
8	28,000	8.0							1.3	0.4		
9	28,000	8.0							1.2	0.4		
10	27,000	8.0							1.3	0.4		
11	23,000	8.0							1.4	0.5		
12	25,000	8.0							1.4	0.5		
13	26,000	8.0										
14	26,000	9.0										
15	27,000	9.0							1.5	0.5		
16	27,000	10.0							1.5	0.5		
17	29,000	10.0							1.5	0.6		
18	36,000	13.0							1.5	0.5		
19	30,000	11.0							1.5	0.5		
20	32,000	7.0										
21	32,000	7.0										
22	32,000	7.0							1.2	0.3		
23	27,000	10.0							1.3	0.4		
24	29,000	10.0							1.5	0.6		
25	25,000	8.0							1.4	0.6		
26	28,000	6.0							1.2	0.4		
27	27,000	7.0										
28	27,000	7.0										
29												
30												
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-483-6118 Reporting Month March 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Derald E. Pugh C-2261
I certify this report is correct Original signed by Derald E. Pugh C-2261
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	914,000	303		39.8								
Average:	29,484								1.5	0.5		
Maximum:	41,000								2.0	0.8		
Minimum:	24,000								1.0	0.3		
1	36,000	10							1.6	0.5		
2	35,000	10							1.5	0.5		
3	41,000	12							1.6	0.6		
4	30,000	10							1.5	0.5		
5	32,000	14							1.6	0.5		
6	35,000	13										
7	35,000	13										
8	36,000	13							1.6	0.5		
9	34,000	12							1.6	0.5		
10	33,000	11							1.6	0.5		
11	29,000	11							1.8	0.6		
12	30,000	11							1.7	0.6		
13	29,000	11										
14	28,000	11										
15	29,000	11							1.9	0.8		
16	29,000	10							1.8	0.7		
17	32,000	11							2.0	0.8		
18	25,000	9							1.9	0.8		
19	29,000	9							1.3	0.5		
20	25,000	9										
21	25,000	9										
22	24,000	9							1.0	0.3		
23	25,000	7							1.2	0.4		
24	26,000	7							1.4	0.5		
25	22,000	5							1.2	0.3		
26	25,000	7							1.3	0.4		
27	26,000	7										
28	26,000	7										
29	26,000	7							1.3	0.4		
30	25,000	7							1.3	0.4		
31	32,000	10							1.4	0.4		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-483-6116 Reporting Month April 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Darald E. Pugh C-2261
I certify this report is correct Original signed by Darald E. Pugh C-2261
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	809,000	258		40.2								
Average:	26,900								1.3	0.4		
Maximum:	43,000								1.8	0.9		
Minimum:	22,000								0.8	0.3		
1	23,000	8							1.1	0.3		
2	22,000	8							1.0	0.3		
3	43,000	10										
4	40,000	9										
5	40,000	9							0.9	0.3		
6	23,000	8							1.3	0.6		
7	27,000	10							1.2	0.6		
8	22,000	10							1.3	0.6		
9	23,000	9							1.2	0.6		
10	25,000	7										
11	24,000	7										
12	25,000	7							1.1	0.6		
13	30,000	11							1.2	0.6		
14	30,000	10							1.5	0.7		
15	25,000	9							1.8	0.9		
16	23,000	7							1.4	0.6		
17	26,000	9										
18	28,000	8										
19	29,000	9							1.1	0.5		
20	27,000	9							0.8	0.3		
21	31,000	11							1.1	0.4		
22	22,000	8							1.0	0.4		
23	24,000	8							0.9	0.4		
24	24,000	9										
25	24,000	8										
26	24,000	9							1.0	0.4		
27	26,000	8							1.1	0.5		
28	25,000	8							0.9	0.5		
29	24,000	7							0.9	0.5		
30	26,000	8							0.9	0.5		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-465-6115 Reporting Month May 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dereld E. Pugh C-2261
I certify this report is correct Original signed by Dereld E. Pugh C-2261
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	719,000	241.0		40.4								
Average:	23,194								1.3	0.6		
Maximum:	31,000								1.7	0.9		
Minimum:	16,000								1.0	0.4		
1	27,000	8.0										
2	26,000	8.0										
3	26,000	7.0							1.0	0.4		
4	20,000	6.0							1.1	0.4		
5	21,000	7.0							1.0	0.4		
6	24,000	8.0							1.1	0.4		
7	25,000	8.0										
8	25,000	9.0										
9	24,000	8.0										
10	25,000	9.0							1.0	0.4		
11	24,000	9.0							1.2	0.6		
12	32,000	10.0							1.2	0.6		
13	16,000	6.0							1.2	0.6		
14	19,000	8.0							1.3	0.6		
15	24,000	8.0										
16	24,000	8.0										
17	25,000	8.0							1.2	0.6		
18	20,000	6.0							1.4	0.7		
19	31,000	8.0							1.7	0.9		
20	19,000	5.0							1.6	0.8		
21	16,000	6.0							1.4	0.6		
22	29,000	9.0										
23	29,000	9.0										
24	29,000	9.0							1.0	0.5		
25	23,000	6.0							1.3	0.6		
26	25,000	8.0							1.0	0.6		
27	17,000	7.0							1.5	0.7		
28	18,000	8.0							1.5	0.7		
29	17,000	8.0										
30	17,000	8.0										
31	20,000	9.0							1.5	0.7		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5260064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-493-6118 Reporting Month June 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Derald E. Pugh C-2261
I certify this report is correct Original signed by Derald E. Pugh C-2261
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	579,000	191		39.6								
Average:	19,300								1.1	0.4		
Maximum:	24,000								1.4	0.8		
Minimum:	13,000								0.6	0.2		
1	22,000	7							1.4	0.8		
2	20,000	7							1.4	0.8		
3	15,000	5							1.1	0.6		
4	17,000	6							1.2	0.6		
5	22,000	7							1.1	0.5		
6	22,000	7										
7	22,000	7							1.1	0.5		
8	30,000	9							1.0	0.5		
9	24,000	5							1.1	0.5		
10	19,000	3							1.0	0.4		
11	19,000	5							1.0	0.4		
12	20,000	7										
13	20,000	6										
14	20,000	6							1.1	0.4		
15	24,000	8							1.2	0.4		
16	13,000	4							1.0	0.4		
17	17,000	6							1.2	0.4		
18	17,000	8							1.1	0.4		
19	21,000	8										
20	22,000	8										
21	22,000	8							1.1	0.4		
22	21,000	6							1.2	0.4		
23	24,000	8							1.3	0.5		
24	18,000	8							1.3	0.5		
25	18,000	6							1.2	0.5		
26	15,000	6										
27	15,000	6										
28	15,000	6							1.4	0.5		
29	20,000	8							0.8	0.3		
30	17,000	4							0.6	0.2		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280084 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-483-5118 Reporting Month July 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Darald E. Pugh C-2261
I certify this report is correct Original signed by Darald E. Pugh C-2261
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	531,000	183.0		41.4								
Average:	17,100								1.7	0.6		
Maximum:	28,000								2.2	0.9		
Minimum:	10,000								1.2	0.4		
1	15,000	6.0							1.3	0.4		
2	15,000	6.0							1.8	0.5		
3	18,000	7.0										
4	18,000	7.0										
5	18,000	7.0							1.8	0.6		
6	16,000	5.0							2.0	0.8		
7	20,000	7.0							2.0	0.8		
8	19,000	7.0							2.2	0.9		
9	15,000	5.0							2.0	0.8		
10	17,000	5.0										
11	17,000	5.0										
12	18,000	6.0							1.7	0.7		
13	18,000	5.0							1.7	0.7		
14	18,000	5.0							1.7	0.6		
15	10,000	5.0							1.7	0.5		
16	12,000	5.0							1.7	0.5		
17	28,000	9.0										
18	29,000	9.0										
19	29,000	9.0							1.7	0.7		
20	12,000	5.0							1.7	0.7		
21	20,000	7.0							1.8	0.7		
22	23,000	9.0							1.7	0.7		
23	10,000	4.0							1.7	0.7		
24	17,000	6.0										
25	18,000	6.0										
26	17,000	5.0							1.6	0.7		
27	19,000	5.0							1.6	0.7		
28	19,000	6.0							1.7	0.7		
29	12,000	4.0							1.2	0.5		
30	13,000	4.0							1.3	0.5		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid

Owned By Southern States Utilities Phone No: 813-483-6118 Reporting Month August 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 220 No of People at End of Month

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Derald E. Pugh C-2261

I certify this report is correct Original signed by Derald E. Pugh C-2261

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

Days of Month	Total Water Treated in Gallons	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	574,000	183.0		38.3								
Average:	18,516								1.4	0.6		
Maximum:	24,000								1.6	0.7		
Minimum:	15,000								1.2	0.5		
1	15,000	5.0										
2	16,000	5.0							1.2	0.5		
3	20,000	5.0							1.4	0.6		
4	19,000	5.0							1.3	0.6		
5	15,000	5.0							1.4	0.5		
6	16,000	5.0							1.4	0.6		
7	20,000	7.0							1.5	0.6		
8	20,000	7.0										
9	20,000	7.0							1.5	0.7		
10	22,000	8.0							1.5	0.6		
11	20,000	8.0							1.5	0.6		
12	18,000	6.0							1.5	0.6		
13	18,000	6.0							1.6	0.6		
14	18,000	6.0							1.6	0.6		
15	18,000	6.0										
16	18,000	6.0							1.5	0.6		
17	18,000	6.0							1.5	0.6		
18	18,000	6.0							1.5	0.6		
19	15,000	5.0							1.5	0.6		
20	16,000	6.0							1.6	0.6		
21	16,000	6.0							1.6	0.6		
22	17,000	6.0										
23	17,000	6.0							1.6	0.6		
24	20,000	6.0							1.5	0.6		
25	24,000	6.0							1.5	0.6		
26	19,000	6.0							1.5	0.6		
27	17,000	6.0							1.5	0.6		
28	16,000	5.0							1.5	0.6		
29	16,000	5.0										
30	16,000	5.0							1.5	0.6		
31	17,000	6.0							1.5	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 month of record

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridg Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-493-611 Reporting Month September 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daniel Holmes C-4335
I certify this report is correct Original signed by Daniel Holmes C-4335
(Lead Operator's Signature (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	558,000	187.0		40.00								
Average:	18,600								1.3	0.7		
Maximum:	48,000								1.5	0.8		
Minimum:	11,000								1.0	0.5		
1	48,000	18.0							1.4	0.7		
2	23,000	6.0							1.4	0.7		
3	14,000	6.0							1.5	0.8		
4	13,000	6.0							1.4	0.7		
5	18,000	9.0										
6	19,000	8.0							1.2	0.6		
7	19,000	8.0							1.2	0.6		
8	21,000	9.0							1.2	0.6		
9	17,000	3.0							1.0	0.5		
10	11,000	3.0							1.3	0.6		
11	16,000	6.0							1.2	0.8		
12	15,000	5.0										
13	15,000	5.0							1.5	0.8		
14	22,000	6.0							1.3	0.7		
15	19,000	5.0							1.3	0.7		
16	11,000	4.0							1.4	0.7		
17	22,000	5.0							1.1	0.6		
18	18,000	6.0							1.2	0.6		
19	17,000	5.0										
20	17,000	5.0							1.3	0.7		
21	19,000	6.0							1.3	0.7		
22	23,000	7.0							1.4	0.7		
23	12,000	5.0							1.5	0.7		
24	12,000	5.0							1.5	0.7		
25	20,000	6.0							1.4	0.7		
26	21,000	6.0										
27	21,000	7.0							1.5	0.7		
28	17,000	6.0							1.4	0.7		
29	19,000	8.0							1.5	0.7		
30	17,000	5.0							1.4	0.6		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridge Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-469-6118 Reporting Month October 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 220 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daniel Holmes C-4335
I certify this report is correct Original signed by Daniel Holmes C-4335
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	602,000	192.0		38.0								
Average:	19,400								1.3	0.6		
Maximum:	30,000								1.4	0.7		
Minimum:	15,000								1.2	0.5		
1	18,000	5.0							1.3	0.6		
2	18,000	7.0							1.3	0.6		
3	18,000	7.0										
4	18,000	6.0							1.3	0.6		
5	22,000	8.0							1.4	0.6		
6	21,000	9.0							1.3	0.6		
7	16,000	5.0							1.4	0.6		
8	15,000	5.0							1.4	0.6		
9	17,000	5.0							1.3	0.6		
10	19,000	6.0										
11	19,000	5.0							1.2	0.5		
12	21,000	6.0							1.2	0.5		
13	18,000	5.0							1.2	0.6		
14	24,000	7.0							1.3	0.6		
15	17,000	5.0							1.4	0.7		
16	18,000	5.0										
17	18,000	6.0										
18	18,000	6.0							1.3	0.5		
19	23,000	9.0							1.4	0.7		
20	30,000	10.0							1.2	0.6		
21	16,000	5.0							1.2	0.6		
22	15,000	5.0							1.3	0.6		
23	19,000	6.0										
24	20,000	8.0										
25	19,000	6.0							1.3	0.6		
26	24,000	10.0							1.3	0.6		
27	18,000	5.0							1.2	0.6		
28	20,000	6.0							1.2	0.6		
29	24,000	8.0							1.2	0.6		
30	18,000	4.0							1.2	0.6		
31	23,000	8.0										

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridg Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-483-611 Reporting Month November 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Mont
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daniel Holmes C-4335
I certify this report is correct Original signed by Daniel Holmes C-4335
(Lead Operator's Signature (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorin (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	784,000	245.0		37.5								
Average:	26,100								1.2	0.5		
Maximum:	37,000								1.4	0.7		
Minimum:	12,000								0.7	0.3		
1	24,000	9.0							1.3	0.6		
2	21,000	6.0							1.2	0.6		
3	35,000	12.0							1.3	0.6		
4	22,000	8.0							1.3	0.6		
5	12,000	4.0							1.3	0.6		
6	26,000	8.0							1.3	0.6		
7	26,000	8.0							1.4	0.7		
8	26,000	8.0							1.4	0.7		
9	35,000	11.0							1.4	0.7		
10	20,000	7.0							1.3	0.6		
11	25,000	9.0							1.4	0.6		
12	29,000	9.0							1.3	0.6		
13	25,000	10.0							1.3	0.6		
14	24,000	8.0							1.3	0.6		
15	24,000	8.0							1.3	0.6		
16	32,000	12.0							1.4	0.7		
17	38,000	14.0							1.4	0.7		
18	13,000	4.0							1.3	0.6		
19	32,000	13.0							1.4	0.7		
20	23,000	8.0							1.4	0.7		
21	22,000	7.0							1.3	0.6		
22	22,000	7.0							1.3	0.6		
23	25,000	8.0							1.3	0.6		
24	37,000	4.0							0.7	0.3		
25	24,000	7.0										
26	25,000	8.0							1.2	0.4		
27	18,000	5.0							1.2	0.4		
28	26,000	8.0										
29	26,000	8.0							1.1	0.4		
30	22,000	7.0							1.1	0.4		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5280064 PWS Name Leisure Lakes/Covered Bridg Location:City or S/D Lake Placid
Owned By Southern States Utilities Phone No: 813-493-611 Reporting Month December 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 230 No of People at End of Month
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Daniel Holmes C-4335
I certify this report is correct Original signed by Daniel Holmes C-4335
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorin (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	80,700	238.0		35.0								
Average:	26,000								1.2	0.6		
Maximum:	44,000								1.8	0.8		
Minimum:	15,000								0.9	0.4		
1	27,000	8.0							1.1	0.5		
2	21,000	5.0							1.0	0.7		
3	24,000	3.0							1.0	0.5		
4	24,000	5.0										
5	24,000	5.0										
6	24,000	4.0							0.9	0.4		
7	32,000	12.0							1.8	0.7		
8	23,000	6.0							1.1	0.5		
9	35,000	12.0							1.3	0.6		
10	25,000	9.0							1.3	0.6		
11	25,000	8.0										
12	26,000	9.0										
13	26,000	9.0							1.2	0.6		
14	33,000	12.0							1.3	0.6		
15	21,000	7.0							1.3	0.6		
16	36,000	12.0							1.3	0.6		
17	27,000	10.0							1.5	0.8		
18	27,000	7.0										
19	27,000	7.0										
20	26,000	6.0							1.2	0.6		
21	29,000	7.0							1.3	0.6		
22	21,000	5.0							1.2	0.6		
23	37,000	17.0							1.3	0.6		
24	15,000	6.0							1.3	0.6		
25	21,000	6.0										
26	21,000	6.0										
27	21,000	6.0							1.1	0.5		
28	44,000	12.0							1.1	0.5		
29	28,000	7.0							1.0	0.5		
30	17,000	5.0							1.1	0.5		
31	18,000	5.0							1.1	0.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-8405
Name of Plant Marco Island RO Plant Month/Year January 1994
Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, Fl. 32703
County Collier No. of Service Connections 8976 I Certify this Report is Correct:
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
R.Wade A0033371,F.Bane C0038997,H.Youl C0072251, J.Shaw D0061661,W.Johnson C0060957,W.Bane D0065888
Name of Lead Operator Ronald E. Wade Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Plant Eff mg/l	Ph Feed	Ph Plant Effluent	RO Temperature DEGS	Acid Gal.	Chlorine Feed Lbs. or Gal.	Fluoride 100	Caustic	Free Residual Cl2 Plant	Free Residual Cl2 Field
1	2,521,000	2,574	694	1,103	256	310	6.0	8.5	355	315	160	155	99	3.5	1.1
2	3,225,000	2,401	800	1,029	245	308	6.0	8.2	360	274	160	193	99	1.9	1.0
3	4,001,000	1,987	640	851	243	307	6.1	8.2	360	232	140	155	69	2.3	1.1
4	1,980,000	301	293	129	190	334	6.2	8.1	329	35	40	58	11	1.5	1.2
5	2,043,000	552	256	237	250	342	6.1	8.0	381	84	140	58	38	1.2	1.2
6	1,518,000	1,288	443	552	257	320	6.0	8.0	354	176	160	116	53	1.7	1.1
7	2,282,000	1,301	635	558	241	319	6.0	8.1	368	190	120	77	51	2.0	1.2
8	1,128,000	1,455	573	624	261	334	6.0	8.1	385	179	120	155	78	1.3	1.3
9	1,966,000	445	135	191	260	338	6.1	7.8	371	56	10	39	15	1.0	1.4
10	3,151,000	1,392	320	597	255	334	6.2	8.1	362	185	170	77	62	1.0	1.4
11	3,200,000	1,378	364	590	285	317	6.1	7.9	362	155	100	116	62	1.3	1.2
12	2,457,000	1,172	381	502	242	326	6.1	7.8	352	134	140	39	58	1.4	1.3
13	2,258,000	1,233	411	528	323	316	6.1	7.9	363	155	120	77	60	1.4	1.5
14	2,840,000	542	301	238	210	314	6.0	8.2	346	56	160	116	38	1.5	1.5
15	1,618,000	1,226	358	525	222	312	5.9	8.1	343	162	40	116	95	1.9	1.6
16	2,820,000	1,403	408	601	200	333	5.9	8.5	344	197	120	77	73	1.4	1.3
17	3,331,000	1,328	379	569	190	332	5.9	8.2	351	155	80	77	58	2.1	1.8
18	2,315,000	1,430	318	612	175	308	6.0	7.8	359	162	120	77	86	1.1	1.0
19	3,029,000	1,149	371	492	178	300	5.8	7.8	353	155	140	77	46	1.1	1.1
20	3,019,000	1,318	345	565	188	314	6.0	7.6	336	176	140	77	31	1.9	1.6
21	2,690,000	1,164	358	499	187	318	6.0	8.1	341	134	160	77	73	1.7	1.5
22	2,799,000	1,138	333	487	230	326	6.1	8.5	405	99	160	77	38	1.2	1.1
23	2,929,000	1,406	258	602	275	360	5.9	7.6	409	134	160	77	47	1.5	1.4
24	3,483,000	1,319	232	565	272	347	6.2	8.0	414	120	120	77	100	1.5	1.4
25	3,117,000	1,473	386	631	260	358	5.9	9.0	410	183	120	77	69	1.4	1.3
26	3,430,000	2,044	678	874	317	340	6.0	8.0	400	271	160	226	102	2.6	2.5
27	3,684,000	2,084	785	893	317	344	5.9	8.0	395	309	180	155	102	1.2	1.2
28	5,025,000	2,003	828	858	312	351	5.8	7.9	398	302	210	194	106	1.0	1.4
29	3,826,000	2,042	831	875	364	342	6.0	7.8	396	352	210	155	113	1.3	1.6
30	3,684,000	1,984	994	807	313	352	6.0	7.8	397	295	200	194	106	1.5	1.5
31	2,603,000	1,289	365	552	215	335	6.0	7.9	352	148	200	116	77	2.7	2.0
TOTAL	99,072,000	43,721	14,433	18,738	7,734	10,168	186.3	248.5	11,449	5,499	4,090	3,247	2,075	49.5	41.8
MAX	5,025,000	2,574	994	1,103	364	360	6.2	8.5	414	352	210	194	113	3.5	2.0
AVG	2,873,290	1,410	466	604	249	328	6.0	8.0	369	177	132	105	67	1.6	1.3

REMARKS: Bacteriological Results 33 samples pulled all satisfactory
Semi-monthly TDS in raw water 7160/7440
Monthly RO Unit Efficiency

EPA Form 17.333916(4)
Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-649-5405
Name of Plant Marco Island RO Plant Month/Year February 1994
Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703
County Collier No. of Service Connections 8857 I Certify this Report is Correct: Ronald E. Wise
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
R. Wise #0008572, F. Kane CO00889, M. Teel CO07260, J. Shaw 8008188, W. Johnson CO08857, W. Knee 8008886.
Name of Lead Operator Ronald E. Wise Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Recon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	3.173.000	1.572	331	686	320	338	6.0	7.5	380	169	200	77	89	1.7	1.9
2	2.535.000	1.057	186	483	213	356	6.0	7.9	352	127	180	77	115	0.8	1.0
3	1.810.000	464	295	194	285	315	6.0	7.7	346	42	20	39	23	1.1	1.4
4	2.541.000	1.385	309	551	280	353	5.9	7.8	408	169	180	118	91	1.8	1.1
5	2.504.000	1.306	223	517	249	349	6.1	7.8	409	134	140	77	84	1.3	1.1
6	2.466.000	977	394	419	285	339	6.0	7.7	397	141	100	39	80	1.8	1.9
7	2.619.000	1.086	491	486	316	335	6.0	7.9	408	148	200	116	80	1.9	2.1
8	3.393.000	1.696	518	727	293	356	6.1	7.9	399	178	120	77	88	1.2	1.4
9	3.152.000	1.813	752	691	280	340	6.0	8.0	390	198	100	232	91	1.8	1.4
10	3.432.000	1.394	667	597	276	331	6.2	8.0	396	212	180	174	84	1.1	1.8
11	3.088.000	1.357	628	573	283	333	6.0	8.1	376	204	200	174	80	1.5	1.8
12	2.997.000	62C	476	361	280	336	6.0	8.0	396	117	120	77	55	1.7	1.8
13	2.813.000	1.413	449	605	254	343	6.1	8.1	349	186	180	77	84	1.1	1.4
14	2.986.000	1.381	393	549	250	339	6.1	7.9	356	148	170	77	73	1.2	1.8
15	3.004.000	1.345	394	693	240	330	6.1	8.1	355	148	140	116	88	1.6	1.9
16	3.575.000	843	393	391	232	349	6.0	8.1	390	95	140	77	55	1.2	2.0
17	2.099.000	1.106	449	475	287	348	6.1	7.8	386	226	180	39	117	1.6	2.0
18	3.242.000	1.729	693	749	231	318	6.1	8.1	359	216	80	186	91	1.0	2.1
19	2.373.000	817	364	350	216	324	6.0	7.8	346	110	200	77	89	2.0	1.9
20	2.462.000	1.323	422	667	217	314	6.0	6.3	351	186	220	77	88	1.3	1.9
21	3.609.000	1.315	301	564	211	314	6.1	7.8	353	186	170	77	86	1.1	2.0
22	3.426.000	1.386	327	556	296	327	6.1	7.4	397	181	170	116	84	1.5	1.8
23	2.778.000	1.552	842	685	319	346	6.0	7.5	397	208	100	77	71	1.3	2.1
24	2.959.000	1.956	1119	351	284	332	6.0	6.5	381	263	200	193	51	1.8	2.4
25	4.120.000	1.886	1149	844	282	334	6.1	6.5	379	234	160	186	40	1.1	2.0
26	3.047.000	876	332	376	280	338	5.9	7.5	386	117	200	77	88	2.0	2.4
27	2.683.000	1.326	373	889	245	332	6.1	6.5	341	181	240	155	88	1.1	2.1
28	3.901.000	1.359	335	574	250	344	6.1	7.8	344	181	180	77	84	1.4	2.0
29															
30															
31															
TOTAL	81.882.000	36.888	13.507	14.801	7.888	9.440	189.2	218.9	10.418	4.562	4.420	2.877	2.217	39.8	49.8
MAX	4.120.000	1.886	1.149	844	280	359	6.2	6.5	408	263	240	232	117	2.0	2.4
AVG	2.924.35	1.275	482	529	271	337	6.0	7.7	372	163	158	103	79	1.4	1.8

REMARKS: Bacteriological results 139 SAMPLES WERE PULLED. 11 WERE UNSATISFACTORY
Semi-monthly TDS in raw water 7100/7400
Monthly RO Unit Efficiency Total No. 10
Total (No. 10 ÷ No. 12) x 100 = 70.88 %

DER Form 17-555910(6)
Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 81101B3 Telephone No. 813-643-5405 813-643-5405
Name of Plant Marco Island RO Plant Month/Year March 1994
Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703
County Collier No. of Service Connections 5884 I Certify this Report is Correct:
Print Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month:
R. Weis A005572, F. Kane C023899, M. Teal C007280, J. Shaw B009198, W. Johnson C009957, W. Knox B008868
Name of Lead Operator Ronald E. Weis Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Pressure 100	Chlorine	Free Residual Cl2 Plant	Free Residual Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	2,478,000	1,391	949	883	333	335	8.0	7.9	349	175	100	77	62	3.2	3.0
2	2,479,000	1,351	921	879	342	327	8.0	7.8	350	223	150	116	77	1.9	2.5
3	2,048,000	784	576	840	342	322	8.1	7.9	350	102	60	39	37	2.0	2.8
4	2,484,000	1,315	880	892	334	321	8.0	7.7	359	161	150	77	44	1.8	2.4
5	2,134,000	1,119	881	480	335	330	8.1	8.0	353	148	100	77	61	0.9	2.8
6	2,388,000	1,300	713	888	318	330	8.2	8.5	403	168	150	116	94	1.5	3.3
7	2,592,000	1,356	884	880	320	331	8.1	8.3	409	180	200	154	84	2.8	3.4
8	2,048,000	1,387	977	889	310	338	8.0	8.1	404	333	150	116	78	1.9	1.9
9	2,722,000	1,388	881	882	321	335	8.1	8.3	404	335	150	154	78	2.4	2.7
10	2,595,000	1,333	709	871	328	332	8.0	8.3	399	169	150	116	66	3.4	2.8
11	2,596,000	1,389	835	885	332	344	8.2	8.4	403	184	150	154	66	2.5	3.0
12	3,234,000	2,289	918	884	329	335	8.0	8.4	395	272	150	154	92	2.4	3.0
13	2,884,000	2,051	480	884	330	335	8.1	8.4	395	330	150	154	96	2.5	2.5
14	2,488,000	1,847	440	880	334	338	8.1	8.5	395	349	150	154	80	2.9	2.4
15	2,747,000	2,171	889	921	330	333	8.1	8.5	379	277	150	165	89	2.3	2.2
16	5,575,000	2,847	934	1,091	327	344	8.0	8.4	402	309	140	154	89	2.4	2.0
17	5,847,000	2,222	910	995	339	349	8.0	8.3	401	339	150	154	70	2.4	2.1
18	5,350,000	2,434	1189	1,009	321	333	8.2	8.4	402	287	150	193	83	2.1	2.2
19	4,409,000	2,883	570	846	318	327	8.0	8.2	401	346	150	270	93	2.1	2.5
20	5,010,000	2,806	882	1,074	322	342	8.0	8.4	405	333	150	193	114	2.5	2.4
21	6,039,000	2,882	800	1,141	320	333	8.0	8.5	404	339	150	271	90	2.0	2.2
22	3,897,000	2,396	813	1,088	330	352	8.0	8.4	402	370	100	232	66	2.1	2.0
23	5,691,000	2,869	888	1,101	320	334	8.0	8.0	406	370	150	154	107	1.1	1.8
24	4,888,000	2,827	899	1,189	332	335	8.0	8.1	405	391	150	154	110	1.1	2.1
25	5,832,000	2,851	919	1,080	312	353	8.0	8.2	398	332	150	232	110	1.4	2.0
26	4,488,000	2,474	703	1,080	316	353	8.0	8.4	399	375	240	232	88	1.9	2.4
27	3,880,000	2,272	830	974	313	347	8.1	8.3	399	385	150	154	110	1.8	2.2
28	4,715,000	1,880	700	883	330	343	8.0	8.3	397	391	200	232	83	0.9	2.4
29	4,139,000	1,705	726	791	309	332	8.1	8.2	373	343	150	154	42	1.8	2.3
30	3,348,000	1,885	765	838	330	348	8.0	8.2	389	359	150	154	83	1.7	2.4
31	2,803,000	1,894	729	887	340	317	8.1	8.1	357	213	150	154	109	2.1	2.5
TOTAL	118,418,000	59,067	18,935	34,899	8,343	10428	157.2	254.9	12,094	7,838	4,900	4,936	2,466	65.6	73.0
MAX	6,039,000	2,883	1,189	1,141	332	354	8.2	8.5	409	370	240	271	114	3.5	3.0
AVG	3,819,935	1,906	609	806	301	339	8.0	8.2	390	256	149	159	80	2.1	2.4

REMARKS: Bacteriological results 30 samples pulled, all satisfactory
Semi-monthly TDS in raw water 7100/7400
Monthly RO Unit Efficiency Total No. 10
Total (No. 10 ÷ No. 12) x 10 = 70.27 %

EQI Form 17-555(10)(4)
Effective 12/1/88

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-643-5405 813-643-5405
Name of Plant Marco Island RO Plant Month/Year April 1994
Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703
County Collier No. of Service Connections 5970 I Certify this Report is Correct:
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
R. Wee A0055572, F. Kane C0039899, M. Teel C0073501, J. Shaw B0006166, W. Johnson C0056857, W. Knee B0036886
Name of Lead Operator Ronald E. Wee Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Recon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	3,735,000	1,460	782	926	245	320	8.0	8.1	378	147	180	155	99	1.1	2.0
2	4,047,000	1,927	987	926	213	308	8.3	8.2	377	208	160	116	98	2.0	2.3
3	4,199,000	2,026	736	889	230	308	8.0	8.0	377	250	200	193	92	1.8	2.3
4	4,184,000	2,923	972	896	251	308	8.9	8.0	385	239	220	155	110	1.3	2.2
5	3,954,000	1,804	645	773	213	313	8.0	8.2	398	250	200	186	92	1.5	2.0
6	4,516,000	2,215	731	949	231	315	8.1	8.7	374	284	200	193	125	2.2	2.2
7	4,873,000	2,850	917	1,135	254	304	8.0	8.1	387	324	240	232	110	1.7	2.4
8	4,900,000	2,156	889	924	307	343	8.9	8.1	388	309	220	193	99	1.7	2.5
9	4,279,000	2,369	389	1,016	236	344	8.0	8.1	371	310	220	193	109	0.9	1.9
10	3,197,000	1,873	851	880	210	318	8.0	8.7	351	285	200	155	110	1.3	1.9
11	3,398,000	1,507	506	787	215	313	8.0	8.8	344	206	200	155	110	2.3	2.0
12	3,240,000	1,835	574	892	217	317	8.0	8.9	378	228	140	155	105	1.5	1.9
13	3,665,000	1,992	690	975	203	315	8.1	8.8	385	213	240	155	105	2.2	2.0
14	3,519,000	2,089	630	895	203	307	8.0	8.7	369	221	220	193	110	2.2	2.4
15	4,027,000	2,019	819	892	213	310	8.2	8.8	385	285	240	193	110	2.4	2.8
16	3,053,000	1,892	586	801	214	303	8.1	7.7	385	243	200	155	136	2.5	2.5
17	2,252,000	1,775	1089	671	214	331	8.1	7.7	386	213	120	116	81	2.1	2.5
18	3,344,000	1,881	1028	888	214	318	8.1	7.8	384	272	220	193	103	1.5	2.2
19	2,551,000	1,292	475	883	170	307	8.0	8.0	360	180	180	116	116	1.7	2.1
20	3,289,000	1,634	678	909	230	316	8.0	8.1	378	243	220	116	108	2.2	2.4
21	2,352,000	1,308	878	859	180	317	8.1	8.3	370	221	140	155	103	2.3	2.9
22	2,354,000	809	378	867	190	312	8.0	8.7	387	132	80	78	89	1.8	2.1
23	1,822,000	774	368	832	233	328	8.0	7.5	391	125	120	78	37	1.3	2.0
24	1,857,000	867	385	879	220	332	8.0	7.5	382	132	120	78	89	1.8	2.2
25	2,573,000	778	884	835	223	340	8.0	7.7	373	125	120	78	55	1.8	2.2
26	1,986,000	1,580	751	776	185	351	8.0	8.4	355	221	140	155	101	1.8	2.3
27	2,513,000	1,028	482	826	242	322	8.0	8.3	386	194	70	78	88	0.9	2.2
28	1,873,000	1,077	815	862	232	320	8.1	8.3	391	181	180	155	56	1.5	2.2
29	3,080,000	1,826	844	880	250	321	8.0	8.5	387	287	240	155	102	2.1	2.0
30	3,043,000	1,379	1008	873	240	328	8.0	8.0	403	169	200	155	111	3.1	1.9
TOTAL	98,945,000	49,521	20,819	24,010	6,699	8,667	181.0	247.9	11,318	6,825	5,380	4,452	2,834	53.1	68.2
MAX	4,900,000	2,850	1,089	1,135	307	357	8.3	9.1	403	339	340	232	136	3.1	2.9
AVG	3,231,500	1,651	694	800	223	322	8.0	8.3	377	228	180	148	94	1.8	2.2

REMARKS: Bacteriological results 33 Samples Pulled All Satisfactory
Semi-monthly TDS in raw water 7100-7400
Monthly RO Unit Efficiency Total No. 10
Total (No. 10 ÷ No. 12) x 10 = 67.35 %

EQA Form 17-555910(4)
Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year May 1994

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 8978 I Certify the Report is Correct Ronald E. Wes

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

R. Wes A005572, F. Kane C003899, M. Teal C007350, J. Shaw B008188, W. Johnson C008957, W. Knee B008858

Name of Lead Operator Ronald E. Wes Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeat mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Pressure 100	Caustic	Free Resd. Cl2 Plant	Total Resd. Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	2,740,000	1,380	909	685	220	337	6.1	8.6	393	243	120	156	81	2.8	2.4
2	2,628,000	110	70	284	0	349	6.1	6.1	0	37	40	30	15	1.2	2.2
3	2,811,000	1,799	976	949	224	331	6.1	8.2	386	261	220	176	114	2.9	2.4
4	3,881,000	2,215	740	1,016	203	309	6.0	8.1	354	309	200	117	119	1.8	2.2
5	3,099,000	1,871	894	814	182	319	6.1	8.5	347	243	220	156	98	1.4	1.5
6	2,719,000	778	394	520	171	312	6.0	8.4	354	125	80	78	73	2.0	2.2
7	1,756,000	1,215	590	637	172	321	5.9	8.0	353	206	200	117	102	3.1	3.0
8	2,804,000	1,867	831	867	181	301	6.0	8.1	359	221	160	156	97	2.1	2.4
9	3,000,000	806	335	525	193	305	6.0	8.0	360	52	80	78	50	1.5	1.7
10	2,707,000	1,725	753	864	206	324	6.1	8.0	364	189	140	117	78	1.1	1.4
11	3,499,000	2,302	723	1,004	212	316	6.1	8.1	366	265	180	156	69	1.7	1.6
12	3,532,000	1,810	344	671	191	310	6.1	8.4	361	184	200	156	172	2.0	1.7
13	3,186,000	1,395	483	680	186	309	6.0	8.7	358	206	120	117	172	2.4	2.3
14	2,982,000	2,128	701	1,011	184	305	6.0	8.2	361	309	200	195	172	1.7	1.7
15	2,834,000	1,380	474	666	178	299	6.1	8.1	358	191	180	156	172	1.5	1.6
16	3,680,000	2,099	714	992	195	296	6.0	8.1	365	184	200	156	102	2.6	2.4
17	3,447,000	1,981	678	918	216	309	6.1	8.0	374	261	180	195	110	1.2	1.6
18	3,847,000	1,702	814	836	185	312	6.1	8.1	359	232	220	117	130	2.0	2.0
19	3,731,000	1,684	551	828	188	305	6.1	8.5	367	227	200	156	120	2.4	2.2
20	3,837,000	1,895	634	917	190	305	6.0	8.6	364	243	200	156	120	2.2	2.4
21	2,890,000	1,734	564	792	194	317	6.0	8.5	367	239	180	78	174	1.6	2.0
22	2,983,000	1,837	311	876	271	323	6.0	8.3	370	221	180	156	106	0.9	1.6
23	5,686,000	2,478	845	1,137	252	324	6.1	8.3	370	339	200	195	195	1.9	2.0
24	4,008,000	2,303	789	1,062	233	361	6.1	8.2	373	320	220	195	166	1.3	1.4
25	4,531,000	2,401	782	1,106	220	375	6.0	8.1	372	335	200	234	135	1.1	1.3
26	4,648,000	2,233	883	1,045	202	350	6.1	8.2	373	339	240	195	145	1.1	1.3
27	4,793,000	2,314	757	1,088	206	332	6.1	8.2	370	316	240	195	135	1.4	1.7
28	3,829,000	2,036	599	951	178	327	6.0	8.1	361	287	240	234	157	1.9	2.0
29	3,404,000	1,883	644	972	212	329	6.0	8.1	367	272	240	156	150	1.7	2.0
30	3,062,000	1,324	494	667	193	314	6.1	8.1	364	199	180	156	102	2.0	1.7
31	3,063,000	1,632	549	839	221	303	6.1	8.1	362	213	180	156	100	2.8	2.8
TOTAL	105,537,000	53,834	18,584	28,401	6,059	9,928	187.6	254.8	10,919	7,342	5,580	4,881	3,735	56.8	60.7
MAX	5,686,000	2,478	909	1,137	271	375	6.1	8.7	393	339	240	234	195	3.1	3.0
AVG	3,404,419	1,737	599	852	204	320	6.1	8.2	364	234	180	151	120	1.8	2.0

REMARKS: Bacteriological results 33 Samples Pulled/All Satisfactory

Semi-monthly TDS in raw water 7100-7400

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 1 = 67.09 %

DER Form 17-555910(6)
Effective 11/3/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year June 1994

Owner Name and Address Southern States Utilities Inc. 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 6995 I Certify this Report is Correct: Ronald E. Wes

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

R. Wes A005572, F. Kane C003899, M. Teal C007260, J. Shaw 8006166, W. Johnson C008957, W. Knox 8008888

Name of Lead Operator Ronald E. Wes Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeat mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Recon 100	Causec	Free Resid. Cl2 Plant	Total Resid. Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	3.830.000	1.975	753	853	219	306	8.1	8.3	389	354	200	117	106	3.3	1.4
2	3.075.000	2.049	710	996	231	322	8.0	8.1	370	250	200	117	110	0.9	1.8
3	3.844.000	1.997	726	672	237	324	8.1	7.9	373	199	160	195	110	2.1	2.0
4	3.488.000	1.111	482	891	189	325	8.2	8.7	335	177	200	117	95	1.5	1.8
5	2.744.000	1.418	854	710	197	319	8.2	7.9	304	221	200	156	99	1.7	1.9
6	2.735.000	1.237	499	932	222	326	8.0	7.9	354	184	160	156	102	1.7	1.9
7	3.403.000	1.324	474	883	233	325	8.0	8.0	379	199	160	117	95	0.9	1.3
8	3.585.000	1.822	567	812	236	337	8.1	8.1	370	236	200	156	113	1.4	2.0
9	3.382.000	1.733	716	885	239	336	8.0	8.2	379	256	200	195	130	1.2	2.1
10	4.388.000	1.808	718	816	253	340	8.0	8.1	380	250	240	156	130	1.3	1.9
11	4.606.000	1.925	947	947	254	340	8.0	8.8	377	280	220	156	134	2.2	2.1
12	3.147.000	1.988	881	896	241	342	8.0	8.8	378	287	220	234	130	1.5	2.2
13	3.830.000	1.788	831	918	273	340	8.1	8.2	382	285	280	156	123	1.0	2.2
14	2.165.000	875	453	589	240	340	8.0	8.3	386	189	80	117	145	1.8	2.1
15	1.878.000	137	460	380	255	340	8.0	8.2	421	7	20	39	90	0.9	1.6
16	1.407.000	255	462	389	175	383	8.0	8.0	337	44	60	39	74	0.3	1.9
17	1.535.000	727	112	462	183	353	8.1	7.9	339	118	140	39	120	1.9	1.7
18	1.709.000	740	157	453	155	336	8.0	7.9	337	118	360	78	96	3.2	2.7
19	1.226.000	721	171	446	187	319	8.0	8.3	338	110	120	78	98	3.3	2.8
20	2.996.000	1.200	239	625	223	324	8.0	8.3	347	170	120	78	98	2.7	2.6
21	3.114.000	1.736	360	815	253	338	8.0	8.5	385	232	200	156	131	1.1	1.8
22	3.330.000	2.058	405	932	245	343	8.1	8.3	373	272	240	156	128	1.7	2.0
23	2.977.000	1.134	176	678	237	340	8.9	8.2	385	206	200	78	87	1.6	1.9
24	3.738.000	1.474	355	781	252	350	8.0	8.6	398	345	200	156	95	2.1	2.1
25	3.303.000	2.040	275	936	312	375	8.0	8.4	431	304	280	156	142	2.1	2.5
26	3.247.000	1.978	345	920	286	378	8.0	8.1	403	402	200	195	205	1.5	2.2
27	3.385.000	1.403	256	705	206	342	8.8	8.1	359	231	200	117	242	1.5	2.1
28	2.311.000	880	178	372	229	351	8.0	8.3	389	120	280	78	185	0.9	1.4
29	1.887.000	709	1387	139	206	348	8.9	8.5	392	98	160	78	96	1.0	1.8
30	2.056.000	800	641	135	187	363	8.0	8.2	345	81	140	78	72	0.7	1.5
TOTAL	87.702.000	39.673	14.556	20.337	6.830	10.186	180.6	246.9	11.097	5.855	5.600	3.744	3.563	48.9	59.1
MAX	4.606.000	2.058	1.387	996	312	378	8.2	8.8	431	402	360	234	242	3.3	2.7
AVG	2.923.400	1.322	485	678	236	339	8.0	8.2	372	195	187	125	119	1.6	2.0

REMARKS: Bacteriological results 33 Samples pulled/all satisfactory

Semi-monthly TDS in raw water 7100/7400

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 1 = 96.11 %

MR Form 17.939919(6)

Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-643-5405

Name of Plant Marco Island RO Plant Month/Year JULY 1994

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 8895 I Certify this Report is Correct: Ronald E. Wies

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month:

R. Wies A005572, F. Kane C009899, M. Teel C007350, J. Shaw 8909188, W. Jamison C009857, W. Knox 8908888

Name of Lead Operator Ronald E. Wies Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeat mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Recon 100	Caustic	Free Resid. Cl2 Plant	Total Resid. Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	2,059,000	592	520	285	186	351	5.9	8.0	331	84	200	39	76	1.8	1.7
2	1,597,000	406	269	175	185	355	6.0	7.8	331	69	80	78	56	1.8	2.0
3	1,856,000	578	620	172	172	350	6.0	8.1	337	106	160	39	80	1.7	1.8
4	2,691,000	1,101	680	813	244	355	6.1	8.4	374	150	160	39	80	2.2	1.8
5	1,533,000	1,310	806	818	254	342	6.0	8.4	387	179	200	156	80	2.8	2.4
6	1,141,000	381	270	188	235	341	6.0	7.9	374	95	80	39	38	1.5	2.1
7	2,178,000	1,090	696	518	280	340	6.1	8.0	382	144	140	78	80	1.3	1.4
8	847,000	594	574	310	244	341	6.0	8.4	366	91	120	78	54	1.8	1.8
9	1,677,000	700	376	385	170	338	6.0	8.1	329	120	80	78	80	2.0	1.9
10	1,527,000	667	440	364	173	322	6.0	8.1	335	99	200	78	87	2.9	3.0
11	1,077,000	569	301	343	218	340	6.0	8.5	366	74	160	39	56	3.5	2.2
12	1,729,000	306	245	238	270	373	6.0	7.8	382	92	100	78	36	2.7	2.0
13	1,667,000	581	135	615	270	347	6.0	7.9	367	91	80	39	56	1.2	2.0
14	2,221,000	657	599	372	245	352	6.0	8.2	378	87	130	78	78	0.9	2.0
15	2,422,000	711	504	347	248	370	5.9	8.3	377	91	140	78	78	1.9	2.8
16	1,831,000	724	528	376	240	377	6.0	8.1	379	91	130	78	78	2.4	2.8
17	1,849,000	747	856	387	231	357	6.0	8.6	391	135	150	78	56	1.2	1.9
18	2,478,000	826	741	340	213	355	6.1	8.3	371	120	120	78	56	0.6	2.0
19	2,012,000	569	914	418	226	372	6.0	8.4	383	135	140	78	62	1.2	2.5
20	1,534,000	535	554	289	255	384	6.1	8.6	390	128	140	78	49	1.5	2.6
21	2,301,000	489	407	452	240	373	6.0	8.8	382	128	100	78	55	2.4	2.6
22	1,503,000	824	475	418	240	358	5.9	8.6	374	113	110	39	54	3.2	2.8
23	1,633,000	784	394	830	247	363	6.0	8.1	380	128	120	78	54	3.5	2.8
24	1,290,000	0	0	0	0	382	0.0	8.1	0	0	0	0	0	2.5	2.6
25	1,405,000	564	446	486	230	369	6.0	8.4	370	99	40	39	63	3.2	2.9
26	2,267,000	804	365	284	226	353	6.1	8.5	380	98	80	117	43	3.5	2.8
27	1,759,000	392	456	184	212	321	6.0	8.5	383	91	20	78	36	3.3	2.6
28	1,948,000	320	160	151	224	365	6.0	8.7	371	69	20	39	54	3.0	2.6
29	1,885,000	603	292	284	180	355	5.9	8.5	327	102	20	39	54	1.2	2.8
30	2,033,000	0	0	0	0	376	0.0	8.5	0	0	0	0	0	1.4	2.9
31	609,000	312	210	96	185	368	6.0	8.5	328	76	20	39	32	3.3	2.8
TOTAL	54,773,000	18,367	13,757	10,381	6462	11080	174.1	257.3	10802	3021	3210	1850	1761	86.5	72.7
MAX	2,691,000	1,310	914	830	270	385	6.1	8.9	387	179	200	156	87	3.5	3.0
AVG	1,766,871	592	444	335	223	354	6.0	8.3	367	97	104	60	57	2.2	2.3

REMARKS: Bacteriological results 33 Samples pulled. All satisfactory

Semi-monthly TDS in raw water 7100/7400

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 1 = 83.86 %

SDA Form 17.353910(4)

Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year August 1994

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 6015 I Certify this Report is Correct: Ronald E. Weis

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

R. Weis A006572, F. Kane C003899, M. Teal C007360, J. Shaw B006186, W. Johnson C008857, W. Knee B006888

Name of Lead Operator Ronald E. Weis Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resid. Cl2 Plant	Total Resid. Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	2,209,000	0	0	0	0	364	0.0	8.6	0	0	0	0	0	3.5	3.5
2	2,012,000	567	336	285	200	354	6.1	8.4	352	84	20	39	20	2.4	3.3
3	1,909,000	453	406	251	211	345	6.0	8.4	339	84	20	39	51	2.3	3.3
4	1,893,000	149	550	72	190	348	6.0	8.3	332	50	20	39	51	2.1	3.2
5	1,804,000	537	474	255	181	362	6.0	8.3	345	106	30	78	41	1.8	2.9
6	1,651,000	472	413	229	194	353	6.1	8.0	356	135	60	39	34	1.0	2.6
7	1,800,000	444	407	222	188	396	6.1	8.3	342	67	20	78	38	1.3	3.3
8	2,200,000	542	489	282	197	395	6.1	8.6	346	67	20	39	30	1.5	3.0
9	3,361,000	547	406	274	212	375	6.0	8.4	352	96	20	78	38	1.4	3.2
10	1,532,000	1,196	1,034	561	212	353	6.0	8.5	345	157	40	156	47	2.9	3.5
11	1,861,000	676	433	324	218	391	6.1	8.4	339	96	60	39	25	2.6	3.2
12	1,416,000	676	414	324	188	342	6.0	8.4	348	96	20	39	25	0.4	3.5
13	1,040,000	0	0	0	0	343	0.0	8.7	0	0	0	0	0	1.3	3.2
14	1,754,000	0	0	0	0	402	0.0	8.4	0	0	0	0	0	0.8	2.8
15	1,891,000	0	0	0	0	425	0.0	8.6	0	0	0	0	0	0.6	2.8
16	1,250,000	0	0	0	0	396	0.0	8.5	0	0	0	0	0	1.0	3.1
17	1,934,000	0	0	0	0	403	0.0	8.5	0	0	0	0	0	1.1	3.1
18	2,193,000	867	343	338	179	340	6.1	8.6	336	183	20	78	34	2.3	3.3
19	1,904,000	43	142	22	150	372	6.0	8.1	350	43	10	39	18	1.7	3.5
20	2,162,000	704	339	346	162	418	6.0	8.4	346	78	30	78	39	3.1	3.5
21	1,613,000	579	353	382	196	448	6.0	8.3	346	106	40	39	27	2.2	3.5
22	2,023,000	265	272	306	211	338	6.1	8.4	346	47	20	39	19	1.2	3.5
23	2,209,000	411	553	391	223	389	6.0	8.4	352	84	20	39	19	0.3	3.5
24	2,264,000	0	0	0	0	342	0.0	8.4	342	0	0	0	0	1.0	3.3
25	1,500,000	885	650	530	179	349	6.0	8.4	347	106	120	78	27	1.9	3.5
26	1,758,000	617	460	476	200	390	6.1	8.4	335	135	10	78	36	0.8	3.5
27	2,423,000	817	338	422	184	420	6.0	8.2	325	120	60	78	23	1.5	3.4
28	1,407,000	458	97	389	219	410	6.0	7.9	348	142	60	78	36	1.0	3.5
29	1,135,000	178	183	314	214	383	6.0	8.2	336	47	20	39	17	1.2	3.5
30	2,154,000	383	187	383	210	410	6.1	8.2	336	47	20	39	30	0.6	3.5
31	1,781,000	708	426	488	256	395	6.0	8.7	343	128	20	39	50	1.6	3.5
TOTAL	57,649,000	12,972	8,887	7,825	4776	11655	144.9	259.6	8589	2348	780	1404	775	48.2	101.8
MAX	3,361,000	1,196	1,034	561	256	448	6.1	8.7	356	183	120	156	51	3.5	3.5
AVG	1,859,452	418	312	252	202	376	6.0	8.4	345	76	25	45	25	1.5	3.3

REMARKS: Bacteriological results 33 Samples pulled. All satisfactory

Semi-monthly TDS in raw water 7100/7400

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 1 = 82.37 %

SFD Form 17.555910(4)

Effective 11/1/1989

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year SEPTEMBER 1994

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, Fl. 32703

County Collier No. of Service Connections 6034 I Certify this Report is Correct: Ronald E. Wea

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

R. Wea A005572, F. Kane C003899, M. Teel C007350, J. Shaw B006166, W. Johnson C006957, W. Knee B006668

Name of Lead Operator Ronald E. Wea Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resid. Cl2 Plant	Total Resid. Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	3,067,000	978	392	480	226	410	6.0	6.7	336	176	40	159	50	1.0	3.5
2	1,961,000	862	253	315	196	400	6.0	6.5	338	131	20	78	54	0.7	3.5
3	1,752,000	473	424	223	216	380	6.0	6.5	349	84	20	39	47	0.8	3.5
4	2,217,000	775	596	354	211	400	6.0	6.6	350	139	20	78	36	1.2	3.5
5	2,201,000	757	272	356	230	420	6.0	9.3	350	128	40	78	36	1.7	3.4
6	1,454,000	394	58	185	223	400	6.0	6.7	346	157	20	39	32	1.4	3.5
7	1,636,000	671	315	299	210	535	6.0	6.4	352	106	20	78	40	1.6	3.4
8	2,786,000	1,162	213	557	223	380	6.1	6.5	337	187	60	195	54	1.4	3.5
9	1,983,000	877	290	413	215	358	6.0	6.4	346	128	40	156	39	1.2	3.5
10	1,379,000	188	43	88	230	405	6.1	6.4	334	36	40	39	30	1.6	3.5
11	2,583,000	885	115	322	225	460	6.0	6.6	337	179	20	78	56	0.9	3.5
12	539,000	91	148	43	206	450	6.0	6.8	350	21	10	20	18	0.6	3.5
13	1,255,000	120	237	56	235	380	6.0	6.3	338	43	10	20	21	1.9	3.5
14	1,036,000	251	237	116	240	400	6.1	6.4	348	50	30	20	25	1.0	3.5
15	983,000	686	313	294	220	407	6.0	6.5	346	98	40	20	47	0.9	3.5
16	1,756,000	733	583	182	204	370	6.0	6.4	339	142	20	39	69	1.0	3.5
17	1,612,000	685	123	322	190	347	6.0	6.3	342	128	20	58	65	0.9	3.5
18	1,790,000	295	105	138	188	365	6.0	6.2	342	39	20	20	36	0.8	3.4
19	1,447,000	744	122	350	217	367	6.0	6.2	348	120	20	78	49	0.6	3.5
20	1,798,000	393	138	185	236	365	6.2	6.2	366	84	20	20	27	0.3	3.5
21	1,530,000	610	221	273	233	386	6.0	6.2	347	135	20	78	36	0.3	3.5
22	2,148,000	809	197	244	247	387	6.0	6.2	349	109	20	78	47	1.3	3.5
23	1,952,000	894	136	299	180	365	6.0	6.3	341	113	10	58	61	0.5	3.5
24	1,636,000	224	47	89	185	367	6.0	6.5	344	39	10	20	25	0.8	3.5
25	1,305,000	0	0	0	0	367	6.0	6.6	0	0	0	0	0	0.5	3.5
26	1,296,000	0	0	0	0	398	6.0	6.3	0	0	0	0	0	0.7	3.5
27	1,284,000	103	260	49	245	439	6.0	6.3	378	17	10	39	21	1.0	3.5
28	787,000	356	223	131	262	397	6.1	6.5	334	65	10	72	30	2.7	3.5
29	2,293,000	287	155	111	278	375	6.0	6.5	325	58	10	39	45	0.4	3.5
30	679,000	350	51	165	250	398	6.0	6.6	327	54	10	39	55	0.3	3.5
TOTAL	50,295,000	14,856	6,249	6,621	6241	11844	180.8	254.0	9624	2766	630	1723	1151	29.4	104.7
MAX	3,067,000	1,162	596	557	282	535	6.2	9.3	378	187	60	195	69	2.7	3.5
AVG	1,676,500	495	223	236	223	395	6.0	6.5	344	99	22	62	41	1.0	3.5

REMARKS: Bacteriological results 33 Samples pulled. All satisfactory.

Semi-monthly TDS in raw water 7100/7400 Note: Zeros indicate plant processing was shut down due to reduced demand.

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 + No. 12) x 1 = 99.17 %

DER Form 17-555916(4)

Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-8405

Name of Plant Marco Island RO Plant Month/Year OCTOBER 1994

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 6080 I Certify this Report is Correct: Ronald E. Wax

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

R. Wax A005572, F. Kane C003889, M. Teal C007260, J. Shaw 0000166, W. Johnson C003887, W. Knox 0000000

Name of Lead Operator Ronald E. Wax Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Recarb 100	Caustic	Free Resid. Cl2 Plant	Total Resid. Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	1,307,000	197	51	85	235	372	6.0	6.4	345	54	20	10	41	0.4	3.5
2	1,886,000	280	119	122	213	366	6.0	6.7	342	50	10	20	32	0.5	3.5
3	1,889,000	732	439	292	236	397	6.2	6.5	342	56	130	40	45	0.4	3.5
4	1,331,000	912	390	392	215	351	6.0	6.4	362	43	20	20	28	0.3	3.5
5	1,757,000	224	67	106	292	380	6.0	6.5	370	99	10	20	31	1.1	3.5
6	2,693,000	1,011	482	392	237	376	6.0	6.5	352	194	10	40	69	1.8	3.5
7	2,844,000	1,317	393	619	236	355	6.0	6.5	355	216	50	40	76	1.7	3.5
8	2,314,000	953	121	344	366	358	6.0	6.6	366	113	50	30	39	1.3	3.5
9	2,548,000	615	476	323	289	351	6.0	6.7	351	157	60	30	56	0.6	3.5
10	2,183,000	402	183	156	339	396	6.0	6.6	364	59	10	20	20	0.5	3.5
11	1,342,000	388	134	135	336	379	6.0	6.7	348	44	10	20	17	1.5	3.5
12	2,296,000	889	111	277	225	401	6.0	6.5	354	59	20	20	35	1.9	3.5
13	2,177,000	892	853	405	349	373	6.0	6.5	345	184	60	40	70	0.7	3.5
14	3,082,000	1,849	236	660	276	341	6.0	6.4	364	177	70	60	59	0.8	3.3
15	1,883,000	846	361	222	315	357	6.0	6.9	406	68	70	30	29	1.5	3.5
16	1,751,000	856	346	361	380	346	6.0	6.9	364	96	40	30	33	2.1	3.5
17	2,539,000	951	221	426	383	369	6.0	6.4	369	177	80	40	55	2.5	3.5
18	2,841,000	487	51	230	388	412	6.0	6.3	350	66	40	30	20	2.4	3.5
19	2,667,000	1,007	69	395	369	422	6.0	6.3	395	157	20	50	44	1.5	3.5
20	3,612,000	1,705	81	853	340	400	6.0	6.3	380	280	20	50	66	1.2	3.3
21	3,342,000	1,742	151	897	360	403	6.0	6.4	384	156	30	50	66	1.7	3.0
22	3,117,000	810	460	392	396	391	6.0	6.3	396	59	20	50	33	1.0	3.0
23	2,031,000	756	221	317	392	380	6.0	6.4	394	59	40	40	39	1.2	2.8
24	3,817,000	1,808	94	919	399	399	6.0	6.4	363	272	40	70	79	2.1	3.0
25	3,802,000	1,094	124	533	394	383	6.0	6.5	375	114	40	40	31	1.8	3.5
26	3,458,000	1,735	97	673	313	392	6.0	6.4	375	285	40	60	56	2.1	3.3
27	2,905,000	1,323	97	784	338	389	6.0	6.5	360	258	40	60	65	2.5	2.8
28	3,080,000	1,391	229	528	323	380	6.0	6.5	373	236	40	70	66	2.4	2.6
29	2,003,000	1,260	183	531	396	340	6.0	6.3	355	185	120	70	66	1.9	2.4
30	2,720,000	1,335	187	513	389	348	6.0	6.5	376	184	160	60	66	1.1	2.4
31	2,508,000	1,663	101	960	283	342	6.1	6.5	378	236	120	60	99	2.3	2.1
TOTAL	77,175,000	30,640	6,518	14,058	8,723	11,543	186.3	201.9	11,404	4,361	1,510	1,310	1,904	44.9	100.5
MAX	3,802,000	1,663	853	960	383	422	6.2	6.7	406	280	160	80	99	2.5	3.5
AVG	2,489,516	988	210	453	281	372	6.0	6.4	368	141	49	42	52	1.4	3.2

REMARKS: Bacteriological results 33 Samples pulled; all satisfactory

Semi-monthly TDS in raw water 7100/7400 Note: Zeros indicate plant was shut down due to reduced demand

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 1 = 98.55 %

SDS Form 17-555910(4)
Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-6405

Name of Plant Marco Island RO Plant Month/Year NOVEMBER 1984

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 8056 I Certify this Report is Correct: Ronald E. Wess

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

R. Weis A006572, F. Kane C003699, M. Teel C007350, J. Shaw B006186, W. Johnson C006957, W. Knee B006886

Name of Lead Operator Ronald E. Weis Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resd. Cl2 Plant	Total Resd. Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	4,035,000	1,712	124	775	295	335	6.0	8.6	377	220	120	160	86	2.9	2.4
2	4,262,000	1,894	111	1,004	312	339	6.0	8.3	390	250	80	120	74	1.7	2.3
3	4,288,000	1,804	90	982	306	336	6.0	8.5	377	220	40	160	74	1.7	2.4
4	4,218,000	1,897	195	692	304	350	6.0	8.4	380	213	70	140	26	1.8	2.5
5	2,344,000	880	226	324	299	378	6.0	8.2	321	118	10	60	74	1.4	3.5
6	2,793,000	955	279	306	358	386	6.0	8.4	323	110	10	80	52	1.9	3.3
7	3,032,000	884	226	322	346	371	6.0	8.4	327	110	20	40	52	1.7	2.8
8	3,126,000	720	194	339	266	352	6.0	8.6	344	110	10	80	52	2.0	2.2
9	2,989,000	951	362	447	280	363	6.0	8.5	350	177	20	80	55	2.2	3.0
10	2,715,000	1,183	206	649	256	353	6.0	8.6	341	206	20	120	59	2.4	3.5
11	2,782,000	774	156	364	274	344	6.0	8.5	340	184	40	80	59	1.9	3.5
12	3,215,000	1,325	423	625	265	335	6.0	8.6	324	213	20	120	74	1.4	3.5
13	3,176,000	1,325	423	623	264	333	6.0	8.5	347	213	20	120	57	1.8	3.3
14	2,824,000	1,344	394	633	267	326	6.0	8.5	348	199	20	120	70	1.2	3.2
15	2,658,000	1,241	451	584	271	321	6.0	8.5	347	213	20	120	88	1.3	3.2
16	2,150,000	0	0	0	0	321	0.0	8.5	0	0	0	0	0	1.6	3.3
17	2,643,000	0	0	0	0	380	0.0	8.4	0	0	0	0	0	2.1	3.5
18	2,531,000	0	0	0	0	384	0.0	8.4	0	0	0	0	0	2.8	3.4
19	2,865,000	847	130	305	272	393	6.0	8.5	347	162	10	80	77	2.7	3.2
20	2,804,000	1,350	85	635	273	339	6.0	8.5	345	184	10	80	84	1.4	3.5
21	3,008,000	1,350	85	635	253	328	6.0	8.5	349	184	10	120	114	1.8	3.3
22	3,354,000	1,408	208	603	248	323	6.0	8.5	358	173	10	120	55	1.2	2.4
23	4,029,000	1,335	78	690	249	366	6.0	8.5	359	162	40	80	110	0.5	2.5
24	3,994,000	1,413	107	685	253	381	6.0	8.5	356	198	20	120	11	1.6	2.6
25	4,239,000	1,399	129	656	286	373	6.0	8.4	356	174	20	120	11	1.0	2.5
26	3,532,000	1,390	145	653	286	380	6.0	8.5	348	178	20	120	44	1.4	2.4
27	3,318,000	1,357	156	639	286	359	6.0	8.5	348	174	10	120	56	0.6	2.0
28	3,148,000	1,398	158	642	255	382	6.0	8.6	350	198	10	80	59	0.7	2.9
29	3,871,000	1,585	206	778	275	384	6.0	8.0	367	162	20	100	53	2.3	2.8
30	3,773,000	1,884	74	982	286	396	6.0	8.4	392	180	20	120	64	1.1	2.8
TOTAL	97,725,000	34,573	5,421	18,514	7,265	10,650	182.0	253.8	8,502	4,821	720	2,980	1,720	49.7	87.7
MAX	4,288,000	1,894	451	1,004	312	396	6.0	8.6	392	250	120	160	114	2.9	3.5
AVG	3,257,500	1,280	201	612	270	364	6.0	8.5	352	179	27	106	64	1.7	2.9

REMARKS. Bacteriological results: 35 Samples pulled. All satisfactory

Semi-monthly TDS in raw water: 7/30/74 Note: note zeros indicate plant shut down due to reduce demand

Monthly RO Unit Efficiency: Total No. 10 / Total (No. 10 + No. 12) x 1 = 87.67 %

SWR Form 17.333916(4)
Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year DECEMBER 1994

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 8072 I Certify this Report is Correct: Ronald Wee

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

R. Wee A005572, F. Kane C003899, M. Teal C007350, W. Johnson C008957, W. Knee B006888

Name of Lead Operator Ronald E. Wee Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resid. Cl2 Plant	Total Resid. Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	3,377,000	2,031	98	956	286	391	6.0	8.4	387	258	120	160	85	1.1	2.7
2	3,129,000	1,273	214	831	340	391	6.0	8.6	380	177	80	120	44	1.9	3.5
3	3,822,000	1,611	128	777	354	395	6.0	8.6	380	118	60	120	55	2.0	3.5
4	2,997,000	1,823	91	953	329	415	6.0	8.5	387	221	160	140	70	1.9	3.3
5	3,388,000	2,003	36	1,071	332	417	6.1	8.6	393	221	120	140	88	1.9	2.9
6	4,243,000	1,733	38	889	327	383	6.0	8.5	385	213	40	120	88	1.5	2.9
7	4,198,000	1,795	25	940	319	390	6.0	8.5	389	239	80	120	83	0.7	2.6
8	4,288,000	1,974	44	1,035	315	395	6.0	8.6	384	236	80	160	37	1.6	3.1
9	3,834,000	1,952	106	851	336	383	6.0	8.5	388	285	80	120	40	1.5	2.2
10	3,307,000	1,975	18	1,056	312	378	6.0	8.4	380	272	40	160	81	1.3	2.3
11	3,639,000	1,956	36	1,047	348	380	6.0	8.6	391	265	80	200	83	1.3	2.2
12	3,517,000	1,778	131	1,051	337	363	6.0	8.4	391	272	120	160	77	1.1	2.2
13	4,038,000	1,791	65	971	305	387	6.0	8.5	378	226	40	120	55	2.4	2.7
14	3,433,000	1,696	58	1,148	327	370	6.0	8.5	384	272	80	160	83	1.0	2.4
15	3,961,000	1,922	38	1,099	344	398	6.0	9.1	382	280	80	140	88	1.0	2.8
16	3,261,000	2,014	62	1,145	347	404	6.0	8.5	383	282	60	140	110	1.9	2.8
17	3,488,000	1,863	56	1,070	319	381	6.0	8.4	384	258	70	140	70	1.8	2.5
18	3,642,000	1,226	88	831	303	374	6.0	8.4	387	155	60	80	31	1.2	2.7
19	3,962,000	1,944	64	1,097	294	382	6.0	8.5	380	213	80	160	48	1.8	3.1
20	4,089,000	1,900	27	1,023	316	383	6.0	8.5	382	206	70	160	99	2.3	2.8
21	2,416,000	1,693	40	964	310	371	6.0	8.2	388	206	40	120	74	0.9	2.7
22	3,539,000	1,482	56	880	294	373	6.0	8.2	348	177	100	80	74	1.1	1.8
23	3,035,000	1,681	49	992	354	387	6.0	8.4	393	221	70	120	88	1.8	2.7
24	3,878,000	1,913	58	1,081	363	379	6.0	8.5	395	199	50	80	30	1.0	2.8
25	3,002,000	1,040	924	581	322	370	6.0	8.5	389	125	40	120	40	1.9	2.9
26	3,880,000	1,856	16	1,044	336	386	6.1	8.6	395	221	40	120	74	1.4	2.8
27	4,020,000	1,828	11	1,143	331	382	6.0	8.5	391	243	60	160	77	2.1	3.0
28	4,363,000	1,986	7	1,174	318	424	6.1	8.4	391	239	40	160	74	0.9	2.8
29	5,186,000	1,914	14	1,138	321	406	6.1	8.4	393	235	40	120	70	1.5	2.3
30	3,930,000	1,957	14	1,161	318	438	6.1	8.4	395	258	40	160	77	1.8	2.4
31	4,429,000	1,944	16	1,080	330	475	6.0	8.4	386	286	80	160	86	1.0	2.8
TOTAL	114,928,000	56,095	2,830	30,489	10,089	12,155	186.5	263.3	11,862	7,039	2,200	4,340	2,049	46.7	83.9
MAX	5,186,000	2,031	924	1,174	363	475	6.1	9.1	397	282	180	200	110	2.4	3.5
AVG	3,707,355	1,810	85	984	325	392	6.0	8.5	396	227	71	137	66	1.5	2.7

REMARKS: Bacteriological results 33 Samples pulled. All satisfactory

Semi-monthly TDS in raw water 7100-7400

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 10 = 64.79 %

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No 5110183 Telephone No. 813-642-5405
Name of Plant Varco Island RO Plant Month/Year January 1993
Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703
County Collier No. of Service Connections 5823 I Certify this Report is Correct: Original signed by Ronald E. Weis
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Name of Lead Operator Ron Weis Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	1,912,000	2,270	271	948	201	240	6.0	8.3	335	218	93	193	104	1.9	1.2
2	1,620,000	2,270	219	950	199	231	6.0	8.4	334	176	75	116	96	2.2	1.4
3	1,471,000	1,380	75	635	172	230	6.0	8.8	332	148	60	135	100	2.6	1.5
4	592,000	1,380	76	641	193	252	6.0	8.9	325	98	40	58	40	1.3	1.5
5	1,619,000	1,380	177	652	188	244	6.0	8.8	328	134	44	77	60	1.6	1.2
6	2,208,000	1,380	206	716	199	260	6.0	8.8	328	112	32	77	48	1.3	1.4
7	1,933,000	2,286	312	959	194	252	6.0	8.4	334	281	96	154	106	2.1	1.6
8	2,407,000	2,270	342	967	190	254	6.0	8.1	335	281	95	154	106	1.9	1.5
9	1,992,000	2,285	226	963	188	250	6.0	7.5	329	211	78	154	88	2.2	1.5
10	1,472,000	1,391	47	644	185	253	6.0	8.5	327	42	16	39	32	1.8	1.2
11	1,182,000	1,390	79	613	187	256	6.0	8.6	327	120	46	39	60	1.3	1.2
12	1,403,000	1,390	165	645	186	269	6.0	8.6	328	141	60	77	70	0.8	1.0
13	2,155,000	1,392	182	685	193	269	6.0	8.7	327	56	38	77	36	0.7	1.3
14	1,500,000	1,392	96	644	186	263	6.0	8.7	329	61	56	77	32	1.1	1.2
15	1,958,000	1,388	184	640	197	272	6.0	8.4	327	105	78	116	54	1.9	1.3
16	1,714,000	1,392	987	601	205	303	6.0	9	325	32	22		19	1.7	1.4
17	1,149,000	1,390	24	606	185	296	6.0	8.8	323	123	96	116	54	0.5	1.5
18	1,877,000	1,390	29	608	180	290	6.0	8.5	324	84	68	77	20	0.7	1.2
19	1,260,000	1,390	368	619	183	330	6.0	9.4	326	56	46	39	58	0.6	1.2
20	1,567,000	1,392	194	591	183	322	6.0	9.6	320	56	48	77	32	0.8	1.2
21	1,218,000	1,390	37	600	190	300	6.0	9.1	321	102	98	77	46	0.7	1.1
22	1,926,000	1,390	41	614	179	277	6.0	8.3	329	91	100	116	33	1.3	1.0
23	1,650,000	1,390	38	612	176	264	6.0	8.1	329	77	84	77	30	2.0	1.2
24	1,721,000	1,392	80	610	167	255	6.0	8.6	325	81	38	77	24	2.5	1.4
25	2,560,000	1,390	114	612	180	249	6.0	8.8	326	42	61	77	45	2.5	1.3
26	1,053,000	1,390	83	612	189	279	6.0	8.8	324	91	46	77	23	2.4	1.5
27	1,932,000	1,365	53	613	174	275	6.0	8.9	326	60	40	77	20	2.3	1.5
28	1,467,000	1,394	43	620	165	254	6.0	9	328	53	46	77	15	1.4	1.2
29	934,000	1,390	59	615	182	253	6.0	8.7	324	77	66	77	24	1.4	1.3
30	1,232,000	1,390	81	615	181	245	6.0	8.9	326	60	50	77	27	1.7	1.2
31	1,186,000	1,390	45	612	179	235	6.0	8.8	329	91	64	116	42	1.7	1.0
TOTAL	50,460,000	46,499	4,933	21,063	5,776	8,222	186	269	10,152	3,380	1,885	2,777	1,546	48.9	40.3
MAX	2,560,000	2,286	987	967	205	330	6.0	9.6	335	281	100	193	106	2.6	1.6
AVG	1,626,000	1,500	159	679	186	265	6.0	8.7	327	109	61	90	50	1.6	1.3

REMARKS: Bacteriological results 33 samples pulled / All 33 satisfactory
Semi-monthly TDS in raw water 7040 & 7540
Monthly RO Unit Efficiency Total No. 10
Total (No. 10 ÷ No. 12) x 10 = 68.62 %

DER Form 17-555910(4)
Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year February 1993

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 5826 I Certify this Report is Correct: Original signed by Ronald E. Weis

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Name of Lead Operator Ronald E. Weis Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Rocon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	1,657,000	1,390	537	620	204	237	6.0	9	351	84	36	77	42	2.0	1.2
2	1,764,000	1,439	170	624	193	252	6.0	8.9	350	98	64	116	47	1.9	1.0
3	2,309,000	1,392	385	662	205	252	6.0	8.1	351	91	84	116	37	2.5	1.4
4	1,522,000	1,390	241	626	204	307	6.0	7.9	351	84	62	116	70	1.8	1.6
5	1,441,000	1,390	196	625	218	300	6.0	8.7	348	98	50	116	56	2.2	1.5
6	1,751,000	1,388	335	608	234	299	6.0	7	340	91	54	116	28	3.0	1.6
7	1,446,000	2,089	502	905	215	275	6.0	7.8	347	127	50	116	46	2.5	1.3
8	2,005,000	1,390	294	618	227	290	6.0	7.9	353	98	62	116	25	2.9	1.4
9	2,144,000	1,380	5	602	206	269	6.0	7.7	349	88	54	154	28	2.4	1.4
10	2,010,000	2,070	411	903	222	312	6.0	8	350	127	72	116	42	2.6	1.6
11	1,889,000	2,083	586	911	230	269	6.0	7.3	352	137	75	77	42	2.6	1.3
12	1,842,000	2,070	461	909	232	285	6.0	7.2	355	169	87	77	49	2.5	1.2
13	1,784,000	2,070	464	904	213	260	6.0	7	358	91	54	77	28	2.5	1.3
14	1,761,000	2,070	346	902	195	260	6.0	7.2	356	120	75	154	42	2.0	1.4
15	2,574,000	2,070	340	904	199	247	6.0	7.1	350	123	81	154	42	2.2	1.3
16	2,503,000	2,071	384	910	203	251	6.0	7.4	355	127	72	154	46	2.7	1.5
17	2,887,000	2,082	404	910	197	261	6.0	7.9	353	112	66	116	44	2.3	1.3
18	1,623,000	2,070	535	905	210	253	6.0	7.4	349	141	75	154	44	2.0	1.4
19	2,394,000	2,071	449	926	216	266	6.0	7.2	358	91	84	193	44	2.4	1.1
20	2,673,000	2,095	560	905	211	249	6.0	7	362	133	90	154	42	2.3	1.0
21	2,078,000	2,085	468	902	192	251	6.0	7.4	360	123	84	154	42	2.5	1.4
22	3,196,000	2,069	477	903	180	264	6.0	7.6	354	120	75	154	21	2.3	1.4
23	3,287,000	2,086	679	903	174	257	6.0	7.3	356	137	108	193	53	0.7	1.5
24	3,022,000	2,083	338	907	169	268	6.0	7.1	357	105	111	154	54	1.7	1.0
25	2,711,000	2,085	459	907	168	251	6.0	7.1	359	127	129	231	60	2.4	0.9
26	2,971,000	2,083	528	903	164	251	6.0	7.2	359	148	120	193	56	2.1	1.2
27	1,965,000	2,085	455	903	167	254	6.0	7.3	361	127	120	193	56	2.2	1.4
28	2,777,000	2,084	261	909	167	239	6.0	7.6	364	84	60	193	58	2.8	1.0
29															
30															
31															
TOTAL	61,986,000	52,730	11,183	23,118	5,615	7,429	168	212.3	9,908	3,201	2,154	3,934	1,244	64	36.6
MAX	3,287,000	2,095	679	926	234	312	6.0	9.0	364	169	129	231	60	3.0	1.6
AVG	2,213,786	1,883	399	826	201	265	6.0	7.56	354	114	77	141	44	2.3	1.3

REMARKS: Bacteriological results 33 samples pulled / All satisfactory

Semi-monthly TDS in raw water 7433 & 7760

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 10 = 69.52 %

DER Form 17-555910(4)

Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110163 Telephone No. 813-642-8405

Name of Plant Marco Island RO Plant Month/Year March 1993

Owner Name and Address Southern States Utilities, Inc 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 5838 I Certify this Report is Correct: Original signed by Ronald Wes

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Name of Lead Operator Ronald Wes Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resid. Cl2 Plant	Free Resid Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	3 216 000	1 857	312	846	190	247	6 0	8 4	355	102	112	154	40	2 9	1 4
2	3 798 000	1 773	333	813	190	244	6 0	7 3	360	109	106	154	38	2 8	1 6
3	3 252 000	1 963	330	893	190	239	6 0	7 7	365	118	118	154	41	2 6	1 3
4	2 751 000	1 722	65	780	190	246	6 0	7 5	345	98	103	116	35	2 7	1 4
5	2 273 000	1 809	189	853	195	240	6 0	7 1	340	102	109	154	42	2 8	1 4
6	2 981 000	1 835	39	828	180	267	6 0	7 6	335	91	110	154	38	2 0	1 6
7	1 810 000	1 819	33	823	180	248	6 0	7 8	335	91	109	116	38	2 7	1 3
8	2 971 000	1 592	159	721	180	246	6 0	7 7	335	91	96	116	36	3 0	1 4
9	1 708 000	1 380	149	635	185	243	6 0	8 7	340	84	83	116	20	2 9	1 4
10	2 060 000	1 545	115	722	190	281	6 0	9 1	345	91	93	116	40	3 0	1 2
11	1 658 000	1 599	31	943	195	281	6 0	8 5	340	95	96	154	44	2 7	1 2
12	2 144 000	1 802	34	876	205	284	6 0	8 3	345	102	108	116	44	3 1	1 0
13	1 823 000	1 514	58	747	210	277	6 0	7 6	350	88	91	39	38	3 5	1 2
14	1 478 000	1 242	3	680	200	260	6 0	8 4	340	67	75	154	33	3 4	1 4
15	2 010 000	1 350	3	715	190	248	6 0	8 2	330	67	81	116	30	3 1	1 4
16	2 395 000	1 519	60	756	195	263	6 0	9	325	67	91	116	34	3 1	1 2
17	1 575 000	1 166	230	514	200	281	6 0	8 5	325	60	91	116	20	2 3	1 3
18	1 429 000	1 283	55	838	195	287	6 0	7 8	330	67	77	77	25	1 1	1 4
19	1 647 000	1 288	81	817	190	262	6 0	7 3	335	77	77	77	30	2 9	1 4
20	2 578 000	1 790	63	879	190	334	6 0	7 4	330	98	108	154	47	2 6	1 4
21	2 532 000	1 325	40	706	180	285	6 0	7 1	325	70	80	154	25	2 5	1 4
22	2 470 000	1 215	63	652	190	236	6 0	7 8	330	56	73	77	25	3 0	1 4
23	2 370 000	1 213	65	637	190	244	6 0	8 6	325	70	73	116	28	3 0	1 3
24	1 930 000	1 774	13	873	190	259	6 0	7 8	330	98	107	116	35	2 8	1 3
25	1 603 000	1 547	126	675	200	280	6 0	7 8	325	86	93	116	27	1 4	1 2
26	2 825 000	1 817	53	796	200	296	6 0	7 6	325	108	109	115	30	2 1	1 3
27	3 290 000	2 285	54	1 045	190	268	6 0	7 6	325	105	107	153	36	2 0	1 0
28	1 583 000	1 388	52	621	200	267	6 0	7 6	325	98	87	115	33	2 5	1 0
29	2 589 000	1 451	105	639	210	276	6 0	7 5	335	84	70	115	33	3 1	1 0
30	2 880 000	1 242	126	590	210	269	6 0	8 6	335	80	80	115	33	3 1	1 0
31	2 642 000	1 799	257	912	210	284	6 0	7 5	335	116	86	115	26	3 1	1 2
TOTAL	71 383 000	46 904	3 317	23 825	5 980	6 242	186	243 6	10 420	2 739	2 859	3 776	1 044	83 8	40
MAX	3 290 000	2 285	333	1 045	210	334	6 0	9 1	365	119	118	154	47	3 5	1 6
AVG	2 303 000	1 578	107	769	193	266	6 0	7 9	336	70	92	122	34	2 7	1 3

REMARKS: Bacteriological results 33 samples pulled / All satisfactory

Semi-monthly TDS in raw water 7100 & 7500

Monthly RO Unit Efficiency Total No 10

Total (No 10 ÷ No 12) x 10 = 67.2 %

DER Form 17.555910(4)

Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-8405

Name of Plant Marco Island RO Plant Month/Year April 1993

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 5851 I Certify this Report is Correct: Original signed by Ronald E. Wes

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Name of Lead Operator Ronald E. Wes Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	1 274 000	1 692	14	780	199	254	6.0	8.2	328	112	81	119	29	2.7	1.1
2	2 542 000	1 324	54	715	200	262	6.0	8.4	330	95	64	101	30	2.4	1.2
3	2 223 000	1 885	84	780	198	252	6.0	7.2	330	98	91	132	33	2.4	1.0
4	1 593 000	1 581	5	780	201	263	6.0	7.4	330	119	81	118	30	2.6	1.2
5	2 478 000	1 871	65	780	208	261	6.0	7.8	329	126	90	131	24	2.4	1.3
6	2 582 000	1 772	33	780	207	264	6.0	8.2	330	126	85	124	35	2.8	1.4
7	3 827 000	2 080	171	780	228	258	6.0	7.9	330	123	100	146	36	2.7	1.1
8	2 232 000	1 694	74	697	203	270	6.0	7.5	331	130	81	118	41	2.4	1.2
9	1 968 000	1 772	46	695	206	272	6.0	8.1	332	119	85	121	41	2.6	1.1
10	2 415 000	1 677	72	780	196	240	6.0	8.5	333	112	81	121	41	2.8	1.3
11	2 115 000	1 856	78	780	203	274	6.0	7.5	332	116	89	130	30	3.2	1.0
12	3 831 000	1 800	45	780	200	251	6.0	7.7	334	109	86	126	38	2.3	1.4
13	3 307 000	1 863	81	780	197	243	6.0	7.5	331	127	90	131	44	3.0	1.6
14	2 582 000	1 894	84	780	198	253	6.0	7.7	332	123	91	133	39	2.8	1.3
15	2 419 000	2 113	184	780	201	261	6.0	7.6	332	120	101	148	36	2.7	1.4
16	1 398 000	1 462	35	625	200	264	6.0	7.9	332	127	70	102	39	2.5	1.2
17	3 186 000	1 837	44	780	199	252	6.0	8	335	120	88	128	36	2.4	1.1
18	2 195 000	1 885	33	817	195	258	6.0	8	333	127	91	131	42	2.2	1.1
19	3 213 000	1 723	81	699	196	275	6.0	7.9	334	95	83	120	33	2.6	1.3
20	2 406 000	1 815	38	780	195	278	6.0	7.9	333	123	87	126	36	2.5	1.4
21	3 379 000	1 800	334	780	202	247	6.0	8.2	333	112	95	140	36	2.6	1.4
22	1 578 000	1 457	148	724	202	258	6.0	8.2	333	105	70	112	31	2.3	1.2
23	3 250 000	1 694	314	777	202	261	6.0	7.6	341	109	81	134	33	1.9	1.2
24	1 528 000	1 447	13	703	202	241	6.0	8.1	376	81	70	104	33	2.0	1.3
25	1 532 000	1 201	248	600	202	228	6.0	8	369	95	56	77	32	2.2	1.2
26	2 556 000	1 346	100	604	210	250	6.0	7.6	348	109	65	54	30	2.4	1.2
27	2 474 000	1 429	193	644	260	233	6.0	7.5	343	112	69	108	30	2.6	1.3
28	2 534 000	1 831	65	780	302	258	6.0	7	339	109	88	127	36	2.3	1.2
29	1 556 000	1 794	134	780	311	255	6.0	8.6	334	109	86	103	44	1.9	1.4
30	2 552 000	1 590	251	780	305	244	6.0	8.4	336	74	76	126	27	1.7	1.3
31															
TOTAL	74 204 000	51 285	3 142	22 340	6 428	7 700	180	235.9	10 088	3 362	2 473	3 591	1 047	73.9	37.4
MAX	3 827 000	2 113	334	817	311	278	6.0	8.6	376	130	101	148	44	3.2	1.6
AVG	2 473 000	1 710	105	745	214	257	6.0	7.9	336	112	82	120	35	2.5	1.2

REMARKS Bacteriological results 33 samples pulled / All satisfactory

Semi-monthly TDS in raw water 7300 & 7400

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 10 = 70 %

DER Form 17-555910(4)
Effective 12/31/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No 5110183 Telephone No. 813-642-5405
Name of Plant Marco Island RO Plant Month/Year May 1993
Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703
County Collier No. of Service Connections 6853 I Certify the Report is Correct: Original signed by Ronald E. Weis
Provide name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Name of Lead Operator Ronald E. Weis Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	1,700,000	1,818	52	780	234	298	6.0	7.2	341	109	87	127	42	2.2	1.2
2	1,652,000	1,725	141	784	229	290	6.0	7.5	330	105	83	127	33	2.1	1.3
3	2,646,000	1,043	456	439	237	269	6.0	8.3	332	88	50	93	36	1.6	1.3
4	2,202,000	1,529	144	690	272	282	6.0	7.3	320	144	73	114	31	2.3	1.2
5	2,585,000	1,650	358	495	196	276	6.0	6.9	340	134	79	120	44	2.5	1.1
6	2,081,000	1,638	123	702	219	276	6.0	8.3	336	89	79	118	42	2.2	1.2
7	2,621,000	1,718	45	736	270	276	6.0	7.6	333	98	83	120	44	2.5	1.3
8	1,616,000	1,694	228	727	317	278	6.0	8	327	96	61	127	56	2.1	1.3
9	940,000	1,811	62	776	321	316	6.0	8.2	345	102	87	127	53	2.5	1.2
10	3,509,000	1,787	220	776	319	300	6.0	8.2	337	197	86	136	69	2.2	1.2
11	2,332,000	1,636	177	787	313	281	6.0	7.41	335	207	88	135	67	1.8	1.1
12	2,578,000	1,623	433	705	302	289	6.0	7.3	337	151	79	130	64	2.0	1.1
13	1,637,000	1,420	71	609	235	239	6.0	8.3	347	137	68	101	61	2.5	1.3
14	2,522,000	1,420	159	608	233	256	6.0	8	342	176	68	103	64	1.8	1.3
15	1,752,000	1,361	185	583	247	282	6.0	8.7	332	169	65	102	53	2.1	1.2
16	2,771,000	1,419	97	609	227	256	6.0	8.4	341	151	66	102	58	1.9	1.1
17	2,571,000	1,274	158	548	248	239	6.0	8.9	317	165	61	95	56	2.1	1.0
18	1,850,000	857	576	535	242	272	6.0	8.7	293	140	41	95	39	2.6	1.2
19	1,617,000	1,257	543	439	270	254	6.0	8.7	305	162	61	108	55	2.1	1.3
20	1,478,000	1,747	378	749	259	282	6.0	7.7	321	199	84	139	53	1.4	1.1
21	2,830,000	1,821	352	780	230	253	6.0	7.9	326	155	87	142	64	2.6	1.3
22	2,615,000	1,527	394	654	251	236	6.0	7.9	323	169	73	124	53	2.8	1.3
23	1,924,000	1,525	184	696	271	261	6.0	7.9	316	134	78	120	58	2.5	1.3
24	2,561,000	1,491	341	683	266	269	6.0	8	313	126	72	121	64	2.6	1.3
25	2,704,000	1,806	88	774	270	257	6.0	8	319	197	86	127	67	2.8	1.3
26	2,575,000	1,788	91	767	303	279	6.0	7.5	343	204	86	127	64	2.5	1.2
27	2,044,000	1,708	160	732	285	243	6.0	8.2	341	204	68	116	67	2.9	1.1
28	2,422,000	1,754	116	752	291	276	6.0	7.1	335	204	84	127	58	2.6	1.3
29	2,115,000	1,830	80	784	306	278	6.0	7.6	334	211	88	129	61	2.8	1.3
30	1,346,000	1,708	254	732	287	278	6.0	7.4	338	197	82	130	64	2.1	1.0
31	2,286,000	1,226	199	525	268	285	6.0	8.7	338	127	59	94	50	3.0	1.3
TOTAL	58,482,000	48,921	6,865	20,956	8,218	8,448	186	245.9	10,235	4,749	2,334	3,678	1,690	71.5	38.4
MAX	3,509,000	1,836	576	787	321	316	6.0	8.9	347	211	88	142	69	3.0	1.3
AVG	2,209,000	1,578	221	676	265	273	6.0	7.9	330	153	75	119	55	2.3	1.2

REMARKS Bacteriological results 33 samples pulled / All satisfactory
Semi-monthly TDS in raw water 7400 & 7700
Monthly RO Unit Efficiency Total No. 10
Total (No. 10 ÷ No. 12) x 10 = 70.01 %

DER Form 17-555(16)(A)
Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year June 1993

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, Fl. 32703

County Collier No. of Service Connections 5862 I Certify this Report is Correct Original signed by Ronald E. Wes

Provide Name(s) and Operator Certificaton No.(s) for all certified operators working at the plant for the month

Name of Lead Operator Ronald E. Wes Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	1.920.000	1.044	295	448	303	288	6	8.6	332	172	50	40	46	2.7	1.0
2	2.046.000	1.565	129	962	302	287	6	8.3	336	186	75	40	60	2.2	1.2
3	2.084.000	1.375	228	916	291	339	6	8.1	336	189	86	40	47	2.3	1.3
4	1.781.000	1.739	151	747	300	311	5.8	7.9	339	155	84	40	65	2.7	1.1
5	1.708.000	968	419	415	289	299	5.8	7.9	340	120	47	40	53	1.7	1.3
6	1.636.000	1.425	171	610	293	292	5.8	7.7	335	211	68	40	58	2.7	1.2
7	2.809.000	1.734	123	743	293	310	5.8	7.9	341	162	104	40	58	1.9	1.0
8	2.140.000	1.259	87	544	292	328	5.8	7.8	338	176	61	40	50	1.8	1.3
9	2.231.000	1.260	99	540	298	293	5.8	7.5	332	169	61	40	50	2.3	1.1
10	2.064.000	1.433	399	514	287	307	5.8	7.5	334	169	69	40	53	2.1	1.3
11	2.201.000	1.673	210	717	307	341	5.8	7.3	340	232	80	40	67	2.2	1.2
12	1.394.000	1.546	185	962	304	342	5.8	7.2	341	183	74	40	50	2.1	1.3
13	1.922.000	1.190	170	540	296	319	5.8	7.5	319	141	57	40	37	2.5	1.1
14	1.680.000	1.167	336	500	296	280	5.8	7.4	321	176	56	40	67	2.6	1.1
15	1.556.000	1.225	150	525	296	280	5.8	8.8	328	183	59	40	52	2.6	1.2
16	1.923.000	1.191	301	408	294	280	5.8	7.5	328	176	57	40	53	2.5	1.0
17	1.108.000	1.203	285	412	287	277	5.8	7.2	328	218	32	40	33	2.8	1.1
18	2.125.000	1.192	262	409	292	280	5.8	7.4	329	176	62	40	67	2.5	1.2
19	1.756.000	1.221	261	419	290	286	5.8	7.6	330	218	51	40	25	2.6	1.1
20	2.337.000	1.190	304	408	291	286	5.8	7.5	334	218	68	40	50	2.3	1.3
21	1.519.000	1.127	387	386	297	296	5.8	7.5	334	183	44	40	53	1.7	1.1
22	1.771.000	1.230	248	422	299	302	5.8	7.5	333	190	52	40	35	1.9	1.2
23	1.580.000	1.242	233	426	315	289	5.8	7.2	328	170	46	40	33	3.0	1.3
24	1.293.000	1.187	306	407	302	305	5.8	7.5	320	137	38	40	27	2.9	1.2
25	1.789.000	1.242	232	426	298	284	5.8	7.5	322	191	52	40	39	2.5	1.1
26	1.285.000	1.181	314	405	333	287	5.8	7.5	320	136	36	40	27	2.6	1.1
27	1.799.000	800	494	206	272	295	5.8	7.1	298	189	52	40	39	3.5	1.1
28	1.041.000	1.156	347	397	288	281	5.8	7	321	109	31	40	23	3.1	1.1
29	2.356.000	1.203	285	413	276	293	5.8	7.5	321	252	69	40	53	3.5	1.1
30	2.381.000	1.220	262	418	306	293	5.8	8.1	326	252	70	40	55	3.4	1.1
31															
TOTAL	55.215.000	37.998	7.673	14.845	8.887	8.950	174.8	229	9.884	5.419	1.771	1.200	1.425	75.2	35
MAX	2.809.000	1.739	494	747	333	342	6.0	8.8	341	252	104	40	67	3.5	1.3
AVG	1.841.000	1.267	256	495	296	298	5.8	7.6	329	181	59	40	48	2.5	1.2

REMARKS: Bacteriological results 33 samples pulled / All satisfactory

Semi-monthly TDS in raw water 7400 & 7700

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 10 = 71.90 %

DER Form 17-555910(4)

Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year July 1993

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, Fl. 32703

County Collier No. of Service Connections 5871 I Certify this Report is Correct: Original signed by Ronald E. Weis

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Name of Lead Operator Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	1,147,000	1,274	81	546	297	315	5.8	7.5	323	159	55	86	87	2.7	1.1
2	1,484,000	770	224	330	257	303	5.8	7.6	349	159	32	47	81	2.5	1.4
3	1,265,000	965	204	414	292	298	5.8	7.1	323	152	41	24	64	2.8	1.3
4	643,000	653	142	284	287	298	5.8	7.3	318	124	28	24	66	2.9	1.2
5	1,355,000	816	257	347	259	309	5.8	7.4	322	135	34	47	59	2.7	1.1
6	1,318,000	1,002	219	426	297	293	5.8	7.3	327	166	42	47	63	2.9	1.3
7	1,436,000	867	137	372	288	331	5.8	7.4	329	131	36	47	67	2.2	1.2
8	1,782,000	1,194	194	519	274	294	5.8	7.6	330	159	50	47	75	2.7	1.4
9	1,441,000	740	842	317	263	292	5.8	7.4	332	180	31	47	81	2.5	1.3
10	1,494,000	1,038	358	445	261	331	5.8	7.4	332	180	44	47	75	2.6	1.4
11	1,868,000	1,210	171	519	280	274	5.8	7.5	334	186	51	86	70	3.0	1.4
12	898,000	1,172	225	502	274	296	5.8	7.5	308	191	49	47	71	3.3	1.4
13	2,203,000	1,183	210	507	273	296	5.8	7.7	324	156	57	47	61	3.3	1.3
14	1,789,000	1,604	432	688	290	278	5.8	7.6	341	215	77	86	92	3.4	1.9
15	567,000	1,175	226	698	270	278	5.8	7.6	341	180	56	47	72	3.2	1.2
16	1,965,000	496	289	267	225	278	5.8	7.5	346	117	28	47	64	3.0	1.0
17	1,801,000	1,511	252	648	286	290	5.8	7.6	348	184	73	24	70	3.2	1.1
18	1,745,000	1,299	180	674	293	294	5.8	7.3	339	133	62	86	67	2.2	1.1
19	1,961,000	1,188	461	509	289	243	5.8	7.5	345	173	57	24	78	1.9	1.2
20	2,257,000	1,557	56	672	277	287	5.8	7.7	342	215	75	86	86	1.8	1.0
21	2,993,000	1,934	320	910	264	279	5.8	7.3	347	222	93	86	78	1.3	1.1
22	1,984,000	1,739	230	745	261	240	5.8	7.4	343	222	84	124	78	2.4	1.2
23	2,776,000	1,639	250	701	275	300	5.8	8.5	342	244	79	86	84	2.2	1.1
24	2,489,000	1,873	40	803	274	290	5.8	7.1	343	215	90	105	92	2.5	1.3
25	1,730,000	1,674	47	809	264	290	5.8	8.7	327	188	90	86	89	2.4	1.2
26	1,254,000	1,160	55	497	267	292	5.8	8.3	333	161	56	86	77	2.7	1.4
27	1,540,000	492	90	210	213	318	5.8	7.7	323	82	27	24	45	2.3	1.4
28	2,010,000	1,251	113	536	263	281	5.8	8.2	330	131	60	47	74	2.6	1.4
29	1,725,000	1,053	78	457	279	281	5.8	8.6	326	146	58	86	81	3.0	1.4
30	1,993,000	1,236	129	537	279	278	5.8	8.3	332	131	60	47	47	3.1	1.3
31	853,000	1,416	47	660	257	271	5.8	8.7	326	162	77	86	92	2.8	1.3
TOTAL	51,536,000	37,404	6,665	16,572	8,490	8,998	179.8	238.3	10,325	5,209	1,752	1,986	2,308	82.1	38.8
MAX	2,993,000	1,934	842	910	297	331	5.8	8.7	349	244	93	124	92	3.4	1.4
AVG	1,662,000	1,207	215	535	272	290	5.8	7.7	333	168	57	60	74	2.6	1.3

REMARKS: Bacteriological results 33 samples pulled / All satisfactory

Semi-monthly TDS in raw water 7300 & 7400

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 10 = 69.29 %

DER Form 17.555919(4)
Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year August 1993

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 5880 I Certify this Report is Correct: Original signed by Ronald Wes

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Name of Lead Operator Ronald Wes Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Rocon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	1,898,000	1,540	137	660	261	273	5.8	8.5	328	188	72	86	120	2.9	1.1
2	896,000	628	291	269	263	262	5.8	8.3	334	115	30	30	80	3.0	1.2
3	2,169,000	423	146	227	247	303	5.8	8.4	345	114	20	30	61	2.5	1.0
4	1,055,000	1,022	124	438	286	238	5.8	8.5	358	163	49	47	90	3.3	1.3
5	1,059,000	1,189	230	501	289	304	5.8	8.7	350	188	67	47	107	2.4	1.0
6	783,000	1,194	194	512	288	322	5.8	8.3	348	86	10	30	47	2.4	1.0
7	1,637,000	1,137	276	487	290	346	5.8	8.3	348	181	55	47	107	1.8	1.1
8	782,000	1,194	194	512	288	322	5.8	8.3	348	202	57	47	113	2.4	1.2
9	1,418,000	1,201	185	515	289	321	5.8	8.5	347	198	58	47	115	2.3	1.1
10	1,105,000	695	74	377	297	300	5.8	8.6	350	145	33	47	89	2.4	1.2
11	813,000	348	195	149	300	336	5.8	8.6	349	83	17	47	64	2.2	1.0
12	1,634,000	1,135	277	486	298	337	5.8	9	348	184	60	39	109	3.2	1.3
13	2,056,000	1,211	220	519	295	321	5.8	8.6	351	202	58	39	118	1.7	1.0
14	1,829,000	1,199	239	513	295	320	5.8	8.2	320	212	57	86	118	1.6	1.1
15	1,600,000	1,111	342	476	314	314	5.8	8.3	351	121	53	47	107	2.3	1.2
16	1,547,000	641	222	275	370	357	5.8	8.3	359	119	31	47	82	3.3	1.4
17	406,000	629	260	270	370	364	5.8	8.2	370	119	30	47	78	3.2	1.4
18	1,303,000	905	368	388	303	371	5.8	8.7	353	152	75	47	93	2.3	1.0
19	2,446,000	1,554	324	666	308	340	5.8	8.7	353	226	75	124	126	2.4	1.0
20	2,293,000	1,159	274	497	306	362	5.8	8.6	357	182	56	47	107	2.8	1.3
21	1,884,000	1,308	267	560	328	368	5.8	8.5	359	226	63	47	107	3.0	1.4
22	702,000	1,065	478	456	312	370	5.8	8.5	357	160	72	86	83	3.0	1.3
23	1,004,000	1,492	574	640	313	346	5.8	8.6	359	68	10	86	112	3.0	1.2
24	1,576,000	156	1288	67	309	364	5.8	8.5	347	110	0	0	37	3.0	1.3
25	0	0		0	0	0	0	8.5	0	0	0	0	0	3.5	1.1
26	0	0		0	0	0	0	8.4	0	0	0	0	0	3.0	1.2
27	0	0		0	0	0	0	8.4	0	0	0	0	0	3.1	1.1
28	0	0		0	0	0	0	8.4	0	0	0	0	0	3.0	1.1
29	0	0		0	0	0	0	8.4	0	0	0	0	0	3.2	1.1
30	0	0		0	0	0	0	8.4	0	0	0	0	0	3.0	1.2
31	0	0		0	0	0	0	8.4	0	0	0	0	0	2.6	1.0
TOTAL	33,495,000	24,116	7,199	10,460	7,223	7,871	139.2	262.6	8,387	3,736	1,108	1,247	2,270	83.8	35.9
MAX	2,446,000	1,492	1,288	666	370	371	5.8	9.0	370	226	75	124	126	3.5	1.4
AVG	1,396,000	1,005	300	436	301	328	5.8	8.5	349	121	36	40	73	2.7	1.2

REMARKS Bacteriological results 33 samples pulled / All satisfactory

Semi-monthly TDS in raw water 7350 & 7450

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 10 = 69.30 %

DER Form 17.555910(4)

Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year September 1993

Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 5894 I Certify this Report is Correct: Original signed by Ronald Wes

Provide Name(s) and Operator Certificate No.(s) for all certified operators working at the plant for the month

Name of Lead Operator Ronald E. Wes Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resid. Cl2 Plant	Free Resid Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	2,817,000	1,018	257	349	239	354	6	8.2	341	215	117	97	157	2.3	1.0
2	433,000	1,312	138	450	274	338	6	7.9	332	138	18	97	161	3.5	1.2
3	2,329,000	1,256	159	435	267	296	6.1	8	333	194	97	106	157	2.4	1.1
4	1,720,000	1,267	174	435	262	296	6	8.7	334	191	72	77	139	2.8	1.1
5	2,222,000	1,254	216	430	253	296	6.1	8.4	336	184	93	77	124	3.0	1.1
6	1,431,000	1,283	153	440	276	302	6.1	8.1	335	194	60	106	146	2.7	1.2
7	2,067,000	1,219	199	418	277	307	6.1	8.1	332	166	86	77	128	2.7	1.1
8	1,541,000	1,070	132	441	271	307	6.1	7.9	339	205	64	106	161	3.0	1.2
9	1,724,000	1,269	170	435	265	294	6	8.3	343	205	72	77	139	3.2	1.1
10	1,708,000	1,256	135	431	270	306	6	8.5	348	212	71	77	77	2.4	1.0
11	1,215,000	1,205	232	413	270	304	6	8.3	340	191	51	77	79	2.9	1.0
12	2,433,000	1,256	194	449	270	308	6.1	8.7	340	184	101	155	71	2.6	1.0
13	905,000	628	131	215	272	302	6.1	8.3	341	124	38		40	3.5	1.0
14	1,652,000	1,219	63	442	274	305	6	8.9	338	198	69	77	64	1.6	1.1
15	1,066,000	450	148	155	265	299	6.1	8.7	330	191	44	77	64	0.5	1.0
16	1,070,000	1,032	474	353	249	302	6.1	8.8	349	103	45	99	16	1.1	1.0
17	2,984,000	1,785	98	613	248	302	6.1	8.9	343	155	124	58	48	0.5	1.0
18	1,726,000	1,196	190	411	274	338	6.1	9.3	334	205	72	66	66	3.3	1.1
19	611,000	424	361	145	274	317	6.1	7.7	339	191	25	67	64	3.0	1.2
20	391,000	468	67	167	268	309	6	7.8	340	121	16	39	32	3.2	1.1
21	528,000	294	21	101	275	306	6.1	8	328	121	22	39	32	1.4	1.0
22	1,902,000	1,321	66	453	284	312	6	8.4	341	184	79	67	73	3.2	1.1
23	2,644,000	1,233	10	423	273	320	5.9	8.1	351	205	110	96	44	3.2	1.2
24	1,979,000	1,266	76	434	218	328	6	8.4	346	268	83	67	55	3.5	1.2
25	1,371,000	1,638	35	562	256	301	6	8.2	351	205	57	67	66	2.0	1.0
26	1,477,000	1,026	478	35*	253	293	6.1	8.4	352	202	62	106	73	2.6	1.1
27	1,220,000	486	106	17	243	298	5.9	8.2	352	96	51	39	29	1.6	1.0
28	905,000	51	205	17	240	301	6	8.4	336	72	45		58	2.6	1.1
29	1,893,000	1,098	59	376	229	294	5.9	8.4	350	153	95	77	88	1.4	1.0
30	82,000	635	236	217	220	272	6	8	353	93	4	77	47	2.8	1.3
31															
TOTAL	46,046,000	30,944	5,003	10,578	7,819	9,207	181.1	250	10,236	5,166	1,943	2,247	2,498	74.5	32.6
MAX	2,984,000	1,789	478	613	284	354	6.1	9.3	359	268	124	155	161	3.5	1.3
AVG	1,534,867	1,031	167	353	261	307	6.0	8.3	341	172	65	75	83	2.5	1.1

REMARKS Bacteriological results 33 samples pulled / All satisfactory

Semi-monthly TDS in raw water 7100 & 7500

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 10 = 74.52 %

DER Form 17-555(10)(4)

Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year October 1993

Owner Name and Address Southern States Utilities Inc 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 5811 I Certify this Report is Correct: Original signed by Ronald E. Wee

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Name of Lead Operator Ronald E. Wee Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Recon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	1,558,000	684	224	311	236	288	5.9	8.3	342	93	65	40	84	2.8	1.1
2	2,542,000	1,152	354	521	228	290	5.9	8.5	346	93	106	40	84	2.8	1.0
3		649	139	263	242	302	6.5	8.8	349	121	40	116	93	2.2	1.0
4	1,621,000	1,270	240	528	231	286	6.3	7.7	348	142	66	81	77	2.1	1.0
5	2,058,000	996	290	391	239	282	6.1	8.1	349	128	86	81	64	2.7	1.2
6	1,400,000	1,406	289	578	234	294	6.1	8.4	344	150	58	116	99	2.8	1.1
7	2,091,000	1,308	236	536	226	287	6.2	8.3	350	150	87	81	77	2.5	1.0
8	1,834,000	1,346	263	612	225	288	6.1	8.4	349	157	76	116	80	2.4	1.3
9	2,031,000	1,340	272	609	223	288	6.1	8.6	350	150	85	116	66	2.9	1.1
10	1,643,000	1,285	321	584	226	295	6.1	8.9	349	139	89	81	58	2.8	1.2
11	2,508,000	1,236	284	562	247	320	6.1	8.4	354	139	105	116	89	3.3	1.1
12	804,000	486	106	221	251	319	6.1	8.7	363	76	34		31	2.4	1.2
13	1,175,000	347	272	158	220	300	6.1	8.6	351	58	49	40	60	3.2	1.1
14	752,000	1,308	608	595	230	303	6.1	8.8	360	135	31	81	73	2.4	1.3
15	755,000	669	277	304	246	294	6.1	8.5	355	86	31	81	44	1.8	1.2
16	1,809,000	895	346	407	245	282	6.3	8.4	350	128	75	40	84	3.2	1.2
17	771,000	969	515	440	257	315	6.1	8.0	357	132	32	81	62	1.9	1.0
18	631,000	655	386	298	261	321	6.0	8.6	362	111	26	40	84	2.8	1.1
19	1,388,000	176	190	80	262	290	6.1	7.9	350	58	52	20	42	1.7	1.0
20	1,370,000	1,166	370	531	262	323	6.1	7.9	343	142	57	81	66	3.3	1.2
21	714,000	351	115	143	235	335	6.1	8.0	345	139	30	60	88	1.4	1.1
22	953,000	1,384	727	629	247	281	6.1	8.2	349	139	40	81	62	1.9	1.1
23	1,369,000	1,095	317	497	223	287	6.0	8.2	333	195	57	81	53	2.4	1.2
24	2,355,000	1,274	323	579	207	293	6.0	8.2	343	146	98	81	49	2.5	1.2
25	1,554,000	1,296	397	444	215	258	6.0	8.2	331	142	76	116	71	3.1	1.1
26	1,458,000	1,301	376	447	223	254	6.2	8.1	334	139	73	162	73	3.3	1.2
27	2,187,000	1,013	281	347	238	278	5.8	8.7	364	121	109	81	29	3.2	1.1
28	2,175,000	1,447	1098	344	222	285	6.2	8.5	346	79	109	81	51	2.8	1.1
29	2,614,000	1,362	296	474	213	253	6.0	8.5	369	142	131	116	86	2.9	1.1
30	1,992,000	1,383	322	474	210	245	6.6	8.5	347	150	100	81	69	3.0	1.2
31	594,000	1,424	358	488	257	257	6.0	8.4	339	135	30	81	69	2.4	1.1
TOTAL	46,716,000	32,695	10,572	13,385	7,281	8,993	189.4	256.3	10,821	3,915	2,087	2,469	2,087	80.9	34.9
MAX	2,614,000	1,447	1,098	629	262	335	6.6	8.9	369	195	131	162	99	3.3	1.3
AVG	1,557,000	1,055	341	432	235	290	6.1	8.4	349	126	67	80	67	2.6	1.1

REMARKS: Bacteriological results 33 samples pulled / All satisfactory

Semi-monthly TDS in raw water 7100 & 7500

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 10 = 70.93 %

DER Form 17.355910(4)
Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405

Name of Plant Marco Island RO Plant Month/Year November 1993

Owner Name and Address Southern States Utilities Inc 1000 Color Place Apopka, FL 32703

County Collier No. of Service Connections 5626 I Certify the Report is Correct. Original signed by Ronald E. Weis

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Name of Lead Operator Ronald E. Weis Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Ricon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	2.527.000	1.391	330	476	229	288	6.2	7.9	340	122	84	140	100	2.4	1.0
2	2.375.000	1.433	304	491	219	280	5.8	7.5	343	104	86	140	86	2.9	1.1
3	3.225.000	1.445	289	495	218	259	6.2	8.4	349	104	87	101	108	3.1	1.2
4	2.418.000	1.390	149	596	216	254	6.2	8.5	347	136	83	101	93	3.5	1.2
5	897.000	1.346	228	577	231	252	6.1	8.5	339	136	61	101	97	2.9	1.0
6	952.000	1.383	212	593	229	265	6.2	8.4	338	144	83	101	100	2.5	1.0
7	903.000	1.324	209	567	235	261	6.1	8.6	340	140	80	101	100	2.9	1.0
8	4.176.000	1.421	235	609	235	263	6.0	8.5	332	136	85	140	90	2.6	1.0
9	919.000	1.360	276	583	220	265	6.0	8.5	331	136	82	140	98	2.8	1.1
10	1.743.000	777	976	333	222	235	6.0	8.7	334	82	47	140	67	2.6	1.0
11	2.023.000	1.260	181	547	217	260	6.2	8.8	347	111	76	140	78	2.3	1.0
12	2.245.000	1.523	193	653	219	254	6.2	8.2	336	155	91	140	102	2.6	1.1
13	2.153.000	1.387	178	594	224	250	6.2	8.6	345	144	83	140	96	2.6	1.1
14	959.000	1.388	223	535	225	254	6.1	8.5	347	151	83	101	98	2.7	1.1
15	3.621.000	1.503	256	644	237	254	6.1	8.5	346	158	80	101	100	2.8	1.2
16	1.342.000	1.221	280	523	236	262	6.1	8.5	338	151	73	140	100	2.5	1.0
17	2.168.000	1.361	215	583	226	259	6.1	8.2	333	144	82	101	95	3.0	1.2
18	1.975.000	1.372	203	588	228	256	6.2	8.6	333	144	82	101	91	3.0	1.3
19	1.878.000	1.304	321	559	239	255	6.2	7.7	341	151	78	116	100	3.4	1.4
20	2.359.000	1.638	592	702	233	279	6.2	8.1	376	166	96	121	80	3.1	1.2
21	1.446.000	2.015	456	864	230	297	6.1	8.5	341	202	120	155	111	2.8	1.1
22	4.031.000	2.149	473	921	229	268	6.1	8.7	372	217	130	155	108	3.0	1.1
23	2.497.000	2.167	442	929	225	263	6.1	8.6	373	217	134	193	108	2.7	1.0
24	4.417.000	2.128	398	913	215	254	6.1	8.5	378	209	126	155	108	3.1	1.1
25	1.820.000	2.131	484	913	230	260	6.1	8.2	375	217	128	116	108	2.9	1.2
26	1.497.000	751	280	326	241	254	6.1	8.1	369	93	45	79	75	3.0	1.1
27	1.595.000	24	306	10	228	262	6.1	8.3	262	20	10			1.3	0.8
28	609.000	1.352	573	584	237	299	6.1	8.6	372	188	82	116	84	1.5	0.8
29	3.056.000	2.196	636	941	251	300	6.1	8.0	380	181	132	155	103	2.7	1.1
30	3.384.000	2.133	784	915	252	301	6.2	8.4	380	246	128	193	103	2.5	1.0
31															
TOTAL	65.312.000	44.283	10.697	18.566	6.829	7.983	183.5	251.1	10.477	4.505	2.671	3.723	2.789	81.7	32.5
MAX	4.417.000	2.196	976	941	252	301	6.2	8.6	380	246	134	193	111	3.5	1.4
AVG	2.177.000	1.476	357	619	228	266	6.1	8.4	349	150	89	124	93	2.7	1.1

REMARKS: Bacteriological results 33 samples pulled / All satisfactory

Semi-monthly TDS in raw water 7300 & 7700

Monthly RO Unit Efficiency Total No. 10

Total (No. 10 ÷ No. 12) x 10 = 70.45 %

DER Form 17-555910(4)
Effective 11/1/1988

State of Florida
Department of Environmental Regulation

DRINKING WATER TREATMENT PLANT
OPERATION REPORT - REVERSE OSMOSIS (R.O.)

ID No. 5110183 Telephone No. 813-642-5405
Name of Plant Marco Island RO Plant Month/Year December 1993
Owner Name and Address Southern States Utilities, Inc. 1000 Color Place Apopka, FL 32703
County Collier No. of Service Connections ____ I Certify this Report is Correct: (Org. signed by Ronald Weis)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant f R. WEIS A-005572 F. KANE C-003899
M. TEEL C-007350 J. SHAW B-006166 W. JOHNSON C-006957 B. KNEE B-006888
Name of Lead Operator RONALD E. WEIS Design Flow 4.0 MGD

Days of Month	Total Plant Output in Gallons	GPM Permeate	GPM By-Pass	GPM Waste	TDS Permeate mg/l	TDS Effluent mg/l	Ph Feed	Ph Plant Effluent	RO Pressure PSIG	Acid Gal.	Chlorine Used Lbs. or Gal.	Flocon 100	Caustic	Free Resid. Cl2 Plant	Free Resid. Cl2 Field
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	5.989.000	2,048	680	878	241	312	6.1	8.4	383	219	140	155	103	1.6	1.0
2	5,016,000	2,091	535	896	232	341	6.1	8.1	378	212	140	155	103	1.2	0.9
3	4,910,000	2,058	497	882	219	304	6.1	8.0	376	223	220	155	114	1.4	0.8
4	4.577.000	2,122	499	910	211	314	6.2	8.1	377	212	220	155	110	1.5	1.0
5	4,182,000	1,583	355	678	215	292	6.2	8.2	373	161	200	155	106	1.4	1.0
6	1,921,000	258	197	110	218	269	6.1	8.4	344	25	16	O	30	1.3	0.9
7	2,621,000	30	448	13	218	280	6.1	8.4	360	7	2	37	66	2.2	0.8
8	2,647,000	1,614	819	602	218	298	5.9	7.2	360	242	116	135	121	1.6	0.9
9	3,348,000	2,544	640	1,090	217	289	6.1	8.2	360	314	190	193	121	1.0	1.0
10	4,316,000	2,610	653	1,119	210	254	6.1	8.2	360	303	188	97	110	1.5	1.0
11	4,327,000	2,630	948	1,127	223	282	6.0	7.8	361	204	190	232	121	1.3	1.0
12	5,786,000	2,426	628	1,038	228	280	6.2	8.5	363	234	175	193	125	1.5	1.0
13	4,417,000	2,466	636	1,057	229	291	6.2	8.0	357	234	160	155	117	1.4	0.9
14	4,877,000	2,629	681	1,127	234	276	6.2	8.2	361	241	200	193	114	2.3	0.9
15	3,379,000	2,568	685	1,101	237	300	6.1	8.5	360	307	200	155	125	2.6	0.9
16	2,525,000	1,090	473	467	226	292	6.1	8.4	368	218	140	77	114	2.9	0.9
17	2,490,000	1,297	497	532	181	340	6.1	8.5	352	66	200	77	110	3.5	0.8
18	2,626,000	1,518	479	650	220	328	6.2	8.3	356	146	140	116	92	3.0	0.8
19	2,362,000	1,250	108	536	228	331	6.3	8.5	351	117	180	116	40	1.5	0.7
20	3,345,000	1,765	644	757	230	328	6.3	8.3	356	173	140	116	66	1.4	0.8
21	3,320,000	2,285	590	979	235	313	6.1	8.0	360	219	160	193	124	1.0	0.9
22	2,300,000	451	517	193	201	324	6.0	8.0	340	77	120	37	33	1.4	1.0
23	2,996,000	1,181	410	506	249	328	6.3	7.9	355	117	120	77	51	2.5	1.0
24	2,566,000	1,573	531	674	233	351	6.2	8.2	352	200	160	116	84	1.2	1.1
25	1,648,000	728	284	312	188	349	6.1	8.0	311	161	160	37	40	1.4	0.9
26	1,613,000	325	121	140	188	295	6.1	8.0	303	47	80	37	20	1.5	0.8
27	2,830,000	1,300	510	557	212	326	6.0	8.1	323	172	100	77	68	1.0	0.7
28	2,574,000	1,229	206	577	251	339	6.0	8.2	361	183	100	77	58	1.4	0.7
29	4,598,000	2,059	610	883	240	332	5.9	8.2	357	44	200	193	88	1.8	0.8
30	1,671,000	60	207	85	258	316	6.1	7.8	358	22	10	O	9	1.2	0.8
31	2,702,000	1,049	488	449	255	332	6.1	8.2	357	131	70	116	40	1.4	0.9
TOTA	104,479,000	48,837	15,576	20,925	6,945	9,606	189.6	252.8	11,033	5,231	4,437	3,627	2,623	51.9	27.6
MAX	5,989,000	2,630	948	1,127	258	351	6.3	8.5	383	314	220	232	125	3.5	1.1
AVG	3,370,290	1,575	502	675	224	310	6.1	8.2	356	169	143	117	85	1.7	0.9

REMARKS: Bacteriological results 33 SAMPLES PULLED ALL SATISFACTORY
Semi-monthly TDS in raw water 7100 / 7400
Monthly RO Unit Efficiency Total No. 10
Total (No. 10 + No. 12) x = 70.01 %

DER Form 17-555910(4)
Effective 11/1/1988

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: _____

HOW MANY OTHER OPERATORS? 5

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAME: Mark Larson CERTIFICATION NO. A009810

D. Chapman B009881, J. Shaw B008109, L. Holland C008735

L. Lebovitz A001952, M. Dilworth C005439

NAME OF PLANT: Marco Island

UTILITY COMPANY: Southern States Utilities

MONTH: January

COUNTY: Collier

I.D. NO: 5114103

YEAR: 1996

DESIGN FLOW: 6.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 9978

TELEPHONE NUMBER: 813-394-3868

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED (GALLONS)	TOTAL WATER TREATED LEAVING PLANT (IN GALLONS)	FILTER DATA: HOURS FILTERING BETWEEN BACKWASH: TOTAL	WARRANDA	VERSAILLES	TOTAL WASH WATER (GALLONS)	CHEMICALS: FLORIDA USED: LIME	CHLORINE GAS	AMMONIA	ZINC ORTHOPHOSPHATE	CAUSTIC SODA	SODA ASH	FLUOR	LIME	CHLORINE GAS	AMMONIA	H2O2	CAUSTIC SODA	SODA ASH	FLUOR	RAW: pH	SO4	HARDNESS: TOTAL	CALCIUM	EFFLUENT: TURBIDITY (NTU)	pH	AS CARRY: P (mg/L)	N (mg/L)	TOTAL (mg/L)	PRODUCT: pH	F (mg/L)	Al (mg/L)	TOTAL (mg/L)	RESIDUAL (mg/L)	COLOR	TURBIDITY (NTU)
1	24	5,000,000	4,900,000	4	4	4	80,000	5,908	238	37	19		122	976	155.6	9.6	9.3	9.4		20	140	70	356	356												
3	24	3,430,000	3,995,000	4	4	4	80,000	4,409	194	30	19		80	600	154.6	9.4	9.9	9.5		20	140	70	356	356						8.5		84	168	3.5	6	0.37
4	24	4,980,000	3,400,000	4	4	4	80,000	6,147	183	30	19		102	474	152.0	9.4	9.8	9.4		20	140	70	356	356						8.5	2	82	168	3.5	7	0.3
5	24	4,950,000	4,740,000	4	4	4	80,000	6,675	230	46	19		132	618	153.6	9.4	9.8	9.4		20	140	70	344	356						8.5		80	168	3.6	6	0.39
6	24	5,100,000	4,902,000	4	4	4	80,000	6,130	234	36	19		114	531	156.0	9.4	9.8	9.4		20	140	70	346	360						8.5		80	164	3.3	6	0.46
7	24	4,700,000	4,430,000	4	4	4	80,000	5,756	214	34	19		130	606	146.0	9.4	9.8	9.4		20	140	70	354	360						8.5		82	168	3.6	7	0.36
8	24	5,400,000	4,800,000	4	4	4	80,000	6,648	243	41	19		110	564	145.0	9.4	9.8	9.4		20	140	70	360	360						8.5		78	174	3.1	10	0.48
9	24	3,900,000	3,120,000	4	4	4	80,000	4,616	170	30	19		126	631	143.6	9.4	9.8	9.5		20	140	72	356	364						8.5		46	168	3.4	6	0.33
10	24	5,530,000	5,311,000	4	4	4	80,000	6,122	198	27	19		90	455	142.6	9.4	9.8	9.6		20	140	72	354	360						8.5		82	168	3.5	6	0.33
11	24	4,130,000	3,370,000	4	4	4	80,000	4,872	156	31	19		90	412	140.0	9.6	9.8	9.8		20	140	77	364	368						8.5	2	46	168	3.4	7	0.36
12	24	4,500,000	3,643,000	4	4	4	80,000	5,102	203	34	19		100	482	140.0	9.4	9.8	9.4		20	140	70	354	360						8.5	2	34	140	3.2	5	0.1
13	24	4,350,000	3,740,000	4	4	4	80,000	5,102	203	34	19		116	532	137.0	9.4	9.8	9.4		20	140	70	354	360						8.5		32	170	3.8	7	0.10
14	24	4,720,000	4,180,000	4	4	4	80,000	5,796	199	32	19		108	480	137.6	9.6	9.8	9.4		20	140	70	356	364						8.5	2	48	168	3.5	7	0.36
15	24	4,300,000	4,101,000	4	4	4	80,000	5,239	215	36	19		116	563	135.0	9.6	9.8	9.4		20	140	70	356	364						8.4		46	168	3.4	6	0.31
16	24	3,700,000	3,700,000	4	4	4	80,000	5,141	176	30	19		130	587	134.6	9.4	9.8	9.3		20	140	68	344	360						8.7	2	36	168	3.6	6	0.36
17	24	4,400,000	4,060,000	4	4	4	80,000	4,808	207	34	19		96	443	131.4	9.4	9.8	9.6		20	140	70	354	364						8.5		80	200	3.6	6	0.36
18	24	4,400,000	4,001,000	4	4	4	80,000	4,836	202	34	19		112	534	131.6	9.4	9.8	9.4		20	140	70	354	360						8.5		80	164	3.2	6	0.46
19	24	4,300,000	3,900,000	4	4	4	80,000	4,589	193	32	19		116	525	139.6	9.4	9.8	9.6		20	140	70	356	360						8.1		136	200	3.1	5	0.31
20	24	4,510,000	3,870,000	4	4	4	80,000	4,652	200	34	19		107	500	139.6	9.4	9.8	9.4		20	140	70	357	360						8.3		80	168	3.1	6	0.16
21	24	5,330,000	4,940,000	4	4	4	80,000	5,645	240	40	19		112	577	139.6	9.4	9.8	9.4		20	140	70	356	360						8.4		80	170	3.6	10	0.16
22	24	5,200,000	5,100,000	4	4	4	80,000	6,111	261	46	19		134	622	137.6	9.4	9.8	9.4		20	140	70	356	360						8.6	2	48	168	3.5	6	0.33
23	24	4,600,000	4,370,000	4	4	4	80,000	5,220	220	37	19		122	571	138.6	9.4	9.8	9.4		20	140	70	356	360						8.6	2	48	172	3.3	6	0.31
24	24	5,250,000	4,901,000	4	4	4	80,000	6,000	241	46	19		134	625	138.6	9.4	9.8	9.4		20	140	70	356	360						8.6		78	168	3.1	7	0.3
25	24	5,300,000	4,704,000	4	4	4	80,000	5,766	242	40	19		136	630	139.6	9.4	9.8	9.4		20	140	70	354	360						8.5		80	170	3.2	6	0.32
26	24	5,240,000	4,744,000	4	4	4	80,000	6,465	235	39	19		131	609	138.6	9.4	9.8	9.4		20	140	70	356	360						8.6		80	168	3.6	6	0.31
27	24	4,750,000	4,277,000	4	4	4	80,000	5,119	214	36	19		116	536	139.6	9.4	9.8	9.4		20	140	70	354	360						8.6	2	80	172	3.2	7	0.33
28	24	3,950,000	3,700,000	4	4	4	80,000	4,210	170	30	19		106	495	137.6	9.4	9.8	9.4		20	140	70	352	360						8.4		80	174	3.2	6	0.36
29	24	5,240,000	4,845,000	4	4	4	80,000	5,530	236	39	19		131	611	137.6	9.4	9.8	9.5		20	140	70	354	364						8.4		74	168	3.1	7	0.36
30	24	3,430,000	3,340,000	4	4	4	80,000	3,997	154	26	19		80	400	138.6	9.6	9.8	9.6		20	140	72	360	368						8.2		66	166	3.5	7	0.16
31	24	4,670,000	4,362,000	4	4	4	80,000	5,393	222	37	19		120	570	138.6	9.4	9.8	9.4		20	140	70	356	364						8.4		84	164	3.6	6	0.46
																														8.3		40	202	3.5	6	0.36
TOTAL	744	143,170,000	133,510,000	124	124	124	2,480,000	161,668	6,647	1,077	589		3,662	16,715	4212.0	107.4	30.9	10.3		620	4340	2164	7000	14000												
MAX	24	5,400,000	4,745,000	4.0	4.0	4.0	80,000	6,675	243	41	19		136	631	155.6	9.6	9.9	9.6		20	141	86	364.0	364.0						8.7	2.0	84.0	200.0	3.8	10.0	0.72
MIN	24	3,430,000	2,995,000	4.0	4.0	4.0	80,000	3,862	154	26	19		80	400	135.6	9.4	9.8	9.3		20	139	77	350.0	356.0						8.1	2.0	32.0	140.0	3.1	5.0	0.1
AVG	24	4,619,387	4,048,788	4.0	4.0	4.0	80,000	5,209	209	35	19		118	539	139.6	9.4	9.8	9.4		20	140	79	354.8	360.8						8.4	2.0	57.3	169.1	3.3	7.1	0.3

409

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: [signature]
HOW MANY OTHER OPERATORS? 6
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Marc Larsen CERTIFICATION NO. A005678
D. Chapman B008881, J. Shaw B008180, L. Holland C008015
L. Lebovitz A0010572, M. Chhoudi C009420

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: February

COUNTY: Collier
I.D. NO: 6140183
YEAR: 1994

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5057

TELEPHONE NUMBER: 813-394-3383

DAY	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	HOURS PLT PRODUCING DISTRIBUTED WASHED TOTAL	HOURS PLT PRODUCING DISTRIBUTED WASHED HANDLED	HOURS PLT PRODUCING DISTRIBUTED WASHED REMOVED	TOTAL WATER WATER GALLONS	CHEMICALS POUNDS USED LIME	CHEMICALS POUNDS USED CHLORINE PRE	CHEMICALS POUNDS USED AMMONIA	CHEMICALS POUNDS USED OTHER MGS PHOSPHATE	CHEMICALS POUNDS USED OTHER CAUSTIC SODA	CHEMICALS POUNDS USED OTHER SODA ASH	CHEMICALS POUNDS USED OTHER ALUM	DO SAGES (mg/l) LIME	DO SAGES (mg/l) CHLORINE PRE	DO SAGES (mg/l) AMMONIA	DO SAGES (mg/l) OTHER MGS	DO SAGES (mg/l) OTHER CAUSTIC SODA	DO SAGES (mg/l) OTHER SODA ASH	DO SAGES (mg/l) OTHER ALUM	RAW pH	RAW CO2 mg/l	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED TURBIDITY (NTU)	SETTLED PH	SETTLED AS CARBO P mg/l	SETTLED AS CARBO M mg/l	SETTLED AS CARBO TOTAL mg/l	FINISHED pH	FINISHED F mg/l	FINISHED M mg/l	FINISHED TOTAL mg/l	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)
	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
1	24	3,410,000	3,400,000	4	4	4	80,000	5,000	170	38	25		76	440	200.0	8.3	1.3	0.8		2.7	19.7	7.6	256	344								8.7	2	80	170	3.1	7	0.25
2	24	3,320,000	3,000,000	4	4	4	80,000	5,583	173	35	25		76	430	202.0	8.2	1.3	0.8		2.7	19.7	7.7	260	336								8.5		84	172	3.0	8	0.28
3	24	4,040,000	4,120,000	4	4	4	80,000	6,667	211	42	25		83	530	205.0	8.2	1.2	0.7		2.6	15.7	7.6	248	301								8.4		86	170	3.0	7	0.26
4	24	4,010,000	3,797,000	4	4	4	80,000	6,000	200	42	25		82	525	209.0	8.2	1.3	0.7		2.6	15.7	7.6	250	352								8.4		88	174	3.0	7	0.28
5	24	3,470,000	3,634,000	4	4	4	80,000	7,000	233	47	25		103	645	211.0	8.3	1.3	0.7		2.6	15.7	7.6	266	364								8.4		84	168	3.0	7	0.3
6	24	3,350,000	4,151,000	4	4	4	80,000	5,000	166	34	25		75	470	214.0	8.2	1.3	0.9		2.6	15.7	7.6	262	360								8.5		82	162	3.0	7	0.14
7	24	4,330,000	4,343,000	4	4	4	80,000	7,530	229	45	25		96	597	217.0	8.3	1.2	0.7		2.7	15.7	7.6	262	366								8.6		86	166	3.0	8	0.11
8	24	4,160,000	4,133,000	4	4	4	80,000	6,000	249	50	25		116	636	222.0	8.2	1.3	0.8		2.6	15.7	7.6	256	344								8.4		86	162	3.0	7	0.3
9	24	4,050,000	4,400,000	4	4	4	80,000	6,071	242	48	25		107	608	221.0	8.2	1.3	0.8		2.6	15.7	7.6	264	344								8.4		86	168	3.1	7	0.28
10	24	4,190,000	4,157,000	4	4	4	80,000	7,237	217	43	25		95	545	223.0	8.3	1.2	0.7		2.7	15.7	7.6	264	334								8.5		82	160	3.0	8	0.14
11	24	3,230,000	3,020,000	4	4	4	80,000	6,614	273	55	25		126	860	226.0	8.3	1.3	0.8		2.6	15.7	7.6	260	342								8.5		84	166	3.1	7	0.14
12	24	4,000,000	4,030,000	4	4	4	80,000	6,667	256	52	25		116	648	224.0	8.2	1.3	0.8		2.6	15.7	7.6	260	338								8.6		88	166	3.0	7	0.22
13	24	4,080,000	4,020,000	4	4	4	80,000	6,157	254	51	25		112	638	225.0	8.2	1.3	0.8		2.6	15.7	7.6	262	336								8.7	2	82	164	3.0	7	0.18
14	24	4,700,000	4,403,000	4	4	4	80,000	6,762	245	48	25		108	615	227.0	8.3	1.3	0.8		2.6	15.7	7.6	264	350								8.5		86	172	3.1	7	0.26
15	24	4,410,000	4,000,000	4	4	4	80,000	6,312	230	46	25		101	577	229.0	8.3	1.3	0.7		2.7	19.7	7.6	268	347								8.6	4	88	168	3.0	8	0.18
16	24	4,050,000	4,064,000	4	4	4	80,000	6,738	242	48	25		107	609	225.0	8.2	1.3	0.8		2.6	15.7	7.6	268	346								8.4		102	168	3.1	7	0.44
17	24	4,530,000	4,530,000	4	4	4	80,000	6,564	236	49	25		104	592	228.0	8.3	1.2	0.7		2.6	19.7	7.6	266	352								8.6		86	166	3.0	8	0.18
18	24	4,050,000	4,100,000	4	4	4	80,000	7,000	211	42	25		93	535	226.0	8.3	1.3	0.7		2.6	19.7	7.6	266	354								8.4		86	166	3.1	7	0.26
19	24	3,610,000	3,667,000	4	4	4	80,000	6,000	170	36	25		76	440	227.0	8.3	1.3	0.8		2.7	19.7	7.6	250	356								8.4		86	162	3.0	7	0.2
20	24	3,510,000	4,002,000	4	4	4	80,000	6,810	193	37	25		81	469	229.0	8.2	1.3	0.8		2.6	19.7	7.6	254	350								8.4		86	164	3.0	7	0.21
21	24	3,770,000	4,000,000	4	4	4	80,000	7,100	197	38	25		86	494	230.0	8.3	1.3	0.8		2.7	19.7	7.6	256	356								8.4		88	170	3.1	7	0.21
22	24	3,630,000	4,304,000	4	4	4	80,000	5,333	148	30	25		65	371	225.0	8.3	1.3	1.1		2.6	19.7	7.6	254	350								8.4		86	166	3.0	7	0.38
23	24	4,660,000	5,120,000	4	4	4	80,000	8,117	254	51	25		112	636	224.0	8.2	1.3	0.8		2.6	19.7	7.6	248	356								8.4		84	170	3.0	7	0.16
24	24	4,320,000	4,485,000	4	4	4	80,000	8,178	225	47	25		90	567	227.0	8.2	1.3	0.7		2.7	15.7	7.6	250	342								8.5		86	174	3.0	8	0.25
25	24	5,190,000	4,910,000	4	4	4	80,000	8,738	271	56	25		118	680	225.0	8.1	1.3	0.6		2.7	15.7	7.6	250	346								8.6	2	90	164	3.0	6	0.06
26	24	4,470,000	4,670,000	4	4	4	80,000	6,366	233	46	25		103	585	225.0	8.3	1.3	0.7		2.6	15.7	7.6	260	360								8.4		82	160	3.0	8	0.21
27	24	4,990,000	4,940,000	4	4	4	80,000	8,238	242	50	25		107	608	225.0	8.2	1.3	0.8		2.6	15.7	7.6	256	360								8.5	2	82	166	3.0	7	0.22
28	24	3,360,000	3,610,000	4	4	4	80,000	6,257	171	36	25		75	430	229.0	8.3	1.3	0.8		2.7	19.7	7.6	256	362								8.7	2	82	166	3.0	7	0.41
29																																							
30																																							
31																																							
TOTAL	708	118,130,000	118,791,000	112	112	112	2,240,000	217,665	6,156	1,342	700		2,712	15,906	6182.0	175.0	35.3	20.4		77.1	436.0	210.8	7218	9770								237.4	14	1374	4466	96.2	200	7.71
MAX	24	5,190,000	5,120,000	4.0	4.0	4.0	80,000	8,814	273	56	25		130	865	236.0	8.3	1.3	1.1		2.8	19.7	7.9	266.0	362.0								8.8	4.0	102.0	180.0	3.5	8.0	0.5
MIN	24	3,230,000	3,000,000	4.0	4.0	4.0	80,000	5,111	148	30	25		65	371	200.0	8.1	1.2	0.6		2.6	15.7	7.6	248.0	322.0								8.3	2.0	80.0	160.0	3.0	6.0	0.1
AVG	24	4,218,571	4,278,750	4.0	4.0	4.0	80,000	7,761	220	44	25		97	512	220.0	8.3	1.3	0.7		2.6	15.7	7.6	257.0	348.8								8.5	3.5	46.1	166.8	3.0	7.1	0.3

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: _____

HOW MANY OTHER OPERATORS? 5

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAME: Marc Larsen CERTIFICATION NO: A990478

D. Chapman R0000881, J. Shaw B0001199, L. Holland C020838

L. Lebovitz A991952; M. Ohrault D005439

NAME OF PLANT: Marco Island

UTILITY COMPANY: Southern States Utilities

MONTH: March

COUNTY: Collier

I.D. NO: 8110103

YEAR: 1994

DESIGN FLOW: 9.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 3994

TELEPHONE NUMBER: 813-394-3366

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: WASHING OR RACKING BETWEEN WASHINGS TOTAL	GALLONS	MINUTES	TOTAL WATER IN GALLONS	CHEMICALS: POUNDS USED: LIME	CHLORINE GAS	AMMONIA	OTHER: FIRE	CAUSTIC SODA ASH	OTHER: SODA ASH	ALUM	CHEMICALS: DOSAGE (mg/l): LIME	CHLORINE GAS	AMMONIA	OTHER: FIRE	CAUSTIC SODA ASH	OTHER: SODA ASH	ALUM	PH: RAW	FINISHED	HARDNESS: TOTAL	GALLONS	NITRATE: TURBIDITY	PH	ADDED: F	N	TOTAL	PH	F	N	TOTAL	REMAINING	CHLOR	TURBIDITY
1	24	3,400,000	4,044,000	4	0	4	00,000	6,000	197	20	10	0	100	451	236.0	5.4	0.0	0.0	0.0	3.7	10.0	7.0	200	304													
2	24	2,000,000	0,017,000	4	4	4	00,000	5,000	110	22	10	0	00	343	230.0	5.4	0.0	0.7	0.0	3.0	10.0	7.0	200	344													
3	24	3,040,000	4,304,000	4	4	4	00,000	7,000	170	20	10	0	100	400	230.0	5.4	0.0	0.0	0.0	3.7	10.0	7.0	200	340													
4	24	2,000,000	4,007,000	4	4	4	00,000	7,000	100	20	10	0	100	310	230.0	5.4	0.0	0.0	0.0	3.0	10.0	7.0	204	300													
5	24	4,000,000	4,000,000	4	4	4	00,000	0,000	100	20	10	0	101	043	230.0	5.4	0.0	0.0	0.0	3.7	10.0	7.0	200	370													
6	24	2,040,000	4,022,000	4	4	4	00,000	6,700	114	10	10	0	70	330	230.0	5.4	0.0	0.7	0.0	3.7	10.0	7.0	270	300													
7	24	3,000,000	3,007,000	0	4	4	00,000	0,000	102	27	10	0	110	404	232.0	5.4	0.0	0.0	0.0	3.7	10.0	7.0	200	304													
8	24	4,200,000	4,035,000	4	4	4	00,000	0,017	204	0	10	0	100	040	230.0	10.0	0.0	0.4	0.0	3.0	10.0	7.0	200	300													
9	24	4,200,000	5,272,000	4	4	4	00,000	0,101	200	0	10	0	104	000	230.0	10.0	0.0	0.4	0.0	3.7	10.0	7.0	200	340													
10	24	4,000,000	5,430,000	4	4	4	00,000	0,101	200	0	10	0	104	000	230.0	10.0	0.0	0.4	0.0	3.7	10.0	7.0	204	344													
11	24	3,000,000	3,007,000	4	4	4	00,000	0,000	207	0	10	0	100	414	230.0	10.0	0.0	0.0	0.0	3.7	10.0	7.0	201	340													
12	24	4,070,000	4,054,000	4	4	4	00,000	0,000	200	0	10	0	107	000	234.0	10.0	0.0	0.4	0.0	3.7	10.0	7.0	200	300													
13	24	3,000,000	4,272,000	4	4	4	00,000	7,071	207	0	10	0	111	400	230.0	10.0	0.0	0.0	0.0	3.7	10.0	7.0	200	340													
14	24	4,110,000	4,030,000	4	4	4	00,000	0,700	343	0	10	0	120	021	234.0	10.0	0.0	0.4	0.0	3.0	10.0	7.0	270	300													
15	24	4,120,000	4,707,000	4	4	4	00,000	0,702	344	0	10	0	117	030	230.0	10.0	0.0	0.4	0.0	3.4	10.0	7.0	204	300													
16	24	3,730,000	3,337,000	4	4	4	00,000	7,033	311	0	10	0	120	402	230.0	10.0	0.0	0.0	0.0	4.1	10.0	7.0	200	300													
17	24	3,000,000	4,110,000	4	4	4	00,000	7,000	200	0	10	0	111	400	227.0	10.0	0.0	0.0	0.0	3.7	10.0	7.0	204	300													
18	24	4,010,000	4,000,000	4	4	4	00,000	0,000	224	0	10	0	120	010	234.0	10.0	0.0	0.0	0.0	3.7	10.0	7.0	200	340													
19	24	4,170,000	4,014,000	4	4	4	00,000	0,700	340	0	10	0	120	430	230.0	10.0	0.0	0.4	0.0	3.7	10.0	7.0	200	340													
20	24	3,170,000	3,030,000	0	4	4	00,000	0,715	204	0	10	0	00	410	234.0	10.0	0.0	0.0	0.0	3.7	10.0	7.0	200	302													
21	24	3,700,000	3,340,000	4	4	4	00,000	0,000	210	0	10	0	110	400	230.0	10.0	0.0	0.0	0.0	3.0	10.0	7.0	204	300													
22	24	4,070,000	4,072,000	4	4	4	00,000	7,700	103	31	10	0	127	030	227.0	0.4	0.0	0.4	0.0	3.7	10.0	7.0	200	300													
23	24	3,700,000	4,310,000	4	4	4	00,000	7,125	170	20	10	0	110	400	230.0	0.4	0.0	0.0	0.0	3.7	10.0	7.0	202	340													
24	24	3,730,000	4,040,000	0	4	4	00,000	7,100	170	20	10	0	110	400	720.0	0.4	0.0	0.0	0.0	3.7	10.0	7.0	201	300													
25	24	4,200,000	4,000,000	4	4	4	00,000	0,000	207	30	10	0	100	000	227.0	0.4	0.0	0.0	0.0	3.0	10.0	7.0	204	300													
26	24	3,000,000	4,000,000	4	4	4	00,000	0,014	207	30	10	0	100	000	230.0	0.4	0.0	0.0	0.0	3.0	10.0	7.0	200	300													
27	24	3,040,000	4,122,000	4	4	4	00,000	0,042	207	30	10	0	100	002	227.0	0.4	0.0	0.4	0.0	3.0	10.0	7.0	200	300													
28	24	4,000,000	3,040,000	4	4	4	00,000	0,100	221	27	10	0	100	000	220.0	0.4	0.0	0.4	0.0	3.7	10.0	7.0	204	340													
29	24	4,000,000	4,072,000	4	4	4	00,000	0,200	200	27	30	0	100	041	227.0	0.4	0.0	0.0	0.0	3.7	10.0	7.0	200	300													
30	24	4,040,000	4,270,000	4	4	4	00,000	0,100	210	30	30	0	107	020	220.0	0.4	0.0	0.0	0.0	3.0	10.0	7.0	200	300													
31	24	4,000,000	4,004,000	4	4	4	00,000	0,051	207	24	30	0	104	000	230.0	0.4	0.0	0.7	0.0	3.0	10.0	7.0	200	300													
TOTAL	744	130,130,000	140,344,000	124	124	124	0,400,000	200,720	7,770	000	400	0	3,010	10,172	7430.0	221.0	10.2	10.0	0.0	110.2	400.0	200.0	0170	10000	0	0.0	0	0	0	0	200.1	10	1210	4720	00.0	001	0.00
MAX	24	0,000,000	0,400,000	0.0	0.0	0.0	00,000	0,000	200	30	00		100	000	207.0	10.0	0.0	0.7		4.1	10.0	7.0	270.0	314.0								0.7	40	74.0	100.0	2.0	0.0	0.0
MIN	24	2,040,000	3,000,000	0.0	0.0	0.0	00,000	0,700	110	0	10		70	330	220.0	0.4	0.0	0.0		3.4	10.0	7.0	200.0	204.0								0.0	0.0	00.0	100.0	1.0	0.0	0.0
AVG	24	4,000,130	4,207,071	0.0	0.0	0.0	00,000	0,000	200	17	10		100	000	230.0	7.0	0.0	0.0		3.7	10.0	7.0	200.0	302.0								0.0	0.0	00.0	100.0	0.0	0.0	0.0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: [signature]
HOW MANY OTHER OPERATORS? 9
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAME: Marc Larson — CERTIFICATION NO: A005978
D. Chapman B008881, J. Shaw B008180, L. Holland C008935
L. Lebonty A001952, M. Oh, R. Vasquez C004519

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: April
COUNTY: Collier
I.D. NO: 5110183
YEAR: 1994

DESIGN FLOW: 9.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5070

TELEPHONE NUMBER: 813-394-3355

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED (GALLONS)	TOTAL WATER TREATED LEAVING PLANT (IN GALLONS)	FILTER DATA: HOURS FILTER FLOW (EFFECTIVE OR ADVANCED) TOTAL	HOURS/AVG	MINS/AVG	TOTAL WASH WATER (IN GALLONS)	CHEMICALS: POUNDS USED: LIME	CHLORINE (Cl2)	AMMONIA	OTHER: MEK PHOSPHATE	CAUSTIC SODA	SODA ASH	ALUM	DOSAGES (mg/l): LIME	CHLORINE (Cl2)	AMMONIA	OTHER: MEK	CAUSTIC SODA	SODA ASH	ALUM	RAW: pH	TDS	HARDNESS: TOTAL	CALCIUM	FINISHED: TURBIDITY (NTU)	FLUORIDE	AS CaCO3: P ALK	M ALK	TOTAL HARD	pH	F ALK	M ALK	TOTAL HARD	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)
1	24	4,840,000	3,910,000	4	4	4	80,000	6,040	597	46	28		103	580	289.0	9.5	1.9	8.0		23	143	7.8	356	356															
2	24	4,910,000	3,790,000	4	4	4	80,000	7,610	597	61	22		94	536	197.0	9.5	1.3	8.7		23	143	7.8	352	360														0.0	2	30	180	3.0	7	0.02
3	24	4,880,000	3,900,000	4	4	4	80,000	7,077	319	43	23		96	550	195.0	9.0	1.1	8.0		23	143	7.8	352	360														0.4		30	184	3.2	8	0.24
4	24	4,870,000	4,000,000	4	4	4	80,000	6,041	338	46	20		104	583	194.0	8.5	1.1	8.0		23	143	7.8	354	360														0.4		30	240	2.3	7	0.44
5	24	4,880,000	4,061,000	4	4	4	80,000	7,043	338	50	20		105	592	192.0	8.5	1.1	8.0		23	143	7.8	352	360														0.3		40	160	3.0	6	0.37
6	24	4,160,000	4,200,000	4	4	4	80,000	6,062	101	36	15		87	490	166.0	8.0	1.1	8.7		23	143	7.8	354	360														0.4		30	174	2.8	6	0.33
7	24	4,440,000	4,490,000	4	4	4	80,000	6,662	554	41	25		93	530	186.5	8.8	1.1	8.7		23	143	7.8	354	352														0.6		42	168	3.1	7	0.6
8	24	5,200,000	4,137,000	4	4	4	80,000	7,504	227	45	25		101	570	187.0	8.5	1.1	8.0		23	143	7.8	350	360														0.6	0	30	180	3.1	7	0.27
9	24	5,040,000	4,743,000	4	4	4	80,000	7,270	331	46	25		100	561	185.0	8.5	1.1	8.0		23	143	7.8	354	360														0.6	2	30	180	3.0	6	0.21
10	24	4,310,000	4,230,000	4	4	4	80,000	6,979	186	40	25		99	514	183.0	8.5	1.1	8.7		23	143	7.8	354	352														0.3		40	160	3.1	6	0.33
11	24	4,480,000	4,060,000	4	4	4	80,000	7,200	338	44	25		100	573	181.0	8.5	1.1	8.0		23	143	7.8	352	360														0.4		44	184	3.4	7	0.30
12	24	4,810,000	4,000,000	4	4	4	80,000	7,330	335	45	25		102	586	179.0	8.5	1.1	8.0		23	143	7.8	354	360														0.1		20	160	2.8	7	0.13
13	24	5,530,000	4,000,000	4	4	4	80,000	8,183	334	51	25		110	630	177.0	8.5	1.1	8.0		23	143	7.8	350	360														0.7	4	30	140	2.8	7	0.5
14	24	5,040,000	5,207,000	4	4	4	80,000	7,360	231	46	25		105	601	176.5	8.5	1.1	8.0		23	143	7.8	352	360														0.7	2	40	160	2.8	7	0.39
15	24	5,040,000	4,830,000	4	4	4	80,000	7,350	231	46	25		105	601	176.5	8.5	1.1	8.0		23	143	7.8	354	360														0.6	2	30	160	3.1	7	0.4
16	24	4,880,000	5,200,000	4	4	4	80,000	6,930	229	44	25		99	572	173.0	8.5	1.1	8.0		23	143	7.8	356	360														0.3		34	140	3.1	7	0.19
17	24	4,810,000	4,830,000	4	4	4	80,000	7,043	228	45	25		102	586	172.0	9.0	1.1	8.0		23	143	7.8	348	352														0.4		40	160	3.1	7	0.33
18	24	4,910,000	4,310,000	4	4	4	80,000	7,064	225	46	25		103	589	173.0	8.5	1.1	8.0		23	143	7.8	354	354														0.5		40	150	3.0	7	0.27
19	24	3,940,000	3,477,000	4	4	4	80,000	5,137	102	32	25		74	429	174.0	9.5	1.1	8.0		23	143	7.8	350	360														0.4		40	160	3.0	6	0.46
20	24	4,840,000	3,700,000	4	4	4	80,000	6,663	105	37	25		84	482	174.0	9.0	1.1	8.7		23	143	7.8	350	360														0.5		44	184	3.7	6	0.47
21	24	4,120,000	3,907,000	4	4	4	80,000	5,810	100	36	25		86	491	172.0	9.0	1.1	8.7		23	143	7.7	350	340														0.1		30	200	3.0	7	0.27
22	24	4,640,000	4,170,000	4	4	4	80,000	6,895	212	43	25		97	553	173.0	9.0	1.1	8.0		23	143	7.7	370	354														0.4		44	180	3.0	6	0.1
23	24	3,830,000	3,630,000	4	4	4	80,000	5,440	175	35	25		80	456	171.0	9.5	1.1	8.0		23	143	7.8	350	360														0.5		40	160	3.0	7	0.14
24	24	4,840,000	4,451,000	4	4	4	80,000	6,956	213	43	25		97	553	172.0	9.5	1.1	8.0		23	143	7.8	354	352														0.7	2	30	154	3.1	7	0.23
25	24	4,910,000	4,530,000	4	4	4	80,000	7,064	225	45	25		102	580	172.0	9.5	1.1	8.0		23	143	7.8	354	360														0.3		30	160	3.0	7	0.1
26	24	4,750,000	4,661,000	4	4	4	80,000	6,853	216	44	25		99	567	173.0	9.5	1.1	8.0		23	143	7.8	356	352														0.6		30	164	2.8	6	0.27
27	24	4,830,000	4,662,000	4	4	4	80,000	6,966	222	44	25		101	576	173.0	9.5	1.1	8.0		23	143	7.7	354	360														0.1		30	170	3.0	7	0.35
28	24	4,780,000	4,672,000	4	4	4	80,000	6,857	219	44	25		100	570	172.0	9.5	1.1	8.0		23	143	7.8	352	360														0.6		44	180	3.1	6	0.39
29	24	5,040,000	4,735,000	4	4	4	80,000	7,350	231	46	25		105	601	173.0	9.5	1.1	8.0		23	143	7.8	350	360														0.5		46	170	2.8	6	0.2
30	24	3,660,000	4,703,000	4	4	4	80,000	5,046	162	36	25		83	472	171.0	9.5	1.1	8.0		23	143	7.7	352	354														0.1		52	172	3.0	7	0.41
31																																						0.5		46	184	3.3	6	0.39
TOTAL	720	130,660,000	134,570,000	120	120	120	2,400,000	206,030	6,410	1,364	730		2,817	16,063	5,567.0	185.0	32.0	19.3		75.0	429.0	234.3	7750	10744																	
MAX	24	5,530,000	5,200,000	4.0	4.0	4.0	80,000	8,290	254	51	25		110	630	200.0	9.5	1.1	8.0		25	143	7.8	370.0	360.0														0.7	4.0	50.0	200.0	3.4	8.0	0.5
MIN	24	3,540,000	3,477,000	4.0	4.0	4.0	80,000	5,137	102	32	25		74	429	171.0	8.5	1.1	8.0		23	143	7.8	344.0	340.0														0.1	0.0	30.0	140.0	2.3	6.0	0.1
AVG	24	4,692,667	4,484,300	4.0	4.0	4.0	80,000	6,868	214	45	25		97	556	176.0	9.3	1.1	8.0		23	143	7.8	356.0	358.1														0.4	2.1	43.5	163.0	3.0	7.4	0.3

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE _____

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME S Marc Larsen CERTIFICATION NO A004670

O Chapman B0X691 J Shaw R008168 L Hoford C008915

L Lahnutz A001942 M Dib A Vasquez C004116

NAME OF PLANT Marco Island

UTILITY COMPANY Southern States Utilities

MONTH May

COUNTY Collier

ID NO 5110183

YEAR 1994

DESIGN FLOW 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH approx 5,179

TELEPHONE NUMBER 813-394-3393

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED (MILLIONS)	TOTAL WATER TREATED (FINISHED PLANT PRODUCTION) (MILLIONS)	FILTER DATA: HOURS PLANT RUNNING BETWEEN WASHINGS: TOTAL	FILTER NUMBER	FILTER NUMBER	CHEMICALS: TOTAL RAW WATER IN GALLONS	POUNDS FED: LIME	CHLORINE GAS	AMMONIA	OTHER: PHOSPHATE	OTHER: CAUSTIC SODA	OTHER: SODA ASH	OTHER: ALUM	GALLONS FED: LIME	CHLORINE GAS	AMMONIA	OTHER: PHOSPHATE	OTHER: CAUSTIC SODA	OTHER: SODA ASH	OTHER: ALUM	WATER: pH	WATER: NO	HARDNESS: TOTAL	HARDNESS: CALCIUM	CHEMICAL AND PHYSICAL RESULTS: SETTLED: TURBIDITY	SETTLED: pH	SETTLED: ALKALINITY: P	SETTLED: ALKALINITY: M	SETTLED: ALKALINITY: TOTAL	FINISHED: pH	FINISHED: P	FINISHED: M	FINISHED: TOTAL	FINISHED: RESIDUAL CHLORINE	FINISHED: COLOR	FINISHED: TURBIDITY
1	24	3,880,000	4,454,000	4	4	4	80,000	3,548	107	36	15	0	71	411	166.0	5.5	1.1	0.5	0.0	2.1	12.5	7.8	250	304													
2	24	3,940,000	3,751,000	4	4	4	80,000	4,074	231	46	15	0	80	525	166.0	5.5	1.1	0.4	0.0	2.1	12.5	7.7	260	300							0.0	2	22	100	2.5	0	0.44
3	24	3,900,000	3,256,000	4	4	4	80,000	7,010	201	52	15	0	102	582	165.0	5.5	1.1	0.3	0.0	2.2	12.5	7.7	250	302							0.0	0	00	100	2.0	0	0.40
4	24	4,120,000	4,000,000	4	4	4	80,000	5,560	186	38	15	0	76	436	167.0	5.5	1.1	0.4	0.0	2.2	12.5	7.7	250	302							0.0	0	76	300	2.0	0	0.45
5	24	3,350,000	3,044,000	4	4	4	80,000	4,161	149	30	15	0	58	316	167.0	5.5	1.1	0.4	0.0	2.2	12.5	7.8	252	300							0.0	2	24	104	2.0	0	0.43
6	24	4,080,000	4,043,000	4	4	4	80,000	5,001	206	41	15	0	81	466	168.0	5.5	1.1	0.4	0.0	2.1	12.5	7.7	254	302							0.0	2	30	100	2.1	7	0.37
7	24	4,480,000	4,484,000	4	4	4	80,000	5,903	205	41	15	0	80	461	166.0	5.5	1.1	0.4	0.0	2.2	12.5	7.6	260	346							0.0	2	00	100	2.0	7	0.4
8	24	3,940,000	3,940,000	4	4	4	80,000	6,566	231	46	15	0	90	525	157.0	5.5	1.1	0.4	0.0	2.1	12.5	7.8	260	302							0.0	0	00	104	2.0	0	0.41
9	24	3,300,000	4,500,000	4	4	4	80,000	6,051	243	48	13	0	95	551	155.0	3.5	1.1	0.3	0.0	2.1	12.5	7.8	260	302							0.1	0	100	200	2.0	10	0.5
10	24	3,940,000	4,364,000	4	4	4	80,000	6,431	231	46	15	0	90	525	151.0	5.5	1.1	0.3	0.0	2.1	12.5	7.8	260	304							0.0	0	120	204	2.0	10	0.36
11	24	3,950,000	4,011,000	4	4	4	80,000	4,716	167	32	15	0	95	361	155.0	5.5	1.1	0.3	0.0	2.1	12.5	7.8	250	304							0.7	4	00	100	2.0	0	0.30
12	24	3,150,000	3,392,000	4	4	4	80,000	6,012	236	46	13	0	93	546	156.0	5.5	1.1	0.3	0.0	2.2	12.5	7.7	250	300							0.4	0	00	100	2.0	0	0.5
13	24	3,180,000	3,030,000	4	4	4	80,000	6,573	230	46	15	0	93	540	153.0	5.5	1.1	0.3	0.0	2.2	12.5	7.8	260	302							0.6	2	20	102	2.2	7	0.12
14	24	3,180,000	4,450,000	4	4	4	80,000	6,480	236	46	15	0	93	540	153.0	5.5	1.1	0.3	0.0	2.2	12.5	7.8	264	304							0.0	0	00	140	2.0	10	0.30
15	24	4,750,000	4,320,000	4	4	4	80,000	5,847	210	44	15	0	95	495	150.0	5.5	1.1	0.3	0.0	2.2	12.5	7.8	264	300							0.0	0	04	100	2.0	10	0.14
16	24	4,010,000	4,484,000	4	4	4	80,000	6,101	205	45	15	0	88	512	148.0	5.5	1.1	0.4	0.0	2.1	12.5	7.7	250	340							0.3	0	40	104	2.0	6	0.22
17	24	4,020,000	3,972,000	4	4	4	80,000	5,761	212	42	15	0	83	482	148.0	5.5	1.1	0.4	0.0	2.2	12.5	7.7	248	340							0.1	0	00	104	2.0	10	0.31
18	24	5,940,000	5,991,000	5	4	5	80,000	9,220	231	46	15	0	90	525	148.0	5.5	1.1	0.4	0.0	2.2	12.5	7.7	250	356							0.5	5	00	200	2.4	0	0.10
19	24	3,230,000	3,120,000	4	4	4	80,000	2,980	140	30	15	0	58	337	147.0	5.5	1.1	0.4	0.0	2.1	12.5	7.7	250	354							0.1	0	76	104	2.5	7	0.14
20	24	4,020,000	4,210,000	4	4	4	80,000	5,664	212	42	15	0	83	482	147.0	5.5	1.1	0.4	0.0	2.2	12.5	7.7	244	300							0.0	4	40	172	2.0	7	0.30
21	24	3,940,000	4,510,000	4	4	4	80,000	6,170	231	46	15	0	90	525	147.0	5.5	1.1	0.4	0.0	2.2	12.5	7.7	242	350							0.7	2	22	130	2.2	7	0.17
22	24	3,940,000	4,720,000	4	4	4	80,000	6,270	231	46	15	0	90	525	148.0	5.5	1.1	0.4	0.0	2.1	12.5	7.6	264	354							0.7	2	30	140	2.2	7	0.42
23	24	3,940,000	2,512,000	4	4	4	80,000	6,170	231	46	15	0	90	525	148.0	5.5	1.1	0.4	0.0	2.1	12.5	7.6	242	350							0.5	2	40	150	2.5	7	0.35
24	24	3,940,000	3,940,000	4	4	4	80,000	6,170	231	46	15	0	90	525	147.0	5.5	1.1	0.4	0.0	2.1	12.5	7.7	240	350							0.4	0	40	100	2.0	7	0.32
25	24	4,200,000	3,200,000	4	4	4	80,000	6,160	210	44	15	0	88	498	145.0	5.5	1.1	0.4	0.0	2.2	12.5	7.7	244	354							0.2	0	00	170	2.0	0	0.40
26	24	4,040,000	3,213,000	4	4	4	80,000	5,934	222	44	15	0	87	505	147.0	5.5	1.1	0.4	0.0	2.2	12.5	7.6	250	302							0.3	0	04	104	2.0	0	0.17
27	24	3,940,000	4,100,000	4	4	4	80,000	6,137	231	46	15	0	90	525	148.0	5.5	1.1	0.4	0.0	2.1	12.5	7.7	240	340							0.4	0	30	170	2.4	0	0.48
28	24	3,940,000	4,200,000	4	4	4	80,000	6,095	231	46	15	0	90	525	145.0	5.5	1.1	0.4	0.0	2.1	12.5	7.7	250	300							0.5	0	00	100	2.5	7	0.35
29	24	3,940,000	4,010,000	4	4	4	80,000	6,095	231	46	15	0	90	525	145.0	5.5	1.1	0.4	0.0	2.1	12.5	7.7	252	304							0.4	0	44	100	2.1	7	0.3
30	24	4,070,000	3,150,000	4	4	4	80,000	6,052	229	46	15	0	88	518	146.0	5.5	1.1	0.4	0.0	2.1	12.5	7.7	240	300							0.3	0	04	170	2.2	6	0.27
31	24	4,010,000	4,711,000	4	4	4	80,000	5,936	225	45	15	0	88	512	145.0	5.5	1.1	0.4	0.0	2.1	12.5	7.7	250	340							0.4	0	02	100	2.0	0	0.30
																															0.0	0	20	130	2.1	0	0.47
TOTAL	744	107,840,000	132,074,000	124	124	124	2,480,000	186,021	6,700	1,353	461	0	2,942	15,310	4713.0	170.5	34.1	11.8	0.0	66.0	387.5	239.1	7870	10412	0	0.0	0	0	0	0	200.2	20	1634	5304	66.8	302	10.93
MAX	24	5,880,000	5,256,000	4.0	4.0	4.0	80,000	7,010	261	52	15		102	582	166.0	5.5	1.1	0.5		2.2	12.5	7.8	260.0	364.0							0.5	4.0	120.0	234.0	2.4	10.0	0.5
MIN	24	3,230,000	2,512,000	4.0	4.0	4.0	80,000	5,560	140	30	15		58	337	145.0	5.5	1.1	0.3		2.1	12.5	7.6	240.0	340.0							0.0	0.0	22.0	100.0	2.0	2.0	0.1
AVG	24	4,739,351	4,270,000	4.0	4.0	4.0	80,000	6,029	216	44	15		95	496	152.0	5.5	1.1	0.4		2.1	12.5	7.7	251.0	350.5							0.4	0.6	50.2	172.0	2.2	6.1	0.4

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE _____

HOW MANY OTHER OPERATORS? 0

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: Marc Larson CERTIFICATION NO: A005678

L Labovitz A001912 D Chapman B000901 R Vasquez C004516

L Holland C000931 M Olhoudt C005438

NAME OF PLANT: Marco Island

UTILITY COMPANY: Southern States Utilities

MONTH: June

COUNTY: Collier

I.D. NO: 6110163

YEAR: 1994

DESIGN FLOW: 9.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5885

TELEPHONE NUMBER: 813-394-3383

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED (GALLONS)	TOTAL WATER PRODUCED LEAVING PLANT (GALLONS)	HOURS FILTER PUMPS OPERATED WASHWATER: TOTAL	DURING DAY	DURING NIGHT	TOTAL RAW WATER IN GALLONS	CHEMICALS: POUNDS USED: LIME	CHLORINE GAS	AMMONIA	OTHER: MIX PHOSPHATE	CAUSTIC SODA	SODA ASH	ALUM	DOSAGE (mg/l): LIME	CHLORINE GAS	AMMONIA	OTHER: MIX	CAUSTIC SODA	SODA ASH	ALUM	RAW: pH	RAW: NO3 as N	RAW: HARDNESS TOTAL	RAW: CALCIUM	BOTTLED: TURBIDITY (NTU)	BOTTLED: FLUORIDE	BOTTLED: pH	BOTTLED: AS CaCO3 P ALK	BOTTLED: AS CaCO3 M ALK	BOTTLED: AS CaCO3 TOTAL	FINISHED: pH	FINISHED: F ANA	FINISHED: Cl ANA	FINISHED: TOTAL HARD	FINISHED: RESIDUAL CHLORINE	FINISHED: COLOR	FINISHED: TURBIDITY (NTU)
	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
1	24	5,040,000	4,190,000	4	4	4	80,000	6,963	259	99	15		84	525	149.0	5.5	1.7	0.4		29	126	7.7	254	240								8.1		32	160	2.1	7	0.22
2	24	4,780,000	3,964,000	4	4	4	80,000	6,666	256	98	15		80	502	153.0	5.5	1.8	0.5		29	159	7.7	246	300								8.0	2	32	159	2.5	7	0.27
3	24	3,730,000	3,021,000	4	4	4	80,000	4,666	180	67	15		62	388	155.0	6.0	1.8	0.5		29	125	7.7	256	280								8.6	2	40	160	2.5	8	0.19
4	24	4,270,000	3,711,000	4	4	4	80,000	5,556	214	83	15		73	443	150.0	5.5	1.8	0.4		29	129	7.7	256	300								8.4		36	160	2.1	8	0.22
5	24	4,040,000	3,100,000	4	4	4	80,000	5,110	220	84	15		74	463	165.0	5.5	1.8	0.4		29	128	7.7	244	300								8.3		32	160	2.5	8	0.21
6	24	4,150,000	3,804,000	4	4	4	80,000	5,787	250	97	15		76	436	166.0	5.5	1.8	0.4		29	129	7.7	246	302								8.0		40	164	2.0	8	0.19
7	24	4,110,000	3,392,000	4	4	4	80,000	5,357	230	90	15		79	470	166.0	5.5	1.8	0.4		29	129	7.7	244	344								8.0	3	32	160	2.5	7	0.25
8	24	4,480,000	3,732,000	4	4	4	80,000	6,206	222	45	15		78	488	179.0	5.5	1.8	0.4		29	125	7.7	252	288								8.3		34	160	2.5	7	0.33
9	24	5,040,000	4,388,000	4	4	4	80,000	7,296	262	50	16		84	525	172.0	5.5	1.8	0.4		29	125	7.7	248	284								8.2		40	160	4.1	8	0.53
10	24	4,780,000	3,648,000	4	4	4	80,000	6,657	234	48	15		88	498	173.0	5.5	1.8	0.4		29	125	7.8	248	288								8.2		36	160	3.5	8	0.30
11	24	4,040,000	3,184,000	4	4	4	80,000	6,056	227	46	15		77	484	172.0	5.5	1.8	0.4		29	125	7.8	252	248								8.4		36	160	4.0	8	0.37
12	24	5,040,000	4,041,000	4	4	4	80,000	7,186	262	96	15		84	525	171.0	5.5	1.8	0.4		29	125	7.7	252	248								8.2		32	160	4.0	8	0.46
13	24	4,810,000	3,906,000	4	4	4	80,000	7,084	268	48	15		82	517	173.0	5.5	1.8	0.4		29	125	7.7	252	244								8.3		36	170	3.7	8	0.25
14	24	3,360,000	3,243,000	4	4	4	80,000	5,963	116	36	15		58	370	172.0	5.5	1.8	0.5		29	125	7.8	230	224								8.3		42	160	3.5	7	0.06
15	24	3,280,000	2,788,000	4	4	4	80,000	4,445	165	33	15		55	345	170.0	5.5	1.8	0.5		29	125	7.7	234	228								8.6		36	160	3.5	6	0.24
16	24	4,150,000	3,811,000	4	4	4	80,000	6,616	250	92	16		88	433	171.0	5.5	1.8	0.4		29	125	7.8	228	208								8.5		40	164	2.9	7	0.32
17	24	3,480,000	3,072,000	4	4	4	80,000	5,021	173	35	15		58	381	170.0	5.5	1.8	0.5		29	125	7.7	242	248								8.0		40	160	2.7	7	0.13
18	24	3,950,000	3,670,000	4	4	4	80,000	5,815	183	38	15		64	401	175.0	5.5	1.8	0.5		29	125	7.7	242	248								8.0		40	160	2.7	7	0.15
19	24	3,440,000	3,061,000	4	4	4	80,000	4,977	171	34	15		57	369	175.0	5.5	1.8	0.5		29	125	7.7	230	248								8.6		44	160	3.3	10	0.31
20	24	3,480,000	2,880,000	4	4	4	80,000	5,000	173	35	15		58	380	176.0	5.5	1.8	0.5		29	125	7.7	242	288								8.6		36	150	4.1	8	0.21
21	24	3,500,000	3,012,000	4	4	4	80,000	5,000	180	40	15		58	415	175.0	5.5	1.8	0.5		29	125	7.7	230	250								7.8		32	140	4.0	8	0.16
22	24	4,780,000	3,810,000	4	4	4	80,000	7,016	250	90	20		80	466	176.0	5.5	1.8	0.5		29	125	7.7	238	222								8.3		28	130	3.0	7	0.0
23	24	4,510,000	3,690,000	4	4	4	80,000	6,656	220	45	25		75	470	177.0	5.5	1.8	0.7		29	125	7.8	228	204								7.8		30	140	3.3	7	0.16
24	24	4,040,000	3,843,000	4	4	4	80,000	5,772	232	46	20		77	484	175.0	5.5	1.8	0.6		29	126	7.8	220	222								8.7	2	24	140	3.7	10	0.17
25	24	4,510,000	3,480,000	4	4	4	80,000	6,630	220	45	25		75	470	176.0	5.5	1.8	0.7		29	125	7.7	230	234								8.1		30	140	3.5	8	0.26
26	24	4,360,000	3,620,000	4	4	4	80,000	6,363	210	44	25		73	457	175.0	5.5	1.8	0.7		29	125	7.7	234	234								8.3		30	140	3.5	8	0.27
27	24	3,480,000	1,080,000	4	4	4	80,000	5,076	173	35	25		58	381	176.0	5.5	1.8	0.9		29	125	7.7	236	248								8.4		48	144	3.7	8	0.29
28	24	3,480,000	3,710,000	4	4	4	80,000	5,021	173	35	25		58	381	174.0	5.5	1.8	0.9		29	125	7.7	230	224								8.2		36	140	3.5	8	0.19
29	24	3,480,000	3,061,000	4	4	4	80,000	5,050	173	35	25		58	380	175.0	5.5	1.8	0.9		29	125	7.7	232	236								8.4		30	150	4.0	7	0.15
30	24	3,170,000	1,000,000	4	4	4	80,000	4,977	150	32	25		53	330	175.0	5.5	1.8	0.9		29	125	7.7	236	208								8.1		30	150	3.5	7	0.20
31																																					
TOTAL	720	125,380,000	98,963,000	120	120	120	2,400,000	177,770	6,674	1,256	540		2,001	13,000	5110.1	165.0	39.5	15.0		80.0	374.0	230.3	7130	10010								247.6	9	1000	4830	97.6	224	7.30
MAX	24	5,040,000	4,800,000	4.0	4.0	4.0	80,000	7,296	262	50	25		84	525	177.0	6.0	1.8	0.9		29	129	7.7	256.0	300.0								8.7	3.0	48.0	180.0	4.5	10.0	0.5
MIN	24	3,170,000	1,000,000	4.0	4.0	4.0	80,000	4,977	150	32	15		53	330	149.0	5.5	1.7	0.4		24	125	7.5	228.0	204.0								7.8		24.0	130.0	2.0	7.0	0.1
AVG	24	4,178,267	3,298,433	4.0	4.0	4.0	80,000	5,926	208	42	18		70	434	179.3	5.5	1.8	0.5		29	125	7.7	237.6	343.6								8.3	0.3	36.3	161.7	3.3	7.5	0.1

USE FORM 17-1.996(2) EFFECTIVE NOVEMBER 30, 1988

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: _____

HOW MANY OTHER OPERATORS? 0

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: Marc Larson CERTIFICATION NO. A008970

L Labonte A001912 D Chapman B0008911 L Holland C0009616 M Dilhoudt C0054638 R Vossler C0040430

NAME OF PLANT: Marco Island

UTILITY COMPANY: Southern States Utilities

MONTH: July

COUNTY: Collier

I.D. NO: 5110163

YEAR: 1994

DESIGN FLOW: 8.8 MGD

TOTAL METERED SERVICES AT END OF MONTH: 3998

TELEPHONE NUMBER: 813 394-2888

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED FINISHED PLANT IN GALLONS	FILTER DATA: TURBIDITY PER FOUND BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	CHEMICALS: TOTAL WATER IN GALLONS	POUNDS USED: LIME	CHLORINE PRE	AMMONIA	OTHER: NSA PHOSPHATE	CAUSTIC SODA	SODA ASH	ALUM	ENERGIES (mg/l): LIME	CHLORINE PRE	AMMONIA	OTHER: NSA	CAUSTIC SODA	SODA ASH	ALUM	GAS: PH	H2O ALK	MANGANESE: TOTAL	CHLORIDE	SETTLED: TURBIDITY (units)	PH	AS CARBON: F ALK	M ALK	TOTAL HARD	PERMANENT: PH	F ALK	M ALK	TOTAL HARD	PERMANENT CALCIUM	COLOR	TURBIDITY (units)
1	24	2,460,000	1,700,000	0	0	0	00,000	0,100	200	40	30		110	420	177.0	7.0	1.4	0.0		4.0	10.0	7.7	200	200								0.1		30	130	3.0	0	0.10
2	24	3,370,000	1,700,000	0	0	0	00,000	0,000	197	30	30		110	422	170.0	7.0	1.4	0.0		4.0	10.0	7.0	204	240								0.0		30	130	3.0	0	0.10
3	24	2,300,000	1,100,000	0	0	0	00,000	0,200	134	27	30		77	294	177.0	7.0	1.4	1.5		4.0	10.0	7.0	200	240								0.0		30	132	4.0	0	0.23
4	24	2,200,000	1,000,000	0	0	0	00,000	2,381	134	27	30		77	294	170.0	7.0	1.4	1.5		4.0	10.0	7.0	200	204								0.4		30	140	3.7	0	0.10
5	24	2,440,000	2,100,000	0	0	0	00,000	0,110	200	40	30		110	433	177.1	7.0	1.4	0.0		4.0	10.0	7.7	204	200								0.1		40	150	3.0	0	0.17
6	24	2,270,000	2,040,000	0	0	0	00,000	0,004	151	30	30		100	400	170.0	7.0	1.4	0.0		4.0	10.0	7.7	220	220								0.1		30	130	3.0	1	0.03
7	24	1,720,000	1,010,000	0	0	0	00,000	2,004	101	20	30		66	310	177.0	7.0	1.4	1.7		4.0	10.0	7.7	220	220								0.4		30	140	3.0	7	0.3
8	24	2,010,000	2,010,000	0	0	0	00,000	0,140	104	20	30		94	302	177.0	7.0	1.4	1.1		4.0	10.0	7.7	220	200								0.0	0	30	140	3.7	0	0.01
9	24	2,560,000	1,700,000	0	0	0	00,000	3,000	151	30	30		90	330	170.0	7.0	1.4	1.0		4.0	10.0	7.1	200	200								7.0		30	140	3.0	0	0.10
10	24	2,300,000	1,000,000	0	0	0	00,000	2,410	134	27	30		77	300	170.0	7.0	1.4	1.3		4.0	10.0	7.7	202	200								7.0		30	140	3.0	0	0.4
11	24	4,000,000	2,051,000	0	0	0	00,000	0,104	200	40	30		141	530	170.0	7.0	1.4	0.7		4.0	10.0	7.0	200	200								0.0		31	130	3.4	0	0.04
12	24	3,000,000	2,007,000	0	0	0	00,000	0,310	210	42	30		130	490	177.0	7.0	1.4	0.0		4.0	10.0	7.0	200	200								0.0		34	130	3.0	0	0.10
13	24	3,000,000	2,334,000	0	0	0	00,000	3,254	210	40	30		120	450	170.0	7.0	1.4	0.0		4.0	10.0	7.7	200	204								0.0		44	160	3.0	0	0.00
14	24	4,230,000	3,300,000	0	0	0	00,000	0,377	284	56	30		144	540	177.0	7.0	1.2	0.7		4.0	10.0	7.7	200	240								7.0		30	150	3.0	0	0.20
15	24	4,010,000	3,720,000	0	0	0	00,000	0,707	200	34	30		134	577	170.0	7.0	1.3	0.7		4.0	10.0	7.7	200	200								0.0		30	140	3.0	7	0.10
16	24	4,220,000	2,400,000	0	0	0	00,000	0,210	240	40	30		141	530	170.0	7.0	1.2	0.7		4.0	10.0	7.7	200	202								0.0	0	30	140	4.0	0	0.40
17	24	4,000,000	3,200,000	0	0	0	00,000	7,215	200	37	30		107	413	177.0	7.0	1.3	0.0		4.0	10.0	7.7	202	200								0.0	0	40	150	4.1	0	0.40
18	24	4,320,000	3,704,000	0	0	0	00,000	0,302	200	31	30		144	541	177.0	7.0	1.3	0.7		4.0	10.0	7.0	202	200								0.0	0	30	140	3.0	0	0.30
19	24	4,000,000	3,007,000	0	0	0	00,000	0,000	200	33	30		130	500	170.0	7.0	1.3	0.7		4.0	10.0	7.0	204	244								0.0	4	30	140	3.0	0	0.30
20	24	4,510,000	3,307,000	0	0	0	00,000	0,502	221	33	30		100	504	170.0	9.0	1.3	0.7		4.0	10.0	7.0	204	242								0.0	0	10	100	0.0	4	0.2
21	24	3,750,000	1,770,000	0	0	0	00,000	0,000	200	44	30		139	474	170.0	9.0	1.3	0.0		4.0	10.0	7.0	212	200								0.1	0	34	130	3.0	4	0.1
22	24	3,400,000	2,481,000	0	0	0	00,000	0,100	200	40	30		110	433	177.0	7.0	1.3	0.0		4.0	10.0	7.0	204	200								0.0	0	30	140	4.0	0	0.10
23	24	3,400,000	2,312,000	0	0	0	00,000	0,130	200	40	30		110	433	170.0	7.0	1.3	0.0		4.0	10.0	7.7	200	200								0.0	0	30	132	4.1	0	0.00
24	24	3,400,000	2,070,000	0	0	0	00,000	0,130	200	40	30		110	433	170.0	7.0	1.3	0.0		4.0	10.0	7.7	204	200								0.0	0	30	130	3.0	0	0.10
25	24	3,400,000	2,170,000	0	0	0	00,000	0,120	207	40	30		110	433	177.0	7.0	1.3	0.0		4.0	10.0	7.7	202	200								0.0	0	30	130	3.7	0	0.10
26	24	3,400,000	1,701,000	0	0	0	00,000	0,070	200	40	30		110	433	170.0	7.0	1.3	0.0		4.0	10.0	7.7	210	200								0.0	0	30	130	4.0	0	0.17
27	24	3,400,000	2,307,000	0	0	0	00,000	0,131	200	40	30		110	433	170.0	7.0	1.3	0.0		4.0	10.0	7.7	200	200								0.4	0	30	140	4.4	7	0.1
28	24	3,400,000	2,100,000	0	0	0	00,000	0,100	200	40	30		110	433	177.0	7.0	1.3	0.0		4.0	10.0	7.0	210	204								0.0	0	30	130	4.1	7	0.00
29	24	3,400,000	1,000,000	0	0	0	00,000	0,130	200	40	30		110	433	170.0	7.0	1.3	0.0		4.0	10.0	7.7	210	200								0.0	0	30	100	4.0	0	0.00
30	24	3,400,000	1,000,000	0	0	0	00,000	0,100	200	40	30		110	433	177.0	7.0	1.3	0.0		4.0	10.0	7.7	210	210								0.0	0	30	100	4.0	0	0.00
31	24	3,400,000	2,000,000	0	0	0	00,000	0,070	200	40	30		110	430	170.0	7.0	1.3	0.0		4.0	10.0	7.7	210	210								0.0	0	30	100	3.0	0	0.10
TOTAL	744	105,700,000	72,000,000	120	120	120	0,000,000	100,010	0,000	1,000	770		3,000	13,010	0,000.0	210.0	41.0	27.0		120.0	400.1	230.0	6000	10000								200.1	00	074	4004	110.0	000	0.00
MAX	24	4,000,000	3,720,000	0.0	0.0	0.0	00,000	7,220	200	57	30		100	013	170.0	7.0	1.4	1.7		4.0	10.0	7.0	220.0	200.0								0.0	0.0	00.0	100.0	4.0	0.0	0.0
MIN	24	1,720,000	1,100,000	0.0	0.0	0.0	00,000	2,004	101	20	30		50	210	170.0	7.0	1.3	0.0		4.0	10.0	7.7	210.0	204.0								7.0	0.0	220.0	130.0	0.0	4.0	0.1
AVG	24	3,000,100	2,304,040	4.0	4.0	4.0	00,000	3,117	000	41	30		117	430	170.0	0.0	1.3	0.0		4.0	10.0	7.7	200.0	220.7								0.4	0.0	31.4	140.7	3.7	7.0	0.2

DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: _____

HOW MANY OTHER OPERATORS? 5

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: Marc Larson CERTIFICATION NO. A005870

L Laborde A001852 D Chapman R008881 L Holland C008635

M O'Donnell C005626 R Yeomans C004539

NAME OF PLANT: Marco Island

UTILITY COMPANY: Southern States Utilities

MONTH: August

COUNTY: Collier

I D NO: 5110183

YEAR: 1994

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 8015

TELEPHONE NUMBER: 813-394-3383

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTERS RUNNING (TOTAL)	FILTER DATA: HOURS FILTERS RUNNING (CHANGE)	FILTER DATA: HOURS FILTERS RUNNING (BACKWASH)	TOTAL RAW WATER IN GALLONS	CHEMICALS: POLISHED WATER: LIME	CHEMICALS: POLISHED WATER: CHLORINE (PRE)	CHEMICALS: POLISHED WATER: AMMONIA	CHEMICALS: POLISHED WATER: OTHER: SODA ASH	CHEMICALS: POLISHED WATER: OTHER: ALUM	CHEMICALS: RO/MIXED (mg/l): LIME	CHEMICALS: RO/MIXED (mg/l): CHLORINE (PRE)	CHEMICALS: RO/MIXED (mg/l): AMMONIA	CHEMICALS: RO/MIXED (mg/l): OTHER: HCL	CHEMICALS: RO/MIXED (mg/l): OTHER: SODA ASH	CHEMICALS: RO/MIXED (mg/l): OTHER: ALUM	RAW: PH	RAW: TDS	RAW: HARDNESS: TOTAL	RAW: HARDNESS: CALCIUM	SETTLED: TURBIDITY (NTU)	SETTLED: PH	SETTLED: RESIDUAL: P	SETTLED: RESIDUAL: M	SETTLED: RESIDUAL: TOTAL (MDR)	FINISHED: PH	FINISHED: P ALK	FINISHED: M ALK	FINISHED: TOTAL HARDNESS	FINISHED: CALCIUM HARDNESS	FINISHED: COLOR	FINISHED: TURBIDITY (NTU)
1	24	3,480,000	2,122,000	4	0	0	60,000	4,473	251	55			72	404	138.0	0.0	2.9	0.0		2.3	14.0	7.7	220	204										
2	24	3,480,000	1,880,000	4	4	4	60,000	4,242	251	55			72	404	147.0	0.0	2.9	0.0		2.3	14.0	7.7	224	208										
3	24	3,480,000	1,870,000	4	4	4	60,000	4,164	251	55			72	404	140.0	0.0	2.9	0.0		2.3	14.0	7.7	224	208										
4	24	3,480,000	2,740,000	4	4	4	60,000	4,150	251	55			72	404	140.0	0.0	2.9	0.0		2.3	14.0	7.7	220	208										
5	24	3,960,000	2,661,000	4	4	4	60,000	4,750	270	64			110	661	143.0	0.0	2.9	0.0		2.3	14.0	7.7	222	210										
6	24	4,790,000	2,730,000	4	4	4	60,000	5,646	316	76			96	540	144.0	0.0	2.9	0.0		2.3	14.0	7.7	224	208										
7	24	3,570,000	2,430,000	4	4	4	60,000	5,043	272	65			110	900	150.0	0.0	2.9	0.0		2.3	14.0	7.7	224	208										
8	24	3,780,000	4,020,000	4	4	4	60,000	5,000	264	66			120	672	146.0	0.0	2.9	0.0		2.3	14.0	7.7	224	208										
9	24	4,010,000	2,704,000	4	4	4	60,000	5,079	305	77			88	536	148.0	0.0	2.9	0.0		2.3	14.0	7.7	224	208										
10	24	4,150,000	3,247,000	4	4	4	60,000	5,530	298	73			92	564	152.0	0.0	2.9	0.0		2.3	14.0	7.7	222	208										
11	24	4,000,000	3,230,000	4	4	4	60,000	5,211	284	70			96	516	142.0	0.0	2.9	0.0		2.3	14.0	7.7	220	208										
12	24	3,840,000	3,041,000	4	4	4	60,000	4,971	240	61			70	428	144.0	0.0	2.9	0.0		2.3	14.0	7.7	218	208										
13	24	3,840,000	3,000,000	4	4	4	60,000	4,884	268	64			88	448	146.0	0.0	2.9	0.0		2.3	14.0	7.6	222	208										
14	24	3,480,000	2,100,000	4	4	4	60,000	5,130	281	68			72	404	144.0	0.0	2.9	0.0		2.3	14.0	7.7	220	208										
15	24	3,480,000	2,000,000	4	4	4	60,000	4,998	281	68			72	404	144.0	0.0	2.9	0.0		2.3	14.0	7.7	220	208										
16	24	3,720,000	2,460,000	4	4	4	60,000	5,207	286	67			100	611	142.0	0.0	2.9	0.0		2.3	14.0	7.7	218	208										
17	24	3,480,000	2,877,000	4	4	4	60,000	4,998	281	68			72	404	142.0	0.0	2.9	0.0		2.3	14.0	7.7	218	208										
18	24	4,810,000	3,240,000	4	4	4	60,000	5,370	301	75			94	577	143.0	0.0	2.9	0.0		2.3	14.0	7.6	222	208										
19	24	3,480,000	2,347,000	4	4	4	60,000	5,158	291	68			72	404	144.0	0.0	2.9	0.0		2.3	14.0	7.6	222	208										
20	24	3,480,000	980,000	4	4	4	60,000	4,998	281	68			72	404	144.0	0.0	2.9	0.0		2.3	14.0	7.7	218	210										
21	24	3,479,000	2,057,000	4	4	4	60,000	5,107	233	55			72	404	142.0	0.0	2.9	0.0		2.3	14.0	7.7	220	208										
22	24	4,810,000	3,007,000	4	4	4	60,000	5,498	309	77			88	536	146.0	0.0	2.9	0.0		2.3	14.0	7.6	224	208										
23	24	4,438,000	2,900,000	4	4	4	60,000	5,345	306	74			92	510	146.0	0.0	2.9	0.0		2.3	14.0	7.6	224	204										
24	24	3,950,000	2,949,000	4	4	4	60,000	4,264	244	61			78	428	144.0	0.0	2.9	0.0		2.3	14.0	7.6	220	208										
25	24	3,950,000	3,007,000	4	4	4	60,000	3,725	208	51			64	368	146.0	0.0	2.9	1.6		2.3	14.0	7.6	210	200										
26	24	3,480,000	2,610,000	4	4	4	60,000	4,213	231	56			72	404	146.0	0.0	2.9	0.0		2.3	14.0	7.6	220	208										
27	24	3,480,000	2,410,000	4	4	4	60,000	4,150	231	55			72	404	144.0	0.0	2.9	0.0		2.3	14.0	7.6	220	208										
28	24	3,960,000	2,882,000	4	4	4	60,000	5,483	199	46			88	536	148.0	0.0	2.9	1.6		2.3	14.0	7.6	218	208										
29	24	3,480,000	2,838,000	4	4	4	60,000	4,998	281	68			72	404	142.0	0.0	2.9	0.0		2.3	14.0	7.6	218	208										
30	24	3,480,000	2,922,000	4	4	4	60,000	4,813	231	56			72	404	146.0	0.0	2.9	0.0		2.3	14.0	7.6	218	208										
31	24	4,800,000	3,577,000	4	4	4	60,000	5,785	220	55			100	588	144.0	0.0	2.9	0.0		2.3	14.0	7.7	218	210										
TOTAL	744	134,130,000	80,480,000	124	120	120	2,460,000	148,118	8,881	2,073	770		2,588	14,493	4488.7	240.1	88.1	24.9		77.4	434.2	230.5	6660	6050										
MAX	24	4,790,000	4,020,000	4.0	4.0	4.0	60,000	5,998	364	88	35		120	672	152.0	0.0	2.9	1.6		2.3	14.0	7.7	224.0	208.0	0.0	0.0	0.0	0.0	0.0	0.0	230.0	48	1232	1004	112.7	221	0.00
MIN	24	3,480,000	980,000	4.0	4.0	4.0	60,000	3,483	199	46	35		64	368	142.0	0.0	2.9	0.0		2.3	14.0	7.6	210.0	200.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	40	64.0	200.0	40.0	10.0	0.0
AVG	24	4,004,194	2,682,546	4.0	4.0	4.0	60,000	4,938	297	69	35		83	466	144.7	0.0	2.9	0.0		2.3	14.0	7.7	220.0	201.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5	33.0	139.0	0.7	7.6	0.0

DEP FORM 17-1.[illegible] EFFECTIVE NOVEMBER 30, 1992

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE

HOW MANY OTHER OPERATORS? 0

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

DESIGN FLOW 5.0 MGD

FACILITIES NAME S Marc Larsen LETTER ATTACHED? Attached

L Lebovitz A801852 D Chapman B009881 J Shaw B009180

R Vesenet C004528 M Dilworth C005470 E Holland C008615

TOTAL METERED SERVICES AT END OF MONTH 6034

NAME OF PLANT Marco Island

UTILITY COMPANY Southern States Utilities

MONTH September

COUNTY Collier

I.D. NO 5180183

YEAR 1994

TELEPHONE NUMBER 813 394-3353

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	HIGHEST PUMPING RATE IN GPM TOTAL	HIGHEST PUMPING RATE IN GPM MAXIMUM	HIGHEST PUMPING RATE IN GPM MINIMUM	TOTAL WATER TREATED GALLONS	CHEMICALS POUNDS USED LIME	CHEMICALS POUNDS USED CHLORINE GAS PRE	CHEMICALS POUNDS USED CHLORINE GAS POST	CHEMICALS POUNDS USED OTHER HEX PHOSPHATE	CHEMICALS POUNDS USED OTHER CAUSTIC SODA	CHEMICALS POUNDS USED OTHER SODA ASH	CHEMICALS POUNDS USED OTHER ZINC	CHEMICALS POUNDS USED CHLORINE GAS PRE	CHEMICALS POUNDS USED CHLORINE AMMONIA	CHEMICALS POUNDS USED OTHER HEX	CHEMICALS POUNDS USED OTHER CAUSTIC SODA	CHEMICALS POUNDS USED OTHER SODA ASH	CHEMICALS POUNDS USED OTHER ZINC	RAW pH	RAW CO2	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED PERCENT TURB	SETTLED pH	SETTLED ALKALINITY P	SETTLED ALKALINITY M	SETTLED ALKALINITY TOTAL	FINISHED pH	FINISHED F	FINISHED M	FINISHED TOTAL HARD	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED PERCENT TURB
1	24	3 050 000	2 897 500	0	0	0	80 000	4 364	264	61	15		79	301	144 0	0 0	2 0	0 5		2 5	12 5	7 8	208	220									0 7	4	32	160	3 0	7	0 17
2	24	4 720 000	4 708 000	0	0	0	80 000	5 933	367	79	15		86	440	143 0	0 0	2 0	0 4		2 5	12 5	7 8	212	220									0 6	4	30	150	4 0	7	0 07
3	24	2 600 000	2 388 000	0	0	0	80 000	3 411	192	48	15		60	300	140 1	0 2	2 1	0 5		0 5	12 5	6 5	216	210									0 5		28	160	3 0	7	0 10
4	24	3 480 000	3 268 000	0	0	0	80 000	4 090	231	58	15		72	361	142 0	0 0	2 0	0 5		2 5	12 5	7 7	212	210									0 5		30	160	3 0	0	0 12
5	24	3 480 000	3 268 000	0	0	0	80 000	4 090	231	58	15		72	361	142 1	0 0	2 0	0 5		2 5	12 5	7 7	208	210									0 6	2	30	150	2 0	7	0 10
6	24	3 180 000	3 711 000	0	0	0	80 000	5 178	346	86	15		108	540	143 0	0 0	2 0	0 5		2 5	12 5	7 7	208	210									0 6		42	150	3 0	6	0 23
7	24	4 750 000	3 834 000	0	0	0	80 000	5 586	317	79	15		96	480	141 0	0 0	2 0	0 6		2 5	12 5	7 7	216	210									0 5		30	160	4 0	7	0 07
8	24	4 000 000	3 841 000	0	0	0	80 000	5 510	333	83	15		104	520	142 0	0 0	2 0	0 4		2 5	12 5	7 7	208	208									0 5	2	34	130	4 0	8	0 26
9	24	3 860 000	3 458 000	0	0	0	80 000	4 847	288	68	15		85	419	140 0	0 0	2 0	0 5		2 5	12 5	7 7	210	210									0 6	2	34	140	4 0	8	0 34
10	24	4 220 000	3 384 000	0	0	0	80 000	5 031	302	70	15		88	440	143 0	0 0	2 0	0 4		2 5	12 5	7 7	208	210									0 6	2	40	130	4 0	8	0 27
11	24	3 480 000	3 834 000	0	0	0	80 000	4 966	231	58	15		72	361	142 0	0 0	2 0	0 5		2 5	12 5	7 7	204	210									0 5	2	30	140	3 0	6	0 16
12	24	4 200 000	3 670 000	0	0	0	80 000	4 830	280	70	15		84	420	140 0	0 0	2 0	0 4		2 5	12 5	7 7	204	210									0 6	2	32	150	4 0	8	0 27
13	24	2 600 000	2 339 000	0	0	0	80 000	3 188	178	45	15		56	280	142 0	0 0	2 0	0 7		2 5	12 5	7 7	208	210									0 6	2	36	142	4 0	8	0 33
14	24	3 070 000	2 756 000	0	0	0	80 000	3 940	205	51	15		64	320	140 0	0 0	2 0	0 6		2 5	12 5	7 7	208	210									0 6	4	40	150	3 0	8	0 40
15	24	2 950 000	2 697 000	0	0	0	80 000	3 464	192	48	15		62	308	142 0	0 0	2 0	0 6		2 5	12 5	7 7	216	210									0 5		40	160	4 0	8	0 1
16	24	1 440 000	1 400 000	0	0	0	80 000	1 989	96	24	15		30	150	139 0	0 0	2 0	1 2		2 5	12 5	7 7	204	210									0 4		30	154	3 0	7	0 23
17	24	2 880 000	1 736 000	0	0	0	80 000	3 339	192	48	15		68	300	139 0	0 0	2 0	0 5		2 5	12 5	7 6	212	210									0 5		30	154	3 0	8	0 44
18	24	2 560 000	2 231 000	0	0	0	80 000	3 094	173	43	15		54	270	140 0	0 0	2 0	0 7		2 5	12 5	7 6	210	204									0 4	2	30	160	3 0	8	0 37
19	24	3 040 000	2 807 000	0	0	0	80 000	4 464	230	64	15		80	400	140 0	0 0	2 0	0 7		2 5	12 5	7 6	208	204									0 3		28	157	4 0	8	0 00
20	24	3 000 000	2 388 000	0	0	0	80 000	3 183	176	45	15		56	280	141 0	0 0	2 0	0 7		2 5	12 5	7 7	212	210									0 4	2	40	150	4 0	7	0 53
21	24	3 040 000	2 797 000	0	0	0	80 000	4 000	203	50	15		62	311	140 0	0 0	2 0	0 5		2 5	12 5	7 8	216	210									0 3		34	154	4 0	8	0 44
22	24	3 040 000	2 700 000	0	0	0	80 000	4 044	208	65	15		81	406	142 0	0 0	2 0	0 5		2 5	12 5	7 6	208	208									0 3		44	160	4 0	8	0 41
23	24	4 263 000	3 841 000	0	0	0	80 000	5 008	262	73	15		81	407	137 0	0 0	2 0	0 6		2 5	10 5	7 6	208	210									0 6	2	34	130	4 0	8	0 31
24	24	3 040 000	2 387 000	0	0	0	80 000	4 470	263	68	15		85	411	134 0	0 0	2 0	0 5		2 5	12 5	7 8	216	210									0 6	0	30	130	4 0	8	0 37
25	24	3 800 000	3 801 000	0	0	0	80 000	4 428	261	65	15		81	407	138 0	0 0	2 0	0 5		2 5	12 5	7 7	210	522									0 7	4	36	138	4 0	10	0 26
26	24	3 800 000	3 128 000	0	0	0	80 000	4 377	258	65	15		81	405	135 0	0 0	2 0	0 5		2 5	12 5	7 7	208	312									0 7	2	30	140	4 0	7	0 0
27	24	3 801 000	2 344 000	0	0	0	80 000	4 390	260	65	15		81	407	134 0	4 0	1 5	0 5		2 5	12 5	7 5	208	312									0 5	2	30	132	3 0	7	0 44
28	24	3 561 000	1 382 000	0	0	0	80 000	2 418	220	71	15		71	354	135 0	0 0	2 0	0 5		2 5	12 5	7 6	208	314									0 6	4	38	144	4 5	8	0 75
29	24	3 350 000	2 724 000	0	0	0	80 000	3 870	224	70	15		70	340	138 0	0 0	2 5	0 5		2 5	12 5	7 7	208	308									0 6		40	140	4 0	8	0 0
30	24	4 145 000	3 473 000	0	0	0	80 000	4 967	277	88	15		90	427	135 0	0 0	2 0	0 4		2 5	12 5	7 7	208	312									0 7	4	38	144	4 0	8	0 3
31				0	0	0	80 000																															
TOTAL	720	108 264 000	75 730 000	139	139	139	2 400 000	127 400	7 267	1 851	450		2 270	11 366	4107 0	240 3	61 0	15 0		75 0	375 3	731 0	6260	6452									384 1	94	1376	6480	129 0	225	0 73
MAX	24	5 180 000	3 834 000	0 0	0 0	0 0	80 000	6 178	346	88	15		108	540	148 1	0 2	2 5	1 2		2 8	12 5	7 8	220 0	336 0									0 8	0 0	72 0	174 0	5 0	10 0	0 5
MIN	24	1 440 000	1 400 000	0 0	0 0	0 0	80 000	1 989	96	24	15		30	150	134 0	0 0	0 5	0 5		2 5	10 5	7 5	208 0	208 0									0 3		28 0	130 0	3 0	0 0	0 1
AVG	24	3 543 133	2 524 300	0 0	0 0	0 0	80 000	4 246	242	62	15		76	380	140 0	0 0	2 0	0 6		2 5	12 5	7 7	208 7	311 1									0 5	1 0	40 3	148 5	4 0	7 7	0 3

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE

HOW MANY OTHER OPERATORS? 5

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Marc Larson CERTIFICATION NO. A004818

O. Chapman B000881, J. Shaw B000188, L. Holland C009535

L. Lebowitz A001952, M. Dilworth C009436

NAME OF PLANT: Marco Island

UTILITY COMPANY: Southern States Utilities

MONTH: October

COUNTY: Collier

I.D. NO: 5110163

YEAR: 1990

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 8010

TELEPHONE NUMBER: 813-394-3383

DATE	HOURS OF PLANT OPERATION	TOTAL H2O WATER PUMPED (GALLONS)	TOTAL WATER TREATED LEAVING PLANT (IN GALLONS)	HOURS PLT PERFORM BETWEEN WASHINGS: TOTAL	HOURS PLT PERFORM BETWEEN WASHINGS: CALENDAR	HOURS PLT PERFORM BETWEEN WASHINGS: STANDARD	TOTAL RAW WATER (GALLONS)	CHEMICALS: POUNDS USED: LIME	CHEMICALS: POUNDS USED: CHLORINE (Cl2)	CHEMICALS: POUNDS USED: AMMONIA	CHEMICALS: POUNDS USED: OTHER: HEX METAPHOSPHATE	CHEMICALS: POUNDS USED: OTHER: CAUSTIC SODA	CHEMICALS: POUNDS USED: OTHER: SODA ASH	CHEMICALS: POUNDS USED: OTHER: ALUM	CHEMICALS: DOSAGES (mg/l): LIME	CHEMICALS: DOSAGES (mg/l): CHLORINE (Cl2)	CHEMICALS: DOSAGES (mg/l): AMMONIA	CHEMICALS: DOSAGES (mg/l): OTHER: HEX METAPHOSPHATE	CHEMICALS: DOSAGES (mg/l): OTHER: CAUSTIC SODA	CHEMICALS: DOSAGES (mg/l): OTHER: SODA ASH	CHEMICALS: DOSAGES (mg/l): OTHER: ALUM	RAW: pH	RAW: COLOR	RAW: TURBIDITY: TOTAL	RAW: CALCIUM	RAW: FLUORIDE: TOTAL	RAW: FLUORIDE: CALCIUM	RAW: FLUORIDE: TURBIDITY (JTU)	RAW: FLUORIDE: pH	RAW: FLUORIDE: FLUORIDE: TOTAL	RAW: FLUORIDE: FLUORIDE: CALCIUM	RAW: FLUORIDE: FLUORIDE: TURBIDITY (JTU)	RAW: FLUORIDE: FLUORIDE: pH	RAW: FLUORIDE: FLUORIDE: FLUORIDE: TOTAL	RAW: FLUORIDE: FLUORIDE: FLUORIDE: CALCIUM	RAW: FLUORIDE: FLUORIDE: FLUORIDE: TURBIDITY (JTU)	RAW: FLUORIDE: FLUORIDE: FLUORIDE: pH	RAW: IRON: TOTAL	RAW: IRON: CALCIUM	RAW: IRON: TURBIDITY (JTU)	RAW: IRON: pH	RAW: IRON: IRON: TOTAL	RAW: IRON: IRON: CALCIUM	RAW: IRON: IRON: TURBIDITY (JTU)	RAW: IRON: IRON: pH	FINISHED: pH	FINISHED: F: TOTAL	FINISHED: F: CALCIUM	FINISHED: F: TURBIDITY (JTU)	FINISHED: F: pH	FINISHED: TOTAL HARDNESS	FINISHED: CALCIUM HARDNESS	FINISHED: COLOR	FINISHED: TURBIDITY (JTU)
1	24	2,300,000	1,300,000	4	4	4	00.000	2,010	100	46	15		80	270	131.0	8.0	2.4	0.8		23	13.5	7.7	210	310							8.7	0	32	140	4.4	0	0.30
2	24	2,045,000	1,870,000	4	4	4	00.000	2,200	130	41	15		43	230	128.0	8.0	2.4	0.8		23	13.0	7.7	200	310							8.8	0	30	140	4.6	0	0.31
3	24	4,074,000	2,200,000	4	4	4	00.000	4,417	272	83	19		85	450	130.0	8.5	2.4	0.4		23	13.0	7.7	200	310							8.4		30	140	4.1	0	0.48
4	24	3,051,000	2,100,000	4	4	4	00.000	3,257	204	61	15		64	344	128.0	8.0	2.4	0.8		23	13.0	7.6	204	300							8.6		30	134	4.6	7	0.47
5	24	3,013,000	1,707,000	4	4	4	00.000	6,115	861	70	15		82	441	127.0	8.0	2.4	0.8		23	13.0	7.6	200	304							8.7	4	40	140	3.7	0	0.30
6	24	2,516,000	1,420,000	4	4	4	00.000	3,679	507	58	15		62	283	126.9	8.9	2.4	0.7		23	13.5	7.7	204	302							8.9		28	132	4.8	0	0.35
7		4,053,000	1,980,000	0	4	0	00.000	4,302	270	81	15		84	456	127.0	8.0	2.4	0.4		23	13.5	7.7	200	300							8.8	2	32	134	4.6	0	0.35
8		3,357,000	1,720,000	4	4	4	00.000	3,572	224	67	15		70	377	126.0	8.0	2.4	0.5		23	13.0	7.8	200	300							8.7	4	30	132	4.7	7	0.40
9		3,277,000	1,804,000	4	4	4	00.000	3,471	218	66	15		66	369	127.0	8.0	2.4	0.8		23	13.5	7.8	204	304							8.8	2	44	138	4.8	10	0.38
10		4,357,000	2,212,000	4	4	4	00.000	4,564	304	85	15		88	479	126.9	8.0	2.4	0.4		23	13.5	7.8	206	310							8.8	4	30	140	4.8	0	0.38
11		5,020,000	4,440,000	4	4	4	00.000	5,000	375	113	15		117	653	126.0	8.0	2.4	0.3		23	13.5	7.8	206	300							8.8	2	28	134	4.8	0	0.34
12		4,031,000	2,353,000	4	4	4	00.000	4,000	300	83	15		87	521	127.0	8.0	2.4	0.4		23	13.5	7.7	200	300							8.8	4	44	140	3.8	0	0.40
13		3,991,000	2,741,000	4	4	4	00.000	4,104	280	88	15		83	440	126.0	8.0	2.4	0.3		23	13.5	7.8	202	300							8.8	4	40	144	4.4	0	0.31
14		3,937,000	2,973,000	4	4	4	00.000	3,940	271	111	13		110	626	126.0	8.0	2.4	0.3		23	13.5	7.8	200	300							8.4	2	30	140	4.3	0	0.33
15		4,163,000	3,000,000	4	4	4	00.000	4,431	278	84	13		87	471	127.0	8.0	2.4	0.4		23	13.5	7.8	204	300							8.4	2	32	138	4.8	0	0.46
16		4,305,000	4,230,000	4	4	4	00.000	4,582	283	86	15		92	489	126.0	8.0	2.4	0.4		23	13.5	7.8	196	304							8.7	0	28	140	4.8	0	0.43
17		3,041,000	4,161,000	4	4	4	00.000	3,991	276	113	15		116	625	125.9	8.9	2.4	0.3		23	13.8	7.8	198	302							8.8	2	40	138	4.8	0	0.33
18		3,613,000	4,661,000	4	4	4	00.000	3,000	376	112	15		117	632	126.0	8.0	2.4	0.3		23	13.5	7.8	200	300							8.4	2	30	138	4.8	0	0.31
19		3,911,000	4,000,000	4	4	4	00.000	3,000	374	113	15		117	632	126.0	8.0	2.4	0.3		23	13.8	7.7	200	310							8.2		44	138	4.7	5	0.30
20		3,979,000	3,421,000	4	4	4	00.000	3,845	375	113	13		117	633	125.0	8.0	2.4	0.3		23	13.8	7.7	200	310							8.4		44	138	4.8	0	0.33
21		3,956,000	4,000,000	4	4	4	00.000	3,993	378	113	15		118	637	127.0	8.8	2.4	0.3		23	13.8	7.7	206	310							8.8	2	30	134	4.8	0	0.10
22		4,547,000	3,700,000	4	4	4	00.000	4,749	303	91	15		95	512	125.0	8.0	2.4	0.4		23	13.5	7.6	210	310							8.3		40	140	4.8	0	0.30
23		5,261,000	3,182,000	4	4	4	00.000	6,958	420	126	15		131	708	125.0	8.0	2.4	0.3		23	13.5	7.8	200	312							8.4	2	44	136	4.8	0	0.40
24		5,102,000	4,484,000	4	4	4	00.000	5,361	340	102	15		109	574	126.0	8.0	2.4	0.4		23	13.5	7.7	210	310							8.5	2	30	138	4.3	0	0.30
25		5,056,000	3,360,000	4	4	4	00.000	5,001	377	113	13		110	637	127.0	8.8	2.4	0.3		23	13.5	7.7	212	310							8.3		46	140	3.8	0	0.30
26		5,412,000	3,960,000	4	4	4	00.000	5,364	364	109	15		110	610	125.0	8.8	2.4	0.3		23	13.5	7.8	210	300							8.8	2	30	136	4.8	0	0.30
27		3,373,000	1,530,000	4	4	4	00.000	4,102	250	78	15		81	430	127.0	8.0	2.4	0.3		23	13.5	7.7	200	314							8.4	2	42	144	4.1	0	0.34
28		3,429,000	2,700,000	4	4	4	00.000	3,564	270	86	15		71	388	126.0	8.0	2.4	0.3		23	13.5	7.7	214	310							8.6	2	40	140	3.8	7	0.37
29		4,094,000	3,530,000	4	4	4	00.000	4,272	273	83	15		85	461	126.0	8.0	2.4	0.4		23	13.5	7.6	210	300							8.5	2	44	138	4.8	7	0.43
30		4,000,000	3,079,000	4	4	4	00.000	4,213	267	80	10		84	461	126.0	8.0	2.4	0.4		23	13.0	7.6	210	312							8.4	2	30	138	4.8	0	0.30
31		3,707,000	3,661,000	4	4	4	00.000	3,000	253	79	10		79	426	126.0	8.0	2.4	0.5		23	13.0	7.6	214	310							8.6	2	30	134	4.8	0	0.30
TOTAL	164	130,000,000	80,861,000	120	124	124	2,400,000	143,250	9,000	2,715	400		2,630	15,270	3930.0	247.0	74.4	13.7		77.5	418.3	240.5	6600	9600							8.6	84	1200	4730	134.6	340	10.17
MAX	24	5,261,000	4,484,000	4.0	4.0	4.0	00,000	6,958	420	126	15		131	708	131.0	8.9	2.4	0.8		23	13.8	7.8	214.0	310.0							8.8	4.0	50.0	150.0	4.8	10.0	0.5
MIN	20	2,045,000	1,300,000	4.0	4.0	4.0	00.000	2,200	130	41	10		43	230	125.0	8.0	2.4	0.3		20	10.0	7.6	190.0	280.0							8.3		30.0	130.0	3.8	7.0	0.3
AVG	24	4,377,000	2,697,100	4.0	4.0	4.0	00.000	4,014	282	90	13		91	493	126.0	8.0	2.4	0.4		23	13.5	7.6	200.3	300.4							8.5	2.1	40.0	140.0	4.3	8.0	0.3

418

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE

HOW MANY OTHER OPERATORS? 0

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME'S Marc Larson CERTIFICATION NO. A005478

I. Lalevee A001952 D. Chapman B009691 J. Shaw B009194 E. Holland C008911 M. Dilhoufe C001428 A. Palmer B009121

NAME OF PLANT: Marco Island

UTILITY COMPANY: Southern States Utilities

MONTH: November

COUNTY: Collier

I.D. NO: 5110183

YEAR: 1994

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 9864

TELEPHONE NUMBER: 813-394-3383

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER PUMPED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTERS RUN BACKWASHED: TOTAL	BACKWASH	BANKWASH	TOTAL WATER IN GALLONS	CHEMICALS: POUNDS USED: LIME	CHLORINE GAS	HANDFEED	OTHER: HEX PHOSPHATE	CAUSTIC SODA	SODA ASH	ALUM	COMBINED (mg/l): LIME	CHLORINE GAS	HANDFEED	OTHER: HEX	CAUSTIC SODA	SODA ASH	ALUM	RAW: pH	HD	HARDNESS: TOTAL	CALCIUM	SETTLED: TURBIDITY (NTUS)	PH	AS LEAVE: P	HD	TOTAL HARDS	FINISHED: pH	P	HD	TOTAL	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTUS)
1	24	4,040,000	3,940,000	4	4	4	00,000	4,485	280	80	15		161	532	139.0	8.1	2.4	0.4		48	15.0	7.7	218	310							8.1		38	158	3.1	0	0.43
2	24	4,280,000	2,030,000	4	4	4	00,000	4,367	281	84	15		140	577	139.0	8.8	2.4	0.4		48	15.0	7.7	218	310							8.4		48	158	4.6	7	0.37
3	24	4,484,000	2,030,000	4	4	4	00,000	4,700	306	88	15		148	583	137.0	8.8	2.4	0.4		50	15.0	7.7	218	322							8.6		44	176	4.4	7	0.48
4	24	4,021,000	2,750,000	4	4	4	00,000	5,036	321	88	15		161	603	125.0	8.0	2.4	0.4		48	15.0	7.7	228	314							8.4		34	156	4.8	8	0.49
5	24	3,588,000	3,720,000	4	4	4	00,000	5,077	324	112	15		168	700	138.0	8.8	2.4	0.5		48	15.0	7.8	218	310							8.4		48	170	4.7	7	0.50
6	24	3,584,000	4,027,000	4	4	4	00,000	5,038	372	119	15		185	687	139.0	8.8	2.4	0.3		48	15.0	7.8	218	310							8.4		68	166	4.1	8	0.44
7	24	3,950,000	4,300,000	4	4	4	00,000	5,065	377	113	15		186	706	139.0	8.8	2.4	0.3		48	15.0	7.8	218	310							8.4		48	148	4.5	8	0.38
8	24	4,011,000	4,285,000	4	4	4	00,000	7,186	441	132	15		230	877	139.0	8.8	2.4	0.3		48	15.0	7.8	208	310							8.7	0	88	156	3.6	8	0.34
9	24	3,760,000	4,357,000	4	4	4	00,000	6,961	434	130	15		208	779	137.0	8.8	2.4	0.3		48	15.0	7.8	212	310							8.8	0	38	156	4.8	8	0.4
10	24	3,388,000	4,480,000	4	4	4	00,000	6,639	428	130	15		210	786	138.0	8.8	2.4	0.3		48	15.0	7.8	218	310							8.8		48	160	4.3	7	0.46
11	24	4,784,000	4,663,000	4	4	4	00,000	7,353	453	138	18		228	856	138.0	8.8	2.4	0.3		48	15.0	7.8	218	318							8.8		44	164	4.5	8	0.38
12	24	5,010,000	4,314,000	4	4	4	00,000	6,367	388	116	15		197	740	138.0	8.8	2.4	0.3		48	15.0	7.7	218	324							8.8	0	48	168	4.4	8	0.47
13	24	5,113,000	3,972,000	4	4	4	00,000	5,544	341	102	15		170	640	138.0	8.8	2.4	0.4		48	15.0	7.7	218	328							8.8		48	158	4.1	8	0.43
14	24	4,313,000	3,488,000	4	4	4	00,000	4,466	286	88	15		144	548	135.0	8.8	2.4	0.4		48	15.0	7.7	218	324							8.8	0	52	168	4.1	7	0.49
15	24	1,888,000	661,000	4	4	4	00,000	1,600	118	36	15		58	211	138.0	8.8	2.4	1.1		48	15.0	7.7	218	328							8.8		48	168	4.8	8	0.34
16	24	5,115,000	2,167,000	4	4	4	00,000	5,503	341	102	15		170	640	138.0	8.8	2.4	0.4		48	15.0	7.8	220	330							8.6		88	172	3.7	8	0.38
17	24	4,857,000	1,568,000	4	4	4	00,000	5,188	324	97	15		162	609	138.0	8.8	2.4	0.4		48	15.0	7.7	218	318							8.8	0	48	168	3.8	8	0.3
18	24	4,865,000	2,888,000	4	4	4	00,000	5,038	321	84	15		158	594	138.0	8.7	2.4	0.4		48	15.0	7.7	218	318							8.8	0	48	168	4.8	8	0.43
19	24	4,342,000	1,884,000	4	4	4	00,000	4,627	296	87	15		145	543	135.0	8.8	2.4	0.4		48	15.0	7.8	218	328							8.8		48	156	4.1	8	0.42
20	24	3,350,000	2,490,000	4	4	4	00,000	3,336	234	67	15		112	418	138.0	8.8	2.4	0.5		48	15.0	7.7	218	318							8.8	0	48	156	4.8	7	0.38
21	24	3,940,000	2,320,000	4	4	4	00,000	4,181	263	72	15		131	493	138.0	8.8	2.4	0.5		48	15.0	7.8	218	318							8.4		48	168	4.8	7	0.41
22	24	4,547,000	2,410,000	4	4	4	00,000	4,532	286	97	15		145	544	135.0	8.8	2.4	0.4		48	15.0	7.7	228	330							8.6		38	154	3.8	8	0.18
23	24	4,488,000	1,995,000	4	4	4	00,000	4,990	296	88	15		160	599	138.0	8.8	2.4	0.4		48	15.0	7.7	218	330							8.8	2	74	162	3.8	8	0.43
24	24	3,951,000	1,300,000	4	4	4	00,000	4,116	264	79	15		132	494	139.0	8.8	2.4	0.5		48	15.0	7.7	218	330							8.8	2	74	162	3.8	8	0.43
25	24	4,782,000	2,250,000	4	4	4	00,000	4,936	317	95	15		158	594	134.3	8.8	2.4	0.4		48	16.0	7.7	222	328							8.4		88	168	4.8	8	0.38
26	24	4,488,000	2,345,000	4	4	4	00,000	4,624	264	88	15		167	550	136.0	8.8	2.4	0.4		48	15.0	7.8	228	340							8.8	2	52	168	4.5	8	0.37
27	24	5,077,000	3,130,000	4	4	4	00,000	5,293	339	100	15		168	633	135.0	8.8	2.4	0.4		48	15.0	7.8	218	330							8.8	2	96	166	4.8	8	0.38
28	24	5,458,000	3,432,000	4	4	4	00,000	5,720	364	108	15		182	683	138.0	8.8	2.4	0.3		48	15.0	7.8	222	338							8.7	4	48	166	4.4	8	0.38
29	24	4,518,000	2,972,000	4	4	4	00,000	4,503	286	86	15		144	540	135.0	8.8	2.4	0.4		48	15.0	7.8	228	334							8.4		44	162	4.8	8	0.48
30	24	3,179,000	2,888,000	4	4	4	00,000	3,316	212	64	13		106	397	135.0	8.8	2.4	0.6		48	15.0	7.8	222	330							8.8		38	176	4.8	7	0.46
31																																					
TOTAL	720	140,797,000	88,999,000	120	120	120	2,480,000	152,171	9,600	2,873	450		4,798	17,660	3802.3	240.3	71.9	12.1		1318	466.0	232.5	6464	9840							264.6	20	1488	4878	134.1	220	11.0
MAX	24	5,784,000	4,663,000	4.0	4.0	4.0	00,000	7,353	453	138	18		230	856	139.0	8.8	2.4	1.1		48	16.0	7.8	228.0	340.0							8.7	4.0	96.0	192.0	4.8	8.0	0.5
MIN	24	1,888,000	661,000	4.0	4.0	4.0	00,000	1,600	118	36	15		58	211	134.3	8.8	2.4	0.3		38	15.0	7.7	208.0	308.0							8.6		38.0	148.0	3.7	7.0	0.3
AVG	24	4,702,233	2,965,000	4.0	4.0	4.0	00,000	5,072	320	96	15		160	589	136.7	8.8	2.4	0.4		48	15.0	7.8	216.0	328.0							8.6	0.9	48.7	162.6	4.1	7.9	0.4

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAME(S): Marc Larsen CERTIFICATION NO: A605676

L Lukowitz A0019537 D Chapman B0008661 A Palmer B0008977 M Dilworth C0054281 L Holland C0058835

NAME OF PLANT: Morse Island

UTILITY COMPANY: Southern Sands Utilities

MONTH: December

COUNTY: Cutler

I.D. NO: 5140183

YEAR: 1994

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 1972

TELEPHONE NUMBER: 813-394-3868

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RAN / MINUTES EACH FILTER RAN: TOTAL	MAXIMUM	MINIMUM	TOTAL WATER WASTED IN GALLONS	CHEMICALS: POUNDS USED: LIME	CHLORINE GAS	AMMONIA	OTHER: KIND	POUNDS	CHLORINE GAS	AMMONIA	OTHER: KIND	POUNDS	CHLORINE GAS	AMMONIA	OTHER: KIND	POUNDS	RAW: pH	CO2	HARDNESS: TOTAL	CALCIUM	MAGNESIUM	FINISHED: pH	F	M	TOTAL HARDNESS	TOTAL ALKALINE	CHLORIDES	TURBIDITY
1	24	4,438,000	3,991,000					6,666	353	74	15		100	1054	127.0	0.0	2.0	9.4		0.0	10.0	7.0	324	320					0.1		48	104	3.8	16	0.30
2	24	3,912,000	3,448,000					6,666	426	87	15		242	727	128.0	0.0	2.0	6.3		0.0	10.0	7.0	320	320					0.0	4	50	100	4.5	16	0.40
3	24	3,564,000	3,448,000					3,000	350	90	15		140	440	128.0	0.0	2.0	6.0		0.0	10.0	7.0	320	320					0.0	0	64	104	4.1	0	0.40
4	24	3,300,000	3,112,000					3,450	340	90	15		130	414	128.0	0.0	2.0	6.0		0.0	10.0	7.0	324	312					0.0	2	50	100	4.5	0	0.40
5	24	3,991,000	3,904,000					4,020	380	90	15		150	470	127.0	0.0	2.0	6.0		0.0	10.0	7.0	324	312					0.0	2	50	100	4.5	16	0.50
6	24	1,040,000	700,000					1,042	130	21	15		77	251	128.0	0.0	2.0	1.0		0.0	10.0	7.0	320	320					0.0	0	50	100	4.5	16	0.41
7	24	3,656,000	700,000					4,000	350	94	15		101	469	127.0	0.0	2.0	6.5		0.0	10.0	7.0	324	320					0.0	0	50	104	4.5	16	0.41
8	24	1,907,000	999,000					2,024	140	30	15		92	300	128.0	0.0	2.0	6.0		0.0	10.0	7.0	324	320					0.0	2	48	100	4.5	16	0.10
9	24	3,648,000	2,667,000					3,941	330	90	15		144	469	128.0	0.0	2.0	6.0		0.0	10.0	7.0	324	320					0.0		50	100	4.5	0	0.11
10	24	3,468,000	1,021,000					3,735	330	90	15		144	469	128.0	0.0	2.0	6.0		0.0	10.0	7.0	324	320					0.1		50	100	4.5	0	0.20
11	24	3,234,000	2,134,000					3,486	343	84	15		138	469	128.0	0.0	2.0	6.0		0.0	10.0	7.0	324	320					0.0		50	100	4.5	0	0.21
12	24	3,013,000	2,200,000					2,967	311	67	15		117	399	128.0	0.0	2.0	6.0		0.0	10.0	7.0	324	320					0.0	4	50	104	4.1	0	0.21
13	24	4,000,000	1,040,000					4,333	364	90	15		160	547	128.0	0.0	2.0	6.4		0.0	10.0	7.0	324	320					0.0	2	50	100	4.5	0	0.10
14	24	3,903,000	2,520,000					4,000	360	97	15		167	569	128.0	0.0	2.0	6.5		0.0	10.0	7.0	324	320					0.0		48	100	4.5	0	0.27
15	24	3,716,000	1,040,000					3,907	370	92	15		135	469	128.0	0.0	2.0	6.0		0.0	10.0	7.0	324	320					0.7	4	50	100	4.1	0	0.10
16	24	4,300,000	2,440,000					4,000	330	73	15		150	504	128.0	0.0	2.0	6.0		0.0	10.0	7.0	324	320					0.0	0	48	104	4.5	7	0.17
17	24	3,932,000	3,331,000					4,133	390	90	15		164	552	128.0	0.0	2.0	6.4		0.0	10.0	7.0	324	320					0.4		50	100	4.5	7	0.11
18	24	3,992,000	2,100,000					4,100	390	97	15		160	469	128.0	0.0	2.0	6.5		0.0	10.0	7.0	324	320					0.0	2	50	100	4.5	0	0.21
19	24	3,864,000	2,100,000					4,167	390	90	15		160	469	128.0	0.0	2.0	6.5		0.0	10.0	7.0	324	320					0.1		48	100	4.5	0	0.41
20	24	3,775,000	1,930,000					3,667	350	90	15		117	473	128.0	0.0	2.0	6.5		0.0	10.0	7.0	324	320					0.5		50	100	4.1	0	0.11
21	24	2,211,000	1,852,000					2,463	170	40	15		90	297	124.0	0.0	2.0	6.0		0.0	10.0	7.0	316	320					0.0	3	48	100	4.5	2	0.11
22	24	1,200,000	711,000					1,771	130	30	15		71	213	128.0	0.0	2.0	6.0		0.0	10.0	7.0	320	320					0.4		48	100	4.5	0	0.10
23	24	3,662,000	1,932,000					4,070	331	80	15		126	469	128.0	0.0	2.0	6.5		0.0	10.0	7.0	324	320					0.5	2	48	100	4.5	0	0.13
24	24	1,665,000	999,000					2,070	141	31	15		76	250	128.0	0.0	2.0	6.0		0.0	10.0	7.0	320	320					0.0		48	100	4.5	0	0.10
25	24	3,523,000	1,888,000					3,875	364	90	15		107	641	128.0	0.0	2.0	6.0		0.0	10.0	7.0	316	320					0.0		48	100	4.5	7	0.17
26	24	3,564,000	1,780,000					3,711	330	90	15		140	436	127.0	0.0	2.0	6.0		0.0	10.0	7.0	324	320					0.5	2	48	104	4.5	0	0.00
27	24	2,173,000	1,930,000					4,454	313	70	15		124	382	128.0	0.0	2.0	6.0		0.0	10.0	7.0	316	320					0.3		48	104	4.5	0	0.10
28	24	3,400,000	1,888,000					4,000	330	73	15		104	391	128.0	0.0	2.0	6.4		0.0	10.0	7.0	320	320					0.0	4	50	104	4.1	0	0.21
29	24	3,037,000	1,884,000					3,797	372	80	15		121	464	127.0	0.0	2.0	6.0		0.0	10.0	7.0	324	320					0.0	3	44	100	4.5	16	0.13
30	24	4,016,000	3,001,000					4,726	340	77	15		100	377	128.0	0.0	2.0	6.4		0.0	10.0	7.0	320	320					0.4		70	204	3.7	7	0.43
31	24	4,013,000	3,001,000					4,771	340	77	15		101	377	128.0	0.0	2.0	6.4		0.0	10.0	7.0	320	320					0.3		70	204	3.7	16	0.10
TOTAL	744	111,007,000	67,339,000					117,380	9,303	1,900	465		4,007	13,070	3966.4	270.0	62.0	10.0		186.0	310.0	213.7	7000	10000					330.0	32	1500	5000	130.0	200	7.70
MAX	24	3,913,000	3,448,000					6,666	426	97	15		242	727	128.0	0.0	2.0	1.1		0.0	10.0	7.0	324.0	320.0					0.4	0.0	70.0	204.0	4.5	16.0	0.5
MIN	24	1,665,000	711,000					1,771	130	30	15		71	213	128.0	0.0	2.0	0.0		0.0	10.0	7.0	316.0	320.0					0.2		48.0	100.0	3.8	0.0	0.0
AVG	24	3,703,133	1,849,139					3,767	279	60	15		134	451	128.0	0.0	2.0	0.2		0.0	10.0	7.0	324.0	320.0					0.2		50.0	104.0	4.0	0.4	0.2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Marco Island Lime Softening Plant

LEAD OPERATOR SIGNATURE: Original signed by Marc Larsen
HOW MANY OTHER OPERATORS? 3
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATORS NAMES: Marc Larsen CERTIFICATION NO. A005970
D. Chapman 0006491, J. Shaw 0006166, L. Holland C005935

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5823

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS USED: LIME	CHLORINE PRE	AMMONIA	OTHER: HEX PHOSPHATE	OTHER: CAUSTIC SODA	OTHER: SODA ASH	OTHER: ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	AMMONIA	OTHER: HEX	OTHER: CAUSTIC SODA	OTHER: SODA ASH	OTHER: ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24	4,809,000	5,192,000	4	4	4	80,000	7,205	360	120	10		360	280	180	0	3	0.2		0	7
2	24	4,300,000	4,743,000	4	4	4	80,000	6,527	323	108	10		323	251	182	0	3	0.3		0	7
3	24	4,730,000	5,042,000	4	4	4	80,000	7,256	355	118	10		355	276	184	0	3	0.3		0	7
4	24	4,990,000	5,364,000	4	4	4	80,000	7,657	375	125	10		375	291	184	0	3	0.2		0	7
5	24	4,810,000	4,873,000	4	4	4	80,000	7,421	361	120	10		361	281	185	0	3	0.2		0	7
6	24	4,260,000	5,058,000	4	4	4	80,000	6,608	320	107	10		320	249	188	0	3	0.3		0	7
7	24	4,700,000	5,083,000	4	4	4	80,000	7,305	357	119	10		357	278	184	0	3	0.3		0	7
8	24	4,899,000	5,188,000	4	4	4	80,000	7,528	368	122	10		368	285	185	0	3	0.2		0	7
9	24	4,119,000	4,748,000	4	4	4	80,000	6,272	306	103	10		306	240	183	0	3	0.3		0	7
10	24	4,280,000	3,711,000	4	4	4	80,000	6,532	321	107	10		321	250	183	0	3	0.3		0	7
11	24	4,810,000	4,864,000	4	4	4	80,000	7,494	369	123	10		369	287	183	0	3	0.2		0	7
12	24	4,140,000	4,819,000	4	4	4	80,000	6,349	311	104	10		311	242	183	0	3	0.3		0	7
13	24	4,920,000	4,868,000	4	4	4	80,000	7,550	369	123	10		369	287	184	0	3	0.2		0	7
14	24	4,810,000	5,245,000	4	4	4	80,000	7,381	361	120	10		361	281	184	0	3	0.2		0	7
15	24	4,870,000	5,054,000	4	4	4	80,000	7,627	373	124	10		373	290	184	0	3	0.2		0	7
16	24	5,010,000	4,810,000	4	4	4	80,000	7,649	378	125	10		378	292	183	0	3	0.2		0	7
17	24	2,810,000	4,164,000	4	4	4	80,000	4,289	211	70	10		211	164	183	0	3	0.6		0	7
18	24	4,840,000	4,917,000	4	4	4	80,000	7,427	363	121	10		363	283	184	0	3	0.2		0	7
19	24	4,180,000	4,700,000	4	4	4	80,000	6,465	315	105	10		315	245	185	0	3	0.3		0	7
20	24	5,310,000	4,902,000	4	4	4	80,000	8,193	399	133	10		399	310	185	0	3	0.2		0	7
21	24	5,290,000	4,950,000	4	4	4	80,000	8,118	397	132	10		397	309	184	0	3	0.2		0	7
22	24	4,600,000	4,864,000	4	4	4	80,000	7,059	345	115	10		345	269	184	0	3	0.3		0	7
23	24	4,630,000	4,854,000	4	4	4	80,000	7,105	348	116	10		348	270	184	0	3	0.3		0	7
24	24	3,640,000	4,145,000	4	4	4	80,000	5,555	273	91	10		273	213	183	0	3	0.3		0	7
25	24	4,410,000	4,464,000	4	4	4	80,000	6,767	331	110	10		330	330	184	0	3	0.3		0	8
26	24	3,480,000	3,981,000	4	4	4	80,000	5,362	261	87	10		260	260	182	0	3	0.3		0	8
27	24	3,440,000	4,006,000	4	4	4	80,000	5,250	258	86	10		258	258	183	0	3	0.3		0	8
28	24	4,970,000	4,620,000	4	4	4	80,000	7,626	373	124	25		373	375	184	0	3	0.8		0	8
29	24	4,420,000	4,786,000	4	4	4	80,000	6,707	332	111	25		332	332	182	0	3	0.7		0	9
30	24	4,290,000	4,655,000	4	4	4	80,000	6,583	322	107	25		330	330	184	0	3	0.7		0	9
31	24	4,070,000	4,545,000	4	4	4	80,000	6,212	305	102	25		305	305	183	0	3	0.7		0	9
TOTAL	744	139,070,000	142,117,000	124	124	124	2,480,000	212,971	10,438	3,478	370		10,444	8,813	5681	270	83	8.7		270	231
MAX	24	5,310,000	5,364,000	4	4	4	80,000	8,193	399	133	25		399	375	186	0	3	0.7		0	9
MIN	24	2,810,000	3,981,000	4	4	4	80,000	4,289	211	70	10		211	164	180	0	3	0.2		0	7
AVG	24	4,486,000	4,746,000	4	4	4	80,000	6,870	337	112	12		337	276	184	0	3	0.3		0	7

DEP FORM 17-1.204(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: January
TELEPHONE NUMBER: 813 394 3353

COUNTY: Collier
I.D. NO: 5110183
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS				AS CaCO3												
DATE	pH	M O ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.9	278	364							8.7	2	44	144	3.9		0.8			
2	7.8	278	350							8.5	4	36	144	3.5		0.8			
3	7.9	288	364							8.6	4	42	140	.2		0.5			
4	7.9	270	382							8.5	2	38	138	3.5		0.3			
5	7.9	264	356							8.0		88	180	3.5		0.8			
6	8.1	268	372							8.3		100	194	.2		0.0			
7	7.9	272	370							8.9	4	28	124	3.5		0.7			
8	7.9	268	380							8.8	4	42	136	3.5		0.8			
9	7.9	268	378							8.5		34	140	3.5		0.5			
10	7.9	270	364							8.5		42	148	.3		0.4			
11	7.9	272	388							8.8	2	34	142	3.8		0.3			
12	7.9	270	388							8.5	2	36	140	3.5		0.2			
13	7.9	272	380							8.8	2	28	134	3.3		0.3			
14	7.8	270	380							8.8	8	38	144	3.5		0.8			
15	7.9	274	378							8.5	2	36	142	3.5		0.8			
16	7.9	272	378							8.8	8	42	184	.3		0.3			
17	7.9	278	372							8.8	4	42	154	3.9		0.8			
18	7.9	274	380							8.5	2	40	150	3.5		0.7			
19	7.8	278	342							8.4	2	46	154	3.7		0.8			
20	7.9	270	348							8.5	2	38	144	.3		0.2			
21	7.9	278	364							8.8	2	80	182	2.8		0.7			
22	7.8	278	356							8.7	4	36	130	3.5		0.4			
23	7.9	268	374							9.0	8	32	180	3.5		0.4			
24	7.9	270	370							8.9	2	46	180	2.1		0.5			
25	8.0	272	372							8.9	2	44	182	3.2		0.3			
26	7.9	278	368							9.0	4	46	138	3.1		0.6			
27	7.8	270	370							9.0	2	28	120	3.2		0.3			
28	7.8	260	380							8.6	2	80	118	3.2		0.6			
29	7.9	256	334							8.5	2	28	110	2.5		0.7			
30	7.9	256	344							8.4		44	120	3.3		0.4			
31	7.9	268	350							8.2		80	158	2.4		0.0			
TOTAL	244.5	8402	11368							268.7	78	1404	4520	86.5		18.1			
MAX	8.1	288	388							9.0	8	100	184	3.9		0.8			
MIN	7.8	256	334							8.0	2	28	110	2.0		0.2			
AVG	7.9	271	367							8.6	3	45	146	3.1		0.5			

OER FORM 17-1.200(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 1

Marco Island Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Original signed by Marc Larson

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Marc Larson CERTIFICATION NO: A005970

D. Chapman R006691, J. Shaw R008186, L. Holland C008935

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5620 *

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	AMMONIA	OTHER: HEX PHOSPHATE	CAUSTIC SODA	SODA ASH	ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	AMMONIA	OTHER: HEX	CAUSTIC SODA	SODA ASH	ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24	4,950,000	4,581,000	4	4	4	80,000	7,348	372	124	25		217	486	178	9	3	09		5	12
2	24	4,890,000	5,046,000	4	4	4	80,000	6,923	352	117	25		205	460	177	9	3	09		5	12
3	24	5,050,000	5,123,000	4	4	4	80,000	7,370	376	126	25		221	495	175	9	3	09		5	12
4	24	4,990,000	5,474,000	4	4	4	80,000	7,263	375	125	25		218	488	175	9	3	08		5	12
5	24	5,730,000	5,207,000	4	4	4	80,000	8,267	430	145	25		251	562	173	9	3	08		5	12
6	24	4,880,000	5,267,000	4	4	4	80,000	7,000	364	122	25		214	478	172	9	3	08		5	12
7	24	4,270,000	4,826,000	4	4	4	80,000	6,161	321	107	25		187	418	173	9	3	07		5	12
8	24	4,730,000	5,126,000	4	4	4	80,000	6,785	355	118	25		207	464	172	9	3	08		5	12
9	24	5,170,000	4,986,000	4	4	4	80,000	7,373	386	129	25		226	507	171	9	3	08		5	12
10	24	5,420,000	5,423,000	4	4	4	80,000	7,730	407	136	25		237	531	171	9	3	08		5	12
11	24	4,540,000	5,040,000	4	4	4	80,000	6,513	341	114	25		199	445	172	9	3	07		5	12
12	24	4,090,000	4,298,000	4	4	4	80,000	5,799	307	102	25		178	401	170	9	3	07		5	12
13	24	4,400,000	4,868,000	4	4	4	80,000	6,275	330	110	25		193	431	171	9	3	07		5	12
14	24	5,120,000	5,208,000	4	4	4	80,000	7,302	384	128	25		224	502	171	9	3	08		5	12
15	24	4,820,000	5,159,000	4	4	4	80,000	6,814	362	121	25		211	479	172	9	3	08		5	12
16	24	5,130,000	5,059,000	4	4	4	80,000	7,273	385	128	25		225	503	170	9	3	08		5	12
17	24	5,080,000	5,558,000	4	4	4	80,000	7,174	380	127	25		222	498	170	9	3	08		5	12
18	24	5,440,000	5,308,000	4	4	4	80,000	7,758	408	136	25		238	533	171	9	3	08		5	12
19	24	4,800,000	5,302,000	4	4	4	80,000	6,866	360	120	25		210	470	172	9	3	08		5	12
20	24	4,660,000	4,896,000	4	4	4	80,000	6,665	350	117	25		204	457	172	9	3	08		5	12
21	24	4,420,000	4,811,000	4	4	4	80,000	6,377	332	111	25		194	433	173	9	3	07		5	12
22	24	4,310,000	4,855,000	4	4	4	80,000	6,183	324	108	25		189	422	172	9	3	07		5	12
23	24	4,100,000	4,003,000	4	4	4	80,000	5,881	308	103	25		180	402	172	9	3	07		5	12
24	24	3,510,000	3,947,000	4	4	4	80,000	5,005	263	88	25		154	344	171	9	3	08		5	12
25	24	4,290,000	4,378,000	4	4	4	80,000	6,140	321	107	25		187	418	172	9	3	07		5	12
26	24	3,480,000	4,016,000	4	4	4	80,000	5,055	267	87	25		153	342	174	9	3	09		5	12
27	24	3,550,000	3,537,000	4	4	4	80,000	5,092	265	89	25		155	346	173	9	3	08		5	12
28	24	3,480,000	4,049,000	4	4	4	80,000	4,934	261	87	25		152	341	170	9	3	09		5	12
29																					
30																					
31																					
TOTAL	672	129080000	135150000	112	112	112	2,240,000	185,498	9,689	3,230	700		5,852	12,800	4634	252	84	189		140	336
MAX	24	5730000	5558000	4	4	4	80,000	8,267	430	145	25		251	562	178	9	3	09		5	12
MIN	24	3480000	3537000	4	4	4	80,000	4,934	261	87	25		152	341	170	9	3	09		5	12
AVG	24	4610000	4826786	4	4	4	80,000	6,625	346	115	25		209	457	172	9	3	07		5	12

OER FORM 17-1.209(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: February
TELEPHONE NUMBER: 813 394 3151

COUNTY: Collier
ID NO: 5110183
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS				AS CACO3												
DATE	pH	M O ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.8	280	354							8.4		62	170	3.5		0.6			
2	7.9	276	350							8.3		58	168	2.8		0.7			
3	7.9	270	352							8.5	8	74	184	3.4		0.6			
4	7.9	274	356							8.4	2	60	168	3.8		0.6			
5	7.8	262	360							8.8	8	52	158	3		0.7			
6	7.8	272	356							8.7	8	48	158	3		0.9			
7	7.8	274	360							8.6	8	44	134	2.8		1			
8	8.0	280	370							8.4		40	164	3.8		0.6			
9	7.9	270	366							8.4		60	188	3		0.6			
10	8.0	264	358							8.7	4	80	194	2		1			
11	7.9	260	360							8.6	2	56	170	3.5		0.9			
12	7.9	262	344							8.6	2	34	148	3.5		0.6			
13	7.9	266	350							8.6	6	40	158	3.3		0.6			
14	7.8	268	348							8.5	2	36	150	2.8		0.7			
15	7.9	266	358							8.6	8	34	134	3		0.8			
16	7.8	260	358							8.6	2	28	148	3.5		0.4			
17	7.8	266	354							9	2	30	130	2		0.8			
18	7.9	266	358							8.6	2	50	158	2.4		0.9			
19	7.8	266	358							8.5	2	42	148	3		0.9			
20	8.0	266	362							8.6		44	170	2.3		0.9			
21	7.9	272	374							8.6	2	50	148	2.7		0.3			
22	8.0	274	368							8.6	2	52	150	2.9		0.8			
23	8.0	272	370							9		34	138	2.7		0.6			
24	8.0	274	360							8.9		36	142	3.2		0.3			
25	8.0	270	368							8.5		52	154	3.5		0.5			
26	8.0	260	348							8.7	2	42	148	3		0.7			
27	8.0	258	360							9	4	38	150	3.5		0.5			
28	8.0	256	354							8.6	2	40	152	3.5		0.4			
29																			
30																			
31																			
TOTAL	221.6	7514								242.6	78	1310	4368	85.1		20.3			
MAX	8.0	280								9.0	8	80	194	3.5		1.0			
MIN	7.8	256								8.3	2	28	130	2.0		0.3			
AVG	7.9	268								8.7	3	47	156	3.0		0.7			

DER FORM 17-1.204(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 1

Marco Island Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Original signed by Mac Larson

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE IN MARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATORS NAMES: Mac Larson CERTIFICATION NO: A00570

D. Chapman D00647, J. Shaw D00866, L. Holland C00935

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5838

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTERS RUN BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	CHLORINE PRE	AMMONIA	OTHER: HEX (PHOSPHATE)	OTHER: CAUSTIC SODA	OTHER: SODA ASH	OTHER: ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	AMMONIA	OTHER: HEX	OTHER: CAUSTIC SODA	OTHER: SODA ASH	OTHER: ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24	4,100,000	4,111,000	4	4	4	80,000	5,710	308	103	25		205	410	187	9	3	0.7		6	12
2	24	3,980,000	3,956,000	4	4	4	80,000	4,264	231	77	25		154	308	186	9	3	1.0		6	12
3	24	3,980,000	3,913,000	4	4	4	80,000	5,444	299	100	25		199	398	184	9	3	0.8		6	12
4	24	3,480,000	4,059,000	4	4	4	80,000	4,780	261	87	25		174	348	184	9	3	0.9		6	12
5	24	5,220,000	4,899,000	4	4	4	80,000	7,096	392	131	25		261	522	183	9	3	0.9		6	12
6	24	3,850,000	4,420,000	4	4	4	80,000	5,170	289	96	25		192	385	181	9	3	0.8		6	12
7	24	4,330,000	4,732,000	4	4	4	80,000	5,814	325	108	25		217	433	181	9	3	0.7		6	12
8	24	4,750,000	4,005,000	4	4	4	80,000	6,418	357	119	25		239	475	182	9	3	0.8		6	12
9	24	4,850,000	5,127,000	4	4	4	80,000	6,472	364	121	25		243	485	180	9	3	0.8		6	12
10	24	5,010,000	5,323,000	4	4	4	80,000	6,727	376	125	25		251	501	181	9	3	0.8		6	12
11	24	5,540,000	5,371,000	4	4	4	80,000	7,393	416	138	25		277	554	180	9	3	0.8		6	12
12	24	4,040,000	4,842,000	4	4	4	80,000	5,458	303	101	25		202	404	182	9	3	0.7		6	12
13	24	5,090,000	4,427,000	4	4	4	80,000	6,710	380	127	25		253	506	184	9	3	0.8		6	12
14	24	3,720,000	4,378,000	4	4	4	80,000	5,051	278	93	25		188	373	183	9	3	0.8		6	12
15	24	4,730,000	4,774,000	4	4	4	80,000	6,391	355	118	50		237	473	182	9	3	1.3		6	12
16	24	4,100,000	4,709,000	4	4	4	80,000	5,471	308	103	50		205	410	180	9	3	1.5		6	12
17	24	4,770,000	4,586,000	4	4	4	80,000	6,484	358	119	50		239	477	183	9	3	1.3		6	12
18	24	4,640,000	4,813,000	4	4	4	80,000	6,307	348	116	50		232	464	183	9	3	1.3		6	12
19	24	4,280,000	4,776,000	4	4	4	80,000	5,747	321	107	50		214	428	181	9	3	1.4		6	12
20	24	3,980,000	3,897,000	4	4	4	80,000	5,350	297	99	50		198	396	183	9	3	1.5		6	12
21	24	3,690,000	4,219,000	4	4	4	80,000	4,924	277	92	50		185	369	180	9	3	1.6		6	12
22	24	4,120,000	4,494,000	4	4	4	80,000	5,566	309	103	50		208	412	182	9	3	1.5		6	12
23	24	4,880,000	4,705,000	4	4	4	80,000	6,512	366	122	50		244	488	180	9	3	1.2		6	12
24	24	5,000,000	5,044,000	4	4	4	80,000	6,639	375	125	50		250	500	184	9	3	1.2		6	12
25	24	4,880,000	5,112,000	4	4	4	80,000	6,553	368	122	50		244	488	181	9	3	1.2		6	12
26	24	4,580,000	4,788,000	4	4	4	80,000	6,123	342	114	50		228	456	181	9	3	1.3		6	12
27	24	3,900,000	4,411,000	4	4	4	80,000	5,334	293	98	50		195	390	184	9	3	1.5		6	12
28	24	4,670,000	4,468,000	4	4	4	80,000	6,310	351	117	50		234	467	182	9	3	1.3		6	12
29	24	4,720,000	5,378,000	4	4	4	80,000	6,418	354	118	50		238	472	183	9	3	1.3		6	12
30	24	4,650,000	5,099,000	4	4	4	80,000	6,299	349	116	50		237	465	185	9	3	1.3		6	12
31	24	5,370,000	5,254,000	4	4	4	80,000	7,390	403	134	50		269	537	185	9	3	1.1		6	12
TOTAL	744	137,930,000	144,119,000	124	124	124	2,480,000	186,809	10,352	3,450	1,200		8,901	13,793	5831	279	93	32.7		186	372
MAX	24	5,540,000	5,371,000	4	4	4	80,000	7,393	416	138	50		277	554	185	9	3	1.6		6	12
MIN	24	3,690,000	3,813,000	4	4	4	80,000	4,264	231	77	25		154	308	180	9	3	0.8		6	12
AVG	24	4,449,000	4,649,000	4	4	4	80,000	6,029	334	111	39		273	445	182	9	3	1.1		6	12

PERFORM IF 1.20(6) EFFECTIVE NOVEMBER 30, 1983

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: March
TELEPHONE NUMBER: 813 394 3353

COUNTY: Collier
I.D. NO: 5110183
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED TURBIDITY (NTU)	SETTLED pH	SETTLED AS CACO3 P ALK	SETTLED AS CACO3 M ALK	SETTLED AS CACO3 TOTAL HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7 9	280	382							8 4		120	280	2 7		0 8			
2	7 8	281	350							8 7		36	140	3 5		0 7			
3	7 9	280	350							9	2	40	150	3 5		0 8			
4	7 9	272	356							10	10	40	210	3		0 5			
5	7 9	280	360							8 5	2	100	202	3 5		0 8			
6	7 8	264	358							8 1	8	52	172	3 5		0 7			
7	8	266	360							8 9	2	48	154	2 8		0 7			
8	7 9	272	362							9 1	4	48	152	3		0 7			
9	7 8	268	370							8 9	2	36	160	3 1		0 5			
10	7 9	266	372							8 5		58	186	3 2		0 8			
11	7 9	268	332							8 4	4	34	146	3 3		0 8			
12	7 8	268	330							8 8	4	36	158	3		0 8			
13	7 9	266	348							8 7	4	48	180	3		0 9			
14	7 9	268	356							9		40	156	3 5		0 8			
15	7 9	268	344							8 9		48	170	3 5		0 7			
16	8	280	348							9	2	48	180	3 2		0 8			
17	7 9	264	372							8 4		84	172	3 3		0 8			
18	7 9	264	338							8 6		44	160	3 5		0 8			
19	7 9	268	340							8 5		44	160	3 5		0 9			
20	8	266	340							8 9	2	32	164	3 5		0 9			
21	7 8	268	348							8 9	2	48	158	3 5		0 9			
22	7 9	264	354							8 7		40	152	3 2		0 4			
23	7 9	274	352							8 9	4	32	140	3 5		0 5			
24	7 8	264	350							8 8	2	36	148	3		0 7			
25	7 9	266	314							8 5		36	150	3 5		0 8			
26	7 9	262	344							8	2	24	142	3 5		0 8			
27	7 9	262	344							8	4	42	184	3 5		0 8			
28	7 8	264	330							9 2	4	36	158	3 5		0 8			
29	7 9	260	352							8 2		100	254	3 5		0 8			
30	8	264	354							8 5		32	150	3 5		0 7			
31	8	266	354							8 8	2	28	138	3 5		0 8			
TOTAL	245 3	8266	10840																
MAX	8 0	280	372							2735	64	1508	5152	102 8		22 7			
MIN	7 8	260	314							10 0	10	100	254	3 5		0 8			
AVG	7 9	267	350							8 8	2	20	136	2 8		0 4			
										8 8	2	40	166	3 3		0 7			

DEP FORM 17-1.209(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 1

Marco Island Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Original signed by Marc Larson

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Marc Larson CERTIFICATION NO: A009870

D. Chapman B008691, J. Shaw B008168, L. Holland C008935

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5851

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS: TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS USED: LIME	CHLORINE PRE	AMMONIA	OTHER: HEX PHOSPHATE	CAUSTIC SODA	SODA ASH	ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	AMMONIA	OTHER: HEX	CAUSTIC SODA	SODA ASH	ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24	6,330,000	6,043,000	4	4	4	80,000	8,230	475	108	25		264	688	156	9	2	0.8		5	13
2	24	5,890,000	4,342,000	4	4	4	80,000	7,614	442	98	25		246	638	155	9	2	0.8		5	13
3	24	4,370,000	4,510,000	4	4	4	80,000	5,648	328	73	25		192	474	156	9	2	0.7		5	13
4	24	4,030,000	5,073,000	4	4	4	80,000	5,209	302	67	25		188	437	155	9	2	0.7		5	13
5	24	2,650,000	4,173,000	4	4	4	80,000	3,470	199	44	25		133	287	157	8	2	1.1		8	13
6	24	2,980,000	4,252,000	4	4	4	80,000	3,771	208	48	25		144	312	157	11	2	1.0		8	13
7	24	3,070,000	4,789,000	4	4	4	80,000	3,994	230	51	25		154	333	156	8	2	1.0		8	13
8	24	4,630,000	4,868,000	4	4	4	80,000	6,264	363	81	25		201	524	156	8	2	0.8		5	13
9	24	3,980,000	4,728,000	4	4	4	80,000	5,145	299	66	25		186	432	155	8	2	0.8		5	13
10	24	3,710,000	3,865,000	4	4	4	80,000	4,827	276	62	25		186	402	156	8	2	0.8		8	13
11	24	3,630,000	3,912,000	4	4	4	80,000	4,723	272	61	25		182	394	156	8	2	0.8		8	13
12	24	3,560,000	3,977,000	4	4	4	80,000	4,661	267	59	25		178	386	157	8	2	0.8		8	13
13	24	4,760,000	4,665,000	4	4	4	80,000	6,114	357	79	25		198	516	154	8	2	0.8		5	13
14	24	5,060,000	5,308,000	4	4	4	80,000	6,541	380	84	25		211	549	155	8	2	0.8		8	13
15	24	4,750,000	4,620,000	4	4	4	80,000	6,180	357	79	25		199	555	156	8	2	0.8		5	14
16	24	3,870,000	3,995,000	4	4	4	80,000	3,758	215	24	25		144	335	157	9	1	1.0		8	14
17	24	4,170,000	3,586,000	4	4	4	80,000	5,425	313	35	25		188	522	156	9	1	0.7		5	15
18	24	3,710,000	4,181,000	4	4	4	80,000	4,827	278	31	25		166	433	156	9	1	0.8		8	14
19	24	4,320,000	4,510,000	4	4	4	80,000	5,620	324	36	25		180	504	156	9	1	0.7		5	14
20	24	5,000,000	5,058,000	4	4	4	80,000	6,505	375	42	25		208	584	156	9	1	0.8		5	14
21	24	4,360,000	4,798,000	4	4	4	80,000	5,673	327	36	25		182	509	156	9	1	0.7		5	14
22	24	4,550,000	4,994,000	4	4	4	80,000	5,844	342	78	25		190	531	154	9	2	0.7		5	14
23	24	5,040,000	4,985,000	4	4	4	80,000	6,557	378	84	25		210	589	156	9	2	0.8		5	14
24	24	4,480,000	4,763,000	4	4	4	80,000	5,679	336	75	25		187	523	156	9	2	0.7		5	14
25	24	4,320,000	4,841,000	4	4	4	80,000	5,861	302	75	25		326	585	156	8	2	0.7		8	15
26	24	5,150,000	5,457,000	4	4	4	80,000	7,221	370	46	25		278	994	156	8	1	0.8		8	15
27	24	5,110,000	5,398,000	4	4	4	80,000	6,806	354	42	25		290	826	156	8	1	0.8		8	15
28	24	5,370,000	5,423,000	4	4	4	80,000	6,987	358	45	25		298	873	156	8	1	0.8		8	15
29	24	5,080,000	5,433,000	4	4	4	80,000	6,622	340	42	25		255	837	156	8	1	0.8		8	15
30	24	5,080,000	5,338,000	4	4	4	80,000	7,754	398	50	25		298	748	156	8	1	0.8		8	15
31																					
TOTAL	720	133,580,000	138,133,000	120	120	120	2,400,000	173,463	8,805	1,787	750		6,081	15,388	4676	266	48	31		184	413
MAX	24	6,330,000	6,457,000	4	4	4	80,000	8,263	475	108	25		298	748	157	11	2	1.1		8	15
MIN	24	2,650,000	3,586,000	4	4	4	80,000	3,470	199	24	25		133	287	154	8	1	0.8		5	13
AVG	24	4,453,000	4,604,000	4	4	4	80,000	5,782	327	60	25		202	513	156	9	2	0.7		5	14

DEP FORM 17-1.209(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: April
TELEPHONE NUMBER: 813 394 3153

COUNTY: Collier
I.D. NO: 5110183
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS AS CACO3				P	M	TOTAL		P	M	TOTAL	RESIDUAL					
DATE	pH	M.O. ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	ALK	ALK	HDNS	pH	ALK	ALK	HDNS	CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.8	268	354							9	2	28	144	3.5		0.4			
2	7.9	280	342							8.6	6	44	172	3.5		0.4			
3	7.9	264	354							9	4	36	180	3.5		0.6			
4	7.9	272	350							8.7	2	30	140	3.5		0.9			
5	7.8	270	328							9	2	34	152	3.5		0.6			
6	7.8	270	350							8.9	6	26	148	3.5		0.3			
7	7.9	274	346							9.2	2	30	148	3.5		0.3			
8	7.8	262	356							8.5	2	42	168	3.5		0.3			
9	7.8	280	354							8.9	4	44	188	3.5		0.4			
10	7.8	274	360							8.8	4	32	148	3.5		0.5			
11	7.8	272	330							8.7	4	66	176	3.5		0.3			
12	7.8	262	328							9	2	42	144	3.5		0.3			
13	7.9	264	326							8.8	6	36	148	3.5		0.2			
14	7.7	280	326							8.6	2	40	148	3.5		0.3			
15	7.8	266	350							8.8	4	36	156	3.5		0.4			
16	7.8	266	350							8.8	4	36	154	3.5		0.3			
17	7.8	266	350							8.8	4	36	154	3.5		0.3			
18	7.8	262	362							9.1	4	28	140	3.5		0.2			
19	7.9	262	362							9	2	28	136	3.5		0.2			
20	7.9	280	344							8.8	4	50	156	3.5		0.5			
21	7.8	268	330							8.6	6	36	150	3.5		0.5			
22	7.8	280	360							8.8	2	42	180	3.5		0.3			
23	7.8	260	370							8.9	4	36	132	3.5		0.8			
24	7.9	248	322							8.6	2	48	156	3.5		0.8			
25	7.9	260	310							9	4	32	140	3.5		0.6			
26	7.9	260	310							8.9	4	36	144	3.5		0.6			
27	7.8	260	310							8.6	4	36	146	3.5		0.6			
28	7.8	250	320							8.7	6	32	144	3.5		0.2			
29	7.8	260	310							8.4	6	56	172	3.5		0.4			
30	7.8	260	310							8.8	4	42	182	3.5		0.4			
31																			
TOTAL	234.7	7804	10122							265.1	114	1140	4556	105		19.6			
MAX	7.9	274	362							9.2	6	84	176	3.5		0.8			
MIN	7.7	248	310							8.4	2	20	132	3.5		0.2			
AVG	7.8	261	337							8.8	4	38	152	3.5		0.4			

See Reverse Side for Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Marco Island Lime Softening Plant

LEAD OPERATOR'S SIGNATURE: Original signed by Marc Larson
HOW MANY OTHER OPERATORS? 3
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Marc Larson CERTIFICATION NO: A005970
D. Chapman 0000691, J. Shaw B0016166, L. Holland C006935

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5953

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS USED: LIME	CHLORINE PRE	AMMONIA	OTHER: HEX PHOSPHATE	CAUSTIC SODA	SODA ASH	ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	AMMONIA	OTHER: HEX	CAUSTIC SODA	SODA ASH	ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24	4,230,000	5,207,000	4	4	4	80,000	5,845	262	47	25		150	423	180	8	1.3	0.7		5	12
2	24	5,080,000	5,178,000	4	4	4	80,000	6,784	338	56	25		190	508	181	8	1.3	0.8		6	12
3	24	4,950,000	5,155,000	4	4	4	80,000	6,666	330	54	25		185	495	182	8	1.3	0.8		4	12
4	24	5,570,000	5,311,000	4	4	4	80,000	7,479	372	62	25		208	557	181	8	1.3	0.5		4	12
5	24	5,080,000	5,558,000	4	4	4	80,000	6,879	338	56	25		180	506	183	8	1.3	0.8		5	12
6	24	5,410,000	5,537,000	4	4	4	80,000	7,309	361	60	25		203	541	182	8	1.3	0.8		4	12
7	24	4,640,000	5,164,000	4	4	4	80,000	6,580	323	54	25		182	484	183	8	1.3	0.8		6	12
8	24	4,640,000	4,785,000	4	4	4	80,000	6,580	323	54	25		182	484	183	8	1.3	0.8		6	12
9	24	3,900,000	3,902,000	4	4	4	80,000	5,269	260	43	25		146	390	182	8	1.3	0.8		4	12
10	24	3,840,000	3,773,000	4	4	4	80,000	4,948	243	40	25		137	364	183	8	1.3	0.6		5	12
11	24	4,070,000	4,411,000	4	4	4	80,000	5,533	272	45	25		153	407	183	8	1.3	0.7		5	12
12	24	4,480,000	4,501,000	4	4	4	80,000	6,080	299	50	25		168	448	183	8	1.3	0.7		4	12
13	24	3,740,000	4,411,000	4	4	4	80,000	5,053	250	41	25		140	374	182	8	1.3	0.8		4	12
14	24	4,640,000	4,457,000	4	4	4	80,000	6,230	310	51	25		174	464	181	8	1.3	0.8		4	12
15	24	3,710,000	4,367,000	4	4	4	80,000	5,013	248	41	25		138	371	182	8	1.3	0.6		4	12
16	24	4,340,000	4,422,000	4	4	4	80,000	5,900	290	48	25		163	434	183	8	1.3	0.7		5	12
17	24	4,710,000	5,177,000	4	4	4	80,000	6,324	314	52	25		177	471	181	8	1.3	0.6		5	12
18	24	5,230,000	5,288,000	4	4	4	80,000	6,979	349	58	25		196	523	180	8	1.3	0.6		4	12
19	24	5,070,000	5,509,000	4	4	4	80,000	6,935	338	56	25		190	507	184	8	1.3	0.8		4	12
20	24	5,110,000	4,910,000	4	4	4	80,000	6,847	341	57	25		192	511	183	8	1.3	0.6		5	12
21	24	4,980,000	3,797,000	4	4	4	80,000	6,825	333	55	25		187	499	184	8	1.3	0.8		4	12
22	24	4,560,000	5,066,000	4	4	4	80,000	6,188	308	51	25		172	458	183	8	1.3	0.7		5	12
23	24	5,090,000	5,148,000	4	4	4	80,000	6,977	340	56	25		191	508	182	8	1.3	0.6		4	12
24	24	5,020,000	5,372,000	4	4	4	80,000	6,824	335	56	25		188	502	183	8	1.3	0.6		4	12
25	24	5,070,000	5,539,000	4	4	4	80,000	6,892	338	56	25		190	507	183	8	1.3	0.6		4	12
26	24	5,570,000	5,664,000	4	4	4	80,000	7,479	372	62	25		208	557	181	8	1.3	0.5		4	12
27	24	5,270,000	5,711,000	4	4	4	80,000	6,966	352	58	25		198	527	158	8	1.3	0.8		5	12
28	24	4,990,000	4,943,000	4	4	4	80,000	6,817	333	54	25		187	499	160	8	1.3	0.8		4	12
29	24	4,120,000	4,078,000	4	4	4	80,000	5,498	275	45	25		155	412	180	8	1.3	0.7		5	12
30	24	3,950,000	3,265,000	4	4	4	80,000	5,337	264	43	25		148	395	182	8	1.3	0.8		4	12
31	24	4,030,000	3,926,000	4	4	4	80,000	5,445	269	44	25		151	403	182	8	1.3	0.7		4	12
TOTAL	744	145,760,000	151,130,000	124	124	124	2,480,000	198,145	9,898	1,605	775		5,451	14,526	5019	248	40.3	20.1		137	372
MAX	24	5,570,000	5,711,000	4	4	4	80,000	7,479	372	62	25		208	557	184	8	1.3	0.8		6	12
MIN	24	3,840,000	3,773,000	4	4	4	80,000	4,948	243	40	25		137	364	158	8	1.3	0.5		4	12
AVG	24	4,866,000	4,875,000	4	4	4	80,000	6,327	313	52	25		176	469	182	8	1.3	0.6		4	12

DER FORM 17-1.209(6) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: May
TELEPHONE NUMBER: 813 394 3353

COUNTY: Collier
ID NO: 5110183
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M O ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED TURBIDITY (NTU)	SETTLED pH	SETTLED AS CACO3 P ALK	SETTLED AS CACO3 M ALK	SETTLED AS CACO3 TOTAL HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.8	256	344							8.0	8	32	140	3.8		0.3			
2	7.8	254	310							8.8	2	36	148	3.9		0.3			
3	7.8	250	308							8.8	4	34	148	3.8		0.2			
4	7.8	260	336							8.5	2	34	148	3.5		0.2			
5	7.8	254	342							8.5	2	40	148	3.4		0.7			
6	7.8	256	346							8.7	2	32	148	3.0		0.3			
7	7.8	250	342							8.0	2	34	150	3.3		0.3			
8	7.8	256	320							8.8	4	36	156	3.6		0.4			
9	7.8	252	340							8.7	2	32	148	3.8		0.2			
10	7.8	254	336							8.8	2	34	150	3.5		0.2			
11	7.8	246	336							8.5	2	44	156	2.9		0.3			
12	7.8	256	348							8.6	2	42	150	3.8		0.2			
13	7.8	252	350							8.7	2	40	148	3.0		0.2			
14	7.8	246	334							8.3		108	204	3.2		0.3			
15	7.8	258	338							8.6	2	36	150	3.5		0.5			
16	7.8	254	334							8.7	2	36	150	2.7		0.2			
17	7.8	246	320							8.7	2	40	148	3.3		0.1			
18	7.8	252	326							8.9	4	40	150	3.5	5	0.5			
19	7.8	242	322							8.5		34	140	3.5	7	0.3			
20	7.8	250	322							8.7	2	30	144	2.8	7	0.4			
21	7.8	248	300							8.9	2	36	134	3.3	7	0.4			
22	7.8	248	350							8.6	4	40	148	3.0	7	0.3			
23	7.8	248	326							8.7	2	36	148	2.8	8	0.4			
24	7.8	250	314							8.6	2	48	144	3.5	8	0.8			
25	7.8	250	326							8.7	2	36	136	3.0	10	0.3			
26	7.8	260	324							8.9	2	36	138	3.4	10	0.5			
27	7.8	262	324							8.7	2	32	140	3.5	8	0.8			
28	7.8	264	320							8.6		40	144	3.8	11	0.7			
29	7.8	264	346							8.8	2	40	148	3.0	8	0.8			
30	7.8	260	336							8.9	4	32	152	3.5	8	0.3			
31	7.8	260	340							8.9	4	40	148	3.8	7	0.2			
TOTAL	241.8	7870	10320							270.2	72	1210	4582	98.1	111	11.1			
MAX	7.8	264	360							9.0	8	108	204	3.5	11	0.8			
MIN	7.7	246	308							8.3	2	30	134	2.4	8	0.1			
AVG	7.8	254	333							8.7	3	39	148	3.2	8	0.4			

DER FORM 17-1.20(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 1

Marco Island Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE Original signed by Marc Larson

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATORS NAMES Marc Larson CERTIFICATION NO A005970

D. Chapman E00681, J. Shaw B008168, L. Holland C008615

DESIGN FLOW 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH 5882

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	CHLORINE PRE	AMMONIA	OTHER: HEX PHOSPHATE	OTHER: CAUSTIC SODA	OTHER: SODA ASH	OTHER: ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	AMMONIA	OTHER: HEX	OTHER: CAUSTIC SODA	OTHER: SODA ASH	OTHER: ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24	2,430,000	2,744,000	4	4	4	80,000	3,243	109	18	25		101	283	160	5.4	0.9	1.2		5	13
2	24	4,310,000	4,740,000	4	4	4	80,000	5,715	184	32	25		180	497	156	5.4	0.9	0.7		5	13
3	24	3,250,000	3,821,000	4	4	4	80,000	4,355	146	24	25		136	382	157	5.4	0.9	0.9		5	13
4	24	4,950,000	5,000,000	4	4	4	80,000	6,523	273	37	25		208	537	156	5.4	0.9	0.9		5	13
5	24	4,310,000	4,630,000	4	4	4	80,000	5,715	194	32	25		180	497	156	5.4	0.9	0.7		5	13
6	24	4,270,000	4,897,000	4	4	4	80,000	5,696	192	32	25		178	493	160	5.4	0.9	0.7		5	13
7	24	4,250,000	4,701,000	4	4	4	80,000	5,696	191	32	25		177	491	159	5.4	0.9	0.7		5	13
8	24	4,710,000	5,018,000	4	4	4	80,000	8,246	212	35	25		198	511	150	5.4	0.9	0.9		5	13
9	24	4,950,000	5,516,000	4	4	4	80,000	6,523	223	37	25		208	537	156	5.4	0.9	0.9		5	13
10	24	4,810,000	5,033,000	4	4	4	80,000	8,075	208	35	25		192	500	156	5.4	0.9	0.7		5	13
11	24	4,870,000	5,056,000	4	4	4	80,000	6,591	224	37	25		207	539	156	5.4	0.9	0.9		5	13
12	24	3,730,000	4,261,000	4	4	4	80,000	4,877	168	28	25		156	404	160	5.4	0.9	0.9		5	13
13	24	3,750,000	4,080,000	4	4	4	80,000	5,035	169	28	25		156	407	161	5.4	0.9	0.9		5	13
14	24	3,550,000	4,218,000	4	4	4	80,000	4,707	160	27	25		148	385	159	5.4	0.9	0.9		5	13
15	24	3,290,000	3,504,000	4	4	4	80,000	4,363	148	25	25		137	384	159	5.4	0.9	0.9		5	13
16	24	3,420,000	4,090,000	4	4	4	80,000	4,592	154	26	25		143	388	161	5.4	0.9	0.9		5	14
17	24	3,030,000	3,490,000	4	4	4	80,000	4,043	136	23	25		126	354	160	5.4	0.9	1.0		5	14
18	24	3,270,000	3,817,000	4	4	4	80,000	4,391	147	25	25		136	382	161	5.4	0.9	0.9		5	14
19	24	3,070,000	3,749,000	4	4	4	80,000	4,097	138	23	25		126	356	160	5.4	0.9	1.0		5	14
20	24	3,370,000	3,887,000	4	4	4	80,000	4,497	152	25	25		141	393	160	5.4	0.9	0.9		5	14
21	24	3,270,000	3,645,000	4	4	4	80,000	4,416	147	25	25		136	382	162	5.4	0.9	0.9		5	14
22	24	3,370,000	3,873,000	4	4	4	80,000	4,497	152	25	25		141	393	160	5.4	0.9	0.9		5	14
23	24	3,370,000	3,763,000	4	4	4	80,000	4,440	152	25	25		141	393	158	5.4	0.9	0.9		5	14
24	24	2,810,000	2,895,000	4	4	4	80,000	3,575	118	20	25		110	307	165	5.4	0.9	1.1		5	14
25	24	3,570,000	2,970,000	4	4	4	80,000	3,472	115	19	25		107	300	162	5.4	0.9	1.2		5	14
26	24	3,360,000	3,618,000	4	4	4	80,000	4,484	151	25	25		140	392	160	5.4	0.9	0.9		5	14
27	24	2,810,000	3,366,000	4	4	4	80,000	3,481	118	20	25		109	305	156	5.4	0.9	1.1		5	14
28	24	2,750,000	3,041,000	4	4	4	80,000	3,893	124	21	25		115	321	161	5.4	0.9	1.1		5	14
29	24	3,350,000	3,846,000	4	4	4	80,000	4,366	151	25	25		140	391	157	5.4	0.9	0.9		5	14
30	24	4,250,000	4,474,000	4	4	4	80,000	5,600	191	32	25		177	496	156	5.4	0.9	0.7		5	14
31																					
TOTAL	720	109,020,000	121,810,000	120	120	120	2,400,000	144,948	4,807	818	750		4,548	12,243	4797	162.0	27.0	29.0		150	406
MAX	24	4,970,000	5,536,000	4	4	4	80,000	8,581	224	37	25		207	539	165	5.4	0.9	1.2		5	14
MIN	24	2,430,000	2,744,000	4	4	4	80,000	3,243	109	18	25		101	283	157	5.4	0.9	0.9		5	13
AVG	24	3,630,000	4,053,667	4	4	4	80,000	4,832	164	27	25		152	408	160	5.4	0.9	0.9		5	14

DER FORM 17-1.20(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: June
TELEPHONE NUMBER: 813 394-3141

COUNTY: Collier
I.D. NO: 5180183
YEAR: 1993

CHEMICAL AND PHYSICAL ANALYSES

DATE	RAW pH	RAW MO ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED TURBIDITY (NTU)	SETTLED pH	SETTLED AS CACO3 P ALK	SETTLED AS CACO3 M ALK	SETTLED AS CACO3 TOTAL HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.8	254	310							8.7	2	34	140	3	10	0.4			
2	7.7	252	280							8.3		37	186	2.8	10	0.6			
3	7.7	254	280							8.0	2	40	140	2.5	5	0.5			
4	7.7	252	294							8	4	40	140	2.8	5	0.3			
5	7.7	250	296							8.0	2	40	144	3.2	7	0.3			
6	7.8	248	310							8.0	2	42	146	3.3	8	0.2			
7	7.7	242	300							8.0	4	40	144	2.0	5	0.2			
8	7.7	244	302							8.7	2	36	144	3	5	0.1			
9	7.7	242	306							8.0	2	30	130	3.2	8	0.2			
10	7.7	242	308							8	2	38	130	2.5	7	0.6			
11	7.7	244	308							8	2	34	130	1.8	7	0.3			
12	7.7	244	304							8.0	4	42	144	3.3	8	0.4			
13	7.7	242	294							8.0	2	40	140	3.2	8	0.2			
14	7.8	244	292							8.0	4	40	134	2.8	8	0.2			
15	7.8	238	280							8.0	2	40	130	2.7	8	0.3			
16	7.5	236	252							8.0	4	36	122	3.3	7	0.2			
17	7.8	236	270							8.0	2	42	132	2.8	6	0.2			
18	7.8	240	272							8.1		62	170	2.8	9	0.3			
19	7.8	244	284							8.7	4	34	134	2.8	7	0.2			
20	7.7	276	288							9.1	4	40	134	3.5	7	0.4			
21	7.7	242	284							8.5	2	52	144	3.5	7	0.2			
22	7.7	232	264							8.7	2	32	118	3.5	9	0.2			
23	7.7	244	268							8.7	2	30	120	3.6	7	0.1			
24	7.8	250	278							8.6	4	30	130	2.4	6	0.2			
25	7.8	250	270							8.5	2	46	140	2.5	7	0.3			
26	7.8	248	286							8.0	4	40	132	2.5	8	0.2			
27	7.7	244	280							8.7	2	46	138	3.3	7	0.2			
28	7.8	244	300							8.6	4	56	152	2.8	8	0.3			
29	7.7	242	306							8.5		34	120	3.5	8	0.2			
30	7.7	244	310							8.7	2	34	130	2.9	8	0.3			
31																			
TOTAL	231	7318	8832							262.0	74	1240	4174	87.0	207	8.1			
MAX	7.8	254	310							9.1	4	62	186	3.5	10	0.5			
MIN	7.5	226	252							8.1	2	28	118	1.8	5	0.1			
AVG	7.7	244	294							8.7	3	42	139	2.9	7	0.3			

See Reverse Side for Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Marco Island Lime Softening Plant

LEAD OPERATOR SIGNATURE: Original signed by Marc Larson
HOW MANY OTHER OPERATORS? 3
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME: Marc Larson CERTIFICATION NO: A005970
D. Chapman B000691, J. Shaw B008186, L. Holland C000935

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5071

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	LIME	CHLORINE PRE	AMMONIA	OTHER: HEX PHOSPHATE	OTHER: CAUSTIC SODA	OTHER: SODA ASH	OTHER: ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	AMMONIA	OTHER: HEX	OTHER: CAUSTIC SODA	OTHER: SODA ASH	OTHER: ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24	3,740,000	3,045,000	4	4	4	80,000	3,771	123	21	25		114	320	185	5.4	0.8	1.1		5	14
2	24	3,280,000	2,975,000	4	4	4	80,000	3,209	103	17	25		95	272	180	5.4	0.8	1.3		5	14
3	24	3,480,000	3,730,000	4	4	4	80,000	4,934	157	26	25		145	414	170	5.4	0.8	0.8		5	14
4	24	3,460,000	4,177,000	4	4	4	80,000	4,906	156	26	25		144	411	170	5.4	0.8	0.8		5	14
5	24	3,370,000	3,845,000	4	4	4	80,000	4,890	152	25	25		141	400	174	5.4	0.8	0.8		5	14
6	24	3,440,000	4,130,000	4	4	4	80,000	5,021	155	26	25		143	409	175	5.4	0.8	0.8		5	14
7	24	3,450,000	3,717,000	4	4	4	80,000	5,127	155	26	25		144	410	178	5.4	0.8	0.8		5	14
8	24	3,280,000	4,008,000	4	4	4	80,000	4,842	148	25	25		137	390	177	5.4	0.8	0.8		5	14
9	24	3,320,000	3,813,000	4	4	4	80,000	4,856	150	25	25		138	395	178	5.4	0.8	0.8		5	14
10	24	3,450,000	3,947,000	4	4	4	80,000	5,179	155	26	25		144	410	180	5.4	0.8	0.8		5	14
11	24	3,460,000	3,719,000	4	4	4	80,000	5,252	156	26	25		144	411	182	5.4	0.8	0.8		5	14
12	24	3,450,000	3,815,000	4	4	4	80,000	5,179	155	26	25		144	410	180	5.4	0.8	0.8		5	14
13	24	2,320,000	2,583,000	4	4	4	80,000	3,502	104	17	25		97	276	181	5.4	0.8	1.3		5	14
14	24	2,870,000	3,405,000	4	4	4	80,000	4,308	129	22	25		120	341	180	5.4	0.8	1.0		5	14
15	24	3,350,000	3,951,000	4	4	4	80,000	5,113	151	25	25		140	398	183	5.4	0.8	0.8		5	14
16	24	2,350,000	2,716,000	4	4	4	80,000	3,606	106	18	25		99	279	184	5.4	0.8	1.3		5	14
17	24	3,420,000	3,945,000	4	4	4	80,000	5,220	154	26	25		143	408	183	5.4	0.8	0.8		5	14
18	24	3,460,000	4,013,000	4	4	4	80,000	5,338	158	26	25		144	411	185	5.4	0.8	0.8		5	14
19	24	3,430,000	4,118,000	4	4	4	80,000	5,294	154	26	25		143	408	184	5.4	0.8	0.8		5	14
20	24	3,570,000	4,082,000	4	4	4	80,000	5,410	161	27	25		149	424	182	5.4	0.8	0.8		5	14
21	24	4,700,000	4,851,000	4	4	4	80,000	7,252	212	35	25		198	558	185	5.4	0.8	0.8		5	14
22	24	4,080,000	4,802,000	4	4	4	80,000	6,230	183	30	25		169	482	184	5.4	0.8	0.7		5	14
23	24	3,880,000	4,279,000	4	4	4	80,000	5,931	175	29	25		162	462	183	5.4	0.8	0.8		5	14
24	24	4,180,000	4,540,000	4	4	4	80,000	6,349	187	31	25		173	494	183	5.4	0.8	0.7		5	14
25	24	3,660,000	4,120,000	4	4	4	80,000	5,618	165	27	25		153	435	184	5.4	0.8	0.8		5	14
26	24	3,450,000	4,265,000	4	4	4	80,000	5,265	155	26	25		144	410	183	5.4	0.8	0.8		5	14
27	24	3,890,000	4,202,000	4	4	4	80,000	5,905	175	29	25		162	462	182	5.4	0.8	0.8		5	14
28	24	3,380,000	3,893,000	4	4	4	80,000	5,159	152	25	25		141	402	183	5.4	0.8	0.8		5	14
29	24	4,130,000	4,554,000	4	4	4	80,000	6,336	186	31	25		172	491	184	5.4	0.8	0.7		5	14
30	24	3,410,000	4,097,000	4	4	4	80,000	5,290	154	26	25		142	405	186	5.4	0.8	0.8		5	14
31	24	3,470,000	3,822,000	4	4	4	80,000	5,354	156	26	25		145	412	185	5.4	0.8	0.8		5	14
TOTAL	744	108,180,000	121,073,000	124	124	124	2,480,000	158,726	4,780	797	775		4,429	12,615	5582	167.4	27.0	28.1		155	434
MAX	24	4,700,000	4,802,000	4	4	4	80,000	7,252	212	35	25		198	558	186	5.4	0.8	1.3		5	14
MIN	24	2,290,000	2,583,000	4	4	4	80,000	3,209	103	17	25		95	272	165	5.4	0.8	0.8		5	14
AVG	24	3,420,000	3,900,000	4	4	4	80,000	5,152	154	26	25		143	407	180	5.4	0.8	0.9		5	14

DEP FORM 17-555(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: July
TELEPHONE NUMBER: 813 394 3141

COUNTY: Collier
ID NO: 5110183
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED TURBIDITY (NTU)	SETTLED pH	AS CACO3 P ALK	AS CACO3 M ALK	AS CACO3 TOTAL HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.6	232	284							8.7	2	28	120	3.5	6	0.1			
2	7.6	230	280							8.7	2	34	130	3.5	7	0.2			
3	7.6	236	276							8.7	2	44	136	3.3	8	0.2			
4	7.6	234	290							8.6	2	40	132	3.0	7	0.2			
5	7.6	234	286							8.7	2	36	130	3.3	6	0.3			
6	7.6	232	284							8.6		36	132	2.8	7	0.2			
7	7.7	226	282							8.5		36	130	3.4	7	0.2			
8	7.7	224	304							8.5	2	36	126	3.0	7	0.2			
9	7.6	226	304							8.6	2	40	126	3.0	7	0.2			
10	7.6	220	300							8.6	2	32	134	3.3	6	0.2			
11	7.7	226	294							8.5		40	126	3.1	7	0.2			
12	7.7	226	292							8.3		40	136	2.4	7	0.3			
13	7.7	226	290							8.5	2	36	126	3.0	7	0.3			
14	7.7	224	294							8.4		36	144	3.0	7	0.2			
15	7.7	220	300							8.4		40	140	2.8	7	0.2			
16	7.6	220	288							8.5	2	36	126	2.8	7	0.2			
17	7.6	230	290							8.7	4	40	136	3.0	7	0.3			
18	7.6	232	288							8.6	2	36	132	3.4	7	0.2			
19	7.7	216	318							8.5	2	36	132	3.4	7	0.3			
20	7.7	218	316							8.7	2	32	130	3.4	7	0.3			
21	7.7	220	320							9	6	24	124	3.5	7	0.2			
22	7.7	226	312							8.7	4	36	134	3.2	7	0.2			
23	7.8	230	308							8.5	2	34	150	3.5	8	0.3			
24	7.8	260	280							8.6	2	40	140	3.0	7	0.2			
25	7.8	244	310							8.4		36	148	3.0	7	0.2			
26	7.7	234	306							8.6	4	36	130	2.7	7	0.2			
27	7.7	236	318							8.5	2	42	130	2.8	6	0.2			
28	7.7	234	320							8.5	2	48	142	3.0	8	0.2			
29	7.8	232	322							8.4	2	66	150	3.2	8	0.2			
30	7.7	260	310							8.6		40	144	3.0	7	0.2			
31	7.7	240	316							8.5		50	160	3.0	7	0.2			
TOTAL	240.1	7168	9292							266.6	54	1184	4102	95.6	218	8.6			
MAX	7.8	260	322							9.0	6	66	160	3.5	8	0.3			
MIN	7.6	216	262							8.3	2	24	120	2.4	6	0.1			
AVG	7.7	231	299							8.6	2	38	135	3.1	7	0.2			

DER FORM 17-1.208(6) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 1

Marco Island Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Original signed by Marc Larsen

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATORS NAMES: Marc Larsen CERTIFICATION NO. A005970

D. Chapman 1000691, J. Shaw B006186, L. Holland C006935

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5980

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	ENTER DATA: HOURS FILTER RUNS IN BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS USED: LIME	CHLORINE GAS	AMMONIA	OTHER: HEX PHOSPHATE	CAUSTIC SODA	SODA ASH	ALUM	DOSAGES (mg/l): LIME	CHLORINE GAS	AMMONIA	OTHER: HEX	CAUSTIC SODA	SODA ASH	ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24	2,560,000	2,997,000	4	4	4	80,000	3,975	115	19	25		107	299	187	5.4	0.9	1.2		5	14
2	24	3,920,000	4,350,000	4	4	4	80,000	6,091	177	29	25		163	458	188	5.4	0.9	0.9		5	14
3	24	2,540,000	2,894,000	4	4	4	80,000	3,971	115	19	25		107	299	188	5.4	0.9	1.2		5	14
4	24	3,350,000	4,081,000	4	4	4	80,000	5,197	151	25	25		140	391	188	5.4	0.9	0.9		5	14
5	24	3,940,000	4,427,000	4	4	4	80,000	6,145	177	30	25		164	460	187	5.4	0.9	0.9		5	14
6	24	4,460,000	4,766,000	4	4	4	80,000	6,881	201	33	25		186	521	185	5.4	0.9	0.7		5	14
7	24	4,350,000	4,820,000	4	4	4	80,000	6,748	196	33	25		181	508	186	5.4	0.9	0.7		5	14
8	24	4,280,000	4,768,000	4	4	4	80,000	6,711	193	32	25		178	500	186	5.4	0.9	0.7		5	14
9	24	3,530,000	4,042,000	4	4	4	80,000	5,446	159	26	25		147	412	185	5.4	0.9	0.9		5	14
10	24	3,410,000	3,948,000	4	4	4	80,000	5,261	154	26	25		142	398	185	5.4	0.9	0.9		5	14
11	24	3,910,000	4,134,000	4	4	4	80,000	6,065	176	29	25		163	457	188	5.4	0.9	0.9		5	14
12	24	2,800,000	3,243,000	4	4	4	80,000	4,343	126	21	25		117	327	188	5.4	0.9	1.1		5	14
13	24	3,550,000	4,029,000	4	4	4	80,000	5,537	160	27	25		148	414	187	5.4	0.9	0.9		5	14
14	24	3,640,000	3,808,000	4	4	4	80,000	5,616	164	27	25		152	425	185	5.4	0.9	0.9		5	14
15	24	3,430,000	4,199,000	4	4	4	80,000	5,321	154	26	25		143	400	186	5.4	0.9	0.9		5	14
16	24	3,870,000	4,303,000	4	4	4	80,000	6,158	179	30	25		166	464	186	5.4	0.9	0.9		5	14
17	24	3,480,000	4,356,000	4	4	4	80,000	5,340	157	26	25		145	406	184	5.4	0.9	0.9		5	14
18	24	4,190,000	4,577,000	4	4	4	80,000	6,535	189	31	25		175	488	187	5.4	0.9	0.7		5	14
19	24	4,230,000	4,668,000	4	4	4	80,000	6,582	190	32	25		176	494	186	5.4	0.9	0.7		5	14
20	24	3,740,000	4,412,000	4	4	4	80,000	5,802	168	28	25		156	437	186	5.4	0.9	0.9		5	14
21	24	4,580,000	5,042,000	4	4	4	80,000	6,943	200	34	25		188	525	185	5.4	0.9	0.7		5	14
22	24	4,780,000	5,000,000	4	4	4	80,000	7,344	214	36	25		199	556	185	5.4	0.9	0.9		5	14
23	24	3,980,000	5,404,000	4	4	4	80,000	6,044	176	30	25		165	462	183	5.4	0.9	0.9		5	14
24	24	3,410,000	4,350,000	4	4	4	80,000	5,792	154	26	25		143	400	185	5.4	0.9	0.9		5	14
25	24	3,900,000	4,946,000	4	4	4	80,000	5,985	178	29	25		163	455	184	5.4	0.9	0.9		5	14
26	24	4,180,000	5,000,000	4	4	4	80,000	6,414	186	31	25		174	488	184	5.4	0.9	0.7		5	14
27	24	3,780,000	4,842,000	4	4	4	80,000	5,812	151	25	25		161	382	185	5.4	0.9	0.9		5	14
28	24	2,950,000	4,865,000	4	4	4	80,000	4,801	133	22	25		123	344	187	5.4	0.9	1.0		5	14
29	24	3,280,000	4,448,000	4	4	4	80,000	5,057	147	24	25		138	381	186	5.4	0.9	0.9		5	14
30	24	3,310,000	3,945,000	4	4	4	80,000	5,135	149	25	25		138	386	186	5.4	0.9	0.9		5	14
31	24	3,550,000	3,878,000	4	4	4	80,000	5,477	160	27	25		148	414	185	5.4	0.9	0.9		5	14
TOTAL	744	114,480,000	134,291,000	124	124	124	2,480,000	177,719	5,154	858	775		4,772	13,382	5786	167.4	27.9	28.1		155	434
MAX	24	4,780,000	5,404,000	4	4	4	80,000	7,344	214	36	25		199	556	188	5.4	0.9	1.2		5	14
MIN	24	2,540,000	2,894,000	4	4	4	80,000	3,971	115	19	25		107	299	183	5.4	0.9	0.9		5	14
AVG	24	3,692,000	4,332,000	4	4	4	80,000	5,717	166	28	25		154	431	186	5.4	0.9	0.9		5	14

DEP FORM 17-1.20(6) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: August
TELEPHONE NUMBER: 813 394 3151

COUNTY: Collier
I.D. NO: 5110183
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED TURBIDITY (NTU)	SETTLED pH	SETTLED AS CaCO3 P ALK	SETTLED AS CaCO3 M ALK	SETTLED AS CaCO3 TOTAL HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	77	232	324							8.6		56	182	3.1	7	0.3			
2	78	240	330							9.8	2	36	142	1.8	6	0.2			
3	77	232	328							8.8	4	32	138	3.3	6	0.3			
4	78	246	326							8.8	4	34	140	2.9	7	0.2			
5	77	234	314							8.7	2	32	140	3.6	6	0.2			
6	78	246	326							8.7	2	32	140	3	6	0.3			
7	78	240	310							8.6	4	36	146	2.8	7	0.2			
8	78	244	320							8.4	2	60	182	3	7	0.2			
9	78	236	326							8.6	2	30	136	3.4	6	0.2			
10	78	236	330							8.7	2	40	146	3.2	6	0.3			
11	78	234	322							8.6	2	40	144	3.1	6	0.2			
12	78	236	320							8.5	2	36	140	2.8	7	0.2			
13	78	242	328							8.7	2	60	152	2.1	7	0.2			
14	78	234	326							8.7	4	36	146	2.8	6	0.2			
15	78	244	338							8.4	4	36	142	3	6	0.2			
16	79	240	336							8.6	2	36	144	3.3	7	0.2			
17	77	240	330							8.4	2	40	140	2.5	6	0.4			
18	77	242	338							8.6	0	32	136	2.5	7	0.4			
19	77	242	326							8.5	2	36	140	3	7	0.3			
20	77	240	330							8.5	2	34	144	2.6	7	0.3			
21	77	236	332							8.7	2	36	134	3	7	0.2			
22	77	240	330							8.7	0	36	144	2.4	6	0.3			
23	78	236	324							8.6	2	36	140	2.7	6	0.4			
24	78	234	320							8.7	2	48	152	3.2	7	0.3			
25	78	236	324							8.5	2	48	150	3.5	6	0.3			
26	77	246	314							8.7	4	46	140	2.6	7	0.3			
27	77	242	312							8.6	2	42	140	3	7	0.3			
28	78	228	320							8.6	4	36	152	3.2	7	0.4			
29	77	236	316							8.4		40	144	2.9	6	0.4			
30	77	242	312							8.5	2	40	142	3.5	7	0.3			
31	77	240	316							8.5	2	36	136	2.6	7	0.3			
TOTAL	2403	7402	10050							267.5	80	1244	4478	80.9	227	9.5			
MAX	79	246	338							8.9	6	60	182	3.3	9	0.4			
MIN	76	228	310							8.4	2	30	134	1.8	6	0.2			
AVG	78	239	324							8.6	3	40	144	2.6	7	0.3			

DEP-FORM 17-1.20(6)(f) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Marco Island Lime Softening Plant

LEAD OPERATOR SIGNATURE: Original signed by Marc Larson

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME: Marc Larson CERTIFICATION NO: A005970

D. Chapman (B006491), J. Shaw (B006166), L. Holland (C006935)

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5884

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS OF FILTERING BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS USED: LIME	CHLORINE PRE	AMMONIA	OTHER: HEX PHOSPHATE	CAUSTIC SODA	SODA ASH	ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	AMMONIA	OTHER: HEX	CAUSTIC SODA	SODA ASH	ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24	1,370,000	1,210,000	4	4	4	80,000	2,137	62	10	25		57	160	187	5.4	0.8	2.2		5	14
2	24	3,420,000	3,240,000	4	4	4	80,000	5,334	154	26	25		143	399	187	5.4	0.8	0.8		5	14
3	24	1,800,000	1,912,000	4	4	4	80,000	2,469	72	12	25		67	167	185	5.4	0.9	1.8		5	14
4	24	3,030,000	3,313,000	4	4	4	80,000	4,726	136	23	25		126	354	187	5.4	0.8	1.8		5	14
5	24	1,590,000	1,763,000	4	4	4	80,000	2,480	72	12	25		66	186	187	5.4	0.8	1.8		5	14
6	24	2,730,000	3,376,000	4	4	4	80,000	4,257	123	20	25		114	319	187	5.4	0.8	1.1		5	14
7	24	1,380,000	1,434,000	4	4	4	80,000	2,152	62	10	25		58	161	187	5.4	0.8	2.2		5	14
8	24	2,580,000	2,831,000	4	4	4	80,000	4,039	117	19	25		108	302	187	5.4	0.8	1.3		5	14
9	24	2,280,000	2,325,000	4	4	4	80,000	3,525	102	17	25		94	264	187	5.4	0.8	1.3		5	14
10	24	3,270,000	3,758,000	4	4	4	80,000	5,100	147	25	25		136	382	187	5.4	0.8	0.9		5	14
11	24	2,550,000	3,072,000	4	4	4	80,000	3,977	114	19	25		106	299	187	5.4	0.8	1.2		5	14
12	24	3,290,000	3,348,000	4	4	4	80,000	5,131	148	25	25		137	384	187	5.4	0.8	0.9		5	14
13	24	4,050,000	4,337,000	4	4	4	80,000	6,316	182	30	25		169	473	187	5.4	0.8	0.7		5	14
14	24	3,520,000	4,521,000	4	4	4	80,000	5,490	159	26	25		138	411	187	5.4	0.8	0.8		5	14
15	24	4,070,000	4,087,000	4	4	4	80,000	6,347	183	31	25		170	475	187	5.4	0.8	0.7		5	14
16	24	3,480,000	4,144,000	4	4	4	80,000	5,427	157	26	25		145	408	187	5.4	0.8	0.8		5	14
17	24	2,310,000	2,649,000	4	4	4	80,000	3,603	104	17	25		96	270	187	5.4	0.8	1.3		5	14
18	24	2,880,000	4,098,000	4	4	4	80,000	4,493	130	22	25		120	336	187	5.4	0.9	1.6		5	14
19	24	3,450,000	3,814,000	4	4	4	80,000	5,380	156	26	25		144	404	187	5.4	0.8	0.8		5	14
20	24	3,450,000	4,136,000	4	4	4	80,000	5,380	156	26	25		144	404	187	5.4	0.8	0.8		5	14
21	24	3,450,000	3,874,000	4	4	4	80,000	5,380	156	26	25		144	404	187	5.4	0.8	0.8		5	14
22	24	2,090,000	1,278,000	4	4	4	80,000	3,258	94	16	25		87	244	187	5.4	0.8	1.4		5	14
23	24	1,800,000	2,803,000	4	4	4	80,000	2,807	81	14	25		75	210	187	5.4	0.8	1.7		5	14
24	24	3,890,000	4,264,000	4	4	4	80,000	6,022	174	29	25		161	451	187	5.4	0.8	0.8		5	14
25	24	4,320,000	4,247,000	4	4	4	80,000	6,737	195	32	25		180	504	187	5.4	0.8	0.7		5	14
26	24	2,980,000	3,231,000	4	4	4	80,000	4,663	135	22	25		125	349	187	5.4	0.8	1.0		5	14
27	24	3,480,000	4,264,000	4	4	4	80,000	5,398	156	26	25		144	404	187	5.4	0.8	0.9		5	14
28	24	3,830,000	4,270,000	4	4	4	80,000	5,973	172	29	25		160	447	187	5.4	0.8	0.8		5	14
29	24	3,020,000	3,779,000	4	4	4	80,000	4,710	136	23	25		126	353	187	5.4	0.8	1.0		5	14
30	24	4,210,000	4,719,000	4	4	4	80,000	6,566	190	32	25		176	492	187	5.4	0.8	0.7		5	14
31																					
TOTAL	720	99,320,000	100,405,000	120	120	120	2,400,000	139,302	4,025	671	750		3,714	10,433	5610	162	27.0	33.6		150	420
MAX	24	4,320,000	4,719,000	4	4	4	80,000	6,737	195	32	25		180	504	187	5.4	0.9	2.2		5	14
MIN	24	1,370,000	1,210,000	4	4	4	80,000	2,137	62	10	25		57	160	185	5.4	0.8	0.7		5	14
AVG	24	3,880,000	3,347,000	4	4	4	80,000	4,643	134	22	25		124	348	187	5.4	0.9	1.1		5	14

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: September
TELEPHONE NUMBER: 813 394 3353

COUNTY: Collier
I.D. NO: 5110183
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS				AS CACO3												
DATE	pH	M O ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.8	240	308							8.5	2	40	136	3.2	7	0.2			
2	7.8	236	300							8.7	2	46	140	2.7	6	0.2			
3	7.7	234	300							8.7	2	34	144	3.2	6	0.3			
4	7.8	236	302							8.6	4	34	140	.3	7	0.3			
5	7.8	234	316							8.6	4	36	144	2.7	6	0.3			
6	7.8	232	322							8.7	2	36	136	.3	7	0.3			
7	7.7	230	300							8.7	2	34	126	2.4	7	0.3			
8	7.8	230	314							8.9	4	36	134	2.5	7	0.4			
9	7.8	232	318							8.9	2	36	130	.3	7	0.4			
10	7.8	228	312							8.5	2	36	146	.3	6	0.2			
11	7.8	230	316							8.6	4	36	140	.3	7	0.3			
12	7.8	234	318							8.8	4	36	142	.3	7	0.3			
13	7.8	234	316							8.8	4	36	134	3.5	7	0.3			
14	7.8	238	318							8.8	4	36	130	2.8	7	0.4			
15	7.8	232	308							8.8	2	36	144	3.4	7	0.4			
16	7.8	224	312							8.5	2	44	140	2.7	7	0.3			
17	7.8	236	316							8.5	2	40	140	3.4	7	0.4			
18	7.8	230	310							8.7	4	36	148	2.5	7	0.3			
19	7.8	231	316							8.4		32	136	3.2	7	0.2			
20	7.8	229	308							8.5	2	34	134	.3	7	0.2			
21	7.8	229	308							8.5	2	32	136	2.8	7	0.2			
22	7.8	218	306							8.6	2	36	140	.3	7	0.2			
23	7.8	218	304							8.5	2	50	160	2.5	7	0.4			
24	7.8	220	300							8.8	2	46	138	2.4	7	0.4			
25	7.8	214	298							8.9	4	42	158	.3	7	0.4			
26	7.8	218	306							8.7	4	36	142	2.7	7	0.3			
27	7.8	214	296							8.8	4	42	142	3.1	7	0.3			
28	7.8	210	284							8.8	2	50	144	2.8	7	0.4			
29	7.8	210	288							8.7	2	36	136	.3	8	0.4			
30	7.8	208	286							8.5	3	68	158	2.4	7	0.3			
31																			
TOTAL	233.8	6784	9220							266.4	80	1186	4218	65.8	207	8.3			
MAX	7.8	240	322							8.9	4	68	160	3.5	8	0.4			
MIN	7.7	208	284							8.4	2	32	126	2.3	6	0.2			
AVG	7.8	226	307							8.7	3	40	141	2.9	7	0.3			

DER FORM 17-1.20(8) EFFECTIVE NOVEMBER 30, 1983

See Reverse Side for Page 1

Marco Island Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Original signed by Marc Larson

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Marc Larson CERTIFICATION NO: AN05970

D. Chapman B006691, J. Shaw B006166, L. Holland C006935

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5911

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	AMMONIA	OTHER: HEX PHOSPHATE	CAUSTIC SODA	SODA ASH	ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	AMMONIA	OTHER: HEX	CAUSTIC SODA	SODA ASH	ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24	3,880,000	4,504,000	4	4	4	80,000	4,666	174	29	10		181	534	145	8.4	0.9	0.3		5	17
2	24	3,780,000	3,972,000	4	4	4	80,000	4,563	171	28	10		158	525	145	8.4	0.9	0.3		5	17
3	24	3,720,000	3,917,000	4	4	4	80,000	4,530	168	28	10		155	515	146	8.4	0.9	0.3		5	17
4	24	1,870,000	1,993,000	4	4	4	80,000	2,006	75	13	10		70	231	144	8.4	0.9	0.7		5	17
5	24	3,480,000	3,464,000	4	4	4	80,000	4,209	157	26	10		145	482	145	8.4	0.9	0.3		5	17
6	24	3,410,000	3,526,000	4	4	4	80,000	4,152	154	26	10		142	472	146	8.4	0.9	0.4		5	17
7	24	2,410,000	2,746,000	4	4	4	80,000	2,874	109	18	10		100	334	143	8.4	0.9	0.5		5	17
8	24	3,940,000	4,005,000	4	4	4	80,000	4,371	164	27	10		152	504	144	8.4	0.9	0.3		5	17
9	24	3,580,000	3,626,000	4	4	4	80,000	4,329	161	27	10		149	496	145	8.4	0.9	0.3		5	17
10	24	2,100,000	2,939,000	4	4	4	80,000	2,522	95	16	10		86	291	144	8.4	0.9	0.8		5	17
11	24	3,960,000	3,632,000	4	4	4	80,000	4,799	178	30	10		165	548	145	8.4	0.9	0.3		5	17
12	24	4,410,000	3,900,000	4	4	4	80,000	5,298	199	33	10		184	611	144	8.4	0.9	0.3		5	17
13	24	5,130,000	5,112,000	4	4	4	80,000	6,161	231	39	10		214	710	144	8.4	0.9	0.3		5	17
14	24	3,990,000	4,496,000	4	4	4	80,000	4,704	175	29	10		162	539	145	8.4	0.9	0.3		5	17
15	24	3,510,000	3,787,000	4	4	4	80,000	4,166	156	26	10		146	486	143	8.4	0.9	0.3		5	17
16	24	2,580,000	2,822,000	4	4	4	80,000	3,074	115	19	10		107	354	144	8.4	0.9	0.5		5	17
17	24	3,550,000	4,085,000	4	4	4	80,000	4,263	160	27	10		148	491	144	8.4	0.9	0.3		5	17
18	24	3,570,000	4,058,000	4	4	4	80,000	4,287	161	27	10		148	494	144	8.4	0.9	0.3		5	17
19	24	3,440,000	3,833,000	4	4	4	80,000	4,100	155	26	10		143	476	145	8.4	0.9	0.3		5	17
20	24	3,490,000	3,749,000	4	4	4	80,000	4,191	157	26	10		146	483	144	8.4	0.9	0.3		5	17
21	24	4,370,000	4,485,000	4	4	4	80,000	5,285	197	33	10		182	605	145	8.4	0.9	0.3		5	17
22	24	3,280,000	3,606,000	4	4	4	80,000	3,915	147	24	10		136	451	144	8.4	0.9	0.4		5	17
23	24	2,310,000	2,584,000	4	4	4	80,000	2,774	104	17	10		96	320	144	8.4	0.9	0.5		5	17
24	24	2,590,000	2,377,000	4	4	4	80,000	3,089	117	19	10		106	356	143	8.4	0.9	0.5		5	17
25	24	3,630,000	3,371,000	4	4	4	80,000	3,639	136	23	10		126	419	144	8.4	0.9	0.4		5	17
26	24	2,660,000	2,866,000	4	4	4	80,000	3,241	121	20	10		112	371	145	8.4	0.9	0.4		5	17
27	24	2,140,000	2,466,000	4	4	4	80,000	2,570	96	16	10		88	296	144	8.4	0.9	0.6		5	17
28	24	2,140,000	2,494,000	4	4	4	80,000	2,570	96	16	10		88	296	144	8.4	0.9	0.6		5	17
29	24	1,870,000	2,411,000	4	4	4	80,000	2,248	84	14	10		78	258	144	8.4	0.9	0.8		5	17
30	24	3,630,000	3,631,000	4	4	4	80,000	4,360	163	27	10		151	501	145	8.4	0.9	0.3		5	17
31	24	1,880,000	2,105,000	4	4	4	80,000	2,254	85	14	10		78	261	143	8.4	0.9	0.6		5	17
TOTAL	744	110,080,000	108,744,000	124	124	124	2,480,000	118,337	4,463	743	310		4,130	13,713	4474	187.4	27.9	12.3		155	527
MAX	24	5,130,000	5,112,000	4	4	4	80,000	6,161	231	39	10		214	710	146	8.4	0.9	0.7		5	17
MIN	24	1,870,000	1,993,000	4	4	4	80,000	2,006	75	13	10		70	231	143	8.4	0.9	0.3		5	17
AVG	24	3,745,000	3,443,000	4	4	4	80,000	3,849	144	24	10		133	442	144	8.4	0.9	0.4		5	17

DEP FORM 17-1.20(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: October
TELEPHONE NUMBER: 813-394-3351

COUNTY: Collier
I.D. NO: 5110183
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS				AS CaCO3												
DATE	pH	M.O. ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.7	204	280							8.5		44	144	2.5	0	0.28			
2	7.7	210	290							8.7	4	38	148	3.2	0	0.40			
3	7.8	218	310							8.5	2	34	138	3.2	7	0.31			
4	7.8	210	304							8.5		46	142	3.2	7	0.45			
5	7.8	208	312							8.4		42	140	2.8	7	0.39			
6	7.8	210	310							8.6	4	36	138	3.0	7	0.39			
7	7.7	206	306							8.6	2	36	132	3.4	8	0.28			
8	7.7	210	308							8.4		38	140	3.0	8	0.38			
9	7.7	220	324							8.4		32	130	2.5	7	0.39			
10	7.8	224	312							8.5	2	34	134	3.5	7	0.25			
11	7.7	214	318							8.7	2	40	132	2.5	7	0.30			
12	7.8	212	308							8.4	2	42	140	2.8	7	0.39			
13	7.7	210	300							8.7	2	36	140	3.5	7	0.48			
14	7.8	224	312							8.3		40	140	3.3	7	0.40			
15	7.7	216	310							8.7		30	132	3.5	8	0.41			
16	7.7	210	314							8.7	4	32	132	3.8	10	0.85			
17	7.8	222	318							8.1		36	136	2.0	7	0.30			
18	7.7	216	314							8.5	2	44	148	3.5	7	0.35			
19	7.7	222	318							8.4		42	140	3.5	10	0.30			
20	7.7	218	316							8.4	2	44	148	3.5	7	0.26			
21	7.7	208	316							8.5	2	46	148	3.5	7	0.28			
22	7.8	220	304							8.9	4	42	136	2.8	7	0.36			
23	7.8	216	288							8.7	2	44	136	3.2	7	0.38			
24	7.8	220	304							9.4		54	150	3.5	8	0.26			
25	7.8	210	304							8.8	4	42	132	3.0	5	0.45			
26	7.7	220	318							8.5	2	48	128	3.5	6	0.45			
27	7.7	218	310							8.4	2	36	140	3.5	8	0.42			
28	7.7	222	316							8.5	2	82	178	3.0	7	0.48			
29	7.7	220	310							8.3		72	184	3.5	8	0.38			
30	7.7	218	312							8.3		66	176	2.8	8	0.50			
31	7.7	222	310							8.4		48	184	3.0	6	0.44			
TOTAL	238.7	6674	9544							263.4	48	1330	4454	97.0	217	10.92			
MAX	7.8	224	324							9.9	4	72	184	3.5	10	0.80			
MIN	7.8	204	280							8.1	2	30	126	2.0	5	0.26			
AVG	7.7	215	308							8.5	3	43	144	3.1	7	0.35			

DER Form 17-7.008(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 1

Marco Island Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Original signed by Marc Larson

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Marc Larson — CERTIFICATION NO: A005970

D. Chapman 0005091, J. Shaw B100186, L. Holland C000935

DESIGN FLOW: 5.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 5070

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS MAXIMUM	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS USED: LIME	CHEMICALS USED: CHLORINE PRE	CHEMICALS USED: AMMONIA	CHEMICALS USED: OTHER: HEX PHOSPHATE	CHEMICALS USED: OTHER: CAUSTIC SODA	CHEMICALS USED: OTHER: SODA ASH	CHEMICALS USED: OTHER: ALUM	DOSAGES (mg/l): LIME	DOSAGES (mg/l): CHLORINE PRE	DOSAGES (mg/l): AMMONIA	DOSAGES (mg/l): OTHER: HEX	DOSAGES (mg/l): OTHER: CAUSTIC SODA	DOSAGES (mg/l): OTHER: SODA ASH	DOSAGES (mg/l): OTHER: ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24	2,780,000	2,697,000	4	4	4	80,000	3,240	125	21	10		110	270	140	54	09	04		5	12
2	24	2,520,000	2,763,000	4	4	4	80,000	2,900	113	19	10		105	252	126	54	08	05		5	12
3	24	2,270,000	2,201,000	4	4	4	80,000	2,594	102	17	10		95	237	137	54	08	05		5	12
4	24	3,110,000	3,525,000	4	4	4	80,000	3,553	140	23	10		130	311	137	54	09	04		5	12
5	24	4,930,000	4,978,000	4	4	4	80,000	5,592	222	37	10		208	483	139	54	09	08		5	12
6	24	4,320,000	4,708,000	4	4	4	80,000	4,788	190	32	10		108	422	136	54	09	03		3	12
7	24	3,290,000	3,575,000	4	4	4	80,000	3,677	146	25	10		82	329	134	54	09	04		3	12
8	24	1,870,000	2,510,000	4	4	4	80,000	2,218	88	15	10		49	197	135	54	09	06		3	12
9	24	3,960,000	4,090,000	4	4	4	80,000	4,426	178	30	10		99	396	134	54	09	03		3	12
10	24	3,930,000	4,007,000	4	4	4	80,000	4,359	177	29	10		98	393	133	54	09	03		3	12
11	24	3,080,000	3,417,000	4	4	4	80,000	3,466	139	23	10		77	308	135	54	09	04		3	12
12	24	4,780,000	4,833,000	4	4	4	80,000	5,260	214	36	10		119	476	133	54	09	03		3	12
13	24	4,690,000	4,874,000	4	4	4	80,000	5,183	211	35	10		117	468	132	54	09	03		3	12
14	24	4,220,000	4,864,000	4	4	4	80,000	4,660	190	32	10		105	422	133	54	09	03		3	12
15	24	3,380,000	3,842,000	4	4	4	80,000	3,841	153	25	10		85	339	129	54	09	04		3	12
16	24	5,110,000	5,133,000	4	4	4	80,000	5,625	230	38	10		128	511	132	54	09	02		3	12
17	24	4,520,000	4,755,000	4	4	4	80,000	4,936	204	34	10		113	452	131	54	09	03		3	12
18	24	4,490,000	5,067,000	4	4	4	80,000	4,906	202	34	10		112	449	131	54	09	03		3	12
19	24	5,220,000	5,101,000	4	4	4	80,000	5,660	235	39	10		131	522	130	54	09	02		3	12
20	24	4,650,000	4,944,000	4	4	4	80,000	5,119	209	35	10		116	465	132	54	09	03		3	12
21	24	4,480,000	4,717,000	4	4	4	80,000	4,868	202	34	10		112	449	130	54	09	03		3	12
22	24	3,950,000	3,415,000	4	4	4	80,000	3,332	137	23	10		78	305	131	54	09	04		3	12
23	24	4,680,000	4,864,000	4	4	4	80,000	5,074	211	35	10		117	468	130	54	09	03		3	12
24	24	2,690,000	3,101,000	4	4	4	80,000	2,872	121	20	10		67	292	128	54	09	04		3	13
25	24	4,350,000	4,364,000	4	4	4	80,000	4,644	196	33	10		109	472	128	54	09	03		3	13
26	24	4,260,000	4,918,000	4	4	4	80,000	4,533	193	32	10		107	464	127	54	09	03		3	13
27	24	5,230,000	4,994,000	4	4	4	80,000	5,540	236	39	10		131	567	127	54	09	02		3	13
28	24	4,150,000	4,877,000	4	4	4	80,000	4,361	187	31	10		104	450	126	54	09	03		3	13
29	24	3,470,000	3,865,000	4	4	4	80,000	3,675	156	26	10		87	376	127	54	09	03		3	13
30	24	3,320,000	3,422,000	4	4	4	80,000	3,499	150	25	10		83	360	126	54	09	04		3	13
31																					
TOTAL	720	118,820,000	122,406,000	120	120	120	2,400,000	129,225	5,260	877	300		3,183	11,914	3956	1627	277.0	101		100	367
MAX	24	5,230,000	5,133,000	4	4	4	80,000	5,660	236	39	10		208	567	140	54	09	06		5	13
MIN	24	1,870,000	1,422,000	4	4	4	80,000	2,218	89	15	10		49	197	126	54	08	02		3	12
AVG	24	3,994,000	4,080,000	4	4	4	80,000	4,274	175	29	10		106	397	132	54	09	03		3	12

DEP FORM 17-1.209(6) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: November
TELEPHONE NUMBER: 813 394 3 P.1

COUNTY: Collier
ID NO: 5110163
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS				AS CACO3												
DATE	pH	M O ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7 8	216	320							8 4		84	166	2 6	7	0 38			
2	7 8	214	318							8 3		80	162	2 6	7	0 42			
3	7 8	220	324							8 2		80	172	2 6	8	0 66			
4	7 8	220	318							8 1		84	214	2 3	8	0 44			
5	7 7	210	308							8 2		80	170	3 3	6	0 84			
6	7 8	200	300							8 8		40	126	2 2	7	0 41			
7	7 8	204	290							8 8		50	132	2 5	7	0 84			
8	7 8	226	308							8 5	2	42	138	2 6	7	0 41			
9	7 7	226	318							8 8		44	146	2 6	8	0 35			
10	7 7	230	310							8 5		44	150	3	8	0 38			
11	7 7	234	308							8 4		50	124	3 2	7	0 50			
12	7 7	226	310							8 3		42	138	3	8	0 32			
13	7 8	234	330							8 4		50	152	3 3	7	0 47			
14	7 7	228	324							8 4		44	152	3 2	7	0 32			
15	7 7	230	322							8 1		42	154	3 53	7	0 34			
16	7 8	226	326							8 5	2	46	152	2 5	8	0 20			
17	7 8	230	326							8 4		42	148	3 5	7	0 24			
18	7 8	232	324							8 4		40	146	3 5	8	0 35			
19	7 9	224	318							8 4		40	144	3	7	0 23			
20	7 8	218	316							8 7	2	34	144	3 5	8	0 27			
21	7 8	226	284							8 4		44	154	3 5	7	0 17			
22	7 8	220	320							8 5		36	136	3 5	10	0 29			
23	7 8	224	300							8 4		86	174	3 5	8	0 44			
24	7 8	232	308							8 4		46	152	3	8	0 36			
25	7 8	226	300							8 7	4	32	136	3 5	10	0 33			
26	7 8	238	308							8 3		40	142	3 5	8	0 44			
27	7 8	232	300							8 4		104	210	3 2	10	0 42			
28	7 8	214	306							8 3		48	150	3 5	8	0 48			
29	7 8	226	320							8 5	2	42	138	2 5	8	0 35			
30	7 8	230	310							8 5		36	150	3 3	7	0 30			
31																			
TOTAL	233 5	6840	9388							252 4	12	1532	4592	92 53	222	11 82			
MAX	7 9	260	330							8 7	4	104	214	3 5	10	0 66			
MIN	7 7	214	284							8 1	2	32	124	2 2	6	0 17			
AVG	7 8	231	312							8 4	2	51	153	3 2	8	0 39			

See Reverse Side for Page 1

Marco Island Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE

HOW MANY OTHER OPERATORS?

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

DESIGN FLOW: 5.0 MGD

OPERATOR'S NAMES: Marc Larson CERTIFICATION NO: A005970

D. Chapman B006691, J. Shaw B006186, L. Holland C006935

L. Lobovitz A001992, M. Othoudt C005428

TOTAL METERED SERVICES AT END OF MONTH: 5962

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	AMMONIA	OTHER: HEX PHOSPHATE	CAUSTIC SODA	SODA ASH	ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	AMMONIA	OTHER: HEX	CAUSTIC SODA	SODA ASH	ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	24.0	6,020,000	1,664,000				80,000	4,350	181	39	25		103	503	139.0	9.4	0.9	0.7		3.0	15.0
2	24.0	6,330,000	2,870,000	4	4	4	80,000	6,039	305	33	25		100	541	136.0	9.4	0.9	0.7		3.0	15.0
3	24.0	5,220,000	2,935,000	4	4	4	80,000	5,964	235	39	25		131	653	137.0	9.4	0.9	0.6		3.0	15.0
4	24.0	5,300,000	3,305,000	4	4	4	80,000	6,382	262	40	25		135	673	140.0	9.4	0.9	0.6		3.0	15.0
5	24.0	6,160,000	2,332,000	4	4	4	80,000	6,996	303	33	25		104	520	144.0	9.4	0.9	0.7		3.0	15.0
6	24.0	5,200,000	4,635,000	4	4	4	80,000	6,605	230	40	25		122	661	130.0	9.4	0.9	0.7		3.0	15.0
7	24.0	5,270,000	4,436,000	4	4	4	80,000	6,637	237	40	25		132	659	151.0	9.4	0.9	0.6		3.0	15.0
8	24.0	5,200,000	3,917,000	4	4	4	80,000	6,679	230	39	25		130	651	154.0	9.4	0.9	0.6		3.0	15.0
9	24.0	3,800,000	3,126,000	4	4	4	80,000	5,007	171	29	25		95	475	150.0	9.4	0.9	0.6		3.0	15.0
10	24.0	6,160,000	3,660,000	4	4	4	80,000	5,516	187	31	25		106	530	159.0	9.4	0.9	0.8		3.0	15.0
11	24.0	1,400,000	1,403,000	4	4	4	80,000	1,880	63	11	25		35	175	161.0	9.4	0.9	0.7		3.0	15.0
12	24.0	6,050,000	2,230,000	4	4	4	80,000	5,610	192	30	25		302	580	160.4	9.4	0.9	2.1		3.0	15.0
13	24.0	3,320,000	3,020,000	4	4	4	80,000	4,350	145	24	25		81	403	162.0	9.4	0.9	0.9		3.0	15.0
14	24.0	3,150,000	2,533,000	4	4	4	80,000	4,256	142	24	25		79	396	162.0	9.4	0.9	0.9		3.0	15.0
15	24.0	3,976,000	3,071,000	4	4	4	80,000	5,397	179	30	25		99	497	163.0	9.4	0.9	1.0		3.0	15.0
16	24.0	6,700,000	3,901,000	4	4	4	80,000	5,569	189	32	25		109	525	159.0	9.4	0.9	0.8		3.0	15.0
17	24.0	5,430,000	4,566,000	4	4	4	80,000	7,291	245	41	25		130	679	161.0	9.4	0.9	0.7		3.0	15.0
18	24.0	5,130,000	4,440,000	4	4	4	80,000	6,832	231	38	25		128	642	160.0	9.4	0.9	0.6		3.0	15.0
19	24.0	5,010,000	4,315,000	4	4	4	80,000	6,605	224	38	25		129	627	160.0	9.4	0.9	0.6		3.0	15.0
20	24.0	6,770,000	6,455,000	4	4	4	80,000	6,665	225	38	25		119	597	162.0	9.4	0.9	0.6		3.0	15.0
21	24.0	6,250,000	3,032,000	4	4	4	80,000	5,178	191	32	25		106	532	163.0	9.4	0.9	0.6		3.0	15.0
22	24.0	4,950,000	4,547,000	4	4	4	80,000	8,651	223	37	25		126	619	161.0	9.4	0.9	0.7		3.0	15.0
23	24.0	4,210,000	3,495,000	4	4	4	80,000	5,715	196	32	25		108	539	159.0	9.4	0.9	0.6		3.0	15.0
24	24.0	4,520,000	2,021,000	4	4	4	80,000	6,010	201	34	25		113	566	160.0	9.4	0.9	0.7		3.0	15.0
25	24.0	4,230,000	4,150,000	4	4	4	80,000	5,636	191	32	25		106	532	159.0	9.4	0.9	0.7		3.0	15.0
26	24.0	4,630,000	4,189,000	4	4	4	80,000	6,283	208	35	25		116	570	165.0	9.4	0.9	0.6		3.0	15.0
27	24.0	4,760,000	4,683,000	4	4	4	80,000	6,435	216	36	25		119	595	162.0	9.4	0.9	0.6		3.0	15.0
28	24.0	5,330,000	4,586,000	4	4	4	80,000	7,961	239	40	25		133	664	159.0	9.4	0.9	0.6		3.0	15.0
29	24.0	5,190,000	4,430,000	4	4	4	80,000	6,926	234	39	25		130	648	160.0	9.4	0.9	0.6		3.0	15.0
30	24.0	5,340,000	5,187,000	4	4	4	80,000	7,001	240	40	25		134	668	159.0	9.4	0.9	0.6		3.0	15.0
31	24.0	5,500,000	4,710,000	4	4	4	80,000	7,339	248	41	25		138	688	160.0	9.4	0.9	0.6		3.0	15.0
TOTAL	744.0	160,330,000	111,149,000	124	124	124	2,480,000	181,021	6,310	1,054	775		3,500	17,530	4030.4	187.6	28.0	22.0		93.1	463.0
MAX	24.0	6,770,000	6,455,000	4.0	4.0	4.0	80,000	7,339	248	41	25		138	688	165.0	9.4	0.9	0.9		3.0	15.0
MIN	24.0	1,400,000	1,403,000	4.0	4.0	4.0	80,000	1,880	63	11	25		35	175	130.0	9.4	0.9	0.6		3.0	15.0
AVG.	24.0	5,330,333	3,588,097	4.0	4.0	4.0	80,000	5,865	204	34	25		113	565	149.6	9.4	0.9	0.7		3.0	15.0

DEP FORM 17-1.202(6) EFFECTIVE NOVEMBER 30, 1981

See Reverse Side for Page 2

Marco Island Elec Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Island
UTILITY COMPANY: Southern States Utilities
MONTH: December

COUNTY: Collier
I.D. NO: 5110103
YEAR: 1993

TELEPHONE NUMBER: 813-394-3553

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW H.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED TURBIDITY (PTU)	SETTLED FH	SETTLED AS CACO3 P ALK	SETTLED AS CACO3 M ALK	SETTLED AS CACO3 TOTAL HDNS	FINISHED pH	FINISHED AS CACO3 P ALK.	FINISHED AS CACO3 M ALK.	FINISHED AS CACO3 TOTAL HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.9	240	336							8.4		38	158	3	0	0.3			
2	7.9	236	328							8.2		50	170	3.5	0	0.2			
3	7.8	236	330							8.6		48	162	3.5	7	0.5			
4	7.9	242	330							8.4		48	156	3.5	7	0.5			
5	7.8	246	320							8.3	2	36	100	3.5	7	0.4			
6	7.8	236	332							8.4	2	42	156	3.5	0	0.4			
7	7.9	240	336							8.5		38	158	3	0	0.4			
8	7.8	248	336							8.4	2	42	162	3.5	7	0.4			
9	7.9	242	330							8.4	2	40	152	3.4	0	0.5			
10	7.8	238	318							9	4	36	136	3.5	7	0.6			
11	7.8	232	320							8.6	3	40	154	3.5	7	0.2			
12	7.9	238	330							8.7	3	52	194	3.4	7	0.2			
13	7.8	236	330							8.5		40	150	3	7	0.2			
14	7.9	236	328							8.6		42	152	3.0	7	0.3			
15	7.9	236	320							8.1		40	148	2.2	7	0.2			
16	7.9	226	336							8.0	2	40	150	3	7	0.3			
17	7.8	238	334							8		74	272	2.4	0	0.4			
18	7.7	236	350							8.2		74	280	3.2	6	0.3			
19	7.8	236	300							8.8	4	40	170	3	0	0.2			
20	7.8	230	330							8.0	2	40	152	3.3	7	0.2			
21	7.9	230	326							8.5		40	170	3.5	0	0.5			
22	7.8	250	350							8.3		90	280	3	0	0.2			
23	7.9	242	340							8.4		40	150	3.1	0	0.3			
24	7.8	236	328							8.3		70	182	2.9	0	0.3			
25	7.8	234	356							8.3		72	194	3.1	7	0.4			
26	7.8	250	350							8.6		60	186	3.2	7	0.5			
27	7.8	242	340							8.2		54	176	3.1	7	0.3			
28	7.8	246	330							8.6	2	60	182	3.5	0	0.2			
29	7.9	240	360							8.2		70	176	3.5	0	0.3			
30	7.9	252	370							8.4	2	52	170	3.5	0	0.5			
31	7.8	256	362							8.3		50	180	3.5	7	0.4			
TOTAL	242.9	7436	10360							262.6	20	1650	5052	97.6	230	10.0			
MAX	7.9	256.0	370.0							9.0	4.0	90.0	280.0	3.5	8.0	0.5			
MIN	7.6	220.0	300.0							8.0	2.0	36.0	136.0	2.2	6.0	0.2			
AVG	7.8	239.5	334.0							8.5	2.3	53.2	163.0	3.3	7.4	0.3			

DER FORM 17-1.202(4)

EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Original Signed by Daniel Champman
HOW MANY OTHER OPERATORS? 1
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME(S): Daniel Champman CERTIFICATION NO.: 8OC0001
Marc Larsen A005870
Daniel Champman 8OC0001

NAME OF PLANT: Marco Shores Line Softening Plant
UTILITY COMPANY: Southern States Utilities
MONTH: January

COUNTY: Collier
I.D. NO: 8110107
YEAR: 1994

DESIGN FLOW: 700 MGD

TOTAL METERED SERVICES AT END OF MONTH: 201

TELEPHONE NUMBER: 813-566-3353

DATE	HOURS PER PLANT OPERATED	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED (LEAVING PLANT) IN GALLONS	FILTER DATA: HOURS PER TIME BEING BACKWASHED TOTAL	MARIBAY	MIDWAY	TOTAL WATER IN GALLONS	CHEMICALS: POUNDS USED: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE	OTHER	OTHER	ALUM	CHEMICALS (mg/l): LIME	CHLORINE PRE	CHLORINE POST	HEX	OTHER	OTHER	ALUM	CHEMICAL AND PHYSICAL ANALYSIS: RAW: pH	M.O. ALK.	HARDNESS TOTAL	CALCIUM	SETTLED: TURBIDITY (NTU)	FH	AS CACO3 P ALK.	M ALK.	TOTAL HDNS	FINISHED: pH	P ALK.	M ALK.	TOTAL HDNS	RESIDUAL CHLORINE	TASTE	NUMBER (NTU)
	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
1	14.0	340,000	93,000	4	4	4		700		6		8	40		242.9		6.3	0.7			14.0	7.9	256	256							7.5		16	68	0.8		0.1
2			80,000							4							5.9																				0.1
3	9.0	140,000	127,000	4	4	4		300		8		1	17		243.0		4.7	0.8			14.0	7.9	248	248							7.8		16	76	0.8		0.3
4	9.0	150,000	76,000	4	4	4		325		3		1	16		240.6		4.8	0.8			14.0	7.9	244	250							8.0	4	16	80	0.8		0.3
5	7.0	127,000	66,000	4	4	4		300		2		1	20		237.1		4.1	0.7			14.0	7.8	250	260							8.0	4	16	84	0.4		0.1
6	9.0	157,000	87,000	4	4	4		325		3		1	16		246.2		5.4	0.8			14.0	7.9	256	246							8.6	4	16	100	1.5		0.2
7	9.0	161,000	89,000	4	4	4		325		3		1	19		242.0		5.3	0.7			14.0	7.9	250	242							8.3	2	20	84	1.4		0.2
8			27,000							1							1.4																				0.2
9			80,000							4							5.5																				0.1
10	8.0	151,000	71,000	4	4	4		325		3		1	16		250.1		5.1	0.8			14.0	7.7	264	256							8.0		16	78	0.8		0.1
11	8.0	161,000	49,000	4	4	4		325		3		1	16		242.0		5.3	0.7			14.0	7.9	254	246							7.8		16	80	0.9		0.1
12	7.0	170,000	30,000	4	4	4		375		3		1	20		255.5		6.3	0.7			14.0	8.0	268	256							7.4		24	76	1.0		0.1
13	7.0	168,000	66,000	4	4	4		325		2		1	20		232.0		4.1	0.7			14.0	7.8	262	264							7.5		20	68	0.8		0.1
14			68,000							3							5.3																				1.0		0.1
15	7.0	168,000	39,000	4	4	4		325		1		1	20		232.0		4.1	0.7			14.0	8.0	248	268							7.3		16	68	1.0		0.2
16			68,000							3							5.3																				1.1		0.1
17	8.0	156,000	38,000	4	4	4		325		1		1	16		240.9		4.3	0.8			14.0	7.9	254	238							7.4		16	76	2.0		0.1
18			47,000							2							6.1																				1.7		0.1
19			48,000							3							6.2																				1.3		0.1
20			39,000							1							4.1																				1.0		0.1
21	7.0	170,000	48,000	4	4	4		350		2		1	20		238.4		5.2	0.7			14.0	7.9	250	240							8.3		16	76	0.8		0.1
22	9.0	156,000	78,000	4	4	4		325		1		1	16		240.8		4.8	0.8			14.0	7.9	256	238							8.0	4	16	84	1.5		0.1
23			27,000							1							6.4																				1.0		0.1
24			30,000							1							5.0																				1.2		0.2
25			31,000							1							3.8																				1.6		0.2
26	6.0	150,000	53,000	4	4	4		325		1		1	16		240.0		3.9	0.8			14.0	7.9	254	260							8.0	2	20	80	2.0		0.2
27	6.0	150,000	48,000	4	4	4		325		2		1	16		240.8		5.2	0.8			14.0	7.9	262	240							8.0		32	82	2.1		0.3
28			68,000							6							8.4																				1.0		0.2
29	7.0	174,000	97,000	4	4	4		350		3		1	20		241.2		5.4	0.7			14.0	7.9	248	260							8.1		16	80	2.5		0.2
30			80,000							5							6.8																				1.7		0.2
31	7.0	174,000	93,000	4	4	4		350		2		1	20		241.2		4.9	0.7			14.0	7.8	250	264							7.4		16	80	1.0		0.2
TOTAL	171.0	3,117,000	1,727,000	72.0	72.0	72.0		9,350		72		10	361		4822.3		111.3	13.4			25.8	142.0	4546.0	4534.0							160.7	20.0	344.0	1482.0	53.1		6.6
MAX		340,000	127,000							8		2	40		258.1		6.3	0.8			14.0																	
MIN			20,000							1		1	17				3.8																					
AVG		100,548	55,710							7		1	20				5.6																					

DER FORM 17-1.204(6) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Daniel J Chapman
IN MANY CASES OTHER OPERATORS
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Daniel Chapman CERTIFICATION NO.: 0006991
M Larson A0014878 J Shaw R0006196

NAME OF PLANT: Marco Shores Lime Softening Plant
UTILITY COMPANY: Southern States Utilities
MONTH: February

COUNTY: Collier
I.D. NO: 5110182
YEAR: 1994

DESIGN FLOW: 720 MGD

TOTAL METERED SERVICES AT END OF MONTH: 291

TELEPHONE NUMBER: 813-394-3383

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED (GALLONS)	TOTAL WATER TREATED (LEAVING PLANT) (GALLONS)	FILTER DATA: HOURS FILTER RUNS BETWEEN BACKWASH TOTAL	FILTER DATA: HOURS FILTER RUNS BETWEEN BACKWASH MAXIMUM	FILTER DATA: HOURS FILTER RUNS BETWEEN BACKWASH MINIMUM	TOTAL WATER WASTED IN GALLONS	CHEMICALS: POUNDS USED LIME	CHEMICALS: POUNDS USED CHLORINE GAS	CHEMICALS: POUNDS USED CHLORINE HTH	CHEMICALS: POUNDS USED OTHER MIS PHOSPHATE	CHEMICALS: POUNDS USED OTHER	CHEMICALS: POUNDS USED OTHER	CHEMICALS: POUNDS USED OTHER ALUM	CHEMICALS: DOSAGE (mg/l) LIME	CHEMICALS: DOSAGE (mg/l) CHLORINE GAS	CHEMICALS: DOSAGE (mg/l) CHLORINE HTH	CHEMICALS: DOSAGE (mg/l) OTHER MIS	CHEMICALS: DOSAGE (mg/l) OTHER	CHEMICALS: DOSAGE (mg/l) OTHER	CHEMICALS: DOSAGE (mg/l) ALUM	CHEMICAL AND PHYSICAL RESULTS: RAW pH	RAW BOD	RAW HARDNESS AS CaCO3 TOTAL	RAW HARDNESS AS CaCO3 CALCIUM	SETTLED TURBIDITY (NTU)	SETTLED PH	SETTLED HARDNESS AS CaCO3 CA	SETTLED HARDNESS AS CaCO3 MG	SETTLED HARDNESS AS CaCO3 TOTAL HARD	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HARD	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)
	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
1			68,000							6							6.9																				
2	7.5	174,655	98,000	4	4	4		382		4	1			39	208.1		6.8	0.7			13.6	7.7	386	536								0.4		0.3	
3	7.5	173,000	98,000	4	4	4		360		4	1			39	207.6		6.8	0.7			13.6	7.5	348	382							7.6		4.0	7.5	2		0.3
4	7.5	181,505	95,617	4	3	3		318		4	1			39	208.6		7.6	0.7			13.9	7.5	388	382							7.7		3.0	7.5	1		0.3
5	7.5	168,500	151,746	4	4	4		381		7	1			38	207.7		6.6	0.7			14.5	7.5	386	384							7.7		3.0	7.5	1		0.3
6	8.0	144,000	111,634	4	4	4		250		6	1			17	208.2		6.6	0.8			14.3	7.5	392	388							7.6		3.0	8.0	1		0.3
7			110,864							8							7.7																				
8			117,375							6							7.1																				
9	7.5	167,000	146,061	4	4	4		380		5	1			20	208.2		7.6	0.7			14.4	7.5	384	384							7.5		4.0	8.0	1.1		0.3
10	8.0	153,000	304,795	4	4	4		268		13	1			18	207.7		6.1	0.8			14.1	7.5	384	384							7.3		3.5	7.5	1.0		0.3
11	4.0	104,000	110,542	4	4	4		188		4	1			18	207.5		7.4	1.3			13.6	7.5	390	343							6.1	4	2.5	7.5	1.0		0.3
12	7.5	164,000	101,113	4	4	4		385		10	1			20	208.4		7.7	0.7			14.6	7.5	390	338							6.7	4	2.5	8.0	1.0		0.3
13	8.5	145,000	138,131	4	4	4		253		7	1			17	208.4		7.7	0.6			14.1	7.5	382	338							6.7	4	2.5	8.0	1.0		0.3
14	7.5	173,000	166,841	4	4	4		308		10	1			20	207.6		8.0	0.7			13.8	7.5	384	380							6.8		3.5	7.5	1.1		0.3
15	7.5	167,000	134,043	4	4	4		380		8	1			20	208.3		8.0	0.7			14.4	7.5	388	342							7.7		3.0	7.5	1.0		0.3
16			211,473							13							7.8																				
17	7.5	188,000	81,815	4	4	4		283		5	1			20	207.6		7.1	0.7			13.2	7.5	384	353							7.1		3.0	7.5	0.7		0.3
18	7.5		167,531							5							7.5																				
19	7.5	188,000	135,634	4	4	4		381		7	1			20	207.7		7.6	0.7			14.3	7.5	382	384							7.5		3.5	7.5	1.1		0.3
20	7.5	188,000	184,749	4	4	4		381		10	1			20	207.7		8.3	0.7			14.3	7.5	382	384							7.5		3.5	7.5	1.1		0.3
21	7.5	184,000	151,576	4	4	4		318		6	1			20	207.8		7.8	0.7			13.8	7.5	388	388							6.8	4	3.0	7.5	1.1		0.3
22	8.0	184,000	191,570	4	4	4		318		6	1			20	207.8		7.8	0.7			13.8	7.5	384	384							6.5		3.5	7.5	1.1		0.3
23	8.0	165,000	163,874	4	4	4		321		6	1			20	208.6		7.4	0.7			13.6	7.5	384	388							7.5		3.0	7.5	1.0		0.3
24	4.0	197,000	210,839	4	4	4		272		13	1			20	208.6		7.7	0.9			13.6	7.5	348	356							7.7		4.0	7.5	2.3		0.3
25	7.5	188,000	163,508	4	4	4		340		16	1			18	207.7		8.3	0.8			13.1	7.5	388	342							7.5		3.0	7.5	2.5		0.3
26	4.0	184,000	184,469	4	4	4		200		12	1			20	208.6		8.3	0.8			12.2	7.9	350	346							6		4.4	7.5	1.4		0.4
27	7.0	188,000	147,439	4	4	4		400		8	1	4		20	208.9		8.1	0.7			13.8	7.5	390	380							7.7		3.0	7.5	1.1		0.3
28			221,383							16							6.1				14.6	7.5	382	382							7.9		5.3	8.4	1		0.3
29																																			1.7		0.1
30																																					
31																																					
TOTAL	149.0	3,384,660	3,047,824	44.0	39.0	44.0		9,365		227	22			414	4679.5		222.4	19.6			384.0	172.9	5694.0	7468.0							174.7	10.0	79.4	2382.0	48.0		8.9
MAX	8.0	188,000	221,383	4.0	4.0	4.0		400		16	1			20	268.9		8.8	1.3			14.6	7.9	398.0	392.0							8.1	4.0	5.3	8.4	2.3		0.4
MIN	4.0	104,000	68,000	4.0	4.0	4.0		180		3	1			17	207.7		7.1	0.6			12.2	7.2	348.0	322.0							7.1	2.0	2.2	7.0	0.4		0.1
AVG	9.3	139,367	109,994	3.1	3.1	3.1		266		8	1			19	213.0		7.9	0.8			13.8	7.6	357.0	339.0							7.8	4.0	3.8	7.6	1.7		0.3

DEP FORM 17-1.208(3) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Daniel Chapman
HOW MANY OTHER OPERATORS?
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAME: Daniel Chapman CERTIFICATION NO. [illegible]
Mark Larson [illegible] Jeff Shaw [illegible]

NAME OF PLANT: Myers Shores Line Reloading Plant
UTILITY COMPANY: Southern States Utilities
MONTH: March

COUNTY: Collier
I.D. NO: 6190183
YEAR: 1994

DESIGN FLOW: .720 MGD

TOTAL METERED SERVICES AT END OF MONTH: 399

TELEPHONE NUMBER: 813-394-3383

DAY	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT GALLONS	FILTER DATA: HOURS FILTERING BETWEEN BACKWASHES TOTAL	FILTER DATA: HOURS FILTERING BETWEEN BACKWASHES CHLORINATED	FILTER DATA: HOURS FILTERING BETWEEN BACKWASHES UNCHLORINATED	TOTAL WASH WATER USED GALLONS	CHEMICALS: POUNDS USED: LIME	POUNDS USED: CHLORINE GAS	POUNDS USED: CHLORINE HTH	POUNDS USED: OTHER: NEF (PHOSPHATE)	POUNDS USED: OTHER:	POUNDS USED: OTHER:	POUNDS USED: ALUM	POUNDS/1000 GAL: LIME	POUNDS/1000 GAL: CHLORINE GAS	POUNDS/1000 GAL: CHLORINE HTH	POUNDS/1000 GAL: OTHER: NEF	POUNDS/1000 GAL: OTHER:	POUNDS/1000 GAL: OTHER:	POUNDS/1000 GAL: ALUM	RAW: pH	RAW: T.O.	RAW: HARDNESS TOTAL	RAW: HARDNESS CALCIUM	DRYDEN: TURBIDITY	DRYDEN: FE	DRYDEN: AS F	DRYDEN: AS B	DRYDEN: AS TOTAL	FINISHED: pH	FINISHED: F	FINISHED: B	FINISHED: TOTAL	FINISHED: RESIDUAL CHLORINE	FINISHED: COLOR	FINISHED: [illegible]
	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
1	0.0	101,000	101,000	0	0	0	0	200		5	1			20	236.1	0.0	0.7	0.0			19.8	7.8	280	264	0						7.6	0	48	148	0.2	0	0.1
2	0.0	0	119,430	0	0	0	0	0		0	0			0	0.0	0.0	0.0	0.0			0.0	0	0	0	0						0	0	0	0	0.0	0	0.1
3	7.0	100,000	119,430	4	4	0	0	375		6	1			20	299.1	0.0	0.2	0.7			19.2	7.8	280	260	0						7.8	0	36	140	0.3	0	0.1
4	7.0	170,000	167,714	4	4	0	0	350		20	1			20	299.0	0.0	27.0	0.7			19.7	7.8	280	264	0						8.2	0	34	138	0.7	0	0.1
5	7.0	170,000	168,713	4	4	0	0	325		11	1			20	234.0	0.0	12.6	0.7			19.6	7.8	280	274	0						8.2	0	36	150	0.5	0	0.1
6	0.0	0	140,840	0	0	0	0	0		10	0			0	0.0	0.0	0.2	0.0			0.0	0	0	0	0						0	0	0	0	1.1	0	0.1
7	0.0	111,000	104,545	4	4	0	0	225		4	1			10	343.0	0.0	3.1	1.1			16.0	7.8	300	304	0						8.1	0	38	138	0.7	0	0.1
8	7.0	170,000	172,000	4	4	0	0	325		17	1			20	238.0	0.0	15.4	0.7			14.1	7.8	280	280	0						9.1	1	36	112	1.0	0	0.1
9	0.0	101,000	100,772	0	0	0	0	325		17	1			10	342.0	0.0	11.3	0.7			14.2	7.8	280	260	0						8.6	0	30	104	1	0	0.1
10	4.0	110,000	140,364	0	4	0	0	225		12	1			13	234.0	0.0	0.2	1.0			13.0	7.8	270	270	0						8.2	0	16	132	1.7	0	0.02
11	7.0	160,000	170,470	4	4	0	0	325		15	1			20	232.9	0.0	10.0	0.7			14.2	7.8	287	300	0						7.8	0	16	136	2	0	0.02
12	0.0	0	110,010	0	0	0	0	0		0	0			0	0.0	0.0	0.1	0.0			0.0	0	0	0	0						0	0	0	0	1.1	0	0.07
13	0.0	0	100,010	0	0	0	0	0		0	0			0	0.0	0.0	7.1	0.0			0.0	0	0	0	0						0	0	0	0	1.7	0	0.08
14	7.0	174,000	138,573	4	4	0	0	400		3	1			20	279.4	0.0	0.7	0.7			19.6	7.8	270	260	0						8.0	0	40	140	2.0	0	0.07
15	7.0	173,000	137,130	4	4	0	0	375		6	1			20	258.0	0.0	4.4	0.7			18.8	7.8	264	264	0						8	0	40	130	0.0	0	0.06
16	0.0	0	100,110	0	0	0	0	0		0	0			0	0.0	0.0	0.0	0.0			0.0	0	0	0	0						0	0	0	0	0.0	0	0.1
17	7.0	171,000	100,320	4	4	0	0	400		7	1			20	299.0	0.0	0.0	0.7			14.0	7.8	264	260	0						7.7	0	40	140	1.0	0	0.11
18	7.0	192,000	100,320	4	4	0	0	350		8	1			20	250.0	0.0	0.0	0.0			19.0	7.8	280	260	0						7.8	0	30	124	0.0	0	0.15
19	7.0	170,000	100,333	4	4	0	0	325		4	1			20	231.4	0.0	3.3	0.7			13.0	7.8	264	240	0						8.0	10	30	130	0.0	0	0.1
20	0.0	0	100,333	0	0	0	0	0		4	0			0	0.0	0.0	3.3	0.0			0.0	0	0	0	0						0	0	0	0	0.0	0	0.11
21	7.0	107,000	200,000	4	4	0	0	350		10	1			20	224.4	0.0	0.0	0.0			12.0	7.8	264	240	0						8.0	0	30	130	1	0	0.10
22	7.0	171,000	100,330	4	4	0	0	325		13	1			20	237.0	0.0	0.0	0.7			14.0	7.8	264	264	0						9.0	0	30	124	0.5	0	0.21
23	6.0	197,000	100,464	4	4	0	0	350		7	1			13	210.0	0.0	0.0	0.0			19.0	7.8	272	240	0						7.8	0	30	130	1.1	0	0.0
24	7.0	160,000	217,979	4	4	0	0	350		10	1			20	240.3	0.0	0.0	0.7			14.7	7.8	272	240	0						7.0	0	60	160	0.0	0	0.10
25	7.0	175,000	160,700	4	4	0	0	350		11	1			20	238.6	0.0	7.1	0.7			13.7	7.8	264	260	0						7.7	0	40	164	0.5	0	0.14
26	8.0	160,000	160,385	4	4	0	0	300		10	1			20	223.5	0.0	0.4	1.0			23.3	7.8	264	260	0						8.4	0	40	170	1	0	0.12
27	0.0	107,000	151,134	4	4	0	0	275		7	1			10	210.0	0.0	0.4	0.0			13.7	7.8	272	260	0						8.1	0	44	192	1.4	0	0.00
28	7.0	173,000	201,000	4	4	0	0	350		17	1			20	242.0	0.0	0.1	0.7			13.0	7.8	264	240	0						8	0	32	168	1.0	0	0.00
29	7.0	160,000	140,220	4	4	0	0	425		15	1			20	300.0	0.0	12.5	0.7			14.5	7.8	270	260	0						8.0	0	30	170	1	0	0.07
30	4.0	102,000	210,644	4	4	0	0	200		9	2			20	230.7	0.0	2.3	1.2			11.0	7.8	280	280	0						8.0	0	32	164	1.0	0	0.00
31	7.0	174,000	220,000	4	4	0	0	300		10	1			20	241.2	0.0	0.4	0.7			13.8	7.8	264	260	0						8.0	0	30	160	0.0	0	0.00
TOTAL	160.0	3,853,000	4,000,754	100.0	100.0	100.0	0	8,910	0	302	25	0	0	466	6084.0	0.0	232.3	19.1	0.0	0.0	387.4	188.0	6084.0	6880.0	0.0	0.0	0.0	0.0	0.0	0.0	208.2	14.0	840.0	3940.0	20.1	0.0	3.3
MAX	7.0	197,000	201,864	4.0	4.0	4.0	0	425	0	24	1	0	0	20	300.0	0.0	27.0	1.2	0.0	0.0	23.3	7.8	270.0	300.0	0.0	0.0	0.0	0.0	0.0	0.0	9.1	10.0	60.0	180.0	2.0	0.0	0.2
MIN	0.0	100,000	100,713	0.0	0.0	0.0	0	200	0	3	1	0	0	10	210.0	0.0	2.7	0.0	0.0	0.0	10.0	7.8	220.0	224.0	0.0	0.0	0.0	0.0	0.0	0.0	6.8	2.0	10.0	112.0	0.0	0.0	0.1
AVG	6.1	124,871	129,056	4.0	4.0	4.0	0	329	0	10	1	0	0	15	241.0	0.0	7.5	0.6	0.0	0.0	14.2	7.8	269.2	259.0	0.0	0.0	0.0	0.0	0.0	0.0	8.3	0.3	34.0	160.0	1.3	0.0	0.1

DEP-7 (FORM 17-1.20(9)) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Daniel Chapman
HOW MANY OTHER OPERATORS? 1
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: Daniel Chapman CERTIFICATION NO: B008981
M Larson A005878

NAME OF PLANT: Marco Shores Lime Softening Plant
UTILITY COMPANY: Southern States Utilities
MONTH: April

COUNTY: Collier
I.D. NO: 8114162
YEAR: 1994

DESIGN FLOW: 7.20 MGD

TOTAL METERED SERVICES AT END OF MONTH: 295

TELEPHONE NUMBER: 813-394-3383

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED (FINISHED PLANT) MGALLONS	FILTER DATA: HOURS FILTERS RUN TOTAL	FILTER DATA: HOURS FILTERS RUN BACKWASH	FILTER DATA: HOURS FILTERS RUN STANDBY	TOTAL WASH WATER IN GALLONS	CHEMICALS: POUNDS USED: LIME	CHEMICALS: POUNDS USED: CHLORINE GAS	CHEMICALS: POUNDS USED: CHLORINE HTH	CHEMICALS: POUNDS USED: OTHER: SULF PHOSPHATE	CHEMICALS: POUNDS USED: OTHER:	CHEMICALS: POUNDS USED: OTHER:	CHEMICALS: POUNDS USED: OTHER: ALUM	CHEMICALS: 50-BASED (mg/l): LIME	CHEMICALS: 50-BASED (mg/l): CHLORINE GAS	CHEMICALS: 50-BASED (mg/l): CHLORINE HTH	CHEMICALS: 50-BASED (mg/l): OTHER: HCT	CHEMICALS: 50-BASED (mg/l): OTHER:	CHEMICALS: 50-BASED (mg/l): OTHER:	CHEMICALS: 50-BASED (mg/l): OTHER: ALUM	RAW: pH	RAW: CO2	RAW: HARDNESS: TOTAL	RAW: HARDNESS: GALLONS	CHEMICAL AND PHYSICAL RESULTS: SETTLED: TURBIDITY	CHEMICAL AND PHYSICAL RESULTS: SETTLED: PH	CHEMICAL AND PHYSICAL RESULTS: SETTLED: AS CARBO: P	CHEMICAL AND PHYSICAL RESULTS: SETTLED: AS CARBO: M	CHEMICAL AND PHYSICAL RESULTS: SETTLED: AS CARBO: TOTAL	CHEMICAL AND PHYSICAL RESULTS: FINISHED: pH	CHEMICAL AND PHYSICAL RESULTS: FINISHED: P	CHEMICAL AND PHYSICAL RESULTS: FINISHED: M	CHEMICAL AND PHYSICAL RESULTS: FINISHED: TOTAL	CHEMICAL AND PHYSICAL RESULTS: FINISHED: RESIDUAL CHLORINE	CHEMICAL AND PHYSICAL RESULTS: FINISHED: SODIUM	CHEMICAL AND PHYSICAL RESULTS: FINISHED: TURBIDITY
	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
1	7.0	148,000	101,000	4	4	4		300		13	1			30	352.9		9.3	0.7			14.4	7.8	270	370							0	4	30	154	1		0.09
2	7.0	148,000	100,000	4	4	4		300		24	1			30	214.1		10.1	0.7			14.3	7.8	270	370							0.8	3	16	134	1.3		0.09
3	8.0	154,000	104,000	4	4	4		400		15	1			30	311.4		10.0	0.8			15.0	7.8	274	340							7.8		30	174	0.8		0.05
4	8.0	161,000	171,161	4	4	4		350		13	1			30	300.7		9.1	0.7			14.0	7.8	270	370							7.8		30	170	1.1		0.13
5	7.0	152,000	103,074	4	4	4		350		11	1			30	276.1		9.0	0.8			15.8	7.8	270	372							8.8		30	172	1		0.07
6	8.0	152,000	173,170	4	4	4		300		13	1			17	230.7		9.9	0.8			13.4	7.8	272	372							8.8	4	32	168	0.8		0.07
7	7.0	171,000	108,648	4	4	4		350		20	1			28	345.8		10.6	0.7			14.0	7.8	270	360							9.8	4	32	168	0.9		0.05
8	8.0	162,000	110,164	4	4	4		300		18	1			30	222.8		10.1	0.7			14.8	7.8	280	380							9.3	2	30	166	1.0		0.05
9			104,886							3							9.3																		1.0		0.07
10			138,536							2							10																		1.3		0.04
11	7.0	173,000	100,030	4	4	4		325		9	1			30	325.3		9.2	0.7			13.6	7.8	270	374							8.8		16	162	0.8		0.05
12	8.0	161,000	103,000	4	4	4		350		1	1			30	360.7		9.7	0.7			14.0	7.7	280	380							7.8		16	162	1.0		0.07
13	8.0	152,000	104,163	4	4	4		325		1	1			30	337.0		9.8	0.8			14.8	7.8	270	380							8.8	2	16	162	1		0.01
14	7.8	175,000	104,041	4	4	4		350		2	1			30	329.5		9.6	0.7			13.7	7.8	270	370							8.8	4	16	164	0.8		0.06
15	7.8	166,000	100,131	4	4	4		325		9	1			28	310.0		9.2	0.8			13.8	7.8	280	370							8.8	6	30	166	0.8		0.06
16	7.0	167,000	170,070	4	4	4		300		15	1			30	315.4		10.2	0.7			14.4	7.8	282	384							8.4	8	30	158	0.8		0.06
17	7.0	170,000	107,000	4	4	4		350		15	1			30	336.4		9.8	0.7			13.8	7.8	282	384							8.3		30	156	0.8		0.06
18	8.0	148,000	110,180	4	4	4		375		11	1			30	301.8		11.1	0.8			16.2	7.8	280	380							7.8		14	148	1.3		0.08
19			107,832							9							9.2																		1.0		0.07
20			123,004							8							9.5																		2.2		0.04
21	7.0	134,000	111,416	4	4	4		350		4	1			14	222.7		9.3	0.8			12.5	7.7	282	384							7.3		28	156	0.2		0.06
22	7.0	161,000	110,443					400		23	1			28	251.1		20.8	0.8			12.6	7.8	284	388							8.8		28	166	1.0		0.07
23			110,443							25							20.8																		1.8		0.1
24			110,254							25							20.7																		2.2		0.06
25	7.0	170,000	107,028					300		14	1			30	311.0		11.3	0.7			16.1	7.8	282	382							8	4	30	166	2.0		0.04
26	7.0	170,000	105,334					350		14	1			30	230.4		11.0	0.7			13.0	7.7	280	380							4		32	162	2.5		0.08
27			90,350							9							12.0																		0.7		0.1
28			89,240							6							13.3																		1.0		0.06
29	7.0	160,000	98,140					350		16	1			29	239.9		23.2	0.6			12.0	7.7	280	380							7.7		24	148	0.8		0.06
30	8.0	148,000	87,979					325		12	1			30	263.5		19.4	0.6			10.2	7.7	284	388							8.1		28	146	1.2		0.1
31																																					
TOTAL	144.0	5,013,000	4,053,367	88.0	88.0	88.0		7,375		351	22			431	5413.3		321.2	19.2			318.5	171.5	5653.0	8032.0							197.4	36.0	670.0	3648.0	42.5		2.2
MAX	7.0	181,000	184,163	4.0	4.0	4.0		400		25	1			30	311.4		20.8	0.8			16.8	7.8	270.0	370.0							8.8	6.0	32.0	168.0	2.5		0.1
MIN	5.0	152,000	89,240	4.0	4.0	4.0		350		1	1			14	210.8		9.0	0.6			12.5	7.6	257.0	340.0							7.3	2.0	14.0	134.0	0.8		0.00
AVG	8.0	156,443	104,648	4.0	4.0	4.0		383		17	1			30	248.2		10.7	0.7			14.4	7.8	268.0	365.0							8.5	3.8	21.0	161.3	1.4		0.1

DER FORM 17-1.20(4) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Daniel E Chapman

HOW MANY OTHER OPERATORS?

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME: Daniel Chapman CERTIFICATION NO: 0000881

Marc Larson A005970 Jeff Shaw B0001164

NAME OF PLANT: Marco Shores Lime Softening Plant

UTILITY COMPANY: Southern States Utilities

MONTH: May

COUNTY: Collier

I.D. NO: 6110182

YEAR: 1994

DESIGN FLOW: 720,000

TOTAL METERED SERVICES AT END OF MONTH: 289

TELEPHONE NUMBER: 813-394-3253

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	PERSONNEL HOURS PER DAY BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS PRESCRIBED LIME	CHLORINE PRE	CHLORINE POST	OTHER			MGD	CHEMICALS DOSAGES mg/l LIME	CHLORINE PRE	CHLORINE POST	OTHER			MGD	RAW pH	RAW CO2	RAW ALK	RAW HARDNESS TOTAL	RAW CALCIUM	SETTLED TURBIDITY units	SETTLED pH	SETTLED ALKALINITY P ALK	SETTLED ALKALINITY M ALK	SETTLED ALKALINITY TOTAL mg/l	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL mg/l	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY units
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	29	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
1	0.0	0	00,000	0	0	0	0	0		0	0			0	0.0	0.0	0.0				0.0	0.0	0	0	0						0.0	0	0	0	0.0	0	0.1
2	0.0	0	101,113	0	0	0	0	0		0	0			0	0.0	0.0	0.0				0.0	0.0	0	0	0						0.0	0	0	0	0.0	0	0.1
3	7.0	100,000	130,733	4	4	4	0	375		1	1			20	212.0	0.0	0.0	0.7			11.3	7.0	264	350	0						0.0	0	0	0	0.0	0	0.05
4	0.0	0	100,000	0	0	0	0	0		1	0			0	0.0	0.0	0.7	0.0			0.0	0.0	0	0	0						0.0	0	0	0	0.0	0	0.05
5	7.0	177,000	97,197	4	4	4	0	311		1	1			20	210.0	0.0	3.7	0.7			13.5	7.0	262	350	0						0.1	0	20	120	0.0	0	0.05
6	7.0	107,000	100,033	4	4	4	0	350		10	1			20	224.0	0.0	11.0	0.0			12.6	7.7	252	350	0						0.1	0	20	120	1.0	0	0.05
7	0.0	0	110,100	0	0	0	0	0		0	0			0	0.0	0.0	0.1	0.0			0.0	0.0	0	0	0						0.1	0	20	100	0.0	0	0.07
8	0.0	0	130,783	0	0	0	0	0		0	0			0	0.0	0.0	7.0	0.0			0.0	0.0	0	0	0						0.0	0	0	0	0.0	0	0.11
9	5.4	151,000	130,321	4	4	4	0	290		0	1			14	220.0	0.0	3.3	0.0			12.5	7.7	262	350	0						0.1	0	20	100	2.0	0	0.13
10	7.0	107,000	100,050	4	4	4	0	350		7	1			20	210.0	0.0	7.7	0.7			13.2	7.0	256	340	0						0.1	0	20	100	1.0	0	0.07
11	0.0	0	97,010	0	0	0	0	0		7	0			0	0.0	0.0	0.7	0.0			0.0	0.0	0	0	0						0.0	0	0	0	0.0	0	0.05
12	7.0	100,000	77,064	4	4	4	0	325		14	1			20	230.0	0.0	21.0	0.7			14.7	7.7	254	350	0						7.0	0	60	210	1.0	0	0.05
13	0.0	90,000	90,001	0	0	0	0	0		0	0			0	0.0	0.0	0.0	0.0			0.0	0.0	0	0	0						0.0	0	0	0	0.0	0	0.05
14	7.0	150,000	130,000	4	4	4	0	350		13	1			20	210.1	0.0	10.0	1.4			12.0	7.7	256	340	0						0.1	0	20	100	1.0	0	0.05
15	0.0	0	90,161	0	0	0	0	0		0	0			0	0.0	0.0	10.0	0.0			0.0	0.0	0	0	0						0.0	0	0	0	0.0	0	0.1
16	0.0	0	90,184	0	0	0	0	0		0	0			0	0.0	0.0	0.0	0.0			0.0	0.0	0	0	0						0.0	0	0	0	0.0	0	0.1
17	7.0	100,000	85,167	4	4	4	0	350		0	1			20	233.1	0.0	8.4	0.7			13.1	7.7	254	340	0						7.0	0	40	180	2.0	0	0.1
18	5.5	0	92,470	0	0	0	0	0		0	0			0	0.0	0.0	10.7	0.0			9.0	0.0	0	0	0						0.0	0	0	0	1.0	0	0.08
19	0.0	0	85,954	0	0	0	0	0		10	0			0	0.0	0.0	25.4	0.0			0.0	0.0	0	0	0						0.0	0	0	0	1.0	0	0.08
20	7.0	90,000	87,953	4	4	4	0	350		5	1			20	234.0	0.0	3.0	0.0			13.0	7.7	256	340	0						7.0	0	20	100	2.0	0	0.1
21	7.0	150,000	90,834	4	4	4	0	350		8	1			20	223.3	0.0	7.3	0.0			12.0	7.7	264	354	0						7.0	0	20	120	1.0	0	0.1
22	0.0	0	71,301	0	0	0	0	0		3	0			0	0.0	0.0	0.4	0.0			0.0	0.0	0	0	0						0.0	0	0	0	1.1	0	0.1
23	0.0	0	101,010	0	0	0	0	0		6	0			0	0.0	0.0	0.5	0.0			0.0	0.0	0	0	0						0.0	0	0	0	1.1	0	0.08
24	0.0	0	107,400	0	0	0	0	0		4	0			0	0.0	0.0	3.5	0.0			0.0	0.0	0	0	0						0.0	0	0	0	1.0	0	0.1
25	0.0	0	152,417	0	0	0	0	0		3	0			0	0.0	0.0	2.1	0.0			0.0	0.0	0	0	0						0.0	0	0	0	1.1	0	0.11
26	7.0	170,000	100,100	4	4	4	0	340		6	1			20	220.0	0.0	5.2	0.7			13.5	7.7	250	340	0						0.1	0	20	100	2.0	0	0.13
27	8.0	140,000	173,300	4	4	4	0	370		13	1			20	231.2	0.0	0.0	0.0			17.1	7.7	253	350	0						0.1	0	20	100	1.0	0	0.1
28	7.0	180,000	223,073	4	4	4	0	330		7	1			20	219.0	0.0	3.0	0.0			12.6	7.0	250	340	0						0.1	0	20	100	1.0	0	0.11
29	7.0	197,000	200,075	4	4	4	0	300		10	1			20	220.1	0.0	0.0	0.0			15.1	7.7	252	330	0						0.0	12	20	140	0.0	0	0.1
30	7.0	190,000	200,070	4	4	4	0	375		12	1			20	241.7	0.0	7.3	0.0			13.8	7.7	254	350	0						0.0	10	20	120	0.0	0	0.09
31	7.0	212,000	100,510	4	4	4	0	450		11	1			10	302.7	0.0	7.1	0.0			20.0	7.7	250	350	0						0.0	0	20	100	1.0	0	0.09
														25	254.9	0.0	0.0	0.0			14.1	7.0	256	354	0						7.0	0	20	100	1.0	0	0.09
TOTAL	150.0	3,000,000	2,900,455	0.0	0.0	0.0	0	9,006	0	240	17	0	0	304	4057.3	0.0	240.0	10.3	0.0	0.0	345.1	130.0	6342.0	8804.0	0.0	0.0	0.0	0.0	0.0	0.0	141.0	20.0	100.0	3072.0	40.7	0.0	2.0
MAX	7.0	212,000	223,073	4.0	4.0	4.0	0	450	0	15	1	0	0	25	302.7	0.0	25.4	2.0	0.0	0.0	20.0	7.7	264.0	354.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.0	60.0	212.0	3.2	0.0	0.1
MIN	7.0	40,000	71,301	4.0	4.0	4.0	0	80	0	1	1	0	0	3	200.1	0.0	0.7	0.0	0.0	0.0	12.0	7.0	250.0	340.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	10.0	104.0	0.5	0.0	0.1
AVG		99,000	127,802	4.0	4.0	4.0	0	300	0	8	1	0	0	10	218.7	0.0	8.1	0.9	0.0	0.0	13.8	7.7	255.1	350.0	0.0	0.0	0.0	0.0	0.0	0.0	5.3	1.0	30.0	109.0	1.5	0.0	0.1

DER FORM 17-1.20(3) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Daniel Chapman

HOW MANY OTHER OPERATORS?

NOTE: GIVE REMARKS OR PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Daniel Chapman CERTIFICATION NO: [illegible]

Marc Larson A0000000 Jeff Shaw [illegible]

NAME OF PLANT: Marco Shores Lime Softening Plant

UTILITY COMPANY: Southern States Utilities

MONTH: June

COUNTY: Collier

I.D. NO: 5110182

YEAR: 1994

DESIGN FLOW: 750 MGD

TOTAL METERED SERVICES AT END OF MONTH: 705

TELEPHONE NUMBER: 813-394-3383

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED (GALLONS)	TOTAL WATER TREATED (GALLONS PLANT DISTRIBUTION)	FILTER DATA: HOURS FILTERING BEFORE BACKWASH: TOTAL	Number	Average	TOTAL WASH WATER ON FILTERS (GALLONS)	CHEMICAL: POUNDS USED: LIME	CHLORINE (PRE)	CHLORINE (POST)	SOD ASH (PRE-FILTRATION)	OTHER				SODIUM SILICO FLUORIDE: LIME	CHLORINE (PRE)	CHLORINE (POST)	OTHER				RAW: pH	SOD ASH	HARDNESS: TOTAL	CALCIUM	CHEMICAL AND PHYSICAL RESULTS: NITRATE: RAW WATER	pH	FINISHED WATER: pH	P ALK.	M ALK.	TOTAL HARD.	CHLORINE	COLOR	FLUORIDE
	1	2	3	4	5	6	7	9	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
1	7.0	812,000	811,130	4	4	4		480		13	1			20	394.5		65	0.5			14.1	7.7	256	352								0.0		20	100	0.7		0.09
2	7.0	101,000	70,952	4	4	4		480		10	1			20	397.1		75.0	0.5			12.0	7.0	252	304								7.0		20	100	1.0		0.09
3	0.0	100,000	70,040	0	0	0		360		10	1			20	391.0		15.4	0.0			15.2	7.7	240	352								7.0		24	100	1.0		0.09
4			70,952							10							24.2																			
5			68,873							10							20.8																			
6	7.0	103,000	93,010	4	4	4		400		11	1			20	393.1		16.1	0.7			13.1	7.7	244	352												1.1		0.1
7			91,130							10							13.2															7.0		22	100	1.0		0.1
8	8.0	101,000	110,000	4	4	4		480		9	1			20	340.2		9.1	0.8			17.0	7.5	244	340												1.0		0.1
9			170,770							7							4.8															7.0		16	100	0.1		0.13
10	8.0	100,000	100,010	4	4	4		320		10	1			20	340.0		9.3	0.8			15.0	7.0	244	344												1.1		0.08
11			102,070							10							5.0															7.0		24	174	1.0		0.08
12	9.0	110,000	102,130	0	4	4		300		10	1			20	391.0		6.0	1.0			20.0	7.7	256	344												0.0		0.09
13	7.0	210,000	104,100	4	4	4		420		17	1			20	393.5		10.6	0.8			14.1	7.7	256	340								0.7	14	40	174	1.0		0.11
14	7.0	103,000	100,017	4	4	4		420		9	1			20	393.1		7.3	0.7			16.6	7.7	256	340								10.1	22	40	190	1.7		0.04
15	8.0	107,000	107,001	4	4	4		360		5	1			17	390.1		3.7	0.8			13.6	7.7	256	340								0.0	0	72	212	0.0		0.00
16	7.0	101,000	100,002	4	4	4		360		15	1			20	319.7		11.4	0.0			12.0	7.7	240	336								0.0	10	84	160	1.0		0.00
17			122,000							10							22.2															7.5	24	140	140	1.0		0.21
18			70,344							10							20.2															10.0	20	40	164	1.0		0.17
19	4.5	110,000	90,000	4	4	4		350		7	1			20	251.0		9.7	1.0			20.2	7.7	240	304												0.7		0.10
20			112,961							6							9.5															10.2	24	44	170	2.4		0.10
21			124,631							4							3.6																			2.0		0.11
22	7.0	103,000	103,030	4	4	4		325		15	1			20	319.0		11.0	0.7			12.1	7.0	240	340												2.0		0.12
23	7.0	170,000	171,030	0	0	0		325		17	1			20	322.7		11.0	0.7			12.1	7.0	231	334								0.0	0	30	100	2.1		0.00
24	4.0	110,000	107,007	0				200		3	1			13	200.7		0.7	1.0			13.4	7.7	224	330								0.0		20	100	1.0		0.00
25			140,010							6							0.4																			1.0		0.1
26	7.0	170,000	100,140	4	4	4		300		8	1			10	301.0		7.0	0.7			10.2	7.7	230	330												1.0		0.11
27	8.0	100,000	103,041	4	4	4		250		20	1			17	100.0		21.2	0.0			13.0	7.1	230	340								0.0		20	150	1.0		0.11
28	8.0	100,000	90,100	4	4	4		300			1			20	310.7			0.7			14.0	7.7	240	340								0.0	2	30	100	0.0		0.00
29																																7.0		10	140	0.4		0.07
30																																				1.1		0.07
31																																						
TOTAL	113.5	3,164,000	2,787,882	72.0	80.0	80.0		5,975		315	15			308	4,300.0		308.0	13.0			392.7	148.4	4879.0	6689.0														
MAX	7.0	812,000	811,130	4.0	4.0	4.0		480		20	1			20	393.1		75.0	0.5			20.2	7.7	256.0	364.0								107.0	140.0	540.0	3210.0	40.0		2.0
MIN	4.0	100,000	70,344	4.0	4.0	4.0		200		4	1			13	100.0		3.7	0.0			12.0	7.0	212.0	304.0								10.0	24.0	72.0	212.0	3.0		0.2
AVG	7.2	185,487	139,252	4.0	4.0	4.0		312		11	1			20	258.0		10.3	0.7			13.0	7.2	240.0	345.0								7.0	23	10.0	160.0	0.7		0.0
																																0.0	10.0	34.0	106.0	1.7		0.1

DER FORM 17-1.720(9) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Dacia Chapman

HOW MANY OTHER OPERATORS? 1

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAMES: Daniel Chapman CERTIFICATION NO: B00001

Mark Larsen A00007G Jeff Shaw B00019B

NAME OF PLANT: Marco Shores Lime Softening Plant

UTILITY COMPANY: Southern States Utilities

MONTH: July

COUNTY: Collier

I.D. NO.: 0110102

YEAR: 1994

DESIGN FLOW: 720 MGD

TOTAL METERED SERVICES AT END OF MONTH: 389

TELEPHONE NUMBER: 813-394-3366

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED GALLONS	FILTER DATA: HOURS FILTERS RUN (TOTAL, MAXIMUM, MINIMUM)	TOTAL WASH WATER GALLONS	CHEMICALS: POUNDS USED: LIME	CHLORINE PRE	CHLORINE POST	OTHER: TYPE	OTHER: PHOSPHATE	OTHER	OTHER	ALUM	DISSOLVED SOLIDS: LIME	CHLORINE PRE	CHLORINE POST	OTHER	OTHER	OTHER	ALUM	pH	H2S	HARDNESS: TOTAL	HARDNESS: CALCIUM	OXYGEN DEMAND: TURBIDITY (NTU)	FIX	ALGAE: P	ALGAE: N	ALGAE: TOTAL	FINISHED: pH	FINISHED: P	FINISHED: M	FINISHED: TOTAL	FINISHED: HARDNESS CALCIUM	FINISHED: COLOR	FINISHED: TURBIDITY (NTU)
	1	0	0	0	0	0	0	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
1			75,000																																
2	7.0	179,000	80,540	4	4	4		300		8				30	238.4		100	0.7		130	7.7	220	330								2.2		0.09
3			30,861							10	1						60																	
4			79,912							8							102												7.0		20	154	2.0		0.11
5	9.0	194,000	92,000	4	4	4				9							90																2.0		0.08
6	9.0	198,000	91,918	4	4	4		343		6	1			17	287.1		87	0.8		132	7.7	224	330								2.5		0.09
7			77,257					304		8	1			13	253.0		117	1.1		132	7.7	220	330						7.1		20	150	2.4		0.1
8	4.0	100,000	87,994	4	4	4				6							124													8.0		25	180	1.5		0.08
9			88,488					300		8	1			15	290.8		80	1.2		164	7.7	220	330										1.5		0.08
10			94,736							8							111													6.0		14	100	1.4		0.08
11	7.0	173,000	77,840	4	4	4				6							175																	1.7		0.1
12			90,915					350		4	1			20	244.9		90	0.7		130	7.7	220	330										2.2		0.11
13			80,662							10							104													7.0		16	154	3.5		0.15
14			70,000							6							90																	1.0		0.08
15	7.0	173,000	100,300	4	4	4				4							91																	1.0		0.07
16			100,007					350		7	1			20	242.6		43	0.7		130	7.7	222	330										1.8		0.11
17	7.0	180,000	217,252	4	4	4				8							43													8.0		12	180	2.0		0.1
18	4.0	121,000	88,630	4	4	4		300		9	1			19	224.8		33	0.7		130	7.7	220	340										2.0		0.1
19	7.0	175,000	101,772	4	4	4		270		8	1			14	247.7		97	1.0		132	7.7	220	330						8.0	4	20	160	2.0		0.1
20			112,300					325		13	1			20	272.1		91	0.7		137	7.7	224	340						8.2		20	160	1.8		0.11
21	7.0	167,000	112,513	4	4	4				8							83													8.0	4	20	160	2.0		0.08
22	4.0	138,000	91,567	4	4	4		350		6	1			20	274.4		83	0.9		128	7.6	220	340										1.3		0.08
23	7.0	180,000	100,137	4	4	4		250		10	1			18	254.2		131	0.9		141	7.7	224	330						7.0		18	170	1.8		0.08
24			91,754					300		8	1			20	214.1		108	0.7		143	7.6	220	334						8.2		20	160	2.0		0.07
25			101,403							9							165													7.7		16	144	0.8		0.14
26	7.0	180,000	113,387	4	4	4				5							99																	0.9		0.11
27			117,350					350		8	1			20	253.1		83	0.7		133	7.7	220	330										1.1		0.10
28			117,560							4							91													7.0		18	160	2.0		0.06
29	7.0	180,000	142,300	4	4	4				4							91																	0.7		0.11
30			138,004					300		6	1			20	253.1		90	0.7		133	7.6	220	340										0.8		0.03
31			102,940							7							91													8.5		16	160	1.8		0.06
										6							76																	1.0		0.05
TOTAL	98.0	2,170,000	2,399,450	88.0	88.0	88.0		4,272		214	10			350	3,790.1		2888.9	11.2		1931	100.1	3,302.0	4,680.0										1.3		0.06
MAX	7.0	197,000	217,252	4.0	4.0	4.0		350		10	1			30	287.1		109.1	1.2		150.0	7.8	230.0	340.0						110.2	8.0	330.0	2180.0	48.4		2.7
MIN	4.0	100,000	84,758	4.0	4.0	4.0		300		4	1			13	214.1		83	0.8		128	7.2	220.0	310.0						8.0	4.0	20.0	170.0	0.8		0.2
AVG	5.7	156,643	100,104	4.0	4.0	4.0		308		7	1			19	234.0		93	0.8		139	7.7	220.7	334.3						7.1	4.0	12.0	144.0	0.8		0.1
														15	238.8		99	0.8		136	7.7	220.7	334.3						7.0	4.0	19.1	150.3	1.0		0.1

OER FORM 17-1.20(9) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: [signature]

HOW MANY OTHER OPERATORS? 2

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAME: Marc Larson CERTIFICATION NO: 0000970

D Chapman 8000881, J Shaw 8000196

NAME OF PLANT: Marco Shores Lime Softening Plant

UTILITY COMPANY: Southern States Utilities

MONTH: August

COUNTY: Collier

ID NO: 5110157

YEAR: 1994

DESIGN FLOW: 720 MGD

TOTAL METERED SERVICES AT END OF MONTH: 395

TELEPHONE NUMBER: 813-394-3383

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT GALLONS	FILTER DATA: HOURS FILTER RAN BEFORE BACKWASH TOTAL	FILTER DATA: HOURS FILTER RAN BEFORE BACKWASH MAXIMUM	FILTER DATA: HOURS FILTER RAN BEFORE BACKWASH MINIMUM	TOTAL WATER TREATED GALLONS	CHEMICALS: POUNDS USED: LIME	CHEMICALS: POUNDS USED: CHLORINE GAS	CHEMICALS: POUNDS USED: CHLORINE POST: TYPE	CHEMICALS: POUNDS USED: CHLORINE POST: PHOSPHATE	CHEMICALS: POUNDS USED: CHLORINE POST: OTHER	CHEMICALS: POUNDS USED: CHLORINE POST: OTHER	CHEMICALS: POUNDS USED: CHLORINE POST: OTHER	CHEMICALS: POUNDS USED: CHLORINE POST: ALUM	CHEMICALS: POUNDS REQUIRED: LIME	CHEMICALS: POUNDS REQUIRED: CHLORINE GAS	CHEMICALS: POUNDS REQUIRED: CHLORINE POST	CHEMICALS: POUNDS REQUIRED: OTHER	CHEMICALS: POUNDS REQUIRED: OTHER	CHEMICALS: POUNDS REQUIRED: OTHER	CHEMICALS: POUNDS REQUIRED: ALUM	RAW: pH	RAW: TEMP °C MAX	RAW: TEMP °C MIN	RAW: TURBIDITY TOTAL	RAW: TURBIDITY CALCIUM	DISINFECTION AND PHYSICAL RESULTS: SETTLED: TURBIDITY (NTU)	SETTLED: FREE CHLORINE	SETTLED: ALKALINITY P MG/L	SETTLED: ALKALINITY M MG/L	SETTLED: ALKALINITY TOTAL (P+M) MG/L	FINISHED: pH	FINISHED: F MG/L	FINISHED: M MG/L	FINISHED: TOTAL HARDNESS	FINISHED: RESIDUAL CHLORINE	FINISHED: COLOR	FINISHED: TURBIDITY (NTU)
1	7.0	105,000	112,500	4	4	4		0	0	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
2	8.0	197,000	210,000	4	4	4		300		7	1			20	238.7		7.0	0.7			10.1	7.7	310	310							7.4		10	104	1.8		0.05
3			101,000					300		10	1			17	229.1		10.5	0.8			13.0	7.7	310	310							8.0	2	10	100	0.0		0.00
4	8.0	209,000	193,150	4	4	4				7							4.0																				
5	8.0	211,000	99,022	4	4	4		350		10	1			20	200.0		22.7	0.0			12.0	7.5	312	314														
6	8.0	210,000	160,150	4	4	4		350		8	1			20	150.0		7.4	0.0			11.4	7.7	314	316							8.0	4	24	100	1.0		0.04
7			98,321					350		8	1			20	100.2		7.2	0.0			11.3	7.7	320	320							8.0		20	102	1.7		0.1
8	7.0	197,000	170,221	4	4	4				9							7.2														8.0		20	100	0.4		0.14
9			100,201					360		17	1			20	251.3		11.4	0.7			10.4	7.7	324	324														
10	7.0	184,000	170,150	0	0	0				17							10.5														8.0		16	100	1.6		0.12
11	8.0	197,000	88,970	4	4	4		350		13	1			20	250.0		8.7	0.7			10.0	7.8	326	326														
12	14.0	370,000	310,040	8	8	8		300		14	1			17	220.1		10.0	0.8			13.0	7.8	330	330							8.1		20	100	2.0		0.13
13			113,042					700		18	2			40	350.1		10.0	0.7			14.0	7.8	332	334							8.7	4	22	102	2.0		0.0
14			83,000							17							17.0														8.0	0	24	104	1.0		0.00
15	9.0	138,000	150,017	4	4	4				10							27.0																				3.0		0.04
16	7.0	138,000	131,701	4	4	4		350		4	1			15	230.4		9.0	0.0			10.5	7.7	330	332													3.0		0.00
17			150,500					330		7	1			15	200.0		8.0	0.0			10.0	7.7	334	336							8.0		20	105	3.0		0.00
18	7.0	191,000	149,001	4	4	4				9							3.0														8.0		20	100	3.0		0.12
19	7.0	177,000	164,121	4	4	4		300		11	1			20	204.7		11.5	0.7			14.0	7.7	330	330							8.0		20	102	2.7		0.06
20			138,011					350		10	1			20	227.1		11.7	0.7			13.0	7.8	332	334													3.2		0.00
21			130,030							7							6.3																				3.0		0.07
22	8.0	177,000	171,000	4	4	4				8							8.0																				3.0		0.14
23	7.0	181,000	140,314	4	4	4		300		8	1			18	223.3		9.0	0.7			12.0	7.8	334	336													3.0		0.13
24	9.0	152,000	111,070	4	4	4		300		20	1			20	210.7		10.5	0.0			15.7	7.8	338	338							8.1		20	104	3.0		0.00
25			100,513	4	4	4		350		8	1			22	230.9		9.0	0.0			17.0	7.8	340	340							8.0	4	18	100	2.0		0.07
26	9.0	150,000	104,000	4	4	4				7							7.7														7.8	310	310						
27			110,722					300		10	1			17	229.2		11.4	0.8			12.5	7.7	310	312							8.0	3	18	100	2.0		0.06
28			73,000							10							10.0														8.0	0	20	100	1.1		0.00
29	8.0	140,000	111,270	4	4	4				10							10.3														8.5		20	104	1.6		0.00
30			100,101					300		21	1			18	240.1		20.0	0.0			14.0	7.7	312	310													1.7		0.1
31			90,020							6							20.0																				2.1		0.1
										5							9.0														8.5		16	104	0.8		0.00
TOTAL	138.5	3,311,000	2,933,366	70.0	70.0	70.0											8.7																				1.0		0.00
MAX	14.0	370,000	310,040	8.0	8.0	8.0		0.705		350	10			397	6100.0		350.1	13.0			248.2	147.3	4100.0	6002.0													1.7		0.05
MIN	7.0	130,000	73,000	4.0	4.0	4.0		700		35	2			40	350.5		27.0	0.0			17.4	7.8	330.0	330.0														
AVG	4.1	103,561	120,304	4.0	4.0	4.0		350		4	1			15	195.2		30.0	0.0			11.0	7.7	310.0	310.0							101.2	12.0	362.0	2000.0	0.0		2.3
								345		11	1			20	232.0		11.5	0.7			13.0	7.7	310.5	330.1							0.0	0.0	30.0	100.0	2.0		0.0
																															7.4	2.0	10.0	100.0	0.4		0.0
																															0.0	1.7	30.1	100.2	2.0		0.1

OER FORM 17-1.220(8) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Daniel Chapman

HOW MANY OTHER OPERATORS? 12

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Daniel Chapman CERTIFICATION NO: [illegible]

Marc Larson A005870 Jeff Shaw R006106

NAME OF PLANT: Marco Shores Lime Softening Plant

UTILITY COMPANY: Southern States Utilities

MONTH: September

COUNTY: Collier

I D NO: 5110182

YEAR: 1994

DESIGN FLOW: 120 MGD

TOTAL METERED SERVICES AT END OF MONTH: 295

TELEPHONE NUMBER: 813 394 3355

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED THROUGH PLANT IN GALLONS	FILTERS BACKWASHED HOURS FILTER RUNS TOTAL	FILTERS BACKWASHED HOURS FILTER RUNS MAXIMUM	FILTERS BACKWASHED HOURS FILTER RUNS MINIMUM	TOTAL WATER WASTED IN GALLONS	CHEMICALS FEEDING USED LIME	CHEMICALS FEEDING USED CHLORINE PRE	CHEMICALS FEEDING USED CHLORINE POST	CHEMICALS FEEDING USED OTHER	CHEMICALS FEEDING USED OTHER	CHEMICALS FEEDING USED OTHER	CHEMICALS FEEDING USED ALUM	CHEMICALS RESIDUALS LIME	CHEMICALS RESIDUALS CHLORINE PRE	CHEMICALS RESIDUALS CHLORINE POST	CHEMICALS RESIDUALS OTHER	CHEMICALS RESIDUALS OTHER	CHEMICALS RESIDUALS OTHER	CHEMICALS RESIDUALS ALUM	CHEMICAL AND PHYSICAL RESULTS RAW pH	CHEMICAL AND PHYSICAL RESULTS RAW HARDNESS TOTAL	CHEMICAL AND PHYSICAL RESULTS RAW HARDNESS CALCIUM	CHEMICAL AND PHYSICAL RESULTS FINISHED TURBIDITY units	CHEMICAL AND PHYSICAL RESULTS FINISHED FE	CHEMICAL AND PHYSICAL RESULTS FINISHED AS Colors H ALK	CHEMICAL AND PHYSICAL RESULTS FINISHED AS Colors M ALK	CHEMICAL AND PHYSICAL RESULTS FINISHED AS Colors TOTAL HARD	CHEMICAL AND PHYSICAL RESULTS FINISHED pH	CHEMICAL AND PHYSICAL RESULTS FINISHED F ALK	CHEMICAL AND PHYSICAL RESULTS FINISHED M ALK	CHEMICAL AND PHYSICAL RESULTS FINISHED TOTAL HARD	CHEMICAL AND PHYSICAL RESULTS FINISHED RESIDUAL CHLORINE	COLOR	TURBIDITY units
1	7.0	105 000	153 000	4	0	4		300		35	1			25	184.0		27.0	0.0			16.2	7.8	300	320											0.7
2	3.0	60 000	153 104	0	4	4		130		20	1			10	173.2		10.0	1.0			16.0	7.8	312	320											0.8
3			104 935							16							0.0																		
4			105 930							13							0.2																		
5	7.0	102 000	102 005	4	4	4		325		6	1			25	197.0		2.5	0.0			15.0	7.7	300	317											0.0
6	7.0	100 000	111 640	4	4	4		300		10	1			25	180.3		13.0	0.0			15.0	7.7	300	315											0.0
7	9.0	153 000	101 450	4	4	4		250		7	1			10	195.0		8.3	0.0			14.1	7.7	310	310											0.0
8	8.0	101 000	110 040					275		7	1			20	204.0		7.0	0.7			16.0														0.0
9			100 470							8							5.7																		0.1
10			157 000							8							9.1																		0.2
11	9.0	157 000	105 300	4	4	4		275		0	1			20	210.0			0.6			15.3	7.8	300	320											0.3
12	6.0	100 000	100 002	4	4	4		250		8	1			10	201.2		8.3	0.0			14.5	7.7	304	310											0.3
13	1.0	20 000	80 302	4	0	4		45		3	0			3	186.3		3.7	0.0			13.0	7.8	300	312											0.1
14	8.0	105 000	103 001	4	4	4		275		7	1			20	196.0		4.0	0.7			14.5	7.8	302	310											0.1
15	7.0	102 000	115 331	4	4	4		300		22	1			25	197.0		22.0	0.7			16.0	7.8	300	310											0.3
16			80 007							4							5.0																		0.0
17			80 307							4							5.0																		0.0
18			80 574							4							7.5																		0.1
19	7.0	172 000	80 008	4	4	4		300		12	1			20	200.1		17.0	0.7			15.0	7.8	320	310											0.3
20			79 008							12							16.0																		0.0
21			74 154							8							9.7																		0.1
22	7.0	100 000	101 735	4	4	4		300		8	1			20	194.4		5.0	0.0			13.0	7.8	300	308											0.1
23	4.0	104 000	103 000	4	4	4		150		10	1			10	172.0		7.3	1.2			11.5														0.1
24			100 121							4							2.6																		0.0
25	7.0	107 000	130 575	4	4	4		300		6	1			25	197.4		5.1	0.0			16.0	7.7	310	322											0.2
26	7.0	177 000	102 000	4	4	4		300		12	1			25	203.7		10.0	0.7			16.0	7.7	300	312											0.1
27	7.0	101 000	85 705	0	4	4		300		23	1			25	223.4		12.2	0.7			16.0	7.8	308	312											0.3
28			80 000							12							10.0																		0.0
29			80 731							4							5.3																		0.0
30	4.0	110 000	78 835	4	4	4		150		21	1			15	183.3		21.0	1.1			16.4	7.7	308	312											0.3
31																																			
TOTAL	154.0	2 750 000	3 704 300	96.0	88.0	96.0		6522		322	17			351	3527.5		337.3	14.5			373.7	194.0	7309.0	7640.0											7.7
MAX	7.0	197 000	184 935	4.0	4.0	4.0		325		35	1			25	223.4		32.2	1.2			16.4	7.8	320.0	322.0											0.3
MIN	1.0	20 000	63 570	0.0	0.0	0.0		45		0	0			3	183.3		3.7	0.0			11.5	7.8	180.0	300.0											0.1
AVG	5.1	91 667	123 477	3.2	2.9	3.2		217		11	1			20	207.2		11.2	0.5			16.1	7.8	298.4	315.0											0.2

DER FORM 17-1.20(8) EFFECTIVE NOVEMBER 30 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: [signature]
HOW MANY OTHER OPERATORS? 2
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAME'S: Daniel Chapman CERTIFICATION NO: [illegible]
Marc Larson A005670, Jeff Shaw [illegible]

NAME OF PLANT: Marco Shores Lime Softening Plant
UTILITY COMPANY: Southern States Utilities
MONTH: October

COUNTY: Collier
I.D. NO: 9110102
YEAR: 1994

DESIGN FLOW: 720 MGD
TOTAL METERED SERVICES AT END OF MONTH: 291
TELEPHONE NUMBER: 813-394-3383

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED THROUGH PLANT IN GALLONS	FILTER DATA: HOURS FILTERS RUN BETWEEN BACKWASHES TOTAL	FILTER DATA: HOURS FILTERS RUN BETWEEN BACKWASHES MAXIMUM	FILTER DATA: HOURS FILTERS RUN BETWEEN BACKWASHES MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: POUNDS USED: LIME	POUNDS USED: CHLORINE PRE	POUNDS USED: CHLORINE POST	POUNDS USED: OTHER: SEE PARAGRAPH 10	POUNDS USED: OTHER	POUNDS USED: OTHER	POUNDS USED: OTHER: ALUM	POUNDS/mg: LIME	POUNDS/mg: CHLORINE PRE	POUNDS/mg: CHLORINE POST	POUNDS/mg: OTHER: NET	POUNDS/mg: OTHER	POUNDS/mg: OTHER	POUNDS/mg: OTHER: ALUM	RAW: pH	RAW: MG ALK	RAW: HARDNESS TOTAL	RAW: HARDNESS CALCIUM	SETTLED: TURBIDITY UNITS	SETTLED: PH	SETTLED: AS CARBON F ALK	SETTLED: AS CARBON M ALK	SETTLED: AS CARBON TOTAL ALK	FINISHED: pH	FINISHED: F ALK	FINISHED: M ALK	FINISHED: TOTAL ALK	FINISHED: RESIDUAL CHLORINE	FINISHED: GALLONS	FINISHED: TURBIDITY UNITS
	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
1			88,000							25							37.1																				1.3		0.15
2	9.0	107,000	89,000					200		7	1			10	219.4		62.4	0.7			10.4	7.7	200	210							7.3		14	132		8.0		0.13
3			88,000							1							1.3																		1.0		0.08
4			88,015							1							1.4																		1.0		0.1
5	7.0	100,000	88,710					200		10	1			25	212.0		10.4	0.8			10.1	7.8	200	204							7.8		24	168		0.8		0.12
6		83,000	81,662					175		12	1			8	227.0		14.0	1.0			10.2	7.7	210	207							7.8		22	172		1.3		0.11
7	8.0	78,000	111,254					170		11	1			18	270.1		11.0	1.0			10.4	7.8	200	200							7.8		24	170		1.5		0.09
8			87,464							11							15.1																		1.0		0.1
9			87,000							4							0.3																		2.1		0.1
10	3.0	88,000	88,384					120		2	1			8	200.4		2.6	0.0			10.1	7.8	204	208							7.8		20	172		2.5		0.1
11	4.0	121,000	104,992					225		8	1			10	200.0		8.0	0.0			14.0	7.8	200	200							7.8		24	172		2.5		0.09
12	3.0	93,000	107,110					110		10	1			14	193.4		9.4	1.5			10.1	7.8	204	210							8.3		20	162		1.5		0.08
13			100,264							10							8.8																		1.0		0.1
14	7.0	103,000	240,005					200		3	1			25	188.4		1.5	0.0			10.5	7.8	208	204							7.8		28	170		2.0		0.02
15			100,027							2							1.5																		2.0		0.05
16	7.0	101,000	107,007					200		1	1			23	188.4		9.0	0.0			10.5	7.7	210	212							7.8		20	166		1.0		0.04
17	8.0	140,000	120,197					250		11	1			20	201.2		11.0	0.0			10.1	7.8	214	208							7.8		20	166		1.0		0.02
18	7.0	121,000	101,535					200		3	1			25	219.4		9.3	0.7			17.5	7.7	205	215							8.0	2	14	168		1.0		0.00
19	7.0	123,000	103,301					200		12	1			25	207.0		7.4	0.7			17.3	7.7	210	210							8.0	2	16	158		1.0		0.00
20	8.0	140,000	100,047					250		14	1			18	202.5		10.1	0.5			14.0	7.8	214	216							8.2		16	164		2.0		0.03
21	9.0	117,000	109,063					225		15	1			19	230.0		9.3	1.0			10.4	7.7	210	210							8.3		20	160		1.0		0.00
22			107,101							8							7.3																		0.3		0.00
23			101,001							2							1.5																		0.4		0.1
24	7.0	105,000	101,370					200		15	1			23	194.5		9.4	0.0			15.4	7.8	214	212							8.2		22	158		2.0		0.1
25	8.0	113,000	100,023					250		13	1			20	207.0		10.4	1.1			21.4	7.8	210	210							8.2		20	160		2.0		0.1
26	7.0	103,000	100,051					200		8	1			23	197.0		3.8	0.7			10.5	7.8	210	210							8.2		22	160		2.0		0.00
27	7.0	100,000	99,533					200		8	1			25	214.1		10.0	0.5			17.8	7.7	220	210							8.2		22	164		1.2		0.00
28	8.0	100,000	139,957					220		4	1			19	230.4		3.7	1.1			20.8	7.8	212	210							8.0		18	158		0.0		0.00
29			114,779							6							9.5																		1.7		0.00
30			106,170							12							10.3																		2.1		0.00
31	8.0	104,000	106,715					400		12	1			33	247.2		9.5	0.0			20.4	7.5	214	216							8.0	2	20	164		2.5		0.13
TOTAL	118.0	2,660,000	4,100,363					5,125		301	20			600	6338.5		282.0	10.0			340.0	184.7	4388.0	5280.0							101.2	6.0	422.0	5102.0		60.5		0.0
MAX	9.0	140,000	244,255					400		25	1			33	270.1		32.1	1.5			30.4	7.8	230.0	230.0							8.5	2.0	30.0	180.0		8.0		0.1
MIN	3.0	83,000	87,000					120		1	1			8	194.5		0.0	0.0			10.1	7.8	200.0	207.0							7.3	0.0	14.0	132.0		0.3		0.0
AVG	8.0	93,410	134,307					205		10	1			20	217.1		9.4	0.0			10.2	7.7	210.3	212.0							7.7	0.3	20.1	170.0		1.5		0.1

(DER FORM 17-1.205(8)) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Daniel Chapman
HOW MANY OTHER OPERATORS? 2
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Daniel Chapman CERTIFICATION NO: B000881
Marc Larson A00587G Jeff Shaw B008188

NAME OF PLANT: Marco Shores Lime Softening Plant
UTILITY COMPANY: Southern States Utilities
MONTH: November

COUNTY: Collier
I.D. NO: 5136102
YEAR: 1994

DESIGN FLOW: 720 MGD

TOTAL METERED SERVICES AT END OF MONTH: 705

TELEPHONE NUMBER: 813 394-3383

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER PRODUCED (GROSS PLANT) GALLONS	FILTER DATA: HOURS FILTERS RUN BETWEEN BACKWASHES TOTAL	HOURS/RUN	MINS/RUN	TOTAL WASH WATER GALLONS	CHEMICALS: POUNDS USED LIME	CHLORINE PRE	CHLORINE POST	OTHER: MFG PHOSPHATE	OTHER	OTHER	OTHER ALUM	SO2 EQUIVALENT (lbs): LIME	CHLORINE PRE	CHLORINE POST	OTHER	OTHER	OTHER	OTHER ALUM	RAW: pH	RAW: HARDNESS TOTAL	RAW: HARDNESS CALCIUM	FINISHED: pH	FINISHED: F mg/L	FINISHED: M mg/L	FINISHED: TOTAL HARD	FINISHED: RESIDUAL CHLORINE	FINISHED: COLOR
	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
1	6.0	120,000	94,000	4	4	4		150		8	1			13	102.7		11.4	1.0			12.4	7.7	210	240													
2	6.0	110,000	71,000	4	4	4		150		6	1			13	100.6		10.5	1.1			13.0	7.7	210	240							6.0	0	30	140	1.0		0.1
3			91,000							7							9.2														6.0	0	30	130	1.0		0.12
4	7.0	107,000	200,000	4	4	4		300		1	1			25	107.0		4.2	0.7			10.5	7.7	220	244													0.1
5			172,000							22							15.3														6.6		30	142	1.0		0.09
6	6.0	200,000	107,000					300		12	1			30	206.0		12.7	0.6			13.3															0.6		0.0
7	7.0	150,000	170,000	4	4	4		300		12	1			30	277.7		12.0	0.6			10.6	7.6	210	240							6.3		30	140	0.4		0.11
8	7.0	171,000	140,000	4	4	4		300		12	1			30	210.4		10.1	0.7			17.5	7.6	220	240							6.2		32	140	0.3		0.11
9	7.0	170,000	140,000	4	4	4		300		6	1			30	211.6		8.8	0.7			17.8	7.6	212	240							6.3		30	140	1.7		0.12
10	7.0	171,000	120,000					300		1	1			25	210.4		9.8	0.7			17.5														0.6		0.1
11	6.0	94,000	127,000					150		1	1			12	101.3		8.8	1.5			15.3														1.3		0.1
12			111,000	4	4	4																															
13	6.0	130,000	121,000	4	4	4		200		1				25	172.5			0.6			21.6	7.7	210	230							6.1		30	140	1.0		0.12
14	6.0	140,000	70,000	4	4	4		233		10	1			21	190.9		10.2	0.6			21.4	7.7	210	230							7.0		30	150	1.0		0.13
15			70,000							10							15.6														7.0		30	160	1.0		0.1
16			34,000							3							17.6																		1.0		0.1
17			46,000	4	4	4				13							37.5					7.7	210	240											2.0		0.12
18	6.0		70,000							8							10.3														7.3		40	170	2.0		0.17
19	6.0	200,000	90,000	4	4	4		300		9	1			30	179.0		12.0	0.6			15.0	7.7	210	230											1.5		0.1
20	6.0	181,000	90,000	4	4	4		300		6	1			30	185.3		12.2	0.6			15.7	7.6	210	240							7.8		42	170	1.0		0.11
21	7.0	181,000	85,000	4	4	4		300		4	1			25	186.7		9.2	0.7			19.6	7.6	212	240							6.6		40	160	1.5		0.13
22			46,000							10							20.6														8.1		40	170	1.0		0.12
23			77,000							5							7.0																		1.7		0.13
24	6.0	142,000	90,000	4	4	4		240		3	1			17	201.2		4.6	0.6			10.3	7.6	210	240											1.0		0.13
25	4.0	81,000	91,000	4	4	4		150		7	1			12	107.6		8.3	1.3			15.0	7.6	220	240							6.1		40	160	2.5		0.11
26			73,000							10							10.4														6.6		42	170	1.4		0.21
27			89,000							10							17.4																		1.7		0.3
28	6.0	150,000	70,000	4	4	4		300			1			25	230.0			0.8			10.3	7.6	222	236							7.8		46	180	2.0		0.3
29			90,000							5							8.1																		2.0		0.3
30			80,000							4							8.2																		1.6		0.3
31																																			1.0		0.01
TOTAL	110.0	2,920,000	2,201,000	84.0	84.0	84.0		4,320		224	17			307	5330.0		311.6	14.0			384.2	194.0	3440.0	4000.0							130.6	4.0	600.0	2000.0	46.2		3.0
MAX	8.0	200,000	200,000	4.0	4.0	4.0		300		22	1			30	230.0		32.5	1.3			21.6	7.8	222.0	300.0							8.3	2.0	42.0	170.0	2.5		0.3
MIN	4.0	81,000	34,000	4.0	4.0	4.0		150			1			12	102.7		8.0				12.4	7.7	206.0	300.0							7.3		30.4	130.4	0.4		0.1
AVG	4.0	97,500	80,307	4.0	4.0	4.0		254		7	1			23	190.0		11.9	0.8			10.7	7.8	215.0	314.0							8.1	0.8	31.2	166.0	1.6		0.1

DER FORM 17-1.200(8) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: David Chapman

HOW MANY OTHER OPERATORS?

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAME: Daniel Chapman CERTIFICATION NO: [illegible]

Mark Larson A00[illegible]

NAME OF PLANT: [illegible]

UTILITY COMPANY: Southern States Utilities

MONTH: December

COUNTY: Collier

ID NO: 5116102

YEAR: 1994

DESIGN FLOW: 750 MGD

TOTAL METERED SERVICES AT END OF MONTH: 391

TELEPHONE NUMBER: 813-394-3388

DATE	HOURS PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT GALLONS	FILTERS HOURS FILTER USED TOTAL	HOURS FILTER USED BETWEEN BACKWASHES MINIMUM	TOTAL WASH WATER USED GALLONS	CHEMICALS POUNDS USED LIME	CHLORINE GAS	CHLORINE POST	OTHER NOT PHOSPHATE	OTHER	OTHER	ALUM	DEMANDS (mg/l) LIME	CHLORINE GAS	CHLORINE POST	OTHER H2O	OTHER	OTHER	ALUM	PH RAW	PH FINISHED	HARDNESS RAW TOTAL	HARDNESS RAW CALCIUM	TURBIDITY RAW (NTU)	FLUORIDE RAW	ALKALINITY RAW P ALK	ALKALINITY RAW M ALK	ALKALINITY RAW TOTAL ALK	PH FINISHED	ALKALINITY FINISHED P ALK	ALKALINITY FINISHED M ALK	ALKALINITY FINISHED TOTAL ALK	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)
1	7.0	100,000	102,071	4	4	4																															
2	7.0	100,000	235,072	4	4	4																															
3			230,000																																		
4	6.0	140,000	170,072	4	4	4																															
5	7.0	100,000	100,071	4	4	4																															
6	5.0	74,000	104,072	4	4	4																															
7	7.0	175,000	100,071	4	4	4																															
8	7.0	101,000	140,070	4	4	4																															
9			101,070																																		
10			152,072																																		
11			101,071																																		
12	14.0	330,000	107,000	4	4	4																															
13	8.0	122,000	110,000	4	4	4																															
14			170,071																																		
15			177,071																																		
16	14.0	314,000	110,070	4	4	4																															
17			110,070																																		
18			117,000																																		
19	7.0	102,000	104,070	4	4	4																															
20	7.0	100,000	117,070	4	4	4																															
21			73,007																																		
22			01,002																																		
23	6.0	151,000	127,072	4	4	4																															
24			122,073																																		
25			100,072																																		
26	7.0	107,000	132,000	4	4	4																															
27	7.0	100,000	131,000	4	4	4																															
28			130,070																																		
29	7.0	175,000	143,000	4	4	4																															
30	6.0	153,000	130,072	4	4	4																															
31			127,071																																		
TOTAL	188.0	3,004,000	4,000,072	88	88	88																															
MAX	14.0	330,000	235,000	4	4	4																															
MIN	5.0	74,000	73,007	4	4	4																															
AVG	7.5	129,571	137,007	4	4	4																															

DER FORM 17-1.204(9) EFFECTIVE NOVEMBER 30, 1988

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Page 1 of 2

Mexico Shores Lime Softening Plant

January 1993

LEAD OPERATOR SIGNATURE: Original signed by Marc Larson
HOW MANY OTHER OPERATORS? 1
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Marc Larson CERTIFICATION NO. A005970
Daniel Chapman B009491

DESIGN FLOW: 720 MGD

TOTAL METERED SERVICES AT END OF MONT 277

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE			ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX			ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	7	186,000	178,000	4	4	4		300		15				20	217		10				14
2	7	170,000	138,000	4	4	4		300		11				20	212		10				14
3	14	343,000	182,000	4	4	4		600		14				40	210		10				14
4			155,000							13							10				
5	7	170,000	87,000	4	4	4		300		7				20	212		10				14
6	7	181,000	126,000	4	4	4		300		11				20	223		10				15
7			156,000							13							10				
8	7	161,000	106,000	4	4	4		275		9				20	205		10				15
9	7	181,000	112,000	4	4	4		275		9				20	205		10				15
10	4	97,000	99,000	4	4	4		175		7				13	218		10				16
11			160,000							13							10				
12			91,000	4	4	4				5							10				
13	8	212,000	84,000	4	4	4		300		7				20	170		10				11
14	5	100,000	108,000					170		14				14	204		10				17
15			166,000							14							10				
16			58,000	4	4	4				5							10				
17	8	209,000	79,000	4	4	4		300		7				20	172		10				11
18	5	124,000	85,000	4	4	4		200		7	1			15	163		10	1 0			15
19	5	142,000	88,000	4	4	4		250		9	1			17	211		10	0 8			14
20	7	172,000	101,000					300		8	1			20	208		10	0 7			14
21			102,000	4	4	4				8							10				
22	8	231,000	92,000					300		8	1			20	156		10	0 5			10
23			88,000							7							10				
24			91,000	4	4	4				8							10				
25	7	172,000	100,000	4	4	4		300		8	1			20	208		10	0 7			14
26	7	178,000	102,000	4	4	4		300		9	1			20	204		10	0 7			14
27	4	109,000	84,000	4	4	4		150		7	1			10	185		10	1 1			11
28	3	80,000	132,000	4	4	4		140		11	1			11	210		10	1 5			18
29	5	136,000	97,000					275		8	1			18	188		10	0 8			14
30			84,000							8							10				
31			154,000							13							10				
TOTAL	132	3,292,000	3,743,000	80	80	80		5,480		293	8			378	6001		310	7 8			278
MAX	14	343,000	178,000	4	4	4		600		15	1			40	223		10	1 8			17
MIN	3	80,000	81,000	4	4	4		140		5	1			10	156		10	0 5			10
AVG	4	106,000	121,000	4	4	4		176		9	1			19	200		10	0 9			14

DER FORM 17-1.209(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: January
TELEPHONE NUMBER: 813 394 3153

COUNTY: Collier
I.D. NO: 5110182
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS				AS CACO3												
DATE	pH	M.O. ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.9	276	364							8.5	2	40	160	0.2		0.9			
2	7.8	276	350							8.5	2	40	178	0.5		0.8			
3	7.9	268	364							8.6	4	48	174	0.7		0.6			
4														0.5		0.6			
5	7.9	264	356							8.5	4	48	186	0.3		0.6			
6	8.1	288	372							8.4	2	44	156	0.2		0.7			
7														0.2		0.5			
8	7.8	288	380							8.4	2	44	152	0.2		0.5			
9	7.8	266	378							8.5	2	48	158	0.4		0.8			
10	7.9	270	364							8.5	2	46	158	0.6		0.7			
11														0.8		0.4			
12														1.0		0.4			
13	7.9	272	380							8.1		110	226	0.7		0.5			
14	7.8	276	380							8.3		66	180	1.0		0.4			
15														0.7		0.4			
16														0.6		0.6			
17	7.9	276	372							8.6	2	68	184	0.5		0.6			
18	7.8	274	380							8.5	2	62	178	0.5		0.7			
19	7.9	276	342							8.4	2	66	178	0.7		0.5			
20	7.9	270	346							8.6		60	188	0.3		0.4			
21														0.5		0.6			
22	7.9	276	356							8.7		68	188	0.5		0.5			
23														0.7		0.7			
24														0.8		0.6			
25	8	272	372							8.9		62	178	0.5		0.5			
26	7.9	278	368							8.7		62	182	0.3		0.9			
27	7.8	270	370							8.6	2	66	174	0.3		0.9			
28	7.8	260	380							8.5		64	178	0.4		0.9			
29	7.9	256	334							8.2		66	178	0.6		0.8			
30														1		0.8			
31														1		0.8			
TOTAL	157.8	5432.0	7308							170.1	28	1208	3548	10.7		18.4			
MAX	8.1	288.0	380							8.9	4	110	226	1.0		0.9			
MIN	7.8		334							8.1	2	40	152	0.2		0.4			
AVG	7.9	175.2	365							8.5	2	60	177	0.6		0.6			

See Reverse Side For Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Page 1 of 2

Marco Shores Lime Softening Plant

February 1993

LEAD OPERATOR SIGNATURE: Original signed by Marc Larson
HOW MANY OTHER OPERATORS? 1
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Marc Larson CERTIFICATION NO: A005870
Daniel Chapman B006691

DESIGN FLOW: .720 MGD

TOTAL METERED SERVICES AT END OF MONT 277

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICAL USAGE: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE			ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX			ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	7	180,000	180,000	4	4	4		300		18	1			25	199		11	0 8			16
2	7	180,000	140,000	4	4	4		300		13	1			25	199		11	0 8			16
3	7	183,000	222,000	4	4	4		300		20	1			25	198		11	0 7			16
4	7	180,000	118,000	4	4	4		300		12	1			25	200		12	0 7			17
5	7	186,000	84,000	4	4	4		300		9	1			25	213		13	0 7			16
6			80,000							9							12				
7			108,000							10							11				
8	7	175,000	112,000	4	4	4		300		12	1			25	208		13	0 7			17
9	9	148,000	87,000	4	4	4		250		10	1			20	209		14	0 8			18
10	7	146,000	134,000	4	4	4		250		14	1			20	205		13	0 8			18
11	14	341,000	189,000	4	4	4		600		16	2			50	188		11	0 8			16
12	14	244,000	144,000	4	4	4		400		14	2			30	197		12	1 0			18
13			255,000							22							16				
14	7	178,000	150,000	4	4	4		300		15	1			25	202		12	0 7			17
15	7	172,000	211,000	4	4	4		300		19	1			25	208		11	0 7			17
16	12	297,000	208,000	4	4	4		600		18	2			50	242		11	0 8			20
17	12	299,000	232,000	4	4	4		600		21	2			50	246		11	0 8			20
18	13	308,000	83,000	4	4	4		650		7	2			50	234		13	0 8			19
19	4	57,000	212,000	4	4	4		110		19	1			10	231		11	2 1			21
20			209,000							19							11				
21			159,000							15							11				
22	13	312,000	230,000	4	4	4		800		21	2			50	231		11	0 8			19
23	13	309,000	188,000	4	4	4		800		16	2			50	233		11	0 8			19
24	7	210,000	170,000	4	4	4		300		18	1			25	171		11	0 8			14
25	7	165,000	150,000	4	4	4		300		14	1			25	184		11	0 8			16
26	5	117,000	110,000	4	4	4		200		11	1			16	205		12	1 0			16
27			122,000							11							11				
28			110,000							11							11				
29																					
30																					
31																					
TOTAL	183	4,445,000	4,388,000	84	84	84		7,810		415	29			858	4388		323	18 9			367
MAX	14	381,000	255,000	4	4	4		800		22	2			50	242		14	2 1			21
MIN	4	57,000	84,000	4	4	4		110		8	1			10	171		10	0 8			14
AVG	7	159,000	156,643	4	4	4		372		15	1			31	157		12	0 9			17

DER Form 17-1.204(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: February
TELEPHONE NUMBER: 813 394 3353

COUNTY: Collier
I D NO: 5110182
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS				AS CACO3												
DATE	pH	M O ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7 8	280	354							8 2		80	302	0 9		0 7			
2	7 8	278	350							8 3		80	190	0 3		0 8			
3	7 8	270	352							8 1		84	180	1 3		0 3			
4	7 8	274	356							8		56	174	3 8		0 3			
5	7 9	262	360							7 7		72	184	0 9		0 2			
6														1 1		0 3			
7														1 1		0 5			
8	8	280	370							8 4	2	54	170	1 8		0 6			
9	7 9	278	368							7 8		48	166	1 4		0 8			
10	8	284	356							7 5		50	164	1 4		0 8			
11	7 9	280	360							7 8		52	170	0 3		0 2			
12	7 8	282	344							8 2		50	174	0 2		0 8			
13														0 5		0 3			
14	7 8	288	348							8 2		80	180	1 5		0 3			
15	7 8	288	358							8 3		90	210	0 4		0 8			
16	7 8	290	358							7 7		42	192	2 3		0 5			
17	7 8	288	354							7 8		62	198	0 7		0 2			
18	7 8	288	356							7 6		44	178	0 7		0 2			
19	7 8	290	358							8		44	178	1 4		0 8			
20														2		0 4			
21														3		0 5			
22	8	274	368							7 8		32	172	3 5		0 6			
23	8	272	370							8		44	174	0 9		0 5			
24	8	274	380							8		32	172	0 5		0 5			
25	8	270	368							8		36	164	2 4		0 5			
26	8	290	348							7 9		40	168	0 8		0 5			
27														0 8		0 9			
28														0 4		0 4			
29																			
30																			
31																			
TOTAL	198 2	5648	7512							167 4	2	1124	3788	38 3		11 8			
MAX	8 0	290	370							8 4	2	80	210	3 5		0 8			
MIN	7 8	270	344							7 5	2	32	164	0 2		0 2			
AVG	7 9	282	368							8 0	2	54	179	1 3		0 4			

Marco Shores Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

March (19)

LEAD OPERATION SIGNATURE: Original signed by David Chapman

OPERATORS NAME: David Chapman CERTIFICATION NO. [illegible]

HOW MANY OTHER OPERATORS?

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

DESIGN FLOW: 720 MGD

TOTAL METERED SERVICES AT END OF MONTH 277

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICAL USAGE: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE			ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX			ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	7	177,000	325,000	4	4	4		300		31	1			25	203		11	0.7			17
2	7	171,000	129,000	4	4	4		300		12	1			25	210		11	0.7			18
3	6	134,000	219,000	4	4	4		300		21	1			25	208		11	0.9			22
4	7	174,000	184,000	4	4	4		300		15	1			25	207		11	0.7			17
5	14	305,000	108,000	4	4	4		600		10	1			50	238		11	0.4			20
6			263,000							25							11				
7	7	153,000	175,000	4	4	4		300		13	1			25	235		12	0.8			20
8	7	149,000	188,000	4	4	4		300		16	1			25	241		12	0.8			20
9	4	77,000	184,000	4	4	4		150		17	1			12	234		11	1.0			19
10	14	306,000	153,000	4	4	4		550		15	1			45	218		10	0.4			18
11	14	310,000	148,000	4	4	4		600		14	1			50	226		11	0.4			19
12	2	39,000	119,000	4	4	4		75		18	1			5	231		10	3.1			15
13			180,000							17							11				
14			121,000							11							11				
15	13	300,000	154,000	4	4	4		550		15	1			45	220		12	0.4			18
16	14	370,000	167,000	4	4	4		600		17	1			50	184		10	0.3			16
17	4	72,000	144,000	4	4	4		150		14	1			12	250		12	1.7			20
18	7	188,000	138,000	4	4	4		300		13	1			25	217		11	0.7			18
19	5	102,000	158,000	4	4	4		175		14	1			17	209		11	1.2			20
20			156,000							14							11				
21			119,000							8							8				
22	13	211,000	147,000	4	4	4		450		14	1			32	250		11	0.8			18
23	13	249,000	130,000	4	4	4		500		14	1			37	241		12	0.5			18
24	8	137,000	157,000	4	4	4		250		14	1			20	210		11	0.9			16
25	7	181,000	152,000	4	4	4		300		14	1			25	223		11	0.7			19
26	11	223,000	212,000	4	4	4		300		18	1			22	181		11	0.5			12
27			209,000							19							11				
28			101,000							8							11				
29	13	258,000	189,000	4	4	4		500		16	2			35	231		11	0.8			18
30	7	182,000	129,000	4	4	4		300		12	1			22	222		11	0.7			18
31	17	290,000	180,000	4	4	4		550		17	2			40	227		11	0.8			17
TOTAL	214	4,708,000	5,095,000	98	98	98		8,700		474	26			694	5374		348	20.4			431
MAX	14	370,000	325,000	4	4	4		600		31	2			50	250		12	3.1			22
MIN	2	39,000	101,000	4	4	4		75		8	1			5	181		8	0.3			12
AVG	7	152,000	164,000	4	4	4		383		15	1			20	224		11	0.8			18

DER FORM 17-1.204(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: March
TELEPHONE NUMBER: 813 394-3353

COUNTY: Collier
I.D. NO: 5110162
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED		AS CaCO3			FINISHED									
DATE	pH	M O ALK	HARDNESS TOTAL	HARDNESS CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.9	280	382							8.1		44	176	1.4		0.7			
2	7.9	280	350							8.2		42	172	0.3		0.6			
3	7.9	280	350							7.8		42	184	0.3		0.5			
4	7.9	272	346							7.8		66	180	0.5		0.4			
5	7.9	260	360							7.6		54	180	3.5		0.6			
6														2.9		0.5			
7	8.0	268	380							8.2		40	172	1.9		0.4			
8	7.9	272	382							8.4		36	188	0.6		0.3			
9	7.6	268	370							8.2		38	156	0.3		0.3			
10	7.9	268	372							7.8		46	174	2.8		0.4			
11	7.9	268	312							8	4	40	182	1.9		0.2			
12	7.9	266	330							8.4		36	182	1.5		0.2			
13														2		0.3			
14														2.5		0.4			
15	7.9	268	344							8		34	176	3.5		0.5			
16	8.0	260	348							8.3		32	180	0.2		0.3			
17	7.9	264	372							8.1		46	178	0.4		0.2			
18	7.9	266	336							8		50	180	2.1		0.3			
19	7.9	266	340							8		44	182	1.9		0.4			
20														2.3		0.3			
21														2.5		0.7			
22	7.9	266	354							7.8		38	176	3.5		0.9			
23	7.9	274	352							10.5	32	80	188	1.5		0.1			
24	7.9	264	350							10.5	32	50	184	1.1		0.1			
25	7.9	266	314							10.2	20	40	188	2.8		0.1			
26	7.9	262	344							9.8	10	38	184	2.9		0.1			
27														3		0.1			
28														3.5		0.1			
29	7.9	260	352							7.7		28	184	4		0.1			
30	8.0	264	354							8		30	188	0.4		0.2			
31	8.0	266	354							8.3		28	180	1		0.1			
TOTAL	189.9	8428	8418							202.1	96	888	4118	56.0		10.4			
MAX	8.0	280	372							10.5	32	66	190	4.0		0.9			
MIN	7.6	260	314							7.8	4	26	156	0.2		0.1			
AVG	7.9	268	351							8.5	20	42	172	1.9		0.3			

(NER FORM 17-1.20(8)) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side For Page 1

Marco Shores Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

April 1993

LEAD OPERATOR SIGNATURE Original signed by Daniel Chapman

HOW MANY OTHER OPERATORS?

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES Daniel Chapman CERTIFICATION NO Bonnett

DESIGN FLOW 720 MGD

TOTAL METERED SERVICES AT END OF MONT 277

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICAL USAGE: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE			ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX			ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	7	186,000	170,000	4	4	4		250	4	6	1			22	181	3	4	0.7			16
2	7	181,000	91,000	4	4	4		300	5	3	1			22	189	3	4	0.7			15
3			139,000							5							4				
4			203,000							7							4				
5	14	316,000	188,000	4	4	4		500	8	8	2			44	190	3	4	0.8			17
6	7	172,000	145,000	4	4	4		275	4	5	1			22	182	3	4	0.7			15
7	7	173,000	152,000	4	4	4		275	4	5	1			22	181	3	4	0.7			15
8	7	173,000	177,000	4	4	4		275	4	6	1			22	181	3	4	0.7			15
9	7	175,000	125,000	4	4	4		275	4	5	1			22	186	3	4	0.7			15
10			112,000							4							4				
11			98,000							3							4				
12	6	151,000	101,000	4	4	4		250	4	3	1			22	189	3	4	0.8			17
13	7	174,000	107,000	4	4	4		275	4	4	1			22	180	3	4	0.7			15
14			120,000							4							4				
15	7	198,000	162,000	4	4	4		300	5	5	1			22	182	3	4	0.8			13
16			72,000							2							4				
17			64,000							2							4				
18			146,000							5							4				
19	14	380,000	84,000	4	4	4		600	10	3	2			44	184	3	4	0.8			14
20	7	180,000	181,000	4	4	4		275	5	1	1			22	183	3	4	0.7			15
21			130,000							4							4				
22	7	190,000	100,000	4	4	4		300	5	3	1			22	186	3	4	0.8			14
23	7	182,000	183,000	4	4	4		275	5	6	1			22	181	3	4	0.7			14
24	7	172,000	112,000	4	4	4		275	4	4	1			22	182	3	4	0.7			15
25			105,000							4							4				
26			220,000							6							4				
27	12	308,000	184,000	4	4	4		500	8	5	2			42	185	3	4	0.8			16
28	7	205,000	224,000	4	4	4		300	5	7	1			22	175	3	4	0.8			13
29	7	208,000	187,000	4	4	4		300	5	6	1			22	173	3	4	0.8			13
30	7	208,000	98,000	4	4	4		300	5	6	1			22	173	3	4	0.8			13
31																					
TOTAL	151	3,022,000	4,129,000	76	76	76		8,075	98	137	22			482	3548	57	120	13			280
MAX	14	380,000	229,000	4	4	4		600	10	8	2			44	190	3	4	0.8			17
MIN	6	151,000	84,000	4	4	4		250	4	1	1			22	173	3	4	0.8			13
AVG	5	131,000	138,000	4	4	4		320	5	5	1			25	187	3	4	0.7			15

DEP FORM 17-1.209(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: April
TELEPHONE NUMBER: 813 394 3353

COUNTY: Collier
I.D. NO: 5110182
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED TURBIDITY (NTU)	SETTLED pH	SETTLED AS CaCO3 P ALK	SETTLED AS CaCO3 M ALK	SETTLED AS CaCO3 TOTAL HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.8	288	354							8.1		28	154	0.4		0.1			
2	7.8	284	354							7.9		28	154	2.4		0.2			
3														8.5		0.2			
4														3.5		0.2			
5	7.8	270	326							7.7		22	158	4.5		0.3			
6	7.8	270	350							8.1		22	156	0.8		0.2			
7	7.8	274	346							8		24	154	1.1		0.2			
8	7.8	282	358							7.9		26	152	1.1		0.2			
9	7.8	280	354							7.8		28	150	1.2		0.1			
10														1.8		0.2			
11														3.5		0.3			
12	7.8	242	328							8		24	158	2.8		0.4			
13	7.9	264	328							7.9		24	156	2.7		0.4			
14														3		0.4			
15	7.8	286	350							7.8		24	154	3.3		0.4			
16														3.5		0.4			
17														2.5		0.4			
18														1.5		0.3			
19	7.8	280	344							7.8		24	152	1.2		0.3			
20	7.9	280	344							7.8		36	148	0.9		0.2			
21														1.2		0.2			
22	7.9	280	360							8.2		36	156	2.6		0.3			
23	7.8	280	370							8.2		36	162	1.5		0.3			
24	7.8	248	372							8.2		40	166	0.8		0.3			
25														0.7		0.4			
26														0.6		0.5			
27	7.8	280	310							8.2		42	170	0.6		0.4			
28	7.8	250	320							8.2		32	164	2		0.4			
29	7.8	280	310							8.2		36	156	1.7		0.4			
30	7.8	280	310							8.2		36	156	1.8		0.4			
31																			
TOTAL	148.7	4878	6364							152.3		572	2978	57.4		9.9			
MAX	7.9	270	360							8.2		42	170	4.5		0.5			
MIN	7.8	248	310							7.7		22	148	0.4		0.1			
AVG	7.8	282	336							8.0		30	157	3.0		0.8			

DEP FORM 17-1.20(9) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side For Page 1

Marco Shores Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

May 1993

LEAD OPERATOR SIGNATURE Original signed by Daniel Chapman

HOW MANY OTHER OPERATORS?

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME Daniel Chapman CERTIFICATION NO B006691

DESIGN FLOW 720 MGD

TOTAL METERED SERVICES AT END OF MONTH

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTERING BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER RUN GALLONS	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE			ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX			ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1			203 000							5							3				
2	8	239 000	76 000	4	4	4		400	8	2	1			32	201	4	3				
3			215 000							5							5				
4	7	202 000	125 000	4	4	4		300	7	3	1			22	178	4	3				
5	7	178 000	122 000	4	4	4		275	6	3	1			22	184	4	3				
6	4	86 000	105 000	4	4	4		150	3	4	1			12	187	4	3				
7	7	182 000	132 000	4	4	4		275	6	3	1			22	181	4	3				
8			142 000							4							3				
9			57 000							1							3				
10	7	170 000	83 000	4	4	4		275	6	6	1			22	184	4	3				
11	7	165 000	54 000	4	4	4		275	6	1	1			22	200	4	3				
12			47 000							1							3				
13			42 000							1							3				
14	6	145 000	52 000	4	4	4		225	5	1	1			20	186	4	3				
15			45 000							1							3				
16			78 000							2							3				
17	7	172 000	102 000	4	4	4		275	6		1			22	192	4	3				
18	7	177 000	84 000	4	4	4		275	6	2	1			22	186	4	3				
19	6	122 000	115 000	4	4	4		200	4	3	1			16	197	4	3				
20			133 000							3							3				
21	7	184 000	117 000	4	4	4		300	6	3	1			22	185	4	3				
22			85 000							2							3				
23			98 000							2							3				
24	7	185 000	229 000	4	4	4		300	6	6	1			22	218	4	3				
25	7	177 000	88 000	4	4	4		275	6	2	1			22	186	4	3				
26	7	182 000	118 000	4	4	4		300	6	3	1			20	188	4	3				
27	6	144 000	188 000	4	4	4		250	5	5	1			20	208	4	3				
28	5	129 000	140 000	4	4	4		225	4	4	1			18	209	4	3				
29			152 000							4							3				
30			64 000							2							3				
31	8	187 000	208 000	4	4	4		300	7	5	1			22	183	4	3				
TOTAL	120	3,027,000	3,612,000	72	72	72		4,875	103	89	18			380	3483	72	93				
MAX	8	239,000	229,000	4	4	4		400	8	6	1			32	218	4	3				
MIN	4	86,000	42,000	4	4	4		150	3	1	1			12	178	4	3				
AVG	7	168,000	117,000	4	4	4		271	6	3	1			21	194	4	3				

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: May
TELEPHONE NUMBER: 813 394 3353

COUNTY: Collier
I.D. NO: 5110182
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS				AS CaCO3												
DATE	pH	M O ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK.	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1														3.5		0.0			
2	7.8	254	310							7.8		48	178	.4		0.7			
3														0.9		0.9			
4	7.8	260	336							8		58	174	.3		0.7			
5	7.8	254	342							8.2		70	188	0.5		0.8			
6	7.8	258	346							8		68	184	0.9		0.5			
7	7.8	250	342							8		66	174	0.9		0.6			
8														1.6		0.5			
9														1.8		0.5			
10	7.8	254	336							7.7		54	134	0.8		0.5			
11	7.8	246	336							8.2		50	156	.3		0.9			
12														.1		0.8			
13														3.5		0.8			
14	7.8	246	334							8		44	136	4.5		0.8			
15														0.4		0.8			
16														3.5		0.9			
17	7.8	248	320							7.4		40	160	3.0		0.9			
18	7.8	252	328							7.4		32	152	1.1		0.9			
19	7.8	252	322							7.7		30	138	0.7		0.8			
20														3.3		0.9			
21	7.8	246	380							7.3		32	150	.3		0.5			
22														0.5		0.8			
23														3.3		0.9			
24	7.8	250	314							7.2		22	134	.4		0.9			
25	7.8	250	328							7.5		28	140	0.7		0.9			
26	7.8	260	324							7.8		24	144	0.9		0.7			
27	7.8	262	324							7.8		26	142	0.5		0.9			
28	7.8	264	370							7		26	146	2.3		0.7			
29														2.8		0.8			
30														2.4		0.6			
31	7.8	260	340							7		20	128	4.5		0.9			
TOTAL	140	4570	5880							137.9		736	2734	68.0		22.5			
MAX	7.8	264	380							8.2		70	188	4.6		0.9			
MIN	7.8	246	310							7.0		20	128	0.4		0.5			
AVG	7.8	254	331							7.7		41	152	2.2		0.7			

See Reverse Side For Page 1

Marco Shores Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

June 1993

LEAD OPERATOR SIGNATURE: Original signed by David Chapman

HOW MANY OTHER OPERATORS?

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME: David Chapman CERTIFICATION NO: 000091

DESIGN FLOW: 220 MGD

TOTAL METERED SERVICES AT END OF MONT 227

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICAL USAGE: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE			ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX			ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	8	130,000	52,000	4	4	4		225	4	1	1			18	203	4	3	0.8			16
2	7	171,000	82,000	4	4	4		300	6	1	1			22	210	4	3	0.7			16
3			131,000							3							3				
4	7	184,000	137,000	4	4	4		300	6	3	1			25	195	4	3	0.7			16
5			116,000							3							3				
6			74,000							2							3				
7	7	183,000	205,000	4	4	4		300	6	5	1			25	197	4	3	0.7			16
8	7	195,000	82,000	4	4	4		250	5	2	1			22	183	4	3	0.8			17
9	7	178,000	72,000	4	4	4		300	6	2	1			25	202	4	3	0.7			17
10	5	110,000	50,000	4	4	4		200	4	1	1			15	207	4	3	1.0			16
11	2	51,000	43,000	4	4	4		85	2	1	1			7	200	4	3	1.2			16
12			43,000							1							3				
13	6	141,000	31,000	4	4	4		225	5	1	1			19	191	4	3	0.8			16
14			22,000							1							3				
15	7	174,000	24,000	4	4	4		300	6	1	1			25	207	4	3	0.7			17
16			29,000							1							3				
17			25,000							1							3				
18	7	170,000	25,000	4	4	4		300	6	1	1			25	212	4	3	0.7			16
19			29,000							1							3				
20			25,000							1							3				
21	7	145,000	1,000	4	4	4		250	5	1	1			19	207	4	3	0.8			16
22			27,000							1							3				
23			29,000							1							3				
24	6	131,000	23,000	4	4	4		203	4	1	1			17	196	4	3	0.8			16
25			24,000							1							3				
26			26,000							1							3				
27			25,000							1							3				
28	7	171,000	1,000	4	4	4		300	6		1			25	210	4		0.7			16
29			26,000							1							3				
30			27,000							1							3				
31																					
TOTAL	86	2,100,000	1,488,000	56	56	56		3,536	71	41	13.5			286	2820	56	84	11.4			230
MAX	7	184,000	205,000	4	4	4		300	6	5	1			25	212	4	3	1.2			16
MIN	2	51,000	1,000	4	4	4		85	2		0.5			7	183	4		0.7			16
AVG	3	70,000	48,000	4	4	4		253	5	1	1			21	201	4	2.8	0.8			16

DER FORM 17-1.20(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: June
TELEPHONE NUMBER: 813 394 3153

COUNTY: Collier
I.D. NO: SI10182
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS AS CACO3																
DATE	pH	M O ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.8	254	310							7.1		20	132	0.6		0.8			
2	7.8	252	322							7.2		24	132	0.8		0.7			
3														0.8		0.7			
4	7.7	252	294							6.6		22	138	0.5		0.9			
5														0.5		0.7			
6														0.5		0.7			
7	7.7	242	300							7.1		38	120	0.4		0.8			
8	7.7	244	302							7.4		30	128	0.7		0.5			
9	7.7	242	308							7.4		38	130	0.4		0.4			
10	7.7	242	306							7.5		32	122	1.0		0.2			
11	7.7	244	308							7.6		24	124	1		0.2			
12														2		0.4			
13	7.7	242	294							7.1		30	140	2.0		0.6			
14														2.3		0.6			
15	7.6	238	280							6.9		20	120	3.5		0.6			
16														1.7		0.5			
17														3.1		0.6			
18	7.6	240	312							6.8		24	130	4.5		0.7			
19														3.5		0.7			
20														2		0.7			
21	7.7	242	264							7.1		28	130	1		0.7			
22														1.1		0.7			
23														3.5		0.8			
24	7.6	250	270							6.8		26	128	3.5		0.8			
25														2.5		0.8			
26														1		0.6			
27														2		0.8			
28	7.8	244	308							6.9		20	130	2.5		0.9			
29														1.8		0.8			
30														3.5		0.8			
31																			
TOTAL	106	3428	4142							99.5		384	1792	62.9		20.5			
MAX	7.8	254	322							7.6		38	140	4.5		0.9			
MIN	7.6	238	264							6.8		20	120	0.4		0.2			
AVG	7.7	245	296							7.1		26	128	2.1		0.7			

DER FORM 17-1.709(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side For Page 1

Marco Shores Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

July 1971

LEAD OPERATOR SIGNATURE Original signed by Daniel Chapman

HOW MANY OTHER OPERATORS?

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES Daniel Chapman CERTIFICATION NO 8006891

DESIGN FLOW 720 MGD

TOTAL METERED SERVICES AT END OF MONTH 277

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE			ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX			ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	7	189,000	12,000	4	4	4		300	6	3	1			35	213	4	3	0 7			18
2			78,000							2							3				
3			78,000							2							3				
4			28,000							1							3				
5	4	108,000	41,000	4	4	4		200	4	1	1			14	228	4	3	1 1			16
6			30,000							1							3				
7			38,000							1							3				
8	6	146,000	44,000	4	4	4		250	5	1	1			20	203	4	3	0 8			16
9	5	122,000	37,000	4	4	4		200	4	1	1			16	197	4	3	1 0			16
10			50,000							1							3				
11			28,000							1							3				
12			38,000							1							3				
13			45,000							1							3				
14			33,000							1							3				
15	7	174,000	38,000	4	4	4		350	6	1	1			20	241	4	3	0 7			14
16	4	100,000	44,000	4	4	4		200	3	1	1			11	240	4	3	0 6			13
17			43,000							1							3				
18			38,000							1							3				
19			28,000							1							3				
20	5	140,000	40,000	4	4	4		285	5	1	1			14	244	4	3	0 9			12
21			47,000							1							3				
22			33,000							1							3				
23	7	175,000	42,000	4	4	4		350	6	1	1			20	240	4	3	0 7			14
24			51,000							1							3				
25			23,000							1							3				
26			28,000							1							3				
27			90,000							2							3				
28	7	171,000	36,000	4	4	4		350	6	1	1			20	245	4	3	0 7			14
29			83,000							2							3				
30	8	182,000	84,000	4	4	4		350	5	2	1			20	259	4	3	0 7			15
31			89,000							2							3				
TOTAL	58	1,467,000	1,357,000	40	40	40		2,835	50	39	9 5			182	2306	40	83	7 9			150
MAX	7	175,000	90,000	4	4	4		350	6	3	1			35	259	4	3	1 1			18
MIN	4	100,000	12,000	4	4	4		200	3	1	0 5			11	197	4	3	0 6			12
AVG	5 8	47,000	44,000	4	4	4		284	5	1	0			18	231	4	3	0 8			15

DER FORM 17-1 20(8)

EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: July
TELEPHONE NUMBER: 813 394 3153

COUNTY: Collier
ID NO: 5110182
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS AS CACO3																
DATE	pH	M O ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.8	236	356							7.3		20	104	1.8		0.9			
2														0.7		0.9			
3														0.5		0.9			
4														3.5		1.2			
5	7.8	240	364							6.6		18	102	4.3		1.2			
6														0.5		0.9			
7														1.4		0.9			
8	7.7	224	304							6.7		16	120	1.3		1			
9	7.8	228	304							7.2		18	118	0.4		0.9			
10														0.6		0.9			
11														2.3		0.9			
12														3.3		0.9			
13														1		0.9			
14														2.8		0.9			
15	7.7	220	300							6.6		20	120	3.8		1.1			
16	7.8	220	288							7.3		20	118	0.7		0.7			
17														1.5		0.7			
18														1.9		0.9			
19														2.5		0.9			
20	7.7	218	316							7.3		20	106	1.3		1			
21														0.2		0.5			
22														1		0.9			
23	7.8	230	308							7.3		24	108	0.4		0.9			
24														0.5		0.4			
25														3.9		0.9			
26														4.5		0.7			
27														1.5		0.7			
28	7.7	234	320							7.2		16	90	1		0.5			
29														0.3		0.2			
30	7.7	266	310							7.3		14	88	2.8		0.5			
31														0.5		0.3			
TOTAL	77.3	2318	3080							70.8		186	1072	57.3		20.2			
MAX	7.8	266	356							7.3		20	120	4.5		1.2			
MIN	7.6	218	284							6.6		14	88	0.2		0.2			
AVG	7.7	232	309							7.1		20	107	1.9		0.8			

Marion Shores Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

August 1993

LEAD OPERATOR SIGNATURE Original signed by David Chapman

HOW MANY OTHER OPERATORS?

NOTE - GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME'S David Chapman CERTIFICATION NO 8001991

DESIGN FLOW .720 MGD

TOTAL METERED SERVICES AT END OF MONT 277

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICAL USAGE: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE			ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX			ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1			27,000							1							4				
2			55,000							2							4				
3			59,000							2							4				
4	7	178,000	84,000	4	4	4		350		2	1			20	238		4	0.7			14
5			54,000							2							4				
6	6	167,000	25,000	4	4	4		300		1	1			17	229		5	0.7			13
7			34,000							1							4				
8			27,000							1							4				
9			36,000							1							4				
10	7	188,000	9,000	4	4	4		300		1	1			20	217		15	0.7			14
11	6	152,000	28,000	4	4	4		300		1	1			20	237		5	0.8			16
12			19,000							1							6				
13			26,000							1							4				
14			104,000							3							3				
15			73,000							2							3				
16	5	148,000	15,000	4	4	4		300		1	1			20	246		5	0.8			16
17			26,000							1							4				
18	7	174,000	14,000	4	4	4		370		1	1			20	241		9	0.7			14
19			89,000							3							4				
20	7	184,000	87,000	4	4	4		350		3	2			20	229		4	1.0			13
21			66,000							2							4				
22			63,000							3							4				
23	7	173,000	46,000	4	4	4		350		2	1			20	243		5	0.7			14
24			66,000							3							4				
25	7	183,000	46,000	4	4	4		350		2	1			20	229		5	0.7			13
26	6	151,000	38,000	4	4	4		300		2	1			20	238		7	0.8			16
27	6	149,000	36,000	4	4	4		300		2	1			20	241		8	0.8			16
28			14,000							1							9				
29			26,000							1							9				
30	6	151,000	4,000	4	4	4		300			1			20	238		4	0.8			16
31			8,000																		
TOTAL	77	1,867,000	1,324,000	48	48	48		3,850		51	12.5			237	2618		150	9.2			175
MAX	7	184,000	104,000	4	4	4		350		3	1.5			20	246		15	1.0			16
MIN	5	148,000	4,000	4	4	4		300		1	1			17	217			0.7			13
AVG	7	63,000	43,000	4	4	4		321		2	1			20	235		9	0.8			15

DER FORM 17-1.209(6) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: August
TELEPHONE NUMBER: 813 394 3353

COUNTY: Collier
I.D. NO: 5110182
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS				AS CACO3												
DATE	pH	M O ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	pH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1														0.6		0.2			
2														2.2		0.4			
3														2.4		0.6			
4	7.8	246	326							7.3		16	80	2.8		0.5			
5														0.3		0.2			
6	7.8	240	326							8.2		18	110	3.6		0.3			
7														0.3		0.2			
8														.2		0.2			
9														.2		0.2			
10	7.8	236	310							8.2	2	18	124	1.5		0.3			
11	7.8	234	322							10	6	30	120	0.2		0.2			
12														0.4		0.2			
13														.5		0.3			
14														.4		0.2			
15														.2		0.2			
16	7.9	240	336							8.5		22	132	1.4		0.2			
17														0.7		0.2			
18	7.7	242	336							9.9	4	30	118	2.3		0.1			
19														0.6		0.2			
20	7.7	240	330							9.5	6	34	92	2.1		0.1			
21														3.9		0.1			
22														.5		0.1			
23	7.8	236	324							8.3		20	108	2.8		0.1			
24														0.6		0.1			
25	7.8	236	324							8.7	4	18	100	2.4		0.1			
26	7.7	246	314							8.1	6	18	98	0.2		0.1			
27	7.7	242	312							9.7	6	16	90	.1		0.1			
28														.2		0.1			
29														2.1		0.1			
30	7.7	242	312							10.1	10	30	108	2.1		0.1			
31														2.1		0.1			
TOTAL	93.2	2866	3882							108.5	44	270	1294	41.0		6.0			
MAX	7.9	246	336							10.1	10	34	132	3.9		0.5			
MIN	7.7	234	312							7.3		16	90	0.2		0.1			
AVG	7.8	241	324							9.0	3.7	23	107	2.0		0.2			

DEP Form 17-1.209(9) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side For Page 1

Marion Shores Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

September 1993

LEAD OPERATOR SIGNATURE Original signed by Daniel Chapman

HOW MANY OTHER OPERATORS?

NOTE - GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATORS NAMES Daniel Chapman CERTIFICATION NO B00981

DESIGN FLOW 720 MGD

TOTAL MILLIED SERVICES AT END OF MONT 277

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTERS RUN BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE			ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX			ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1			34 000							1							4				
2	5	134 000	18 000	4	4	4		290		1	1			18	259		4	0 9			14
3			18,000							1							4				
4			20,000							1							4				
5			30,000							1							6				
6	7	175,000	22,000	4	4	4				1							4				
7			26,000					350		1	1			20	240		4	0 7			14
8			46,000							1							6				
9	5	130 000	58,000	4	4	4				2							4				
10			23,000					280		2	1			15	256		4	0 9			14
11			147,000							1							4				
12			50 000							5							4				
13	7	178,000	57,000	4	4	4				2							4				
14	7	172,000	54,000	4	4	4		350		2	1			20	238		4	0 7			14
15			84,000					350		2	1			20	244		4	0 7			14
16			47,000							3							4				
17	4	100 000	58,000	4	4	4				1							6				
18			87,000					210		2	1			12	240		4	1 2			14
19			43,000							2							4				
20	6	150,000	84,000	4	4	4				1							6				
21			88,000					330		2	1			18	254		4	0 8			14
22			89,000							2							4				
23			92,000							2							6				
24	14	378,000	126,000	4	4	4				3							4				
25			81,000					700		4	2			40	221		4	0 6			13
26			65,000							3							4				
27			122 000							2							4				
28	7	174 000	88,000	4	4	4				4							4				
29			186 000					350		3	1			20	241		4	0 7			14
30			82,000							0							4				
31										3							4				
TOTAL	82	1,586,000	1,922,000	36	36	36		3,200		66	10			101	2185		120	7 2			125
MAX	14	378,000	186,000	4	4	4		700		6	2			40	259		4	1 2			14
MIN	4	100,000	18,000	4	4	4		280		1	1			12	221		4	0 6			13
AVG	7	53,200	64,000	4	4	4		356		2	1			20	244		4	0 8			14

OER FORM 17-1.008(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: September
TELEPHONE NUMBER: 813 394 3353

COUNTY: Collier
I.D. NO: 5110182
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED TURBIDITY (NTU)	SETTLED pH	SETTLED AS CaCO3 P ALK	SETTLED AS CaCO3 M ALK	SETTLED AS CaCO3 TOTAL HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1														3.7		0.1			
2	7.8	236	300							8.5	4	20	82	2.3		0.1			
3														1.4		0.1			
4														2.4		0.1			
5														.2		0.1			
6	7.8	232	322							8.5	6	28	108	0.6		0.1			
7														0.5		0.1			
8														1.7		0.1			
9	7.8	232	318							7.8		22	120	.4		0.1			
10														2.6		0.1			
11														3.9		0.1			
12														3.8		0.2			
13	7.8	234	318							7.9		20	100	3.5		0.3			
14	7.8	236	318							8.6	4	24	130	0.4		0.2			
15														0.6		0.2			
16														1.4		0.1			
17	7.8	234	318											3.5		0.1			
18														.1		0.1			
19														1.1		0.1			
20	7.8	220	308							9.1	4	32	100	2.9		0.1			
21														.1		0.1			
22														2.4		0.1			
23														3.5		0.1			
24	7.8	220	300							9.1	4	24	85	1.9		0.1			
25														0.7		0.1			
26														.2		0.1			
27														2.5		0.1			
28	7.8	210	284							9.4	6	30	118	1.8		0.1			
29														.1		0.1			
30														1.4		0.1			
31																			
TOTAL	70.2	2058	2764							70.7	28	186	847	30.9		3.6			
MAX	7.8	236	322							9.5	6	32	130	4.0		0.3			
MIN	7.8	210	284							7.8	4	20	82	0.4		0.1			
AVG	7.8	229	309							7.9	5	22	94	2.0		0.1			

DEP FORM 17-1.20(8) EFFECTIVE NOVEMBER 30 1982

See Reverse Side For Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Marco Shores Lime Softening Plant

October 1993

LEAD OPERATOR SIGNATURE: Original signed by Daniel Chapman

HOW MANY OTHER OPERATORS?

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATORS NAMES: Daniel Chapman CERTIFICATION NO. 8006881

DESIGN FLOW: 720 MGD

TOTAL METERED SERVICES AT END OF MONTH 277

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS USED: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE			ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX			ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	8	132,000	70,000	4	4	4		200		10	1			12	182		17	0.8			11
2	8	146,000	111,000	4	4	4		250		11	1			15	205		12	0.8			12
3			100,000							8							7				
4	8	130,000	135,000	4	4	4		250		11	1			15	231		10	0.8			14
5	7	174,000	122,000	4	4	4		350		11	1			20	241		11	0.7			14
6	7	175,000	94,000	4	4	4		350		12	1			20	240		15	0.7			14
7	7	158,000	113,000	4	4	4		300		12	1			16	220		13	0.8			14
8			88,000							8							8				
9			84,000							8							8				
10			39,000							3							9				
11	7	178,000	111,000	4	4	4		350		12	1			20	238		13	0.7			14
12	8	150,000	88,000	4	4	4		275		12	1			18	220		21	0.8			14
13	7	178,000	83,000	4	4	4		350		11	1			20	230		21	0.7			14
14			107,000							8							7				
15	6	155,000	77,000	4	4	4		275		12	1			18	213		18	0.8			14
16			77,000							8							9				
17			78,000							8							9				
18			52,000							8							14				
19	7	183,000	20,000	4	4	4		350		12	1			20	220		72	0.7			13
20			19,000							8							38				
21	6	147,000	81,000	4	4	4		250		8	1			16	204		8	0.8			15
22			78,000							8							8				
23			78,000							5							8				
24			72,000							5							8				
25	7	180,000	42,000	4	4	4		350		12	1			20	221		34	0.8			13
26			46,000							5							13				
27			42,000							12							34				
28			38,000							2							8				
29	5	100,000	110,000	4	4	4		200		8	1			12	240		4	1.2			14
30			44,000							2							5				
31			43,000							2							8				
TOTAL	80	2,100,000	2,302,000	56	56	56		4,100		238	14			246	3139		470	11.0			180
MAX	7	178,000	135,000	4	4	4		350		12	1			20	241		72	1.2			16
MIN	5	100,000	19,000	4	4	4		200		2	1			12	182		4	0.8			11
AVG	3	71,000	74,000	4	4	4		297		8	1			18	223		15	0.8			14

OR EQUIVALENT (1000)

EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: October
TELEPHONE NUMBER: 813 394 3353

COUNTY: Collier
ID NO: 5110182
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

	RAW				SETTLED					FINISHED									
			HARDNESS				AS CACO3												
DATE	pH	M O ALK	TOTAL	CALCIUM	TURBIDITY (NTU)	PH	P ALK	M ALK	TOTAL HDNS	pH	P ALK	M ALK	TOTAL HDNS	RESIDUAL CHLORINE	COLOR	TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	7.7	204	280							8.7	8	36	128	1.3		0.1			
2	7.7	204	280							9.8	8	36	120	1.5		0.1			
3														2.0		0.1			
4	7.6	210	304							8.5	6	30	130	3.5		0.1			
5	7.6	208	312							9.4	6	36	102	3.3		0.1			
6	7.6	206	312							9	4	24	88	0.8		0.1			
7	7.7	206	308							8.2	2	22	88	0.9		0.1			
8														1.2		0.1			
9														2.5		0.1			
10														3.7		0.1			
11	7.7	210	316							8.9	2	24	100	.3		0.1			
12	7.7	210	316							9.2	4	26	110	.1		0.1			
13	7.7	210	300							10.3	20	40	124	1.7		0.1			
14														0.5		0.1			
15	7.7	214	310							10.4	16	36	140	.1		0.1			
16														1.5		0.1			
17														2.0		0.1			
18														.5		0.1			
19	7.7	222	316							9.7	8	32	128	.3		0.1			
20														0.7		0.4			
21	7.7	208	316							9.6	10	20	110	3.5		0.2			
22														0.5		0.2			
23														1.5		0.2			
24														2.5		0.2			
25	7.6	210	304							9		22	85	1.5		0.2			
26														0.7		0.4			
27														1.7		0.3			
28														1.8		0.2			
29	7.6	210	304							9		20	80	1.9		0.1			
30														1.5		0.1			
31														3.6		0.1			
TOTAL	108	2938	4260							132.2	82	408	1541	62.1		2.6			
MAX	7.8	222	316							10.4	20	40	128	5.0		0.4			
MIN	7.6	204	280							8.5		20	85	0.5		0.1			
AVG	7.7	210	306							9.4	7	29	110	2.0		0.2			

DER FORM 17-1.20(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side For Page 1

Marco Shores Lime Softening Plant

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

November 1991

LEAD OPERATOR SIGNATURE: Original signed by Daniel Chapman

HOW MANY OTHER OPERATORS? 3

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Daniel Chapman CERTIFICATION NO: 0008691

Marc Larsen Jeff Stow 0006166

DESIGN FLOW: 720 MGD

TOTAL METERED SERVICES AT END OF MONT 277

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICAL USAGE: LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX PHOSPHATE			ALUM	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: HEX			ALUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1			80,000														10				
2	7	264,000	52,000	4	4	4		450		5	1			30	204		9	0.5			14
3			70,000							6							10				
4	7	220,000	52,000	4	4	4		400		6	1			25	218		9	0.6			14
5	6	144,000	81,000	4	4	4		250		5	1			17	208		10	0.6			14
6			61,000							5							10				
7			78,000							7							11				
8			58,000							5							11				
9	7	196,000	83,000	4	4	4		350		5	1			20	250		10	0.7			14
10			50,000							4							10				
11			58,000							5							10				
12			79,000							6							9				
13	7	176,000	66,000	4	4	4		350		6	1			20	238		11	0.7			14
14			61,000							3							8				
15			90,000							8							11				
16	7	176,000	81,000	4	4	4		350		7	1			20	238		10	0.7			13
17			74,000							6							10				
18	6	152,000	127,000	4	4	4		325		11	1			24	256		10	0.8			16
19	8	158,000	84,000	4	4	4		300		7	1			24	226		10	0.8			16
20			78,000							7							11				
21	7	177,000	92,000	4	4	4		350		8	1			20	237		10	0.7			14
22			63,000							7							10				
23	7	174,000	102,000	4	4	4		350		8	1			20	245		11	0.7			14
24			118,000							10							10				
25	13	310,000	42,000	4	4	4		500		4	1			30	193		11	0.4			12
26	13	310,000	80,000	4	4	4		500		5	1			30	193		10	0.4			12
27			80,000							6							10				
28			57,000							5							9				
29			70,000							6							8				
30			60,000							8							10				
31										7							11				
TOTAL	93	2,431,000	2,138,000	48	48	48		4,475		181	12			280	2702		309	7.8			172
MAX	13	310,000	127,000	4	4	4		500		11	1			30	256		11	0.8			16
MIN	6	144,000	42,000	4	4	4		250		3	1			17	183		8	0.4			12
AVG	3	81,000	71,000	4	4	4		373		8	1			23	225		10	0.7			14

DER FORM 17-1.20(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: November
TELEPHONE NUMBER: 813-394-3353

COUNTY: Collier
I.D. NO: 5110182
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED TURBIDITY (NTU)	SETTLED PH	SETTLED AS CACO3 P ALK	SETTLED AS CACO3 M ALK	SETTLED AS CACO3 TOTAL HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1														2.5	0.1				
2	7.8	214	318							8.3		22	74	1.8	0.1				
3														1.1	0.4				
4	7.8	220	316							8.5		24	72	2.8	0.2				
5	7.7	270	308							8.3		26	70	1.2	0.3				
6														0.8	0.2				
7														2.7	0.2				
8														0.5	0.1				
9	7.7	226	316							7.8		42	70	0.4	0.8				
10														1	0.8				
11														0.7	0.3				
12														1.5	0.1				
13	7.8	234	330							8		34	80	1.4	0.1				
14														3.1	0.2				
15														2.2	0.2				
16	7.8	226	326							8.5	2	32	100	3.5	0.2				
17														0.5	0.3				
18	7.8	232	324							8.9	4	30	110	1.4	0.2				
19	7.9	224	318							9	4	28	120	1.8	0.1				
20														1.4	0.1				
21	7.8	226	284							7.7		24	100	1.3	0.1				
22														1.5	0.1				
23	7.8	224	300							7.1		20	74	4	0.1				
24														1.5	0.1				
25	7.8	226	300							7.8		32	124	1	0.4				
26	7.8	236	308							7.8		40	136	0.4	0.7				
27														0.5	0.8				
28														2.2	0.8				
29														2.3	0.7				
30														2	0.5				
31																			
TOTAL	93.8	2763	3744							86.5	10	382	1140	52.8	8.0				
MAX	7.9	270	330							9.0	4	40	136	4.0	0.8				
MIN	7.7	214	284							7.1	2	20	70	0.4	0.1				
AVG	7.8	230	312							7.4	3	30	95	1.8	0.3				

OER FORM 17-1.205(6) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side For Page 1

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Marco Shores Lime Softening Plant

LEAD OPERATOR SIGNATURE: Original signed by Daniel Chapman
HOW MANY OTHER OPERATORS? 2
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Daniel Chapman CERTIFICATION NO. [illegible]
Mark Larson A 005938, Jeff Shaw B 006146

DESIGN FLOW: 2.0 MGD

TOTAL METERED SERVICES AT END OF MONTH: 277

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHLORINATION: TIME	CHLORIN PRE	CHLORIN POST	OTHER: TIME			ACUM	DOSAGES (mg/l): CHLORINATION: TIME	CHLORIN PRE	CHLORIN POST	OTHER: TIME			ACUM
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1			42,000							1							2				
2	7.0	25,900	146,000	4	4	4		650		2	1			20	220		2	0.5			14
3	7.0	164,000	78,000	4	4	4		500		1	1			20	219		2	0.7			15
4			99,000							2							2				
5	7.0	176,000	78,000	4	4	4		350		1	1			20	241		2	0.7			14
6	5.0	120,000	116,000	4	4	4		350		2	1			20	250		2	1.0			20
7	6.0	139,000	111,000	4	4	4		235		2	1			14	203		2	0.9			12
8	7.0	172,000	88,000	4	4	4		275		1	1			14	192		1	0.7			11
9			129,000							2							2				
10	5.0	72,000	98,000	4	4	4		140		1	1			10	233		1	0.7			9.7
11	6.0	86,000	123,000	4	4	4		150		2	1			10	204		2	1.4			14
12	7.0	184,000	106,000	4	4	4		350		2	1			20	228		2	0.7			13
13			162,000							2							1				
14			132,000							2							2				
15	6.0	318,000	114,000	4	4	4		600		2	2			40	226		2	0.8			15
16	5.0	127,000	136,000	4	4	4		250		2	1			15	236		2	1.0			14
17	7.0	161,000	84,000	4	4	4		300		1	1			20	223		1	0.8			15
18			117,000							2							2				
19			138,000							2							2				
20	7.0	136,000	73,000	4	4	4		350		3	1			20	238			0.7			14
21			42,000							3											
22	7.0	136,000	42,000	4	4	4		300		3	1			20	204			0.7			14
23	6.0	152,000	42,000	4	4	4		300		3	1			20	237		9	0.8			16
24	7.0	168,000	42,000	4	4	4		300		3	1			20	214			0.7			14
25			42,000							3							9				
26			84,000							1							8				
27	7.0	183,000	42,000	4	4	4		350		2	1			20	229		4	0.7			13
28			84,000							1							8				
29			42,000							3							9				
30			46,000							3							8				
31			42,000							3							9				
TOTAL	115.0	2,597,700	2,726,000	68.0	68.0	68.0		5,550		51	17			333	3986.9		83.6	14.5			243
MAX	14.0	318,000	162,000	4.0	4.0	4.0		600		3	2			40	349.7		8.6	1.7			20
MIN			42,000	4.0	4.0	4.0															
AVG	7.6	81,797	87,935	4.0	4.0	4.0		173		2	1			11	126.0		2.7	0.5			8

DER FORM 17-1.996(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side for Page 2

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Marco Shores
UTILITY COMPANY: Southern States Utilities
MONTH: December
TELEPHONE NUMBER: 813 396 5353

COUNTY: Collier
ID NO: 5110182
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	SETTLED TURBIDITY (NTU)	SETTLED pH	ASCACO3 P ALK	ASCACO3 M ALK	ASCACO3 TOTAL IONS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL IONS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY (NTU)			
	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1																			
2	7.9	236	328											1.5		0.2			
3	7.8	234	340							8.0		40	90	1.5		0.2			
4										8.2		38	88	2.0		0.2			
5	7.9	244	330											2.3		0.2			
6	7.8	236	332							7.9		36	84	2.7		0.2			
7	7.9	246	334							7.8		44	86	1.3		0.2			
8	7.8	248	326							9.2	4	46	102	1.2		0.2			
9										9.0	8	46	88	1.0		0.2			
10	7.8	230	318											1.4		0.4			
11	7.8	232	326							8.6	2	42	78	2.0		0.3			
12	7.9	238	326							8.1		34	84	1.0		0.2			
13										7.6		26	96	5.5		0.2			
14														2.2		0.1			
15	7.9	234	326											2.5		0.1			
16	7.9	236	336							7.4		28	80	2.2		0.1			
17	7.8	238	334							9.1	4	34	78	0.2		0.4			
18										8.2		30	80	1.8		0.2			
19														0.4		0.1			
20	7.8	238	330											1.5		0.1			
21										8.5		32	82	3.1		0.2			
22	7.8	230	336											0.4		0.2			
23	7.9	242	340							8.1		36	100	3.0		0.2			
24	7.8	236	328							8.2		30	110	0.5		0.1			
25										7.8		16	82	2.5		0.3			
26														2.5		0.2			
27	7.8	242	340											3.0		0.2			
28										7.4		18	90	3.6		0.2			
29														3.0		0.2			
30														3.3		0.2			
31														2.6		0.3			
														2.4		0.2			
TOTAL	153.3	4062.0	5640.0							139.1	18.0	570.0	1698.0	62.4		6.3			
MAX	7.9	246.0	340.0							9.2	8.0	46.0	110.0	3.6		0.4			
MIN																0.1			
AVG	4.5	131.0	181.9							4.5	0.6	18.5	68.3	2.0		0.2			

DEP FORM 17-1.200(8) EFFECTIVE NOVEMBER 30, 1982

See Reverse Side For Page 1

DATE: January 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6421144
METERED SERVICES 2394

OPERATOR SIGNATURE: Tony Bowden
OPERATOR NAME: Tony Bowden
CERTIFICATE NUMBER: C-7439

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 6 UNIT 9 TRACT T-00							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
01/01/1994			10212	0.7	200,000	8	0.8			7243	5.1	68,000	2	0.8			3606.6				1.0		357,000
01/02/1994																							
01/03/1994			10237.5	25.5	705,000	8	1.3			7256	7.0	110,000	1	1.2			3608.2	1.7	01,000	1	1.2	0.80	904,000
01/04/1994			10247.3	9.8	301,000	4	1.3			7254	4.2	70,000	2	1.3			3611.9	3.7	100,000	1	1.3		517,000
01/05/1994			10259.7	12.4	385,000	5	1.1			7259	4.8	84,000	2	1.2			3612.2	0.3	13,000		1.1		482,000
01/06/1994			10271.8	11.8	354,000	5	1.0			7265	6.1	104,000	2	1.3			3612.4	0.2	11,000	1	1.1	0.80	469,000
01/07/1994			10280.7	8.5	265,000	6	1.0			7270	4.7	72,000	1	1.0			3613.1	0.7	20,000	1	1.0		357,000
01/08/1994			10290.8	10.1	296,000	4	1.0			7272	2.4	49,000		0.8			3613.6	0.5	20,000	1	1.0		370,000
01/09/1994																							
01/10/1994			10314.4	23.6	740,000	6	1.0			7281	8.8	150,000	2	0.8			3614.4	0.8	30,000	1	1.0	0.80	920,000
01/11/1994			10328.1	11.7	361,000	3	1.0			7284	3.4	60,000	2	0.9			3615.1	0.7	30,000	1	1.0		451,000
01/12/1994			10339.7	13.6	418,000		0.8			7287	3.2	55,000	2	0.7			3616.4	1.3	60,000	1	1.0		533,000
01/13/1994			10352.2	12.5	366,000		1.0			7290	2.9	51,000	2	0.9			3617.3	0.9	40,000	1	0.9	0.40	401,000
01/14/1994			10363.1	10.9	336,000		1.0			7292	2.3	39,000	1	0.8			3617.4	0.1	2,000		0.8		378,000
01/15/1994			10374.4	11.3	348,000	6	1.0			7296	3.9	68,000	1	0.7			3617.5	0.1	5,000	1	1.0		422,000
01/16/1994																							
01/17/1994			10399.0	25.4	780,000	13	1.2			7303	6.3	108,000	1	0.9			3618.9	0.6	23,000	1	1.2	0.80	919,000
01/18/1994			10412.0	12.8	396,000	4	1.1			7308	3.6	60,000		1.1			3619.8	0.6	27,000	1	1.1		483,000
01/19/1994			10423.7	11.1	357,000	5	1.1			7310	3.7	63,000	2	0.8			3619.8	0.2	7,000	1	0.9		427,000
01/20/1994			10434.5	10.8	333,000	4	1.1			7314	4.3	76,000	1	1.1			3619.8		1,000		1.1	0.60	410,000
01/21/1994			10447.1	12.6	388,000	4	1.1			7317	3.4	59,000	1	1.1			3619.2	0.4	19,000	2	1.1		466,000
01/22/1994			10456.9	9.8	299,000	4	1.0			7322	4.2	73,000	1	1.0			3619.4	0.2	8,000	1	1.0		379,000
01/23/1994																							
01/24/1994			10482.8	25.9	801,000	10	1.1			7331	9.2	161,000	3	1.1			3620.1	0.7	30,000	1	1.0	0.50	992,000
01/25/1994			10493.6	10.8	335,000	5	1.1			7335	4.0	70,000	2	1.1			3620.8	0.7	31,000	1	1.0		436,000
01/26/1994			10505.5	12.1	371,000	5	1.1			7339	4.1	73,000		1.0			3621.9	1.1	48,000	1	1.0		492,000
01/27/1994			10518.1	10.8	329,000	9	1.1			7343	4.0	69,000	2	1.0			3623.0	1.1	51,000	1	1.1	0.30	449,000
01/28/1994			10517.2	1.1	30,000	2	1.1			7343	0.3	6,000	2	1.0			3623.3	0.3	10,000	1	1.0		52,000
01/29/1994			10529.3	12.1	378,000	3	1.0			7353	9.4	186,000	4	1.0			3626.2	2.4	129,000	1	1.0	0.20	693,000
01/30/1994																							
01/31/1994			10550.3	21	654,000	8	1.0			7358	5.6	99,000	2	1.1			3629.0	2.3	100,000	2	1.0	4.00	853,000
MONTH TOTAL				347	10,703,000	125	27.4				120.3	2,096,000	48	29.5				22.5	900,000	24	29.5	7.90	13,700,000
YEAR TO DATE				347	10,703,000	125	27.4				120.3	2,096,000	48	29.5				22.5	900,000	24	29.5	7.90	13,700,000
AVERAGE				11	345,258	4	0.9				3.9	67,613	1	0.8				0.7	31,003	1	0.9	2.42	444,774
MAXIMUM				26	418,000	13	1.3				9.4	186,000	4	1.3				2.7	100,000	2	1.3	4.00	693,000
MINIMUM				1	30,000	0	0.8				0.3	6,000	0	0.7				0	1,000	0	0.8	0.20	52,000

DATE: February 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6431144
METERED SERVICES 2394

OPERATOR SIGNATURE: Tony Bourbon
OPERATOR NAME: Tony Bourbon
CERTIFICATE NUMBER: C-7439

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 6 UNIT 9 TRACT T-69							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
02/01/1994			10580.3	10	300,000	4	1.0			7361	3.2	56,000	2	1.1			3536.6	1	46,000		1.0		402,000
02/02/1994			10571.0	11.3	321,000	4	1.1			7364	3.0	53,000	2	1.1			3538.4	0.4	20,000		0.0		424,000
02/03/1994			10581.5	0.0	300,000	4	1.1			7369	4.9	85,000	2	1.1			3539.8	0.4	21,000	0	1.0		412,000
02/04/1994			10593.8	12	370,000	4	1.1			7378	8.6	157,000	4	1.1			3534.8	3.7	166,000	2	1.0		677,000
02/05/1994			10606.7	13.2	412,000	5	1.0			7381	3.0	54,000	1	1.0			3535.9	0.8	28,000		0.0		482,000
02/06/1994																							
02/07/1994			10630	23.3	720,000	10	1.1			7385	4.4	79,000	1	1.1			3537.0	2	91,000	2	1.0	0.00	889,000
02/08/1994			10641	11	343,000	5	1.1			7388	2.3	42,000	2	1.0			3538.0	1	52,000	2	0.0		437,000
02/09/1994			10653.1	12.1	378,000	4	1.1			7390	2.9	53,000	1	1.0			3539.6	1	47,000	2	0.0		478,000
02/10/1994			10664.5	11.6	356,000	5	1.0			7393	3.7	67,000	1	1.1			3540.2	1.2	64,000	2	1.0		488,000
02/11/1994			10676.4	11.9	369,000	4	1.0			7396	2.8	51,000	1	1.0			3541.9	1.7	89,000	2	0.0		509,000
02/12/1994			10686.5	10.1	442,000	1	1.0			7398	1.8	34,000	1	1.0			3542.8	0.8	27,000	1	0.0	0.10	503,000
02/13/1994																							
02/14/1994			10712.6	22.3	678,000		1.0			7402	4.6	81,000	1	1.0			3544.8	2	98,000	1	0.0	0.30	864,000
02/15/1994			10729.9	12.4	290,000	2	1.0			7407	4.8	88,000	1	1.0			3545.9	1.4	61,000	1	1.0		439,000
02/16/1994			10738.9	13.3	417,000	4	1.0			7410	3.3	58,000	1	1.0			3546.4	0.9	34,000	1	1.1		509,000
02/17/1994			10750.6	12.1	378,000	4	1.1			7412	1.9	34,000	1	1.1			3546.8	0.4	21,000	1	1.1		451,000
02/18/1994			10763.0	13.2	417,000	4	1.1			7416	3.3	58,000	1	1.0			3547.4	0.8	24,000	1	1.0		499,000
02/19/1994			10776	12.2	382,000	3	1.0			7418	2.1	36,000	1	0.0			3547.7	0.3	10,000		1.0		434,000
02/20/1994																							
02/21/1994			10804.5	20.0	900,000	9	1.0			7421	3.6	63,000	2	1.0			3548.9	1.2	59,000	1	1.1		1,022,000
02/22/1994			10818.2	14.6	468,000	6	1.0			7423	2.1	36,000	1	1.0			3549.7	0.8	39,000	1	1.1		543,000
02/23/1994			10839.7	16.5	675,000	7	1.0			7428	1.9	34,000	2	1.0			3550.4	0.7	36,000	1	1.1		685,000
02/24/1994			10847.7	11	376,000	3	1.1			7427	1.5	27,000	1	0.9			3551.4	1	46,000	1	1.1	0.30	445,000
02/25/1994			10860.2	12.8	399,000	5	1.1			7429	1.9	32,000	1	0.9			3551.8	0.4	20,000	1	1.1	0.00	448,000
02/26/1994			10878.8	16.6	925,000	6	1.0			7431	2.2	39,000	1	0.8			3552.3	0.5	24,000	1	1.0		988,000
02/27/1994																							
03/28/1994			10902.9	20.1	821,000	7	1.0			7433	2.8	49,000	1	0.9			3553.9	0.7	34,000	1	1.0		904,000
MONTH TOTAL				332.8	10,933,000	112	25.0				75.1	1,349,000	33	24.0				24.0	1,108,000	20	24.0	1.00	13,387,000
YEAR TO DATE				899.6	21,836,900	737	62.4				195.9	2,445,000	73	49.8				46.5	2,004,000	63	50.8	0.00	27,175,000
AVERAGE				13	390,464	4	0.9				2.7	48,179	1	0.8				0.9	39,484	1	0.9	1.10	567,792
MAXIMUM				29	900,000	10	1.1				8.6	157,000	4	1.1				3.7	166,000	4	1.1	0.00	677,000
MINIMUM																						0.10	409,000

DATE: March 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6421144
METERED SERVICES 2394

OPERATOR SIGNATURE: Gene York
OPERATOR NAME: GENE YORK
CERTIFICATE NUMBER: C-9286

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 6 UNIT 9 TRACT T-99							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
03/01/1994			10917.8	10.7	405,000	8	1.0			7435	2.1	36,000	1	1.0			3653.7	0.7	20,000	1	1.1		539,000
03/02/1994			10932.7	15.1	476,000	8	1.1			7436	0.7	14,000	1	1.0			3653.9	0.2	10,000		1.0	2.00	500,000
03/03/1994			10943.8	10.9	329,000	8	1.1			7437	0.8	8,000		1.1			3654.1	0.2	12,000	1	1.0	0.30	349,000
03/04/1994			10956.6	13.8	415,000	8	1.0			7438	1.4	25,000	1	1.1			3654.3	0.2	10,000	1	1.0		450,000
03/05/1994			10971.3	14.9	469,000	8	1.0			7440	2.4	42,000	1	1.0			3654.6	0.5	24,000	1	1.0		533,000
03/06/1994																							
03/07/1994			11003.1	31.6	1,008,000	12	1.0			7443	3.0	54,000	1	1.0			3656.4	0.8	36,000	1	1.0		1,001,000
03/08/1994			11019.1	16	513,000	12	1.1			7446	2.5	46,000		1.1			3656.8	0.6	27,000		1.1		586,000
03/09/1994			11036.6	17.3	553,000	8	1.1			7449	2.0	40,000	1	1.1			3656.6	0.6	30,000	1	1.1		630,000
03/10/1994			11051.7	15.5	467,000	5	1.1			7450	1.7	31,000	1	1.1			3657.0	0.4	18,000	1	1.0		536,000
03/11/1994			11066.4	14.7	469,000	4	1.1			7452	1.8	33,000		1.1			3657.2	0.2	8,000	1	1.1	0.10	507,000
03/12/1994			11082.4	16	503,000	8	1.0			7456	3.0	69,000	3	1.0			3657.7	0.5	18,000	1	1.0		590,000
03/13/1994																							
03/14/1994			11113.9	31.9	1,006,000	12	1.0			7461	5.0	90,000	2	1.0			3658.6	0.9	32,000	1	1.0		1,113,000
03/15/1994			11131.3	17.4	555,000	8	1.0			7465	4.1	72,000	2	1.0			3658.4	0.4	18,000	1	1.0		645,000
03/16/1994			11148.7	17.4	554,000	5	1.1			7470	4.0	80,000	1	1.1			3658.7	0.3	16,000	1	1.0		652,000
03/17/1994			11165.7	17	541,000	3	1.1			7473	3.0	54,000	2	1.1			3659.3	0.6	34,000	2	1.1		629,000
03/18/1994			11174.8	8.8	286,000	8	1.0			7475	2.1	36,000	1	1.1			3659.5	0.2	10,000		1.0		333,000
03/19/1994			11193.1	18.0	610,000	7	1.0			7483	7.9	160,000	3	1.0			3663.0	3.5	140,000	1	1.0		927,000
03/20/1994																							
03/21/1994			11229.2	36.1	1,146,000	11	1.0			7498	12.1	200,000	3	1.0			3663.8	0.8	36,000	1	1.0		1,304,000
03/22/1994			11246.7	19.5	624,000	7	1.0			7508	12.2	218,000	3	1.0			3666.1	0.3	101,000	1	1.0		1,023,000
03/23/1994			11263.0	17.1	550,000	8	1.1			7518	7.0	133,000	2	1.1			3669.0	1.0	68,000	1	1.1		751,000
03/24/1994			11284.7	18.9	699,000	8	1.1			7531	8.8	117,000	3	1.0			3670.9	1.2	61,000	1	1.1		777,000
03/25/1994			11303.7	19	608,000	8	1.0			7539	8.9	122,000	2	1.0			3672.5	1.6	86,000	1	1.0		796,000
03/26/1994			11321.4	17.7	567,000	8	1.0			7532	3.4	58,000	1	1.0			3672.8	0.8	27,000	1	1.0	0.30	652,000
03/27/1994																							
03/28/1994			11339	34.6	1,110,000	17	1.0			7536	5.9	104,000	2	1.0			3672.9	0.1	7,000		1.0		1,221,000
03/29/1994			11378	19	611,000	6	1.0			7544	8.0	116,000	3	1.1			3676.9	3	130,000	1	1.0	0.30	766,000
03/30/1994			11396.9	14.9	469,000	6	1.1			7547	3.1	54,000	1	1.1			3676.3	0.4	18,000	1	1.1		538,000
03/31/1994			11483.7	19.8	634,000	8	1.1			7550	2.4	43,000	1	1.1			3676.8	0.2	10,000	1	1.1		689,000
MONTH TOTAL				508.9	16,077,000	199	29.2				110.4	2,077,000	39	29.3				23.9	1,043,000	84	27.0	4.80	19,996,000
YEAR TO DATE				1208.4	37,613,000	428	66.5				311.8	5,622,000	112	77.0				70.9	3,139,000	77	70.7	13.60	46,371,000
AVERAGE				16	518,387	6	0.9				3.6	67,000	1	0.9				0.8	33,613	1	0.9	2.13	618,000
MAXIMUM				36	824,000	17	1.1				12.2	218,000	3	1.1				4.2	161,000	2	1.1	2.00	1,023,000
MINIMUM				9	329,000	2	1.0				1.8	8,000		1.0				0.1	7,000				333,000

DATE: April 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6421144
METERED SERVICES 2394

OPERATOR SIGNATURE: Gene York
OPERATOR NAME: Gene York
CERTIFICATE NUMBER: C-6750

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 5 UNIT 8 TRACT T-88							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
04/01/1994			11431.2	17.5	567,000	7	1.0			7654	4.2	76,000	1	1.1			3678.7	0.2	5,000	1	1.0		839,000
04/02/1994			11441.1	19.9	639,000	8	1.0			7661	6.9	119,000	1	1.0			3678.9	0.1	4,000		1.0		767,000
04/03/1994																							
04/04/1994			11476	34.9	1,119,000	12	1.0			7871	9.9	173,000	1	1.0			3877.4	0.8	20,000	1	1.1		1,220,000
04/05/1994			11496.7	19.7	630,000	8	1.1			7877	6.6	113,000	1	1.0			3878.8	0.8	20,000	1	1.0		764,000
04/06/1994			11513.4	17.7	565,000	9	1.1			7884	6.4	113,000	2	1.1			3879.6	1.4	60,000	1	1.1		738,000
04/07/1994			11532.6	19.8	615,000	8	1.0			7890	6.6	112,000	3	1.0			3880.1	0.8	21,000	1	1.1		748,000
04/08/1994			11548.8	18.9	585,000	2	1.1			7896	5.8	99,000	2	1.1			3880.4	0.3	10,000	1	1.0		810,000
04/09/1994			11566.6	18.1	569,000	6	1.0			7905	9.3	159,000	2	1.1			3882.3	1.9	73,000	1	1.0		812,000
04/10/1994																							
04/11/1994			11604.9	38.3	1,234,000	1	1.1			7916	10.6	222,000	2	1.7			3888.0	1.7	73,000	1	1.1		1,529,000
04/12/1994			11622.9	18	570,000	14	1.1			7925	7.7	136,000	2	1.0			3888.7	1.8	78,000	2	1.1		782,000
04/13/1994			11641.4	18.8	597,000	9	1.0			7931	5.4	94,000	3	1.1			3890.8	2.8	118,000	1	1.0		809,000
04/14/1994			11658.8	17.2	549,000	4	1.0			7936	5.0	90,000	1	1.1			3891.1	0.8	27,000	1	1.0		972,000
04/15/1994			11675.0	17	540,000	8	1.0			7941	4.6	82,000	1	1.1			3891.6	0.5	99,000	2	1.0		727,000
04/16/1994			11692	16.4	519,000	4	1.0			7946	4.7	81,000	1	1.1			3894.7	3.2	101,000	2	1.0		741,000
04/17/1994																							
04/18/1994			11730	38	1,234,000	14	1.0			7966	14.1	245,000	3	1.1			3899.4	4.7	151,000	2	1.0		1,670,000
04/19/1994			11748.2	18.2	491,000	5	1.0			7968	2.2	93,000	2	1.1			3902.9	3.5	132,000	2	1.1		705,000
04/20/1994			11765.5	16.3	559,000	6	1.1			7972	4.7	116,000	1	1.1			3906.0	4	166,000	1	1.1		866,000
04/21/1994			11783.8	20.3	659,000	9	1.1			7981	9.0	161,000	4	1.0			3912.1	6.2	247,000	4	1.1	0.50	1,066,000
04/22/1994			11799.3	15.5	494,000	9	1.1			7983	2.4	42,000	2	1.0			3913.9	0.8	23,000	1	1.0	1.00	559,000
04/23/1994			11817.8	18.5	574,000	7	1.1			7988	3.8	50,000	1	1.0			3914.6	0.4	24,000		1.0		648,000
04/24/1994																							
04/25/1994			11848.7	31.1	991,000	10	1.1			7993	7.2	128,000	1	1.1			3916.6	0.4	19,000	1	1.0		1,138,000
04/26/1994			11867.9	19.2	616,000	8	1.1			7997	3.6	64,000	2	1.0			3916.8	0.1	5,000		1.0		679,000
04/27/1994			11884	16.1	509,000	7	1.1			7761	3.6	63,000	2	1.0			3918.2	0.7	33,000	1	1.0		667,000
04/28/1994			11900	16	508,000	7	1.1			7707	6.9	119,000	2	1.1			3918.1	0.9	39,000	1	1.1		766,000
04/29/1994			11922.4	19.4	620,000	8	1.1			7716	6.5	112,000	2	1.1			3917.5	1.4	69,000	2	1.0		791,000
04/30/1994			11944.3	21.9	698,000	10	1.1			7722	5.2	140,000	3	1.0			3918.6	1.1	46,000	1	1.0		884,000
MONTH TOTAL				548.9	17,236,000	195	27.6				172.4	3,003,000	49	27.8				42.1	1,738,000	33	29.9	1.50	22,954,000
YEAR TO DATE				1741	54,999,000	611	1100.1				464.9	8,020,000	199	199.3				112.1	4,001,000	199	196.6	19.30	99,309,000
AVERAGE				18	570,533	6	0.9				5.7	100,100	2	0.9				1.4	58,000	1	0.9	1.46	736,133
MAXIMUM				38	999,000	14	1.1				14.1	161,000	4	1.1				6.2	247,000	4	1.1	1.00	884,000
MINIMUM				17	494,000	1	1.0				2.4	42,000	1	1.0				0.1	1,000	0	1.0	0.50	559,000

DATE May 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

ID NO 6421144
METERED SERVICES 2384

OPERATOR SIGNATURE: Gene York
OPERATOR NAME: GENE YORK
CERTIFICATE NUMBER: C-9258

DATE	WELL No 3 UNIT 2 TRACT EE							WELL No 4 UNIT 4 TRACT D							WELL No 6 UNIT 8 TRACT T-66							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES		
05/01/1994																							
05/02/1994			11861 3	37 0	1,197,000	11	1 1			7733	11 2	164,000	3	1 1			3820 1	1 8	69,000	1	1 1		1,444,000
05/03/1994			11899 9	18 9	699,000	10	1 1			7736	5 1	88,000	2	1 1			3821 0	0 9	37,000	1	1 1		721,000
05/04/1994			12018 1	18 2	917,000	5	1 1			7742	3 4	62,000	1	1 0			3822 0	1 0	46,000	1	1 0	0 70	634,000
05/05/1994			12033 3	17 2	836,000	5	1 1			7745	3 7	83,000	1	1 1			3822 4	0 4	16,000		1 1		618,000
05/06/1994			12052 7	19 4	825,000	10	1 1			7751	5 6	101,000	1	1 1			3825 4	1 8	43,000	1	1 0		788,000
05/07/1994			12075 8	22 8	730,000	4	1 1			7756	7 3	125,000	3	1 1			3829 3	1 8	87,000	2	1 0		842,000
05/08/1994																							
05/09/1994			12113 8	37 2	1,197,000	10	1 1			7766	9 6	168,000	2	1 1			3836 7	3 4	199,000	1	1 0		1,465,000
05/10/1994			12131 8	18 0	809,000	7	1 0			7775	8 5	118,000	2	1 0			3851 9	3 2	136,000	1	1 0		847,000
05/11/1994			12149 1	17 3	546,000	7	1 0			7778	3 1	53,000	2	1 0			3852 4	0 5	29,000	1	1 0		628,000
05/12/1994			12166 0	16 8	800,000	6	1 1			7781	3 7	66,000	1	1 1			3855 3	2 9	118,000	1	1 1		792,000
05/13/1994			12187 7	19 7	633,000	8	1 1			7788	6 9	118,000	2	1 1			3857 5	2 5	109,000	1	1 1		849,000
05/14/1994			12208 4	18 7	588,000	7	1 0			7793	4 4	78,000	1	1 0			3858 4	0 9	35,000		1 0	0 30	887,000
05/15/1994																							
05/16/1994			12245 3	36 9	1,344,000	15	1 0			7799	5 9	104,000	2	1 1			3859 8	1 4	66,000	1	1 0		1,466,000
05/17/1994			12263 3	18 0	599,000	8	1 1			7802	3 8	64,000	2	1 1			3859 9	0 1	4,000		1 0	0 40	637,000
05/18/1994			12281 0	17 7	557,000	7	1 0			7804	1 9	35,000	1	1 1			3860 4	0 5	30,000	1	1 0	0 50	626,000
05/19/1994			12298 7	15 7	484,000	6	1 0			7806	3 5	83,000	1	1 1			3860 5	0 1	4,000		1 0		980,000
05/20/1994			12313 9	16 2	508,000	5	1 0			7808	1 4	26,000	1	1 0			3860 9	0 4	16,000	1	1 0	0 40	550,000
05/21/1994			12329 6	16 5	533,000	2	1 0			7812	3 0	53,000	1	1 0			3861 5	0 6	27,000	1	1 0		613,000
05/22/1994																							
05/23/1994			12365 9	36 1	1,146,000		1 0			7821	8 7	150,000	2	1 0			3861 8	0 3	12,000		1 0		1,308,000
05/24/1994			12383 7	17 8	565,000	3	1 0			7827	5 6	87,000	2	1 0			3864 4	2 6	102,000	1	1 0		784,000
05/25/1994			12399 7	16 0	505,000	5	1 0			7831	4 5	77,000	2	1 0			3865 8	1 4	51,000	1	1 0		633,000
05/26/1994			12418 8	20 1	642,000	10	1 1			7842	11 3	189,000	2	1 0			3868 9	4 1	167,000	1	1 0		1,007,000
05/27/1994			12438 4	19 6	631,000	7	1 1			7853	10 2	178,000	3	1 1			3873 2	3 4	138,000	2	1 1		948,000
05/28/1994			12458 0	19 4	616,000	8	1 1			7862	9 1	160,000	4	1 0			3874 8	1 7	71,000	1	1 0		847,000
05/29/1994																			0				
05/30/1994			12488 4	37 6	1,203,000	10	1 0			7865	3 7	63,000	2	1 0			3874 8		0		1 0	0 50	1,266,000
05/31/1994			12510 7	14 5	849,000	6	1 0			7867	1 2	19,000	1	1 1			3874 9		0		0 8		468,000
MONTH TOTAL				598 4	19,020,000	192	27 3				144 6	2,511,000	47	27 4				36 3	1,497,000	21	20 8	2 70	22,029,000
YEAR TO DATE				2307 4	72,939,000	803	1135 4				678 8	11,036,000	207	132 7				149 4	6,396,000	130	132 1	19 00	90,353,000
AVERAGE				19 3	561,290	6	1 0				4 7	81,000	2	1 1				1 2	48,290	1	1 0	1 44	710,561
MAXIMUM				36 9	730,000	15	1 1				11 3	196,000	4	1 1				4 2	167,000	2	1 1	0 70	749,500
MINIMUM				14 5	446,000	2	1 0				1 2	19,000	1	1 0				0	0	0	0 8	0 30	466,000

DATE June 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

ID NO 6421144
METERED SERVICES 3384

OPERATOR SIGNATURE: Tony Bouvier
OPERATOR NAME: Tony Bouvier
CERTIFICATE NUMBER C-7439

DATE	WELL No 3 UNIT 2 TRACT EE							WELL No 4 UNIT 4 TRACT D							WELL No 6 UNIT 6 TRACT T-60							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES		
06/01/1994			12536 9	16 2	672,000	7	1 1			7909	1 9	33,000	1	1 1			3854 9		1,000		1 0	0 30	806,000
06/02/1994			12543 7	14 8	465,000	6	1 1			7909	0 6	17,000	1	1 1			3854 9				1 1		482,000
06/03/1994			12559 0	15 3	480,000	6	1 0			7970	0 6	9,100	1	1 0			3855 0	0 1	2,000		1 0		491,000
06/04/1994			12571 4	12 4	388,000	5	1 0			7977	7 1	125,000	2	1 0			3855 9	0 9	41,000	2	1 0		554,000
06/05/1994																							
06/06/1994			12587 6	26 5	838,000	8	1 0			7999	12 0	209,000	3	1 0			3857 8	1 4	87,000	1	1 1	0 80	1,118,000
06/07/1994			12607 9	19 0	313,000	4	1 0			7999	0 4	113,000	2	1 0			3859 3	1 1	80,000	1	1 1	0 30	478,000
06/08/1994			12618 4	10 5	330,000	5	1 0			7901	5 4	84,000	1	1 0			3859 8	0 3	18,000		1 0	1 40	440,000
06/09/1994			12629 5	10 1	318,000	4	1 0			7907	5 6	102,000	2	1 0			3860 2	0 8	30,000	1	1 0	2 10	447,000
06/10/1994			12638 1	8 6	266,000	4	1 0			7913	5 6	101,000	2	1 0			3860 8	1 0	73,000	1	1 0	0 80	479,000
06/11/1994			12648 4	10 3	320,000	5	1 0			7920	7 0	137,000	3	1 0			3862 3	1 4	88,000	1	1 0	0 40	522,000
06/12/1994																							
06/13/1994			12668 6	18 2	568,000	7	1 0			7934	14 1	249,000	3	1 0			3865 3	3 0	140,000	1	1 0		989,000
06/14/1994			12678 1	11 9	365,000	5	1 0			7943	8 2	144,000	3	1 0			3866 7	1 5	70,000	1	1 0		579,000
06/15/1994			12688 5	11 4	365,000	5	1 0			7951	8 1	142,000	3	1 0			3868 4	1 7	77,000	1	1 0	0 60	574,000
06/16/1994			12698 3	9 6	315,000	4	1 0			7960	9 2	163,000	4	1 0			3872 0	4 0	209,000	2	1 0	0 60	704,000
06/17/1994			12711 3	11 8	384,000	6	1 0			7965	4 8	85,000	3	1 0			3873 8	0 5	89,000	1	1 0		477,000
06/18/1994			12719 2	7 0	229,000	3	1 0			7967	2 4	46,000	2	1 0			3876 5	4 0	220,000	3	1 0	1 20	491,000
06/19/1994																							
06/20/1994			12741 9	23 1	739,000	7	1 0			7975	5 0	92,000	2	1 0			3881 0	5 3	180,000	2	1 0	0 10	993,000
06/21/1994			12752 2	11 0	365,000		1 0			7975	2 3	80,000	2	1 0			3882 8	0 8	30,000	1	1 0		485,000
06/22/1994			12765 8	12 0	380,000	5	1 0			7978	2 1	37,000	1	1 0			3885 4	2 6	185,000	1	1 0	0 30	642,000
06/23/1994			12775 6	10 3	325,000	3	1 0			7979	1 5	26,000	1	1 0			3886 8	1 4	137,000	0	1 0		488,000
06/24/1994			12786 1	10 9	325,000		1 0			7981	1 9	36,000	1	1 0			3892 3	5 5	183,000	2	1 0		934,000
06/25/1994			12795 2	9 1	288,000	3	1 0			7985	3 7	69,000	2	1 0			3896 0	4 3	180,000	2	1 0		947,000
06/26/1994																							
06/27/1994			12821 1	25 9	819,000	5	1 0			7994	8 3	167,000	1	1 0			3703 1	8 8	293,000	1	1 0		1,279,000
06/28/1994			12830 3	8 2	295,000	4	1 0			8001	7 0	124,000	2	1 0			3706 1	4 0	207,000	2	1 0		626,000
06/29/1994			12844 3	13 9	436,000	6	1 0			8008	7 0	127,000	2	1 0			3708 9	3 4	18,000	1	1 0		577,000
06/30/1994			12862 3	18 1	570,000	8	1 0			8017	9 1	157,000	2	1 0			3709 7	0 2	11,000	1	1 0		738,000
07/31/1994																							
MONTH TOTAL				351 5	11,054,000	133	39 2				150 4	2,858,000	54	39 2				93 9	2,456,000	31	39 2	9 00	16,187,000
YEAR TO DATE				2698 0	83,883,000	936	1181 6				779 2	13,884,000	261	158 9				309 2	8,940,000	161	158 4	27 00	106,620,000
AVERAGE				11 7	368,467	4	1 0				5 0	88,600	2	1 0				1 0	81,600	1	1 0	0 24	536,900
MAXIMUM				26 5	480,000	8	1 1				14 1	163,000	6	1 1				8 8	220,000	3	1 1	2 10	739,000
MINIMUM				7 0	225,000	0	1 0				0 6	9,000	1	1 0				0	0	0	1 0	0 10	440,000

DATE July 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

ID NO 8421144
METERED SERVICES 2384

OPERATOR SIGNATURE
OPERATOR NAME GENE YORK
CERTIFICATE NUMBER C-6256

DATE	WELL No 3 UNIT 2 TRACT EE							WELL No 4 UNIT 4 TRACT D							WELL No 8 UNIT 8 TRACT T-80								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	RAINFALL	
07/01/1994			12075 0	13 3	423,000	4	1 0			8025	9 1	142 000	2	1 0			3708 9	0 2	8,000	1	1 0	0 30	573 000
07/02/1994			12088 1	13 5	427,000	4	1 0			8033	8 2	143 000	2	0 9			3709 3	0 4	20,000		0 9		580,000
07/03/1994													2										
07/04/1994			12020 2	31 1	888,000	5	0 9			8045	12 1	213 000	2	0 8			3709 6	0 3	7,000		0 9	1 25	1,308,000
07/05/1994			12029 3	9 1	284,000	11	1 0			8051	9 4	95,000	2	1 0			3709 5				0 9		379,000
07/06/1994			12040 8	11 5	302,000	5	1 0			8058	7 5	131,000	2	1 0			3709 8	0 1	4,000		0 9		437,000
07/07/1994			12052 8	12 0	377,000	5	1 0			8064	6 7	101,000	3	1 0			3709 7	0 3	8,000	1	0 9	0 20	469,000
07/08/1994			12065 0	12 2	385,000	5	1 0			8071	9 5	115,000	1	1 0			3710 0	0 3	16,000	1	0 9		515,000
07/09/1994			12079 3	14 3	453,000	5	1 0			8080	9 4	184,000	1	1 0			3710 3	0 3	14,000		1 0		651,000
07/10/1994																							
07/11/1994			12012 5	33 3	1,066,000	14	1 0			8093	13 0	225,000	3	1 1			3710 5	0 8	11,000	1	1 0		1,304,000
07/12/1994			13024 8	12 3	384,000	5	1 0			8099	8 0	105,000	5	1 1			3711 1	0 6	27,000	1	1 0		526,000
07/13/1994			13035 8	11 0	342,000	5	1 0			8104	5 4	95,000	2	1 1			3711 6	0 4	17,000	1	1 0	1 10	454,000
07/14/1994			13045 5	9 7	303,000	4	1 0			8110	5 8	102,000	1	1 0			3711 7	0 3	12,000		1 0		417,000
07/15/1994			13055 8	10 3	324,000	4	1 0			8115	4 6	88,000	2	1 1			3712 0	0 3	16,000	1	1 0		428,000
07/16/1994			13070 4	14 0	468,000	6	1 1			8123	7 8	134,000	1	1 0			3712 8	0 5	23,000	1	0 9	0 40	613,000
07/17/1994																							
07/18/1994			13093 8	23 4	750,000	8	1 0			8141	10 4	322,000	4	0 9			3715 1	2 8	119,000	1	0 9	0 70	1,194,000
07/19/1994			13108 2	13 4	380,000	4	1 0			8147	8 2	110 000	2	1 0			3715 7	0 8	29,000	1	1 0	1 80	529,000
07/20/1994			13118 5	12 3	365,000	4	1 0			8154	8 6	119,000	4	1 0			3716 1	0 4	23,000	1	1 0	0 30	507,000
07/21/1994			13130 1	11 8	366,000	7	1 0			8162	8 3	147,000	4	1 1			3716 6	2 0	117,000	1	1 0		629,000
07/22/1994			13144 2	14 1	448 000	5	1 1			8169	6 8	123,000	3	1 1			3723 3	3 3	140,000	2	1 0	1 00	713,000
07/23/1994			13157 9	13 7	437,000	4	1 0			8177	7 7	147,000	3	1 0			3724 3	2 0	80,000	2	1 0		674,000
07/24/1994																							
07/25/1994			13186 1	27 2	857,000	8	1 0			8188	11 0	195,000	6	1 0			3725 5	1 2	87,000	2	1 0	1 10	1,139,000
07/26/1994			13198 5	11 4	365,000	3	1 0			8194	6 1	110 000	4	1 0			3726 2	0 7	32,000	1	1 0		497,000
07/27/1994			13208 2	11 7	369 000	5	1 0			8199	5 5	98 000	2	1 0			3726 4	0 3	9,000		1 0	0 20	473,000
07/28/1994			13218 0	11 4	353 000	4	1 0			8206	6 8	119 000	1	1 0			3726 8	0 5	19,000		1 0	0 80	491,000
07/29/1994			13230 9	11 3	352,000	4	1 0			8213	7 0	125 000	4	1 0			3727 2	0 6	23,000		0 9	0 30	500,000
07/30/1994			13240 9	10 0	310 000	5	1 0			8221	7 9	137 000	2	1 0			3727 5	0 3	15,000	1	1 0	0 50	488,000
07/31/1994																							
MONTH TOTAL				378 8	11,964,000	143	26 1				203 8	3,601,000	89	26 7				198	634,000	39	25 0	8 80	16,388,000
YEAR TO DATE				3037 9	95,947,000	1 078	1107 7				982 8	17,295,000	530	185 1				221 0	6,977,000	181	163 4	35 60	122,816,000
AVERAGE				12 2	385,605	5	1 0				8 8	116,161	3	1 0				0 8	20,903	1	0 9	1 34	529,000
MAXIMUM				33 3	534,000	14	1 1				13 4	225,000	6	1 1				3 3	140,000	2	1 0	1 25	713,000
MINIMUM				9 1	284,000	3	0 8				4 8	88,000	1	0 8				0	0	0	0 8		379,000

DATE: August 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6421144
METERED SERVICES 2384

OPERATOR SIGNATURE: Gene York
OPERATOR NAME: GENE YORK
CERTIFICATE NUMBER: C-6256

DATE	WELL No 3 UNIT 2 TRACT EE							WELL No 4 UNIT 4 TRACT D							WELL No 6 UNIT 6 TRACT T-66							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
08/01/1994			13382 0	21.7	713,000	8	1.0			8230	9.0	166,000	2	1.1			3737 3	9.6	446,000	3	1.0	0.00	1,305,000
08/02/1994			13270.5	7.8	244,000	5	1.0			8235	4.8	89,000	2	1.1			3741.1	3.9	174,000	1	0.8		907,000
08/03/1994			13279 5	8.0	278,000	5	1.0			8241	6.3	119,000	2	1.1			3746 0	4.9	918,000	1	1.0		814,000
08/04/1994			13295 1	15.6	495,000	3	1.0			8247	6.5	119,000	2	1.1			3746 1	0.1	8,000	1	1.0		919,000
08/05/1994			13307 3	12.2	379,000	4	1.0			8254	6.4	118,000	2	1.1			3750 4	4.3	181,000	1	0.9	0.40	678,000
08/06/1994			13320 2	12.9	414,000	6	1.0			8264	10.0	186,000	5	1.1			3751 8	1.4	66,000		1.0		669,000
08/07/1994																							
08/08/1994			13340 7	20.5	648,000	7	1.1			8279	14.7	282,000	7	1.2			3752 3	0.5	37,000	1	1.0	2.80	936,000
08/09/1994			13353 0	11.3	388,000	4	0.9			8287	8.3	147,000	0	1.0			3753 3	1.0	41,000	1	0.7	1.00	845,000
04/10/1994			13362 9	10.0	343,000	7	0.8			8295	7.8	140,000	2	1.0			3753 4	0.1	8,000		0.8		491,000
08/11/1994			13380 2	4.9	88,000	2	1.2			8307	11.7	208,000	4	1.0			3756 7	3.3	148,000		1.0	1.30	497,000
08/12/1994			13378 2	12.0	312,000	5	1.0			8315	8.3	148,000	4	1.0			3756 8	0.1	1,000		0.7	0.90	462,000
08/13/1994			13394 7	9.8	500,000	4	0.9			8323	7.3	130,000	2	1.0			3757 2	0.4	18,000	1	0.8	0.20	418,000
08/14/1994																							
08/15/1994			13408 5	20.8	466,000	6	0.8			8337	14.0	260,000	3	0.8			3759 9	1.8	88,000		0.7	0.40	1,004,000
08/16/1994			13415 9	10.3	329,000	4	1.0			8345	8.2	145,000	7	1.0			3759 5	0.5	94,000	1	0.9	0.20	491,000
08/17/1994			13426 3	10.9	392,000	4	1.0			8350	5.2	88,000	2	1.0			3760 0	0.5	27,000	1	1.0	0.60	466,000
08/18/1994			13436 8	9.5	366,000	6	1.0			8356	7.4	132,000	2	0.9			3760 3	0.3	14,000		0.8	0.20	446,000
08/19/1994			13446 0	10.2	361,000	6	1.0			8365	8.9	175,000	2	1.0			3761 4	1.1	84,000	1	0.9		620,000
08/20/1994			13457 5	11.5	366,000	6	1.0			8369	3.0	69,000	1	1.0			3763 2	0.9	41,000	1	0.8	0.20	486,000
08/21/1994																							
08/22/1994			13479 3	21.8	662,000	4	1.0			8382	14.5	295,000	4	1.0			3765 9	1.4	66,000	2	0.9	0.30	979,000
08/23/1994			13490 1	10.6	366,000	6	1.0			8393	11.1	202,000	6	1.0			3768 2	2.9	114,000	1	0.9	1.80	671,000
08/24/1994			13500 4	10.3	399,000	4	1.0			8400	6.3	116,000	3	1.0			3768 9	0.8	33,000	2	1.0	0.30	472,000
08/25/1994			13510 0	9.6	309,000	4	1.0			8406	6.5	119,000	1	1.0			3767 8	0.8	36,000	2	1.0	0.40	488,000
08/26/1994			13519 5	9.5	308,000	3	1.0			8414	8.2	152,000	2	1.0			3769 6	1.4	69,000	0	1.0		537,000
08/27/1994			13533 4	12.9	407,000	4	1.0			8424	9.5	170,000	4	1.1			3770 9	1.9	93,000		1.1	0.70	670,000
08/28/1994																							
08/29/1994			13550 3	17.9	572,000	5	1.0			8438	12.7	221,000	4	1.1			3772 6	1.7	82,000	3	1.1		875,000
08/30/1994			13561.1	10.8	343,000	3	1.0			8444	7.7	141,000	3	1.1			3773 5	0.9	41,000		1.1		525,000
08/31/1994			13572 1	11.0	364,000	4	1.0			8452	8.4	150,000	4	1.1			3774 0	0.5	26,000	1	1.1		530,000
MONTH TOTAL				331 8	10,479,000	125	29 8				231 5	4,163,000	86	29 0				46 5	2,149,000	36	25 4	13 80	16,789,000
YEAR TO DATE				3388 8	108,425,000	1,904	1214 5				1314 3	21,458,000	418	213 1				267 8	11,609,000	367	208 0	49 80	139,709,000
AVERAGE				10 7	356,000	4	1.0				7 5	134,290	3	1.0				1.6	69,990	1	0.9	2.50	541,861
MAXIMUM				21.8	466,000	7	1.2				14 7	208,000	7	1.2				9.6	219,000	3	1.1	2.80	979,000
MINIMUM				4.9	88,000	2	0.8				3.0	69,000	1	0.9				0.1	1,000	0	0.7		418,000

DATE September 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

ID NO 6421144
METERED SERVICES 2304

OPERATOR SIGNATURE: Tony Bouvier
OPERATOR NAME Tony Bouvier
CERTIFICATE NUMBER C-7439

DATE	WELL No 3 UNIT 2 TRACT EE							WELL No 4 UNIT 4 TRACT D							WELL No 8 UNIT 8 TRACT T-80							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES		
09/01/1994			13578 3	4 2	134,000		1 0			8457	5 1	84,000	2	1 1			3782 0	9 0	323,000	2	1 1		951,000
09/02/1994			13585 3	9 0	288,000	2	1 0			8496	8 5	153,000	3	1 1			3788 2	4 9	188,000	2	1 1		625,000
09/03/1994			13591 1	5 8	187,000	2	1 0			8473	7 0	130,000	2	1 0			3791 6	4 6	217,000	2	1 0		534,000
09/04/1994														1 0									
09/05/1994			13598 3	5 2	192,000	1	1 0			8484	10 6	188,000	3	1 0			3800 7	10 7	778,000	11	1 0	0 20	1,158,000
09/06/1994			13608 2	12 8	419,000	5	1 0			8493	9 0	161,000	2	1 0			3809 7				1 0		899,000
09/07/1994			13622 5	13 3	431,000	4	1 0			8502	8 9	178,000	1	1 0			3809 7				1 0		919,000
09/08/1994			13635 2	12 7	413,000	4	1 0			8511	8 8	157,000		1 1			3811 1	1 4	87,000	2	1 0		857,000
09/09/1994			13647 0	7 7	234,000	4	1 0			8523	11 7	212,000	2	1 1			3812 0	0 9	40,000	1	1 0	1 59	486,000
09/10/1994			13648 9	5 9	200,000	2	1 0			8526	3 1	58,000	2	1 0			3818 6	7 6	327,000	3	1 0		585,000
09/11/1994																							
09/12/1994			13669 1	10 3	309,000	6	1 0			8530	3 6	78,000	2	1 0			3834 7	14 8	693,000	9	1 1		1,080,000
09/13/1994			13688 2	9 1	260,000	3	1 0			8534	4 4	91,000	1	1 0			3834 7			1	1 1	0 56	374,000
09/14/1994			13674 7	8 9	208,000	3	1 0			8537	3 1	58,000	2	1 0			3838 3	1 0	68,000	1	1 0		347,000
09/15/1994			13684 7	10 0	300,000	4	1 0			8543	5 3	88,000	1	1 0			3838 4	2 1	88,000	1	1 0		517,000
09/16/1994			13694 1	9 4	208,000	3	1 0			8548	5 0	94,000	1	1 0			3840 1	1 7	78,000	1	1 0		479,000
09/17/1994			13707 8	13 7	443,000	4	1 0			8558	10 0	180,000	3	1 0			3842 7	2 6	109,000	1	1 0	2 25	736,000
09/18/1994																							
09/19/1994			13726 4	10 9	366,000	5	1 0			8571	12 0	234,000	2	1 0			3843 5	0 8	32,000	1	1 0		691,000
09/20/1994			13734 4	8 0	257,000	4	1 0			8579	8 7	165,000	2	1 0			3845 3	1 7	78,000	1	1 0	0 66	441,000
09/21/1994			13742 6	8 2	264,000	8	1 0			8582	3 6	104,000	4	1 0			3847 6	3 3	101,000	2	1 0	0 30	469,000
09/22/1994			13750 1	7 5	241,000	2	1 0			8590	8 0	88,000	3	1 0			3850 3	5 6	138,000	4	1 0		469,000
09/23/1994			13760 5	10 4	334,000	4	1 0			8601	11 5	83,000	3	1 0			3853 2	5 0	138,000	4	1 2		662,000
09/24/1994			13772 0	11 5	373,000	4	1 0			8608	4 8	86,000	2	1 0			3857 2	4 0	188,000	3	1 1		830,000
09/25/1994																							
09/26/1994			13774 3	2 3	72,000	4	1 0			8602	5 4	100,000	4	1 0			3877 6	20 4	808,000	16	1 1	3 00	776,000
09/27/1994			13778 0	4 7	144,000	2	1 0			8610	8 2	153,000	3	1 1			3885 5	7 9	840,000	8	1 1	0 30	537,000
09/28/1994			13783 6	4 6	153,000	2	1 0			8623	12 6	233,000	3	1 1			3885 5				1 1		386,000
09/29/1994			13790 9	7 3	236,000	2	1 0			8634	11 9	217,000	3	1 1			3885 7	0 2			1 1		456,000
09/30/1994			13798 4	6 5	276,000	2	1 0			8648	11 1	205,000	4	1 1			3885 7				1 1		481,000
09/31/1994																							
MONTH TOTAL				237 3	7,308,000	84	26 0				193 4	3,547,000	92	27 8				111 7	4,431,000	80	27 2	8 19	15,274,000
YEAR TO DATE				3598 1	113,731,000	1,386	1240 5				1407 7	57,005,000	478	240 8				379 2	16,948,000	387	236 0	56 95	154,982,000
AVERAGE				7 9	243,533	3	1 0				6 4	118,233	2	0 8				3 7	147,367	2	1 0	3 04	809,133
MAXIMUM				13 8	443,000	6	1 0				12 8	233,000	5	1 1				20 4	388,000	11	1 2	3 00	937,000
MINIMUM				2 3	72,000	1	1 0				1 5	88,000	0	1 0				0	0	0	1 0	0 30	347,000

DATE October 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

ID NO. 6421144
METERED SERVICES 2384

OPERATOR SIGNATURE: Gene York
OPERATOR NAME: GENE YORK
CERTIFICATE NUMBER C-6259

DATE	WELL No 3 UNIT 2 TRACT EE							WELL No 4 UNIT 4 TRACT D							WELL No 6 UNIT 8 TRACT T-60							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES		
10/01/1994			13807.9	0.4	271,000	2	0.9			6658	12.6	231,000	2	1.0			3880.2	2.5	180,000	2	0.9		602,000
10/02/1994																							
10/03/1994			13818.8	10.8	344,000	6	1.0			6678	10.9	376,000	5	1.0			3886.8	1.4	69,000	2	1.0	1.10	789,000
10/04/1994			13823.8	5.0	162,000	1	1.0			6681	13.2	232,000	4	1.0			3891.8	3.0	69,000	1	1.0		463,000
10/05/1994			13830.2	6.6	213,000	3	1.0			6701	10.2	186,000	2	1.0			3892.8	1.3	69,000	2	1.1	0.30	468,000
10/06/1994			13838.8	8.4	270,000	4	1.0			6710	8.7	162,000	4	1.0			3894.6	1.7	70,000	1	1.1		502,000
10/07/1994			13847.3	8.6	261,000	3	1.0			6718	7.9	147,000	3	1.0			3899.3	1.7	74,000	1	1.1		502,000
10/08/1994			13847.6	0.4	2,000		1.0			6731	13.0	238,000	3	1.0			3907.2	10.8	408,000	3	1.1		650,000
10/09/1994																							
10/10/1994			13866.0	20.4	647,000	7	1.0			6742	11.3	210,000	4	1.0			3907.2		30,000	0	1.1	1.60	889,000
10/11/1994			13872.0	4.8	148,000	2	1.0			6745	2.8	51,000	2	1.0			3914.4	7.2	268,000	3	1.1	0.30	468,000
10/12/1994			13881.7	9.1	298,000	3	1.0			6750	5.4	101,000	2	1.0			3914.5	0.1	2,000		1.1	1.10	409,000
10/13/1994			13889.7	8.8	298,000	4	1.0			6757	6.8	127,000	2	1.0			3914.6	0.1	2,000	1	1.1		421,000
10/14/1994			13898.7	9.0	294,000	3	1.0			6764	6.6	124,000	2	1.0			3916.0		8,000		1.1		429,000
10/15/1994			13908.1	8.4	311,000	2	1.0			6765	20.9	393,000	6	1.0			3917.2	2.0	101,000	2	1.0		786,000
10/16/1994																							
10/17/1994			13907.7	1.0	32,000	2	1.0			6813	28.0	522,000	10	1.1			3924.5	7.3	367,000	2	1.1		931,000
10/18/1994			13909.9	2.2	71,000	1	1.0			6827	14.0	262,000	6	1.1			3927.9	3.4	167,000	2	1.1		510,000
10/19/1994			13918.7	8.8	221,000	2	1.0			6842	14.6	274,000	4	1.1			3928.4	0.5	21,000	0	1.1		516,000
10/20/1994			13924.7	6.0	201,000	4	1.1			6857	14.3	264,000	4	1.1			3928.4		1,000		1.1		686,000
10/21/1994			13933.0	8.3	271,000	3	1.1			6870	13.1	244,000	4	1.1			3928.5	0.1	7,000		1.1		522,000
10/22/1994			13944.8	11.8	395,000	4	1.1			6885	15.8	292,000	3	1.1			3928.6	0.1	1,000		1.0		888,000
10/23/1994																							
10/24/1994			13961.7	16.3	537,000	2	1.1			6908	22.5	417,000	9	1.1			3928.6		0		1.0		954,000
10/25/1994			13972.1	10.8	364,000	2	1.1			6918	11.5	211,000	5	1.1			3929.8	1.2	68,000	2	1.0		634,000
10/26/1994			13980.8	8.7	295,000	2	1.1			6934	14.1	267,000	5	1.1			3929.8		2,000		1.0		548,000
10/27/1994			13988.8	8.0	269,000	3	1.1			6947	13.1	243,000	6	1.1			3929.9	0.1	3,000		1.0	0.30	545,000
10/28/1994			13998.0	9.2	199,000	3	1.1			6962	14.8	278,000	3	1.1			3929.9		1,000		1.0		478,000
10/29/1994			14002.1	8.1	188,000	2	1.0			6986	18.8	345,000	3	1.0			3930.7	0.8	30,000	1	1.0		573,000
10/30/1994																							
10/31/1994			14007.0	4.9	161,000	5	1.0			9006	25.9	476,000	7	1.1			3935.8	4.8	197,000	1	1.0	1.80	836,000
MONTH TOTAL				207.9	6,743,000	75	29.7				360.7	6,661,000	113	32.2				48.9	2,131,000	30	27.4	3.90	15,665,000
YEAR TO DATE				3803.7	180,474,000	1,389	1297.2				1788.4	63,696,000	560	268.1				439.1	18,377,000	297	263.4	84.65	170,547,000
AVERAGE				9.7	217,516	2	1.0				11.6	215,839	4	1.0				1.6	68,742	1	1.1	1.79	802,097
MAXIMUM				20.4	395,000	7	1.1				28.0	393,000	10	1.1				10.8	408,000	3	1.1	1.80	786,000
MINIMUM				0.4	2,000	1	0.9				2.8	51,000	2	1.0				0	0	0	0.9		394,500

DATE November 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

ID NO 6421144
METERED SERVICES 2304

OPERATOR SIGNATURE: Gene York
OPERATOR NAME: GENE YORK
CERTIFICATE NUMBER: C-6256

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 6 UNIT 6 TRACT T 60								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	RAINFALL	
11/01/1994			14008 0	2 0	68 000	1	1 1			8010	3 7	71 000	2	1 0			3845 1	9 5	382 000	4	1 0		842 000
11/02/1994			14015 0	6 0	181 000	2	1 1			8024	13 0	250 000	4	1 0			3849 0	1 5	64 000	1	1 5		495 000
11/03/1994			14018 5	3 5	109 000	2	1 1			8030	6 7	125 000	1	1 0			3853 6	7 3	295 000	3	1 0		512 000
11/04/1994			14025 0	7 0	329 000	3	1 1			8039	8 8	182 000	2	1 0			3855 5	1 7	68 000	1	1 1		668 000
11/05/1994			14031 0	6 0	96 000	2	1 0			8046	9 1	186 000	3	1 0			3865 4	9 9	389 000	4	1 1		953 000
11/06/1994																						
11/07/1994			14041 0	10 0	329 000	4	1 0			8058	7 7	148 000	4	1 0			3880 5	15 1	587 000	6	1 1		1,071 000
11/08/1994			14056 0	17 0	548 000	7	1 0			8080	3 6	71 000	1	1 0			3880 5		0		1 0		619 000
11/09/1994			14068 0	11 0	367 000	3	1 0			8085	5 0	93 000	1	1 0			3880 7	0 2	8 000	1	1 0		468 000
11/10/1994			14083 0	14 0	478 000	6	1 0			8098	4 2	78 000	1	1 0			3880 7		0		1 0		556 000
11/11/1994			14097 1	13 3	448 000	5	1 0			8074	4 7	88 000	1	1 0			3880 7		0		1 0	0 80	528 000
11/12/1994			14114 4	17 3	564 000	6	0 9			8079	5 3	101 000	1	0 9			3880 7		0		0 0	0 01	665 000
11/13/1994																						
11/14/1994			14137 0	22 6	737 000	9	1 0			8095	6 2	117 000	4	1 0			3880 7		1 000		1 0		855 000
11/15/1994			14151 7	14 7	480 000	6	1 0			8098	3 4	63 000		1 0			3880 7		0	1	1 0	0 80	943 000
11/16/1994			14169 0	11 2	365 000	6	1 0			8091	2 4	46 000	1	1 0			3880 9	0 1	4 000		1 0	2 90	413 000
11/17/1994			14179 6	10 0	407 000	6	1 0			8092	1 2	23 000	1	1 0			3880 9		0		1 0	0 80	430 000
11/18/1994			14188 7	12 0	488 000	1	1 1			8094	1 8	35 000		1 1			3880 9	0 1	2 000		1 0		439 000
11/19/1994			14207 0	18 8	595 000	8	1 1			8099	2 5	47 000		0 9			3881 0	0 1	4 000		1 0		646 000
11/20/1994																						
11/21/1994			14230 9	23 3	793 000		1 1			9102	5 4	101 000	2	1 0			3881 0		0		1 0		894 000
11/22/1994			14242 2	11 3	354 000	3	1 0			9104	2 4	46 000	1	1 0			3881 1	0 1		1	1 0		400 000
11/23/1994			14256 6	14 3	479 000	4	1 0			9108	3 3	62 000	2	1 0			3881 2	0 1	4 000	1	1 0		541 000
11/24/1994			14275 8	19 7	650 000	04	1 0			9110	6 5	188 000	3	1 1			3881 2		4 000		0 8		823 000
11/25/1994			14288 5	14 0	488 000		0 9			9119	3 4	64 000	2	1 0			3881 2		0		0 7		880 000
11/26/1994			14303 9	13 4	457 000	10	1 0			9125	3 1	65 000	4	1 0			3881 2		0		0 9		882 000
11/27/1994																						
11/28/1994			14338 0	32 1	1 098 000	12	1 0			9129	5 4	95 000	2	1 0			3881 2		0		0 8		1,148 000
11/29/1994			14351 2	13 2	466 000	5	1 0			9131	2 9	54 000	1	1 0			3881 3	0 1	4 000	1	1 0		564 000
11/30/1994			14365 3	14 1	467 000	5	1 0			9134	3 5	66 000	1	1 0			3881 3		2 000		1 0		575 000
11/31/1994																						
MONTH TOTAL				358 3	11,806,000	193	26 5					1291	2,423 000	45	26 0				46 7	1,816,000	27	25 4	0 81	16,046 000
YEAR TO DATE				3727 1	119 030 000	1 388	1241 0					1547 4	23 661 000	461	239 1				313 9	13 843 000	234	234 2	62 71	156 864 000
AVERAGE				11 9	366 000	6	1 0					4 3	80 787	2	1 0				1 5	60 600	1	1 0	1 87	536 950
MAXIMUM				32 1	803 000	64	1 1					13 5	250 000	4	1 1				15 1	389 000	6	1 1	2 90	839 000
MINIMUM				2 0	68 000	0	0 9					1 2	23 000	0	0 9				0	0	0	0 7	0 01	400 000

DATE: December 1994

MARION OAKS UTILITIES MONTHLY WATER REPORT

ID NO: 0421144
METERED SERVICES: 2384

OPERATOR SIGNATURE: Tony Bouvier
OPERATOR NAME: Tony Bouvier
CERTIFICATE NUMBER: C-7439

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT O							WELL No. 8 UNIT 8 TRACT T-60							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
12/01/1994			14378.7	13.4	436,000	8	1.0			9136	1.8	34,000	2	1.0			3981.3		0		1.0	0.20	468,000
12/02/1994			14380.0	14.5	467,000	5	1.0			9138	2.8	55,000		1.0			3981.4	0.1	4,000	1	1.0		516,000
12/03/1994			14411.2	18.2	802,000	7	1.0			9142	2.5	48,000		1.0			3981.5	0.1	2,000		1.0		852,000
12/04/1994																							
12/05/1994			14439.2	25.0	616,000	11	1.0			9146	4.2	78,000	2	1.0			3981.5		0		1.0	2.20	694,000
12/06/1994			14448.8	13.4	437,000	8	1.0			9148	2.4	46,000	1	1.0			3981.5		0		1.0		483,000
12/07/1994			14462.8	13.2	426,000	8	1.0			9151	3.0	58,000	1	1.0			3981.8	0.1	4,000	1	1.0		488,000
12/08/1994			14478.0	13.8	490,000	8	1.0			9154	3.2	60,000	2	1.0			3981.8		0		1.0		490,000
12/09/1994			14490.0	14.0	453,000	8	1.0			9156	2.0	38,000	1	1.0			3982.1	0.5	19,000	1	1.0		511,000
12/10/1994			14508.3	15.3	928,000	8	1.1			9158	2.9	54,000	1	1.0			3982.1		0		1.0		980,000
12/11/1994																							
12/12/1994			14531.2	25.9	637,000	12	1.1			9164	4.7	88,000	3	1.0			3982.1		0		1.0		926,000
12/13/1994			14544.5	13.3	451,000	7	1.1			9167	3.0	57,000	1	1.0			3982.1		0		1.0		488,000
12/14/1994			14558.6	13.5	438,000	5	1.1			9169	2.3	43,000	1	1.0			3982.1		0		1.0		460,000
12/15/1994			14572.6	14.5	471,000	3	1.0			9172	2.3	45,000	1	1.0			3982.1		0		1.0		516,000
12/16/1994			14588.8	14.3	466,000	4	1.0			9174	2.5	48,000	1	1.0			3982.2	0.1	4,000		1.0		518,000
12/17/1994			14605.6	16.7	536,000	8	1.0			9177	3.1	59,000	1	1.0			3982.3	0.1	4,000		0.9		600,000
12/18/1994																			0				
12/19/1994			14629.7	20.3	851,000	11	1.0			9181	4.3	81,000	2	1.0			3982.3		0		1.0		932,000
12/20/1994			14644.1	14.4	466,000	6	1.0			9184	2.7	53,000	1	1.0			3982.3		0		1.0		521,000
12/21/1994			14658.0	13.9	450,000	8	1.0			9186	2.0	38,000	1	1.0			3982.3		0		1.0	0.30	488,000
12/22/1994			14671.4	13.4	436,000	5	1.1			9187	0.9	18,000		1.0			3982.4	0.1	4,000	1	1.0	0.40	457,000
12/23/1994			14687.3	15.9	514,000	6	1.3			9194	6.6	127,000	1	1.2			3982.4		0		1.0	1.00	641,000
12/24/1994			14699.6	12.3	404,000	4	1.2			9196	3.7	69,000	1	1.2			3982.4		0		1.0		472,000
12/25/1994																			0				
12/26/1994			14721.3	21.7	696,000	10	1.0			9211	13.7	253,000	5	1.0			3982.4		0		0.9		949,000
12/27/1994			14731.7	10.4	337,000	4	1.1			9217	6.1	113,000	3	1.0			3982.4		0		0.9		460,000
12/28/1994			14746.5	12.9	415,000	5	1.1			9225	7.4	137,000	2	1.0			3982.8	0.2	8,000		0.9		567,000
12/29/1994			14757.8	13.4	436,000	6	1.1			9230	5.5	103,000	2	1.0			3982.8		0		0.9		539,000
12/30/1994			14770.3	12.4	402,000	3	0.9			9236	8.6	158,000	2	1.0			3982.8		0		1.0	0.30	561,000
12/31/1994			14785.1	13.8	446,000	8	1.1			9246	8.6	161,000	2	1.0			3983.8	1.0	46,000		1.0		991,000
MONTH TOTAL				417.8	13,566,000	171	29.3				111.4	2,066,000	40	27.4				2.3	91,000	4	29.5	4.40	15,748,000
YEAR TO DATE				4144.9	131,566,000	1,557	1299.3				1453.9	25,967,000	501	299.5				515.5	15,734,000	236	380.7	67.11	171,300,000
AVERAGE				13.8	437,710	6	1.0				3.6	67,290	1	1.0				0.1	5,806	8	1.0	2.24	607,936
MAXIMUM				25.9	902,000	12	1.3				13.7	127,000	5	1.2				1.0	46,000	1	1.0	2.20	941,000
MINIMUM				10.4	337,000	3	0.9				0.9	18,000	0	1.0				0	0	0	0.9	0.20	447,000

DATE: January 1993

MARION OAKS UTILITIES MONTHLY WATER REPORT

ID NO. 6421140
METERED SERVICES 2358

OPERATOR SIGNATURE: Original signed by Tony Bouvier
OPERATOR NAME: Tony Bouvier
CERTIFICATE NUMBER: C-7439

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 8 UNIT 8 TRACT T-60							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
01/01/1993			0742	3	90,000	2	1.1			4975				1.0			2584.4	0.0	304,000	6	1.0	0.01	488,000
01/02/1993			0749	10	287,000	9	1.0			4975				1.0			2884.3	7	280,000	6	1.2		570,000
01/03/1993			0755	8	177,000	3	1.1			4975				1.0			2911.3	7.0	300,000	3	1.2		462,000
01/04/1993			0760	8	200,000	6	1.2			4975	8.0	130,000	3	1.1			2918.6	10.7	400,000	7	1.3		610,000
01/05/1993			0769	7	214,000	3	1.2			4981				1.3			2928.0	0.0	330,000	6	1.2	0.10	500,000
01/06/1993			0778	9	155,000	7	1.3			4981				1.0			2937.4	0.7	340,000	4	1.3		563,000
01/07/1993			0791	14	302,000	5	1.3			4981				1.0			2946.1	0.9	180,000	2	1.0		488,000
01/08/1993			0796	5	205,000	3	1.2			4981				1.0			2948.8	1	360,000	6	1.2		607,000
01/09/1993			0800	6	140,000	2	1.2			4981				1.2			2955.0	0.0	267,000	5	1.0	1.10	497,000
01/10/1993			0809	8	148,000	2	1.0			4981				1.5			2964.0	0.0	303,000	6	1.0		390,000
01/11/1993			0818	8	187,000	2	1.3			4981				1.2			2972.5	6	251,000	3	1.0	0.06	418,000
01/12/1993			0825	7	220,000	3	1.3			4981				1.0			2979.2	0.1	211,000	3	1.3	0.47	431,000
01/13/1993			0833	10	311,000	3	1.0			4981				1.0			2984.3	2.0	111,000	2	1.2		422,000
01/14/1993			0833	12	352,000	3	1.2			4981				0.0			2986.0	1.0	72,000	2	1.3		424,000
01/15/1993			0845	12	381,000	4	1.2			4981				0.0			2986.5	0.2	8,000	1	1.2	1.00	389,000
01/16/1993			0857	9	192,000	4	1.2			4981		1,000	3	1.0			2986.7	7	202,000	1	1.0		450,000
01/17/1993			0863	3	96,000	1	1.0			4981				0.0			2995.7	0.7	324,000	3	1.0	0.05	420,000
01/18/1993			0869	13	368,000	3	1.2			4981				1.2			2704.4	0.9	20,000	1	1.5		390,000
01/19/1993			0870	1	40,000	1	1.2			4981				1.0			2706.3	11.8	449,000	8	1.2		491,000
01/20/1993			0880	8	133,000	2	1.0			4981				1.0			2717.1	7.3	291,000	4	1.3		424,000
01/21/1993			0885	8	187,000	2	1.2			4981				1.0			2724.6	7.2	290,000	6	1.3		479,000
01/22/1993			0891	12	300,000	3	1.0			4981				0.0			2731.6	1.0	80,000	2	1.2		466,000
01/23/1993			0903	8	267,000	3	1.2			4981				0.0			2733.5	0.0	304,000	2	1.2		541,000
01/24/1993			0913	7	217,000	4	1.0			4981				0.0			2740.4	0.0	240,000	1	1.0		457,000
01/25/1993			0918	1	18,000		1.2			4981				0.0			2740.5	1	40,000	1	1.1		58,000
01/26/1993			0920		0,000		1.2			4981		1,000	1	0.0			2747.2	11.0	401,000	4	1.2	0.32	496,000
01/27/1993			0929	4	133,000	1	1.1			4981				1.0			2758.6	0.3	317,000	4	1.3	1.12	398,000
01/28/1993			0924	3	100,000	2	0.5			4981				1.0			2764.1	0.0	161,000	3	1.4		241,000
01/29/1993			0937	8	260,000	3	1.0			4981	1.0	20,000	1	1.0			2767.3	0.4	100,000	2	1.3		514,000
01/30/1993			0933	7	202,000	4	1.2			4982				1.0			2771.7	0.0	264,000	4	1.0		466,000
01/31/1993			0930	9	270,000	4	1.7			4982				1.0			2778.5	0.1	200,000	2	1.2		534,000
MONTH TOTAL				206	6,330,000	84	33.9				7.0	150,000	0	30.0				100.2	7,000,000	102	30.1	6.77	14,102,000
YEAR TO DATE				206	6,330,000	84	33.9				7.0	150,000	0	30.0				100.2	7,000,000	102	30.1	6.77	14,102,000
AVERAGE				7	204,452	3	1.2				<1	5,000	<1	1.0				0.1	240,000	3	1.0	0.19	455,000
MAXIMUM				14	302,000	6	1.7				0.0	130,000	3	1.0				11.8	401,000	7	1.2	1.00	610,000
MINIMUM				0	0,000	0	0.5				0		0	0.0				0.0	0,000	1	1.0	0	58,000

DATE: February 1993

MARION OAKS UTILITIES MONTHLY WATER REPORT

ID. NO. 6431144
METERED SERVICES 2358

OPERATOR SIGNATURE: Original signed by David Connor
OPERATOR NAME: David Connor
CERTIFICATE NUMBER: C-6437

DATE	WELL No. 3 UNIT 2 TRACT EG							WELL No. 4 UNIT 4 TRACT O							WELL No. 6 UNIT 9 TRACT T-99							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
02/01/1993			6948	6	149,000	2	1.2			4967				0.9			2704.6	6	240,000	3	1.2		393,000
02/02/1993			6953	8	249,000	3	1.2			4982	1.0	33,000	2	0.8			2708.6	6.9	280,000	3	1.2		564,000
02/03/1993			6961	10	308,000	3	1.2			4983	8.0	110,000	3	1.0			2707.8	7	277,000	4	1.3		781,000
02/04/1993			6971	9	280,000	3	1.2			4989				1.3			2804.8	4.8	191,000	2	1.3		471,000
02/05/1993			6986	10	320,000	3	1.0			4989				1.3			2809.1	4.4	186,000	2	1.2		506,000
02/06/1993			6996	7	295,000	2	1.2			4989				1.0			2813.5	5.5	207,000	7	1.3	2.00	472,000
02/07/1993			6997	7	229,000	2	1.3			4989				1.0			2820	6	256,000	4	1.2		484,000
02/08/1993			7004	6	149,000	2	1.0			4989				0.8			2826	5.8	231,000	3	1.0		379,000
02/09/1993			7006	8	247,000	3	1.2			4989				0.8			2831.8	5.5	234,000	3	1.3	0.10	476,000
02/10/1993			7017	8	169,000	2	1.2			4989				1.0			2837.1	6	201,000	3	1.3		420,000
02/11/1993			7022	6	179,000	3	1.2			4989				1.0			2843.1	7	280,000	3	1.4		496,000
02/12/1993			7028	6	180,000	3	1.3			4989				1.3			2850.1	6.9	267,000	3	1.7	0.37	453,000
02/13/1993			7034	6	191,000	3	1.2			4989				1.2			2857	7.1	266,000	3	1.6		476,000
02/14/1993			7049	7	230,000	3	1.2			4989				1.0			2864.1	6.9	262,000	4	1.2		510,000
02/15/1993			7047	7	264,000	3	1.3			4989				1.2			2871	6.9	274,000	3	1.6		478,000
02/16/1993			7054	7	218,000	3	1.2			4989				1.0			2877.6	6.2	263,000	3	1.3		470,000
02/17/1993			7061	8	183,000	2	1.3			4989				1.0			2883.9	6.8	261,000	4	1.2	0.04	444,000
02/18/1993			7066	6	202,000	3	1.2			4989				1.2			2890.6	6.9	266,000	3	1.3		461,000
02/19/1993			7073	8	200,000	2	1.6			4989				1.2			2897.5	6.2	263,000	3	1.3		463,000
02/20/1993			7078	14	363,000	4	1.3			4989				1.0			2903.7	7.1	266,000	4	1.2		674,000
02/21/1993			7090	6	154,000	4	0.9			4989				0.6			2910.8	4.8	201,000	3	0.7	0.02	385,000
02/22/1993			7096	4	122,000	2	0.8			4989				0.4			2916.7	5.9	240,000	4	0.6		388,000
02/23/1993			7102	7	220,000	3	0.8			4989				0.5			2921.8	5.8	277,000	4	0.7	0.04	503,000
02/24/1993			7109	8	170,000	3	0.6			4989				0.7			2928.4	6.1	247,000	4	0.7		430,000
02/25/1993			7118	8	241,000	3	0.7			4989				0.6			2934.6	5.9	243,000	3	0.6		484,000
02/26/1993			7123	9	290,000	5	0.6			4989	3.0	70,000	2	0.6			2940.4	7.1	290,000	3	0.7	1.10	607,000
02/27/1993			7132	7	261,000	5	1.3			4992			3	1.0			2947.6	6.5	231,000	4	1.0		492,000
02/28/1993			7139	10	286,000	1	0.6			4992				0.6			2953.3	6.9	190,000	4	0.6		456,000
03/29/1993			7149							4992							2960.1						
03/30/1993																							
03/31/1993																							
MONTH TOTAL				201	6,130,000	78	38.3				18.0	220,000	18	30.3				173.5	7,154,000	98	32.1	2.00	13,570,000
YEAR TO DATE				407	12,636,000	162	68.2				17.0	364,000	18	57.0				363.7	14,980,000	198	70.2	11.02	27,770,000
AVERAGE				7	221,000	3	1.1				0.4	8,000	0.4	0.9				6.3	256,000	3	1.1	0.24	485,000
MAXIMUM				14	363,000	6	1.3				8.0	110,000	3	1.4				7.1	290,000	7	1.7	2.00	781,000
MINIMUM				6	122,000	1	0.6				0	0	0	0.4				4.4	185,000	2	0.6	0	366,000

DATE: March 1993

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6421144
METERED SERVICES 7350

OPERATOR SIGNATURE: Original signed by David Connor
OPERATOR NAME: David Connor
CERTIFICATE NUMBER: C-4437

DATE	WELL No. 3 UNIT 3 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 6 UNIT 6 TRACT T-66							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
03/01/1993			7149	9	236,000	3	0.5			4993				0.7			2958.1	6.0	199,000	3	0.9		431,000
03/02/1993			7158	10	294,000	3	0.7			4993				0.8			2962.9	6.3	290,000	4	1.0		510,000
03/03/1993			7168	9	230,000	2	0.6			4993				0.6			2968.3	6.7	230,000	3	1.0	0.05	489,000
03/04/1993			7177	9	245,000	3	1.0			4993				0.6			2973.0	6.0	239,000	2	1.0		484,000
03/05/1993			7186	4	256,000	2	0.9			4993				0.9			2979.7	8	210,000	3	1.0		466,000
03/06/1993			7190	11	330,000	3	0.8			4993				0.7			2984.7	8	200,000	2	1.0		530,000
03/07/1993			7201	9	270,000	2	0.6			4993				0.6			2989.7	8.0	231,000	3	0.9		510,000
03/08/1993			7210	8	267,000	2	0.4			4993				0.8			2995.2	9.2	266,000	3	0.8		515,000
03/09/1993			7218	10	300,000	3	0.6			4993				0.6			3001.4	9.8	302,000	5	0.8		520,000
03/10/1993			7228	6	184,000	5	0.6			4993				0.8			3006.9	8.6	271,000	3	0.7		466,000
03/11/1993			7234	9	241,000	4	0.7			4993				0.8			3010.4	6.8	274,000	4	0.8		515,000
03/12/1993			7242	4	171,000	3	0.8			4993				0.7			3003	7.8	323,000	6	0.8	1.10	494,000
03/13/1993			7247	8	163,000	1	0.8			4993	8.0	147,000	3	0.6			3030.8	8.8	241,000	3	0.8	0.02	571,000
03/14/1993			7253	8	241,000	3	0.8			5001				0.8			3036.7	8.7	99,000	2	0.8		330,000
03/15/1993			7261	11	325,000	4	0.8			5001				0.8			3038.8	9.8	101,000	3	0.6	0.02	466,000
03/16/1993			7272	10	310,000	3	0.6			5001				0.6			3043.8	8	207,000	4	0.7		643,000
03/17/1993			7282	8	196,000	2	0.8			5001	1.1	22,000	1	0.8			3056.8	8.8	261,000	4	0.7	1.05	461,000
03/18/1993			7288	8	184,000	2	0.7			5002				1.0			3064.9	8.8	278,000	4	0.8		643,000
03/19/1993			7298	8	196,000	2	0.7			5002				0.8			3065.7	8.3	208,000	4	0.8		483,000
03/20/1993			7308	8	224,000	2	0.7			5002	0.1	2,000	2	0.8			3070	7.4	203,000	4	0.7		629,000
03/21/1993			7308	7	251,000	3	0.6			5002				0.7			3077.4	8	206,000	8	0.8	0.30	886,000
03/22/1993			7318	7	199,000	2	0.8			5002				0.7			3083.4	8.8	268,000	5	0.8	0.05	471,000
03/23/1993			7328	6	196,000	2	0.7			5002				0.7			3090	7	264,000	5	0.7	0.00	474,000
03/24/1993			7338	8	196,000	2	0.7			5002				0.7			3097	8.8	271,000	3	0.7		427,000
03/25/1993			7333	9	293,000	3	0.7			5002				0.7			3103.8	4.8	208,000	3	0.7		469,000
03/26/1993			7342	8	242,000	2	0.6			5002				0.8			3109.3	4.8	194,000	2	0.7	0.00	438,000
03/27/1993			7350	9	308,000	5	0.8			5002				0.8			3112.8	4.6	150,000	3	0.6		866,000
03/28/1993			7359	13	367,000	3	0.6			5002				0.6			3117.4	5.7	116,000	2	0.8		865,000
03/29/1993			7372	14	438,000	4	0.8			5002				0.8			3120.1	6.5	23,000	1	0.7		461,000
03/30/1993			7386	14	449,000	3	0.8			5002				0.6			3126.6	1.2	90,000	1	0.8		895,000
03/31/1993			7400	12	358,000	3	0.8			5002				0.6			3131.8	1.4	70,000	1	0.7		428,000
MONTH TOTAL				283	8,901,000	96	21.3				9.2	171,000	6	20.0				165.1	6,903,000	96	22.9	0.49	15,165,000
YEAR TO DATE				678	20,027,000	244	67.5				28.2	858,000	24	77.9				678.9	21,753,000	264	82.1	17.01	42,938,000
AVERAGE				9	291,000	3	0.7				0.3	6,000	0.2	0.7				5.5	223,000	3	0.7	0.21	489,000
MAXIMUM				14	367,000	6	1.0				0.8	147,000	3	1.0				8.8	343,000	8	1.0	2.30	643,000
MINIMUM				4	184,000	1	0.4				0	0	0	0.6				0.6	23,000	1	0.6	0	330,000

DATE: April 1993

MARION OAKS UTILITIES MONTHLY WATER REPORT

ID NO. 6421146
METERED SERVICES 2356

OPERATOR SIGNATURE: Original signed by David Connor
OPERATOR NAME: David Connor
CERTIFICATE NUMBER: C-6437

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 8 UNIT 8 TRACT T-66								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	RAINFALL	
04/01/1993			7412	11	333,000	3	0.8			5002				0.6			3123.2	3.9	177,000		0.6	0.36	510,000
04/02/1993			7423	9	138,000	2	0.6			5002				0.5			3127.1	7.7	330,000		0.6		468,000
04/03/1993			7427	9	261,000	3	0.5			5002				0.6			3134.8	6.8	258,000	3	0.5		519,000
04/04/1993			7436	9	282,000	9	0.5			5007				0.6			3140.7	6	204,000	8	0.7		540,000
04/05/1993			7445	6	183,000	12	0.7			5002				0.5			3146.7	6.0	205,000	3	0.6	0.30	447,000
04/06/1993			7451	8	234,000	3	0.6			5002	0.1	2,000		0.7			3152.9	6.2	204,000	2	0.9		540,000
04/07/1993			7459	10	315,000	3	0.5			5002				0.6			3159.6	6.1	343,000	4	0.8		661,000
04/08/1993			7469	7	216,000	2	0.5			5002				0.6			3167.7	6.8	266,000	3	0.8		424,000
04/09/1993			7478	7	234,000	3	0.4			5002				0.7			3173.8	6.5	200,000	2	0.8	1.00	366,000
04/10/1993			7483	10	314,000	2	0.8			5002				0.6			3179.6	6	210,000	3	0.6		530,000
04/11/1993			7493	13	392,000	4	0.5			5002				0.5			3193.8	6.7	234,000	3	0.5		626,000
04/12/1993			7506	14	462,000	3	0.6			5002				0.6			3199.5	4.7	202,000	3	0.6		664,000
04/13/1993			7520	12	378,000	4	0.6			5002				0.6			3206.9	7.4	260,000	4	0.8		638,000
04/14/1993			7532	10	324,000	3	0.6			5003				0.5			3201.6	6	210,000	3	0.6		534,000
04/15/1993			7543	8	277,000	2	0.6			5002				0.5			3207.6	6.0	230,000	3	0.6		512,000
04/16/1993			7551		30,000	1	0.6			5002				0.5			3213	5.7	34,000	1	0.6	0.75	73,000
04/17/1993			7561	12	330,000	2	0.6			5002	0.2	27,000	1	0.5			3313.7	4.5	196,000	2	0.5		549,000
04/18/1993			7563	21	573,000	1	0.6			5002	1.0			0.6			3218.2				0.6		573,000
04/19/1993			7584	13	435,000	3	0.6			5003	3.3	50,000		0.6			3218.2				0.6		493,000
04/20/1993			7597	17	567,000	3	0.6			5007	0.6	22,000	1	0.5			3218.2				0.5		579,000
04/21/1993			7616	12	450,000	3	0.6			5006	17.0	331,000	4	0.6			3218.2				0.6		781,000
04/22/1993			7628	20	540,000	4	0.6			5018				1.0			3218.2				0.6		540,000
04/23/1993			7648	16	653,000	3	0.6			5075	1.1	20,000	1	0.5			3218.2				0.5		563,000
04/24/1993			7662	19	510,000	7	0.6			5029	9.7	184,000	1	0.6			3218.2				0.6		794,000
04/25/1993			7681	13	354,000	5	0.6			5039	10.3	193,000	2	0.6			3218.2				0.6		587,000
04/26/1993			7694	12	378,000	4	0.6			5048	11.1	213,000	2	0.3			3218.2				0.6		588,000
04/27/1993			2706	15	467,000	5	0.6			5057	6.6	125,000	2	0.4			3218.2				0.5		612,000
04/28/1993			7721	11	358,000	3	0.6			5064	14.1	265,000	3	0.5			3218.2				0.5		623,000
04/29/1993			7732	10	320,000	3	0.6			5078	18.9	367,000	5	0.6			3218.2				0.6		687,000
04/30/1993			7742	13	405,000	2	0.6			5097	15.0	276,000	3	0.5			3218.2				0.6		681,000
MONTH TOTAL				343	10,979,000	107	20.6				199.7	3,063,000	35	16.6				98.0	4,662,000	66	19.6	2.66	17,644,000
YEAR TO DATE				1013	31,806,000	355	100.3				138.9	2,630,000	49	65.6				823.6	25,835,000	334	112.1	30.31	99,979,000
AVERAGE				11	363,000	4	0.7				3.7	69,000	1	0.6				3.2	150,000	1	0.6	0.98	668,000
MAXIMUM				21	573,000	12	0.9				18.9	367,000	5	1.0				0.1	343,000	4	0.9	1.00	794,000
MINIMUM				0	30,000	1	0.4				0	0	0	0.3				0		0	0.2	0	73,000

DATE: May 1999

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6421166
METERED SERVICES 3256

OPERATOR SIGNATURE: Original signed by Tony Bouvier
OPERATOR NAME: Tony Bouvier
CERTIFICATE NUMBER: C-7439

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 6 UNIT 9 TRACT T-00									TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	RAINFALL	
05/01/1999			7755	17	553,000	4	0.8			5111	12.0	234,000	3	0.6			3215.2				0.5		788,000
05/02/1999			7773	18	596,000	4	0.8			5123	8.0	112,000	2	0.4			3219.2				0.4		906,000
05/03/1999			7790	14	431,000	3	0.6			5129	1.0	22,000	1	0.2			3219.2				0.0		453,000
05/04/1999			7804	10	503,000	7	0.0			5130	1.0	19,000	1	0.0			3219.2				0.4	0.90	501,000
05/05/1999			7822	9	277,000	3	0.6			5131				0.0			3219.2	4.2	100,000	3	0.6	0.47	487,000
05/06/1999			7831	10	330,000	3	0.6			5131				0.0			3222.4	6.0	288,000	4	0.6	0.36	893,000
05/07/1999			7841	15	438,000	4	0.7			5131	8.0	100,000	2	0.5			3229.3	2.1	68,000	1	0.6		632,000
05/08/1999			7856	14	466,000	5	0.6			5136	6.0	184,000	1	0.2			3236.6	3.4	167,000	2	0.6		727,000
05/09/1999			7870	12	396,000	6	0.6			5144	7.0	32,000	1	0.6			3233.0	1.8	71,000	1	0.6		493,000
05/10/1999			7882	10	313,000	3	0.6			5148	8.0	100,000	2	0.5			3238.2	1.6	68,000	1	0.6		527,000
05/11/1999			7899	13	466,000	6	0.6			5154				0.6			3239.0	0.2	13,000	1	0.6		499,000
05/12/1999			7907	11	309,000	4	0.6			5154	8.0	100,000	3	0.6			3237	0.1	270,000	4	0.6		925,000
05/13/1999			7919	14	424,000	4	0.6			5163	7.0	120,000	2	0.6			3240.1	2.1	102,000	2	1.0	0.02	866,000
05/14/1999			7932	11	383,000	3	1.0			5170	3.0	66,000	1	0.6			3249.2	2.3	110,000	2	1.2		630,000
05/15/1999			7949	16	299,000	2	1.0			5173	21.0	300,000	3	0.6			3251.6	0.4	18,000		0.6		700,000
05/16/1999			7958	10	311,000	4	0.6			5184	21.0	300,000	3	0.6			3251.9	0.6	30,000	1	0.6		748,000
05/17/1999			7963	6	206,000	3	0.6			5215	8.0	102,000	2	0.6			3252.6	2.1	98,000	2	0.6		554,000
05/18/1999			7978	10	334,000	8	0.6			5223	10.0	330,000	4	0.7			3254.6	0.6	31,000	1	0.6		695,000
05/19/1999			7992	11	338,000	4	0.4			5241	9.0	172,000	2	0.6			3259.7	2.7	129,000	1	0.6		638,000
05/20/1999			1993	13	410,000	6	0.6			5266	12.0	234,000	3	0.6			3267.9	3.1	102,000	2	1.0		788,000
05/21/1999			0008	10	314,000	3	0.6			5283	16.0	306,000	3	0.6			3261	0.7	36,000	1	0.6		656,000
05/22/1999			0018	14	441,000	3	0.6			5278	18.0	342,000	2	0.6			3261.7	1	46,000	1	0.6		829,000
05/23/1999			0030	12	486,000	3	0.6			5298	19.0	366,000	5	0.6			3262.7	1.1	48,000	1	0.6		910,000
05/24/1999			0046	11	366,000	3	0.6			5318	16.0	274,000	3	0.6			3263.9	1.6	67,000	1	0.6		707,000
05/25/1999			0057	10	307,000		0.6			5338	22.0	406,000	5	0.6			3265.3	1.4	62,000	1	0.6		977,000
05/26/1999			0073	16	323,000	3	0.4			5352	16.0	290,000	0	0.6			3266.7	1.4	64,000	2	0.6		587,000
05/27/1999			0083	14	417,000	4	0.6			5362	18.0	297,000	3	0.6			3268.1	1.3	56,000	2	0.6		773,000
05/28/1999			0097	4	147,000	3	0.6			5378	15.0	284,000	5	0.6			3269.6	0.6	40,000	1	0.6	0.06	471,000
05/29/1999			0101	12	367,000	3	0.6			5393		9,000		0.6			3270.2	1.7	81,000	1	0.6	0.00	470,000
05/30/1999			0114	12	374,000	5	0.6			5393	1.0	18,000	1	0.6			3271.9	2.3	114,000	2	0.6	0.59	682,000
05/31/1999			0126	10	270,000	4	0.6			5394	2.0	46,000		0.6			3274.2	2.3	106,000	1	0.6	0.49	522,000
MONTH TOTAL				383	12,118,000	113	23.0				265.0	5,418,000	70	21.0				80.0	2,046,000	43	21.0	2.49	20,170,000
YEAR TO DATE				1396	43,621,000	466	132.2				620.0	9,053,000	110	110.0				662.0	28,481,000	377	123.0	29.00	99,155,000
AVERAGE				12	391,000	4	0.6				9.3	170,000	2	0.7				1.9	65,000	1	0.7	0.10	651,000
MAXIMUM				19	596,000	7	1.0				22.0	406,000	5	0.6				9.1	270,000	4	1.2	2.90	977,000
MINIMUM				4	147,000	0	0.4				0	0	0	0.4				0	0	0	0.4	0	453,000

DATE: June 1993

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6421144
METERED SERVICES 2358

OPERATOR SIGNATURE: Original signed by David Connor
OPERATOR NAME: David Connor
CERTIFICATE NUMBER: C-6437

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT O							WELL No. 6 UNIT 9 TRACT T-66							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
06/01/1993			8130	1	69,000		0.9			5366				0.6			3278.4	0.1	9,000		0.6	0.38	68,000
06/02/1993			8139	12	319,000	6	0.6			5396	16.0	350,000	9	0.6			3278.6	7.3	286,000		0.6		670,000
06/03/1993			8188	11	872,000	6	0.6			5412	9.0	177,000	3	0.6			3283.9	1.0	96,000		0.7		634,000
06/04/1993			8167	10	297,000	4	0.6			5421	10.0	273,000	3	0.6			3288.7	1.2	89,000		0.7		629,000
06/05/1993			8177	11	343,000	3	0.6			5436	15.0	295,000	5	0.6			3290.9	0.6	23,000		0.6	0.39	661,000
06/06/1993			8188	11	394,000	3	0.6			5451	19.0	347,000	7	0.6			3297.4	0.9	45,000		0.7		756,000
06/07/1993			8199	13	478,000	4	0.6			5470	0.0	145,000	3	0.6			3298.3	2.3	102,000		0.6		727,000
06/08/1993			8214	15	486,000	6	0.6			5475	11.0	216,000	2	0.6			3301.0	2.9	113,000		0.6		966,000
06/09/1993			8229	14	447,000	3	1.0			5489	6.0	126,000		0.7			3303.6	3.4	161,000		0.6	1.00	736,000
06/10/1993			8243	10	400,000	5	1.0			5495	5.0	94,000		0.6			3307.3	2.5	115,000		0.6		709,000
06/11/1993			8259	12	365,000	3	0.6			5500	2.0	50,000		0.6			3309.8	1.6	81,000		0.6		624,000
06/12/1993			8271	10	322,000	3	0.6			5503	6.0	103,000	2	0.6			3301.4	1.5	73,000		0.6	0.06	498,000
06/13/1993			8181	11	362,000	4	0.6			5508		1,000		0.6			3302.9	3.0	170,000		0.6	0.50	590,000
06/14/1993			8292	9	240,000	2	0.5			5509	4.0	75,000	6	0.6			3308.5	1.3	66,000		0.6	0.19	373,000
06/15/1993			8301	13	466,000	3	0.6			5513	3.0	52,000	2	0.7			3307.7	2.0	140,000		0.6	0.06	658,000
06/16/1993			8310	10	319,000	3	0.6			5516	4.0	75,000	2	0.6			3310.0	1.2	84,000		0.6	0.75	458,000
06/17/1993			8326	9	273,000	3	0.6			5520	10.0	196,000	4	0.6			3311.6	0.9	22,000		0.6	0.15	493,000
06/18/1993			8335	12	393,000	3	0.6			5530	10.0	170,000	6	0.6			3312.5	1.0	70,000		0.6	0.05	633,000
06/19/1993			8347	10	305,000	2	0.6			5540	10.0	276,000	2	0.6			3313.9	0.3	14,000		0.6		595,000
06/20/1993			8357	10	332,000	3	0.6			5555	10.0	348,000	6	0.6			3314.2	0.3	13,000		0.6		695,000
06/21/1993			8367	12	389,000	3	0.6			5573	22.0	422,000	2	0.6			3314.8	0.1	420,000		0.6		1,211,000
06/22/1993			8379	8	205,000	2	0.6			5593	15.0	261,000	3	0.6			3322.6				0.6	0.81	466,000
06/23/1993			8388	9	279,000	3	0.6			5610	11.0	205,000	6	0.6			3322.6				0.6	0.19	484,000
06/24/1993			8394	10	418,000	8	0.6			5621	6.0	115,000	3	0.6			3322.9	0.1	3,000		0.6		536,000
06/25/1993			8408	9	272,000	3	0.6			5627				0.5			3322.7	4.6	207,000		0.6		479,000
06/26/1993			8417	7	217,000	3	0.6			5627	18.0	279,000	1	0.6			3327.2	1.2	86,000		0.6	0.19	647,000
06/27/1993			8424	7	218,000	3	0.6			5642	14.0	290,000	6	0.5			3328.4	1.4	87,000		0.6		643,000
06/28/1993			8431	9	277,000	3	0.6			5656	1.0	20,000	2	0.6			3329.8	2.0	120,000		0.6	0.19	419,000
06/29/1993			8440	9	186,000	2	0.7			5657	13.0	241,000	3	0.6			3332.6	1.4	84,000		0.6	0.04	474,000
06/30/1993			8445	8	247,000	3	0.6			5670	8.0	132,000	2	0.6			3333.8	2.6	114,000		0.6	0.33	493,000
MONTH TOTAL				315	9,935,000	94	21.5				282.0	8,349,000	84	19.1				59.8	3,832,000		22.3	3.01	16,117,000
YEAR TO DATE				1711	53,934,000	502	153.7				702.0	13,402,000	202	136.0				741.8	31,314,000		196.2	20.61	98,272,000
AVERAGE				11	331,000	3	0.7				9	170,000	3	0.6				2.0	94,000		0.7	0.10	664,000
MAXIMUM				17	872,000	6	1.0				22	422,000	9	0.6				9.1	420,000		0.6	0.81	1,211,000
MINIMUM				1	69,000	0	0.5				0	0	0	0.6				0	0	0	0.6	0	68,000

DATE: July 1993

MARION OAKS UTILITIES MONTHLY WATER REPORT

ID NO. 6421144
METERED SERVICES 2358

OPERATOR SIGNATURE: Original signed by David Conner
OPERATOR NAME: David Conner
CERTIFICATE NUMBER: C-6437

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 6 UNIT 6 TRACT T-66							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
07/01/1993			6445	8	207,000	3	0.6			5670	8.0	132,000	2	0.6			3333.0	2.4	132,000	1	0.0		611,000
07/02/1993			6453	11	304,000	4	0.6			5678	2.0	84,000	2	0.6			3336.2	4.8	84,000	2	0.7		492,000
07/03/1993			6464	7	199,000	3	0.6			5690	7.0	118,000	3	0.6			3340.8	2.9	118,000	2	0.7		436,000
07/04/1993			6471	5	172,000	3	0.6			5697	13.0	291,000	1	0.6			3343.9	1.0	291,000	2	0.0		784,000
07/05/1993			6479	10	416,000	2	0.6			5702	2.0	31,000	1	0.0			3344.3	2.0	31,000	3	0.0		488,000
07/06/1993			6486	12	271,000	1	0.3			5704	8.0	135,000	2	0.0			3347.7	8	136,000	3	0.0		841,000
07/07/1993			6498	16	318,000	2	0.5			5710		10,000		0.0			3353.7	4.1	10,000	2	0.0		338,000
07/08/1993			6506	7	210,000	1	0.6			5719	3.0	43,000	3	0.0			3357.0	4.0	43,000	2	0.0		369,000
07/09/1993			6515	7	223,000	3	0.9			5723	8.0	113,000	1	0.4			3362.2	3.0	113,000	1	0.7		449,000
07/10/1993			6522	8	265,000	1	0.8			5735	9.5	110,000	2	0.0			3365.4	3.0	110,000	1	0.0		407,000
07/11/1993			6531	3	101,000	1	0.6			5725	19.0	350,000	4	0.0			3369.2	0.1	300,000		0.0		813,000
07/12/1993			6534	8	149,000	1	0.8			5744	21.0	307,000	0	0.0			3369.3		307,000		1.0		923,000
07/13/1993			6539	4	148,000	1	0.8			5765	13.0	230,000	3	0.0			3369.3		230,000		0.0		820,000
07/14/1993			6543	10	253,000	1	0.7			5778	18.0	290,000	4	0.7			3369.3		290,000		0.0		843,000
07/15/1993			6553	10	340,000	3	0.8			5794	8.0	135,000	2	0.7			3369.3	0.2	135,000	1	0.0		610,000
07/16/1993			6563	11	349,000	3	0.9			5802	4.0	100,000	2	0.0			3369.5	0.0	100,000	1	0.0		549,000
07/17/1993			6570	11	338,000	3	0.6			5808				0.0			3370.4	1.0		2	0.0		338,000
07/18/1993			6583	9	270,000	2	0.4			5806	18.0	274,000	3	0.0			3373.3	0.2	274,000		0.0		929,000
07/19/1993			6594	7	231,000	1	0.0			5822	18.0	280,000	3	0.7			3372.5	0.3	280,000		0.0		885,000
07/20/1993			6601	10	312,000	2	0.6			5837	7.0	118,000	2	0.0			3373.0	1	118,000	1	0.0		542,000
07/21/1993			6611	14	423,000	5	0.0			5844				0.5			3373.9	0.7		2	0.7		423,000
07/22/1993			6615	5	90,000	1	0.0			5844	21.0	301,000	4	0.7			3376.6	0.3	301,000	1	0.7		875,000
07/23/1993			6628	15	466,000	2	0.0			5865	3.0	73,000	2	0.0			3374.0	0.7	73,000	2	0.0		618,000
07/24/1993			6643	9	284,000	3	0.0			5868		1,000		0.0			3377.5	1	1,000	1	0.0		300,000
07/25/1993			6650	7	197,000	1	0.0			5868	18.0	293,000	4	0.0			3379.0	0.1	293,000		0.0		783,000
07/26/1993			6659	8	249,000	1	0.0			5886	13.0	246,000	2	0.0			3378.0	0.3	246,000	1	0.0		737,000
07/27/1993			6667	5	178,000	2	0.0			5897	13.0	234,000	2	0.0			3378.9	0.1	234,000		0.0		643,000
07/28/1993			6673	10	296,000	2	0.0			5910	12.0	214,000	0	0.0			3379	0.7	214,000	2	0.0		714,000
07/29/1993			6682	8	174,000	1	0.0			5922	19.0	271,000	3	0.4			3379.7	1	271,000	2	0.0		716,000
07/30/1993			6687	7	210,000	1	0.0			5937	14.0	294,000	3	0.0			3380.1	1.0	294,000	2	0.0		787,000
07/31/1993			6694	6	207,000	3	0.0			5951	12.0	212,000	2	0.0			3381.7	0.2	212,000	1	0.0		631,000
MONTH TOTAL				288	7,078,000	83	19.7				293.0	6,466,000	73	10.9				51.7	5,270,000	36	10.7		19,711,000
YEAR TO DATE				1968	81,851,000	616	173.4				906.9	19,666,000	270	166.8				703.8	58,662,000	466	170.9		119,963,000
AVERAGE				9	237,000	2	0.6				9	176,000	2	0.0				3	73,000	1	0.7		607,000
MAXIMUM				16	466,000	6	0.0				21	301,000	5	0.0				8	300,000	3	1.0		712,000
MINIMUM				3	90,000	1	0.4				0		0	0.4				0	0	0	0.0		344,000

DATE: August 1993

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6421164
METERED SERVICES 2358

OPERATOR SIGNATURE: Original signed by David Connor
OPERATOR NAME: David Connor
CERTIFICATE NUMBER: C-4437

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 6 UNIT 9 TRACT T-80							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
08/01/1993			8700	8	148,000	3	0.6			5983	20.0	389,000	3	0.6			3381.9		389,000		0.8		923,000
08/02/1993			8705	8	852,000	1	0.6			5983	19.0	327,000	2	0.4			3381.9	9.1	327,000		0.8		786,000
08/03/1993			8710	8	184,000	2	0.8			6002	18.0	327,000	2	0.5			3382		328,000		0.8		868,000
08/04/1993			8715	10	470,000	5	0.6			6070		10,000	1	0.8			3382	0.8	10,000	1	0.6		882,000
08/05/1993			8730	17	613,000	4	0.8			6020	1.0	17,000		0.6			3387.8	0.5	17,000		0.8		547,000
08/06/1993			8747	13	408,000	4	0.6			6021		61,000	1	0.7			3383.4	2.7	61,000	2	0.7		520,000
08/07/1993			8760	13	418,000	5	0.4			6021	7.0	76,000	2	0.8			3388.1	3.7	76,000	2	0.6		570,000
08/08/1993			8773	11	355,000	3	0.6			6024	5.0	111,000		0.6			3388.8	4.9	111,000	3	0.8		577,000
08/09/1993			8784	12	362,000	5	0.8			6033	6.0	126,000	2	0.4			3393.7	4.9	126,000	3	0.6		614,000
08/10/1993			8798	11	382,000	3	0.6			6039	2.9	34,000	1	0.7			3398.8	4.6	34,000	2	0.7	0.69	438,000
08/11/1993			8807	14	433,000	8	0.6			6041	6.0	110,000	3	0.6			3403	1.8	110,000	1	0.6		668,000
08/12/1993			8831	13	404,000	3	0.6			6047	5.0	85,000		0.6			3404.8	2	85,000	2	0.6		574,000
08/13/1993			8834	16	496,000	4	0.6			6052	7.0	145,000	2	0.7			3409.2	0.9	145,000	1	0.6		776,000
08/14/1993			8850	14	444,000	5	0.7			6059	5.0	102,000	2	0.6			3407.1	3.7	102,000	2	0.6	0.20	648,000
08/15/1993			8864	13	399,000	3	0.6			6064	4.0	84,000	1	0.6			3409.8	1.9	84,000	2	0.6	0.98	527,000
08/16/1993			8870	12	372,000	0	0.7			6066		0,000		0.7			3410.7	1.7	0,000	1	0.6	0.02	396,000
08/17/1993			8888	13	399,000	5	0.7			6068	2.0	46,000	1	0.7			3412.4	1.9	46,000	2	0.7		479,000
08/18/1993			8901	14	442,000	5	0.6			6070	2.0	33,000	1	0.6			3414.5	1.8	33,000	2	0.6		668,000
08/19/1993			8915	13	407,000	5	0.7			6073	2.0	36,000	1	0.7			3418.0	1.8	36,000	2	0.6		483,000
08/20/1993			8930	13	396,000	5	0.7			6074	5.0	100,000	3	0.6			3417.4	1.2	100,000	3	0.7		568,000
08/21/1993			8940	13	304,000	5	0.7			6078	3.0	64,000	2	0.7			3419.6	1.8	64,000	2	0.7		522,000
08/22/1993			8953	14	441,000	6	0.6			6082	3.0	44,000	1	0.6			3420.8	1.8	44,000	2	0.6	0.08	529,000
08/23/1993			8967	13	406,000	6	0.6			6085		1,000		0.6			3421.7	2.3	1,000	1	0.7		492,000
08/24/1993			8982	13	388,000	8	0.7			6083				0.7			3424	1.1		2	0.6	0.13	388,000
08/25/1993			8996	10	510,000	6	0.6			6083				0.6			3425.1	0.3		1	0.6		510,000
08/26/1993			9011				0.6			6085				0.7			3425.4				0.7	0.33	
08/27/1993			9011	10	488,000	4	0.7			6085	8.0	114,000	3	0.6			3425.4	1.6	114,000	2	0.6	0.78	994,000
08/28/1993			9026	12	362,000	8	0.7			6091	10.0	210,000	4	0.6			3428.9	1.6	210,000	2	0.6		802,000
08/29/1993			9036	12	408,000	2	0.6			6101	4.0	70,000		0.6			3429.3	1.7	70,000		0.8	0.78	548,000
08/30/1993			9050	10	542,000	8	0.6			6105				0.7			3430	0.2			0.7	2.36	542,000
08/31/1993			9068	8	285,000	3	0.7			6105				0.7			3430.3				0.7	0.04	285,000
MONTH TOTAL				378	11,781,000	126	21.9				142.0	2,710,000	36	20.4				48.3	1,087,000	43	21.3	7.24	16,004,000
YEAR TO DATE				2542	75,313,000	781	195.6				1137.0	21,670,000	314	170.3				841.8	36,119,000	811	200.2	39.66	130,997,000
AVERAGE				12	380,000	4	0.7				6	88,000	1	0.7				1.8	40,000	1	0.7	0.23	517,000
MAXIMUM				18	542,000	8	0.8				20	389,000	4	0.8				4.9	251,000	3	0.8	2.36	723,000
MINIMUM				0		0	0.6				0		0	0.4					0	0	0.6	0	

DATE: September 1993

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 0421144
METERED SERVICES 2373

OPERATOR SIGNATURE: David Connor
OPERATOR NAME: DAVID CONNOR
CERTIFICATE NUMBER: C-0437

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 6 UNIT 9 TRACT T-60							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
09/01/1993			9089	15	414,000		0.7			6106	1.0	6,000		0.0			3436.6	0.3	12,000	1	0.7	0.70	634,000
09/02/1993			9092	3	80,000	1	0.6			6124	18.0	342,000	6	0.7			3436.8				0.7	0.21	626,000
09/03/1993			9193	11	341,000	3	0.7			6125	1.0	30,000	2	0.7			3451.8	1	60,000	2	0.7	0.61	623,000
09/04/1993			9113	9	290,000	4	0.6			6131	6.0	108,000	2	0.7			3452.8	1	61,000	2	0.6		625,000
09/05/1993			9126	16	430,000	4	0.7			6132	1.0	64,000	1	0.7			3454.3	1.5	87,000	3	0.7		579,000
09/06/1993			9131	8	163,000	2	0.7			6166	14.0	231,000	3	0.6			3454.3				0.7		394,000
09/07/1993			9136	9	161,000	1	0.6			6183	17.0	330,000	4	0.7			3454.7	0.4	20,000	1	0.6	0.00	511,000
09/08/1993			9146	10	314,000	3	0.7			6186	9.0	105,000	2	0.7			3456.1	0.4	24,000	1	0.6	0.23	643,000
09/09/1993			9164	8	318,000	4	0.6			6174	6.9	96,000	3	0.7			3456.7	0.6	22,000	1	0.6	0.00	636,000
09/10/1993			9187	13	362,000	4	0.6			6179	6.0	96,000	3	0.6			3456.9	0.2	10,000		0.7	0.44	666,000
09/11/1993			9179	12	370,000	3	0.6			6179				0.0			3458.3	0.3	11,000	1	0.6	0.00	381,000
09/12/1993			9188	9	160,000	1	0.6			6193	14.0	253,000	1	0.6			3458.4	0.1	6,000		0.6		441,000
09/13/1993			9193	5	242,000	2	0.6			6205	12.0	228,000	4	0.6			3458.7	0.3	15,000	1	0.6		486,000
09/14/1993			9198	5	196,000	2	0.6			6217	12.0	222,000	5	0.7			3457.8	0.5	24,000	1	0.7		441,000
09/15/1993			9208	6	178,000	3	0.6			6233	16.0	300,000	5	0.7			3457.4	0.3	18,000		0.6		497,000
09/16/1993			9215	10	310,000	4	0.6			6237	4.0	63,000	1	0.7			3457.6	0.2	9,000	1	0.6		388,000
09/17/1993			9221	6	177,000	2	0.7			6254	17.0	326,000	3	0.7			3457.6	0.2	8,000		0.7		511,000
09/18/1993			9236	15	407,000	5	0.7			6259	5.0	92,000	2	0.6			3458.4	0.8	38,000	1	0.7		667,000
09/19/1993			9250	14	422,000	5	0.6			6261	5.0	111,000	2	0.6			3459.7	1.3	65,000	2	0.6	0.00	669,000
09/20/1993			9269	9	271,000	5	0.6			6276	8.0	199,000	4	0.6			3459.9	0.2	11,000	1	0.6		643,000
09/21/1993			9287	8	261,000	5	0.6			6283	13.0	237,000	6	0.6			3460.1	0.2	9,000	1	0.6		587,000
09/22/1993			9375	8	263,000	3	0.6			6299	13.0	242,000	6	0.6			3460.1				0.7	0.01	388,000
09/23/1993			9282	7	190,000	3	0.6			6307	11.0	200,000	4	0.6			3460.1				0.6		404,000
09/24/1993			9287	8	177,000	2	0.7			6323	16.0	314,000	4	0.6			3460.3	0.2	8,000	1	0.7		487,000
09/25/1993			9297	10	293,000	4	0.7			6336	13.0	240,000	4	0.7			3460.4	0.1	5,000		0.7		341,000
09/26/1993																							
09/27/1993			9329	23	734,000	6	0.6			6358	22.0	396,000	8	0.6			3461.8	0.8	36,000	1	0.6		1,152,000
09/28/1993			9333	13	414,000	8	0.7			6361	3.0	64,000	3	0.6			3461.8	0.2	6,000		0.7		664,000
09/29/1993			9346	13	411,000	4	0.7			6369	8.0	143,000	4	0.6			3461.9	0.1	7,000	1	0.7		661,000
09/30/1993			9357	11	350,000	3	0.7			6377	8.0	178,000	4	0.7			3461.6	0.1	5,000		0.7		539,000
MONTH TOTAL				281	8,809,000	93	20.6				272.0	5,197,000	98	20.9				11.2	548,000	23	20.7	4.44	14,002,000
YEAR TO DATE				2923	82,121,000	644	215.9				1409.9	29,583,000	412	197.1				852.9	36,865,000	534	229.9	46.49	144,469,000
AVERAGE				9	285,032	3	0.7				9.1	170,233	3	0.7				0.4	19,200	1	0.7	0.00	462,067
MAXIMUM				33	734,000	6	0.6				22.0	396,000	8	0.6				1.8	87,000	3	0.6	0.61	1,152,000
MINIMUM				3	80,000		0.6							0.6						1	0.6		341,000

DATE: October 1993

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6421144
METERED SERVICES 2372

OPERATOR SIGNATURE:
OPERATOR NAME: Gary Mahon
CERTIFICATE NUMBER: A-0002

DATE	WELL No. 3 UNIT 3 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 8 UNIT 8 TRACT T-69								RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.			
10/01/1993			9366	9	270,000	2	0.7			6361	4.0	80,000	2	0.7			3441.4				0.7			344,000
10/02/1993			9389	3	70,000	1	0.7			6386	8.0	94,000	3	0.6			3441.6				0.7			100,000
10/03/1993																								
10/04/1993			9388	21	666,000	13	0.6			6422	36.0	673,000	16	0.7			3441.6	0.2	6,000		0.6			1,264,000
10/05/1993			9409	10	287,000	4	0.6			6432	10.0	176,000	5	0.7			3441.6				0.6			469,000
10/06/1993			9419	10	285,000	3	0.7			6444	12.0	219,000	5	0.7			3441.6				0.6			504,000
10/07/1993			9424	10	470,000	6	0.7			6450	6.0	104,000	3	0.6			3446.4	4.8	208,000	4	0.7	0.50		324,000
10/08/1993			9436	10	381,000	4	0.7			6453	3.0	57,000		0.7			3446.6	0.2	10,000	1	0.7	0.20		431,000
10/09/1993			9449	13	490,000	5	0.7			6457	4.0	71,000		0.7			3446.7	0.1	3,000		0.6			550,000
10/10/1993																								
10/11/1993			9478	29	903,000	1	0.6			6460	3.0	61,000		0.6			3447.0	0.3	10,000		0.7	1.70		979,000
10/12/1993			9493	15	466,000	3	0.6			6461	1.0	1,000		0.7			3447.1	0.1	7,000	1	0.6			488,000
10/13/1993			9498	5	150,000	2	0.7			6478	17.0	316,000		0.7			3447.1				0.6			484,000
10/14/1993			9518	12	364,000	4	0.7			6483	4.0	93,000	2	0.7			3447.2	0.1	2,000	1	0.6			449,000
10/15/1993			9533	12	366,000	3	0.7			6487	0.0	93,000	1	0.7			3447.3		2,000		0.6	0.10		463,000
10/16/1993			9539	13	396,000	3	0.6			6487		2,000		0.7			3447.3				0.7	0.50		398,000
10/17/1993																								
10/18/1993			9548	11	370,000	1	0.6			6513	26.0	487,000	1	0.6			3447.3	0.1	7,000		0.6	0.40		870,000
10/19/1993			9562	9	190,000	1	0.7			6535	18.0	299,000	7	0.7			3447.3				0.6			489,000
10/20/1993			9580	4	142,000	1	0.6			6547	10.0	202,000	6	0.7			3447.3				0.6			344,000
10/21/1993			9563	7	234,000		0.6			6569	12.0	219,000	4	0.7			3447.3				0.7			442,000
10/22/1993			9671	8	257,000		0.7			6573	14.0	253,000	4	0.6			3447.4	0.1	6,000	1	0.7			466,000
10/23/1993			9677	8	204,000		0.6			6590	17.0	319,000	5	0.7			3447.6		1,000		0.7			523,000
10/24/1993																								
10/25/1993			9691	10	420,000	2	0.4			6620	30.0	564,000	6	0.6			3447.6	0.1	5,000		0.6			992,000
10/26/1993			9696	13	431,000		0.6			6621	1.0	19,000	1	0.7			3447.8	0.4	15,000	1	0.7			469,000
10/27/1993			9715	9	318,000	3	0.6			6631	10.0	193,000	4	0.6			3448.0	0.1	5,000		0.6			516,000
10/28/1993			9734	9	301,000	3	0.6			6644	13.0	229,000	5	0.7			3448.1	0.1	5,000	1	0.6			535,000
10/29/1993			9738	9	301,000	2	0.6			6662	18.0	344,000	3	0.6			3448.2	0.1	5,000		0.6			650,000
10/30/1993			9948	10	309,000	3	0.6			6669	7.0	136,000	4	0.7			3448.3	0.1	5,000	1	0.6	0.20		446,000
10/31/1993																								
MONTH TOTAL				293	8,833,000	89	19.9				292.0	5,444,000	94	19.7				0.9	266,000	11	17.6	3.00		14,543,000
YEAR TO DATE				2986	90,864,000	913	232.7				1791.9	32,137,000	496	216.8				888.9	36,971,000	548	238.4	44.80		159,982,000
AVERAGE				9	294,936	2	0.8				9.4	176,613	3	0.8				0.3	9,071	6	0.8	0.13		470,419
MAXIMUM				29	481,000	13	0.6				36.0	342,000	10	0.5				4.8	67,230	4	0.6	1.70		666,833
MINIMUM					70,000		0.4					1,000		0.6					1,000		0.6			70,000

COPY

DATE: November 1993

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6420144
METERED SERVICES 2294

OPERATOR SIGNATURE:
OPERATOR NAME: Gary Mishoe
CERTIFICATE NUMBER: A-0852

DATE	WELL No. 3 UNIT 2 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 6 UNIT 9 TRACT T-60							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
11/01/1993			9655	15	449,000	6	0.8			6693	24.0	444,000	7	0.8			3446.3				0.6	2.56	893,000
11/02/1993			9666	8	167,000	3	0.7			6703	10.0	179,000	4	0.6			3446.5				0.6		336,000
11/03/1993			9667	7	201,000	4	0.7			6717	14.0	206,000	6	0.6			3446.3				0.6		487,000
11/04/1993			9674	7	228,000	3	0.7			6729	12.0	224,000	4	0.7			3446.3				0.6		452,000
11/05/1993			9681	7	233,000	3	0.8			6743	14.0	206,000	5	0.7			3446.6	0.3	10,000	1	0.8		909,000
11/06/1993			9691	10	307,000	3	0.7			6752	9.0	185,000	3	0.8			3446.8	0.1	2,000		0.7		474,000
11/07/1993													3										
11/08/1993			9711	20	590,000	8	2.0			6776	18.0	330,000	4	1.4			3446.7	0.1	6,000		1.8		926,000
11/09/1993			9719	7	246,000	3	2.2			6779	9.0	172,000	2	1.4			3449.0	0.3	12,000		1.2		429,000
11/10/1993			9727	9	209,000	4	2.0			6786	9.0	168,000	3	1.3			3449.3	0.3	16,000		1.3	0.19	462,000
11/11/1993			9733	8	167,000	3	2.3			6800	12.0	220,000	5	1.3			3449.6	0.3	6,000		1.5		419,000
11/12/1993			9744	11	349,000	4	0.7			6813	13.0	250,000	2	0.7			3449.7	0.2	11,000	1	1.2		610,000
11/13/1993			9751	7	194,000	4	0.8			6823	10.0	189,000	3	0.8			3449.9	0.2	7,000	1	1.2		390,000
11/14/1993													4										
11/15/1993			9799	10	547,000	8	1.7			6846	23.0	429,000	2	1.4			3451.6	1.8	66,000	1	1.2		1,004,000
11/16/1993			9778	9	392,000	6	1.8			6861	15.0	284,000	7	1.4			3452.8	0.8	42,000		1.2		618,000
11/17/1993			9784	6	188,000	3	1.9			6874	13.0	240,000	7	1.8			3453.3	0.5			1.3		428,000
11/18/1993			9796	8	313,000	3	1.2			6881	7.0	148,000	2	0.8			3453.3				1.1		361,000
11/19/1993			9798	5	136,000	2	1.3			6893	11.0	208,000	3	1.2			3453.8	1.0	66,000		1.2		306,000
11/20/1993			9802	7	242,000	3	1.3			6907	15.0	285,000	6	1.2			3454.1	0.5	16,000	1	1.3		548,000
11/21/1993					399,000								6										399,000
11/22/1993			9815	9		5	1.6			6936	32.0	661,000	8	1.1			3454.4	0.3	13,000		1.1		914,000
11/23/1993			9824	13	264,000	4	1.6			6956	17.0	329,000	3	2.3			3454.5	0.1	7,000		1.1		561,000
11/24/1993			9832	8	200,000	4	1.8			6969	13.0	229,000	5	0.9			3455.0	1.5	66,000		1.1		681,000
11/25/1993			9837	8	139,000	3	1.3			6987	18.0	340,000	5	0.7			3455.0		0,000		1.0		481,000
11/26/1993			9844	7	243,000	4	1.2			6998	11.0	211,000	4	0.8			3455.0	0.1	5,000	1	1.0	0.15	459,000
11/27/1993			9854	10	309,000	3	1.2			7004	6.0	109,000	3	0.7			3455.3	0.3	19,000	1	1.0		436,000
11/28/1993													4										
11/29/1993			9870	10	492,000	8	1.3			7033	29.0	549,000	4	0.6			3455.8	0.4	20,000		1.2	0.80	1,061,000
11/30/1993			9875	5	139,000	2	1.2			7049	16.0	298,000	6	0.7			3455.8				0.6		426,000
MONTH TOTAL				236	7,257,000	104	34.0				380.0	7,122,000	126	29.3				0.3	380,000	7	29.3	3.29	14,799,000
YEAR TO DATE				3141	96,211,000	1,017	308.7				2081.0	39,246,000	922	242.1				980.2	36,261,000	582	264.0	47.34	173,021,000
AVERAGE				8	241,900	3	1.1				12.7	237,400	4	0.9				0.3	13,000	0	0.9	0.90	537,484
MAXIMUM				20	349,900	8	2.3				33.0	300,900	7	1.3				1.8	66,000	1	1.3	3.66	610,000
MINIMUM				5	122,000	2	0.7				9.0	72,000	2	0.7				0.1	0	0	0.6	0.20	329,000

DATE: December 1993

MARION OAKS UTILITIES MONTHLY WATER REPORT

I.D. NO. 6421144
METERED SERVICES 2394

OPERATOR SIGNATURE:
OPERATOR NAME: Gary Mishoe
CERTIFICATE NUMBER: A-0652

DATE	WELL No. 3 UNIT 3 TRACT EE							WELL No. 4 UNIT 4 TRACT D							WELL No. 6 UNIT 6 TRACT T-66							RAINFALL	TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.		
12/01/1993			9902	8.8	218,000	4	0.8			7063		200,000	5	0.7			3488.6				0.7		418,000
12/02/1993			9985.8	3.8	118,000	3	0.8			7073	8.9	183,000	3	0.7			3496.7	2.1	80,000	1	1.3		398,000
12/03/1993			9999.3	13.4	422,000	4	1.0			7073				0.6			3401.4	2.7	113,000	3	0.8		535,000
12/04/1993			9969.3	10	311,000	4	0.8			7074	0.8	16,000		0.8			3406.8	2.1	207,000	3	0.7		534,000
12/05/1993																							
12/06/1993			9934.8	26.2	779,000	10	1.2			7075	1.0	20,000	1	1.3			3473.9	8.4	288,000		1.3		1,087,000
12/07/1993			9948.7	14.3	444,000	6	1.3			7076	*						3476.1	2.2	91,000	2	1.4		535,000
12/08/1993			9961.1	12.4	387,000	6	1.2			7075	*						3478.0	2.0	110,000	1	1.5		500,000
12/09/1993			9973.3	12.2	377,000	6	1.4			7075	*			0.8			3480.8	2.8	107,000	1	1.8		484,000
12/10/1993			9988.8	17.8	548,000	8	1.2			7078	*						3483.0	2.2	113,000	1	1.3		660,000
12/11/1993			9997.6	8.8	302,000	4	0.9			7076	*			0.8			3487.4	3.6	107,000	2	1.8		309,000
12/12/1993																							
12/13/1993			10007.7	30.3	952,000	10	0.8			7075	*			1.0			3498.5	8.1	309,000	2	1.4	0.10	1,161,000
12/14/1993			10041.1	13.4	414,000	4	1.1			7078	*						3494.6	2.2	96,000	1	1.3		500,000
12/15/1993			10061.0	19.1	618,000	3	0.8			7075	*		3	0.9			3498.7	3.0	107,000	2	1.0		475,000
12/16/1993			10080.8	11.8	369,000	5	1.2										3501.6	2.9	110,000	1	1.3		479,000
12/17/1993			76.0	13.8	429,000	6	1.1			7077	2.0	30,000	1	0.8			3506.8	0.9	96,000	1	1.3		497,000
12/18/1993			82.0	6.2	191,000	4	1.0			7091	14.1	237,000	3	0.8			3502.8				1.0		418,000
12/19/1993																							
12/20/1993			98	16.4	472,000	5	1.3			7127	35.8	587,000	11	1.3			3502.8				1.0		1,059,000
12/21/1992			103.8	5.8	166,000	4	0.8			7143	16.8	261,000	6	1.0			3502.8				0.8	1.20	443,000
12/22/1993			108.1	4.8	153,000	4	0.8			7159	16.8	235,000	4	1.0			3502.8				0.9		418,000
12/23/1993			113.4	8.3	190,000	3	1.0			7170	10.3	210,000	4	0.8			3502.8				0.9	0.10	418,000
12/24/1993			10120.6	4.2	127,000	1	1.0			7185	15.1	248,000	4	1.0			3502.8		1,000		0.8		376,000
12/25/1993			10137.7	7.1	230,000	4	1.0			7201	16.2	260,000	6	1.0			3502.8				0.8	0.30	488,000
12/26/1993																							
12/27/1993			10156.4	22.7	692,000	5	1.0			7211	10.3	170,000	4	1.1			3502.8				0.9		870,000
12/28/1992			10165.3	14.8	466,000	6	1.0			7219	8.0	136,000	2	1.4			3502.8				0.9		604,000
12/29/1993			10178.8	10.2	314,000	4	1.0			7234	8.3	69,000	4	0.8			3502.8				1.2		403,000
12/30/1993			10191.8	10	496,000	8	1.3			7253	6.8	155,000	3	1.5			3506.8	4	102,000	2	1.8		813,000
12/31/1993			10203.3	11.8	365,000	7	0.9			7258	4.8	78,000	1	0.9			3508.8				0.8		643,000
MONTH TOTAL				330.1	10,178,000	127	27.9				174.8	3,193,000	65	20.8				48.9	2,053,000	39	29.8	2.60	15,418,000
YEAR TO DATE				3469.1	108,361,000	1,144	284.8				3258.5	42,442,000	607	282.9				918.1	38,416,000	577	283.8	40.34	188,231,000
AVERAGE				11	329,065	4	0.9				8.8	103,000	2	0.7				1.8	80,226	1	0.8	1.17	497,290
MAXIMUM				30	845,000	10	1.4				35.8	288,500	11	1.5				8.4	207,000	3	1.8	1.80	1,090,900
MINIMUM				4	118,000	1	0.8					0	0	0.8				0	0	0	0.8		118,000

* WELL TURF MOTOR OVERHAULED - OUT OF SERVICE

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 679 No of People at End of Month 2,377
Design Flow 1.440 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264 / James W. Johnson C-4354
I certify this report is correct Donald B Carder (Lead Operator's Signature) B (Cert. Level) 2403 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6,589,200	580.0		328.8	29.4				46.3	22.0	5	
Average	212,555	18.7		10.6	1.0	32			1.5	0.7		
Maximum	263,000	86.0		49.1	1.2	32			1.6	0.9		
Minimum	180,000	9.0		5.9	0.8	32			1.4	0.6		
1	234,000	16.0		8.2	1.1	32			1.5	0.7		
2	182,000	10.0		6.6	0.8	32			1.4	0.7		
3	230,000	14.0		7.3	1.1	32			1.5	0.7		
4	211,000	16.0		9.1	1.0	32			1.5	0.7	5	
5	201,000	12.0		7.2	0.9	32			1.5	0.7		
6	239,000	18.0		9.0	1.1	32			1.5	0.7		
7	214,000	12.0		6.7	1.0	32			1.5	0.7		
8	198,000	10.0		6.1	0.9	32			1.4	0.7		
9	180,000	9.0		6.0	0.8	32			1.4	0.7		
10	255,000	19.0		8.9	1.2	32			1.5	0.7		
11	201,000	28.0		16.7	0.9	32			1.5	0.7		
12	239,000	16.0		8.0	1.1	32			1.5	0.7		
13	210,000	86.0		49.1	1.0	32			1.5	0.7		
14	189,000	32.0		20.3	0.9	32			1.5	0.7		
15	196,000	14.0		8.6	0.9	32			1.5	0.7		
16	182,000	9.0		5.9	0.8	32			1.5	0.6		
17	190,000	13.0		8.2	0.9	32			1.6	0.8		
18	230,000	14.0		7.3	1.1	32			1.5	0.7		
19	242,000	18.0		8.9	1.1	32			1.5	0.7		
20	195,000	16.0		9.8	0.9	32			1.5	0.7		
21	189,000	22.0		14.0	0.9	32			1.5	0.7		
22	191,200	18.0		11.3	0.9	32			1.6	0.6		
23	187,000	18.0		11.5	0.9	32			1.5	0.7		
24	236,000	24.0		12.2	1.1	32			1.5	0.9		
25	263,000	20.0		9.1	1.2	32			1.5	0.7		
26	211,000	16.0		9.1	1.0	32			1.5	0.7		
27	237,000	20.0		10.1	1.1	32			1.5	0.7		
28	222,000	18.0		9.7	1.0	32			1.5	0.7		
29	223,000	14.0		7.5	1.0	32			1.5	0.7		
30	210,000	14.0		8.0	1.0	32			1.5	0.7		
31	202,000	14.0		8.3		32			1.4	0.7		

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1994
Plant Effluent pH (Avg) 6.9 No of Services at End of Month 678 No of People at End of Month 2,373
Design Flow 1.440 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James W. Johnson # C- 4354 / Donald B. Corder # B-2403
I certify this report is correct James W. Johnson C 4354
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	5,975,300	415.0		234.6	27.5				39.5	18.5	5	
Average	213,404	14.8		8.4	1.0	32			1.4	0.7		
Maximum	341,400	19.0		11.2	1.6	32			1.6	0.8		
Minimum	150,000	11.0		6.6	0.7	32			1.0	0.5		
1	242,000	18.0		8.9	1.1	32			1.6	0.8		
2	168,000	12.0		7.7	0.9	32			1.4	0.6		
3	222,000	16.0		8.6	1.0	32			1.4	0.7		
4	204,000	15.0		8.8	0.9	32			1.5	0.7		
5	186,000	13.0		8.4	0.9	32			1.4	0.6		
6	176,000	14.0		9.4	0.8	32			1.4	0.6		
7	341,400	19.0		6.7	1.6	32			1.0	0.5		
8	190,000	11.0		6.9	0.9	32			1.3	0.6		
9	222,000	16.0		8.6	1.0	32			1.4	0.7		
10	261,100	17.0		7.8	1.2	32			1.3	0.7		
11	211,200	17.0		9.7	1.0	32			1.5	0.7		
12	210,000	16.0		9.1	1.0	32			1.4	0.7		
13	213,000	16.0		9.0	1.0	32			1.5	0.7		
14	212,200	16.0		9.0	1.0	32			1.4	0.7		
15	206,000	14.0		8.1	1.0	32			1.5	0.6		
16	228,000	15.0		7.9	1.1	32			1.4	0.7		
17	211,000	15.0		8.5	1.0	32			1.4	0.7	5	Compliance
18	191,700	13.0		8.1	0.9	32			1.4	0.7		
19	220,000	17.0		9.3	1.0	32			1.4	0.6		
20	150,000	14.0		11.2	0.7	32			1.4	0.7		
21	230,500	16.0		8.3	1.1	32			1.4	0.6		
22	244,000	18.0		8.8	1.1	32			1.5	0.7		
23	170,000	12.0		8.5	0.8	32			1.4	0.6		
24	215,000	14.0		7.8	1.0	32			1.5	0.7		Ser Pmp #1 out
25	190,200	12.0		7.6	0.9	32			1.4	0.6		of service
26	200,000	11.0		6.6	0.9	32			1.4	0.6		
27	210,000	13.0		7.4	1.0	32			1.4	0.7		
28	228,000	15.0		7.9	1.1	32			1.5	0.7		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 679 No of People at End of Month 2,377

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James Johnson # C-4351/ Frank McCord # C-7264

I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) C7264 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	7,681,200	529.0		257.7	35.3				45.7	21.5	5	
Average	247,781	17.1		8.3	1.1	32			1.5	0.7		
Maximum	330,100	22.0		13.3	1.5	32			1.6	0.8		
Minimum	180,000	12.0		6.5	0.8	32			1.4	0.6		
1	225,600	15.0		8.0	1.0	32			1.5	0.7		
2	211,000	14.0		8.0	1.0	32			1.5	0.7		
3	228,000	16.0		8.4	1.1	32			1.5	0.7		
4	185,000	12.0		7.8	0.9	32			1.5	0.7		
5	220,000	16.0		8.7	1.0	32			1.4	0.7		
6	222,000	14.0		7.6	1.0	32			1.4	0.7		
7	262,000	16.0		7.3	1.2	32			1.4	0.6		
8	220,000	16.0		8.7	1.0	32			1.4	0.7		
9	227,000	14.0		7.4	1.0	32			1.5	0.7		
10	232,000	16.0		8.3	1.1	32			1.4	0.6		
11	241,600	16.0		7.9	1.1	32			1.5	0.7		
12	180,000	20.0		13.3	0.8	32			1.4	0.7		
13	238,000	18.0		9.1	1.1	32			1.4	0.7		
14	242,200	20.0		9.9	1.1	32			1.6	0.8	5	Compliance
15	319,600	22.0		8.3	1.5	32			1.5	0.7		
16	231,000	16.0		8.3	1.1	32			1.5	0.7		
17	294,000	16.0		6.5	1.4	32			1.5	0.7		
18	257,000	16.0		7.5	1.2	32			1.5	0.7		New CL2
19	253,000	18.0		8.5	1.2	32			1.5	0.7		
20	284,000	18.0		7.6	1.3	32			1.5	0.7		
21	310,000	22.0		8.5	1.4	32			1.5	0.7		
22	279,000	18.0		7.7	1.3	32			1.5	0.7		
23	289,000	20.0		8.3	1.3	32			1.5	0.7		
24	259,000	16.0		7.4	1.2	32			1.5	0.7		New CL2
25	242,000	20.0		9.9	1.1	32			1.5	0.7		
26	203,000	12.0		7.1	0.9	32			1.4	0.6		
27	248,100	18.0		8.7	1.1	32			1.5	0.7		
28	330,100	22.0		8.0	1.5	32			1.5	0.7		Flushed lines
29	244,000	18.0		8.8	1.1	32			1.5	0.7		
30	250,000	18.0		8.6	1.2	32			1.5	0.7		
31	254,000	16.0		7.6	1.2	32			1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 679 No of People at End of Month 2,377
Design Flow 1.440 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/J. Johnson C-4354/D. Corder B-2468
I certify this report is correct James Johnson C 4354
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8,430,000	574.0		244.6	38.9				44.1	20.2	9	
Average:	281,000	19.1		8.2	1.3	32			1.5	0.7		
Maximum:	396,000	26.0		11.9	1.9	32			1.6	0.8		
Minimum:	192,000	6.0		2.9	0.9	32			0.9	0.2		
1	250,000	18.0		8.6	1.2	32			1.5	0.7		
2	264,000	16.0		7.3	1.2	32			1.5	0.7		
3	338,000	18.0		6.4	1.6	32			1.4	0.6		
4	327,000	20.0		7.3	1.5	32			1.5	0.7		
5	327,000	24.0		8.8	1.5	32			1.5	0.7		
6	283,000	20.0		8.5	1.3	32			1.5	0.7		
7	307,000	18.0		7.0	1.4	32			1.5	0.7	5	Compliance
8	246,000	18.0		8.8	1.1	32			1.5	0.7		Rebit injector
9	245,000	6.0		2.9	1.1	32			0.9	0.2		
10	283,000	14.0		5.9	1.3	32			1.4	0.6		
11	290,000	20.0		8.3	1.3	32			1.5	0.7		New Cl2 cyl
12	296,000	22.0		8.9	1.4	32			1.5	0.7		
13	321,000	28.0		10.5	1.5	32			1.5	0.7		
14	274,000	20.0		8.8	1.3	32			1.5	0.7		
15	303,000	26.0		10.3	1.4	32			1.6	0.8		
16	271,000	20.0		8.8	1.3	32			1.5	0.7		
17	345,000	22.0		7.6	1.6	32			1.4	0.7		
18	396,000	26.0		7.9	1.9	32			1.5	0.7	2	Outage
19	341,300	22.0		7.7	1.6	32			1.5	0.7	2	Outage
20	262,000	18.0		8.2	1.2	32			1.5	0.7		
21	291,000	22.0		9.1	1.3	32			1.6	0.7		
22	226,000	16.0		8.5	1.0	32			1.5	0.7		
23	210,000	12.0		6.9	1.0	32			1.4	0.6		
24	212,000	8.0		4.5	1.0	32			1.3	0.6		
25	282,000	28.0		11.9	1.3	32			1.6	0.8		
26	277,700	12.0		5.2	1.3	32			1.5	0.7		
27	226,000	22.0		11.7	1.0	32			1.5	0.7		
28	267,000	20.0		9.0	1.2	32			1.5	0.7		
29	277,000	23.0		10.0	1.3	32			1.5	0.6		
30	192,000	15.0		9.4	0.9	32			1.5	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 679 No of People at End of Month 2,377

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C-7264 / James Johnson C-4354

I certify this report is correct James W. Johnson C 4354

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

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	9,036,100	723.0		296.5	41.6				50.0	24.6	6	
Average	291,487	23.3		9.6	1.3	32			1.6	0.8		
Maximum	400,300	34.0		12.0	1.8	32			1.8	0.9		
Minimum	228,000	16.0		6.7	1.1	32			1.1	0.6		
1	260,000	20.0		9.2	1.2	32			1.4	0.7		
2	326,000	22.0		8.1	1.5	32			1.5	0.7		New Cl2 cyl
3	267,700	20.0		8.3	1.3	32			1.4	0.7		Gen run 1.1 hr
4	241,000	18.0		9.0	1.1	32			1.4	0.7		
5	290,000	20.0		8.3	1.3	32			1.5	0.7		
6	293,000	20.0		8.2	1.4	32			1.5	0.7		
7	253,000	22.0		9.3	1.3	32			1.7	0.7		
8	320,000	26.0		9.7	1.5	32			1.7	0.6		
9	400,300	34.0		10.2	1.8	32			1.7	0.7		
10	246,000	18.0		8.8	1.1	32			1.7	0.7	6	Compliance
11	300,000	30.0		12.0	1.4	32			1.7	0.8		
12	259,000	24.0		11.1	1.2	32			1.7	0.8		
13	316,100	26.0		9.9	1.5	32			1.7	0.8		
14	237,000	20.0		10.1	1.1	32			1.7	0.8		
15	305,400	17.0		6.7	1.4	32			1.7	0.9		
16	337,000	25.0		8.9	1.6	32			1.7	0.9		
17	294,600	26.0		10.6	1.4	32			1.8	0.9		Gen run 1 hr
18	296,000	24.0		9.7	1.4	32			1.7	0.9		New Cl2 cyl
19	235,000	18.0		9.2	1.1	32			1.7	0.9		
20	230,000	20.0		10.4	1.1	32			1.7	0.9		
21	238,000	20.0		10.1	1.1	32			1.7	0.9		
22	228,000	16.0		8.4	1.1	32			1.6	0.7		
23	350,000	32.0		11.0	1.6	32			1.7	0.9		New Cl2 cyl
24	337,000	29.0		10.3	1.6	32			1.7	0.9		
25	341,000	32.0		11.3	1.6	32			1.7	0.9		
26	358,000	32.0		10.7	1.7	32			1.7	0.9		
27	335,000	24.0		8.6	1.5	32			1.7	0.9		
28	273,000	24.0		10.5	1.3	32			1.6	0.8		
29	260,000	20.0		9.2	1.2	32			1.4	0.7		
30	240,000	18.0		9.0	1.1	32			1.5	0.7		
31	319,000	26.0		9.8	1.5	32			1.1	0.8		Gen run 1 hr

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 678 No of People at End of Month 2,377
Design Flow 1.440 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/James Johnson C-4354
I certify this report is correct James Johnson C 4354
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	7,175,600	568.0		284.4	31.9				48.1	24.5	5	
Average:	239,187	18.9		9.5	1.1	32			1.6	0.8		
Maximum:	294,000	28.0		12.9	1.4	32			2.2	1.9		
Minimum:	120,000	8.0		7.3	0.6	32			1.4	0.6		
1	287,000	28.0		11.7	1.3	32			1.6	0.8	5	Compliance-new cl2
2	240,500	20.0		10.0	1.1	32			1.6	0.8		Pressure washing
3	229,000	20.0		10.5	1.1	32			1.6	0.8		Pressure washing
4	230,000	20.0		10.4	1.1	32			1.6	0.8		
5	210,000	16.0		9.1	1.0	32			1.5	0.7		
6	265,000	26.0		11.8	1.2	32			1.6	0.8		
7	203,000	18.0		10.6	0.9	32			1.6	0.8		Ran gen 1 hr
8	261,000	24.0		11.0	1.2	32			1.6	0.8		
9	212,000	18.0		10.2	1.0	32			2.2	1.9		New cl2
10	227,000	14.0		7.4	1.0	32			1.6	0.8		
11	222,000	14.0		7.6	1.0	32			1.6	0.7		Line flushing
12	230,000	14.0		7.3		32			1.5	0.7		
13	272,700	20.0		8.8	1.3	32			1.6	0.8		Ran gen 1 hr
14	237,000	16.0		8.1	1.1	32			1.6	0.8		
15	204,000	22.0		12.9	0.9	32			1.6	0.8		
16	254,000	16.0		7.6	1.2	32			1.6	0.8		
17	230,000	16.0		8.3	1.1	32			1.6	0.8		
18	264,000	16.0		7.3	1.2	32			1.5	0.7		
19	120,000	8.0		8.0	0.6	32			1.4	0.6		
20	251,400	20.0		9.5	1.2	32			1.6	0.8		New cl2
21	268,000	22.0		9.8	1.2	32			1.6	0.8		Ran gen 1 hr
22	245,000	20.0		9.8	1.1	32			1.6	0.8		
23	178,000	16.0		10.8	0.8	32			1.6	0.8		
24	231,000	20.0		10.4	1.1	32			1.6	0.8		
25	219,000	16.0		8.8	1.0	32			1.6	0.8		
26	268,000	23.0		10.3	1.2	32			1.6	0.8		
27	294,000	23.0		9.4	1.4	32			1.6	0.8		New cl2
28	277,000	20.0		8.7	1.3	32			1.6	0.8		Ran gen 1 hr
29	269,000	18.0		8.0	1.2	32			1.6	0.8		
30	277,000	24.0		10.4	1.3	32			1.6	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1994

Plant Effluent pH (Avg) _____ No of Services at End of Month 678 No of People at End of Month 2,373

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James Johnson C-4354/Frank McCord C-7264

I certify this report is correct Emelio B. Candiv B 2403

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

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	7,579,000	550.0		271.1	34.9				46.3	22.2	5	
Average:	244,484	17.7		8.7	1.1	32			1.5	0.7		
Maximum:	340,000	26.0		11.5	1.6	32			1.6	0.8		
Minimum:	160,000	10.0		5.5	0.7	32			1.4	0.6		
1	209,000	16.0		9.2	1.0	32			1.6	0.8		
2	202,000	14.0		8.3	0.9	32			1.5	0.7		
3	220,000	18.0		9.8	1.0	32			1.4	0.6		
4	202,000	14.0		8.3	0.9	32			1.5	0.7		
5	238,000	16.0		8.1	1.1	32			1.4	0.7		
6	302,000	16.0		6.4	1.4	32			1.5	0.7		Gen ran 1.1 hr
7	240,000	22.0		11.0	1.1	32			1.4	0.7		
8	238,000	14.0		7.1	1.1	32			1.4	0.6		
9	270,000	16.0		7.1	1.2	32			1.4	0.7		
10	304,000	22.0		8.7	1.4	32			1.4	0.6		
11	290,000	18.0		7.4	1.4	32			1.4	0.7		
12	340,000	24.0		8.5	1.6	32			1.4	0.7		Gen ran 1.0 hr
13	318,000	18.0		6.8	1.5	32			1.4	0.6		
14	220,000	16.0		8.7	1.0	32			1.4	0.6		
15	256,000	22.0		10.3	1.2	32			1.5	0.7		
16	230,000	22.0		11.5	1.1	32			1.4	0.6		
17	178,000	14.0		9.4	0.8	32			1.4	0.7		
18	310,000	22.0		8.5	1.4	32			1.5	0.7		Gen ran 1.0 hr
19	225,000	16.0		8.5	1.0	32			1.6	0.8	5	Compliance
20	288,000	26.0		10.8	1.3	32			1.6	0.8		
21	267,000	20.0		9.0	1.2	32			1.6	0.8		New Cl2
22	160,000	12.0		9.0	0.7	32			1.6	0.8		
23	224,000	20.0		10.7	1.0	32			1.6	0.8		
24	246,000	22.0		10.7	1.1	32			1.5	0.7		
25	263,000	24.0		10.9	1.2	32			1.6	0.8		
26	218,000	12.0		6.6	1.0	32			1.6	0.8		Gen ran 1.1 hr
27	220,000	10.0		5.5	1.0	32			1.6	0.8		New Cl2
28	253,000	18.0		8.5	1.2	32			1.6	0.8		
29	242,000	16.0		7.9	1.1	32			1.6	0.8		
30	176,000	14.0		9.5	0.8	32			1.5	0.7		
31	230,000	16.0		8.3	1.1	32			1.4	0.7		

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.

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 880 No of People at End of Month 2,380
Design Flow 1.440 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/James Johnson C-4354
I certify this report is correct Frank McCord C7 C7264
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6,648,100	502.0		278.1	30.6				48.4	23.9	6	
Average	214,455	16.2		9.0	1.0	32			1.6	0.8		
Maximum:	285,000	28.0		14.2	1.3	32			1.7	0.8		
Minimum:	160,000				0.7	32			1.2	0.6		
1	274,000	24.0		10.5	1.3	32			1.6	0.8	5	Compliance
2	234,000	18.0		9.2	1.1	32			1.6	0.8		
3	179,000	14.0		9.4	0.8	32			1.6	0.6		
4	256,000	28.0		13.0	1.2	32			1.6	0.8		New Cl2
5	263,000	20.0		9.1	1.2	32			1.6	0.8		
6	198,000	14.0		8.5	0.9	32			1.6	0.8		
7	224,000	16.0		8.6	1.0	32			1.5	0.7		
8	225,000	22.0		11.7	1.0	32			1.6	0.8		
9	231,600	20.0		10.4	1.1	32			1.6	0.8		Gen ran 1 hr
10	186,200	22.0		14.2	0.9	32			1.5	0.7		
11	230,000	12.0		6.3	1.1	32			1.2	0.6	1	Wtr Quality Smpl-
12	210,000				1.0	32			1.6	0.8		Cust request
13	160,000	10.0		7.5	0.7	32			1.6	0.8		New Cl2
14	189,000	10.0		6.3	0.9	32			1.5	0.8		
15	223,000	14.0		7.5	1.0	32			1.5	0.7		
16	226,000	16.0		8.5	1.0	32			1.5	0.7		Gen ran 1 hr
17	203,000	16.0		9.5	0.9	32			1.6	0.8		
18	198,000	16.0		9.7	0.9	32			1.6	0.8		
19	212,000	18.0		10.2	1.0	32			1.6	0.8		
20	197,000	16.0		9.7	0.9	32			1.6	0.8		
21	203,000	14.0		8.3	0.9	32			1.6	0.8		
22	285,000	28.0		11.8	1.3	32			1.7	0.8		Gen ran 1.1 hr
23	208,000	18.0		10.4	1.0	32			1.6	0.8		New cl2
24	221,000	22.0		11.9	1.0	32			1.6	0.8		
25	162,000	14.0		10.4	0.8	32			1.6	0.8		
26	200,000	17.0		10.2	0.9	32			1.6	0.8		
27	190,300	13.0		8.2	0.9	32			1.6	0.8		
28	190,000	14.0		8.8	0.9	32			1.5	0.7		
29	223,000	16.0		8.6	1.0	32			1.5	0.8		
30	242,000	20.0		9.9	1.1	32			1.5	0.7		
31	203,000				0.9	32			1.5	0.7		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 680 No of People at End of Month 2,380

Design Flow .440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C-7264/James Johnson C-4354

I certify this report is correct James W. Johnson C. 4354

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

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6,361,200	441.4		249.3	29.4				44.6	21.0	9	
Average	212,040	14.7		8.3	1.0	32			1.5	0.7		
Maximum:	297,000	24.0		11.6	1.4	32			1.6	0.8		
Minimum:	142,000	1.4		0.8	0.7	32			1.4	0.6		
1	297,000	20.0		8.1	1.4	32			1.5	0.8		
2	251,000	16.0		7.6	1.2	32			1.5	0.7		
3	212,000	16.0		9.0	1.0	32			1.5	0.7		
4	170,000	12.0		8.5	0.8	32			1.4	0.7		
5	225,000	18.0		9.6	1.0	32			1.5	0.7		
6	250,000	20.0		9.6	1.2	32			1.5	0.6	5	Compliance
7	270,000	20.0		8.9	1.2	32			1.5	0.7		
8	242,000	18.0		8.9	1.1	32			1.5	0.7		
9	166,000	12.0		8.7	0.8	32			1.5	0.7		
10	150,000	10.0		8.0	0.7	32			1.4	0.6		
11	233,000	18.0		9.3	1.1	32			1.5	0.7	2	Plnt outage
12	260,000	24.0		11.1	1.2	32			1.6	0.8	2	Gen ran 1.0
13	210,000	18.0		10.3	1.0	32			1.6	0.8		New Cl2
14	146,000	10.0		8.2	0.7	32			1.5	0.7		
15	244,000	18.0		8.8	1.1	32			1.5	0.7		
16	142,000	10.0		8.4	0.7	32			1.4	0.7		
17	202,000	16.0		9.5	0.9	32			1.5	0.6		
18	198,000	12.0		7.3	0.9	32			1.4	0.7		
19	220,000	8.0		4.4	1.0	32			1.5	0.7		Gen ran
20	245,500	15.0		7.3	1.1	32			1.5	0.7		New Cl2
21	206,000	11.0		6.4	0.9	32			1.4	0.7		
22	216,000	16.0		8.9	1.0	32			1.5	0.7		
23	186,000	10.0		6.4	0.9	32			1.4	0.7		
24	209,000	16.0		9.2	1.0	32			1.5	0.7		
25	200,000	12.0		7.2	0.9	32			1.5	0.7		
26	239,000	20.0		10.0	1.1	32			1.5	0.7		Gen ran
27	222,700	16.0		8.6	1.2	32			1.5	0.7		
28	163,000	12.0		8.8	0.8	32			1.5	0.7		
29	219,000	1.4		0.8	1.0	32			1.5	0.7		New Cl2
30	166,000	16.0		11.6	0.8	32			1.5	0.7		
31												

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.

DER Form 17-555910(2)

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location: City or S/D Longwood
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1994
Plant Effluent pH (Avg) ____ No of Services at End of Month 682 No of People at End of Month 2,387
Design Flow 1.440 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/J. Johnson C-4354/D. Corder B-2403
I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) 7264 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	AQUA MAG gals used	AQUA MAG %	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	6,551,600	448.0		254.7	30.2				47.0	23.5	5	
Average:	211,342	14.5		8.2	1.0	30			1.5	0.8		
Maximum:	284,600	24.0		11.2	1.4	30			2.4	1.9		
Minimum:	122,000	8.0		5.0	0.6	30			1.3	0.5		
1	170,000	10.0		7.1	0.8	30			1.5	0.7		
2	220,000	13.0		7.1	1.0	30			1.4	0.7		
3	233,000	19.0		9.8	1.1	30			1.5	0.7		
4	208,000	16.0		9.2	1.0	30			1.5	0.7		
5	191,000	14.0		8.8	0.9	30			1.5	0.7		
6	214,000	16.0		9.0	1.0	30			1.5	0.7		
7	191,000	14.0		8.8	0.9	30			1.5	0.7		
8	210,000	14.0		8.0	1.0	30			1.5	0.7		
9	193,000	10.0		6.2	0.9	30			1.5	0.6		
10	284,600	14.0		5.9	1.4	30			1.5	0.7		Gen ran 1.0 hr
11	180,000	8.0		5.3	0.8	30			1.4	0.7		
12	160,000	12.0		9.0	0.7	30			1.5	0.7	5	Compliance -
13	283,300	18.0		7.6	1.3	30			1.4	0.7		- new cl2
14	122,000	8.0		7.9	0.6	30			1.5	0.7		
15	228,000	14.0		7.4	1.1	30			1.4	0.7		
16	200,000	12.0		7.2	0.9	30			1.5	0.7		
17	267,300	24.0		10.8	1.2	30			1.5	1.9		Gen ran 1.0 hr
18	200,000	14.0		8.4	0.9	30			2.4	1.9		
19	214,000	20.0		11.2	1.0	30			2.4	0.5		Flushing
20	245,400	12.0		5.9	1.1	30			1.3	0.5		New Cl2
21	203,000	14.0		8.3	0.9	30			1.3	0.7		
22	215,000	16.0		8.9	1.0	30			1.5	0.7		Flushing
23	206,000	14.0		8.1	1.0	30			1.4	0.7		
24	269,300	22.0		9.8	1.2	30			1.5	0.7		Gen ran 1.0 hr
25	240,800	20.0		10.0	1.1	30			1.5	0.7		
26	207,900	18.0		10.4	1.0	30			1.5	0.7		
27	224,000	14.0		7.5	1.0	30			1.5	0.7		
28	152,000	14.0		11.0	0.7	30			1.5	0.7		
29	160,000	12.0		9.0	0.7	30			1.4	0.7		
30	190,000	8.0		5.0	0.9	30			1.3	0.6		
31	269,000	14.0		6.2	1.2	30			1.4	0.7		Gen ran 1.0 hr

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3560823 PWS Name Meredith Manor Location: City or S/D Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 682 No of People at End of Month 2,387

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C-7264/J. Johnson C-4354

I certify this report is correct James Johnson C 4354

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

Days of Month	Total Water Treated in in Gallons	Chlorine			Aqua-Mag Orthophosphate (P)				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 P.E.			Plant Effluent	Remote Tap		
Monthly Total	6,178,600	460.0		265.1	159.1				43.9	20.7	5	
Average	205,953	15.3		8.8	5.3				1.5	0.7		
Maximum	295,000	25.0		11.1	132.0				1.5	0.7		
Minimum	156,000	10.0		6.0	0.7				1.4	0.6		
1	213,000	16.0		9.0	1.0				1.5	0.7		New Cl2
2	182,000	12.0		7.9	0.8				1.5	0.7	5	Compliance
3	231,000	16.0		8.3	1.1				1.5	0.7		
4	178,000	14.0		9.4	0.8				1.5	0.7		
5	178,000	10.0		6.7	0.8				1.5	0.7		
6	222,000	15.0		8.1	1.0				1.4	0.7		
7	295,000	25.0		10.2	1.4	o 4			1.5	0.7		Gen ran 1 hr
8	251,000	22.0		10.5	1.2				1.5	0.7		
9	178,000	10.0		6.7	0.8				1.5	0.7		
10	268,000	23.0		9.6	132.0				1.5	0.7		Flushing
11	200,000	10.0		6.0	0.9				1.5	0.7		New Cl2
12	162,000	15.0		11.1	0.8				1.4	0.7		
13	190,000	13.0		8.2	0.9				1.4	0.6		
14	210,000	15.0		8.6	1.0				1.4	0.7		
15	243,400	20.0		9.9	1.1				1.5	0.7		Gen ran 1 hr
16	181,000	12.0		7.9	0.8				1.5	0.7		
17	193,000	17.0		10.6	0.9				1.5	0.7		
18	161,000	11.0		8.2	0.7				1.5	0.7		
19	156,000	10.0		7.7	0.7				1.5	0.7		
20	164,000	10.0		7.3	0.8				1.4	0.6		
21	216,000	14.0		7.8	1.0	P 4			1.5	0.7		
22	213,500	16.0		9.0	1.0				1.4	0.7		
23	189,000	14.0		8.9	0.9				1.4	0.7		New Cl2
24	200,000	14.0		8.4	0.9				1.4	0.7		
25	232,000	20.0		10.3	1.1				1.5	0.7		
26	162,000	13.0		9.6	0.8				1.4	0.6		
27	242,000	18.0		8.9	1.1				1.4	0.7		
28	252,800	23.0		10.9	1.2				1.5	0.7		Gen ran 1 hr
29	183,000	14.0		9.2	0.8				1.4	0.7		New Cl2
30	211,900	18.0		10.2	1.0				1.5	0.7		Flushing
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

SSU
Southern States Utilities • 1000 Color Place • Apopka, FL 32703 • 407/880-0058

January 12, 1995

State of Florida Department of Environmental
Protection
3319 Maguire Blvd. Suite 232
Orlando, FL 32803-3767

Attention: Alicia Sharpe

Subject: Revised November MOR

Meredith Manor Water Treatment Plant - PWS ID# 3590823

Dear Alicia:

Attached is the actual REVISED monthly operating report for the month of November 1994. As I explained to you when we talked Tuesday, when I sent you the "revised" MOR for November, I sent the original (which was still wrong) in error. I apologize for the confusion..

THE ATTACHED REVISED MOR should replace the original MOR for November that we submitted to your office in December, 1994.

Again, the errors were in lbs of Aqua Mag and the MG/L for the same.

If you have questions, please call.

Sincerely,

Clara Dozier

Operations Administrator

enclosure

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 662 No of People at End of Month 2,387
Design Flow 1.440 MGD Remarks (Use Reverse Side) REVISED
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/J. Johnson C-4354
I certify this report is correct James Johnson C 43.54
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			AquaMag Orthophosphate (P)				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 P.E.			Plant Effluent	Remote Tap		
Monthly Total	6,178,600	460.0		265.1	28.4	0.8			43.9	20.7	5	
Average:	205,953	15.3		8.8	0.9	0.4			1.5	0.7		
Maximum:	295,000	25.0		11.1	1.4	0.4			1.5	0.7		
Minimum:	156,000	10.0		6.0	0.7	0.4			1.4	0.6		
1	213,000	16.0		9.0	1.0				1.5	0.7		New Cl2
2	182,000	12.0		7.9	0.8				1.5	0.7	5	Compliance
3	231,000	16.0		8.3	1.1				1.5	0.7		
4	178,000	14.0		9.4	0.8				1.5	0.7		
5	178,000	10.0		6.7	0.8				1.5	0.7		
6	222,000	15.0		8.1	1.0				1.4	0.7		
7	295,000	25.0		10.2	1.4	0.4			1.5	0.7		Gen ran 1 hr
8	251,000	22.0		10.5	1.2				1.5	0.7		
9	178,000	10.0		6.7	0.8				1.5	0.7		
10	288,000	23.0		9.6	1.3				1.5	0.7		Flushing
11	200,000	10.0		6.0	0.9				1.5	0.7		New Cl2
12	162,000	15.0		11.1	0.8				1.4	0.7		
13	190,000	13.0		8.2	0.9				1.4	0.6		
14	210,000	15.0		8.6	1.0				1.4	0.7		
15	243,400	20.0		9.9	1.1				1.5	0.7		Gen ran 1 hr
16	181,000	12.0		7.9	0.8				1.5	0.7		
17	193,000	17.0		10.6	0.9				1.5	0.7		
18	161,000	11.0		8.2	0.7				1.5	0.7		
19	156,000	10.0		7.7	0.7				1.5	0.7		
20	164,000	10.0		7.3	0.8				1.4	0.6		
21	216,000	14.0		7.8	1.0	0.4			1.5	0.7		
22	213,500	16.0		9.0	1.0				1.4	0.7		
23	189,000	14.0		8.9	0.9				1.4	0.7		New Cl2
24	200,000	14.0		8.4	0.9				1.4	0.7		
25	232,000	20.0		10.3	1.1				1.5	0.7		
26	162,000	13.0		9.6	0.8				1.4	0.6		
27	242,000	18.0		8.9	1.1				1.4	0.7		
28	252,800	23.0		10.9	1.2				1.5	0.7		Gen ran 1 hr
29	183,000	14.0		9.2	0.8				1.4	0.7		New Cl2
30	211,900	18.0		10.2	1.0				1.5	0.7		Flushing
31												

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.

DER Form 17.555910(2)
Effective 11/1/1968

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 882 No of People at End of Month 2,387
Design Flow 1.440 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C-7264/J. Johnson C-4354/D. Ceder B-2403
I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) C7264 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			Aqua-Mag Orthophosphate (P)				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 P.E.			Plant Effluent	Remote Tap		
Monthly Total	6,530,400	454.0		258.3	30.1	1.4			45.3	21.4	5	
Average	210,658	14.6		8.3	1.0	0.7			1.5	0.7		
Maximum	274,000	25.0		11.9	1.3	0.7			1.6	0.8		
Minimum	177,000	8.0		3.8	0.8	0.7			1.3	0.6		
1	201,000	20.0		11.9	0.9				1.6	0.8		
2	217,000	16.0		8.8	1.0				1.5	0.7		
3	190,000	14.0		8.8	0.9				1.5	0.7		
4	192,000	13.0		8.1	0.9				1.4	0.7		
5	274,000	25.0		10.9	1.3				1.5	0.7	5	Compliance
6	199,000	14.0		8.4	0.9				1.5	0.7		
7	250,000	8.0		3.8	1.2				1.3	0.7		
8	197,000	12.0		7.3	0.9	0.7			1.4	0.7		New Cl2
9	183,000	12.0		7.9	0.8				1.5	0.7		
10	190,000	12.0		7.6	0.9				1.4	0.6		
11	210,000	14.0		8.0	1.0				1.5	0.7		
12	247,000	18.0		8.7	1.1				1.5	0.7		
13	193,000	14.0		8.7	0.9				1.5	0.7		Flushed lines
14	218,000	18.0		9.9	1.0				1.5	0.7		
15	186,000	12.0		7.7	0.9				1.5	0.7		
16	182,000	10.0		6.6	0.9				1.4	0.6		
17	227,000	18.0		9.5	1.0				1.5	0.7		
18	217,000	14.0		7.7	1.0				1.4	0.7		
19	246,000	16.0		7.8	1.1				1.5	0.7		Flushed lines
20	211,000	16.0		9.1	1.0				1.5	0.7		Flushed lines-new
21	236,000	18.0		9.1	1.1				1.5	0.7		cl2
22	200,000	13.0		7.8	0.9	0.7			1.4	0.7		
23	177,000	15.0		10.2	0.8				1.5	0.7		
24	192,000	12.0		7.5	0.9				1.4	0.7		
25	200,000	13.0		7.8	0.9				1.4	0.6		
26	204,000	19.0		11.2	0.9				1.5	0.7		
27	206,900	12.0		7.0	1.0				1.4	0.7		
28	220,000	12.0		6.5	1.0				1.5	0.7		
29	238,500	14.0		7.0	1.1				1.4	0.6		
30	231,000	18.0		9.3	1.1				1.5	0.7		New Cl2-flushed
31	195,000	12.0		7.4	0.9				1.4	0.7		Ran gen 1.0 hr

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 720 No of People at End of Month 2,160

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C 7264, James W.Johnson C 4345

I certify this report is correct (original signed by Frank McCord (Lead Operator's Signature) C 7264 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6,991,000	398		212.3	32.16				43.8	19.7	5	
Average:	225,516	13		6.8	1.0				1.4	0.6		
Maximum:	310,000	22		11.9	1.4				1.5	0.7		
Minimum:	162,000	8		4.5	0.8				1.3	0.6		
1	213,000	11		6.2	0.98	30			1.4	0.7		
2	162,000	12		8.9	0.75	30			1.5	0.6		
3	226,000	12		6.3	1.05	30			1.4	0.7		
4	276,000	19		8.3	1.27	30			1.4	0.7		
5	216,000	10		5.6	0.99	30			1.3	0.6		
6	255,000	10		4.7	1.17	30			1.4	0.7		
7	200,000	8		4.8	0.92	30			1.4	0.6		
8	310,000	14		5.4	1.43	30			1.5	0.7		
9	200,000	10		6.0	0.92	30			1.4	0.7		
10	254,000	10		4.7	1.17	30			1.5	0.7		
11	235,000	12		6.1	1.08	30			1.4	0.6		
12	211,000	8		4.5	0.97	30			1.4	0.6	5	Compliance
13	222,000	22		11.9	1.02	30			1.4	0.6		
14	226,000	14		7.4	1.04	30			1.4	0.6		
15	206,000	12		7.0	0.95	30			1.4	0.6		
16	210,000	12		6.9	0.97	30			1.4	0.6		
17	180,000	10		6.7	0.83	30			1.4	0.6		
18	268,000	18		8.1	1.23	30			1.4	0.6		
19	210,000	12		6.9	0.97	30			1.4	0.6		
20	245,000	16		7.8	1.13	30			1.4	0.6		
21	221,000	12		6.5	1.02	30			1.4	0.6		
22	244,000	14		6.9	1.12	30			1.4	0.6		
23	203,000	10		5.9	0.93	30			1.4	0.7		
24	256,000	16		7.5	1.18	30			1.5	0.7		
25	274,000	18		7.9	1.26	30			1.5	0.7		
26	214,000	12		6.7	0.98	30			1.4	0.6		
27	224,000	12		6.4	1.03	30			1.4	0.6		
28	248,000	16		7.7	1.14	30			1.4	0.6		
29	176,000	12		8.1	0.81	30			1.4	0.6		
30	230,000	12		6.3	1.06	30			1.4	0.6		
31	172,000	12		8.4	0.79	30			1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 720 No of People at End of Month 2,160

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C 7264, James W. Johnson C 4354

I certify this report is correct (original signed by Frank McCord) C 7264

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

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total:	6,509,000	374		193.9	29.96				39.3	17.1	5	
Average:	232,464	13		6.9	1.1	30			1.4	0.6		
Maximum:	282,000	18		8.5	1.3	30			1.5	0.7		
Minimum:	180,000	10		5.2	0.8	30			1.4	0.6		
1	272,000	14		6.2	1.25	30			1.4	0.6	5	Compliance
2	242,000	12		6.0	1.11	30			1.4	0.6		
3	247,000	12		5.8	1.14	30			1.4	0.6		
4	213,000	14		7.9	0.98	30			1.4	0.6		
5	248,000	14		6.8	1.14	30			1.4	0.6		
6	234,000	14		7.2	1.08	30			1.4	0.6		
7	258,000	16		7.4	1.19	30			1.4	0.7		
8	266,000	16		7.2	1.22	30			1.4	0.6		
9	197,000	14		8.5	0.91	30			1.4	0.6		
10	250,000	14		6.7	1.15	30			1.4	0.6		
11	232,000	14		7.2	1.07	30			1.4	0.6		
12	180,000	12		8.0	0.83	30			1.4	0.6		
13	214,000	12		6.7	0.98	30			1.5	0.7		
14	282,000	14		6.0	1.3	30			1.4	0.6		
15	260,000	16		7.4	1.2	30			1.4	0.6		
16	269,000	18		8.0	1.24	30			1.4	0.6		
17	219,000	14		7.7	1.01	30			1.4	0.6		
18	194,000	12		7.4	0.89	30			1.4	0.6		
19	231,000	12		6.2	1.06	30			1.4	0.6		
20	201,000	14		8.4	0.92	30			1.4	0.6		
21	254,000	16		7.6	1.17	30			1.4	0.6		
22	276,000	14		6.1	1.27	30			1.4	0.6		
23	210,000	10		5.7	0.97	30			1.4	0.6		
24	221,000	12		6.5	1.02	30			1.4	0.6		
25	207,000	12		7.0	0.95	30			1.4	0.6		
26	230,000	10		5.2	1.06	30			1.4	0.6		
27	218,000	12		6.7	0.99	30			1.4	0.6		
28	186,000	10		6.5	0.85	30			1.4	0.7		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 720 No of People at End of Month 2,160

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C 7264, James W. Johnson C 4354

I certify this report is correct (original signed by Frank McCord) C 7264

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

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	AQUA MAG gals used	AQUA MAG %	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	7,311,000	428		217.7	33.62				43.8	20.8	5	
Average:	235,839	14		7.0	1.1	30			1.4	0.7		
Maximum:	316,000	20		11.2	1.5	30			1.5	0.8		
Minimum:	163,000	8		5.4	0.8	30			1.3	0.6		
1	268,000	18		8.1	1.23	30			1.4	0.7		
2	258,000	14		6.5	1.19	30			1.4	0.7		
3	282,000	15		6.4	1.3	30			1.5	0.7		
4	246,000	13		6.3	1.13	30			1.4	0.7	5	Compliance
5	229,000	12		6.3	1.05	30			1.4	0.7		
6	214,000	12		6.7	0.98	30			1.4	0.7		
7	193,000	18		11.2	0.89	30			1.5	0.6		
8	282,000	18		7.7	1.3	30			1.5	0.8		
9	232,000	12		6.2	1.07	30			1.4	0.7		
10	213,000	12		6.8	0.98	30			1.4	0.7		
11	285,000	16		6.7	1.31	30			1.4	0.7		
12	211,000	12		6.8	0.97	30			1.4	0.7		
13	224,000	10		5.4	1.03	30			1.4	0.6		
14	163,000	8		5.9	0.75	30			1.3	0.6		
15	316,000	20		7.6	1.45	30			1.4	0.6		
16	292,000	18		7.4	1.34	30			1.4	0.6		
17	190,000	10		6.3	0.87	30			1.4	0.6		
18	211,000	14		8.0	0.97	30			1.4	0.6		
19	252,000	14		6.7	1.16	30			1.4	0.6		
20	220,000	12		6.5	1.01	30			1.4	0.6		
21	190,000	10		6.3	0.87	30			1.4	0.7		
22	282,000	16		6.8	1.3	30			1.4	0.7		
23	235,000	14		7.1	1.08	30			1.4	0.7		
24	212,000	14		7.9	0.98	30			1.4	0.7		
25	240,000	14		7.0	1.1	30			1.4	0.7		
26	180,000	12		8.0	0.83	30			1.4	0.7		
27	200,000	11		6.6	0.92	30			1.4	0.6		
28	262,000	13		6.0	1.21	30			1.5	0.7		
29	267,000	18		8.1	1.23	30			1.5	0.7		
30	220,000	14		7.6	1.01	30			1.4	0.7		
31	242,000	14		6.9	1.11	30			1.4	0.7		

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.

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or SID Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 720 No of People at End of Month 2,520

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C 7264, James W. Johnson C 4354

I certify this report is correct (original signed by Frank McCord) C 7264

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

Days of Month	Total Water Treated in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8,267,000	488		212.4	38.04				43.8	20.6	5	
Average:	275,567	16		7.1	1.3	30			1.5	0.7		
Maximum:	409,000	24		8.8	1.9	30			1.7	0.7		
Minimum:	193,000	12		4.8	0.9	30			1.4	0.6		
1	193,000	12		7.5	0.89	30			1.4	0.7		
2	193,000	12		7.5	0.89	30			1.4	0.7		
3	226,000	12		6.4	1.04	30			1.4	0.7		
4	239,000	12		6.0	1.1	30			1.5	0.6		
5	211,000	12		6.8	0.97	30			1.4	0.7	5	Compliance
6	252,000	18		8.6	1.16	30			1.4	0.7		New CL2
7	231,000	12		6.2	1.06	30			1.4	0.7		
8	228,000	12		6.3	1.05	30			1.4	0.7		
9	229,000	12		6.3	1.05	30			1.4	0.7		
10	230,000	16		8.3	1.06	30			1.5	0.7		
11	248,000	16		7.7	1.14	30			1.5	0.7		
12	276,000	18		7.8	1.27	30			1.5	0.6		
13	328,000	22		8.0	1.51	30			1.5	0.7		
14	321,000	22		8.2	1.48	30			1.5	0.7		
15	272,000	20		8.8	1.25	30			1.5	0.7		
16	217,000	14		7.7	1	30			1.5	0.7		new CL2
17	264,000	12		5.5	1.21	30			1.5	0.7		
18	280,000	18		7.7	1.29	30			1.5	0.7		
19	281,000	16		6.8	1.29	30			1.5	0.7		Line flushing
20	304,000	20		7.9	1.4	30			1.5	0.7		
21	258,000	14		6.5	1.19	30			1.5	0.7		
22	302,000	16		6.4	1.39	30			1.5	0.7		
23	342,000	18		6.3	1.57	30			1.5	0.7		
24	298,000	12		4.8	1.37	30			1.4	0.6		
25	330,000	14		5.1	1.52	30			1.4	0.7		
26	409,000	24		7.0	1.88	30			1.4	0.7		New CL2
27	310,000	20		7.7	1.43	30			1.7	0.7		
28	350,000	20		6.9	1.61	30			1.4	0.6		
29	328,000	22		8.0	1.51	30			1.4	0.7		
30	317,000	20		7.6	1.46	30			1.4	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993
Plant Effluent pH (Avg) 7.7 No of Services at End of Month 720 No of People at End of Month 2,160
Design Flow 1.440 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Frank McCord C7264, James W. Johnson C 4354
I certify this report is correct (original signed by Frank McCord) (Lead Operator's Signature) C 7264 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	AQUA MAG gals used	AQUA MAG %			Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	10,626,000	728		254.8	48.86				52.2	29.4	5	
Average:	342,774	23.5		8.2	1.6	30			1.7	0.9		
Maximum:	508,000	40		10.8	2.3	30			2.5	1.4		
Minimum:	208,000	12		5.5	1.0	30			1.4	0.6		
1	314,000	22		8.4	1.44	30			1.5	0.7		
2	350,000	22		7.5	1.61	30			1.6	0.8		
3	388,000	20		6.2	1.78	30			1.4	0.7		New CL2
4	336,000	20		7.1	1.55	30			1.5	0.7	5	Compliance
5	353,000	24		8.2	1.62	30			1.5	0.7		
6	303,000	20		7.9	1.39	30			1.5	0.7		Flush lines
7	257,000	14		6.5	1.18	30			1.4	0.7		
8	254,000	12		5.7	1.17	30			1.4	0.7		
9	390,000	18		5.5	1.79	30			1.4	0.6		
10	352,000	20		6.8	1.62	30			1.4	0.7		New Aqualmain break
11	345,000	22		7.7	1.59	30			1.4	0.7		new CL2
12	391,000	22		6.8	1.8	30			1.4	0.7		Flush lines
13	377,000	20		6.4	1.73	30			1.5	0.8		
14	230,000	18		9.4	1.06	30			1.5	0.7		Flush lines
15	250,000	18		8.6	1.15	30			1.4	0.7		
16	334,000	18		6.5	1.54	30			1.5	0.7		new CL2
17	508,000	32		7.6	2.34	30			1.4	0.7		
18	291,000	20		8.2	1.34	30			1.5	1.0		vp roto cl2
19	415,000	36		10.4	1.91	30			2.0	1.3		
20	322,000	24		8.9	1.48	30			2.5	0.7		
21	446,000	30		8.1	2.05	30			1.5	1.0		
22	342,000	24		8.4	1.57	30			2.0	1.3		new CL2
23	490,000	36		8.8	2.25	30			2.0	1.3		
24	351,000	28		9.6	1.61	30			2.0	1.3		
25	445,000	40		10.8	2.05	30			2.1	1.4		
26	372,000	32		10.3	1.71	30			2.0	1.4		
27	359,000	30		10.0	1.65	30			2.0	1.4		new CL2
28	385,000	32		10.0	1.77	30			2.0	1.4		
29	208,000	14		8.1	0.96	30			2.0	1.2		
30	220,000	18		9.8	1.01	30			1.8	1.3		
31	248,000	22		10.6	1.14	30			2.1	1.4		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 720 No of People at End of Month 2,160

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C 7264, James W. Johnson C 4354

I certify this report is correct (original signed by Frank McCord)

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

Days of Month	Total Water Treated in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8,965,800	645		257.1	41.22				52.8	30.9	5	
Average:	298,860	22		8.6	1.4	30			1.8	1.0		
Maximum:	422,000	34		11.1	1.9	30			2.0	1.4		
Minimum:	203,000	12		5.7	0.9	30			1.4	0.7		
1	286,000	18		7.6	1.32	30			2.0	1.4	5	Compliance
2	307,000	20		7.8	1.41	30			1.8	1.2		Reset Roto
3	244,000	14		6.9	1.12	30			1.8	1.2		New CL2
4	304,000	22		8.7	1.4	30			1.8	1.2		Line Flush
5	316,000	26		9.9	1.45	30			1.8	1.2		
6	319,000	22		8.3	1.47	30			1.5	0.9		
7	413,000	30		8.7	1.9	30			1.6	1.0		
8	361,000	28		9.3	1.66	30			1.8	1.2		
9	399,000	32		9.6	1.84	30			2.0	1.3		
10	346,000	28		9.7	1.59	30			1.6	1.0		
11	357,000	26		8.7	1.64	30			1.8	1.2		Calib Meter
12	280,000	16		6.9	1.29	30			1.7	1.3		
13	335,000	18		6.4	1.54	30			1.6	0.9		
14	422,000	28		8.0	1.94	30			1.8	1.0		
15	240,000	19		9.5	1.1	30			1.9	1.1		New CL2
16	347,000	26		9.0	1.6	30			1.8	1.0		
17	203,000	14		8.3	0.93	30			1.8	1.0		New Drun Aqua Mag
18	274,000	20		8.8	1.26	30			1.6	0.8		
19	288,000	26		10.8	1.32	30			2.0	1.0		
20	296,500	22		8.9	1.36	30			1.8	0.9		
21	369,000	34		11.1	1.7	30			2.0	1.1		Gen Oper 1 hr/new CL
22	248,500	18		8.7	1.14	30			1.8	0.9		
23	237,700	16		8.1	1.09	30			1.8	1.0		
24	293,600	22		9.0	1.35	30			1.8	1.0		
25	233,200	16		8.2	1.07	30			1.8	1.0		
26	254,000	12		5.7	1.17	30			1.6	0.8		
27	212,600	12		6.8	0.98	30			1.5	0.7		
28	300,300	20		8.0	1.38	30			1.6	0.8		New CL2
29	224,600	18		9.6	1.03	30			1.4	0.7		Gen Oper 1 hr
30	254,800	22		10.4	1.17	30			2.0	1.1		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 720 No of People at End of Month 2,520

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James W. Johnson C-4354

I certify this report is correct (Original signed by Frank MCCord) (Lead Operator's Signature) C (Cert. Level) 7264 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8,256,600	590		263.7	37.98				58.9	29.1	5	
Average:	266,342	19		8.5	1.23	30			1.9	0.9		
Maximum:	340,000	30		11.2	1.56	30			2.2	1.2		
Minimum:	194,000	12		5.8	0.89	30			1.6	0.7		
1	211,000	16		9.1	0.97	30			1.8	0.9		
2	295,500	26		10.6	1.36	30			1.8	0.9		
3	240,000	20		10.0	1.1	30			2.0	1.0		
4	278,000	18		7.8	1.28	30			1.8	0.9		
5	323,000	30		11.1	1.49	30			2.0	1.0		Gen. Oper. 1 hr
6	321,200	26		9.7	1.48	30			2.0	1.0	5	Compliance
7	340,000	28		9.9	1.56	30			2.0	1.0		New CL2
8	285,500	26		10.9	1.31	30			2.0	1.0		
9	321,000	30		11.2	1.48	30			2.2	1.2		
10	312,500	15		5.8	1.44	30			2.0	0.9		
11	249,000	17		8.2	1.15	30			1.8	0.8		
12	285,100	20		8.4	1.31	30			2.2	1.2		Gen. Oper. 1 hr
13	230,100	16		8.3	1.06	30			2.0	1.0		New CL2
14	218,000	14		7.7	1	30			2.0	1.0		
15	220,000	16		8.7	1.01	30			2.0	1.0		
16	239,800	18		9.0	1.1	30			2.0	1.0		
17	239,500	18		9.0	1.1	30			2.0	1.0		
18	246,000	12		5.9	1.13	30			1.8	0.9		New CL2
19	322,000	20		7.5	1.48	30			1.6	0.7		Gen. Oper. 1 hr
20	329,200	22		8.0	1.51	30			1.8	0.7		
21	194,000	14		8.7	0.89	30			1.8	0.9		
22	243,300	18		8.8	1.13	30			1.8	0.9		
23	256,800	16		7.6	1.17	30			1.8	0.9		
24	206,000	12		7.0	0.95	30			1.9	0.9		
25	262,600	16		7.3	1.21	30			1.8	0.9		
26	249,000	14		6.7	1.15	30			1.8	0.9		Gen Oper 1 hr
27	253,100	16		7.6	1.16	30			1.8	0.9		New CL2
28	232,200	12		6.2	1.07	30			1.8	0.9		
29	300,500	22		8.8	1.38	30			1.8	0.9		
30	284,000	22		9.3	1.31	30			2.0	1.0		
31	268,700	20		8.9	1.24	30			1.8	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 720 No of People at End of Month 2,520

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

James Johnson C-4354

I certify this report is correct (Original signed by Frank MCCord) C 7264

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

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8,971,200	588		243.8	41.25				49.4	24.1	5	
Average:	289,394	19		7.9	1.33	30			1.6	0.8		
Maximum:	416,000	32		13.7	1.91	30			2.0	1.1		
Minimum:	194,400	8		4.5	0.89	30			1.0	0.4		
1	278,800	14		6.0	1.28	30			1.7	0.8		
2	317,200	28		10.6	1.46	30			1.8	0.9		
3	327,800	28		10.3	1.51	30			1.8	0.9		
4	352,600	26		8.8	1.62	30			1.8	0.9		
5	318,800	22		8.3	1.47	30			1.8	0.9		
6	327,700	26		9.5	1.51	30			1.8	0.9		
7	358,000	20		6.7	1.65	30			1.7	1.0		
8	314,500	16		6.1	1.45	30			1.8	1.1		
9	416,000	30		8.7	1.91	30			1.8	0.9	5	
10	398,100	18		5.4	1.83	30			1.8	0.9		
11	262,300	18		8.2	1.21	30			1.8	0.9		
12	343,200	24		8.4	1.58	30			1.8	0.9		
13	396,800	16		4.8	1.83	30			1.1	0.4		
14	290,000	16		6.6	1.33	30			1.2	0.4		
15	250,000	11		5.3	1.15	30			1.3	0.6		
16	278,300	21		9.1	1.28	30			1.5	0.7		
17	211,400	8		4.5	0.97	30			1.2	0.4		
18	281,300	12		5.1	1.29	30			1.5	0.7		
19	279,300	32		13.7	1.28	30			1.8	0.9		
20	282,800	22		9.3	1.3	30			1.8	0.9		
21	237,800	14		7.1	1.09	30			1.7	0.8		
22	266,600	20		9.0	1.23	30			2.0	1.0		
23	259,600	12		5.5	1.19	30			1.5	0.7		
24	244,000	12		5.9	1.12	30			1.0	0.5		
25	266,000	16		7.2	1.22	30			1.5	0.8		
26	256,200	18		8.4	1.18	30			1.4	0.6		
27	255,200	16		7.5	1.17	30			1.5	0.7		
28	194,400	14		8.6	0.89	30			1.4	0.7		
29	228,300	16		8.4	1.05	30			1.4	0.7		
30	283,000	28		11.9	1.3	30			1.8	0.9		
31	195,200	14		8.6	0.9	30			1.4	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or SID Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 720 No of People at End of Month 2,520

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Frank McCord C-7264 / James W. Johnson C-4354

I certify this report is correct Frank McCord C 7264

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

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	AQUA MAG gals used	AQUA MAG %	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	7,552,800	524		247.2	34.64				51.7	26.1	5	
Average:	251,760	17		8.2	1.2	30			1.7	0.9		
Maximum:	333,000	34		14.2	1.5	30			2.2	1.3		
Minimum:	200,000	4		2.2	0.9	30			1.4	0.6		
1	216,800	18		10.0	0.99	30			1.4	0.7		
2	250,200	18		8.6	1.15	30			1.4	0.7	5	Compliance
3	233,100	20		10.3	1.07	30			1.4	0.7		
4	200,000	14		8.4	0.92	30			1.4	0.7		
5	238,000	20		10.1	1.09	30			1.7	0.9		
6	241,000	24		11.9	1.11	30			1.8	1.0		
7	288,000	34		14.2	1.32	30			2.2	1.3		Gen Oper 1 hr
8	232,000	16		8.3	1.06	30			1.8	0.9		
9	222,100	14		7.6	1.02	30			1.8	0.9		
10	215,000	4		2.2	0.98	30			1.8	0.9		New Cl2
11	210,000	10		5.7	0.96	30			1.8	0.9		
12	203,000	11		6.5	0.93	30			1.8	0.9		
13	264,200	17		7.7	1.21	30			1.8	0.9		Gen Oper 1 hr
14	221,000	16		8.7	1.01	30			1.8	0.9		
15	207,000	14		8.1	0.95	30			1.8	0.9		
16	262,000	16		7.3	1.2	30			1.8	0.9		
17	213,000	12		6.8	0.97	30			1.8	0.9		
18	268,000	20		8.9	1.23	30			1.8	0.9		
19	262,000	18		8.2	1.2	30			1.8	0.9		Broken 2" main
20	300,000	22		8.8	1.38	30			1.8	0.9		Gen Oper 1 hr
21	278,000	20		8.6	1.27	30			1.8	0.9		
22	297,000	20		8.1	1.36	30			1.8	0.9		New Cl2
23	324,000	22		8.1	1.49	30			1.8	0.9		
24	333,000	24		8.6	1.53	30			1.8	0.9		
25	285,000	20		8.4	1.31	30			1.8	0.9		
26	230,400	14		7.3	1.06	30			1.4	0.6		
27	289,000	20		8.3	1.33	30			1.8	0.9		New Cl2
28	254,000	14		6.6	1.17	30			1.6	0.8		Gen Oper 1 hr
29	268,000	16		7.2	1.23	30			1.6	0.8		Nitrate & VOC
30	248,000	16		7.7	1.14	30			1.6	0.8		
31												

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.

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or SID Longwood

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 720 No of People at End of Month 2,520

Design Flow 1.440 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Fred M. Good (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	7,695,800	582		279.8	35.42				48.8	24.1	5	
Average:	248,252	19		9.0	1.1	30			1.6	0.8		
Maximum:	341,000	30		12.9	1.6	30			1.8	0.9		
Minimum:	198,000	8		4.2	0.9	30			1.4	0.6		
1	264,000	14		6.4	1.21	30			1.5	0.7		Reset Roto 110
2	278,000	20		8.6	1.28	30			1.6	0.8		
3	254,000	20		9.4	1.17	30			1.5	0.7		
4	341,000	30		10.5	1.57	30			1.6	0.8	5	Compliance
5	276,000	16		7.0	1.27	30			1.6	0.8		New CL2
6	266,000	28		12.6	1.22	30			1.6	0.8		Oper Gen 2.0 HR
7	251,000	20		9.6	1.15	30			1.8	0.9		
8	201,000	16		9.5	0.92	30			1.8	0.9		
9	208,000	15		8.6	0.94	30			1.7	0.8		
10	219,000	17		9.3	1.01	30			1.5	0.7		
11	240,000	20		10.0	1.09	30			1.4	0.7		
12	270,800	22		9.7	1.25	30			1.5	0.8		Gen Oper 1 HR
13	238,000	19		9.6	1.09	30			1.6	0.8		
14	272,000	17		7.5	1.25	30			1.5	0.7		
15	226,000	16		8.5	1.04	30			1.4	0.6		
16	230,000	14		7.3	1.06	30			1.4	0.7		
17	212,000	12		6.8	0.98	30			1.4	0.7		New CL2
18	245,000	20		9.8	1.13	30			1.6	0.8		Gen Oper 1.0 HR
19	274,000	20		8.8	1.26	30			1.6	0.8		
20	213,000	18		10.1	0.98	30			1.6	0.8		
21	250,000	22		10.6	1.15	30			1.6	0.8		
22	273,000	20		8.8	1.26	30			1.6	0.8		
23	198,000	14		8.5	0.91	30			1.6	0.8		
24	261,000	28		12.9	1.2	30			1.6	0.8		New CL2
25	248,000	18		8.7	1.14	30			1.6	0.8		Gen Oper 1.0 HR
26	249,000	20		9.6	1.15	30			1.6	0.8		
27	234,000	16		8.2	1.08	30			1.6	0.8		
28	272,000	22		9.7	1.25	30			1.6	0.8		
29	261,000	20		9.2	1.25	30			1.6	0.8		
30	227,000	8		4.2	1.04	30			1.6	0.8		
31	244,000	20		9.8	1.12	30			1.6	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location:City or S/D Longwood
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 677 No of People at End of Month 2,370
Design Flow 1.440 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James W. Johnson C-4354 / Frank McCord C-7264
I certify this report is correct Frank McCord (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	7,425,000	454.0		218.6	34.2				45.4	22.0	5	
Average:	247,500	15.1		7.3	1.1	32			1.5	0.7		
Maximum:	322,000	25.0		10.2	1.5	32			1.6	0.8		
Minimum:	197,000	10.0		5.0	0.9	30			1.4	0.6		
1	240,000	12.0		6.0	1.1	30			1.6	0.8		GEN OPER 1.1 HR
2	211,000	10.0		5.7	1.0	32			1.6	0.8		NEW CL2
3	234,000	20.0		10.2	1.1	32			1.6	0.8		
4	249,000	16.0		7.7	1.2	32			1.6	0.8	5	COMPLIANCE
5	237,000	16.0		8.1	1.1	32			1.6	0.8		
6	212,000	14.0		7.9	1.0	32			1.4	0.7		
7	226,000	14.0		7.4	1.0	32			1.4	0.7		
8	281,000	20.0		8.5	1.3	32			1.6	0.8		GEN OPER 1 HR
9	263,000	16.0		7.3	1.2	32			1.6	0.8		NEW CL2
10	259,000	16.0		7.4	1.2	32			1.5	0.8		
11	228,000	14.0		7.4	1.1	32			1.5	0.8		
12	269,000	20.0		8.9	1.2	32			1.6	0.8		
13	197,000	10.0		6.1	0.9	32			1.5	0.8		
14	265,000	15.0		6.8	1.2	32			1.5	0.7		
15	322,000	25.0		9.3	1.5	32			1.5	0.7		GEN OPER 1 HR
16	280,000	18.0		7.7	1.3	32			1.5	0.7		FLUSHED LINES
17	290,000	12.0		5.0	1.3	32			1.5	0.7		NEW CL2
18	242,000	12.0		5.9	1.1	32			1.5	0.7		
19	243,000	12.0		5.9	1.1	32			1.5	0.7		
20	230,000	12.0		6.3	1.1	32			1.5	0.7		
21	220,000	14.0		7.6	1.0	32			1.5	0.6		
22	294,000	22.0		9.0	1.4	32			1.5	0.7		GEN OPER 1 HR
23	252,000	14.0		6.7	1.2	32			1.5	0.7		
24	230,000	14.0		7.3	1.1	32			1.5	0.7		
25	204,000	12.0		7.1	0.9	32			1.4	0.7		
26	251,000	16.0		7.6	1.2	32			1.5	0.7		
27	199,000	12.0		7.2	0.9	32			1.5	0.7		
28	230,000	12.0		6.3	1.1	32			1.4	0.7		
29	308,000	20.0		7.8	1.4	32			1.5	0.7		GEN OPER 1.1
30	259,000	14.0		6.5	1.2	32			1.5	0.7		NEW CL2
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3590823 PWS Name Meredith Manor Location: City or S/D Longwood
Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month December 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 678 No of People at End of Month 2,373
Design Flow 1.440 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
James W. Johnson C-4354 / Frank McCord C-7264
I certify this report is correct Frank McCord (Lead Operator's Signature) C (Cert. Level) C7264 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			AQUA MAG				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	gals used	%	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	7,248,100	436.0		225.0	33.4				46.1	22.1	5	
Average:	233,810	14.1		7.3	1.1	32			1.5	0.7		
Maximum:	297,000	20.0		10.3	1.4	32			1.7	0.9		
Minimum:	186,000	8.0		4.0	0.9	32			1.4	0.6		
1	271,000	16.0		7.1	1.3	32			1.5	0.7		
2	261,000	20.0		9.2	1.2	32			1.5	0.7		
3	214,000	12.0		6.7	1.0	32			1.5	0.7		
4	237,000	14.0		7.1	1.1	32			1.5	0.7		
5	240,000	14.0		7.0	1.1	32			1.5	0.7		Gen Oper 1 hr
6	238,000	14.0		7.1	1.1	32			1.5	0.7		Flushed lines
7	264,000	16.0		7.3	1.2	32			1.5	0.7	5	Compliance samples
8	297,000	10.0		4.0	1.4	32			1.5	0.7		New CL2
9	243,000	10.0		4.9	1.1	32			1.4	0.7		Flushed lines
10	186,000	8.0		5.2	0.9	32			1.4	0.7		
11	235,100	12.0		6.1	1.2	32			1.4	0.7		
12	252,000	10.0		4.8	1.2	32			1.5	0.7		
13	232,000	12.0		6.2	1.1	32			1.4	0.6		
14	265,000	20.0		9.0	1.2	32			1.4	0.7		Gen Oper 1.1 hrs
15	252,000	12.0		5.7	1.2	32			1.4	0.7		
16	236,000	16.0		8.1	1.1	32			1.4	0.7		
17	234,000	18.0		9.2	1.1	32			1.6	0.8		
18	231,000	14.0		7.3	1.1	32			1.4	0.7		
19	266,000	16.0		7.2	1.2	32			1.5	0.7		
20	233,000	16.0		8.2	1.1	32			1.6	0.8		Gen Oper 1 hr
21	210,000	18.0		10.3	1.0	32			1.7	0.9		New CL2
22	214,000	14.0		7.8	1.0	32			1.5	0.7		
23	195,000	12.0		7.4	0.9	32			1.5	0.7		
24	220,000	18.0		9.8	1.0	32			1.6	0.8		
25	190,000	14.0		8.8	0.9	32			1.4	0.7		
26	190,000	13.0		8.2	0.9	32			1.5	0.7		
27	235,000	15.0		7.7	1.1	32			1.5	0.7		Gen Oper 1 hr
28	229,000	12.0		6.3	1.1	32			1.5	0.7		
29	223,000	14.0		7.5	1.0	32			1.5	0.7		
30	251,000	14.0		6.7	1.2	32			1.5	0.7		New CL2
31	204,000	12.0		7.1	0.9	32			1.5	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 35 No of People at End of Month 122.5
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance Shreffler C-6587,B. Heath C-5825,D. Moro C-6497,W. Fontaine C-6813
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 in Gallons	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	366.800	9.25		80.2					31.1	20.0	6	
Average	11.832	0.30		2.6					1.2	1.0		
Maximum	28.900	0.75		4.5					1.5	1.5		
Minimum	7.000	0.25		1.3					1.0	0.6		
1												
2	15.900	0.50		3.8					1.2			
3	13.900	0.25		2.2					1.2	1.0		
4	19.500	0.50		3.1					1.0	0.8		Line Flush
5	9.900	0.25		3.0					1.0	0.8		
6	10.300	0.25		2.9					1.0	0.8		
7	13.400	0.50		4.5					1.2	0.9		Ran air 1 hr
8	7.000	0.25		4.3					1.2			
9												
10	23.400	0.50		2.6					1.2	0.9		Ran air 1.5 hrs
11	9.900	0.25		3.0					1.2	0.9		Ran air .5 hrs
12	9.700	0.25		3.1					1.2	1.0		
13	9.800	0.25		3.1					1.2	0.9	3	Compliance
14	11.200	0.25		2.7					1.0	0.8		Drain sght glss -
15												in heat smp
16	20.000	0.50		3.0					1.2			
17	13.900	0.50		4.3					1.5	1.0		Ran air 1.5 hrs
18	11.600	0.25		2.6					1.2	0.8		
19	9.900	0.25		3.0					1.2	0.9		
20	11.600	0.25		2.6					1.2	0.9		Hydro tank delivere
21	10.700	0.25		2.8					1.0	0.8		Instl 4 aqua mac
22	8.400	0.25		3.6					1.2			
23												
24	24.200	0.50		2.5					1.2	1.0		
25	11.700	0.25		2.6					1.2	0.9		
26	8.600	0.25		3.5					1.2	0.9		
27	28.900	0.75		3.1					1.5	1.5		Outge 6 mainflsh
28	11.300	0.25		2.7					1.2	1.0		Ran air 1 hr flsh
29												
30	16.900	0.50		3.5					1.2			Otge pwr fail flsh
31	25.200	0.50		2.4					1.5	1.5	3	Main rpr/outg

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

DER Form 17-555910 2
Effective **-**-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 35 No of People at End of Month 122.5

Design Flow 425 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler # C-8587/Brian Heath C-5825

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 Gallons	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	304,100	7.00		67.9					29.2	19.5	6	
Average	10,861	0.29		2.4					1.2	1.0		
Maximum	19,400	0.25		3.9					1.5	1.2		
Minimum	7,700	0.50		1.7					1.0	0.8		
1	10,300	0.25		2.9					1.5	1.0	3	Outage
2	9,600	0.25		3.1					1.5	1.2		
3	11,200	0.25		2.7					1.2	1.0		
4	9,200	0.25		3.3					1.2	1.0		
5	8,300	0.25		3.6					1.2			
6												
7	21,800	0.50		2.6					1.2	1.0		
8	10,700	0.25		2.8					1.2	1.0		
9	11,900	0.25		2.5					1.2	0.9		
10	10,500	0.25		2.9					1.2	1.0	3	Compliance
11	9,300	0.25		3.2					1.2	1.0		
12												
13	18,100	0.25		1.7					1.2			
14	10,200	0.25		2.9					1.2	1.0		
15	10,300	0.25		2.9					1.2	0.9		
16	9,800	0.25		3.1					1.2	0.9		
17	19,400	0.50		3.1					1.2	1.0		
18	12,400	0.25		2.4					1.2	1.0		
19	10,500	0.25		2.9					1.4			
20												
21	22,700	0.50		2.6					1.2	1.0		
22	11,300	0.25		2.7					1.2	1.0		
23	13,300	0.25		2.3					1.2	0.9		
24	13,200	0.25		2.3					1.0	0.8		
25	10,600	0.25		2.8					1.2	0.9		
26	7,700	0.25		3.9					1.0			
27												
28	21,800	0.50		2.6					1.2	1.0		Line Flushing
29												
30												
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994

Plant Effluent pH (Avg) _____ No of Services at End of Month 36 No of People at End of Month 126.0

Design Flow 425 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/B. Heath C-5825/D. Moro C-6497/W. Fontaine C-6813

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 in Gallons	Chlorine			Aqua-Mag				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	401,600	8.75		73.5	11.38	91.7			24.6	17.0	4	
Average	12,955	0.28		2.4					0.9	0.7		
Maximum	19,100	0.75		4.0	0.66	3.4			1.2	1.0		
Minimum	7,500	0.25		0.8	0.21	1.7			0.6	0.5		
1	11,400	0.25		2.6	0.32	3.4			1.0	0.8		
2	11,100	0.25		2.7	0.31	3.3			0.9	0.7		
3	12,900	0.25		2.3	0.37	3.4			1.0	0.8		Ran air new HPT
4	18,700	0.50		3.2	0.53	3.4			0.9	0.7		
5	12,300	0.25		2.4	0.35	3.4			1.1			
6												
7	27,100	0.50		2.2	0.77	3.4			1.2	1.0		
8	13,800	0.25		2.2	0.39	3.4			0.8	0.5		
9	9,800	0.25		3.1	0.28	3.4			0.8	0.6		
10	8,400	0.25		3.6	0.24	3.4			0.9	0.7		
11	12,200	0.25		2.5	0.34	3.3			0.9	0.7		
12												
13	16,100	0.50		3.7	0.46	3.4			1.0			
14	13,300	0.25		2.3	0.38	3.4			0.9	0.7		
15	13,200	0.25		2.3	0.37	3.4			0.9	0.7		
16	11,200	0.25		2.7	0.32	3.4			0.9	0.7		
17	13,200	0.25		2.3	0.37	3.4			0.9	0.7		
18	8,600	0.25		3.5	0.24	3.3			0.9	0.8		
19	7,500	0.25		4.0	0.21	3.4			0.9	0.8		
20												
21	38,200	0.50		1.6	1.08	3.4			0.8	0.6		Aqua mag chk
22	11,500	0.25		2.6	0.33	3.4			0.8	0.6		Ran air
23	16,800	0.25		1.8	0.48	3.4			0.9	0.8		
24	11,300	0.25		2.7	0.32	3.4			0.9	0.7		
25	16,700	0.25		1.8	0.47	3.4			0.9	0.7		
26	7,500	0.25		4.0	0.21	3.4			0.9			
27												
28	30,600	0.75		2.9	0.87	3.4			0.8	0.6		Drain new pres tnk
29	11,600	0.25		2.6	0.33	3.4			0.9	0.8		Flushing
30	23,200	0.75		3.9	0.66	3.4			1.0	0.7	2	Compliance
31	13,400	0.25		2.2	0.38	3.4			0.8	0.6	2	Ran air new HPT

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 36 No of People at End of Month 126.0
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance Shreffler C-6587/W. Fontaine C-6813/B. Heath C-5825/D. Moro C-6497
I certify this report is correct Donald B. Cordes B 2403
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			Aqua-Mag				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	391,500	9.25		71.0	10.75	84.7			25.1	17.0	3	
Average:	13,050	0.31		2.4					1.0	0.7		
Maximum:	18,100	1.00		4.6	0.51	3.4			1.2	1.0		
Minimum:	9,900	0.25		1.7	0.28	3.3			0.7	0.5		
1	18,100	0.50		3.3	0.51	3.4			0.8	0.6		Ran air
2	9,900	0.25		3.0	0.28	3.4			1.2			
3												
4	26,400	0.75		3.4	0.75	3.4			1.2	1.0		Ran air
5	14,700	0.25		2.0	0.42	3.4			1.0	0.8		Ran air
6	13,800	0.25		2.2	0.39	3.4			1.0	0.8		Ran air
7	11,400	0.25		2.6	0.32	3.4			0.9	0.7	3	Compliance
8	12,400	0.25		2.4	0.35	3.4			0.9	0.7		
9	11,700	0.25		2.6	0.33	3.4			0.9	0.7		
10												
11	34,400	1.00		3.5	0.97	3.4			0.9	0.7		
12	13,900	0.25		2.2	0.39	3.4			1.0	0.8		
13	10,000	0.25		3.0	0.28	3.4			0.8	0.7		
14	13,400	0.25		2.2	0.38	3.4			0.8	0.6		
15	11,300	0.25		2.7	0.32	3.4			0.7	0.5		
16												
17	27,000	0.75		3.3	0.76	3.4			1.0			
18	13,000	0.25		2.3	0.37	3.4			1.0	0.8		Flushed B.O./pint
19	13,100	0.25		2.3	0.37	3.4			0.9	0.7		
20	13,000	0.50		4.6	0.37	3.4			0.9	0.7		
21	12,200	0.25		2.5	0.35	3.4			0.9	0.8		
22	12,700	0.25		2.4	0.36	3.4			1.0	0.8		
23	11,100	0.25		2.7					1.0	0.8		
24												
25	27,600	0.75		3.3	0.78	3.4			1.1	0.7		
26	13,700	0.25		2.2	0.39	3.4			0.9	0.7		
27	10,400	0.25		2.9	0.29	3.3			0.9	0.7		
28	13,200	0.25		2.3	0.37	3.4			1.0	0.8		
29	12,500	0.25		2.4	0.35	3.4			1.2	0.9		Flushed B.O.pint-
30	10,600	0.25		2.8	0.30	3.4			1.2			line flushing
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 36 No of People at End of Month 126.0

Design Flow 425 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/W. Fontaine C-6813/B. Heath C-5825

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 in Gallons	Chlorine			Aqua-Mag				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	435,600	10.00		72.1	12.33	68.1			24.4	15.8	3	
Average:	14,052	0.32		2.3					0.9	0.7		
Maximum:	18,500	1.00		5.9	0.96	3.4			1.2	0.9		
Minimum:	5,100	0.25		1.7	0.14	3.3			0.8	0.6		
1												
2	33,900	1.00		3.5	0.96	3.4			1.0	0.8		
3	12,200	0.25		2.5	0.35	3.4			0.9	0.7		
4	12,000	0.25		2.5	0.34	3.4			0.9	0.7		
5	12,800	0.25		2.3	0.36	3.4			0.9	0.7		
6	15,500	0.50		3.9	0.44	3.4			0.8	0.6		
7	11,300	0.25		2.7	0.32	3.4			1.0			
8												
9	33,300	0.75		2.7	0.94	3.4			1.0	0.8		
10	10,800	0.25		2.8	0.31	3.4			0.9	0.7		
11	17,200	0.25		1.7	0.49	3.4			1.0	0.8	3	Compliance
12	18,100	0.50		3.3	0.51	3.4			0.9	0.7		
13	18,500	0.50		3.2	0.52	3.4			0.8	0.6		
14	14,100	0.25		2.1	0.40	3.4			0.9			
15												
16	32,800	0.75		2.7	0.93	3.4			1.0	0.8		
17	13,800	0.25		2.2	0.39	3.4			0.9	0.7		
18	9,400	0.25		3.2	0.26	3.3			1.2	0.9		
19	15,200	0.25		2.0	0.43	3.4			0.9	0.7		
20	12,500	0.25		2.4	0.35	3.4			0.8	0.6		
21												
22	23,500	0.50		2.6	0.67	3.4			0.9			
23	14,200	0.25		2.1	0.40	3.4			0.9	0.7		
24	12,600	0.25		2.4	0.36	3.4			0.8	0.6		
25	15,100	0.50		4.0	0.43	3.4			1.0	0.8		
26	15,400	0.25		1.9	0.44	3.4			0.9	0.7		
27	12,800	0.25		2.3	0.36	3.4			0.9	0.7		
28	13,500	0.25		2.2	0.38	3.4			1.0			
29												
30	30,000	0.75		3.0	0.85	3.4			1.0	0.7		
31	5,100	0.25		5.9	0.14	3.3			1.2	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month June 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 36 No of People at End of Month 126.0
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance Shreffler C-6587/B. Heath C-5825/W. Fontaine C-6813/D. Moro C-6497
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 In Gallons	Chlorine			Aqua-Mag				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	396,500	8.50		68.9	11.22	88.2			24.3	16.5	3	
Average	13,217	0.28		2.3					0.9	0.7		
Maximum:	23,200	1.00		3.7	1.31	3.5			1.0	0.9		
Minimum	8,100	0.25		1.6	0.23	3.3			0.8	0.6		
1	14,500	0.25		2.1	0.41	3.4			1.0	0.8		
2	11,300	0.25		2.7	0.32	3.4			1.0	0.9		
3	10,000	0.25		3.0	0.28	3.4			0.8	0.7		
4	9,200	0.25		3.3	0.26	3.4			1.0	0.8		
5												
6	31,100	0.75		2.9	0.88	3.4			1.0	0.8		
7	11,700	0.25		2.6	0.33	3.4			1.0	0.8		
8	14,300	0.25		2.1	0.40	3.4			0.9	0.7		
9	8,100	0.25		3.7	0.23	3.4			0.9	0.7		
10	11,800	0.25		2.6	0.33	3.4			0.9	0.8		
11												
12	20,000	0.50		3.0	0.57	3.4			1.0			
13	8,600	0.25		3.5	0.24	3.3			1.0	0.7	3	Bacti C
14	14,400	0.25		2.1	0.41	3.4			1.0	0.7		
15	12,000	0.25		2.5	0.34	3.4			1.0	0.7		
16	10,700	0.25		2.8	0.30	3.4			1.0	0.6		
17	11,500	0.25		2.6	0.33	3.4			1.0	0.8		
18	9,000	0.25		3.3	0.26	3.5			1.0			
19												
20	26,000	0.50		2.3	0.74	3.4			0.9	0.7		L&C POE
21	12,000	0.25		2.5	0.34	3.4			1.0	0.8		
22	12,600	0.25		2.4	0.36	3.4			0.9	0.7		
23	8,600	0.25		3.5	0.24	3.3			0.9	0.7		
24	18,500	0.25		1.6	0.52	3.4			0.8	0.6		Flush B.O. at plant
25	20,300	0.50		3.0	0.57	3.4			0.9			
26												
27	46,400	1.00		2.6	1.31	3.4			0.9	0.7		
28	16,900	0.25		1.8	0.48	3.4			0.8	0.6		
29	10,200	0.25		2.9	0.29	3.4			0.8	0.6		
30	17,000	0.25		1.8	0.48	3.4			0.8	0.6		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month July 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 35 No of People at End of Month 122.5

Design Flow 425 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/B. Heath C-5825/D. Moro C-6497/W. Fontaine C-6813

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 in Gallons	Chlorine			Aqua-Mag				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	360,200	8.00		71.9	10.25	88.8			23.1	14.0	3	
Average:	11,619	0.26		2.3					0.9	0.7		
Maximum:	15,900	0.50		3.7	0.80	4.0			1.0	0.8		
Minimum:	8,100	0.25		1.9	0.25	3.4			0.7	0.5		
1	8,900	0.25		3.4	0.25	3.4			0.9	0.8		
2	15,900	0.25		1.9	0.45	3.4			0.8			
3												
4	28,100	0.50		2.1	0.80	3.4			0.8			
5	11,900	0.25		2.5	0.34	3.4			0.8	0.6		
6	16,200	0.50		3.7	0.46	3.4			1.0	0.8		
7	8,100	0.25		3.7	0.23	3.4			0.9	0.7		
8	16,800	0.50		3.6	0.48	3.4			0.8	0.6		
9												
10	21,000	0.50		2.9	0.59	3.4			1.0			
11	12,400	0.25		2.4	0.35	3.4			1.0	0.8		
12	13,200	0.25		2.3	0.37	3.4			0.9	0.7	3	Compliance
13	10,000	0.25		3.0	0.28	3.4			0.9	0.7		
14	11,800	0.25		2.5	0.33	3.4			0.9	0.7		Flushing
15	11,600	0.25		2.6	0.33	3.4			0.8	0.6		
16	9,800	0.25		3.1	0.33	4.0			0.9			
17												
18	25,500	0.50		2.4	0.72	3.4			0.9	0.7		
19	15,300	0.25		2.0	0.43	3.4			0.7	0.5		
20	8,500	0.25		3.5	0.24	3.4			0.8	0.6		
21	13,500	0.25		2.2	0.38	3.4			0.9	0.7		
22	11,600	0.25		2.6	0.33	3.4			1.0	0.8		
23	9,400	0.25		3.2	0.27	3.4			1.0			
24												
25	27,500	0.50		2.2	0.79	3.4			0.9	0.7		
26	9,500	0.25		3.2	0.27	3.4			1.0	0.8		
27	9,300	0.25		3.2	0.26	3.4			0.9	0.7		
28	11,900	0.25		2.5	0.34	3.4			0.9	0.8		Routine A/M check
29	10,000	0.25		3.0	0.28	3.4			0.9	0.7		
30	12,500	0.25		2.4	0.35	3.4			0.8			
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 36 No of People at End of Month 126.0

Design Flow 425 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/B. Heath C-5825/W. Fontaine C-6813

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 in Gallons	Chlorine			Aqua-Mag				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	385,000	8.00		67.7	10.90	91.6			23.9	16.0	3	
Average	12,419	0.26		2.2					0.9	0.7		
Maximum	19,300	0.50		3.5	0.91	3.4			1.0	0.8		
Minimum	5,800	0.25		1.8	0.16	3.4			0.7	0.5		
1	19,100	0.50		3.1	0.54	3.4			0.8	0.6		
2	13,100	0.25		2.3	0.37	3.4			0.9	0.8		
3	11,100	0.25		2.7	0.31	3.3			0.7	0.5		
4	16,500	0.25		1.8	0.47	3.4			0.8	0.6		Flushing
5	19,300	0.50		3.1	0.55	3.4			0.7	0.5		
6	8,600	0.25		3.5	0.24	3.3			0.7			
7												
8	32,200	0.50		1.9	0.91	3.4			0.9	0.7		Flush pres tnk
9	13,900	0.25		2.2	0.39	3.4			1.0	0.8		
10	9,500	0.25		3.2	0.27	3.4			1.0	0.8		
11	16,900	0.25		1.8	0.48	3.4			1.0	0.8	3	Compliance
12	11,300	0.25		2.7	0.32	3.4			1.0	0.8		
13	10,200	0.25		2.9	0.29	3.4			0.9			
14												
15	26,900	0.50		2.2	0.76	3.4			0.9	0.7		
16	8,600	0.25		3.5	0.24	3.3			0.9	0.7		
17	11,000	0.25		2.7	0.31	3.4			0.9	0.8		
18	9,300	0.25		3.2	0.26	3.4			0.8	0.6		
19	10,900	0.25		2.8	0.31	3.4			0.9	0.7		Aqua-mag check
20	5,800				0.16	3.3			0.8			
21												
22	25,300	0.50		1.9	0.72	3.4			0.9	0.7		
23	11,200	0.25		2.7	0.32	3.4			1.0	0.8		
24	14,300	0.25		2.1	0.40	3.4			0.9	0.7		
25	11,200	0.25		2.7	0.32	3.4			0.8	0.6		
26	12,300	0.25		2.4	0.35	3.4			0.9	0.6		
27												
28	20,100	0.50		3.0	0.57	3.4			1.0			
29	12,200	0.25		2.5	0.35	3.4			1.0	0.8		
30	11,300	0.25		2.7	0.32	3.4			0.9	0.7		Flush B.O
31	12,900	0.25		2.3	0.37	3.4			0.9	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 36 No of People at End of Month 126.0

Design Flow 425 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/Will Fontaine C-6813/Dennis Moro C-6497

I certify this report is correct Brian Hutt C-5825

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

Days of Month	Total Water Treated in in Gallons	Chlorine			Aqua-Mag				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	343,300	7.75		71.0	9.71	88.1			4.7	16.3	3	
Average:	11,443	0.26		2.4					0.9	0.7		
Maximum:	17,500	0.50		3.3	0.50	3.4			1.1	0.8		
Minimum:	9,000	0.25		1.2	0.25	1.7			0.8	0.6		
1	11,600	0.25		2.6	0.33	3.4				0.6		
2	15,000	0.25		2.0	0.42	3.4				0.6		
3	10,700	0.25		2.8	0.30	3.4						
4												
5	18,300	0.50		3.3	0.52	3.4				0.7		
6	13,700	0.25		2.2	0.39	3.4				0.7		
7	17,500	0.50		3.4	0.50	3.4				0.8		
8	13,300	0.25		2.3	0.38	3.4				0.7	3	Compliance
9	9,700	0.25		3.1	0.27	3.3				0.7		
10	11,800	0.25		2.5	0.33	3.4						
11												
12	24,700	0.50		2.4	0.70	3.4				0.8		
13	10,300	0.25		2.9	0.29	3.4				0.8		
14	11,000	0.25		2.7	0.31	3.4				0.7		
15	9,600	0.25		3.1	0.27	3.4				0.7		
16	11,800	0.25		2.5	0.33	3.4				0.8		
17	11,600	0.25		2.6	0.33	3.4						
18												
19	22,500	0.50		2.7	0.64	3.4				0.8		
20	9,600	0.25		3.1	0.27	3.4				0.7		
21	10,700	0.25		2.8	0.30	3.4				0.7		
22	9,400	0.25		3.2	0.27	3.4				0.6		
23	9,000	0.25		3.3	0.25	3.3				0.6		
24	13,000	0.25		2.3	0.37	3.4				0.7		
25												
26	22,300	0.50		2.7	0.63	3.4			1.0	0.8		
27	10,900	0.25		2.8	0.31	3.4			1.1	0.8		
28	12,600	0.25		2.4	0.36	3.4			0.9	0.7		Air Comp to auto
29	11,600	0.25		2.6	0.33	3.4			0.8	0.6		Lines flushed
30	11,100	0.25		2.7	0.31	3.3			0.9	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month October 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 36 No of People at End of Month 126.0
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance Shreffler C-6587/D. Moro C-6497/W. Fontaine C-6813
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 Gallons	Chlorine			Aqua-Mag Orthophosphate(P)				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	338,000	7.75		74.1	1.46	29.0			21.9	14.1	3	
Average:	10,903	0.25		2.4					0.9	0.7		
Maximum:	13,600	0.25		3.8	0.33	15.0			1.0	0.8		
Minimum:	7,900	0.25		1.1	0.22	14.0			0.7	0.5		
1	7,900	0.25		3.8	0.22							
2												
3	22,700	0.50		2.6	0.64				1.0	0.7		
4	11,500	0.25		2.6	0.33	15.0				0.8		
5	9,500	0.25		3.2	0.27				0.9	0.7		
6	13,600	0.25		2.2					1.0	0.7	3	Compliance
7	8,400	0.25		3.6					0.9	0.6		
8	12,200	0.25		2.5					0.9			
9									0.8			
10	24,000	0.50		2.5					0.8	0.6		
11	9,200	0.25		3.3						0.6		
12	10,600	0.25		2.8					0.8	0.6		
13	8,900	0.25		3.4					0.9	0.7		
14	9,400	0.25		3.2					0.8	0.8		
15									0.9			
16	19,400	0.50		3.1					0.9			
17	10,500	0.25		2.9						0.6		
18	9,800	0.25		3.1					0.8	0.6		
19	10,400	0.25		2.9					0.8	0.5		
20	11,600	0.25		2.6					0.8	0.6		
21	10,000	0.25		3.0		14.0			0.7	0.7		
22	12,000	0.25		2.5					0.8			
23									0.9			
24	27,100	0.50		2.2					0.9	0.8		
25	13,500	0.25		2.2						0.7		Line Flushing
26	12,000	0.25		2.5					1.0	0.8		
27	10,500	0.25		2.9					0.9	0.7		
28	12,200	0.25		2.5					0.9	0.7		
29	8,200	0.25		3.7					0.9			
30									0.9			
31	22,900	0.50		2.6					1.0	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 month of record.

DER Form 17.555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 36 No of People at End of Month 126.0

Design Flow 425 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/W. Fontaine C-6813/D. Moro C-6497

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 in Gallons	Chlorine - lbs used	Chlorine - gals used	Chlorine - mg/l	Aqua-Mag Orthophosphate (P) - lbs used	Aqua-Mag Orthophosphate (P) - mg/l			Residual Chlorine (mg/l) - Plant Effluent	Residual Chlorine (mg/l) - Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	359,500	8.00		67.8		47.0			21.6	13.6	3	
Average:	11,983	0.27		2.3		15.7			0.9	0.6		
Maximum:	17,400	0.50		4.1		16.0			1.0	0.8		
Minimum:	7,400	0.25		2.1		15.0			0.8	0.5		
1	10,600	0.25		2.8					0.9	0.7		
2	9,700	0.25		3.1					0.8	0.6		
3	13,000	0.25		2.3		15.0			0.9	0.7		
4	11,900	0.25		2.5					0.8	0.5		
5	10,600	0.25		2.8					0.9			
6												
7	22,000	0.50		2.7					0.8	0.6		
8	10,700	0.25		2.8					0.8	0.6		
9	17,400	0.50		3.4					0.9	0.7		
10	13,100	0.25		2.3					0.8	0.6	3	Compliance
11	20,800	0.50		2.9					0.9	0.7		
12	14,200	0.25		2.1					0.9			
13												
14	20,400	0.50		2.9					0.9	0.7		
15	10,800	0.25		2.8					0.9	0.7		
16	10,600	0.25		2.8					0.9	0.6		
17	10,500	0.25		2.9		16.0			0.8	0.6		
18	13,600	0.25		2.2					0.8	0.6		
19	7,400	0.25		4.1					0.8			
20												
21	29,500	0.50		2.0					0.9	0.7		VOC
22	11,600	0.25		2.6					0.8	0.5		
23	14,700	0.25		2.0					0.8	0.6		
24												
25	19,200	0.50		3.1					0.9	0.7		
26	10,400	0.25		2.9					0.9			
27												
28	23,600	0.50		2.5		16.0			0.9	0.7		
29	11,900	0.25		2.5					0.9	0.7		
30	11,300	0.25		2.7					1.0	0.8		Flush lines
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month December 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 36 No of People at End of Month 126.0
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance Shreffler C-6587/W. Fontaine C-6813
I certify this report is correct W W Fontaine (Lead Operator's Signature) C (Cert. Level) 6813 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine			Aqua-Mag Orthophosphate (P)				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			Plant Effluent	Remote Tap		
Monthly Total	385,600	8.25		77.1		60.0			31.3	14.6	3	
Average:	11,794	0.27		2.5		15.0			1.2	0.7		
Maximum:	17,000	0.50		5.7		16.0			9.0	0.8		
Minimum:	5,300	0.25		2.2		14.0			0.8	0.6		
1	12,500	0.25		2.4					1.0	0.7		
2	13,000	0.25		2.3					0.9	0.7		
3	9,400	0.25		3.2					0.9			
4												
5	24,200	0.50		2.5					0.8	0.6		
6	11,600	0.25		2.6					0.8	0.6		
7	10,600	0.25		2.8		14.0			0.8	0.6	3	Compliance
8	12,800	0.25		2.3					0.8	0.6		
9	10,700	0.25		2.8					0.9	0.7		
10	8,800	0.25		3.4					0.8			
11												
12	25,600	0.50		2.3					0.9	0.7		
13	7,400	0.25		4.1					0.9	0.7		
14	17,000	0.50		3.5					0.8	0.6		Flushing
15	13,400	0.25		2.2		15.0			0.8	0.6		
16	10,900	0.25		2.8					0.9	0.7		Flushing
17	10,300	0.25		2.9					0.9			
18												
19	26,200	0.50		2.3					0.9	0.7		
20	16,200	0.50		3.7					0.9	0.7		
21	11,600	0.25		2.6		16.0			0.9	0.8		
22	13,400	0.25		2.2					0.9	0.7		
23	9,500	0.25		3.2					0.8	0.6		
24	11,500	0.25		2.6					0.8			
25												
26	26,400	0.50		2.3					0.8	0.6		
27	8,900	0.25		3.4					0.8	0.6		
28	11,100	0.25		2.7		15.0			0.9	0.7		
29	13,600	0.25		2.2					9.0	0.7		
30	13,700	0.25		2.2					0.9	0.7		
31	5,300	0.25		5.7					0.8			

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location: City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 34 No of People at End of Month 119
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Lance D. Shreffler C-6587)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	278.6	7.75		85.5					29.0	22.6	3	
Average	9.0	0.25		3.4					1.2	0.9		
Maximum:	12.7	0.25		4.8					1.8	1.5		
Minimum:	7.6	0.25		2.4					0.9	0.7		
1												
2	18.6	0.50		3.2					1.0	0.8		
3												
4	19.7	0.50		3.0					1.2	0.8		
5	10.9	0.25		2.8					1.2	0.9		
6	7.7	0.25		3.9					1.2	0.8		
7	7.9	0.25		3.8					1.0	0.7		
8	7.5	0.25		4.0					1.0	0.8		
9												
10	16.7	0.50		3.6					1.0	0.8		
11	10.7	0.25		2.8					1.2	0.9	3	
12	7.9	0.25		3.8					1.2	0.9		
13	8.9	0.25		3.4					1.0	0.8		
14	11.0	0.25		2.7					1.2	1.2		
15	9.4	0.25		3.2					1.2	1.0		
16	6.3	0.25		4.8					1.2	1.0		
17												
18	18.5	0.50		3.2					1.2	0.9		
19	9.1	0.25		3.3					1.0	0.8		
20	7.4	0.25		4.0					1.2	0.8		
21	10.6	0.25		2.8					1.0	0.7		
22	9.5	0.25		3.2					0.9	0.7		
23	7.6	0.25		3.9					1.0	0.8		
24												
25	18.4	0.50		3.3					1.8	1.5		
26	7.7	0.25		3.9					1.2	1.0		
27	7.6	0.25		3.9					1.5	1.0		
28	12.7	0.25		2.4					1.2	1.2		
29	10.3	0.25		2.9					1.2	1.0		
30												
31	16.0	0.50		3.7					1.2	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 34 No of People at End of Month 119
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / Brian E. Heath C-5825
I certify this report is correct (Original signed by Brian E. Heath C05825)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	244.1	6.75		80.2					27.9	22.5	3	
Average:	9.0	0.25		3.3					1.2	0.9		
Maximum:	12.4	0.25		4.3					1.5	1.2		
Minimum:	6.9	0.25		2.4					1.0	0.8		
1	8.2	0.25		3.7					1.2	0.9		
2	10.4	0.25		2.9					1.0	0.8		
3	10.8	0.25		2.8					1.0	0.8		
4	9.3	0.25		3.2					1.5	1.2		
5	8.7	0.25		3.4					1.2	1.0		
6	7.6	0.25		3.9					1.2	1.0		
7												
8	17.2	0.50		3.5					1.2	1.0		
9	8.5	0.25		3.5					1.2	1.0	3	
10	8.3	0.25		3.6					1.0	0.8		
11	12.4	0.25		2.4					1.2	1.2		
12	8.2	0.25		3.7					1.2	1.0		
13												
14	15.4	0.50		3.9					1.2	0.9		
15	10.3	0.25		2.9					1.2	1.0		
16	11.9	0.25		2.5					1.2	0.9		
17	8.8	0.25		3.4					1.2	1.0		
18	8.9	0.25		3.4					1.0	0.8		
19	8.3	0.25		3.6					1.2	0.9		
20												
21	16.7	0.50		3.6					1.2	1.0		
22	11.4	0.25		2.6					1.0	0.8		
23	6.9	0.25		4.3					1.0	0.8		
24	9.4	0.25		3.2					1.2	0.9		
25	9.3	0.25		3.2					1.2	1.0		
26	9.1	0.25		3.3					1.2	0.9		
27	8.1	0.25		3.7					1.2	0.9		
28												
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 34 No of People at End of Month 119
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Brian E. Heath C-5825)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	356.4	8.50		79.1					31.6	24.3	3	
Average	11.1	0.27		2.6					1.2	0.9		
Maximum	13.5	0.50		4.1					1.2	1.0		
Minimum	7.4	0.25		2.2					1.0	0.8		
1	19.1	0.50		3.1					1.2	0.9		
2	12.6	0.25		2.4					1.2	1.0		
3	10.1	0.25		3.0					1.2	0.9		
4	9.4	0.25		3.2					1.2	0.8		
5	21.9	0.50		2.7					1.2	0.9		
6	21.1	0.50		2.8					1.2	0.9		
7												
8	27.0	0.50		2.2					1.0	0.8		
9	7.4	0.25		4.1					1.2	0.8		
10	11.9	0.25		2.5					1.2	0.9		
11	9.6	0.25		3.1					1.0	0.9	3	
12	9.5	0.25		3.2					1.2	1.0		
13	10.3	0.25		2.9					1.2	0.9		
14												
15	23.7	0.50		2.5					1.2	1.0		
16	10.1	0.25		3.0					1.2	0.9		
17	9.7	0.25		3.1					1.2	1.0		
18	9.4	0.25		3.2					1.2	0.9		
19	12.0	0.25		2.5					1.0	0.8		
20	10.3	0.25		2.9					1.2	0.9		
21												
22	18.1	0.50		3.3					1.0	0.8		
23	9.1	0.25		3.3					1.2	0.8		
24	11.6	0.25		2.6					1.2	0.9		
25	9.3	0.25		3.2					1.2	0.9		
26	9.6	0.25		3.1					1.2	1.0		
27	12.1	0.25		2.5					1.2	0.9		
28												
29	20.0	0.50		3.0					1.2	1.0		
30	12.8	0.25		2.3					1.2	0.9		
31	8.7	0.25		3.4					1.2	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 34 No of People at End of Month 119

Design Flow 425 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / Brian E. Heath C-5825

I certify this report is correct (Original signed by Brian E. Heath C-5825)

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

Days of Month	Total Water Treated in Gallons	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	327.1	7.75		77.3					29.3	22.1	3	
Average:	10.9	0.26		3.0					1.1	0.9		
Maximum:	18.2	0.50		4.3					1.5	1.0		
Minimum:	6.9	0.25		2.1					1.0	0.7		
1	7.8	0.25		3.8					1.0	0.8		
2	9.2	0.25		3.3					1.0	0.8		
3												
4	17.4	0.50		3.4					1.0	0.8		
5	10.8	0.25		2.8					1.2	0.9		
6	9.2	0.25		3.3					1.2	0.9		
7	9.1	0.25		3.3					1.2	1.0	3	
8	8.8	0.25		3.4					1.2	0.9		
9	8.0	0.25		3.7					1.5	0.8		
10	6.9	0.25		4.3					1.2	0.9		
11												
12	27.9	0.50		2.1					1.2	0.9		
13	8.8	0.25		3.4					1.2	1.0		
14	11.5	0.25		2.6					1.0	0.7		
15	12.0	0.25		2.5					1.2	0.9		flushing
16	10.2	0.25		2.9					1.2	1.0		
17	9.7	0.25		3.1					1.2	0.9		
18												
19	24.1	0.50		2.5					1.0	0.8		
20	13.9	0.25		2.2					1.0	0.8		
21	12.7	0.25		2.4					1.0	0.7		
22	8.1	0.25		3.7					1.0	0.7		
23	11.6	0.25		2.6					1.0	0.8		
24												
25	23.6	0.50		2.5					1.0	0.7		
26	14.0	0.25		2.1					1.2	0.9		
27	11.3	0.25		2.7					1.2	0.9		
28	10.3	0.25		2.9					1.0	0.8		
29	12.0	0.25		2.5					1.2	0.9		
30	18.2	0.50		3.3					1.2	0.9		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 35 No of People at End of Month 123

Design Flow 425 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. Shreffler C-6587 / Dennis W. Moro C-6497

I certify this report is correct (Original signed by Brian E. Heath C-5825)

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

Days of Month	Total Water Treated in in Gallons	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	510.2	11.50		71.4					30.5	22.8	3	
Average:	16.5	0.37		2.7					1.2	0.9		
Maximum:	28.4	0.50		3.7					1.5	1.2		
Minimum:	8.2	0.25		2.0					1.0	0.7		
1	17.2	0.50		3.5					1.0	0.7		
2												
3	27.1	0.75		3.3					1.2	0.9		
4	14.8	0.25		2.0					1.2	0.8		
5	16.0	0.50		3.7					1.2	0.9		
6	11.1	0.25		2.7					1.2	1.0		
7	18.6	0.50		3.2					1.5	1.0		
8	12.9	0.25		2.3					1.5	0.9		
9												
10	30.5	0.75		2.9					1.5	0.9	3	
11	15.1	0.25		2.0					1.2	1.2		
12	21.1	0.50		2.8					1.2	1.0		
13	28.4	0.50		2.1					1.2	0.9		
14	21.4	0.50		2.8					1.2	1.0		
15	8.5	0.25		3.5					1.2	0.9		
16												
17	44.6	0.75		2.0					1.0	0.7		
18	27.6	0.50		2.2					1.0	0.7		
19	17.9	0.50		3.3					1.2	0.8		
20	13.8	0.25		2.2					1.2	0.9		
21	14.7	0.25		2.0					1.2	0.9		
22	15.0	0.25		2.0					1.2	0.9		
23												
24	32.6	0.75		2.8					1.2	0.9		
25	15.0	0.25		2.0					1.2	0.9		
26	19.0	0.50		3.2					1.0	0.8		
27	16.9	0.50		3.5					1.0	0.8		
28	22.4	0.50		2.7					1.0	0.8		
29	8.2	0.25		3.7					1.0	0.8		
30												
31	19.8	0.50		3.0					1.0	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 35 No of People at End of Month 123
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Brian E. Heath C-5825) (Cert. Level) (Cert. No)
(Lead Operator's Signature)

Days of Month	Total Water Treated in in Gallons	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	468.8	10.5		70.6					27.4	20.7	3	
Average	15.6	0.35		2.7					1.1	0.8		
Maximum	20.8	0.50		3.5					1.2	1.0		
Minimum	8.9	0.25		2.0					0.8	0.5		
1	11.0	0.25		2.7					1.0	0.8		
2	12.4	0.25		2.4					1.0	0.8		
3	13.3	0.25		2.3					1.0	0.8		
4	13.0	0.25		2.3					1.0	0.7		
5	12.5	0.25		2.4					1.2	0.8		
6												
7	37.8	0.75		2.4					1.2	0.9		
8	17.7	0.50		3.4					1.2	1.0		
9	17.4	0.50		3.4					1.0	0.6		
10	12.3	0.25		2.4					0.8	0.5		
11	15.1	0.25		2.0					1.2	0.9	3	
12	10.7	0.25		2.8					1.2	0.9		
13												
14	24.5	0.50		2.4					1.2	0.9		
15	13.2	0.25		2.3					1.2	1.0		
16	13.9	0.25		2.2					1.0	0.8		
17	11.0	0.25		2.7					1.0	0.8		
18	14.9	0.25		2.0					1.0	0.8		
19	8.9	0.25		3.4					1.0	0.8		
20												
21	41.4	0.75		2.2					1.0	0.7		
22	17.0	0.50		3.5					1.0	0.8		
23	20.3	0.50		3.0					1.0	0.8		
24	17.1	0.50		3.5					1.0	0.8		
25	19.3	0.50		3.1					1.0	0.7		
26												
27	35.7	0.75		2.5					1.2	0.8		
28	20.8	0.50		2.9					1.0	0.7		
29	17.6	0.50		3.4					1.0	0.7		
30	20.0	0.50		3.0					1.0	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 35 No of People at End of Month 122.5
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Brian E. Heath C-5825)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	393.8	9.50		81.4					27.8	20.8	3	
Average:	12.7	0.31		2.6					1.0	0.8		
Maximum:	24.9	0.50		3.9					1.2	0.9		
Minimum:	7.8	0.25		2.0					1.0	0.7		
1	19.3	0.50		3.1					1.0	0.8		
2	16.4	0.50		3.7					1.0	0.8		
3	15.4	0.50		3.9					1.0	0.8		
4												
5	49.7	1.00		2.4					1.0	0.8		
6	19.6	0.50		3.1					1.0	0.7		
7	9.8	0.25		3.1					1.0	0.7		Line Flushing
8	10.4	0.25		2.9					1.2	0.8		
9	9.7	0.25		3.1					1.0	0.8	3	
10	8.2	0.25		3.7					1.0	0.8		
11												
12	20.0	0.50		3.0					1.0	0.8		
13	8.4	0.25		3.6					1.0	0.8		
14	9.2	0.25		3.3					1.2	0.9		
15	10.2	0.25		2.9					1.2	0.8		
16	9.7	0.25		3.1					1.0	0.7		
17												
18	21.2	0.50		2.8					1.2	0.8		
19	12.7	0.25		2.4					1.0	0.8		
20	14.8	0.25		2.0					1.0	0.7		
21	8.8	0.25		3.4					1.0	0.8		
22	21.5	0.50		2.8					1.0	0.7		
23	11.3	0.25		2.7					1.0	0.7		
24	14.6	0.25		2.1					1.0	0.8		
25												
26	25.5	0.50		2.4					1.0	0.7		
27	7.8	0.25		3.8					1.0	0.7		
28	9.6	0.25		3.1					1.0	0.8		
29	9.6	0.25		3.1					1.0	0.7		
30	12.6	0.25		2.4					1.0	0.8		
31	7.8	0.25		3.8					1.0	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 34 No of People at End of Month 119
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Brian E. Heath C-5825)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	422.6	9.5		72.3					27.0	20.0	3	
Average:	13.6	0.31		2.8					1.0	0.8		
Maximum:	26.7	0.50		3.8					1.2	1.2		
Minimum:	8.4	0.25		2.0					1.0	0.7		
1												
2	23.4	0.50		2.6					1.2	0.9		
3	11.1	0.25		2.7					1.2	1.2		
4	18.8	0.50		3.2					1.2	1.0	3	
5	15.3	0.25		2.0					1.2	1.0		
6	26.7	0.50		2.2					1.0	0.8		
7												
8	37.1	0.75		2.4					1.2	0.8		
9	28.9	0.50		2.1					1.0	0.7		
10	12.4	0.25		2.4					1.0	0.7		
11	15.0	0.25		2.0					1.0	0.7		
12	16.7	0.50		3.6					1.0	0.7		
13	16.8	0.50		3.6					1.0	0.8		
14	8.4	0.25		3.6					1.0	0.7		
15												
16	30.5	0.75		2.9					1.0	0.7		
17	13.4	0.25		2.2					1.0	0.7		
18	12.0	0.25		2.5					1.0	0.7		
19	11.0	0.25		2.7					1.0	0.7		
20	10.5	0.25		2.9					1.0	0.8		
21	9.4	0.25		3.2					1.0	0.8		
22												
23	26.0	0.50		2.3					1.0	0.7		
24	11.3	0.25		2.7					1.0	0.7		
25	7.9	0.25		3.8					1.0	0.7		
26	10.3	0.25		2.9					1.0	0.7		
27	10.2	0.25		2.9					1.0	0.7		
28												
29	17.1	0.50		3.5					1.0	0.7		
30	11.7	0.25		2.6					1.0	0.7		
31	10.7	0.25		2.8					1.0	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or SID Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 34 No of People at End of Month 119.0

Design Flow 425 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. Shreffler C-6587 - Dennis W. Moro C-6497

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

Days of Month	Total Water Treated in Gallons	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	299,600	7.50		80.2					26.9	19.4	3	
Average	9,987	0.25		2.7					1.0	0.7		
Maximum	12,100	0.25		4.1					1.5	1.0		
Minimum	7,300	0.25		2.5					0.9	0.6		
1	9,200	0.25		3.3					1.0	0.8		
2	10,500	0.25		2.9					1.0	0.7		
3	10,000	0.25		3.0					1.0	0.7		
4	7,600	0.25		3.9					1.0	0.8		
5												
6	23,000	0.50		2.6					1.0	0.7		
7	10,900	0.25		2.8					1.0	0.7		
8	8,500	0.25		3.5					1.0	0.7		
9	10,900	0.25		2.8					1.0	0.7		
10	8,900	0.25		3.4					1.0	0.7		
11	7,900	0.25		3.8					1.0	0.8		
12												
13	21,000	0.50		2.9					1.0	0.7		
14	10,200	0.25		2.9					0.9	0.6	3	Compliance samples
15	8,800	0.25		3.4					1.0	0.7		
16	10,000	0.25		3.0					1.0	0.7		
17	9,500	0.25		3.2					0.9	0.6		
18												
19	16,600	0.50		3.6					1.0	0.7		
20	12,000	0.25		2.5					1.0	0.7		
21	12,100	0.25		2.5					1.0	0.7		
22	10,300	0.25		2.9					0.9	0.6		
23	8,200	0.25		3.7					0.9	0.6		
24	11,000	0.25		2.7					1.2	0.9		
25	7,300	0.25		4.1					1.0	0.8		
26												
27	22,700	0.50		2.6					1.5	1.0		Flushed lines
28	11,100	0.25		2.7					1.2	0.9		
29	9,700	0.25		3.1					1.2	1.0		Flushed lines
30	11,700	0.25		2.6					1.2	0.9		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

2069; 4'S

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 34 No of People at End of Month 119.0

Design Flow 425 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / Brian E. Heath C-5825

I certify this report is correct Donald B. Cook B. 2463

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

Days of Month	Total Water Treated in in Gallons	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	290,400	7.25		81.8					29.3	22.0	3	
Average	9,368	0.23		2.6					1.1	0.9		
Maximum	14,200	0.25		5.0					1.5	1.0		
Minumum	6,000	0.25		1.9					1.0	0.7		
1	9,800	0.25		3.1					1.0	0.8		Line flushing
2	12,200	0.25		2.5					1.0	0.8		
3												
4	28,300	0.50		2.1					1.2	0.9		
5	12,600	0.25		2.3					1.2	0.9		
6	8,600	0.25		3.5					1.0	0.8		
7	8,100	0.25		3.7					1.2	0.9		
8	10,600	0.25		2.8					1.2	1.0		
9												
10	15,700	0.25		1.9					1.0	0.7		
11	11,100	0.25		2.7					1.2	0.9		
12	9,000	0.25		3.3					1.0	0.8	3	Compliance samples
13	9,200	0.25		3.3					1.2	0.9		
14	9,700	0.25		3.1					1.2	1.0		
15	9,300	0.25		3.2					1.2	1.0		FDEP inspection
16	7,900	0.25		3.8					1.2	0.9		
17												
18	19,400	0.50		3.1					1.0	0.9		
19	8,200	0.25		3.7					1.2	0.9		
20	8,400	0.25		3.6					1.5	1.0		
21	9,500	0.25		3.2					1.2	0.9		
22	9,800	0.25		3.1					1.2	1.0		
23												
24	18,400	0.50		3.3					1.0			
25	12,300	0.25		2.4					1.0	0.8		VOC/NO2/NO3 sample
26	8,700	0.25		3.4					1.0	0.8		
27	9,800	0.25		3.1					1.0	0.8		
28	9,200	0.25		3.3					1.2	0.9		
29	8,400	0.25		3.6					1.2	0.9		
30	6,000	0.25		5.0					1.0	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 34 No of People at End of Month 119.0
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Brian E. Heath C-5825 / Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / William Fontaine C-6813
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 Gallons	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	343,300	8.50		75.6					29.7	20.9	3	
Average:	11,443	0.28		2.5					1.2	1.0		
Maximum:	19,400	0.50		4.5					1.2	1.0		
Minimum:	6,600	0.25		2.2					1.0	0.8		
1	21,200	0.50		2.8					1.2	0.9		
2	11,700	0.25		2.6					1.2	0.9		
3	8,100	0.25		3.7					1.1	0.9		
4	11,400	0.25		2.6					1.2	1.0		
5	7,900	0.25		3.8					1.2	1.0		
6	6,600	0.25		4.5					1.2	1.0		
7												
8	21,000	0.50		2.9					1.2	1.0		
9	9,700	0.25		3.1					1.2	1.0		Flushed lines
10	19,400	0.50		3.1					1.2	1.0	3	Compliance samples
11	15,900	0.50		3.8					1.2	0.9		
12	10,100	0.25		3.0					1.2	1.0		
13	10,200	0.25		2.9					1.2			
14												
15	21,600	0.50		2.8					1.2	0.9		
16	11,500	0.25		2.6					1.2	1.0		
17	9,300	0.25		3.2					1.2	0.9		
18	10,100	0.25		3.0					1.2	1.0		
19	13,800	0.25		2.2					1.2	1.0		
20												
21	17,700	0.50		3.4					1.2			
22	12,500	0.25		2.4					1.2	0.9		
23	13,400	0.25		2.2					1.0	0.8		
24	9,800	0.25		3.1					1.2	0.9		
25												
26	19,100	0.50		3.1					1.2	1.0		
27	11,800	0.25		2.5					1.2			
28												
29	23,400	0.50		2.6					1.2	0.9		
30	16,100	0.50		3.7					1.2	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350852 PWS Name Morningview Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 35 No of People at End of Month 122.5
Design Flow 425 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / William M. Fontaine C-6813 / Dennis W. Moro C-6497 / Brian E. Heath C-5825
I certify this report is correct Ronald B. Cauley (Lead Operator's Signature) B (Cert. Level) 2403 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	350,800	8.00		76.5					31.9	19.5	3	
Average	11,316	0.26		2.5					1.2	0.9		
Maximum	19,300	0.50		3.8					1.5	1.2		
Minimum	7,900	0.25		2.2					0.8	0.6		
1	8,600	0.25		3.5					1.2	1.0		
2	10,500	0.25		2.9					1.2	1.0		
3	10,300	0.25		2.9					1.5	1.2		
4	9,300	0.25		3.2					1.2	1.0		
5												
6	23,800	0.50		2.5					0.8	0.6		Change CL2 cylinder
7	11,300	0.25		2.7					1.2	0.9		flushed lines 6th
8	8,700	0.25		3.4					1.2	1.0	3	Compliance samples
9	11,400	0.25		2.6					1.2	0.9		
10	11,600	0.25		2.6					1.2	0.9		
11	7,900	0.25		3.8					1.2			
12												
13	26,000	0.50		2.3					1.4	1.0		
14	10,900	0.25		2.8					1.2	0.8		
15	11,800	0.25		2.5					1.2	0.8		
16	13,200	0.25		2.3					1.2	0.8		
17	11,200	0.25		2.7					1.2	1.0		
18	11,000	0.25		2.7					1.2			
19												
20	26,700	0.50		2.2					1.2	0.9		
21	9,000	0.25		3.3					1.2	1.0		
22	11,300	0.25		2.7					1.2	1.2		
23	8,700	0.25		3.4					1.2	1.0		weather proof &
24	10,800	0.25		2.8					1.2			drain site glass
25												
26	22,500	0.50		2.7					1.2			
27	13,900	0.25		2.2					1.2	0.9		
28	10,200	0.25		2.9					1.0	0.8		New CL2 scale
29	9,200	0.25		3.3					1.0	0.8		
30	11,700	0.25		2.6					1.0			
31	19,300	0.50		3.1					1.2			

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

DER Form 17-555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month January 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

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

Days of Month	Total Water Treated in In Gallons	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	1,033,000		10	3.10					23.9	11.8	5	
Average	33,323		5	0.10					1.08635	0.53636		
Maximum:	103,000		<1						1.3	0.6		
Minimum:	24,000								0.8	0.5		
1												
2												
3	99,000		5						0.8	0.5		
4	40,000								1.0	0.5	5	A
5	27,000								1.0	0.5		
6	30,000								1.0	0.5		
7	31,000								1.0	0.5		
8												
9												
10	87,000								1.0	0.5		
11	39,000								1.0	0.5		
12	27,000								1.0	0.5		
13	24,000								1.0	0.5		
14	31,000								1.0	0.5		
15	103,000								1.0	0.5		
16												
17	66,000								1.0	0.5		
18	32,000								1.0	0.5		
19	24,000		5						0.8	0.5		
20	25,000								1.2	0.6		
21	30,000								1.3	0.6		
22												
23												
24	99,000								1.3	0.6		
25	38,000								1.3	0.6		
26	31,000								1.3	0.6		
27	31,000								1.3	0.6		
28	31,000								1.3	0.6		
29												
30												
31	88,000								1.3	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 month of record

DER Form 17-555[illegible]

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month February 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

I certify this report is correct John E. MacKenzie B 5380

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

Days of Month	Total Water Treated in Gallons	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	1,015,000		10	3.67	0	0	0	0	22.8	10.4	5	
Average	36,250		3	0.13					1.14	0.52		
Maximum:	44,000		5.0						1.3	0.6		
Minimum:	24,000		2.5						0.8	0.4		
1	34,000		0	0					1.3	0.6	0	
2	24,000		0	0					1.3	0.6	5	A
3	30,000		0						1.2	0.6	0	
4	30,000		0						1.2	0.6	0	
5	0		0						0.0	0.0	0	
6	0		0						0.0	0.0	0	
7	108,000		0						1.0	0.5	0	
8	38,000		0						1.0	0.5	0	
9	33,000		5						0.8	0.4	0	
10	34,000		0						1.3	0.5	0	
11	39,000		0						1.3	0.5	0	
12	0		0						0.0	0.0	0	
13	0		0						0.0	0.0	0	
14	110,000		0						1.3	0.5	0	
15	41,000		0						1.3	0.5	0	
16	40,000		0						1.3	0.5	0	
17	30,000		0						1.3	0.5	0	
18	38,000		0						1.2	0.5	0	
19	0		0						0.0	0.0	0	
20	0		0						0.0	0.0	0	
21	118,000		0						1.0	0.5	0	
22	44,000		0						1.0	0.5	0	
23	34,000		2.5						0.8	0.5	0	
24	39,000		0						1.0	0.5	0	
25	31,000		2.5						1.0	0.5	0	
26	0		0						0.0	0.0	0	
27	0		0						0.0	0.0	0	
28	120,000		0						1.2	0.6	0	
29	0		0						0.0	0.0	0	
30	0		0						0.0	0.0	0	
31	0		0	0					0.0	0.0	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

DER Form 17-555610(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City
Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month March 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490
Design Flow .500 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
John MacKenzie 5380
I certify this report is correct John E MacKenzie (Lead Operator's Signature) B (Cert. Level) 5380 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,629,000		10	1.46					30.2	12.4	5	
Average	52,548		5	0.05					1.31304	0.53913		
Maximum	68,000								1.5	0.6		
Minimum	31,000								1.0	0.4		
1	45,000								1.2	0.6		
2	33,000								1.2	0.6	5	A
3	31,000								1.3	0.6		
4	32,000								1.3	0.6		
5												
6												
7	122,000								1.3	0.6		
8	51,000		5						1.3	0.6		
9	49,000								1.5	0.6		
10	37,000								1.5	0.6		
11	41,000								1.5	0.6		
12												
13												
14	181,000								1.5	0.6		
15	53,000								1.3	0.5		
16	64,000								1.3	0.5		
17	54,000								1.2	0.5		
18	52,000								1.2	0.5		
19												
20												
21	214,000		5						1.0	0.4		
22	62,000								1.5	0.5		
23	53,000								1.5	0.5		
24	57,000								1.5	0.5		
25	61,000								1.5	0.5		
26												
27												
28	176,000								1.3	0.5		
29	68,000								1.3	0.5		
30	41,000								1.0	0.5		
31	52,000								1.0	0.5		

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

DER Form 17-555(10)
Effective 11/1/1995

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month April 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

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

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,987,000		20	2.55					26.1	10.3	5	
Average	66,233		5	0.09					1.24286	0.49048		
Maximum	113,000								1.5	0.6		
Minimum	28,000								1.0	0.4		
1	63,000		5						1.0	0.5		
2												
3												
4	234,000								1.3	0.5		
5	74,000								1.0	0.5	5	A
6	91,000								1.0	0.5		
7	70,000		5						1.0	0.5		
8	37,000								1.5	0.6		
9												
10												
11	235,000								1.3	0.5		
12	76,000								1.3	0.5		
13	77,000								1.2	0.5		
14	47,000								1.2	0.5		
15	56,000								1.0	0.4		
16												
17												
18	265,000		5						1.0	0.4		
19	83,000								1.4	0.5		
20	113,000								1.3	0.5		
21	67,000								1.3	0.5		
22	28,000								1.3	0.5		
23												
24												
25	112,000		5						1.0	0.4		
26	53,000								1.5	0.5		
27	65,000								1.5	0.5		
28	64,000								1.5	0.5		
29	57,000								1.5	0.5		
30												
31												

This form must be completed in full and sent to the appropriate DEH or County Health Department office within 15 days after the month of record

DER Form 17-555910:2

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month May 1994

Plant Effluent pH (Avg) 7.48 No of Services at End of Month 140 No of People at End of Month 490

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

I certify this report is correct John C MacKenzie B 5380

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

Days of Month	Total Water Treated in In Gallons	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	2,424,000		15	2.00					27.8	10.7	5	
Average:	78,194		4	0.05					1.26364	0.48636		
Maximum:	140,000								1.5	0.5	0.4	
Minimum:	18,000								1.0			
1												
2	239,000								1.4	0.5		
3	82,000								1.4	0.5	5	A
4	45,000								1.4	0.5		
5	35,000		2.5						1.3	0.5		
6	52,000								1.5	0.5		
7												
8												
9	252,000								1.5	0.5		
10	74,000		5						1.3	0.5		
11	122,000								1.3	0.5		
12	18,000								1.3	0.5		
13	58,000								1.4	0.5		
14												
15												
16	216,000								1.5	0.5		
17	82,000								1.3	0.5		
18	83,000								1.0	0.5		
19	70,000								1.0	0.4		
20	45,000								1.0	0.4		
21												
22												
23	298,000		5						1.0	0.4		
24	84,000								1.3	0.5		
25	140,000								1.3	0.5		
26	94,000								1.2	0.5		
27	57,000								1.2	0.5		
28												
29												
30	226,000		2.5						1.0	0.5		
31	54,000								1.2	0.5		

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

DER Form 17-555(10)2

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month June 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

I certify this report is correct John E MacKenzie B 5380

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

Days of Month	Total Water Treated in Gallons	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	1,575,000		12.5	3.24					27.3	10.7	5	
Average	52,500		4	0.11					1.2	0.5		
Maximum:	76,000								1.5	0.6		
Minimum:	33,000								1.0	0.4		
1	54,000								1.3	0.6	5	A
2	71,000								1.3	0.8		
3	42,000		2.5	1					1.3	0.5		
4												
5												
6	137,000								1.3	0.5		
7	38,000								1.3	0.5		
8	36,000								1.3	0.5		
9	38,000								1.2	0.5		
10	37,000		5	2					1.3	0.5		
11												
12												
13	146,000								1.3	0.5		
14	75,000								1.3	0.5		
15	58,000								1.3	0.5		
16	40,000								1.3	0.5		
17	43,000								1.3	0.5		
18												
19												
20	137,000								1.2	0.5		
21	50,000								1.0	0.4		
22	66,000		5	1					1.0	0.4		
23	59,000								1.5	0.5		
24	46,000								1.2	0.4		
25												
26												
27	251,000								1.0	0.4		
28	76,000								1.0	0.4		
29	42,000								1.3	0.5		
30	33,000								1.3	0.5		
31												

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

DER Form 17-555(10)2

Effective 11/1/88

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month July 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

I certify this report is correct John E MacKenzie B 5380

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

Days of Month	Total Water Treated in in Gallons	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	1,299,000		15	3.36					29	10.2	5	
Average	41,903		5	0.11					1.4	0.5		
Maximum	70,000								1.5	0.5		
Minimum	27,000								0.8	0.4		
1	36,000								1.5	0.5		
2												
3												
4	166,000		5	0					1.0	0.4		
5	70,000								1.5	0.5	5	A
6	47,000								1.5	0.5		
7	27,000								1.5	0.5		
8	53,000								1.5	0.5		
9												
10												
11	130,000								1.5	0.5		
12	45,000		5						1.3	0.5		
13	35,000								1.5	0.5		
14	34,000								1.5	0.5		
15	37,000								1.5	0.5		
16												
17												
18	163,000								1.5	0.5		
19	48,000								1.3	0.5		
20	37,000								1.3	0.5		
21	36,000		5						1.3	0.5		
22	37,000								1.5	0.5		
23												
24												
25	125,000								1.5	0.5		
26	48,000								1.5	0.5		
27	33,000								1.5	0.5		
28	40,000								0.8	0.4		
29	32,000								1.0	0.4		
30												
31												

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

DER Form 17-555910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month August 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380 / Robert Bogosta A-4312

I certify the report is correct (Lead Operator's Signature) B (Cert. Level) 5380 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,158,000		14						23.1	8.8	5	
Average	37,355		2						1.0	0.4		
Maximum	43,000		5						1.3	0.5		
Minimum	29,000		1						0.6	0.3		
1	116,000								1.3	0.4	5	A
2	36,000		5						1.3	0.4		
3	43,000								1.2	0.4		
4	43,000								1.2	0.4		
5	35,000								1.2	0.4		
6												
7												
8	97,000								1.2	0.4		
9	38,000								1.0	0.4		
10	32,000								1.0	0.4		
11	29,000								1.0	0.4		
12	36,000		1						1.0	0.4		
13												
14												
15	99,000								1.2	0.5		
16	36,000								1.0	0.4		
17	29,000								1.0	0.4		
18	31,000		1						1.0	0.4		
19	31,000								1.2	0.4		
20												
21												
22	121,000		5						1.0	0.4		
23	32,000								1.0	0.4		
24	31,000								1.0	0.4		
25	33,000								0.7	0.3		
26	33,000		1						0.7	0.3		
27												
28												
29	112,000		1						0.6	0.3		
30	31,000								0.7	0.3		
31	36,000								0.6	0.3		

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

DER Form 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month September 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380 / Robert Bogosta A-4312

I certify this report is correct John E MacKenzie B 5380

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

Days of Month	Total Water Treated in Gallons	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	1,096,000		16	4.2					20	9.4	5	
Average	36,533		4	0.1					0.9	0.4		
Maximum	72,000		5						1.3	0.5		
Minimum	26,000		1						0.5	0.3		
1	34,000		1	0.4					0.6	0.5	5	A
2	39,000								1.0	0.5		
3												
4												
5	108,000		5	0.6					1.3	0.5		
6	72,000								1.0	0.4		
7	39,000								1.3	0.5		
8	36,000								1.3	0.5		
9	33,000								1.0	0.4		
10												
11												
12	99,000								0.5	0.3		
13	42,000		5	1.4					1.0	0.4		
14	37,000								1.0	0.4		
15	30,000								0.6	0.4		
16	26,000								0.8	0.4		
17												
18												
19	95,000								0.8	0.4		
20	32,000								0.8	0.4		
21	33,000								0.8	0.4		
22	34,000								0.8	0.4		
23	48,000								0.8	0.4		
24												
25												
26	136,000								0.8	0.4		
27	27,000								0.6	0.3		
28	33,000		5	1.8					1.0	0.5		
29	28,000								1.0	0.5		
30	35,000								1.0	0.5		
31												

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

DER Form 17-555(10)(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month October 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380 / Robert Bogosta A-4312

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

Days of Month	Total Water Treated in Gallons	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	1,369,000		13	3.7					16.69	8.6	5	
Average:	44,161		3	0.1					0.8	0.4		
Maximum:	69,000		5						1.0	0.5		
Minimum:	21,000		1						0.6	0.4		
1												
2												
3	116,000								0.8	0.4	5	A
4	21,000								0.8	0.4		
5	43,000								0.8	0.4		
6	39,000								0.8	0.4		
7	30,000								0.8	0.4		
8												
9												
10	132,000		2						0.8	0.4		
11	28,000								0.8	0.4		
12	31,000								0.8	0.4		
13	32,000		5						0.8	0.4		
14	34,000								0.8	0.4		
15												
16												
17	127,000								0.8	0.4		
18	45,000		2						0.8	0.4		
19	42,000								0.8	0.4		
20	56,000								0.6	0.4		
21	35,000		3						0.6	0.4		
22												
23												
24	207,000								0.7	0.4		
25	55,000								1.0	0.5		
26	63,000								1.0	0.5		
27	47,000								0.8	0.4		
28	37,000								0.8	0.4		
29												
30												
31	149,000		1						0.8	0.4		

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

DER Form 17-555-910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month November 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380\Robert Bogosta A-4312\Robert Zimmer C-8002

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

Days of Month	Total Water Treated in in Gallons	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	1,115,000		15	3.3					19	9.7	5	
Average	37,167		1	0.1					0.9	0.4		
Maximum	49,000		2	0.5					1.2	0.6		
Minimum	25,000		1	0					0.8	0.4		
1	42,000								0.8	0.4		
2	27,000								0.8	0.4	5	A
3	49,000		1	0.2					0.8	0.4		
4	28,000								0.8	0.4		
5												
6												
7	130,000		2	0.2					0.8	0.4		
8	44,000								0.8	0.4		
9	36,000		1	0.3					0.8	0.4		
10	47,000								1.0	0.5		
11	33,000		1	0.4					1.2	0.6		
12												
13												
14	105,000		2	0.2					1.0	0.4		
15	29,000								1.0	0.4		
16	35,000		1	0.3					1.0	0.4		
17	29,000								0.8	0.4		
18	23,000		1	0.5					1.0	0.4		
19												
20												
21	119,000		2	0.2					0.8	0.4		
22	34,000								0.8	0.4		
23	36,000		1	0.3					0.8	0.5		
24	41,000								0.8	0.5		
25	35,000		1	0.3					0.8	0.5		
26												
27												
28	137,000		2	0.2					0.8	0.5		
29	25,000								0.8	0.5		
30	31,000								0.8	0.5		
31												

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

DER Form 17-555910(2)

Effective 11/1/1983

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month December 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380/Robert Bogosta A-4312/Robert Zimmer C-8002

I certify this report is correct John E MacKenzie B 5380

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

Days of Month	Total Water Treated in in Gallons	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	1,022,000		12	3.7					36.6	10.8	5	
Average	32,968		1	0.1					1.8	0.5		
Maximum:	44,000		0.8	0.2					8.0	0.5		
Minimum:	23,000		0.4	0.1					0.6	0.4		
1	37,000		0.5	0.2					0.8	0.5		
2	23,000		0.5	0.3					0.6	0.5		
3												
4												
5	121,000		0.8	0.1					0.7	0.5	5	A
6	24,000		0.5	0.2					0.7	0.5		
7	37,000		0.5	0.2					0.7	0.5		
8	25,000		0.5	0.2					0.7	0.5		
9	31,000		0.5	0.2					0.7	0.5		
10												
11												
12	117,000		0.8	0.1					0.7	0.5		
13	41,000		0.5	0.1					0.7	0.5		
14	34,000		0.5	0.2					0.7	0.5		
15	31,000		0.5	0.2					0.7	0.5		
16	34,000		0.5	0.2					0.7	0.5		
17												
18												
19	93,000		0.8	0.1					0.6	0.4		
20	44,000		0.4	0.1					0.6	0.4		
21	24,000		0.5	0.2					1.0	0.5		
22	31,000		0.5	0.2					1.0	0.5		
23	37,000		0.5	0.2					1.0	0.5		
24												
25												
26	101,000		0.8	0.1					1.0	0.5		
27	29,000		0.5	0.2					1.0	0.5		
28	41,000		0.5	0.1					8.0	0.5		
29	42,000		0.4	0.1					8.0	0.5		
30	25,000		0.5	0.2					8.0	0.5		
31												

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month January 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 123 No of People at End of Month 278

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Mackenzie B-5380

I certify this report is correct Original Signed by John E. Mac Kenzie B 5380

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

Days of Month	Total Water Treated in in Gallons	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	1,003,000		20	0.3					31.5	12.5		
Average:	35,000											
Maximum:	47,000											
Minimum:	21,000											
1	32,000		5						1.5	0.5		
2												
3												
4	112,000								1.5	0.5	5	
5	28,000								1.5	0.5		
6	24,000								1.5	0.5		
7	28,000		5						1.5	0.5		
8	24,000								1.5	0.5		
9												
10												
11	88,000								1.5	0.5		
12	28,000								1.5	0.5		
13	28,000		5						1.5	0.5		
14	28,000								1.5	0.5		
15	20,000								1.5	0.5		
16												
17												
18	84,000								1.5	0.5		
19	21,000								1.5	0.5		
20	42,000								1.5	0.5		
21	38,000								1.5	0.5		
22	50,000								1.5	0.5		
23												
24												
25	160,000		2.5						1.5	0.5		
26	39,000								1.5	0.5		
27	42,000								1.5	0.5		
28	40,000								1.5	0.5		
29	47,000		2.5						1.5	0.5		
30												
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-468-3452 Reporting Month February 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 123 No of People at End of Month 278

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Original Signed by John E. MacKenzie B 5380

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

Days of Month	Total Water Treated in Gallons	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	1,311,000		15	0.1					30	10		
Average:	50,000								1.5	0.5		
Maximum:	64,000								1.5	0.5		
Minimum:	34,000								1.5	0.5		
1	119,000								1.5	0.5	5	
2	41,000								1.5	0.5		
3	40,000								1.5	0.5		
4	39,000								1.5	0.5		
5	64,000		5						1.5	0.5		
6												
7												
8	178,000								1.5	0.5		
9	43,000								1.5	0.5		
10	34,000								1.5	0.5		
11	44,000								1.5	0.5		
12	39,000								1.5	0.5		
13												
14												
15	140,000		5						1.5	0.5		
16	56,000								1.5	0.5		
17	42,000								1.5	0.5		
18	38,000								1.5	0.5		
19	51,000								1.5	0.5		
20												
21												
22	153,000								1.5	0.5		
23	42,000								1.5	0.5		
24	43,000								1.5	0.5		
25	39,000		5						1.5	0.5		
26	63,000								1.5	0.5		
27												
28												
29												
30												
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month March 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 123 No of People at End of Month 276

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5360

I certify this report is correct Original Signed by John E. MacKenzie B 5360

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

Days of Month	Total Water Treated in in Gallons	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	1,515,000		15	0.1					32.9	11.2	5	
Average:	49,000								1.4	0.5		
Maximum:	57,000								1.5	0.5		
Minimum:	25,000								1.3	0.4		
1	137,000		5						1.5	0.5	5	
2	50,000								1.5	0.5		
3	30,000								1.5	0.5		
4	59,000								1.5	0.5		
5	40,000								1.5	0.5		
6												
7												
8	152,000								1.5	0.5		
9	53,000								1.5	0.5		
10	51,000								1.0	0.4		
11	57,000		5						1.0	0.4		
12	44,000								1.5	0.5		
13												
14												
15	153,000								1.5	0.5		
16	54,000								1.5	0.5		
17	44,000								1.5	0.5		
18	46,000								1.4	0.5		
19	32,000								1.4	0.5		
20												
21												
22	140,000								1.4	0.5		
23	36,000								1.4	0.5		
24	50,000		5						1.3	0.4		
25	38,000								1.5	0.5		
26	32,000								1.5	0.5		
27												
28												
29	151,000								1.5	0.5		
30	41,000								1.5	0.5		
31	25,000								1.5	0.5		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month April 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 123 No of People at End of Month 278

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5360

I certify this report is correct Original Signed by John E. MacKenzie (Lead Operator's Signature) B (Cert. Level) 5360 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,489,000		16	0.1					29.6	9.9	5	
Average:	50,000								1.3	0.5		
Maximum:	81,000								1.5	0.5		
Minimum:	17,000								1.0	0.4		
1	30,000		5						1.5	0.5		
2	26,000								1.5	0.5		
3												
4												
5	79,000								1.5	0.5	5	
6	17,000								1.5	0.5		
7	27,000								1.5	0.5		
8	34,000								1.5	0.5		
9	21,000								1.5	0.5		
10												
11												
12	123,000		5						1.0	0.4		
13	72,000								1.5	0.5		
14	62,000								1.5	0.5		
15	56,000								1.4	0.4		
16	55,000								1.4	0.5		
17												
18												
19	170,000								1.4	0.5		
20	63,000								1.0	0.4		6" meter went out
21	72,000		1						1.0	0.4		in process of repair
22	69,000								1.2	0.4		
23	87,000								1.3	0.4		
24												
25												
26	235,000		5						1.3	0.4		
27	52,000								1.2	0.4		
28	48,000								1.3	0.4		
29	44,000								1.3	0.4		
30	46,000								1.3	0.4		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month May 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 123 No of People at End of Month 276

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5360

I certify this report is correct Original Signed by John E. MacKenzie B 5360

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

Days of Month	Total Water Treated in In Gallons	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	2,237,000		20	0.1					28.4	10.4	5	
Average:	72,000								1.4	0.5		
Maximum:	97,000								1.5	0.5		
Minimum:	52,000								1.0	0.4		
1												
2												
3	190,000								1.3	0.5	5	A
4	52,000								1.3	0.5		
5	61,000								1.3	0.5		
6	59,000								1.3	0.5		
7	71,000		5						1.3	0.5		
8												
9												
10	182,000								1.3	0.5		
11	76,000								1.3	0.5		
12	91,000								1.3	0.5		
13	97,000		5						1.3	0.5		
14	76,000								1.5	0.5		
15												
16												
17	210,000								1.5	0.5		
18	75,000								1.5	0.5		
19	78,000								1.3	0.5		
20	82,000		5						1.5	0.5		
21	86,000								1.5	0.5		
22												
23												
24	240,000								1.5	0.5		
25	73,000		5						1.5	0.5		
26	67,000								1.0	0.4		
27	89,000								1.3	0.5		
28	82,000								1.3	0.5		
29												
30												
31	180,000								1.3	0.5		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month June 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 123 No of People at End of Month 278

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5380

I certify this report is correct Original Signed by John E. MacKenzie B 5380

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

Days of Month	Total Water Treated in in Gallons	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	1,833,000		16	0.1					28.6	9.8	5	
Average:	61,000								1.3	0.4		
Maximum:	237,000								1.3	0.6		
Minimum:	27,000								1.2	0.4		
1	59,000								1.3	0.6	5	
2	55,000								1.3	0.6		
3	54,000								1.3	0.6		
4	82,000								1.3	0.5		
5												
6												
7	234,000		5						1.3	0.5		
8	99,000								1.3	0.4		
9	73,000								1.3	0.4		
10	106,000								1.3	0.4		
11	82,000								1.2	0.4		
12												
13												
14	186,000								1.2	0.4		
15	38,000								1.2	0.4		
16	42,000								1.2	0.4		
17	54,000								1.2	0.4		
18	56,000		5						1.2	0.4		
19												
20												
21	237,000								1.2	0.4		
22	72,000		1						1.2	0.4		
23	52,000								1.2	0.4		
24	48,000		1						1.2	0.4		
25	36,000								1.3	0.5		
26												
27												
28	106,000		2						1.3	0.5		
29	33,000								1.2	0.4		
30	27,000		2						1.2	0.4		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month July 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 123 No of People at End of Month 430.5

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Original Signed by John E. MacKenzie B 5380

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

Days of Month	Total Water Treated in in Gallons	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	1,126,000		20	0.2					23.7	8.8		
Average:	38,000								1.0	0.4		
Maximum:	68,000								1.2	0.4		
Minimum:	27,000								0.9	0.4		
1	29,000								1.2	0.4		
2	27,000								1.0	0.4		
3												
4												
5	110,000								1.2	0.4	5	A
6	68,000		5						1.2	0.4		
7	34,000								1.0	0.4		
8	27,000								1.0	0.4		
9	32,000								1.0	0.4		
10												
11												
12	124,000								1.0	0.4		
13	36,000		5						1.0	0.4		
14	30,000								1.0	0.4		
15	31,000								1.0	0.4		
16	30,000								1.0	0.4		
17												
18												
19	140,000		2.5						0.9	0.4		
20	56,000								1.0	0.4		
21	35,000								1.0	0.4		
22	29,000								1.0	0.4		
23	29,000								1.0	0.4		
24												
25												
26	110,000		5						1.0	0.4		
27	42,000								1.0	0.4		
28	27,000		2.5						1.0	0.4		
29	37,000								1.0	0.4		
30	43,000								1.0	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month August 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 123 No of People at End of Month 276

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5360

I certify this report is correct Original Signed by John E. MacKenzie B 5360

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

Days of Month	Total Water Treated in in Gallons	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	1,727,000		18						22	9.3	5	
Average:	56,000								1.0	0.4		
Maximum:	79,000								1.0	0.5		
Minimum:	30,000								1.0	0.4		
1												
2	157,000								1.0	0.4	5	
3	74,000								1.0	0.4		
4	33,000		5						1.0	0.4		
5	55,000								1.0	0.4		
6	56,000								1.0	0.4		
7												
8												
9	233,000		3						1.0	0.4		
10	72,000								1.0	0.4		
11	79,000								1.0	0.4		
12	71,000								1.0	0.4		
13	59,000								1.0	0.4		
14												
15												
16	123,000								1.0	0.4		
17	42,000		5						1.0	0.4		
18	40,000								1.0	0.4		
19	40,000								1.0	0.4		
20	53,000								1.0	0.4		
21												
22												
23	201,000								1.0	0.4		
24	55,000		5						1.0	0.4		
25	49,000								1.0	0.5		
26	48,000								1.0	0.5		
27	45,000								1.0	0.5		
28												
29												
30	112,000								1.0	0.5		
31	30,000								1.0	0.5		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Pieral City

Owned By Southern States Utilities Phone No: 904-469-2452 Reporting Month September 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 123 No of People at End of Month 430.5

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5380

I certify this report is correct John E. MacKenzie B 5380

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

Days of Month	Total Water Treated in In Gallons	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	1,160,000		11	2.01							5	
Average:	38,667		3	0.07					1.0	0.5		
Maximum:	59,000								1.0	0.5		
Minimum:	25,000								1.0	0.5		
1	32,000	2		1					1.0	0.5	5	
2	31,000								1.0	0.5		
3	31,000								1.0	0.5		
4												
5												
6	135,000		5						1.0	0.5		
7	43,000	2		1					1.0	0.5		
8	30,000								1.0	0.5		
9	25,000								1.0	0.5		
10	33,000								1.0	0.5		
11												
12												
13	107,000		5						1.0	0.5		
14	39,000								1.0	0.5		
15	25,000								1.0	0.5		
16	28,000								1.0	0.5		
17	36,000								1.0	0.5		
18												
19			2.5									
20	125,000	5		0					1.0	0.5		
21	46,000								1.0	0.5		
22	35,000								1.0	0.5		
23	30,000								1.0	0.5		
24	36,000								1.0	0.5		
25												
26			5									
27	148,000								1.0	0.5		
28	50,000								1.0	0.5		
29	36,000		2.5						1.0	0.5		
30	59,000								1.0	0.5		
31												

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

DER Form 17-555910(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month October 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 123 No of People at End of Month 430.5

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5380

I certify this report is correct John E. MacKenzie B 5380

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

Days of Month	Total Water Treated in Gallons	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	1,345,000		15	2.55							5	
Average:	43,387		5	0.08					0.5	0.5		
Maximum:	77,000		5						1.2	0.5		
Minimum:	30,000		<1						1.0	0.5		
1	58,000		5	1.0					1.0	0.5		
2												
3												
4	195,000								1.0	0.5		
5	77,000								1.0	0.5	5	A
6	48,000								1.0	0.5		
7	30,000								1.0	0.5		
8	41,000								1.0	0.5		
9												
10												
11	118,000								1.0	0.5		
12	56,000		5	1.1					1.0	0.5		
13	36,000								1.0	0.5		
14	58,000								1.0	0.5		
15	37,000								1.0	0.5		
16												
17												
18	111,000								1.0	0.5		
19	43,000								1.2	0.5		
20	35,000								1.0	0.5		
21	41,000								1.0	0.5		
22	43,000								1.0	0.5		
23												
24												
25	136,000		5	0.4					1.0	0.5		
26	52,000								1.0	0.5		
27	39,000								1.0	0.5		
28	42,000								1.0	0.5		
29	49,000								1.0	0.5		
30												
31												

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

DER Form 17-555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month November 1993

Plant Effluent pH (Avg) 7.58 No of Services at End of Month 123 No of People at End of Month 430.5

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5380

I certify this report is correct John E MacKenzie B 5380

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

Days of Month	Total Water Treated in In Gallons	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 Tota'	1,350,000		10	3.20							5	
Average:	45,000		5	0.11					0.92727	0.5		
Maximum:	61,000								1.0	0.5		
Minimum:	30,000								0.8	0.5		
1	100,000								1.0	0.5	5	A
2	39,000								1.0	0.5		
3	30,000								1.0	0.5		
4	34,000								1.0	0.5		
5	36,000		5	1.7					1.0	0.5		
6												
7												
8	121,000								1.0	0.5		
9	54,000								1.0	0.5		
10	37,000								1.0	0.5		
11	59,000								1.0	0.5		
12	54,000								0.8	0.5		
13												
14												
15	133,000								0.8	0.5		
16	52,000								0.8	0.5		
17	44,000								0.8	0.5		
18	42,000								0.8	0.5		
19	61,000								0.8	0.5		
20												
21												
22	138,000								0.8	0.5		
23	39,000		5	1.5					0.8	0.5		
24	39,000								1.0	0.5		
25	31,000								1.0	0.5		
26	36,000								1.0	0.5		
27												
28												
29	131,000								1.0	0.5		
30	38,000								1.0	0.5		
3'												

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091274 PWS Name Oak Forrest Location:City or S/D Floral City
Owned By Southern States Utilities Phone No: 904-469-3452 Reporting Month December 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490
Design Flo .500 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
JOHN MAC KENZIE 6380
I certify this report is correct John C. MacKenzie 6380
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,269,000		15	2.76							5	
Average:	40,935			0.09					0.5	0.5		
Maximum:	71,000								1.0	0.5		
Minimum:	26,000								0.8	0.5		
1	38,000								1.0	0.5	5	A
2	34,000								1.0	0.5		
3	83,000		5						1.0	0.5		
4												
5												
6	140,000		2.5						1.0	0.5		
7	54,000								1.0	0.5		
8	30,000								1.0	0.5		
9	35,000								1.0	0.5		
10	71,000								0.8	0.5		
11												
12												
13	129,000		2.5						0.8	0.5		
14	56,000								0.8	0.5		
15	26,000								0.8	0.5		
16	44,000								0.8	0.5		
17	41,000								0.8	0.5		
18												
19			2.5									
20	115,000								0.8	0.5		
21	44,000		5						0.8	0.5		
22	28,000								0.8	0.5		
23	26,000								0.8	0.5		
24	34,000								1.0	0.5		
25												
26			5									
27	111,000								1.0	0.5		
28	51,000								1.0	0.5		
29	32,000		2.5						0.8	0.5		
30	27,000								0.8	0.5		
31	38,000								0.8	0.5		

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

DER Form 17.555910(2)
Effective 11/1/1988

Reference: Oakwood/ Brevard County
Monthly Operating Reports / Water

Please Note:

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

There are no monthly operating reports for this area.

THIS PAGE INTENTIONALLY LEFT BLANK

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 26 No of People at End of Month 91.0

Design Flow 800 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month:

William Fontaine C-6813/L. Shreffler C-6587/D. Moro C-6497/B. Heath C-5825

I certify this report is correct Donald B. Emeler (Lead Operator's Signature) B (Cert. Level) 2403 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	734.000	56.75		239.1					36.3	21.4	3	Line flushing
Average	23.677	1.83		7.7					1.4	1.0		24 hrs per day
Maximum	32.500	2.75		10.9					1.6	1.2		
Minimum	13.500	0.75		4.4					1.2	0.6		
1												
2	27.000	2.00		8.9					1.5			
3	25.000	2.00		9.6					1.4	1.0		
4	14.000	0.75		6.4					1.5	1.1		Drain site glass
5	26.000	2.00		9.2					1.4	1.0		
6	28.000	2.00		8.6					1.4	1.0		
7	23.000	1.50		7.8					1.4	1.0		Change CL2 cyl
8	20.000	1.50		9.0					1.5			
9												
10	54.000	4.25		9.4					1.4	1.1		reduced flushing
11	17.000	1.25		8.6					1.2	1.0		
12	26.000	2.00		9.2					1.3	1.0		
13	22.000	2.00		10.9					1.3	1.0	3	Compliance samples
14	26.000	2.00		9.2					1.3	1.0		Drain site glass
15												
16	35.000	3.00		10.3					1.2			
17	32.000	2.75		10.3					1.4	1.0		
18	19.000	1.50		9.5					1.4	1.0		
19	33.000	2.75		10.0					1.3	1.0		
20	27.000	2.00		8.9					1.3	1.0		
21	30.000	2.50		10.0					1.3	0.6		
22	20.000	1.50		9.0					1.4			
23												
24	65.000	4.75		8.6					1.6	1.1		
25	17.000	1.25		8.8					1.5	1.1		
26	32.000	2.75		10.3					1.5	1.0		
27	27.000	2.00		8.9					1.5	1.2		
28	26.000	2.00		9.2					1.4	1.0		
29												
30	40.000	3.00		9.0					1.5			
31	23.000	1.75		9.1					1.4	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.

DER Form 17-555910(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 26 No of People at End of Month 91.0
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Fontaine C-6813/Brian Heath C-5825/L. Schreffler C-6587/D.Moro C-6497
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 Gallons	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	811,000	54.25		193.5					33.2	19.1	3	
Average:	28,964	1.94		6.9					1.4	1.0		
Maximum:	55,000	6.00		10.6					1.5	1.2		
Minimum:	17,000	1.00		4.8					1.2	0.8		LINE FLUSH (L/F)
1	22,000	1.75		9.5					1.4	1.0		L/F
2	25,000	1.00		4.8					1.4	0.9		L/F
3	17,000	1.50		10.6					1.3	1.0		L/F
4	25,000	2.00		9.6					1.4	1.2		L/F
5	55,000	4.00		8.7					1.5			L/F
6												L/F
7	84,000	6.00		8.6					1.5	1.0		L/F
8	22,000	1.50		8.2					1.4	0.9		L/F/exer A/C
9	30,000	2.00		8.0					1.4	0.9	3	L/F/Compliance
10	46,000	3.00		7.8					1.5	1.1		L/F/Exer A/C
11	44,000	2.50		6.8					1.4	1.0		L/F
12												L/F
13	78,000	5.00		7.7					1.5			L/F
14	33,000	2.00		7.3					1.4	0.9		L/F
15	14,000	1.00		8.6					1.5	1.0		L/F/Fish dran HPT
16	36,000	2.50		8.3					1.4	0.9		L/F/Exer A/C
17	23,000	1.50		7.8					1.4	0.9		L/F
18	26,000	1.75		8.1					1.4	0.9		L/F/Grease well-
19	17,000	1.25		8.8					1.4			L/F- pump bearngs
20												L/F
21	37,000	2.75		8.9					1.4	1.0		L/F
22	23,000	1.50		7.8					1.4	1.0		L/F
23	30,000	2.00		8.0					1.3	1.0		L/F
24	26,000	1.75		8.1					1.3	0.9		L/F/fish HPT dran
25	27,000	1.75		7.8					1.2	0.8		L/F
26	19,000	1.00		6.3					1.2			L/F
27												L/F
28	52,000	3.25		7.5					1.2	0.8		L/F
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 29 No of People at End of Month 101.5

Design Flow 800 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Fontaine C-6813/B. Heath C-5825/D. Moro C-6497/L. Shreffler C-6587/

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 in Gallons	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	894,000	51.50		192.4					34.9	17.2	3	
Average:	28,839	1.66		6.2					1.3	0.7		
Maximum:	47,000	2.50		8.6					1.5	0.9		
Minimum:	18,000	1.00		2.8					1.0	0.5		
1	21,000	1.50		8.6					1.3	0.8		
2	21,000	1.50		8.6					1.2	0.8		
3	27,000	1.75		7.8					1.3	0.8		
4	27,000	1.75		7.8					1.3	0.8		Air HPT
5	21,000	1.50		8.6					1.4			
6												
7	66,000	3.00		5.5					1.2	0.6		Flush HPT drain
8	18,000	1.00		6.7					1.3	0.8		
9	36,000	2.00		6.7					1.3	0.8		
10	25,000	1.50		7.2					1.2	0.7	3	Compliance
11	28,000	1.75		7.5					1.3	0.8		
12												
13	49,000	2.75		6.7					1.2			
14	28,000	1.75		7.5					1.4	0.8		Air HPT
15	28,000	1.75		7.5					1.4	0.8		
16	31,000	1.75		6.8					1.3	0.6		New CL2 Cyl
17	29,000	1.75		7.2					1.2	0.6		Flush mains
18	39,000	2.50		7.7					1.4	0.9		Air HPT
19	25,000	1.75		8.4					1.5			
20												
21	61,000	3.00		5.9					1.3	0.8		
22	28,000	1.75		7.5					1.4	0.8		
23	34,000	2.00		7.1					1.4	0.8		
24	31,000	1.75		6.8					1.4	0.8		
25	37,000	2.00		6.5					1.3	0.7		
26	18,000	1.00		6.7					1.2			
27												
28	61,000	3.00		5.9					1.3	0.8		Repair CL2 inj
29	24,000	1.25		6.2					1.2	0.7		Flush HPT drain
30	34,000	2.00		7.1					1.0	0.5		
31	47,000	2.50		6.4					1.2	0.7		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 35 No of People at End of Month 122.5
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Fontaine C-6813/D. Moro C-6497/B. Heath C-5825/L. Shaffer C-6567
I certify this report is correct Donald B. Cordes (Lead Operator's Signature) B (Cert. Level) 6403 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,548,000	72.50		150.3					35.5	16.2	3	
Average	51,600	2.42		5.0					1.4	0.8		
Maximum:	146,000	6.00		6.9					1.5	0.9		
Minimum:	34,000	1.50		2.3					1.2	0.6		
1	41,000	2.50		7.3					1.2	0.7		
2	28,000	1.50		6.4					1.4			
3												
4	82,000	4.75		6.9					1.4	0.7		Flush water mains
5	45,000	2.50		6.7					1.4	0.8		
6	52,000	2.50		5.8					1.4	0.8		
7	47,000	2.50		6.4					1.3	0.8	3	Compliance/air HPT
8	34,000	2.00		7.1					1.4	0.7		
9	35,000	2.00		6.9					1.5			
10												
11	86,000	4.75		6.6					1.4	0.8		
12	51,000	2.50		5.9					1.4	0.8		Flush water mains
13	52,000	2.50		5.8					1.4	0.8		
14	48,000	2.50		6.2					1.2	0.7		Add air HPT
15	45,000	2.50		6.7					1.2	0.7		
16												
17	112,000	4.25		4.5					1.5			
18	61,000	2.00		3.9					1.4	0.9		Flush water mains
19	50,000	1.75		4.2					1.4	0.9		
20	63,000	1.50		2.9					1.3	0.8		Add air HPT
21	146,000	6.00		4.9					1.4	0.8		Flush water mains
22	127,000	5.00		4.7					1.4	0.8		Add air HPT
23	40,000	2.00		6.0					1.3			
24												
25	83,000	5.00		7.2					1.4	0.8		
26	45,000	2.00		5.3					1.4	0.6		Add air HPT
27	40,000	2.00		6.0					1.4	0.8		
28	44,000	2.00		5.5					1.3	0.8		
29	46,000	2.00		5.2					1.3	0.7		
30	45,000	2.00		5.3					1.4			
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location: City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 36 No of People at End of Month 126.0
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Fontaine C-6813/L. Shreffler C-6587/B. Heath C-5825
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 in Gallons	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	2,360,000	136.25		189.4					32.0	17.0	3	
Average	76,129	4.40		6.1					1.2	0.6		
Maximum	131,000	12.00		9.8					1.4	1.0		
Minimum	44,000	3.25		5.1					1.0	0.6		
1												
2	117,000	5.00		5.1					1.3	0.7		Air to HPT/flush
3	50,000	4.00		9.6					1.2	0.8		Flushing
4	49,000	4.00		9.8					1.2	0.6		Ran air/flushing
5	44,000	3.50		9.5					1.3	0.7		Air to HPT/flushing
6	60,000	4.50		9.0					1.2	0.7		Air to HPT/flush
7	47,000	3.50		8.9					1.2			Flushing
8												Flushing
9	130,000	8.50		6.0					1.2	0.6		Flushing
10	67,000	5.00		8.9					1.3	0.8		Flushing
11	65,000	5.00		9.2					1.2	0.7	3	Flushing
12	76,000	5.50		8.7					1.2	0.7		Flushing
13	131,000	6.50		5.9					1.2	0.7		Flushing
14	122,000	6.00		5.9					1.0			Flushing
15												Flushing
16	203,000	12.00		7.1					1.1	0.7		Flushing
17	86,000	5.00		7.0					1.2	0.7		Flushing
18	128,000	7.00		6.6					1.2	0.9		Flushing
19	95,000	5.50		6.9					1.4	1.0		Flushing
20	73,000	4.50		7.4					1.3	0.8		
21												
22	114,000	6.00		6.3					1.2			
23	63,000	4.00		7.6					1.2	0.8		Flushing
24	72,000	4.25		7.1					1.2	0.8		Flushing
25	75,000	4.25		6.8					1.2	0.9		Flushing
26	78,000	4.25		6.5					1.3	1.0		Flushing
27	128,000	6.00		5.6					1.3	1.0		Flushing
28	76,000	3.25		5.1					1.4			
29												
30	123,000	6.75		6.6					1.3	0.8		Flushing
31	88,000	4.50		6.1					1.2	0.8		Flushing

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 36 No of People at End of Month 126.0
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Fontaine C-8813/Dennis Moro C-8497
I certify this report is correct Bruce E. Heath C-5525
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	1,120,000	63.50		165.8					32.1	17.4	3	
Average:	37,333	2.12		5.5					1.3	0.6		
Maximum:	67,000	7.00		8.5					1.4	1.0		
Minimum:	17,000	1.00		5.8					1.2	0.6		
1	66,000	3.75		6.8					1.3	0.8		Line flushing
2	64,000	3.75		7.0					1.2	0.7		Line flushing
3	40,000	2.25		6.7					1.2	0.8		Line flushing
4	45,000	2.50		6.7					1.2			
5												
6	86,000	4.50		6.3					1.2	0.8		Line flushing
7	27,000	1.50		6.7					1.2	0.7		Line flushing
8	30,000	1.50		6.0					1.4	1.0		Line flushing
9	26,000	1.25		5.8					1.4	0.8		
10	30,000	1.50		6.0					1.4	0.9		Line flushing
11												
12												
13	118,000	7.00		7.1					1.4	0.9	3	Compliance
14	18,000	1.00		6.7					1.2	0.8		Line flushing
15	39,000	2.00		6.1					1.2	0.8		Line flushing
16	31,000	1.75		6.8					1.2	0.7		Line flushing
17	29,000	1.50		6.2					1.2	0.7		Line flushing
18	17,000	1.00		7.1					1.2			
19												
20	50,000	2.75		6.6					1.3	0.7		Line flushing
21	28,000	1.50		6.4					1.3	0.8		Line flushing
22	29,000	1.50		6.2					1.2	0.8		Line flushing
23	27,000	1.50		6.7					1.3	0.6		Line flushing
24	41,000	2.25		6.6					1.4	0.8		Ex air comp
25	24,000	1.25		6.2					1.4			
26												
27	99,000	7.00		8.5					1.4	0.8		Line flushing
28	38,000	2.25		7.1					1.3	0.9		Line flushing
29	51,000	2.75		6.5					1.3	0.8		Line flushing
30	67,000	4.00		7.2					1.3	0.8		Line flushing
31												

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont

Owned By Southern States Utilities Phone Number 407-880-0058 Reporting Month July 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 36 No of People at End of Month 126.0

Design Flow 800 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Fontaine C-6813/Dennis Moro C-6497/B. Heath C-5825/L. Shreffler C-6587

I certify this report is correct: [signature] C-5525

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

Days of Month	Total Water Treated in in Gallons	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	1,279,000	74.50		166.6					32.3	14.9	3	
Average:	41,258	2.40		5.4					1.3	0.8		
Maximum:	62,000	6.00		7.3					1.5	1.0		
Minimum:	28,000	1.50		6.4					1.0	0.7		
1	55,000	3.00		6.5					1.4	0.9		Line flushing
2	44,000	2.50		6.6					1.2			
3												
4	83,000	5.00		7.2					1.2			
5	36,000	2.00		6.7					1.3	1.0		Line flushing
6	37,000	2.00		6.5					1.2	0.8		Line flushing
7	40,000	2.25		6.7					1.3	0.8		Line flushing
8	44,000	2.50		6.8					1.2	0.8		Ex a/comp/l/flush
9												
10	68,000	4.00		7.1					1.5			
11	31,000	1.75		6.8					1.3	0.7		Line flushing
12	28,000	1.50		6.4					1.2	0.7	3	Compliance-l/flush
13	33,000	2.00		7.3					1.4	0.8		Line flushing
14	34,000	2.00		7.1					1.3	0.7		Line flushing
15	41,000	2.50		7.3					1.4	0.8		Line flushing
16	43,000	2.50		7.0					1.4			
17												
18	92,000	5.50		7.2					1.4	0.8		Line flushing
19	58,000	3.50		7.2					1.5	1.0		Line flushing
20	54,000	3.00		6.7					1.4	0.9		Line flushing
21	50,000	3.00		7.2					1.4	0.9		Line flushing
22	49,000	2.75		6.7					1.4	0.9		Line flushing
23	62,000	4.00		7.7					1.5			Line flushing
24												
25	100,000	6.00		7.2					1.2	0.8		Line flushing
26									1.0			
27	72,000	4.25		7.1					1.2	0.8		Line flushing
28												
29	83,000	4.50		6.5					1.0	0.8		Line flushing
30	42,000	2.50		7.1					1.0			
31												

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 37 No of People at End of Month 129.5

Design Flow 800 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Fontaine C-6813/L. Shreffler C-6587/B. Heath C-5825

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 in Gallons	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	1,405,000	77.00		177.8					37.5	21.4	7	
Average:	45,323	2.48		5.7					1.4	0.9		
Maximum:	67,000	3.50		7.1					1.8	1.5		
Minimum:	31,000	1.75		5.2					1.2	0.7		
1	82,000	4.75		6.9					1.2	0.7		
2	64,000	3.50		6.6					1.8	1.5	2	Outage samples
3	56,000	3.25		7.0					1.2	0.8	2	Outage samples
4	63,000	3.50		6.7					1.4	0.9		
5	67,000	3.50		6.3					1.4	0.8		
6	46,000	2.00		5.2					1.2			
7												
8	103,000	5.75		6.7					1.4	1.0		
9	45,000	2.50		6.7					1.4	0.9		
10	57,000	3.25		6.8					1.4	0.9		
11	52,000	3.00		6.9					1.3	0.9		
12	38,000	2.00		6.3					1.3	0.9	3	Compliance
13	37,000	2.00		6.5					1.3			
14												
15	90,000	5.00		6.7					1.5	1.0		Well mtr tested
16	35,000	2.00		6.9					1.4	0.9		
17	45,000	2.50		6.7					1.4	0.8		
18	42,000	2.25		6.4					1.4	0.9		
19	38,000	2.25		7.1					1.4	0.8		
20	31,000	1.75		6.8					1.5			
21												
22	81,000	4.25		6.3					1.4	0.9		
23	39,000	2.25		6.9					1.5	1.2		
24	33,000	1.75		6.4					1.5	1.0		
25	32,000	1.75		6.6					1.4	0.9		
26	34,000	2.00		7.1					1.4	0.9		
27												
28	71,000	3.25		5.5					1.2			
29	33,000	1.75		6.4					1.4	1.0		
30	35,000	2.00		6.9					1.5	1.0		
31	56,000	3.25		7.0					1.3	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 42 No of People at End of Month 147.0

Design Flow 800 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Fontaine C-6813/D, Moro C-6497/L, Shreffler C-6587

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 Gallons	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	1,616,000	81.50		156.6					37.6	18.9	3	
Average	53,867	2.72		5.2					1.4	0.9		
Maximum	96,000	4.25		6.3					1.6	1.1		
Minimum	33,500	1.75		3.1					1.3	0.7		
1	77,000	3.50		5.5					1.3	0.7		
2	66,000	3.25		5.9					1.3	0.8		Flush lines
3	82,000	4.25		6.2					1.4			
4												
5	167,000	9.00		6.5					1.5	0.8		
6	77,000	3.50		5.5					1.5	1.0		
7	49,000	2.50		6.1					1.5	0.8		
8	77,000	3.50		5.5					1.4	0.9	3	Compliance
9	40,000	2.00		6.0					1.4	0.8		
10	51,000	2.50		5.9					1.4			
11												
12	96,000	5.00		6.2					1.4	0.8		
13	38,000	2.00		6.3					1.5	0.8		
14	37,000	2.00		6.5					1.4	0.8		
15	54,000	2.75		6.1					1.4	0.9		
16	34,000	1.75		6.2					1.4	0.7		
17	45,000	2.50		6.7					1.5			
18												
19	103,000	5.50		6.4					1.5	0.9		
20	52,000	2.50		5.8					1.4	0.9		
21	53,000	2.50		5.7					1.4	0.8		
22	48,000	2.25		5.6					1.5	0.9		
23	49,000	2.50		6.1					1.6	1.1		
24	96,000	5.00		6.2					1.5			
25												
26	67,000	3.50		6.3					1.5	1.0		
27	37,000	1.75		5.7					1.5	1.0		
28	35,000	1.75		6.0					1.4	0.8		New Cl2 cylinder
29	34,000	1.75		6.2					1.5	0.9		
30	52,000	2.50		5.8					1.5	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month October 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 43 No of People at End of Month 150.5

Design Flow 800 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Fontaine C-6813/D. Moro C-6497/L. Shreffler C-6587

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 in Gallons	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	2,184,000	112.75		159.7					37.4	17.6	3	
Average:	70,452	3.64		5.2					1.4	0.8		
Maximum:	94,000	5.00		6.4					1.5	1.0		
Minimum:	49,000	2.50		3.0					1.4	0.7		
1	72,000	3.75		6.2					1.5			
2												
3	113,000	6.00		6.4					1.4	0.8		
4	53,000	2.50		5.7					1.4	0.8		
5	51,000	2.50		5.9					1.5	0.8		
6	84,000	4.50		6.4					1.4	0.7		Flush lines
7	80,000	4.25		6.4					1.4	0.9		Ex air comp
8	94,000	5.00		6.4					1.5			
9												
10	184,000	9.25		6.0					1.4	0.8		
11	67,000	3.00		5.4					1.4	0.7	3	Compliance
12	59,000	3.00		6.1					1.5	0.8		
13	54,000	2.75		6.1					1.5	0.8		
14	57,000	3.00		6.3					1.4	0.8		
15												
16	155,000	8.25		6.4					1.5			
17	49,000	2.50		6.1					1.5	0.9		
18	79,000	4.00		6.1					1.5	0.9		
19	61,000	3.00		5.9					1.4	0.8		
20	86,000	4.50		6.3					1.4	0.8		
21	68,000	3.25		5.7					1.4	0.8		
22	61,000	3.00		5.9					1.4			
23												
24	161,000	8.25		6.1					1.4	1.0		
25	78,000	4.00		6.1					1.5	1.0		
26	76,000	4.00		6.3					1.4	0.9		
27	71,000	3.75		6.3					1.4	0.9		
28	67,000	3.50		6.3					1.4	0.9		
29	64,000	3.25		6.1					1.5			
30												
31	140,000	8.00		6.9					1.4	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 44 No of People at End of Month 154.0

Design Flow 800 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Fontaine C-6813/D. Mero C-6497/L. Shreffler C-6587

I certify this report is correct W. W. Fontaine (Lead Operator's Signature) C (Cert. Level) 6813 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine - lbs used	Chlorine - gals used	Chlorine - mg/l					Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,952,000	103.50		158.5					35.7	17.6	3	
Average:	65,067	3.45		5.3					1.4	0.8		
Maximum:	98,000	5.00		6.6					1.5	1.0		
Minimum:	43,000	2.25		3.2					1.3	0.8		
1	67,000	3.50		6.3					1.4	0.9		Flushing
2	63,000	3.25		6.2					1.4	0.8		Ex a/c-flushing
3	98,000	5.00		6.1					1.4	0.8		Flushing
4	63,000	3.25		6.2					1.3	0.8		Flushing
5	87,000	4.50		6.2					1.4			
6												
7	145,000	8.00		6.6					1.4	0.8		Flushing
8	97,000	5.00		6.2					1.4	0.8		Flushing
9	73,000	3.75		6.2					1.4	0.8	3	Flushing/comp
10	98,000	5.00		6.1					1.5	0.8		Flushing
11	64,000	3.25		6.1					1.4	0.9		
12	72,000	3.75		6.2					1.4			
13												
14	136,000	8.00		7.1					1.5	0.9		Flushing
15	66,000	3.50		6.4					1.4	0.8		Flushing
16	46,000	2.50		6.5					1.4	0.8		Flushing
17	46,000	2.50		6.5					1.4	0.8		Flushing
18	52,000	2.75		6.3					1.4	0.8		Flushing
19	43,000	2.25		6.3					1.5			
20												
21	100,000	5.25		6.3					1.5	0.8		Flushing
22	43,000	2.25		6.3					1.4	0.8		Flushing
23	60,000	3.25		6.5					1.5	0.9		Flushing
24												
25	124,000	6.50		6.3					1.4	0.8		Flushing
26	59,000	3.25		6.6					1.5			
27												
28	124,000	6.50		6.3					1.5	0.9		Flushing
29	61,000	3.25		6.4					1.4	0.9		Flushing/new cl2
30	65,000	3.50		6.5					1.5	1.0		Flushing
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 45 No of People at End of Month 157.5
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Fontaine C-6813/L. Shreffler C-6567/D. Moro C-6497
I certify this report is correct William Fontaine (Lead Operator's Signature) C (Cert. Level) 6813 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,920,000	109.50		184.7					38.9	19.7	3	
Average:	61,935	3.53		6.0					1.4	0.9		
Maximum:	79,000	4.50		7.3					1.5	1.0		
Minimum:	44,000	2.50		5.8					1.2	0.8		
1	55,000	3.00		6.5					1.5	1.0		Line flushing
2	75,000	4.00		6.4					1.4	0.9		Line flushing
3	69,000	4.00		7.0					1.5			
4												
5	122,000	7.00		6.9					1.5	1.0		Line flushing
6	63,000	3.75		7.1					1.4	0.9		Line flushing
7	50,000	3.00		7.2					1.5	1.0		Line flushing
8	62,000	3.00		5.8					1.5	1.0		Line flushing
9	56,000	3.25		7.0					1.5	0.9		Line flushing
10	72,000	4.00		6.7					1.5			
11												
12	140,000	8.00		6.9					1.5	1.0		Line flushing
13	63,000	3.75		7.1					1.5	0.9		Line flushing
14	54,000	3.25		7.2					1.5	0.9	3	Compliance/flush
15	79,000	4.50		6.8					1.5	1.0		Line flushing
16	59,000	3.50		7.1					1.5	0.9		Line flushing
17	54,000	3.25		7.2					1.5			
18												
19	121,000	7.00		6.9					1.5	0.9		Fish/+ foam
20	72,000	4.00		6.7					1.4	0.8		Line flushing
21	58,000	3.25		6.7					1.4	0.8		Line flushing
22	45,000	2.50		6.7					1.4	0.8		Line flushing
23	44,000	2.50		6.8					1.4	0.8		Line flushing
24	63,000	3.75		7.1					1.5			
25												
26	120,000	7.00		7.0					1.4	0.8		Line flushing
27	52,000	3.00		6.9					1.5	0.9		Line flushing
28	57,000	3.25		6.8					1.4	0.9		Line flushing
29	75,000	4.00		6.4					1.2	0.8		Line flushing
30	78,000	4.25		6.5					1.3	0.8		Line flushing
31	62,000	3.75		7.3					1.2			

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 17 No of People at End of Month 59.5
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Brian E. Heath C-6497 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Dennis W. Moro C6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	857.0	41.75		143.3					30.0	20.3	3	
Average:	28.0	1.35		6.0					1.3	0.8		
Maximum:	38.0	2.0		9.6					1.5	1.0		
Minimum:	19.0	0.75		2.5					1.2	0.6		
1												
2	47.0	2.0		5.1					1.2	0.6		
3												
4	41.0	2.0		5.8					1.5	1.0		
5	21.0	1.0		5.7					1.5	1.0		
6	23.0	1.0		5.2					1.2	0.8		
7	33.0	2.0		7.2					1.2	0.7		
8	20.0	1.0		6.0					1.2	0.7		
9												
10	46.0	2.0		5.2					1.2	0.8		
11	25.0	1.25		6.0					1.2	0.9	3	
12	19.0	1.0		6.3					1.2	0.9		
13	28.0	1.25		5.4					1.2	0.9		
14												
15	62.0	3.0		5.8					1.2	0.9		
16												
17	57.0	2.75		5.9					1.2	0.8		
18	29.0	1.25		5.2					1.2	0.8		
19	28.0	1.25		5.4					1.2	0.8		
20	34.0	2.0		7.1					1.2	0.9		
21	32.0	2.0		7.5					1.2	0.9		
22	38.0	2.0		6.3					1.2	0.9		
23	33.0	2.0		7.3					1.2	0.9		
24												
25	65.0	4.0		7.4					1.2	0.9		
26	27.0	2.0		8.9					1.2	0.9		
27	32.0	1.0		3.7					1.2	0.8		
28	25.0	2.0		9.6					1.2	0.8		
29	32.0	0.75		2.8					1.5	0.9		
30												
31	60.0	1.25		2.5					1.5	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location: City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 17 No of People at End of Month 59.5
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Lance D. Shreffler C-6567 / Brian E. Heath C-5825
I certify this report is correct (Original signed by Dennis W. Moro C6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	796.0	25.25		96.0					29.8	19.7	3	
Average:	29.5	0.94		4.0					1.2	0.8		
Maximum:	34.0	1.75		8.1					1.5	1.0		
Minimum:	23.0	0.63		2.5					1.0	0.5		
1	32.0	0.75		2.8					1.5	0.8		
2	34.0	0.75		2.6					1.5	0.9		
3	34.0	0.75		2.6					1.5	0.9		
4	33.0	1.0		3.6					1.5	0.9		
5	32.0	0.75		2.8					1.5	0.9		
6	34.0	0.75		2.6					1.5	0.9		
7												
8	57.0	1.5		3.2					1.2	0.8		
9	24.0	0.75		3.7					1.0	0.8		
10	32.0	0.75		2.8					1.2	0.8	3	
11	27.0	0.75		3.3					1.2	0.9		
12	29.0	0.75		3.1					1.2	0.9		
13												
14	59.0	1.5		3.0					1.2	0.8		
15	31.0	1.0		3.9					1.0	0.7		
16	25.0	1.0		4.8					1.0	0.7		
17	31.0	1.5		5.8					1.0	0.7		
18	23.0	1.0		5.2					1.0	0.7		
19	33.0	1.0		3.6					1.0	0.7		
20												
21	61.0	1.25		2.5					1.0	0.5		
22	29.0	1.0		4.1					1.5	0.9		
23	25.0	1.0		4.8					1.2	0.8		
24	29.0	1.0		4.1					1.2	0.9		
25	26.0	1.75		8.1					1.5	1.0		
26	31.0	1.5		5.8					1.2	0.9		
27	25.0	1.5		7.2					1.2	0.9		
28												
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 17 No of People at End of Month 60.0
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Lance D. Shreffler C-6587 / Brian E. Heath C-5825
I certify this report is correct (Original signed by Dennis W. Moro C6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	917.0	48.0		170.7					31.7	23.9	3	
Average:	30.0	1.55		6.3					1.2	0.9		
Maximum:	60.0	5.0		10.0					1.5	1.0		
Minimum:	22.0	1.0		4.3					1.0	0.8		
1	60.0	5.0		10.0					1.2	0.9		
2	27.0	1.5		6.7					1.2	0.9		
3	29.0	1.5		6.2					1.2	0.9		
4	25.0	1.5		7.2					1.2	0.9		
5	32.0	1.5		5.6					1.2	0.9		
6	32.0	1.5		5.6					1.2	0.9		
7												
8	61.0	3.0		6.0					1.5	1.0		
9	25.0	1.5		7.2					1.5	1.0		
10	28.0	1.5		6.4					1.5	1.0		
11	29.0	1.5		6.2					1.2	1.0	3	
12	29.0	1.5		6.2					1.2	1.0		
13	33.0	2.0		7.3					1.2	0.9		
14												
15	55.0	3.0		6.5					1.2	0.9		
16	31.0	2.0		7.7					1.2	0.9		
17	32.0	1.5		5.6					1.2	0.9		
18	23.0	1.5		7.8					1.2	0.9		
19	36.0	1.5		5.0					1.2	0.9		
20	22.0	1.0		5.5					1.2	0.8		
21												
22	57.0	3.0		6.3					1.0	0.8		
23	25.0	1.5		7.2					1.0	0.8		
24	29.0	1.5		6.2					1.0	0.8		
25	22.0	1.0		5.5					1.0	0.8		
26	29.0	1.5		6.2					1.0	0.8		
27												
28	60.0	3.0		6.0					1.0	0.8		
29	33.0	1.5		5.5					1.0	0.8		
30	28.0	1.0		4.3					1.2	0.9		
31	25.0	1.0		4.8					1.0	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month April 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 16 No of People at End of Month 56.0
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Brian E. Heath C-5825 / Lance D. Shreffler C-6587
I certify this report is correct (Original signed by Dennis W. Moro C6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,033	31.75		101.5					31.0	22.7	3	
Average:	34.4	1.1		4.0					1.2	0.9		
Maximum:	60.0	2.0		5.5					1.2	1.0		
Minimum:	22.0	0.75		2.1					1.0	0.8		
1	22.0	1.0		5.5					1.0	0.8		*
2	26.0	1.0		4.6					1.2	0.9		*
3												*
4	59.0	2.0		4.1					1.2	1.0		*
5	28.0	1.0		4.3					1.2	0.9		*
6	25.0	1.0		4.8					1.2	0.9		*
7	32.0	1.25		4.7					1.2	0.9		*
8	26.0	1.0		4.6					1.2	0.9	3	*
9	28.0	1.0		4.3					1.2	0.9		*
10	22.0	1.0		5.5					1.2	0.8		*
11												*
12	59.0	2.0		4.1					1.2	0.9		*
13	31.0	1.0		3.9					1.2	0.9		*
14	29.0	1.0		4.1					1.2	0.9		*
15	28.0	1.0		4.3					1.2	0.9		*
16												*
17	49.0	2.0		4.9					1.2	0.9		*
18	27.0	1.0		4.4					1.2	0.9		*
19	32.0	1.0		3.7					1.2	0.9		*
20	42.0	1.0		2.9					1.2	0.9		Greased Motor
21	41.0	1.0		2.9					1.2	0.9		*
22	40.0	0.75		2.2					1.2	0.9		*
23	43.0	1.0		2.8					1.2	0.9		*
24												*
25	87.0	1.5		2.1					1.2	0.8		*
26	39.0	1.0		3.1					1.2	0.8		*
27	49.0	1.25		3.1					1.2	0.8		*
28	55.0	1.5		3.3					1.2	0.8		*
29	54.0	1.5		3.3					1.2	0.8		*
30	60.0	2.0		4.0					1.2	0.8		*
31												*

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.

DER Form 17.555910(2)
Effective 11/1/1988

* - Line Flushing

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 16 No of People at End of Month 56.0
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Brian E. Heath C5825 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Dennis W. Moro C6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1594.0	118.0		155.0					33.0	23.2	7	
Average:	51.4	3.8		5.7					1.2	0.9		
Maximum:	63.0	4.0		9.0					1.5	1.0		
Minimum:	20.0	1.0		4.1					1.2	0.8		
1	57.0	2.0		4.2					1.2	0.9		Flushed Lines
2												"
3	103.0	5.0		5.8					1.5	0.8		Flushed Lines
4	50.0	2.0		4.8					1.2	0.8		"
5	50.0	2.0		4.8					1.2	0.8		"
6	51.0	2.0		4.7					1.2	0.8		"
7	49.0	2.0		4.9					1.2	0.8		"
8	47.0	2.0		5.1					1.2	0.8		"
9	20.0	1.0		6.0					1.5	1.0		Flushed Lines
10	52.0	2.0		4.6					1.2	0.8	2	" "
11	46.0	2.0		5.2					1.2	0.8	5	" "
12	58.0	2.0		4.1					1.2	0.8		" "
13	44.0	2.0		5.5					1.2	0.8		" "
14	53.0	2.0		4.5					1.2	0.8		" "
15	48.0	2.0		5.0					1.2	0.9		" "
16												" "
17	104.0	5.0		5.8					1.2	0.9		" "
18	49.0	2.0		4.9					1.2	0.9		" "
19	49.0	2.0		4.9					1.2	0.9		" "
20	47.0	3.0		7.7					1.2	0.9		" "
21	56.0	3.0		6.4					1.2	0.9		" "
22	54.0	3.0		6.7					1.2	0.8		" "
23												" "
24	103.0	5.0		5.8					1.2	0.9		" "
25	61.0	3.0		5.9					1.2	0.9		" "
26	63.0	3.0		5.7					1.2	0.9		" "
27	59.0	3.0		6.1					1.2	0.9		" "
28	58.0	4.0		8.3					1.2	0.9		" "
29	56.0	4.0		8.6					1.2	0.9		" "
30												" "
31	107.0	8.0		9.0					1.2	0.9		" "

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 17 No of People at End of Month 59.0
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Dennis W. Moro C6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1729.0	105.0		185.7					31.5	22.9	3	
Average:	58.0	4.0		7.1					1.2	0.9		
Maximum:	66.0	5.0		10.6					1.5	1.0		
Minimum:	42.0	1.5		3.6					1.2	0.7		
1	59.0	3.0		6.1					1.5	1.0		Lines Flushing
2	58.0	3.0		6.2					1.2	0.9		" "
3	55.0	3.0		6.5					1.2	0.9		" "
4	58.0	3.0		6.2					1.2	0.9		" "
5	66.0	4.0		7.3					1.2	0.9		" "
6												" "
7	115.0	8.0		8.3					1.2	0.9		" "
8	65.0	4.0		7.4					1.2	0.9		" "
9	63.0	4.0		7.6					1.2	0.9		" "
10	63.0	4.0		7.6					1.2	0.9		" "
11	58.0	4.0		8.3					1.2	0.9	3	" "
12	72.0	5.0		8.3					1.2	0.9		" "
13												" "
14	113.0	10.0		10.6					1.2	0.9		" "
15	52.0	4.0		9.2					1.2	0.9		" "
16	62.0	4.0		7.7					1.2	0.9		" "
17	54.0	3.0		6.7					1.2	0.9		" " Greased
18	59.0	3.0		6.1					1.2	0.9		" "
19	61.0	4.0		7.9					1.2	0.9		" "
20												" "
21	116.0	8.0		8.3					1.2	0.9		" "
22	54.0	3.0		6.7					1.2	0.9		" "
23	61.0	4.0		7.9					1.2	0.9		" "
24	57.0	3.0		6.3					1.2	0.9		" "
25	60.0	4.0		8.0					1.2	0.9		" "
26												" "
27	99.0	3.0		3.6					1.2	0.7		" "
28	54.0	3.0		6.7					1.2	0.8		" "
29	42.0	2.0		5.7					1.2	0.7		" "
30	53.0	2.0		4.5					1.2	0.8		" "
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 17 No of People at End of Month 59.5
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Dennis Moro) C-5825
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1695.0	102.0		193.7					32.5	21.6	3	
Average:	55.0	3.3		7.2					1.2	0.8		
Maximum:	67.0	5.0		10.5					1.5	0.9		
Minimum:	42.0	2.0		4.5					1.0	0.7		
1	53.0	2.0		4.5					1.2	0.8		Flush Dist
2	42.0	2.0		5.7					1.2	0.7		"
3	54.0	3.0		6.7					1.2	0.7		"
4												"
5												"
6	160.0	9.0		6.7					1.0	0.7		"
7	61.0	4.0		7.9					1.2	0.8		"
8	47.0	3.0		7.7					1.2	0.8		"
9	60.0	4.0		8.0					1.2	0.8	3	"
10	53.0	4.0		9.0					1.2	0.8		"
11	47.0	3.0		7.7					1.2	0.8		"
12	47.0	3.0		7.7					1.2	0.8		"
13	54.0	4.0		8.9					1.2	0.8		"
14	45.0	2.0		5.3					1.2	0.8		"
15	52.0	3.0		6.9					1.2	0.8		"
16	60.0	3.0		6.0					1.2	0.8		"
17												"
18	117.0	5.0		5.1					1.2	0.9		"
19	66.0	5.0		8.1					1.2	0.8		"
20	48.0	3.0		7.5					1.2	0.8		"
21	64.0	3.0		5.6					1.2	0.8		"
22	55.0	3.0		6.5					1.2	0.8		"
23	49.0	3.0		7.3					1.5	0.9		"
24	59.0	4.0		8.1					1.2	0.9		"
25												"
26	103.0	9.0		10.5					1.2	0.8		"
27	58.0	3.0		6.2					1.2	0.8		"
28	66.0	4.0		7.3					1.2	0.8		"
29	47.0	3.0		7.7					1.2	0.8		"
30	67.0	4.0		7.2					1.2	0.8		Greased Well Pump
31	61.0	4.0		7.9					1.2	0.8		"

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 19 No of People at End of Month 67.0
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Brian E. Heath C-5825 / Lance D. Shreffler C-6587
I certify this report is correct (Original signed by Dennis W. Moro C6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1927.0	94.0		150.4					31.2	20.7	3	
Average:	62.0	3.0		5.8					1.2	0.8		
Maximum:	145.0	7.0		8.2					1.2	0.9		
Minimum:	32.0	2.0		2.0					1.2	0.7		
1												Flushing
2	117.0	8.0		8.2					1.2	0.8		Flushing
3	63.0	3.0		5.7					1.2	0.8		Flushing
4	59.0	2.0		4.1					1.2	0.8		Flushing
5	63.0	3.0		5.7					1.2	0.8		Flushing
6	68.0	4.0		7.1					1.2	0.8		Flushing
7												Flushing
8	122.0	7.0		6.9					1.2	0.9		Flushing
9	61.0	1.0		2.0					1.2	0.7		Flushing
10	46.0	3.0		7.8					1.2	0.8		Flushing
11	56.0	2.0		4.3					1.2	0.8	3	Flushing
12	57.0	2.0		4.2					1.2	0.8		Flushing
13	45.0	3.0		8.0					1.2	0.8		Flushing
14												Flushing
15	89.0	5.0		6.7					1.2	0.7		Flushing
16	37.0	2.0		6.5					1.2	0.8		Flushing
17	54.0	2.0		4.4					1.2	0.8		Flushing
18	50.0	2.0		4.8					1.2	0.8		Flushing
19	47.0	2.0		5.1					1.2	0.8		Flushing
20	60.0	3.0		6.0					1.2	0.8		Flushing
21	66.0	3.0		5.5					1.2	0.8		Flushing
22												Flushing
23	116.0	6.0		6.2					1.2	0.8		Flushing
24	64.0	3.0		5.6					1.2	0.8		Flushing
25	32.0	2.0		7.5					1.2	0.8		Flushing
26	53.0	3.0		6.8					1.2	0.8		Flushing
27	44.0	2.0		5.5					1.2	0.8		Flushing
28												Flushing
29	180.0	11.0		7.3					1.2	0.8		Flushing
30	145.0	7.0		5.8					1.2	0.8		Flushing
31	133.0	3.0		2.7					1.2	0.8		Flushing

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 19 No of People at End of Month 66.5

Design Flow 800 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis W. Moro C-6497 - Lance D Shrutfler C-6587 - Brian E. Heath C-5825

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 in Gallons	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	1,728,000	107.0		183.3					32.5	22.3	3	
Average:	57,600	3.6		6.1					1.3	0.9		
Maximum:	157,000	13.0		10.6					1.5	1.0		Line Flushing
Minimum:	39,000	2.0		4.4					1.0	0.8		Line Flushing
1	157,000	13.0		9.9					1.2	0.8		Line Flushing
2	73,000	6.0		9.9					1.2	0.8		Line Flushing
3	63,000	4.0		7.6					1.2	0.8		Line Flushing
4	75,000	5.0		8.0					1.2	0.8		Line Flushing
5												Line Flushing
6	125,000	10.0		9.6					1.2	0.8		Line Flushing
7	68,000	6.0		10.6					1.2	0.9		Line Flushing
8	40,000	2.0		6.0					1.2	0.9		Line Flushing
9	43,000	3.0		8.4					1.2	0.9		Line Flushing
10	48,000	4.0		10.0					1.2	0.9		Line Flushing
11	50,000	4.0		9.6					1.5	1.0		Line Flushing
12												Line Flushing
13	65,000	6.0		8.5					1.5	1.0		Line Flushing
14	52,000	2.0		4.6					1.5	1.0	3	Line Flushing
15	39,000	2.0		5.1					1.5	1.0		grease pump motor
16	55,000	2.0		4.4					1.5	1.0		Line Flushing
17	50,000	2.0		4.8					1.0	0.8		rebuilt CL2 inject.
18												Line Flushing
19	99,000	7.0		8.5					1.2	0.9		Line Flushing
20	61,000	4.0		7.9					1.2	0.8		Line Flushing
21	49,000	3.0		7.3					1.2	0.8		Line Flushing
22	53,000								1.2	0.8		Line Flushing
23	63,000	3.0		5.7					1.2	0.8		Line Flushing
24	54,000	2.0		4.4					1.2	0.8		Line Flushing
25	65,000	3.0		5.5					1.2	0.8		Line Flushing
26												Line Flushing
27	111,000	6.0		6.5					1.2	0.8		Line Flushing
28	55,000	2.0		4.4					1.2	0.8		Line Flushing
29	46,000	3.0		7.8					1.2	0.8		Line Flushing
30	49,000	3.0		7.3					1.2	0.8		Line Flushing
31												

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.

DER Form 17.555910(2)

Effective 11/1/1988

2669

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 19 No of People at End of Month 86.5

Design Flow 800 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis W. Mora C-6497 / Brian E. Heath C-5825 / Lance D. Shreffler C-6587

I certify this report is correct Ernest R. Fowler B 2423

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

Days of Month	Total Water Treated in in Gallons	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	1,481,000	78.0		183.2				1.4	32.4	21.8	3	line flushing 24 hr per day
Average:	47,774	2.5		5.3					1.2	0.9		
Maximum:	64,000	4.0		8.9					1.5	1.0		
Minimum:	31,000	2.0		4.1					1.0	0.8		
1	61,000	3.0		5.9					1.2	0.8		
2	64,000	3.0		5.6					1.2	0.8		
3												
4	105,000	6.0		6.9					1.2	0.8		
5	59,000	2.0		4.1					1.2	0.8		
6	48,000	2.0		5.0					1.2	0.8		
7	54,000	2.0		4.4					1.0	0.8		Cleaned injector
8	53,000	3.0		6.8					1.2	0.8		
9												
10	90,000	5.0		6.7				0.2	1.2	0.9		
11	47,000	2.0		5.1				0.1	1.0	0.8		
12	44,000	2.0		5.5					1.0	0.8	3	Compliance samples
13	51,000	3.0		7.1					1.2	0.8		
14	59,000	4.0		8.1					1.2	0.8		
15	37,000	2.0		6.5				0.1	1.5	1.0		Flushed lines
16	50,000	3.0		7.2				0.8	1.5	1.0		
17												
18	62,000	4.0		7.7				0.2	1.2	0.9		
19	48,000	2.0		5.0					1.5	1.0		
20	57,000	3.0		6.3					1.2	0.8		
21	52,000	3.0		6.9					1.5	1.0		
22	63,000	3.0		5.7					1.5	1.0		
23												
24	93,000	5.0		6.4					1.5			
25	48,000	2.0		5.0					1.2	0.9		VOV/NO2/NO3 samples
26	42,000	2.0		5.7					1.2	0.9		
27	49,000	2.0		4.9					1.2	0.9		
28	47,000	3.0		7.7					1.2	0.9		
29	54,000	4.0		8.9					1.2	0.9		
30	44,000	3.0		8.2					1.2	0.9		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 19 No of People at End of Month 66.5
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Brian E. Heath C-5825 / Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / William Fontaine C-6813
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 in Gallons	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	1,379,000	85.0		181.9					31.3	19.5	3	
Average	45,967	2.8		6.1					1.3	0.8		
Maximum:	100,000	8.0		6.0					1.4	1.0		
Minimum:	32,000	2.5		2.0					1.0	0.7		
1	100,000	8.0		9.6					1.4	0.9		
2	43,000	3.0		8.4					1.2	0.8		
3	50,000	3.0		7.2					1.2	0.8		
4	48,000	3.0		7.5					1.2	0.8		
5	44,000	3.0		8.2					1.2	0.8		
6	32,000	2.5		9.4					1.2	0.8		
7												
8	84,000	6.5		9.3					1.4	1.0		
9	39,000	2.5		7.7					1.3	0.8		
10	44,000	3.0		8.2					1.2	0.8		
11	42,000	2.5		7.1					1.2	0.8	3	Compliance samples
12	54,000	3.0		6.7					1.4	1.0		
13												
14	70,000	5.0		8.6					1.2	0.9		
15	60,000	4.0		8.0					1.2	0.9		
16	43,000	3.0		8.4					1.3	0.9		
17	40,000	2.0		6.0					1.2	0.9		
18	50,000	3.0		7.2					1.2	0.8		
19	55,000	3.0		6.5					1.4	0.9		
20												
21	82,000	3.0		4.4					1.2			
22	48,000	2.0		5.0					1.3	0.8		
23	38,000	2.0		6.3					1.2	0.8		
24	49,000	2.0		4.9					1.0	0.7		
25												
26	90,000	6.0		8.0					1.2	0.8		
27	42,000	2.0		5.7					1.2			
28												
29	92,000	6.0		7.8					1.4	0.9		
30	40,000	2.0		6.0					1.4	0.9		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354877 PWS Name Palisades Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 21 No of People at End of Month 73.5
Design Flow 800 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
B HEATH # C-5825/ L SHREFFLER # C-8587/ D MORO #C-6497/ W FONTAINE # C-6813
I certify this report is correct Donald B. Carder (Lead Operator's Signature) B (Cert. Level) 2403 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,484,000	77.0		172.4					36.5	20.1	3	
Average	47,871	2.5		5.6					1.4	0.9		
Maximum:	103,000	5.5		12.0					1.5	1.1		Continually flush
Minimum:	20,000	1.0		1.5					1.1	0.7		lt 4 24 hr/per/day
1	51,000	2.0		4.7					1.3	0.9		EXERCISE AIR COMP
2	43,000	2.0		5.6					1.2	0.8		
3	53,000	2.0		4.5					1.3	0.9		EXERCISE AIR COMP
4	42,000	1.0		2.9					1.2			
5												
6	101,000	4.0		4.7					1.1	0.7		EXERCISE AIR COMP
7	48,000	2.0		5.0					1.2	0.8		
8	50,000	2.0		4.8					1.2	0.9	3	COMPLIANCE SAMPL
9	54,000	2.0		4.4					1.2	0.9		
10	51,000	2.0		4.7					1.3	0.9		
11	39,000	0.5		1.5					1.2			
12												
13	103,000	4.0		4.7					1.3	0.9		
14	41,000	2.0		5.8					1.2	0.9		
15	63,000	3.3		6.2					1.2	0.8		
16	41,000	2.0		5.8					1.4	1.0		
17	55,000	2.5		5.5					1.4	0.9		EXERCISE AIR COMP
18												
19	100,000	4.0		4.8					1.5			
20	66,000	4.0		7.3					1.5	0.9		
21	41,000	3.0		8.8					1.5	1.0		
22	59,000	4.8		9.7					1.5	1.0		
23	49,000	4.0		9.8					1.5	1.0		
24	62,000	5.0		9.7					1.4	1.0		
25												
26	78,000	5.5		8.5					1.5			
27	70,000	5.0		8.6					1.5			
28	40,000	2.5		7.5					1.4	1.0		
29	29,000	2.0		8.3					1.5	1.1		
30	20,000	2.0		12.0					1.5	0.9		
31	35,000	2.0		6.9					1.5	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540665 PWS Name Palm Port Location:City or S/D East Palatka

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month January 1994

Plant Effluent pH (Avg) 5.53333 No of Services at End of Mont 99 No of People at End of Month 248

Design Flow .170 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bou B-6521

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	456,700	22.50		121					29.4	12.9	8	
Average:	14,732	1.07		4					1.4	0.6		
Maximum:	21,000	1.00		9					2.5	1.5		
Minimum:	10,800	0.50		4					0.8	0.3		
1												
2												
3	48,000	2.50		6					1.0	0.4		
4	11,800	0.50		5					2.5	1.5	3	WELL TNTC
5	16,200	1.00		7					1.8	1.0		
6	21,000	1.00		6					1.8	0.8		
7	11,800	0.50		5					1.3	0.5		
8												
9												
10	56,700	3.00		6					1.3	0.5	2	ALL A
11	10,800	0.50		6					1.4	0.5	2	ALL A
12	14,500	0.50		4					1.5	0.5		
13	15,100	0.50		4					1.2	0.5		
14												
15	27,000	2.00		9					1.5	0.8		
16												
17												
18	42,000	2.00		6					1.4	0.4	1	WELL A
19	11,800	0.50		5					1.3	0.8		
20	14,500	0.50		4					1.4	0.8		
21	14,500	0.50		4					1.2	0.5		
22	15,100	0.50		4					1.2	0.5		
23												
24	23,000	1.50		8					1.0	0.4		
25	17,200	1.00		7					1.2	0.5		
26	12,400	0.50		5					1.3	0.5		
27	14,500	1.00		8					1.4	0.8		
28												
29												
30	42,600	1.50		4					0.8	0.3		
31	18,200	1.00		7					2.1	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

DER Form 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540685 PWS Name Palm Port Location: City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month February 1994
Plant Effluent pH (Avg) 7.8 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in in Gallons	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	417,600	22.00		122					30.2	16.6	3	
Average:	14,921	0.79		6					1.5	0.8		
Maximum:	19,900	1.00		10					2.5	1.2		
Minimum:	9,100	0.50		4					0.8	0.3		
1	13,800	1.00		8					2.5	1.0		
2	9,100	0.50		7					1.8	1.2		
3	14,600	0.50		4					2.0	1.0		
4												
5	30,700	2.00		8					0.8	0.3		
6												
7	28,000	1.00		4					1.6	1.0		
8	15,100	1.00		8					1.4	0.8	3	ALL A
9	19,900	0.75		5					1.8	1.0		
10	12,400	0.75		7					0.8	0.3		
11	15,800	0.75		6					1.0	0.4		
12												
13												
14	51,300	3.25		8					1.5	1.0		
15	12,400	0.50		5					1.8	1.0		
16	14,800	0.50		4					1.3	0.8		
17	11,900	0.50		5					1.9	1.0		
18												
19	28,100	2.00		8					1.8	1.0		
20												
21	30,200	1.50		6					1.5	1.0		
22	19,900	1.00		6					1.7	1.0		
23	12,400	1.00		10					1.3	0.7		
24	14,600	0.50		4					1.3	0.7		
25	15,100	0.50		4					1.5	1.0		
26												
27												
28	45,300	2.50		7					1.1	0.6		
29												
30												
31												

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.

DER Form 17.555010(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-6873 Reporting Month March 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 99 No of People at End of Month 248
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct (Lead Operator's Signature) C-7251 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	631,600	26.00		119					30.0	13.7	3	
Average:	20,374	0.84		5					1.3	0.6		
Maximum:	37,500	1.50		9					3.5	2.0		
Minimum:	14,600	0.50		2					0.2	0.2		
1	15,200	0.50		4					1.1	0.6		
2												
3	42,500	1.00		3					1.3	0.7		
4	14,600	1.00		8					1.2	0.7		
5	28,900	1.00		4					1.3	0.7		
6												
7	51,000	1.50		4					1.0	0.4		
8	37,500	1.50		5					1.1	0.5	3	ALL A
9	35,000	0.50		2					1.3	0.7		
10	35,900	0.50		2					1.1	0.5		
11	14,700	0.50		4					1.1	0.5		
12												
13												
14	49,000	2.50		6					1.1	0.3		
15	19,900	1.00		6					1.3	0.3		
16	17,100	0.50		4					1.1	0.3		
17	20,900	1.00		6					1.1	0.3		
18	15,400	1.00		8					1.1	0.3		
19												
20												
21	53,400	2.50		6					0.2	0.2		
22	21,000	1.50		9					3.5	2.0		
23	18,700	1.00		6					1.7	1.0		
24	15,800	0.50		4					1.0	0.3		
25												
26	34,000	1.50		5					0.8	0.4		
27												
28	35,600	2.50		8					1.4	0.7		
29	16,200	1.00		7					1.4	0.7		
30	20,800	1.00		6					1.8	1.0		
31	18,400	0.50		3					2.0	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 month of record.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month April 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 99 No of People at End of Month 248
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct [signature] C-7251
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	580,400	31.00		141					31.3	13.3	3	
Average:	19,347	1.03		6					1.4	0.6		
Maximum:	30,300	2.50		11					2.0	1.4		
Minimum:	11,000	0.50		3					0.8	0.2		
1	11,000	1.00		11					1.4	0.7		
2												
3												
4	63,800	3.50		7					1.8	1.0		
5	11,700	0.50		5					1.1	0.6		
6	26,700	1.00		4					1.4	0.8		
7	13,900	0.50		4					1.4	0.8	3	ALL A
8												
9	41,000	2.00		6					1.8	1.0		
10												
11	36,700	2.00		7					1.4	0.8		
12	16,200	0.50		4					1.5	0.4		
13	20,900	1.00		6					1.1	0.2		
14	19,300	1.50		9					1.1	0.3		
15	13,700	1.00		9					1.8	0.3		
16												
17												
18	63,200	4.00		8					1.8	0.4		
19	17,000	1.00		7					2.0	1.4		
20	12,400	0.50		5					0.8	0.8		
21	22,700	2.00		11					1.4	0.8		
22	12,000	0.50		5					1.6	0.5		
23												
24												
25	58,500	2.00		4					1.3	0.2		
26	25,400	1.50		7					1.5	0.8		
27	24,400	1.00		5					1.4	0.6		
28	19,400	1.00		6					1.4	0.6		
29	18,200	0.50		3					1.1	0.2		
30	30,300	2.50		10					1.2	0.3		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3540665 PWS Name Palm Port Location: City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8072 Reporting Month May 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 99 No of People at End of Month 248
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-725 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	631,300	32.00		140					34.2	11.9	3	
Average	20,365	1.03		7					1.6	0.6		
Maximum	23,500	3.00		15					3.0	1.4		
Minimum	13,600	0.50		3					0.8	0.2		
1												
2												
3	70,300	3.00		5					1.0	0.3		
4	15,400	0.50		4					1.0	0.4	3	ALL A
5	18,500	1.00		6					1.4	0.5		
6	14,200	0.50		4					1.5	0.3		
7												
8												
9	60,800	2.50		5					1.4	0.3		
10	23,000	2.00		10					1.4	0.6		
11	17,200	1.00		7					1.1	0.2		
12	20,200	0.50		3					1.0	0.4		
13	15,500	0.50		4					1.1	0.2		
14												
15												
16	78,600	2.00		3					0.8	0.2		
17	23,500	3.00		15					1.7	0.5		
18	19,400	2.00		12					1.3	0.4		
19	17,100	1.00		7					2.5	1.0		
20	19,600	0.50		3					2.5	1.2		
21												
22												
23	50,300	1.50		4					1.7	1.0		
24	22,000	2.00		11					3.0	1.4		
25	13,800	0.50		4					1.4	0.4		
26	22,700	2.50		13					2.5	1.0		
27	14,900	0.50		4					1.3	0.2		
28												
29												
30	75,900	3.50		6					2.3	0.7		
31	18,600	1.50		9					2.5	0.7		

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540665 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month June 1994
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 99 No of People at End of Month 248
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Paul Thompson C-7251, Brenan Ward A-6415
I certify this report is correct (Lead Operator's Signature) A 6415 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	481,100	31.50		239.5					40.5	17.4	3	
Average	16,037	1.05		8.0					1.8	0.8		
Maximum:	19,900								2.4	1.5		
Minimum	9,700								1.5	0.3		
1	15,100	1.50		11.9					1.6	0 6		
2	18,900	2.00		14 2					2.0	0.6		
3	9,700	1.00		12.4					1.7	0.4		
4	16,400											
5	16,400											
6	16,400	1.00		7.3					1.5	0.3		
7	16,400	1.50		11.0					1.5	0.6	3	
8	16,400	1.50		11.0					1.5	0.8		
9	16,400	1.00		7.3					1.5	0.6		
10	16,400	1.00		7.3					1.5	0 4		
11	16,400											
12	16,400											
13	16,400	3.00		21.9					1.5	0 4		
14	19,900	1.00		6.0					1.5	1.5		
15	17,500	1.00		6.9					1.5	1.2		
16	14,700	1.00		8.2					1.5	1.0		
17	16,400	1.00		7.3					1.5	1.0		
18	16,400											
19	16,400											
20	16,400	2.00		14.6					2.4	1.0		
21	16,400	1.00		7.3					2.4	1.0		
22	16,400	3.00		21.9					2.4	1.2		
23	16,400	1.00		7.3					2.4	1.0		
24	16,400	1.00		7.3					2.4	1.0		
25	16,400											
26	16,400											
27	16,400	3.00		21.9					2.0	0.8		
28	16,900	1.00		6.3					2.0	0.6		
29	11,000	1.00		10.9					2.0	0.8		
30	13,000	1.00		9.2					2.2	0 6		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month July 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Brenan M. Ward A-6415
I certify this report is correct Brenan M Ward A6415
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	548,200	28.00		141.2					41.7	16.7	3	
Average:	17,716	0.90		4.6					1.9	0.8		
Maximum:									2.4	1.0		
Minimum:									1.2	0.4		
1	20,100	2.00		11.9					2.0	0.4		
2												
3												
4	51,300	3.00		7.0					2.0	0.4		
5	30,000	2.00		8.0					2.2	0.8		
6	19,500	1.00		6.1					2.2	0.4		
7	24,100	1.00		5.0					2.0	0.6	3	
8	20,500	1.00		5.8					2.0	0.6		
9												
10												
11	52,200	3.00		6.9					2.0	0.8		
12	16,200	1.00		7.4					2.2	1.0		
13	13,400	1.00		8.9					2.4	1.0		
14	15,100	1.00		7.9					2.2	1.0		
15	17,800	0.50		3.4					1.8	0.8		
16												
17												
18	50,800	1.50		3.5					1.8	0.8		
19	17,500	1.00		6.9					2.0	1.0		
20	16,800	1.00		7.1					2.0	0.8		
21	20,400	1.00		5.9					1.4	0.8		
22	21,100	1.00		5.7					1.6	0.8		
23												
24												
25	40,900	2.00		5.9					1.8	1.0		
26	18,500	1.00		6.5					1.6	0.8		
27	15,700	1.00		7.6					1.2	0.8		
28	14,500	1.00		8.3					1.4	0.6		
29	22,300	1.00		5.4					2.0	0.9		
30												
31	30,500								1.9	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month August 1994
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 99 No of People at End of Month 248
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7251 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	499,700	23.50		137					30.7	9.3	3	
Average:	16,116	0.76		6					1.3	0.4		
Maximum:	27,800	1.50		14					2.0	0.9		
Minimum:	11,500	0.25		2					0.8	0.2		
1	14,500	1.00		8					1.4	0.5		
2	27,800	0.50		2					0.8	0.8		
3	12,800	1.50		14					1.0	0.3		
4	19,800	1.00		6					1.0	0.3		
5	12,100	0.50		5					1.4	0.3		
6												
7												
8	51,000	2.50		6					1.4	0.4		
9	18,200	1.00		7					1.2	0.4	3	ALL A
10	13,800	1.00		9					1.2	0.4		
11	14,100	1.00		9					1.4	0.4		
12	16,600	0.25		2					1.5	0.5		
13												
14												
15	52,100	1.75		4					1.4	0.6		
16	12,900	0.50		5					2.0	0.4		
17	13,200	0.25		2					1.5	0.2		
18	11,500	0.75		8					2.0	0.8		
19	16,700	0.50		4					2.0	0.4		
20												
21												
22	45,500	3.00		8					1.6	0.5		
23	15,600	1.00		8					1.5	0.9		
24	13,800	1.00		9					1.5	0.6		
25	15,900	0.50		4					0.8	0.2		
26	15,400	1.00		8					1.1	0.2		
27												
28												
29	46,100	2.00		5					0.8	0.2		
30	16,200	0.50		3					1.0	0.2		
31	22,700	0.50		3					1.2	0.2		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540665 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month September 1994
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 99 No of People at End of Month 248
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Paul D. Thompson C 7251
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	470,800	25.50		153					31.1	11.6	3	
Average:	15,687	0.85		7					1.4	0.5		
Maximum:	18,200	1.00		11					2.5	1.2		
Minimum:	11,000	0.50		4					0.5	0.2		
1	11,100	1.00		11					1.8	0.3		
2	14,300	1.00		8					1.5	0.3		
3												
4												
5	53,500	2.50		6					2.0	1.0		
6	16,300	1.00		7					1.8	0.8		
7	12,300	1.00		10					2.5	1.2		
8	17,400	1.00		7					2.0	1.0		
9	17,400	1.00		7					1.5	1.0		
10												
11												
12	50,800	2.00		5					1.7	0.7		
13	13,100	1.00		9					1.8	1.2	3	ALL A
14	11,000	0.50		5					1.6	0.4		
15	14,600	1.00		8					1.0	0.3		
16	15,500	0.50		4					1.0	0.2		
17												
18												
19	45,800	3.00		8					0.6	0.3		
20	14,400	1.00		8					0.5	0.3		
21	16,000	1.00		7					0.5	0.2		
22	15,400	1.00		8					1.1	0.2		
23	18,800	1.00		6					1.4	0.5		
24												
25												
26	49,900	2.00		5					1.6	0.5		
27	13,400	1.00		9					1.4	0.3		
28	14,200	0.50		4					1.4	0.3		
29	14,200	0.50		4					1.2	0.3		
30	18,200	1.00		6					1.4	0.3		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month October 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ (Lead Operator's Signature) C-7251 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	503,200	24.00		134.1					31.1	9.4	3	
Average:	16,232	0.77		4.3					1.5	0.4		
Maximum:	52,900	2.00							2.2	1.0		
Minimum:	8,300	0.25							1.0	0.3		
1												
2												
3	46,500	2.00		5.2					1.3	0.4		
4	12,600	0.50		4.8					1.8	0.8		
5	13,600	0.50		4.4					1.4	0.6	3	
6	18,900	1.00		6.4					1.5	0.4		
7	13,500	1.00		8.9					1.5	0.5		
8												
9												
10	49,700	2.00		4.8					1.4	0.4		
11	18,100	1.00		7.4					1.3	0.4		
12	17,900	1.00		6.8					1.3	0.3		
13	11,200	0.25		2.7					1.4	0.3		
14	19,400	0.75		4.6					1.4	0.4		
15												
16												
17	48,200	2.00		5.0					1.4	0.3		
18	17,700	1.00		6.8					1.5	0.4		
19	12,400	1.00		9.7					1.5	0.4		
20	16,300	1.00		7.4					1.6	0.4		
21	17,900	1.00		6.7					1.8	0.5		
22												
23												
24	52,600	2.00		4.6					2.2	1.0		
25	16,500	1.00		7.3					1.4	0.4		
26	8,300	1.00		14.4					1.6	0.4		
27	23,600	1.00		5.1					1.0	0.3		
28	16,000	1.00		6.7					1.2	0.3		
29												
30												
31	52,900	2.00		4.5					1.8	0.5		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540665 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month November 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct [signature] C-7251
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	493,100	33.50		192.9					36.2	23.6	3	
Average:	16,437	1.12		6.4					1.6	1.1		
Maximum:	55,700								2.0	10.0		
Minimum:	13,800								1.2	0.4		
1	14,300	1.00		8.4					1.8	1.0		
2	20,900	1.00		5.7					1.5	0.5		
3	13,800	1.00		8.7					1.5	0.5		
4	15,100	1.00		7.9					1.8	0.8		
5												
6												
7	55,700	3.00		6.5					1.9	0.7		
8	15,600	1.00		7.7					1.8	0.4	3	
9	17,900	2.00		13.4					1.9	1.0		
10	14,300	1.50		12.6					2.0	0.8		
11	16,000	1.00		7.5					1.8	0.4		
12												
13												
14	45,800	2.50		6.5					1.5	0.5		
15	14,600	1.50		12.3					1.8	10.0		
16	14,000	1.00		8.6					1.6	1.0		
17	15,400	1.00		7.8					1.6	0.6		
18	13,900	1.00		8.6					2.0	0.4		
19												
20												
21	51,000	3.00		7.1					1.8	0.8		
22	16,500	1.00		7.3					1.5	1.0		
23	16,000	1.00		7.5					1.2	0.6		
24	20,100	2.00		11.9					1.5	0.6		
25	15,300	1.50		11.8					1.6	0.6		
26												
27												
28	54,600	3.00		6.6					1.8	0.6		
29	16,200	1.00		7.4					1.2	0.4		
30	16,100	1.50		11.2					1.5	0.6		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540086 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month December 1994
Plant Effluent pH (Avg) 7.0 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .178 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Branen Ward A-6415, Paul Thompson C-7291
I certify this report is correct [signature] 16415
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	466,800	32.50		164.3					46.6	19.6	3	
Average:	16,113	1.05		5.3					2.2	0.9		
Maximum:	50,000								3.0	1.5		
Minimum:	12,600								0.6	0.4		
1											3	
2	30,700	1.00		3.9					1.4	0.4		
3												
4												
5	46,800	4.00		9.6					1.8	0.8		
6	17,800	1.00		6.7					0.6	0.4		
7	16,800	1.00		7.3					1.8	0.7		
8	12,700	1.00		9.4					3.0	1.5		
9	12,600	1.00		9.5					2.6	1.0		
10												
11												
12	50,000	3.00		7.2					1.8	0.4		
13	18,800	1.00		7.9					2.8	0.8		
14	14,700	1.00		8.2					2.8	1.0		
15	12,800	1.00		9.4					2.8	1.4		
16	41,700	1.00		2.9					2.8	1.2		
17												
18												
19	28,000	3.00		13.8					2.4	1.0		
20	19,700	1.00		6.8					3.0	1.4		
21	14,100	0.50		4.3					2.8	1.2		
22	14,100	1.00		8.5					2.8	1.0		
23	27,700	1.50		8.5					2.0	1.0		
24												
25												
26	44,000	6.00		16.4					1.8	1.0		
27	18,900	1.00		6.4					2.2	1.2		
28	16,700	0.50		3.6					1.8	0.8		
29	16,300	0.50		3.8					1.8	0.8		
30	17,700	0.50		3.4					2.0	0.6		
31	17,900	1.00		6.7								

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month January 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Mont 86 No of People at End of Month
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Michael J. Bou C6521
I certify this report is correct Original signed by Michael Bou
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequen 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	565.0	81.5		399					35.0	21.0	5	All OK
Average:	18.2	3.7		18					1.5	1.0		
Maximum:	32.8	13.0		56					3.5	3.5		
Minimum:	12.0	0.5		4					0.2	0.2		
1	28.5	2.50		10					1.3	0.5		
2												
3												
4	73.2	11.50		19					1.2	0.5		
5	17.9	2.50		17					1.0	0.4	3	All OK
6	23.1	3.00		15					1.7	1.0		
7	14.9	2.00		16					1.1	0.5		
8	17.6	2.00		14					1.0	0.5		
9												
10												
11	59.6	7.00		14					1.0	0.5		
12	15.0	2.00		16					0.8	0.4		
13	17.0	3.50		25					0.7	0.3		
14	16.7	2.00		14					0.7	0.2		
15	15.2	2.00		16					1.8	1.2		
16												
17												
18												
19	27.9	13.00		56					0.2	0.2	1	All OK
20	20.0	4.50		27					3.5	2.0	1	All Ok
21	15.7	5.50		42					0.4	0.2		
22	17.0	3.50		25					2.0	1.0		
23	28.2	1.50		8					0.5	0.2		
24												
25	41.7	5.50		16					3.5	3.5		
26	13.5	2.00		18					3.5	3.5		
27	32.8	2.00		7					3.0	0.4		
28	12.0	1.50		15					3.5	2.5		
29	15.3	0.50		4					1.5	1.0		
30												
31	42.2	2.00		6					1.0	0.5		

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

DER Form 17-555910(3)
Effective 11/1/1989

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka

Owned By Southern States Utilities Phone: 904-649-8573 Reporting Month February 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Mont 86 No of People at End of Month

Design Flow .170 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bou C 6521, Roy White

I certify this report is correct (original signed by Michael J. Bou) C 6521

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	533.1	23.0		114					22.0	11.9	3	All OK
Average:	19.0	1.0		6					1.1	0.6	3	
Maximum:	26.0	3.0		12					3.0	2.0	3	
Minimum:	12.2	0.2		2					0.2	0.2	3	
1	18.0	0.75		5					0.2	0.2		
2	19.0	0.50		3					3.0	2.0		
3	22.5	1.25		7					1.5	1.0		
4	26.0	1.25		6					0.6	0.3		
5	12.2	0.75		7					0.9	0.4		
6												
7												
8	51.0	3.00		6					1.1	0.5		
9	12.5	0.50		5					1.1	0.7	3	All OK
10	21.7	1.50		8					1.0	0.6		
11	15.4	0.25		2					1.0	0.5		
12	20.0	0.75		4					0.9	0.4		
13												
14												
15	52.6	2.50		6					1.2	0.5		
16	18.7	1.00		6					2.2	1.5		
17	17.9	1.00		7					0.5	0.2		
18	24.9	1.00		5					0.8	0.3		
19	13.6	1.00		9					0.5	0.2		
20												
21												
22												
23	82.0	2.00		3					2.2	1.0		
24	19.5	2.00		12					0.8	0.4		
25	13.2	1.00		9					0.7	0.3		
26	23.1	0.50		3					0.5	0.2		
27												
28	39.3	0.50		2					1.2	0.7		
29												
30												
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month March 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Mont 86 No of People at End of Month

Design Flow .170 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bou C 6521, Roy White, Ron Bumgardner

I certify this report is correct (original signed by Michael J. Bou) C 6521

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	667.6	39.0		157.0					33.2	20.3	9	All OK
Average:	21.5	1.7		7.0					1.4	0.9	9	
Maximum:	78.0	7.2		28.0					3.5	2.5	9	
Minimum:	14.3	0.5		2.0					0.2	0.2	9	
1	21.5	0.50		3					1.0	0.5		
2	14.3	0.50		4					1.0	0.5		
3	22.6	0.50		3					0.9	0.4		
4	15.2	1.50		11					1.0	0.4		
5	17.0	1.00		7					1.5	0.8		
6												
7												
8	62.4	3.00		6					0.5	0.2		
9	22.6	1.00		5					1.2	0.6	3	All OK
10	19.3	1.00		6					1.3	0.7		
11	16.8	1.00		7					1.2	0.6		
12	21.4	2.00		11					1.2	0.8		
13												
14												
15	30.7	0.50		2					0.2	0.2	2	All OK
16	27.1	2.75		12					1.9	1.0	2	All OK
17	21.4	1.50		8					3.5	2.5	1	All OK
18	78.0	3.25		5					0.6	0.8	1	All OK
19	31.5	7.25		28					3.5	3.0		
20												
21												
22	58.9	4.75		10					3.2	2.0		
23	17.5	0.50		3					2.2	1.5		
24	21.7	0.50		3					1.4	1.0		
25	16.9	0.50		4					1.7	1.2		
26	16.8	0.50		4					1.0	0.4		
27												
28												
29	71.3	3.50		6					1.1	0.4		
30	25.7	0.50		2					1.0	0.4		
31	17.0	1.00		7					1.1	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month April 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Mont 97 No of People at End of Month

Design Flow .170 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael Bou C-8521, Paul Thompson C-7251, Ken Kerlin C-882 rdner Jim Heberg

I certify this report is correct (original signed by Mic Bou) C 8521

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	657.5	32.0		129					24.7	8.7	3	All OK
Average:	21.9	1.5		6					1.1	0.4		
Maximum:	36.7	3.8		14					2.0	1.0		
Minimum:	14.3	0.5		5					0.2	0.2		
1	22.1	1.00		5					0.2	0.2		
2												
3	41.7	2.00		6					0.3	0.2		
4												
5	32.9	1.00		4					1.7	0.4		
6	26.8	3.00		14					1.5	0.6		
7	20.2	1.00		6					1.5	0.6		
8	18.6	1.00		6					1.6	0.6		
9	23.6	1.00		5					1.5	0.4		
10												
11												
12	59.2	2.50		5					1.0	0.4	3	All OK
13	31.3	1.00		4					1.0	0.4		
14	22.5	1.00		5					1.1	0.4		
15	14.3	0.50		4					0.8	0.3		
16	21.3	0.75		4					1.1	0.4		
17												
18												
19	75.8	3.75		6					1.1	0.4		
20	15.9	0.75		6					0.9	0.4		
21	18.8	1.00		6					1.2	0.5		
22												
23	40.0	1.75		5					1.1	0.5		
24	36.7	1.50		5					1.0	0.4		
25												
26	50.8	3.00		7					0.8	0.3		
27	22.0	1.25		7					2.0	1.0		
28	17.6	1.00		7					0.8	0.3		
29	21.3	1.25		7					1.5	0.6		
30	24.1	1.00		5					1.0	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month May 1993

Plant Effluent pH (Avg) 8.0 No of Services at End of Mont 97 No of People at End of Month

Design Flow .170 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael Bou C 6521, Ron Bumgardner, Jim Hoberg

I certify this report is correct (original signed by Michael Bou) C 6521

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	771.5	46.5		155					21.5	9.8	10	All OK
Average:	24.9	2.0		7					1.0	0.5		
Maximum:	40.4	5.5		17					1.8	1.0		
Minimum:	18.6	0.5		3					0.2	0.2		
1												
2												
3	88.7	4.00		5					1.0	0.4		
4	20.5	1.00		6					1.8	1.0		
5	24.5	1.00		5					1.0	0.4		
6	19.3	1.00		6					1.0	0.4		
7	24.9	1.00		5					1.0	0.4		
8												
9												
10	75.3	3.50		6					1.0	0.4		
11	23.6	2.00		10					1.0	0.4		
12	24.4	0.50		2					1.5	0.7	3	All OK
13	23.7	1.00		5					0.5	0.5		
14	18.6	0.50		3					1.8	1.0		
15												
16												
17	75.9	4.50		7					1.0	0.4		
18	28.8	1.00		4					0.4	0.4		
19	23.1	1.00		5					0.4	0.2		
20	30.2	1.00		4					1.0	0.2		
21	19.6	1.50		9					1.3	0.6		
22												
23												
24	70.1	5.50		9					0.2	0.2	2	All Ok
25	40.4	5.00		15					1.0	0.3	2	1 - P
26	22.1	3.00		16					0.5	0.2		
27	28.3	3.00		13					1.3	0.3		
28	21.1	1.25		7					1.5	0.8	3	All OK
29												
30												
31	88.4	6.25		11					1.3	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 month of record

DER Form 17.555#19(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540665 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month June 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month No of People at End of Month
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequen 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	627,300	54.00		******					39.1	26.7	10	
Average:	20,910	2.45		7.7					1.8	1.2		
Maximum:												
Minimum:												
1	25,800	2.00		9.3					1.1	0.5		
2	20,400	1.50		8.8					1.2	0.6		
3	19,600	2.00		12.2					1.6	0.8		
4	22,000	2.00		10.9					1.6	0.8		
5												
6												
7	80,000	7.00		10.5					1.0	0.4		
8	16,800	1.00		7.1					1.7	0.7	5	
9	20,300	1.50		8.9					1.4	0.7		
10	18,600	0.50		3.2					1.2	0.6		
11	16,600	2.00		14.4					1.4	0.7		
12												
13												
14	61,400	7.00		13.7					0.6	0.4		
15	22,300	1.50		8.1					0.2	0.2		
16	13,000	1.50		13.8					3.0	2.0		
17	16,300	1.50		11.0					3.0	2.5		
18	18,200	1.50		9.9					3.0	2.5		
19												
20												
21	66,200	4.00		7.2					2.5	2.0		
22	26,300	2.50		11.4					3.5	2.0	2	
23	12,400	1.00		9.7					1.0	3.0	2	
24	18,300	3.00		19.7					3.5	3.0		
25												
26	54,200	5.00		11.1					3.7	2.0		
27												
28	50,100	3.50		8.4					0.5	0.2		
29	18,000	1.50		10.0					1.3	0.6		
30	10,500	1.00		11.4					1.1	0.5		
31												

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

DER Form 17-555010(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month July 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month _____ No of People at End of Month _____

Design Flow .170 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	490,100	43.00		239					25.6	11.6	4	
Average:	15,810	1.87		8					1.1	0.5		
Maximum:	24,600	2.00		21					3.5	1.8		
Minimum:	9,500	1.00		4					0.2	0.2		
1	14,900	1.50		12					1.3	0.7		
2	15,200	1.00		8					1.4	0.7		
3												
4												
5	51,500	4.00		9					1.2	0.7		
6	13,300	1.50		14					0.9	0.3		
7	20,400	1.50		9					1.2	0.5		
8	16,700	1.00		7					1.0	0.4		
9	22,000	2.00		11					1.2	0.5		
10												
11												
12	43,400	4.00		11					0.2	0.2		
13	18,000	1.00		7					0.3	0.3	4	
14	13,900	1.00		9					1.0	0.3		
15	17,200	1.50		10					1.4	0.7		
16	13,400	1.50		13					1.1	0.3		
17												
18												
19	40,200	7.00		21					3.5	1.8		
20	24,600	1.50		7					1.0	0.4		
21	18,700	2.00		13					0.8	0.4		
22	11,200	1.00		11					1.6	0.8		
23												
24	28,800	1.00		4					1.4	0.8		
25												
26	28,500	2.00		8					0.5	0.2		
27	19,200	1.50		9					0.9	0.3		
28	9,500	1.00		13					0.6	0.2		
29	15,600	1.25		10					1.2	0.5		
30	17,500	1.25		9					0.7	0.2		
31	16,400	2.00		15					1.2	0.4		

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

DER Form 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month August 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month _____ No of People at End of Month _____
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ (Lead Operator's Signature) (Cert. Level) 6527B (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequen 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	571,600	41.00		190					27.2	10.2	4	
Average:	18,439	1.86		6					1.2	0.5		
Maximum:												
Minimum:												
1												
2	41,300	3.00		9					1.0	0.4		
3	15,600	2.00		15					1.0	0.4		
4	14,300	1.00		8					1.2	0.4		
5	15,900	1.00		8					1.2	0.4		
6	13,600	1.50		13					1.1	0.4		
7												
8												
9	65,200	6.00		11					0.4	0.2		
10	20,900	1.50		9					1.3	0.6	3	
11	15,300	1.50		12					1.2	0.6		
12	21,000	2.00		10					1.1	0.5		
13												
14	37,500	3.50		11					0.5	0.2		
15												
16	30,900	3.00		12					2.2	1.2		
17	25,000	1.50		7					1.7	0.6		
18	19,600	0.50		3					1.3	0.5		
19	22,500	1.25		7					0.8	0.3	1	
20	17,000	0.75		5					1.6	0.6		
21												
22												
23	68,500	4.00		7					1.0	0.4		
24	9,100	1.00		13					2.0	1.0		
25	11,400	0.50		5					1.1	0.4		
26	14,300	0.50		4					1.0	0.4		
27	20,000	1.00		6					0.8	0.3		
28												
29												
30	58,300	3.00		6					0.2	0.2		
31	14,300	1.00		8					3.5	0.2		

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2640865 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month September 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month No of People at End of Month
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct (Lead Operator's Signature) (Cert. Level) 0526B (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	556,200	25.00		127					29.5	12.8	3	
Average:	18,540	1.14		4					1.3	0.6		
Maximum:	23,760	1.50		10					2.8	1.5		
Minimum:	11,880	0.50		3					0.9	0.3		
1	18,900	1.00		6					2.3	1.3		
2	17,820	1.00		7					2.8	1.5		
3	15,120	1.00		8					1.8	0.8		
4												
5												
6	59,940	2.25		5					1.1	0.4		
7	22,140	0.75		4					1.2	0.4		
8	18,360	1.00		7					1.5	0.7		
9	19,980	1.00		6					1.1	0.4		
10												
11	38,340	1.50		5					1.1	0.4		
12												
13	42,660	2.00		6					1.2	0.4		
14	13,500	0.50		4					1.0	0.3	3	
15	14,580	0.50		4					1.5	0.7		
16	17,820	0.50		3					1.3	0.6		
17	16,200	1.00		7					1.3	0.6		
18												
19												
20	58,320	2.00		4					1.1	0.4		
21	17,280	1.50		10					0.9	0.3		
22												
23	37,800	2.00		6					1.5	0.9		
24	14,040	1.00		9					1.6	0.7		
25	23,220	0.50		3					1.0	0.4		
26												
27	39,960	1.50		5					1.1	0.4		
28	14,580	1.00		8					1.0	0.4		
29	11,880	0.50		5					1.1	0.4		
30	23,760	1.00		5					1.0	0.4		
31												

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

DER Form 17-555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540665 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month October 1993
Plant Effluent pH (Avg) 7.275 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ C-7251
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	561,100	23.00		117					26.4	18.2		
Average:	21,581	1.05		4					1.2	0.8		
Maximum:	43,200	1.75		11					3.5	3.5		
Minimum:	10,800	0.50		2					0.2	0.2		
1	18,300	0.50		3					1.2	0.4		
2												
3												
4	54,000	2.00		4					0.7	0.2		
5	18,300	0.50		3					0.2	0.2		
6	43,200	1.75		5					0.5	3.5	2	
7	14,500	1.25		10					1.6	3.5	5	
8	20,000	1.50		9					3.5	3.5		
9												
10												
11	48,000	2.00		5					1.2	0.4		
12	24,800	1.25		6					1.5	0.7		
13	17,300	0.75		5					1.2	0.4		
14	16,700	0.50		4					1.5	0.7		
15	21,000	1.00		6					1.4	0.7		
16												
17												
18	52,400	2.25		5					1.0	0.4		
19	11,900	0.50		5					1.0	0.4		
20	14,000	0.50		4					1.2	0.5		
21	17,300	0.50		3					1.2	0.2		
22	20,500	0.75		4					1.0	0.4		
23												
24												
25	48,000	1.50		4					1.3	0.4		
26	16,200	1.00		7					0.8	0.3		
27	16,700	1.00		7					1.0	0.3		
28	10,800	1.00		11					1.2	0.3		
29	19,400	0.50		3					1.1	0.4		
30												
31	37,800	0.50		2					1.1	0.4		

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

DER Form 17-555010(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540855 PWS Name Palm Port Location:City or S/D East Palatka

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month November 1993

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

Design Flow .170 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	558,500	23.75		114					27.1	9.2		
Average:	18,520	1.08		4					1.2	0.4		
Maximum:	27,000	1.50		9					2.7	1.3		
Minimum:	10,300	0.50		2					0.2	0.2		
1	21,700	1.25		7					1.3	0.5		
2	15,100	0.75		6					1.2	0.5	3	
3	17,300	0.50		3					1.2	0.6		
4	16,700	0.50		4					1.2	0.6		
5	16,200	1.00		7					1.1	0.3		
6												
7												
8	55,000	1.50		3					1.3	0.3		
9	21,000	1.00		6					1.2	0.3		
10	13,500	0.50		4					1.3	0.3		
11	15,600	0.50		4					1.2	0.3		
12	21,600	1.00		6					1.2	0.3		
13												
14												
15	57,200	2.00		4					1.3	0.4		
16	17,800	1.00		7					2.7	0.6		
17	27,000	0.50		2					1.1	0.3		
18	23,200	1.50		8					1.1	0.3		
19	17,300	0.50		3					0.4	0.3		
20												
21												
22	57,200	4.25		9					2.3	1.3		
23	15,100	0.75		6					1.0	0.3		
24												
25	38,800	1.00		3					1.3	0.4		
26	20,000	0.50		3					1.0	0.3		
27	20,500	1.00		6					1.0	0.3		
28												
29	40,500	1.50		4					1.5	0.5		
30	10,300	0.75		9					0.2	0.2		
31												

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

DER Form 17-555910(2)

Effective 11/1/1989

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540865 PWS Name Palm Port Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month December 1993
Plant Effluent pH (Avg) _____ No of Services at End of Month _____ No of People at End of Month _____
Design Flow .170 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ 6521-B
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	610,800	30.75		220					38.2	20.5		
Average:	20,360	1.34		7					1.7	0.9		
Maximum:	27,000	2.00		75					3.5	2.0		
Minimum:	1,500	0.50		3					0.2	0.2		
1	21,000	0.75		4					1.8	1.0		
2	16,700	2.00		14					1.0	0.2		
3	15,100	1.50		12					2.0	1.0		
4												
5												
6	64,200	2.50		5					3.0	2.0		
7	27,000	1.50		7					1.8	1.0		
8	19,400	0.50		3					1.7	0.3	3	ALL A
9	18,300	1.75		11					2.8	2.0		
10	19,400	1.00		6					1.6	0.8		
11												
12												
13	57,200	2.25		5					1.2	0.6		
14	19,900	1.00		6					1.2	0.6		
15	17,200	0.50		3					1.4	0.7		
16	16,700	0.50		4					1.4	0.7		
17	17,200	0.75		5					1.5	0.7		
18												
19												
20	71,200	3.00		5					0.2	0.2		
21	1,500	1.00		75					1.3	0.6		
22	45,900	1.00		3					1.5	0.7		
23	23,700	1.25		6					3.5	2.0		
24												
25	39,900	2.00		6					1.8	1.0		
26												
27	34,000	1.50		5					1.8	1.0		
28	21,600	1.00		6					0.2	0.2		
29	11,600	1.00		10					1.4	0.7		
30	19,400	1.75		11					2.5	1.5		
31	12,400	0.75		7					1.8	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

DER Form 17-555810.3
Effective 11/1/1990

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey
Owned By Southern States Utilities Phone No: Reporting Month January 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 915 No of People at End of Month
Design Flow n/a Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B-221
I certify this report is correct Original signed by Larry Ramsey B-221
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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										16.8	2	
Average:										0.6		
Maximum:										0.9		
Minimum:										0.5		
1												
2										0.9		
3										0.9	2	Bact's - A's
4										0.6		
5										0.6		
6										0.7		
7										0.5		
8												
9										0.7		
10										0.6		
11										0.6		
12										0.8		
13										0.6		
14										0.6		
15												
16										0.7		
17										0.6		
18										0.6		
19										0.5		
20										0.7		
21										0.7		
22												
23										0.5		
24										0.6		
25										0.6		
26										0.7		
27										0.5		
28										0.8		
29												
30										0.6		
31										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 month of record

DER Form 17-555(10)(2)
Effective 11-1-1988

Water Purchased From Pasco County

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey
Owned By Southern States Utilities Phone No: 1-800-432-4501 Reporting Month January 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 282 No of People at End of Month
Design Flow .290 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B221

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

Days of Month	Total Water Treated in in Gallons	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	1,952,534	48							25.3	12.8	4	
Average:	62,985	2							1.2	0.6		
Maximum:	111,000	4							1.4	0.8		
Minimum:	39,400	1							1.0	0.5		
1	61,167	2										
2	61,167	2										
3	65,900	2							1.1	0.5	4	BACT's - A's
4	63,200	1							1.1	0.6		
5	61,600	1							1.2	0.6		
6	44,800	1							1.0	0.8		
7	70,233	2							1.1	0.6		
8	70,234	2										
9	70,233	2										
10	82,000	2							1.2	0.6		
11	111,000	4							1.3	0.6		
12	66,200	2							1.2	0.7		
13	65,800	1							1.0	0.5		
14	63,766	1							1.1	0.5		
15	63,768	2										
16	63,766	2										
17	62,400	1							1.3	0.6		
18	64,700	2							1.0	0.5		
19	56,900	1							1.1	0.5		
20	39,400	1							1.2	0.6		
21	63,533	1							1.4	0.7		
22	63,534	2										
23	63,533	1										
24	76,700	2							1.2	0.6		
25	77,900	2							1.4	0.7		
26	51,700	1							1.4	0.7		
27	41,800	1							1.3	0.6		
28	51,333	1							1.3	0.7		
29	51,334	1										
30	51,333	1										
31	51,600	1							1.4	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 month of record

DER Form 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey
Owned By Southern States Utilities Phone No: 904-688-1444 Reporting Month February 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 916 No of People at End of Month 3206
Design Flow n/a Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B-221
I certify this report is correct Original signed by Larry Ramsey B 221
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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											15.6	2	
Average											0.7		
Maximum											0.8		
Minimum											0.5		
1											0.6	2	
2											0.6		
3											0.7		
4											0.7		
5													
6											0.5		
7											0.6		
8											0.7		
9											0.5		
10											0.6		
11											0.5		
12													
13											0.8		
14											0.7		
15											0.7		
16											0.6		
17											0.8		
18											0.5		
19													
20											0.6		
21											0.8		
22											0.8		
23											0.6		
24											0.6		
25											0.6		
26													
27											0.8		
28											0.7		
29													
30													
31													

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

DER Form 17 [illegible]
Effective 11/1/1982

Water Purchased From Pasco County

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey
Owned By Southern States Utilities Phone No: 904-688-1444 Reporting Month February 1994
Plant Effluent pH (Avg) 7.26 No of Services at End of Month 282 No of People at End of Mont 987
Design Flow .290 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B221

I certify this report is correct Original signed by Larry Ramsey (Lead Operator's Signature) B221 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,824	44							24.7	12.5	4	
Average:	65	2							1.2	0.6		
Maximum:	102	3							1.8	0.9		
Minimum:	39	1							1.0	0.5		
1	53	1							1.3	0.6	4	
2	43	1							1.2	0.6		
3	39	1							1.2	0.5		
4	58	1							1.0	0.5		
5	56	2										
6	58	1										
7	60	2							1.3	0.7		
8	85	2							1.2	0.7		
9	54	1							1.2	0.6		
10	48	1							1.2	0.6		
11	65	2							1.5	0.8		
12	65	1										
13	65	2										
14	61	1							1.8	0.9		
15	84	2							1.3	0.6		
16	55	1							1.1	0.6		
17	49	1							1.1	0.5		
18	74	2							1.2	0.6		
19	74	2										
20	74	2										
21	75	2							1.2	0.7		
22	106	3							1.1	0.5		
23	69	1							1.1	0.6		
24	47	1							1.2	0.6		
25	76	2							1.2	0.7		
26	76	2										
27	76	2										
28	81	2							1.3	0.6		
29												
30												
31												

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

DER Form 17-555910(2)
Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey
Owned By Southern States Utilities Phone No: 813 868 7532 Reporting Month March 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 916 No of People at End of Month
Design Flow n/a Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B-221
I certify this report is correct Larry Ramsey (Lead Operator's Signature) B (Cert. Level) 221 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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										16.4	2	
Average										0.6		
Maximum:										0.8		
Minimum:										0.5		
1										0.5	2	
2										0.6		
3										0.6		
4										0.7		
5										0.5		
6												
7										0.7		
8										0.6		
9										0.6		
10										0.5		
11										0.7		
12										0.6		
13												
14										0.7		
15										0.5		
16										0.5		
17										0.6		
18										0.6		
19										0.7		
20												
21										0.5		
22										0.7		
23										0.7		
24										0.6		
25										0.5		
26												
27										0.7		
28										0.8		
29										0.6		
30										0.5		
31										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 month of record

DER Form 17-555(10) c
Effective 11/1/1985

Water Purchased From Pasco County

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location: City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813 868 7342 Reporting Month March 1994

Plant Effluent pH (Avg) 7.257 No of Services at End of Month 282 No of People at End of Month

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

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

Days of Month	Total Water Treated in in Gallons	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	2,551,310	32							17.4	14.2	4	
Average	82300	2							1.2	0.6		
Maximum:	163800	3							1.7	1.0		
Minimum:	4910	1							0.9	0.5		
1	73,200	2							1.5	1.0	4	
2	51,900	1							1.3	0.7		
3	44,100	1							1.3	0.7		
4	79,166	2							1.1	0.6		
5	79,167	2										
6	79,167	2										
7	76,800	2							1.1	0.5		
8	96,400	3							1.2	0.6		
9	62,300	1							1.7	0.8		
10	4,910	1							1.4	0.6		
11	81,267	2							1.2	0.5		
12	81,266	3										
13	81,267	2										
14	78,900	2							1.1	0.6		
15	51,200	1							1.4	0.7		
16	75,100									0.7		bypassing plant,
17	62,900									0.6		using City of
18	117,100									0.5		Port Richey water
19	117,100											March 15, 1994 to
20	117,100											March 29, 1994
21	108,900									0.8		
22	129,600									0.8		
23	97,000									0.5		
24	163,800									0.5		
25	81,033									0.6		
26	81,034											
27	81,033											
28	101,400									0.5		
29	72,200	2							0.9	0.5		
30	77,800	2							1.1	0.6		
31	47,000	1							1.1	0.7		

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

DER Form 17-555(10)(c)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone No: 904-688-1444 Reporting Month April 1994

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

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

I certify this report is correct Larry Ramsey A 221

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

Days of Month	Total Water Treated in Gallons	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										14.4	2	
Average:										0.6		
Maximum:										0.7		Water purchased
Minimum:										0.5		from Pasco County
1										0.6		
2										0.7		
3												
4										0.6	2	none
5										0.6		
6										0.5		
7										0.7		
8										0.5		
9												
10												
11										0.7		
12										0.5		
13										0.6		
14										0.6		
15										0.5		
16												
17												
18										0.6		
19										0.7		
20										0.7		
21										0.5		
22										0.7		
23										0.6		
24												
25										0.6		
26										0.5		
27										0.7		
28										0.7		
29										0.5		
30										0.5		
31												

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

DER Form 17-555(10/2)

Effective 11/1/1988

Water Purchased From Pasco County

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey
Owned By Southern States Utilities Phone No: 904-688-1444 Reporting Month April 1994
Plant Effluent pH (Avg) 7.262 No of Services at End of Month 282 No of People at End of Month
Design Flow .290 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B221
I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,892,843	39							14.6	12.6	4	
Average	96428	1							1.2	0.6		
Maximum:	172700	4							1.5	0.8		
Minimum:	4510								1.0	0.5		
1	94,100	3							1.0	0.5		
2	94,100	3										
3	94,100	3										
4	91,600	2							1.4	0.7	4	
5	121,700	3							1.4	0.6		
6	92,100	2							1.2	0.7		
7	4,510	1							1.2	0.7		
8	97,266	3							1.3	0.6		
9	97,268	3										
10	97,266	3										
11	120,400								1.2	0.7		Bypassing plant -
12	146,200									0.5		on City of Port
13	81,900									0.5		Richey water
14	80,700									0.6		
15	124,433									0.6		
16	124,434											
17	124,433											
18	129,200									0.6		
19	172,700									0.5		
20	74,900									0.5		
21	58,400									0.6		
22	98,433									0.6		
23	98,434											
24	98,433											
25	77,600	3							1.0	0.5		Plant back in
26	102,000	4							1.0	0.6		operation.
27	62,500	1							1.5	0.8		
28	46,600	1							1.2	0.6		
29	92,566	2							1.2	0.6		
30	92,567	2										
31												

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813 868 7342 Reporting Month May 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 816 No of People at End of Month

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

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

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
			Water Purchased fro Pasco County									
Monthly Total										14.7	2	
Average:										0.6		
Maximum:										0.8		
Minimum:										0.5		
1												
2										0.6	2	None
3										0.5		
4										0.5		
5										0.7		
6										0.7		
7												
8												
9										0.6		
10										0.7		
11										0.8		
12										0.7		
13										0.6		
14												
15												
16										0.6		
17										0.7		
18										0.7		
19										0.6		
20										0.6		
21												
22												
23										0.7		
24										0.6		
25										0.5		
26										0.7		
27										0.7		
28										0.5		
29												
30										0.6		
31										0.8		

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

DER Form 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813 868 7342 Reporting Month May 1994

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

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

I certify this report is correct [signature] B .221

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

Days of Month	Total Water Treated in Gallons	Chlorine			C				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	3,258,260	52							19.2	13.1	4	
Average:	105,105	2							1.2	0.6		
Maximum:	183,600	4							1.5	0.7		
Minimum:	44,200								1.0	0.5		
1	92,560	3										
2	85,600	2							1.1	0.6	4	None
3	118,400	3							1.2	0.6		
4	71,900	1							1.2	0.7		
5	44,200	1							1.3	0.7		
6	91,967	3							1.2	0.6		
7	91,966	3										
8	91,967	3										
9	93,700	2							1.0	0.5		
10	127,600	4							1.5	0.6		
11	111,000	O							1.5	0.7		Bypassing plant
12	60,100	O								0.5		on City of P.R.
13	133,100	O								0.5		water
14	133,100	O										
15	133,100	O										
16	126,100	O								0.6		
17	175,200	O								0.5		
18	77,100	2							1.2	0.7		Plant back in
19	52,300	1							1.1	0.5		operation
20	115,600	3							1.2	0.6		
21	115,600	3										
22	115,600	3										
23	110,400								1.3	0.6		Bypassing plant
24	183,600									0.7		due to high pump-
25	113,200									0.6		ing rates
26	56,800	1							1.2	0.6		
27	106,600	2							1.0	0.5		plant back in
28	106,600	3										operation
29	106,600	3										
30	84,900	2							1.2	0.7		
31	131,400	4							1.0	0.5		

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

DER Form 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey
Owned By Southern States Utilities Phone No: 813 868 7342 Reporting Month June 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 916 No of People at End of Month
Design Flow n/a Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B-221
I certify this report is correct (Lead Operator's Signature) B221 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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		
		Water Purchased from Pasco County										
Monthly Total										15.0	2	
Average:										0.6		
Maximum:										0.9		
Minimum:										0.5		
1										0.7	2	none
2										0.6		
3										0.8		
4												
5												
6										0.8		
7										0.5		
8										0.7		
9										0.7		
10										0.6		
11												
12												
13										0.8		
14										0.8		
15										0.6		
16										0.6		
17										0.7		
18										0.6		
19												
20										0.6		
21										0.9		
22										0.7		
23										0.6		
24										0.5		
25										0.7		
26												
27										0.8		
28										0.8		
29										0.7		
30										0.7		
31												

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

DER Form 17-555(10)(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location: City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813 868 7342 Reporting Month June 1994

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

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

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

Days of Month	Total Water Treated in in Gallons	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	2,662,600	22							12.6	13.8	4	
Average:	88,753	1							1.4	0.6		
Maximum:	132,800	4							2.0	1.0		
Minimum:	41,000								1.2	0.5		
1	85,600	2							1.4	0.7	4	none
2	41,100	1							1.4	0.7		
3	99,400	3							1.2	0.6		
4	99,400	3										
5	99,400	3										
6	73,700	2							1.4	0.7		
7	126,900								1.4	0.6		
8	73,000									0.6		
9	49,200									0.6		
10	114,467									0.6		
11	114,466											
12	114,467											
13	118,600									0.5		
14	69,400									0.7		
15										0.6		
16	57,500									0.6		
17	98,567									0.5		
18	98,566											
19	98,567											
20	100,300									0.7		
21	128,600									0.5		
22	90,500									0.5		
23	53,700									0.6		
24	118,067									0.6		
25	118,066											
26	118,067											
27	77,400	2							1.2	0.7		
28	132,800	4							2.0	1.0		
29	52,000	1							1.4	0.8		
30	40,800	1							1.2	0.5		
31												

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

DER Form 17-555-910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location: City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813-868-7342 Reporting Month July 1994

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

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

I certify this report is correct Larry Ramsey B221

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

Days of Month	Total Water Treated in Gallons	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		
		Water Purchased from Pasco County										
Monthly Total										16.0	2	
Average										0.7		
Maximum										1.1		
Minimum										0.5		
1	0									0.7		
2	0									0.9		
3	0											
4	0									1.1		
5	0									0.7	2	
6	0									0.7		
7	0									0.8		
8	0									0.6		
9	0											
10	0											
11	0									0.8		
12	0									0.8		
13	0									0.6		
14	0									0.8		
15	0									0.6		
16	0											
17	0											
18	0									0.6		
19	0									0.6		
20	0									0.8		
21	0									0.7		
22	0									0.7		
23	0									0.8		
24	0											
25	0									0.6		
26	0									0.8		
27	0									0.8		
28	0									0.8		
29	0									0.5		
30	0											
31	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

DER Form 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL Smith Location: City or S/D Port Richey

Owned By Southern States Utilities Phone No. 813-868-7342 Reporting Month July 1994

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

Design Flow .290 GPM Remarks (Use Reverse Side) * Plant is interconnected with City of Port Richey

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

I certify the report a correct Larry Ramsey B221

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

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l			* City of Port Richey By-Pass Flow	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,774,700	34						23.9	13.6	4	
Average	57,248	1						1.2	0.6		
Maximum	239,600	5						1.5	0.9		
Minimum								1.0	0.5		
1	40,800	1						1.1	0.5		
2		1									
3		1									
4	186,800	1						1.4	0.7		
5	57,000	1						1.2	0.6	4	
6	91,600	2						1.1	0.6		
7	51,700	1						1.2	0.7		
8	36,600	1						1.2	0.5		
9											
10											
11	188,000	5						1.1	0.7		
12	67,500	2						1.0	0.5		
13	69,600	1						1.1	0.9		
14	44,300	1						1.2	0.7		
15	36,500	1							0.6		
16											
17								1.1			
18	201,600	3						1.0	0.6		
19	75,700	1						1.2	0.7		
20	89,500	1						1.2	0.6		
21	57,300	1						1.5	0.6		
22	41,300	1							0.8		
23		1									
24		2						1.3			
25	239,600	1						1.2	0.7		
26	53,400	1						1.2	0.7		
27	63,300	1						1.4	0.6		
28	45,700	1						1.2	0.7		
29	36,900	1							0.6		
30											
31											

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

DER Form 17-555[illegible]

Effective 11/1/[illegible]

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey
Owned By Southern States Utilities Phone No: 813-868-7342 Reporting Month August 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 916 No of People at End of Month
Design Flow n/a Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B-221
I certify this report is correct (Lead Operator's Signature) B (Cert. Level) 221 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine			L				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		
		Water Purchased from Pasco County										
Monthly Total										20.7	2	
Average:										0.7		
Maximum:										0.9		
Minimum:										0.6		
1	0									0.7	2	
2	0									0.8		
3	0									0.8		
4	0									0.6		
5	0									0.8		
6	0									0.7		
7	0									0.6		
8	0									0.7		
9	0									0.9		
10	0									0.8		
11	0									0.8		
12	0									0.7		
13	0									0.8		
14	0											
15	0									0.8		
16	0									0.7		
17	0									0.7		
18	0									0.6		
19	0									0.7		
20	0									0.8		
21	0											
22	0									0.6		
23	0									0.9		
24	0									0.7		
25	0									0.8		
26	0									0.6		
27	0											
28	0									0.9		
29	0									0.7		
30	0									0.7		
31	0									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 month of record

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL Smith Location:City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813-868-7342 Reporting Month August 1994

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

Design Flow .280 GPM Remarks (Use Reverse Side) * Plant is interconnected with City of Port Richey

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

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

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l			* City of Port Richey By-Pass Flow	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,833,300	41						26.6	14.9	4	
Average:	59,139	1						1.2	0.6		
Maximum:	199,800	4						1.3	0.9		
Minimum:								1.0	0.5		
1	177,600	4					O	1.2	0.6	4	
2	42,600	1					O	1.1	0.6		
3	62,500	2					O	1.1	0.5		
4	45,000	1					O	1.1	0.6		
5	37,700	1					O	1.0	0.5		
6							O				
7							O				
8	185,100	4					O	1.1	0.6		
9	62,500	1					O	1.3	0.8		
10	71,200	2					O	1.2	0.8		
11	47,800	1					O	1.0	0.5		
12	33,000	1					O	1.2	0.6		
13							O				
14							O				
15	163,800	3					O	1.1	0.6		
16	55,000	1					O	1.1	0.8		
17	48,400	1					O	1.2	0.6		
18	36,100	1					O	1.2	0.6		
19	35,600	1					O	1.0	0.6		
20							O				
21							O				
22	199,800	4					O	1.1	0.7		
23	55,800	1					O	1.1	0.6		
24	81,200	2					O	1.2	0.7		
25	43,200	1					O	1.2	0.6		
26	34,700	1					O	1.3	0.7		
27							O				
28							O				
29	178,700	4					O	1.3	0.8		
30	66,000	2					O	1.3	0.9		
31	70,200	1					O	1.2	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 month of record

DER Form 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813-868-7342 Reporting Month September 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 918 No of People at End of Month

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

I certify this report is correct Larry Ramsey B 221

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

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	Fluoride lbs used	Fluoride mg/l	Other lbs used	Other mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
	Water Purchased from Pasco County											
Monthly Total											2	
Average										0.7		
Maximum:										1.0		
Minimum:										0.6		
1	0									0.7	2	
2	0									0.6		
3	0									0.8		
4	0											
5	0									0.6		
6	0									0.7		
7	0									0.7		
8	0									0.8		
9	0									0.8		
10	0									1.0		
11	0											
12	0									0.6		
13	0									0.7		
14	0									0.7		
15	0									0.6		
16	0									0.9		
17	0											
18	0											
19	0									0.7		
20	0									0.7		
21	0									0.6		
22	0									0.8		
23	0									0.7		
24	0									0.9		
25	0											
26	0									0.7		
27	0									0.7		
28	0									0.8		
29	0									0.6		
30	0									0.6		
31												

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

DER Form 17-555910(3)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511350 PWS Name CL Smith Location:City or S/D Port Richey
Owned By Southern States Utilities Phone No: 813-868-7342 Reporting Month September 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Mont 282 No of People at End of Month
Design Flow .390 GPM Remarks (Use Reverse Side) * Plant is Interconnected with City of Port Richey
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B221
I certify this report is correct Larry Ramsey B 221
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated In Gallons	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			* City of Port Richey By-Pass Flow	Plant Effluent	Remote Tap		
Monthly Total	1,778,100	44						29.8	15.9	4	
Average:	59,270	1						1.3	0.7		
Maximum:	216,900	6						1.8	1.0		
Minimum:								1.1	0.5		
1	45,800	1						1.4	0.8	4	
2	37,500	1						1.3	0.6		
3											
4											
5	204,100	5						1.2	0.7		
6	75,000	2						1.1	0.5		
7	76,500	2						1.1	0.6		
8	59,600	1						1.3	0.6		
9	40,300	1						1.2	0.7		
10											
11											
12	216,900	5						1.3	0.7		
13	77,700	2						1.6	.0.6		
14	68,500	1						1.4	0.7		
15	43,800	1						1.8	1.0		
16	36,300	1						1.5	0.9		
17											
18											
19	164,900	4						1.3	0.6		
20	61,800	2						1.5	0.8		
21	68,400	2						1.5	0.8		
22	49,500	2						1.4	0.8		
23	41,000	1						1.4	0.7		
24											
25											
26	213,700	6						1.4	0.8		
27	46,400	1						1.2	0.7		
28	54,500	1						1.2	0.7		
29	42,000	1						1.3	0.8		
30	34,200	1						1.2	0.6		
31											

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

DER Form 17-3500(10)(2)
Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey
Owned By Southern States Utilities Phone No: 813-868-7342 Reporting Month October 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 916 No of People at End of Month
Design Flow n/a Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B-221 Ricky Leach A-4803
I certify this report is correct Ricky Leach A 4803
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals 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	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
	Water Purchased from Pasco County											
Monthly Total											2	
Average:										0.9		
Maximum:										1.6		
Minimum:										0.6		
1	0									0.7		
2	0											
3	0									0.6	2	
4	0									0.6		
5	0									0.6		
6	0									0.7		
7	0									0.7		
8	0											
9	0											
10	0									0.6		
11	0									0.8		
12	0									0.7		
13	0									0.7		
14	0									0.9		
15	0									0.6		
16	0											
17	0									0.7		
18	0									0.7		
19	0									0.9		
20	0									1.0		
21	0									0.6		
22	0											
23	0											
24	0									0.9		
25	0									0.7		
26	0									1.2		
27	0									1.2		
28	0									1.6		
29	0									1.3		
30	0											
31	0									1.4		

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

DER Form 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL Smith Location:City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813-868-7342 Reporting Month October 1994

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

Design Flow .290 GPM Remarks (Use Reverse Side) * Plant is interconnected with City of Port Richey

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221 Ricky Leach A-4803

I certify this report is correct Ricky Leach A 4803

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

Days of Month	Total Water Treated in Gallons	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			* City of Port Richey By-Pass Flow	Plant Effluent	Remote Tap		
Monthly Total	1,998,700	52						30.9	15.5	4	
Average	64,474	2						1.5	0.7		
Maximum:	223,700	6						1.9	1.1		
Minimum:								1.1	0.6		
1							O				
2							O				
3	158,300	4					O	1.2	0.7	4	
4	54,600	2					O	1.2	0.6		
5	59,600	2					O	1.9	1.1		
6	47,100	1					O	1.6	0.9		
7	42,100	1					O	1.6	0.6		
8							O				
9							O				
10	223,700	6					O	1.7	1.0		
11	66,300	2					O	1.6	0.8		
12	81,500	2					O	1.6	0.8		
13	72,400	2					O	1.4	0.6		
14	43,200	1					O	1.5	0.7		
15							O				
16							O				
17	183,400	5					O	1.6	0.7		
18	64,600	1					O	1.4	0.6		
19	93,500	3					O	1.4	0.7		
20	60,200	2					O	1.6	0.6		
21	53,200	1					O	1.5	0.6		
22							O				
23							O				
24	222,600	3					O	1.3	0.6		
25	73,300	2					O	1.5	0.8		
26	94,400	3					O	1.6	0.7		
27	46,300	4					O	1.4	0.7		
28	40,500	2					O	1.1	0.6		
29							O				
30							O				
31	197,900	3					O	1.2	0.7		

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

DER Form 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location: City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813-868-7342 Reporting Month November 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 917 No of People at End of Month

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Ricky Leach A-4803 Marc Golas C-7151 Doug Mann C-7185 Phil Kruse C-6833

I certify this report is correct Ricky Leach (Lead Operator's Signature) A (Cert. Level) 4803 (Cert. No)

Days of Month	Total Water Treated in Gallons	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		
		Water Purchased from Pasco County										
Monthly Total											2	
Average:										1.2		
Maximum:										2.0		
Minimum:										0.7		
1	0									1.5		
2	0									0.8		
3	0									1.0		
4	0									0.7		
5	0									0.9		
6	0											
7	0									1.4		
8	0									1.2	2	
9	0									0.9		
10	0									1.1		
11	0									0.8		
12	0									1.0		
13	0											
14	0									1.2		
15	0									1.0		
16	0									1.8		
17	0									1.3		
18	0									1.3		
19	0									1.1		
20	0									1.0		
21	0									1.2		
22	0									1.1		
23	0									1.0		
24	0									1.4		
25	0									1.5		
26	0									1.4		
27	0											
28	0									1.5		
29	0									1.5		
30	0									2.0		
31												

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

DER Form 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL Smith Location:City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813-868-7342 Reporting Month November 1994

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

Design Flow .290 GPM Remarks (Use Reverse Side) * Plant is interconnected with City of Port Richey

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Ricky Leach A-4803 Marc Golas C-7151 Doug Mann C-2185 Phil Kruse C-8633

I certify this report is correct Ricky Leach (Lead Operator's Signature) A (Cert. Level) 4803 (Cert. No)

Days of Month	Total Water Treated in Gallons	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			* City of Port Richey By-Pass Flow	Plant Effluent	Remote Tap		
Monthly Total	1,998,600	44						29.5	20.4	4	
Average	66,553	1						1.3	0.9		
Maximum	273,700	4						2.2	1.3		
Minimum								1.1	0.6		
1	70,800	1					O	1.6	1.0		
2	79,500	2					O	1.5	1.1		
3	56,200	1					O	1.3	1.0		
4	47,100	1					O	2.2	1.3		
5							O				
6							O				
7	273,700	4					O	1.5	1.0		
8	85,200	2					O	1.3	0.9	4	
9	89,900	2					O	1.2	0.9		
10	51,900	3					O	1.5	0.9		
11	41,700	3					O	1.2	0.8		
12							O				
13							O				
14	181,000	4					O	1.3	0.8		
15	66,400	2					O	1.1	0.6		
16	53,600	1					O	1.6	0.9		
17	45,700	1					O	1.4	0.9		
18	39,600	1					O	1.3	1.0		
19							O				
20							O				
21	184,100	3					O	1.3	1.0		
22	64,500	1					O	1.1	0.9		
23	74,800	2					O	1.2	0.9		
24	53,000	1					O	1.1	0.6		
25	40,100	1					O	1.1	0.6		
26							O				
27							O				
28	231,600	4					O	1.2	0.8		
29	83,500	2					O	1.2	1.0		
30	82,700	2					O	1.3	1.1		
31											

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

DER Form 17-555(10):2

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813-868-7342 Reporting Month December 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 917 No of People at End of Month

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Ricky Leach A-4803 Marc Golas C-7151 Doug Mann C-7185 Phil Kruse C-6633

I certify this report is correct Ricky Leach (Lead Operator's Signature) A (Cert. Level) 450? (Cert. No)

Days of Month	Total Water Treated in Gallons	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		
		Water Purchased from Pasco County										
Monthly Total											2	
Average:										1.0		
Maximum:										1.3		
Minimum:										0.7		
1	0									0.9		
2	0									0.7		
3	0									0.8		
4	0											
5	0									1.1		
6	0									1.3	2	
7	0									0.7		
8	0									0.8		
9	0									0.8		
10	0									0.9		
11	0											
12	0									0.9		
13	0									1.0		
14	0									1.1		
15	0									1.0		
16	0									1.0		
17	0									1.2		
18	0											
19	0									1.2		
20	0									1.1		
21	0									1.0		
22	0									0.9		
23	0									1.1		
24	0									0.8		
25	0									1.0		
26	0									0.9		
27	0									1.0		
28	0									1.3		
29	0									1.1		
30	0									1.2		
31	0									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.

DER Form 17-5888(10/2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL Smith Location:City or S/D Port Richey

Owned By Southern States Utilities Phone No: 813-868-7342 Reporting Month December 1994

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

Design Flow .290 GPM Remarks (Use Reverse Side) * Plant is interconnected with City of Port Richey

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Ricky Leach A-4803 Marc Golas C-7151 Doug Mann C-7185 Phil Kruse C-6833

I certify this report is correct Ricky Leach (Lead/Operator's Signature) A (Cert. Level) 4803 (Cert. No)

Days of Month	Total Water Treated in Gallons	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			* City of Port Richey By-Pass Flow	Plant Effluent	Remote Tap		
Monthly Total	1,630,400	50					211,000	23.3	20.7	6	
Average:	52,594	2						1.1	0.9		
Maximum:	232,300	7						1.5	1.2		
Minimum:									0.7		
1	46,300	2					0	1.3	1.0		
2	36,200	2					0	1.5	1.1		
3							0				
4							0				
5	232,300	7					0	1.3	1.2		
6	71,900	3					0	1.1	1.0	4	
7	81,300	3					0	1.3	1.0		
8	39,200	2					0	1.2	0.5		
9	47,100	2					0	1.3	0.9		
10							0				
11							0				
12	190,100	4					0	1.2	0.7		
13	69,400	2					0	1.1	0.8		
14	67,400	2					0	1.2	0.9		
15	52,500	1					0	1.3	1.0		
16	42,400	1					0	1.1	0.8		
17							0				
18							0				
19	193,500	4					0	1.2	0.9		
20	12,900	1					83,200	0	1.1		
21	8,800	0					60,800	0	1.0	1	
22	0	0					56,500	0	1.0	1	
23	30,500	4					10,500	1.2	0.9		
24							0				
25							0				
26	166,700	2					0	1.3	1.1		
27	71,900	2					0	1.1	0.9		
28	81,300	2					0	1.2	0.9		
29	46,300	2					0	1.2	0.8		
30	42,400	2					0	1.2	0.9		
31											

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month January 1993

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

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

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

Days of Month	Total Water Treated in Gallons	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										26.9	2	
Average										0.9		
Maximum										1.1		
Minimum										0.6		
1										0.9		
2										1.1		
3										1.0		
4										0.8		
5										0.8	2	None
6										1.0		
7										1.0		
8										0.9		
9										0.9		
10										0.7		
11										0.8		
12										1.0		
13										0.9		
14										0.9		
15										1.0		
16										1.1		
17										1.1		
18										0.7		
19										0.8		
20										0.7		
21										0.6		
22										0.9		
23										0.9		
24										0.6		
25										0.7		
26										0.9		
27										0.7		
28										0.8		
29										0.7		
30										0.9		
31										1.1		

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

DER Form 17.555910(2) Water Purchased From Pasco County

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month January 1993

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

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

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

Days of Month	Total Water Treated in in Gallons	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	2,373	64							23.6	12.3	4	
Average	77	2							1.1	0.6		
Maximum:	135	3							1.2	0.7		
Minimum:	38	1							1.0	0.5		
1	135	3							1.2	0.6		
2	135	3										
3	133	3										
4	90	2							1.0	0.6		
5	103	3							1.1	0.5	4	None
6	52	2							1.6	0.7		
7	58	2							1.2	0.5		
8	67	2							1.0	0.5		
9	65	2										
10	67	2										
11	88	2							1.2	0.7		
12	97	3							1.2	0.6		
13	65	2							1.0	0.5		
14	51	1							1.1	0.5		
15	66	2							1.2	0.7		
16	66	2										
17	66	2										
18	91	3							1.0	0.5		
19	97	3							1.2	0.6		
20	56	2							1.0	0.6		
21	56	1							1.1	0.6		
22	85	2							1.1	0.5		
23	85	2										
24	85	2										
25	61	2							1.2	0.7		
26	62	2							1.0	0.6		
27	49	1							1.0	0.5		
28	38	1							1.1	0.6		
29	66	1							1.1	0.6		
30	68	2										
31	66	2										

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month February 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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										20.4		
Average										0.7		
Maximum										1.0		
Minimum										0.5		
1										0.9	2	None
2										0.7		
3										0.7		
4										0.6		
5										0.8		
6										0.6		
7										0.6		
8										0.7		
9										1.0		
10										0.8		
11										0.9		
12										0.7		
13										0.7		
14										0.9		
15										0.6		
16										0.8		
17										0.8		
18										0.7		
19										0.7		
20										0.6		
21										0.6		
22										0.8		
23										0.5		
24										0.7		
25										0.7		
26										0.6		
27										0.8		
28										0.7		
29												
30												
31												

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

DER Form 17.555910(2) Water Purchased From Pasco County

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month February 1993

Plant Effluent pH (Avg) 7.285 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

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

Days of Month	Total Water Treated in in Gallons	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	1,680								22.2	11.8	4	
Average	67								1.1	0.6		
Maximum	99								1.8	0.9		
Minimum	31								1.0	0.5		
1	72								1.2	0.7	4	None
2	42								1.1	0.5		
3	31								1.2	0.6		
4	50								1.0	0.5		
5	78								1.0	0.6		None
6	78											
7	78											
8	70								1.2	0.6		
9	95								1.0	0.5		
10	57								1.0	0.6		
11	44								1.2	0.7		
12	81								1.0	0.5		
13	81											
14	81											
15	83								1.2	0.7		
16	99								1.8	0.9		
17	43								1.0	0.6		
18	41								1.0	0.5		
19	76								1.1	0.6		
20	76											
21	76											
22	66								1.1	0.5		
23	84								1.0	0.5		
24	64								1.0	0.6		
25	45								1.1	0.6		
26	63								1.0	0.5		
27	63											
28	63											
29												
30												
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month March 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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										21.3	2	
Average										0.7		
Maximum										0.8		
Minimum										0.6		
1										0.7		
2										0.6	2	
3										0.6		
4										0.8		
5										0.6		None
6										0.7		
7										0.7		
8										0.6		
9										0.6		
10										0.8		
11										0.8		
12										0.7		
13										0.7		
14										0.6		
15										0.8		
16										0.6		
17										0.6		
18										0.7		
19										0.7		
20										0.8		
21										0.8		
22										0.6		
23										0.7		
24										0.6		
25										0.8		
26										0.7		
27										0.6		
28										0.8		
29										0.6		
30										0.7		
31										0.7		

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

DER Form 17.555910(2) Water Purchased From Pasco County

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month March 1993

Plant Effluent pH (Avg) 7.278 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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	2,114								25.6	13.5	6	
Average	68								1.1	0.6		
Maximum:	104								1.9	0.9		
Minimum:	36								0.9	0.5		
1	84								1.9	0.9		
2	103								1.7	0.9	4	
3	56								1.1	0.6	1	
4	51								1.1	0.6	1	
5	75								0.9	0.5		None
6	75											
7	75											
8	67								1.0	0.6		
9	95								1.0	0.5		
10	54								1.1	0.6		
11	42								1.0	0.6		
12	40								1.0	0.5		
13	92											
14	92											
15	59								1.0	0.5		
16	75								1.0	0.5		
17	41								1.1	0.6		
18	36								1.1	0.5		
19	62								1.0	0.6		
20	64											
21	62											
22	72								1.1	0.5		
23	56								1.2	0.6		
24	77								1.0	0.6		
25	49								1.0	0.6		
26	74								1.2	0.5		
27	75											
28	74											
29	91								1.0	0.6		
30	104								1.1	0.6		
31	42								1.0	0.5		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey
Owned By Southern States Utilities Phone 904-688-1444 Reporting Month April 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____
Design Flow n/a Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B-221
I certify this report is correct Original signed by Larry Ramsey
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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										21.9	2	
Average										0.7		
Maximum										1.0		
Minimum										0.5		
1										0.6		
2										0.9		
3										0.7		
4										0.7		
5										0.7	2	None
6										0.6		
7										0.9		
8										0.5		
9										0.7		
10										0.8		
11										0.6		
12										0.7		
13										0.6		
14										0.6		
15										0.7		
16										0.9		
17										0.6		
18										0.6		
19										0.8		
20										0.7		
21										0.6		
22										0.8		
23										1.0		
24										1.0		
25										0.9		
26										1.0		
27										0.8		
28										0.5		
29										0.7		
30										0.7		
31												

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

DER Form 17.555910(2) Water Purchased From Pasco County
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-868-1444 Reporting Month April 1993

Plant Effluent pH (Avg) 7.286 No of Services at End of Month _____ No of People at End of Month _____

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

I certify this report is correct Original Signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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	2,231	50							25.3	13.7	4	
Average	74	2							1.2	0.6		
Maximum	116	3							1.8	0.8		
Minimum	36	1							0.9	0.5		
1	36	1							1.1	0.6		
2	71	2							1.0	0.6		
3	71	2										
4	71	2										
5	64	1							0.9	0.5	4	None
6	88	2							1.1	0.7		
7	78	2							1.1	0.6		
8	54	1							1.0	0.6		
9	73	1							1.0	0.5		
10	73	2										
11	73	2										
12	80	2							1.8	0.6		
13	103	3							1.3	0.8		
14	61	1							1.3	0.6		
15	36	1							1.1	0.5		
16	70	1							1.2	0.7		
17	70	1										
18	70	2										
19	77	2							1.4	0.8		
20	116	3							1.0	0.5		
21	54	1							1.0	0.6		
22	43	1							1.2	0.6		
23	93	1							1.2	0.6		
24	93	2										
25	93	1										
26	83	2							1.2	0.8		
27	106	3							1.0	0.5		
28	69	1							1.0	0.6		
29	53	1							1.1	0.6		
30	108	3							1.4	0.8		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month May 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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										22.6	2	
Average:										0.7		
Maximum:										1.0		
Minimum:										0.5		
1										0.7		
2										0.9		
3										0.6	2	None
4										0.7		
5										0.9		None
6										0.6		
7										0.6		
8										0.8		
9										0.7		
10										0.7		
11										0.6		
12										0.8		
13										0.7		
14										0.7		
15										0.5		
16										0.8		
17										0.8		
18										0.6		
19										0.6		
20										0.9		
21										0.7		
22										0.9		
23										0.9		
24										0.6		
25										0.7		
26										0.7		
27										0.9		
28										0.6		
29										0.6		
30										0.8		
31										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

DER Form 17.555910(2) Water Purchased From Pasco County

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-668-1444 Reporting Month May 1993

Plant Effluent pH (Avg) 7.271 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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	3,303	76							27.7	13.5	4	
Average	107	2							1.3	0.6		
Maximum	166	4							1.7	0.8		
Minimum	53	1							1.0	0.5		
1	108	3										
2	108	3										
3	89	2							1.7	0.7	4	None
4	131	3							1.5	0.7		
5	86	1							1.3	0.6		None
6	73	2							1.4	0.6		
7	112	2							1.4	0.7		
8	112	3										
9	112	2										
10	102	2							1.3	0.6		
11	155	3							1.4	0.7		
12	94	2							1.3	0.6		
13	53	2							1.5	0.6		
14	124	3							1.3	0.7		
15	124	3										
16	124	3										
17	109	2							1.0	0.5		
18	155	3							1.2	0.7		
19	90	2							1.2	0.7		
20	71	2							1.2	0.6		
21	127	3							1.3	0.6		
22	127	3										
23	127	3										
24	141	3							1.2	0.5		
25	166	4							1.2	0.6		
26	114	2							1.3	0.6		
27	74	2							1.5	0.7		
28	74	2							1.3	0.7		
29	74	2										
30	74	2										
31	72	2							1.2	0.8		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month June 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in Gallons	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										22.5	2	
Average										0.8		
Maximum:										1.1		
Minimum:										0.6		
1										0.6	2	None
2										0.9		
3										0.7		
4										0.7		
5										0.9		
6										1.1		
7										0.8		
8										0.6		
9										0.7		
10										0.7		
11										0.6		
12										0.6		
13										0.6		
14										0.8		
15										0.7		
16										0.9		
17										0.9		
18										0.7		
19										1.0		
20										0.8		
21										0.6		
22										0.8		
23										0.8		
24										0.8		
25										0.8		
26										0.6		
27										0.6		
28										0.7		
29										0.7		
30										0.6		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

Water Purchased From Pasco County

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month June 1993

Plant Effluent pH (Avg) 7.286 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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	3,129	83							27.6	14.5	4	
Average	104	2.7							1.3	0.7		
Maximum	157	5							1.5	0.9		
Minimum	52	1							1.0	0.5		
1	145	3							1.2	0.6	4	None
2	93	2							1.4	0.7		
3	68	1							1.2	0.7		
4	125	3							1.3	0.6		
5	125	3										
6	125	3										
7	112	3							1.1	0.6		
8	161	4							1.2	0.7		
9	103	3							1.1	0.7		
10	80	3							1.2	0.7		
11	92	2							1.1	0.5		
12	92	3										
13	92	2										
14	98	3							1.2	0.6		
15	124	4							1.4	0.8		
16	73	3							1.4	0.6		
17	56	1							1.2	0.6		
18	114	3							1.5	0.8		
19	114	3										
20	114	3										
21	121	3							1.4	0.6		
22	157	5							1.4	0.7		
23	79	3							1.5	0.9		
24	52	2							1.2	0.7		
25	114	3							1.0	0.5		
26	114	3										
27	114	3										
28	118	3							1.2	0.6		
29	84	2							1.3	0.6		
30	60	1							1.3	0.7		
31												

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

DER Form 17.555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey
Owned By Southern States Utilities Phone 904-688-1444 Reporting Month July 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____
Design Flow n/a Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B-221
I certify this report is correct Original signed by Larry Ramsey
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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										19.7	2	
Average										0.7		
Maximum:										0.9		
Minimum:										0.6		
1										0.8		
2										0.6		
3										0.6		
4										0.6		
5										0.8		None
6										0.6	2	
7										0.6		
8										0.6		
9										0.8		
10										0.7		
11												
12										0.6		
13										0.9		
14										0.7		
15										0.8		
16										0.8		
17												
18										0.8		
19										0.6		
20										0.8		
21										0.8		
22										0.8		
23										0.8		
24												
25										0.7		
26										0.6		
27										0.8		
28										0.6		
29										0.6		
30										0.7		
31												

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

DER Form 17.555910(2) Water Purchased From Pasco County
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month July 1993

Plant Effluent pH (Avg) 7.286 No of Services at End of Month _____ No of People at End of Month _____

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsay B221

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

Days of Month	Total Water Treated in in Gallons	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	3,129	42							18.5	14.0	4	
Average	101	2.1							1.2	0.6		
Maximum	146	4							1.6	0.8		
Minimum	42								1.0	0.5		
1	42	1							1.1	0.6		
2	96	1							1.2	0.6		
3	96	2										
4	96	2										
5	99	2							1.1	0.7	4	None
6	146	4							1.2	0.6		
7	81	2							1.2	0.6		
8	56	1							1.0	0.5		
9	96	2							1.2	0.6		
10	96	2										
11	96	2										
12	93	2							1.3	0.7		
13	87	2							1.0	0.5		
14	87	1							1.2	0.5		
15	60									0.6		
16	127									0.6		
17	127											
18	127											
19	134									0.6		
20	141									0.6		
21	111									0.6		
22	80									0.6		
23	123									0.7		
24	123											
25	123											
26	100	3							1.4	0.8		
27	146	4							1.6	0.8		
28	78	2							1.3	0.7		
29	51	1							1.3	0.7		
30	107	3							1.4	0.8		
31	107	3										

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

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month August 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

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

Days of Month	Total Water Treated in in Gallons	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										17.4	2	
Average										0.6		
Maximum										0.8		
Minimum										0.5		
1										0.8		
2										0.7	2	None
3										0.7		
4										0.8		
5										0.6		
6										0.6		
7												
8										0.8		
9										0.7		
10										0.7		
11										0.6		
12										0.6		
13										0.5		
14												
15										0.7		
16										0.6		
17										0.6		
18										0.8		
19										0.7		
20										0.6		
21												
22										0.8		
23										0.6		
24										0.6		
25										0.8		
26										0.5		
27										0.5		
28												
29										0.7		
30										0.5		
31										0.5		

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

DER Form 17.555910(2) Water Purchased From Pasco County

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month August 1993

Plant Effluent pH (Avg) 7.286 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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	3,353	49							19.8	14.2	4	
Average	108	2.3							1.3	0.6		
Maximum	179	3							1.6	0.8		
Minimum	38	1							1.2	0.5		
1	107	3										
2	97	2							1.2	0.7	4	None
3	131	3							1.2	0.6		
4	94	2							1.3	0.6		
5	70	2							1.4	0.7		
6	112	3							1.4	0.6		
7	112	3										
8	112	2										
9	100	2							1.2	0.6		
10	154	4							1.4	0.7		
11	101	2							1.4	0.7		
12	73	2							1.2	0.6		
13	100	2							1.6	0.8		
14	100	2										
15	100	3										
16	158								1.4	0.7		
17	95									0.5		
18	139									0.8		
19	105									0.7		
20	179									0.7		
21	179											
22	179											
23	126									0.6		
24	130									0.6		
25	103									0.7		
26	38	1							1.2	0.6		
27	74	2							1.4	0.7		
28	74	2										
29	74	3										
30	58	2							1.2	0.5		
31	79	2							1.3	0.5		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511931 PWS Name Palm Terrace Location:City or S/D Port Richey
Owned By Southern States Utilities Phone 904-688-1444 Reporting Month September 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____
Design Flow n/a Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B-221
I certify this report is correct Original signed by Larry Ramsey
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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										17.1	2	
Average:										0.7		
Maximum:										0.8		
Minimum:										0.5		
1										0.6		
2										0.5		
3										0.6		
4										0.7		
5												
6										0.6		
7										0.8		
8										0.8	2	None
9										0.6		
10										0.6		
11												
12										0.8		
13										0.6		
14										0.7		
15										0.7		
16										0.5		
17										0.7		
18										0.5		
19												
20										0.6		
21										0.6		
22										0.8		
23										0.8		
24										0.6		
25												
26										0.8		
27										0.7		
28										0.7		
29										0.6		
30										0.6		
31												

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

DER Form 17.555910(2) Water Purchased From Pasco County
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location: City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month Septembe 1993

Plant Effluent pH (Avg) 7.277 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

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

Days of Month	Total Water Treated in in Gallons	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	2,275	25							17.7	14.1	4	
Average	76	1.5							1.4	0.6		
Maximum	112	3							1.5	0.7		
Minimum	43	1							1.2	0.5		
1	52	1							1.2	0.6		
2	43	1							1.2	0.6		
3	43	1							1.3	0.5		
4	43	1										
5	43	1										
6	73	2							1.2	0.6		
7	76	2							1.4	0.7		
8	55	1							1.5	0.7	4	None
9	38	1							1.4	0.6		
10	69	2							1.4	0.7		
11	69	2										
12	69	2										
13	95								1.3	0.7		
14	112									0.6		
15	56									0.7		
16	75									0.7		
17	111									0.6		
18	111											
19	111											
20	61									0.6		
21	89									0.5		
22	80									0.7		
23	59									0.6		
24	103									0.7		
25	103											
26	103											
27	86	2							1.4	0.7		
28	111	3							1.4	0.7		
29	81	2							1.5	0.7		
30	54	1							1.5	0.6		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month October 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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										16.8	2	
Average:										0.6		
Maximum:										0.8		
Minimum:										0.5		
1										0.7		
2												
3										0.6		
4										0.7		
5										0.7		
6										0.6	2	None
7										0.6		
8										0.6		
9												
10										0.7		
11										0.7		
12										0.6		
13										0.6		
14										0.8		
15										0.6		
16										0.6		
17												
18										0.7		
19										0.5		
20										0.6		
21										0.6		
22										0.8		
23												
24										0.6		
25										0.7		
26										0.7		
27										0.6		
28										0.5		
29										0.7		
30										0.7		
31												

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

DER Form 17.555910(2) Water Purchased From Pasco County

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month October 1993

Plant Effluent pH (Avg) 7.295 No of Services at End of Month _____ No of People at End of Month _____

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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	2,287	43							20.1	13.9	6	
Average	74	1.4							1.3	0.7		
Maximum:	124	4							1.5	1.1		
Minimum:	40	1							1.0	0.5		
1	102	4							1.3	0.6		
2	102	3										
3	102	4										
4	102	1							1.3	0.9		
5	97	3							1.0	0.6		
6	52	2							1.3	0.8	4	1 (well)
7	45	2							1.6	1.1		
8	77	2							1.1	0.7		
9	77	2										
10	77	2										
11	88	2							1.2	0.7	1	0 Resample Well
12	101	3							1.5	0.8	1	0 Resample Well
13	72	1							1.4	0.7		
14	40	1							1.2	0.7		
15	62	1							1.1	0.6		
16	62	1										
17	62	1										
18	101								1.1	0.6		
19	124									0.5		
20	82									0.7		
21	79									0.5		
22	48									0.6		
23	48											
24	48											
25	66									0.6		
26	77	1							1.3	0.5		
27	64	1							1.2	0.5		
28	41	1							1.3	0.6		
29	63	2							1.2	0.6		
30	63	1										
31	63	2										

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

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month November 1993

Plant Effluent pH (Avg) ____ No of Services at End of Month 916 No of People at End of Month ____

Design Flow n/a Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B-221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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										17.6	2	
Average										0.7		
Maximum:										0.9		
Minimum:										0.5		
1										0.6	2	None
2										0.6		
3										0.5		
4										0.7		
5										0.6		
6										0.8		
7												
8										0.6		
9										0.6		
10										0.7		
11										0.7		
12										0.6		
13										0.5		
14												
15										0.6		
16										0.7		
17										0.7		
18										0.6		
19										0.8		
20												
21										0.7		
22										0.9		
23										0.9		
24										0.7		
25										0.7		
26										0.8		
27												
28										0.8		
29										0.6		
30										0.6		
31												

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

DER Form 17.555910(2) Water Purchased From Pasco County

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month Novembe 1993

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

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey B221

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

Days of Month	Total Water Treated in in Gallons	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	2,167	55							26.7	14.5	4	
Average	72	1.8							1.2	0.7		
Maximum	116	3							1.4	0.8		
Minimum	41	1							1.0	0.5		
1	63	2							1.0	0.6	4	None
2	74	2							1.1	0.6		
3	58	1							1.0	0.5		
4	54	1							1.2	0.7		
5	74	2							1.0	0.5		
6	74	2										
7	74	3										
8	85	2							1.2	0.7		
9	90	2							1.0	0.6		
10	54	1							1.4	0.8		
11	51	1							1.4	0.7		
12	82	2							1.3	0.7		
13	82	2										
14	82	2										
15	84	2							1.4	0.6		
16	113	3							1.4	0.7		
17	73	2							1.3	0.7		
18	50	1							1.3	0.6		
19	78	2							1.4	0.6		
20	78	2										
21	78	2										
22	91	1							1.3	0.8		
23	116	3							1.1	0.6		
24	61	2							1.2	0.7		
25	55	2							1.2	0.9		
26	41	1							1.0	0.7		
27	41	1										
28	41	1										
29	76	2							1.2	0.5		
30	94	3							1.3	0.7		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511331 PWS Name Palm Terrace Location:City or S/D Port Richey
Owned By Southern States Utilities Phon 904-688-1444 Reporting Month December 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 916 No of People at End of Month
Design Flow n/a Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Larry Ramsey B-221

I certify this report is correct Original signed by Larry Ramsey B221
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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										17	2	
Average										0.6		
Maximum										0.8		
Minimum										0.5		
1										0.6	2	None
2										0.7		
3										0.7		
4												
5										0.8		
6										0.8		
7										0.6		
8										0.7		
9										0.6		
10										0.6		
11												
12										0.5		
13										0.7		
14										0.6		
15										0.6		
16										0.6		
17										0.6		
18												
19										0.6		
20										0.5		
21										0.5		
22										0.7		
23										0.5		
24										0.6		
25												
26										0.5		
27										0.5		
28										0.7		
29										0.7		
30										0.7		
31										0.8		

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

DER Form 17 5559101(2)
Effective 11/1/1986

Water Purchased From Pasco County

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6511330 PWS Name CL SMITH Location:City or S/D Port Richey

Owned By Southern States Utilities Phone 904-688-1444 Reporting Month December 1993

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

Design Flow .290 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Ramsey 8221

I certify this report is correct Original signed by Larry Ramsey

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

Days of Month	Total Water Treated in in Gallons	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	2,086	49							27.6	13.8	4	
Average	67	1.6							1.2	0.6		
Maximum:	102	3							1.4	0.8		
Minimum:	46	1							1.0	0.5		
1	77	2							1.2	0.6	4	None
2	47	1							1.2	0.5		
3	81	2							1.4	0.7		
4	81	2										
5	81	2										
6	76	2							1.2	0.5		
7	102	3							1.2	0.6		
8	71	2							1.3	0.6		
9	46	1							1.3	0.5		
10	73	1							1.2	0.6		
11	73	2										
12	73	1										
13	89	2							1.4	0.7		
14	73	1							1.3	0.8		
15	53	1							1.3	0.7		
16	46	1							1.1	0.6		
17	70	2							1.0	0.7		
18	70	2										
19	70	2										
20	62	1							1.2	0.7		
21	68	2							1.2	0.6		
22	50	1							1.1	0.5		
23	46	1							1.1	0.5		
24	66	2							1.2	0.6		
25	66	1										
26	66	1										
27	60	1							1.2	0.5		
28	8[illegible]	2							1.1	0.6		
29	57	1							1.2	0.6		
30	49	2							1.1	0.5		
31	61	2							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 month of record

DER Form 17.555910(2)
Effective 11/1/1988

Reference: Palm Valley / St. Johns County
Monthly Operating Reports / Water

Please Note:

May 14, 1993 the **Palm Valley** water treatment plant was taken off line. Water is being purchased from Intercoastal Utilities.

There are no monthly operating reports for this area after May 1993.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (Center) Location:City or S/D Ponte Verde Beach

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month January 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 216 All 3 Plants combined

Design Flow .032 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Donald Holcomb A5091

I certify this report is correct Original signed by Donald R. Holcomb

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

Days of Month	Total Water Treated in in Gallons	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	1125	112		376.2					83.2	16.7		
Average:	36.3	3.6		12.1					2.7	0.5		
Maximum:	56	6		22.2					3.5	1.0		
Minimum:	20	1		3.6					1.2	0.2		
1	51.0	4.00		9.30					3.0	0.3		
2	36.0	3.00		10.00					3.0	0.6		
3	39.0	6.00		18.10					2.5	0.8		
4	49.0	6.00		14.60					2.8	0.6		
5	44.0	4.00		10.80					1.7	0.4		
6	26.0	4.00		18.20					3.5	1.0		
7	34.0	4.00		14.30					2.8	0.7	1R 4D	2D-C
8	31.0	2.00		7.70					2.6	0.5		
9	32.0	6.00		22.20					3.0	0.6		
10	37.0	3.00		10.00					2.6	0.8		
11	46.0	3.00		8.10					3.2	0.7		
12	29.0	5.00		20.80					3.5	0.9		
13	39.0	5.00		15.20					1.2	0.2		
14	27.0	3.00		13.00					2.0	0.3		
15	30.0	2.00		8.00					2.3	0.3		
16	36.0	2.00		6.70					2.8	0.4		
17	20.0	3.00		17.60					2.5	0.3		
18	31.0	5.00		19.20					2.0	0.3	2D	All A
19	58.0	4.00		8.30					2.2	0.4		
20	36.0	4.00		13.30					2.4	0.4		
21	41.0	4.00		11.80					2.3	0.4		
22	38.0	5.00		15.60					2.9	0.5		
23	34.0	4.00		14.30					3.0	0.4		
24	41.0	3.00		8.80					3.0	0.4		
25	42.0	4.00		11.40					3.0	0.6		
26	38.0	4.00		12.50					2.9	0.8		
27	34.0	3.00		10.70					3.1	0.7		
28	36.0	3.00		10.00					3.0	0.6		
29	33.0	2.00		7.10					2.8	0.7		
30	33.0	1.00		3.60					2.6	0.4		
31	24.0	1.00		5.00					3.0	0.7		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550856 PWS Name Palm Valley (North) Location:City or S/D Ponte Verde Beach
Owned By Southern States Utilities Phone 904-743-1888 Reporting Month January 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 218 All 3 Plants combined
Design Flow .032 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Donald Holcomb A5091
I certify this report is correct Original signed by Donald R. Holcomb
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	426.0	39.0		360.9					74.0	13.9		
Average	13.7	1.3		11.6					2.4	0.4		
Maximum	21.3	2		40.0					3.0	0.8		
Minimum	6.9	1		5.6					1.8	0.2		
1	17.6	1.00		6.70					2.4	0.8		
2	19.4	2.00		12.50					2.4	0.8		
3	14.0	1.00		8.30					2.0	0.6		
4	14.3	1.00		8.30					2.2	0.5		
5	13.0	1.00		9.10					2.0	0.4		
6	12.0	1.00		10.00					2.0	0.4		
7	11.6	1.00		10.00					1.8	0.4	1R 4D	All A
8	15.4	2.00		15.40					2.4	0.5		
9	14.1	1.00		8.30					3.0	0.8		
10	9.4	1.00		12.50					3.0	0.6		
11	15.4	1.00		7.70					2.7	0.4		
12	12.0	2.00		20.00					2.4	0.3		
13	13.0	1.00		9.10					2.0	0.3		
14	11.6	1.00		10.00					2.0	0.2		
15	14.1	1.00		8.30					2.4	0.4		
16	15.0	1.00		7.70					2.8	0.6		
17	6.9	2.00		40.00					2.7	0.8		
18	21.3	1.00		5.60					1.8	0.3		
19	16.0	2.00		15.40					2.0	0.3		
20	15.1	1.00		7.70					2.2	0.4		
21	15.0	1.00		7.70					3.0	0.6		
22	14.2	1.00		8.30					3.0	0.4		
23	11.6	1.00		10.00					3.0	0.4		
24	16.2	2.00		15.40					3.0	0.3		
25	12.0	1.00		10.00					2.5	0.3		
26	13.2	2.00		18.20					2.4	0.4		
27	16.0	2.00		15.40					2.5	0.3		
28	14.4	1.00		8.30					2.0	0.3		
29	10.5	1.00		12.50					2.0	0.4		
30	10.1	1.00		12.50					2.0	0.4		
31	11.6	1.00		10.00					2.4	0.3		

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

DER Form 17-555910:2
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550865 PWS Name Palm Valley (South) Location:City or S/D Ponte Verde Beach

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month January 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 216 All 3 Plants combined

Design Flow .032 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Donald Holcomb A5091

I certify this report is correct Original signed by Donald R. Holcomb

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

Days of Month	Total Water Treated in Gallons	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	708.5	77		428.2					69.1	17.2		
Average	22.9	2.5		13.8					2.2	0.6		
Maximum:	53.6	15		88.2					3.5	3.5		
Minimum:	11.9	1		4.3					0.6	0.2		
1	19.1	2.00		12.50					2.4	0.6		
2	14.4	2.00		16.70					2.2	0.6		
3	15.8	1.00		7.70					2.3	0.4		
4	53.6	3.00		6.70					2.6	0.5		
5	20.3	15.00		88.20					3.5	3.5		
6	36.0	4.00		15.40					3.5	0.3		
7	22.0	2.00		11.10					0.6	0.3	1R 2D	All A
8	15.6	2.00		15.40					3.5	3.5		
9	22.6	2.00		10.50					2.8	0.4		
10	16.3	1.00		7.70					2.6	0.3		
11	26.6	1.00		4.50					2.2	0.2		
12	17.8	2.00		13.30					1.3	0.2		
13	21.5	2.00		11.10					1.8	0.3		
14	19.0	1.00		6.30					1.7	0.3		
15	22.4	2.00		10.50					2.2	0.4		
16	26.7	3.00		13.60					2.8	0.6		
17	14.7	2.00		15.40					1.8	0.2		
18	28.1	1.00		4.30					1.8	0.3		
19	22.8	1.00		5.30					2.0	0.3		
20	15.5	1.00		7.70					2.4	0.4		
21	27.5	1.00		4.30					2.0	0.3		
22	20.1	3.00		16.70					2.4	0.4		
23	21.0	3.00		16.70					2.4	0.6		
24	24.5	2.00		10.00					2.4	0.6		
25	20.4	1.00		5.90					3.0	0.3		
26	47.2	5.00		12.80					3.5	0.3		
27	11.9	2.00		20.00					2.6	0.2		
28	12.3	1.00		10.00					0.6	0.3		
29	33.6	3.00		10.70					0.9	0.2		
30	22.3	3.00		15.80					0.6	0.2		
31	16.9	3.00		21.40					2.7	0.2		

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

DER Form 17-555910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (Center) Location:City or S/D Ponte Verde Beach
Owned By Southern States Utilities Phone 904-743-1888 Reporting Month February 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 216 All 3 Plants combined
Design Flow .032 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Donald Holcomb A5091
I certify this report is correct Original signed by Donald R. Holcomb
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1536.0	133		323.1					65.4	17.0		
Average:	54.9	4.8		11.5					2.3	0.6		
Maximum:	113	18		36.9					3.5	2.0		
Minimum:	26	1		1.6					1.0	0.2		
1	49.0	2.00		4.90					2.0	0.2		
2	39.0	12.00		36.90					3.5	2.0		
3	41.0	8.00		23.40					3.5	2.0		
4	32.0	4.00		15.00					2.6	0.4		
5	33.0	4.00		14.50					2.6	0.4		
6	44.0	2.00		5.50					2.4	0.4		
7	56.0	3.00		6.40					2.0	0.5		
8	40.0	3.00		9.00					2.6	0.8		
9	26.0	2.00		9.20					2.6	0.7		
10	54.0	2.00		4.40					2.7	0.7		
11	37.0	3.00		9.70					2.5	0.6	1R 4D	All A
12	57.0	3.00		6.30					2.4	0.6		
13	62.0	2.00		3.90					2.0	0.3		
14	43.0	8.00		22.30					1.2	0.5		
15	55.0	7.00		15.30					1.6	0.3		
16	45.0	4.00		10.60					2.0	0.4		
17	105.0	5.00		5.70					2.0	0.4		
18	63.0	2.00		3.80					1.0	0.3		
19	76.0	1.00		1.60					2.0	0.4		
20	62.0	2.00		3.90					2.2	0.6		
21	57.0	18.00		37.90					1.0	0.2		
22	55.0	4.00		8.70					3.5	1.0		
23	66.0	6.00		10.90					1.2	0.2		
24	57.0	4.00		8.40					2.0	0.3		
25	113.0	3.00		3.20					2.8	0.2		
26	67.0	3.00		5.40					3.0	0.3		
27	44.0	5.00		13.60					3.0	0.8		
28	58.0	11.00		22.70					3.5	1.5		
29												
30												
31												

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

DER Form 17-555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (North) Location:City or S/D Ponte Verde Beach

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month February 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 216 All 3 Plants combined

Design Flow .032 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Donald Holcomb A5091

I certify this report is correct Original signed by Donald R. Holcomb

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

Days of Month	Total Water Treated in in Gallons	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	507.2	62		520.6					65.9	10.3		
Average	18.1	2.2		18.6					2.4	0.4		
Maximum	23.4	5		26.0					3.5	1.3		
Minimum	13.0	1		5.7					1.2	0.2		
1	19.4	4.00		25.00					2.2	0.3		
2	16.9	2.00		14.10					2.0	0.2		
3	15.7	1.00		7.50					3.0	0.6		
4	13.1	1.00		9.20					2.3	0.2		
5	16.2	2.00		15.00					2.4	0.3		
6	13.0	2.00		18.40					3.0	0.6		
7	21.2	2.00		11.40					3.5	1.3		
8	15.4	3.00		24.00					2.6	0.3		
9	17.2	2.00		14.10					2.4	0.3		
10	14.3	2.00		17.10					2.5	0.2		
11	20.1	1.00		6.00					2.8	0.3	1R 3D	All A
12	20.1	2.00		12.00					2.8	0.4		
13	19.4	2.00		12.60					2.8	0.4		
14	16.5	2.00		14.10					1.2	0.2		
15	20.3	3.00		18.00					3.0	0.3		
16	23.4	5.00		26.00					3.0	0.6		
17	19.5	3.00		18.00					2.6	0.3		
18	16.6	1.00		7.10					1.2	0.2		
19	16.9	3.00		21.20					2.6	0.3		
20	15.8	2.00		15.00					2.2	0.3		
21	21.2	1.00		5.70					1.3	0.2		
22	23.3	2.00		10.40					2.0	0.3		
23	21.4	1.00		5.70					1.7	0.3		
24	21.6	4.00		21.80					2.0	0.4		
25	16.5	3.00		21.20					2.3	0.2		
26	17.3	3.00		21.20					2.1	0.2		
27	17.8	1.00		6.70					3.0	0.6		
28	17.1	2.00		14.10					1.4	0.5		
29												
30												
31												

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

DER Form 17-555910(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (South) Location:City or S/D Ponte Verde Beach
Owned By Southern States Utilities Phone 904-743-1888 Reporting Month February 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 215 All 3 Plants combined
Design Flow .032 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Donald Holcomb A5091
I certify this report is correct Original signed by Donald R. Holcomb
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1134.6	137		466.5					72.5	14.1		
Average	40.5	4.9		16.7					2.6	0.5		
Maximum	62.8	18		79.9					3.5	1.0		
Minimum	21.3	1		3.0					1.0	0.2		
1	29.7	5.00		20.00					2.3	0.3		
2	27.0	4.00		17.80					2.2	0.3		
3	23.8	3.00		15.00					2.6	0.6		
4	23.3	6.00		31.30					2.3	0.2		
5	39.8	6.00		18.00					2.4	0.4		
6	38.2	4.00		12.60					3.0	0.6		
7	22.6	5.00		26.10					2.4	0.5		
8	32.7	3.00		10.90					3.5	1.0		
9	25.8	3.00		13.80					3.2	0.6		
10	22.7	3.00		15.60					2.6	0.5		
11	21.3	2.00		11.40					3.0	0.4	1R 3D	1 D -P
12	27.2	18.00		79.90					3.0	0.5		
13	57.8	6.00		12.40					2.6	0.4		
14	45.0	2.00		5.30					2.2	0.3		
15	59.5	4.00		8.00					2.8	0.6		
16	47.0	4.00		10.20					2.6	0.6		
17	62.8	3.00		5.70					3.0	0.3		
18	46.0	5.00		13.00					2.0	0.3		
19	55.4	8.00		17.40					3.0	0.6		
20	47.0	2.00		5.10					2.6	0.6		
21	54.3	3.00		6.70					2.6	0.7		
22	58.1	3.00		6.20					3.2	0.8		
[illegible]	47.3	5.00		12.80					2.6	0.6	3D	All A
[illegible]	52.5	8.00		18.10					3.0	0.6		
25	46.1	7.00		18.20					2.4	0.3		
26	45.0	1.00		3.00					1.0	0.2		
27	23.0	7.00		36.50					2.0	0.8		
28	53.7	7.00		15.50					2.4	0.5		
29												
30												
31												

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

DER Form 17-555910:2
Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (Center) Location: City or S/D Ponte Verde Beach

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month March 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 216 All 3 Plants combined

Design Flow .032 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Donald Holcomb A5091

I certify this report is correct Original signed by Donald R. Holcomb

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

Days of Month	Total Water Treated in in Gallons	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	876.0	108.0		585.8					83.2	20.6		
Average	28.3	3.5		18.9					2.7	0.7		
Maximum	64	8		100.0					3.5	1.5		
Minimum	4	1		3.6					1.0	0.2		
1	64.0	8.00		15.10					3.0	0.9		
2	21.0	4.00		22.20					3.0	1.0		
3	22.0	4.00		22.20					3.2	1.0		
4	30.0	3.00		12.00					2.8	0.8		
5	26.0	4.00		18.20					3.0	1.0		
6	33.0	1.00		3.60					2.6	0.6		
7	25.0	2.00		9.50					2.0	0.3		
8	43.0	3.00		8.30					1.0	0.3		
9	34.0	5.00		17.90					2.2	0.2		
10	36.0	4.00		13.30					2.4	0.8		
11	27.0	3.00		13.00					2.4	0.8		
12	11.0	3.00		33.30					2.6	0.5		
13	21.0	2.00		11.10					2.8	0.6		
14	48.0	7.00		17.50					3.5	0.9		
15	61.0	5.00		9.80					3.2	0.6		
16	32.0	5.00		18.50					3.5	1.5		
17	4.0	3.00		100.00					3.2	0.8		
18	21.0	2.00		11.10					2.5	0.6		
19	7.0	3.00		50.00					2.8	0.5		
20	20.0	3.00		17.60					2.8	0.4		
21	35.0	4.00		13.80					3.5	0.8		
22	34.0	3.00		10.70					2.7	0.4		
23	27.0	4.00		17.40					3.0	0.5		
24	20.0	3.00		17.60					2.5	0.4		
25	18.0	3.00		20.00					2.4	1.0		
26	28.0	3.00		13.00					2.7	0.6		
27	28.0	2.00		8.70					2.6	0.6		
28	14.0	2.00		16.70					3.0	0.7		
29	48.0	5.00		12.50					2.3	0.5		
30	23.0	3.00		15.80					2.5	0.4		
31	15.0	2.00		15.40					1.5	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 month of

DER Form 17-555910(2)

Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (North) Location:City or S/D Ponte Verde Beach

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month March 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 216 All 3 Plants combined

Design Flow .032 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Donald Holcomb A5091

I certify this report is correct Original signed by Donald R. Holcomb

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

Days of Month	Total Water Treated in in Gallons	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	613.8	70.0		433.5					79.6	13.6		
Average	19.8	2.3		14.0					2.6	0.4		
Maximum	39.1	5		26.3					3.5	0.9		
Minimum	11.3	1		6.7					1.3	0.2		
1	16.1	3.00		23.10					2.0	0.9		
2	20.9	2.00		11.80					2.3	0.5		
3	17.4	2.00		13.30					2.5	0.3		
4	18.2	2.00		13.30					2.7	0.4		
5	18.6	2.00		13.30					2.9	0.5		
6	18.0	1.00		6.70					2.8	0.6		
7	11.3	2.00		22.20					3.0	0.7		
8	18.6	2.00		12.50					1.3	0.2		
9	21.9	2.00		11.10					1.6	0.2	1R 3D	All A
10	22.5	5.00		26.30					2.4	0.6		
11	26.4	2.00		9.10					2.0	0.2		
12	17.5	2.00		13.30					2.5	0.3		
13	16.8	1.00		7.10					2.0	0.2		
14	30.8	2.00		7.70					2.2	0.4		
15	39.1	5.00		15.20					3.0	0.3	2D	All A
16	20.2	2.00		11.80					3.0	0.4	2D	All A
17	19.1	3.00		16.80					3.2	0.5		
18	16.5	3.00		21.40					3.5	0.4		
19	20.9	2.00		11.80					3.0	0.4		
20	20.1	2.00		11.80					3.5	0.8		
21	11.8	1.00		10.00					2.2	0.6		
22	18.0	2.00		13.30					2.7	0.3		
23	13.3	2.00		18.20					2.5	0.4		
24	16.7	3.00		21.40					3.0	0.4		
25	17.1	2.00		14.30					3.0	0.6		
26	21.0	2.00		11.10					3.0	0.4		
27	21.0	4.00		22.20					3.0	0.6		
28	18.0	2.00		13.30					2.6	0.3		
29	31.0	2.00		7.70					1.8	0.5		
30	18.0	2.00		13.30					2.4	0.3		
31	17.0	1.00		7.10					1.8	0.4		

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

DER Form 17-555910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (South) Location:City or S/D Ponte Verde Beach

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month March 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 216 All 3 Plants combined

Design Flow .032 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Donald Holcomb A5091

I certify this report is correct Original signed by Donald R. Holcomb

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

Days of Month	Total Water Treated in in Gallons	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	1043.6	129		457.7					88.1	16.2		
Average	33.7	4.2		14.8					2.8	0.5		
Maximum	59.0	8		30.8					3.5	1.0		
Minimum	15.8	1		4.2					2.2	0.2		
1	59.0	8.00		16.00					2.3	1.0		
2	47.6	6.00		15.00					2.8	0.8		
3	36.4	4.00		13.30					2.5	0.6		
4	36.0	5.00		16.70					3.0	0.5		
5	42.3	5.00		14.30					3.2	0.7		
6	37.1	6.00		19.40					3.0	0.6		
7	27.7	4.00		17.40					3.2	0.6		
8	32.9	4.00		14.80					3.0	0.2		
9	37.2	6.00		19.40					3.3	0.5	1R 3D	All A
10	31.7	6.00		23.10					3.5	0.6		
11	50.0	8.00		19.00					3.3	1.0		
12	38.0	7.00		21.90					2.6	0.3		
13	29.8	5.00		20.00					3.5	0.2		
14	15.8	4.00		30.80					3.2	0.3		
15	37.6	6.00		19.40					3.0	0.3	1D	1-P
16	37.2	3.00		9.70					3.0	0.6	1D	1-A
17	36.1	3.00		9.60					2.7	0.4		
18	28.0	3.00		14.10					2.8	0.3		
19	39.9	5.00		15.20					3.2	1.0		
20	41.1	3.00		8.80					2.6	0.6		
21	15.9	2.00		15.40					2.7	0.3		
22	27.3	1.00		4.50					2.5	0.4		
23	27.4	2.00		8.70					2.7	0.3		
24	29.2	4.00		16.70					3.0	0.4		
25	26.3	2.00		9.10					3.0	1.0		
26	29.0	1.00		4.20					2.8	0.4		
27	29.3	1.00		4.20					2.5	0.4		
28	19.8	1.00		5.90					2.4	0.4		
29	33.7	8.00		28.60					2.3	0.6		
30	32.7	4.00		14.80					2.2	0.5		
31	31.6	2.00		7.70					2.3	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (Center) Location:City or S/D Ponte Verde Beach

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month April 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 216 All 3 Plants combined

Design Flow .032 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Donald Holcomb A5091

I certify this report is correct Original signed by Donald R. Holcomb

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

Days of Month	Total Water Treated in in Gallons	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	867	121		587.7					86.7	27.3		
Average	29	4		19.6					2.9	0.9		
Maximum	58	11		50.0					3.5	2.2		
Minimum	8	2		4.7					1.0	0.3		
1	15	2		15.40					1.8	0.5		
2	13	3		27.30					2.0	0.4		
3	21	2		11.10					2.0	0.3		
4	42	3		8.60					1.0	0.4		
5	30	4		16.00					1.6	0.3		
6	17	2		14.30					2.5	0.3	R1 D3	A
7	13	2		18.20					3.0	0.6		
8	10	2		25.00					2.8	0.5		
9	16	3		23.10					3.0	0.4		
10	8	2		28.60					3.2	0.6		
11	19	3		18.80					3.5	0.9		
12	34	3		10.70					3.0	0.5		
13	10	4		50.00					3.0	0.4		
14	10	3		37.50					3.0	0.3		
15	39	5		16.60					3.2	0.5		
16	30	7		28.00					3.5	1.5		
17	31	6		23.10					3.2	1.3		
18	30	4		16.00					2.8	0.9		
19	40	7		21.20					3.5	2.2		
20	46	8		20.00					3.5	2.0		
21	33	5		17.90					3.0	1.0		
22	32	3		11.10					3.0	1.2		
23	58	3		6.30					3.0	0.9		
24	13	4		36.40					2.8	1.0		
25	26	5		22.70					3.5	2.0		
26	55	4		8.70					3.0	0.4		
27	51	11		25.60					3.5	2.0		
28	51	2		4.70					2.6	1.0		
29	27	5		14.30					3.5	1.4		
30	45	4		10.50					3.5	1.6		
31												

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

DER Form 17-555(10)(2

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (North) Location:City or S/D Ponte Verde Beach
Owned By Southern States Utilities Phone 904-743-1888 Reporting Month April 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 216 All 3 Plants combined
Design Flow .032 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Donald Holcomb A5091
I certify this report is correct Original signed by Donald R. Holcomb
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1057.3	100.0		391.5					75.2	15.8		
Average:	35.2	3		13.1					2.5	0.5		
Maximum:	85.5	8		35.7					3.5	1.5		
Minimum:	9.7	1		6.0					1.7	0.2		
1	13.1	1.00		9.10					2.0	0.5		
2	10.0	2.00		25.00					2.3	0.4		
3	10.0	1.00		12.50					2.0	0.4		
4	9.7	1.00		12.50					2.4	0.8		
5	18.1	2.00		13.30					2.5	0.4		
6	13.1	1.00		9.10					2.2	0.3	R1 D4	A
7	17.3	5.00		35.70					2.6	0.4		
8	18.1	2.00		13.30					2.4	0.4		
9	23.2	2.00		10.50					2.4	0.6		
10	77.5	7.00		10.90					3.2	1.0		
11	85.5	8.00		11.30					2.2	1.5		
12	74.6	6.00		9.70					2.3	0.4		
13	76.2	7.00		10.90					2.8	0.5		
14	60.3	5.00		10.00					2.4	0.4		
15	51.8	5.00		11.60					2.6	0.3		
16	58.2	4.00		7.00					2.5	0.3		
17	60.8	3.00		6.00					2.8	0.5		
18	69.1	5.00		8.60					2.4	0.7		
19	64.4	5.00		9.30					1.7	0.2		
20	61.2	8.00		15.70					3.5	0.3		
21	15.1	3.00		20.00					3.0	0.3		
22	13.1	2.00		18.20					2.5	0.4		
23	30.4	3.00		12.00					2.8	0.3		
24	23.2	2.00		10.50					2.0	0.2		
25	11.1	1.00		11.10					2.2	0.6		
26	21.0	2.00		11.10					2.5	0.4		
27	17.4	2.00		13.30					3.0	0.8		
28	16.1	2.00		15.40					3.0	0.6		
29	9.7	1.00		12.50					2.0	0.9		
30	15.0	2.00		15.40					3.0	1.0		
31												

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

DER Form 17-555910(2)
Effective 11-1-1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550666 PWS Name Palm Valley (South) Location:City or S/D Ponte Verde Beach

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month April 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 216 All 3 Plants combined

Design Flow .032 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Donald Holcomb A5091

I certify this report is correct Original signed by Donald R. Holcomb

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

Days of Month	Total Water Treated in in Gallons	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	868.3	73		309.5					79.1	14.2		
Average:	28.9	2.4		10.3					2.6	0.5		
Maximum:	67.3	6		25.0					3.5	1.2		
Minimum:	15.0	1		3.3					1.2	0.2		
1	42.8	3		8.30					2.5	0.3	3D	A
2	29.6	2		8.00					2.8	0.5		
3	28.2	6		25.00					3.5	1.0		
4	34.7	3		10.30					1.8	0.5		
5	32.3	2		7.40					1.9	0.4		
6	30.0	4		16.00					2.4	0.3	1R 3D	A
7	42.8	2		5.60					2.6	0.4		
8	29.9	4		16.00					2.0	0.2		
9	40.0	6		18.20					2.4	1.0		
10	32.0	3		11.10					2.8	0.6		
11	31.6	4		15.40					2.5	0.4		
12	35.9	2		6.70					2.5	0.2		
13	67.3	3		5.40					2.8	0.3		
14	38.2	4		12.50					3.2	0.2		
15	25.4	2		9.50					3.0	1.0	1D	A
16	15.0	1		7.70					3.0	1.2	1D	A
17	15.0	3		23.10					3.0	0.9		
18	20.6	2		11.80					2.6	0.5		
19	19.1	2		12.50					3.0	0.4		
20	18.8	1		6.30					3.0	0.3		
21	36.2	1		3.30					2.8	0.3		
22	20.0	1		5.90					2.4	0.3		
23	25.4	1		4.80					2.2	0.3		
24	19.3	1		6.30					2.0	0.4		
25	23.8	1		5.00					3.5	0.6		
26	30.9	2		7.70					2.7	0.2		
27	30.0	3		12.00					3.0	0.4		
28	15.0	2		15.40					2.8	0.3		
29	21.1	1		5.60					3.2	0.6		
30	17.4	1		6.70					1.2	0.2		
31												

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

DER Form 17-555-910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (Center) Location:City or S/D Ponte Verde Beach

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month May 1993

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 216 All 3 Plants combined

Design Flow .032 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Donald Holcomb A5091

I certify this report is correct Original signed by Donald R. Holcomb

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

Days of Month	Total Water Treated in in Gallons	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	614.0	71		188.3					35.2	11.3		
Average:	47.2	5.5		14.5					2.7	0.9		
Maximum:	68	10		27.8					3.5	1.8		
Minimum:	36	3		5.3					0.8	0.2		
1	36.0	4.00		13.30					3.0	1.2		
2	54.0	4.00		8.90					0.6	0.3		
3	41.0	4.00		11.80					2.5	0.5		
4	43.0	6.00		16.70					2.6	0.4		
5	37.0	8.00		25.80					2.8	0.4		
6	55.0	6.00		13.00					3.0	1.0		
7	45.0	7.00		18.90					3.0	1.2		
8	43.0	10.00		27.80					2.8	0.6		
9	53.0	6.00		13.60					3.5	1.6		
10	49.0	6.00		14.60					3.5	1.5		
11	43.0	3.00		8.30					3.5	1.8		
12	68.0	3.00		5.30					3.2	0.6		
13	47.0	4.00		10.30					1.0	0.2		
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												A
26												
27												
28												
29												
30												
31												

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

DER Form 17-555910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (North) Location:City or S/D Ponte Verde Beach
Owned By Southern States Utilities Phone 904-743-1888 Reporting Month May 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 216 All 3 Plants combined
Design Flow .032 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Donald Holcomb A5091
I certify this report is correct Original signed by Donald R. Holcomb
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	249.0	26.0		187.0					29.7	4.8		
Average	19.2	2		14.4					2.3	0.4		
Maximum:	52.6	3		25.0					3.5	0.6		
Minimum.	5.1	1		5.6					1.4	0.2		
1	17.0	2.00		14.20					2.8	0.6		
2	21.6	1.00		5.60					1.4	0.3		
3	19.5	3.00		18.80					1.8	0.4		
4	16.7	2.00		14.30					2.3	0.3		
5	16.0	1.00		7.70					2.0	0.3		
6	12.2	2.00		20.00					2.4	0.3		
7	22.0	3.00		16.70					2.6	0.4		
8	52.6	3.00		6.80					2.2	0.4		
9	18.7	3.00		18.80					2.3	0.6		
10	17.0	2.00		14.30					2.2	0.4		
11	22.5	2.00		10.50					2.0	0.3		
12	8.1	1.00		14.30					2.2	0.2		
13	5.1	1.00		25.00					3.5	0.3		
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25											3D	A
26												
27												
28												
29												
30												
31												

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

DER Form 17-555(10)(c)
Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2550866 PWS Name Palm Valley (South) Location:City or S/D Ponte Verde Beach
Owned By Southern States Utilities Phone 904-743-1888 Reporting Month May 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 216 All 3 Plants combined
Design Flow .032 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Donald Holcomb A5091
I certify this report is correct Original signed by Donald R. Holcomb
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	303.0	40		217.9					27.5	3.5		
Average	23.3	3.1		16.8					2.1	0.3		
Maximum	47.3	5		31.3					3.0	0.7		
Minimum	13.1	1		4.2					0.8	0.2		
1	15.1	2.00		15.40					1.0	0.2		
2	29.0	1.00		4.20					0.8	0.4		
3	22.2	2.00		10.50					1.3	0.2		
4	13.1	2.00		18.20					1.6	0.2		
5	47.3	5.00		12.80					2.0	0.3		
6	32.9	5.00		18.50					1.6	0.2		
7	21.1	3.00		16.70					2.4	0.2		
8	20.3	2.00		11.80					2.2	0.2		
9	16.7	3.00		21.40					2.8	0.2		
10	21.4	5.00		27.80					3.0	0.2		
11	32.0	3.00		11.10					2.8	0.2		
12	18.8	5.00		31.30					3.0	0.3		
13	13.1	2.00		18.20					3.0	0.7		
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												A
26												
27												
28												
29												
30												
31												

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

DER Form 17 5559102
Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month January 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497,B. Heath C-5825,L. Shreffler C-6587, W. Fontaine C-6813

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 Gallons	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	191,070	7.50		101.7					36.6	20.5	3	
Average	6,164	0.24		3.3					1.4	0.9		
Maximum	7,630	0.25		6.5					1.8	1.2		
Minimum	3,930	0.14		1.6					1.0	0.8		
1												
2	8,840	0.25		3.1					1.0	0.8		
3	5,790	0.25		4.3					1.2	0.8		
4	5,450	0.25		3.4					1.2	0.8		Ran AC Drain Sght
5	5,660	0.25		4.7					1.2	0.8		A/C off line
6	5,380	0.25		5.0					1.2	0.8		Fill Sght Glss
7	6,000	0.25		3.2					1.5	0.9		Ran A/C-ad air HPT
8	4,500	0.25		6.5					1.5			
9												
10	13,460	0.50		3.3					1.5	0.9		
11	7,260	0.25		3.7					1.5	1.0		
12	5,710	0.25		4.5					1.5	0.9		
13	7,080	0.25		3.3					1.2	0.8	3	Compliance
14	3,930	0.25		5.1					1.2	0.8		Drained Sght gls
15												
16		0.50		3.5					1.2			
17		0.25		4.6					1.2	0.8		
18	24,750	0.25		4.2					1.2	0.8		
19	5,360	0.25		3.4					1.2	0.8		
20	6,370	0.25		4.1					1.2	0.6		
21	4,920	0.25		5.3					1.2	0.6		
22	7,630	0.25		2.7					1.4			
23												
24	14,840	0.50		3.5					1.8	1.2		
25	6,920	0.25		2.9					1.8	1.2		Fill sght glss
26	9,540	0.25		2.8					1.8	1.2		Line flushed
27	6,170	0.25		4.2					1.8	1.2		
28	6,850	0.25		2.9					1.8	1.2		New CL2 scale
29												
30	11,370	0.50		4.5					1.5			
31	7,290	0.25		2.5					1.8	1.2		

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennie Moro C-6497/Brian Heath C-5825/L. Shreffler C-6567/W. Fontaine C-6813

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 in Gallons	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	177,550	7.00		94.4					30.8	18.8	3	
Average:	6,341	0.25		3.4					1.3	0.9		
Maximum:	8,930	0.25		5.7					1.8	1.2		
Minimum:	4,100	0.50		2.4					1.0	0.8		
1	6,000	0.25		4.3					1.8	1.2		
2	6,050	0.25		4.3					1.8	1.2		
3	6,440	0.25		3.0					1.8	1.2		
4	5,050	0.25		5.1					1.2	0.8		
5	7,770	0.25		3.3					1.2			
6												
7	13,220	0.50		3.3					1.2	0.8		
8	5,310	0.25		4.8					1.2	0.8		
9	8,930	0.25		2.4					1.2	0.8		
10	5,590	0.25		4.5					1.2	0.8	3	Air to HPT - comp-
11	6,080	0.25		4.3					1.2	0.8		liance
12												
13	15,940	0.50		2.8					1.0			
14	5,020	0.25		5.7					1.5	1.0		
15	4,130	0.25		4.2					1.2	0.9		Flushed Line
16	7,060	0.25		3.6					1.2	0.9		Air to HPT
17	6,540	0.25		4.0					1.2	0.9		
18	4,100	0.25		4.1					1.2	0.9		
19	6,800	0.25		3.8					1.3			
20												
21	9,870	0.50		4.2					1.2	0.8		
22	7,190	0.25		3.6					1.2	0.8		
23	8,270	0.25		3.0					1.2	0.8		
24	6,840	0.25		3.0					1.2	0.8		
25	5,620	0.25		4.5					1.2	0.9		
26	4,470	0.25		5.6					1.2	0.8		
27												
28	15,260	0.50		3.0					1.2	0.9		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 62 No of People at End of Month 217.0

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/B. Heath C-5825/W. Fontaine C-6813/L. Shreffler C-6587

I certify this report is correct Ben Heath C-5825

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

Days of Month	Total Water Treated in in Gallons	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	235,370	7.75		88.0					33.1	19.7	3	
Average	7,593	0.25		2.8					1.2	0.9		
Maximum	12,970	0.25		5.3					1.5	1.0		
Minimum	2,703	0.25		1.3					1.0	0.7		
1	8,380	0.25		3.1					1.2	0.9		
2	5,290	0.25		3.4					1.2	0.9		
3	4,840	0.25		5.3					1.2	0.9		
4	5,780	0.25		4.3					1.2	0.9		
5	7,030	0.25		2.8					1.2			
6												
7	12,220	0.50		4.1					1.5	1.0		A/C o-line o-auto
8	8,850	0.25		2.4					1.5	1.0		A/C off line
9	8,550	0.25		3.0					1.5	1.0		
10	5,370	0.25		4.7					1.5	1.0	3	Compliance
11	5,690	0.25		3.3					1.5	0.9		
12												
13	17,850	0.50		2.8					1.5			
14	8,110	0.25		2.5					1.2	0.8		
15	11,380	0.25		2.3					1.2	0.8		
16	8,150	0.25		3.1					1.2	0.8		Lines flushed
17	12,970	0.25		1.8					1.2	0.8		Lines flushed
18	8,300	0.25		3.1					1.2	0.8		
19	8,090	0.25		3.2					1.2			
20												
21	18,270	0.50		2.5					1.0	0.8		Air to HPT
22	7,900	0.25		3.3					1.0	0.7		A/C off line
23	5,840	0.25		3.2					1.0	0.8		
24	10,250	0.25		2.5					1.0	0.8		
25	7,350	0.25		3.4					1.2	0.9		
26	6,360	0.25		3.0					1.0			
27												
28	14,930	0.50		3.4					1.2	0.9		
29	5,530	0.25		3.2					1.0	0.8		
30	4,930	0.25		4.9					1.3	0.8		
31	7,160	0.25		3.4					1.2	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/B. Heath C-6825/L. Shreffler C-6587/W. Fontaine C-6813

I certify this report is correct Donald B. Carder (Lead Operator's Signature) B (Cert. Level) 2403 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	222,060	7.50		86.8					33.1	18.5	3	
Average	7,402	0.25		2.9					1.1	0.9		
Maximum	12,990	50.00		5.0					1.2	1.0		
Minimum	4,130	0.25		1.0					1.0	0.8		
1	12,990	0.50		3.6					1.0	0.8		
2	4,710	0.25		5.0					1.2			
3												
4	16,620	0.50		2.7					1.2	0.9		Air to HPT
5	6,470	0.25		3.8					1.2	0.9		A/C off line
6	8,470	0.25		3.0					1.2	0.9		
7	6,780	0.25		2.9					1.2	0.9	3	Compliance
8	6,010	0.25		4.1					1.2	0.9		
9	6,670	0.25		3.7					1.2			
10									1.2			
11	13,990	0.50		3.1					1.2	1.0		
12	6,930	0.25		3.6					1.2	1.0		
13	8,290	0.25		2.4					1.2	0.9		
14	7,330	0.25		3.4					1.2	0.9		
15	5,060	0.25		4.8					1.2	0.9		
16									1.2			
17		0.50		2.6					1.2			
18	24,810	0.25		3.2					1.2	0.9		
19	8,860	0.25		2.3					1.2	0.9		
20	12,070	0.25		2.1					1.2	0.9		
21	4,900	0.25		4.5					1.2	0.9		
22	8,790	0.25		2.4					1.0	0.8		
23	5,540	0.25		4.3					1.0			
24									1.0			
25	9,660	0.25		2.0					1.0	0.8		
26	4,130	0.25		5.8					1.0	0.8		
27	8,370	0.25		2.9					1.0	0.8		
28	7,990	0.25		2.5					1.0	0.8		
29	9,750	0.25		2.6					1.2	0.9		Air to HPT
30	6,850	0.25		3.7					1.1			A/C off line
31												

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.

DER Form 17-555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/L. Shreffler C-6587/B. Heath C-5825/W. Fontaine C-6813

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 in Gallons	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	192,530	7.25		74.3					28.3	17.4	3	
Average	6,211	0.23		2.4					1.1	0.8		
Maximum:	10,710	0.50		5.4					1.5	1.2		
Minimum:	1,220	0.25		1.9					0.6	0.3		
1												
2	16,810	0.50		2.6					1.5	1.2		
3	7,070	0.25		3.4					1.2	1.0		
4	2,940	0.25		4.6					1.0	0.7		
5	6,270	0.25		3.7					1.0	0.7		
6	7,160	0.25		3.4					1.0	0.7		
7	9,840	0.25		2.1					1.2			
8												
9	20,040	0.50		2.5					1.0	0.7		
10	10,220	0.25		2.1					1.0	0.7		
11	8,110	0.25		3.0					1.2	0.8	3	Compliance
12	10,710	0.25		1.9					1.2	0.8		
13	4,430	0.25		3.7					1.0	0.7		
14	7,210	0.25		3.3					1.0			
15												
16	12,480	0.50		3.3					1.2	1.0		
17	7,480	0.25		3.0					1.2	1.0		Line Flushing
18	1,220								1.0	0.8		
19	3,850	0.25		2.9					1.0	0.8		
20	3,480								0.9	0.8		
21												
22	6,840	0.50		3.5					1.0			
23	3,770								0.8	0.5		
24	8,950	0.50		3.6					0.6	0.3		
25	5,690	0.25		3.1					1.2	0.8		
26	3,350	0.25		5.4					1.2	0.8		Line Flushing
27	7,870	0.25		3.3					1.5	1.0		
28	7,100	0.25		2.6					1.4			
29												
30	6,120	0.50		3.3					1.0	0.8		
31	3,520	0.25		4.0					1.0	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/ Lance Shreffler C-6567/B Heath C-5825/W Fontaine C-6813

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 in Gallons	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	92,780	5.50		61.6					24.6	15.6	3	
Average:	3,093	0.18		2.7					0.9	0.7		
Maximum:	5,780	0.50		5.8					1.2	0.9		
Minimum:	1,660	0.25		1.8					0.7	0.4		
1	5,700	0.25		3.7					1.0	0.8		
2	6,410	0.25		3.4					1.0	0.8		
3	2,790	0.25		4.5					1.2	0.9		
4		0.25		5.8					1.2			
5												
6	9,920	0.50		4.9					0.9	0.7		
7	2,470								1.0	0.6		
8	2,030	0.25		3.7					1.0	0.8		A/C on-air HPT
9	2,150								1.0	0.8		
10	1,800	0.25		3.4					0.8	0.6	3	Compliance -A/C-
11												- off line
12	5,590	0.50		5.3					1.0			
13	3,410	0.25		5.6					0.9	0.7		
14	3,780	0.25		5.6					0.9	0.7		Flushed lines
15	4,080	0.25		3.5					1.0	0.8		
16	5,780	0.25		3.9					1.0	0.8		
17	1,960								0.9	0.7		
18	1,970	0.25		3.2					1.0			
19												
20	4,860	0.25		3.6					0.9	0.7		POE L&C samples
21	1,760								0.9	0.7		
22	2,480	0.25		3.0					0.9	0.5		
23	1,820								0.9	0.5		
24	2,460	0.25		2.9					0.8	0.4		
25	3,630								0.7	0.4		
26												
27	4,940	0.25		1.8					0.7	0.4		
28	4,560	0.25		4.6					1.2	0.9		
29	4,770	0.25		4.4					0.9	0.7		
30	1,660	0.25		4.9					0.9	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location: City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/B. Heath C-5825/L. Shreffler C-6587/W. Fontaine C-6813

I certify this report is correct [signature] C-5825

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

Days of Month	Total Water Treated in in Gallons	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	74,240	3.75		41.8					17.6	9.9	3	
Average:	2,395	0.12		1.3					0.7	0.5		
Maximum:	6,600	0.50		4.2					1.0	0.7		
Minimum:	1,330	0.25		1.9					0.5	0.4		
1	2,290								0.9	0.7		
2	1,330	0.25		4.2					0.9	0.6		
3												
4	4,010	0.25		2.9					1.0			
5	2,250								0.8	0.5		
6	1,760	0.25		2.9					0.8	0.5		
7	2,520								0.7	0.5		
8	1,870								0.8	0.5		
9												
10		0.50		2.5					0.8			
11	7,260								0.8	0.5		
12	2,690	0.25		2.8					0.8	0.5	3	Compliance
13	1,410								0.8	0.5		
14	1,920								0.8	0.5		
15	1,890	0.25		2.2					0.8	0.5		
16	2,610								0.7			
17												
18	4,180	0.25		1.9					0.6	0.5		
19	1,670								0.6	0.5		
20	1,880	0.25		3.9					0.6	0.5		
21	1,970								0.6	0.5		
22	1,610	0.25		3.0					0.6	0.5		
23	6,600	0.25		3.2					0.6			
24												
25	11,250	0.25		2.7					0.5	0.4		
26	1,810								0.5	0.4		
27	1,930	0.25		2.9					0.5	0.4		
28												
29	4,500	0.25		3.2					0.5	0.4		Flushed lines
30	3,030	0.25		3.4					0.6			
31												

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location: City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/B, Heath C-5825/L, Shreffler C-6567/W, Fontaine C-6567

I certify this report is correct Dennis Heath C-5825

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

Days of Month	Total Water Treated in Gallons	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	58,340	4.00		52.1					13.9	9.2	3	
Average:	1,882	0.13		1.7					0.5	0.4		
Maximum:	2,600	0.25		5.6					0.7	0.4		
Minimum:	1,090	0.25		1.8					0.5	0.4		
1	4,280	0.25		3.6					0.5	0.4		New cl2 cyl
2	1,920	0.25		4.3					0.5	0.4		
3	2,600	0.25		5.6					0.5	0.4		
4	1,810								0.5	0.4		Air to HPT
5	1,960	0.25		2.7					0.5	0.4		
6	2,170								0.6			
7												
8	4,230	0.25		5.3					0.5	0.4		
9	1,680								0.5	0.4		Air comp off line
10	1,890	0.25		3.2					0.5	0.4		
11	1,290								0.5	0.4	3	Compliance
12	1,840	0.25		2.5					0.5	0.4		
13	1,560								0.6			
14												
15	3,310	0.25		1.8					0.5	0.4		
16	1,810								0.5	0.4		
17	1,720	0.25		2.4					0.5	0.4		
18	1,340								0.5	0.4		
19	1,720								0.5	0.4		
20	1,840	0.25		1.8					0.5			
21												
22	4,170	0.25		2.8					0.5	0.4		
23	1,520	0.25		4.1					0.5	0.4		
24	1,740								0.5	0.4		
25	1,460	0.25		2.7					0.5	0.4		
26	1,450								0.5	0.4		
27												
28	3,810	0.25		1.8					0.7			
29	1,090	0.25		4.8					0.5	0.4		
30	2,080								0.5	0.4		Flushed lines
31	2,250	0.25		2.7					0.5	0.4		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location: City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1994

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/Lance Shreffler C-6587/Will Fontaine C-6813

I certify this report is correct Brian Hunt C-5825

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

Days of Month	Total Water Treated in in Gallons	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:	56,390	3.75		47.6					14.8	10.1	3	
Average:	1,880	0.13		1.6					0.6	0.5		
Maximum:	2,890	0.25		5.2					2.0	2.0		
Minimum:	1,350	0.06		0.6					0.4	0.3		
1	1,740	0.25		4.0					0.5	0.4		
2	2,890	0.25		4.5					0.5	0.4		
3	2,260	0.25		5.2					0.5			
4												
5	3,620	0.50		4.6					0.6	0.4		
6	2,800	0.25		4.3					0.5	0.4		
7	1,840								0.5	0.4		
8	2,610								0.5	0.4		Flushed lines
9	1,240	0.25		1.8					0.5	0.4		
10	1,820								0.7			
11												
12	3,560	0.25		2.1					0.8	0.4		
13	1,420								0.5	0.4		
14	1,900	0.25		3.4					0.5	0.4	3	Compliance
15	1,510								0.5	0.4		
16	1,930								0.5	0.4		
17	2,070	0.25		2.9					0.5			
18												
19	3,250	0.25		2.9					0.5	0.4		
20	2,280								2.0	2.0		Flushed lines
21	1,570	0.25		2.8					0.8	0.6		
22	1,900								0.5	0.4		
23	1,810								0.5	0.4		
24	2,570	0.25		2.2					0.4			
25												
26	2,700								0.4	0.3		
27	1,510								0.4	0.3		A/C on auto
28	1,670	0.25		2.1					0.4	0.3		
29	2,160								0.4	0.3		
30	1,760	0.25		4.9					0.4	0.3		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month October 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 61 No of People at End of Month 213.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/Lance Shreffler C-6587/W. Fontaine C-6813

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 Gallons	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	98,500	3.75		29.5					26.4	18.9	3	
Average:	3,177	0.12		1.0					1.0	0.9		
Maximum:	4,950	0.25		3.6					2.2	2.0		
Minimum:	15,500	0.06		0.5					0.4	0.3		
1	1,640								0.5			A/C off-line
2												
3	3,600	0.25		2.9					0.4	0.3		A/C on-line
4	1,530								0.4	0.3		
5	1,710								0.4	0.3		
6	1,740								0.4	0.3	3	Compliance
7	2,850	0.25		1.8					0.4	0.3		
8									0.4			
9												
10	11,620	0.25		1.5					0.4	0.3		
11	2,210								0.4	0.3		
12	2,320								0.4	0.3		
13	3,000	0.25		2.0					2.0	2.0		Lines flushed
14	4,950								1.8	1.5		Lines flushed
15												
16	5,020								1.0	0.5		
17	4,110	0.50		2.6					2.2	2.0		Lines flushed
18	1,860								1.5	1.2		
19	3,070	0.25		2.6					1.0	0.6		Manual bkwash
20	4,630								2.2	1.8		Lines flushed
21	4,830	0.50		2.2					2.2	1.9		Lines flushed-
22	3,120								1.8			manual bkwash
23												
24	12,890	0.50		3.2					2.0	1.8		Lines flushed
25	2,630								0.8	0.7		
26	3,510	0.25		2.3					0.8	0.7		
27	3,380	0.25		3.6					0.8	0.7		
28	2,590								0.8	0.7		
29		0.25		2.9					0.8			
30												
31	9,690	0.25		1.9					0.6	0.4		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 61 No of People at End of Month 213.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis Moro C-6497/W. Fontaine C-6813/L. shreffler C-6587

I certify this report is correct Will Fontaine (Lead Operator's Signature) C (Cert. Level) 6813 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	117,390	6.00		68.2					13.8	6.2	3	
Average:	3,913	0.20		2.3					0.5	0.3		
Maximum:	7,120	0.50		6.1					0.7	0.4		
Minimum:	2,150	0.04		1.7					0.5	0.3		
1	3,260								0.5	0.3		Bkwsh filtr #2
2	2,150	0.25		3.5					0.5	0.3		
3	4,120								0.5	0.3		
4	6,280	0.25		2.8					0.5	0.3	3	Compliance
5	4,600	0.25		2.9					0.5			
6												
7	6,950	0.25		2.7					0.5	0.3		
8	4,390	0.25		2.9					0.5	0.3		Filtr #3 stk bkwsh
9	5,460	0.50		1.7					0.5	0.3		
10	7,120	0.25		2.8					0.5	0.3		
11	6,620	0.25		3.7					0.5	0.3		
12	5,200	0.25		2.8					0.6			Rpr cntrl vlv #3
13												
14	7,830	0.75		2.0					0.5	0.3		
15	3,650	0.25		2.5					0.5	0.3		
16	3,250	0.25		3.5					0.5	0.3		A/C on air HP
17	3,300	0.25		3.9					0.5	0.3		
18	3,890	0.25		2.4					0.5	0.3		
19		0.25		3.4					0.5			A/C off line
20												
21	10,950	0.50		2.2					0.7	0.4		VOCs pulled
22	3,110								0.6	0.3		
23	2,180								0.6	0.3		
24												
25	6,150	0.25		3.4					0.6			
26									0.6			
27		0.25		6.1					0.6			
28	9,880								0.5	0.3		
29	2,980	0.25		8.3					0.5	0.3		Flshed filtr #1
30	4,070	0.25		4.6					0.5	0.4		Flushed lines
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350961 PWS Name Palms Mobile Home Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.5
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis Moro C-6497/L, Shreffler C-6587/W, Fontaine C-6813
I certify this report is correct Will Fontaine (Lead Operator's Signature) C (Cert. Level) 6813 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	109,120	4.00		39.2					21.1	11.7	3	
Average:	3,520	0.29		2.8					0.8	0.5		
Maximum:	14,000	0.50		3.5					1.2	0.9		
Minimum:	2,420	0.25		2.0					0.5	0.4		
1	2,690								0.5	0.4		Man. bckwshed # 3
2	2,880	0.25		2.5					0.5	0.4		
3	4,600								0.6			
4												
5	7,470	0.25		2.0					0.8	0.6		
6	3,160								0.8	0.6		Man. bckwshed # 1
7	2,860	0.25		2.8					0.8	0.6	3	Man. bckwshed # 2
8	2,980								0.8	0.6		Man. bckwshed # 3
9	4,110	0.25		2.3					0.7	0.5		
10	2,420								0.7			
11												
12	6,600	0.25		2.4					1.0	0.6		
13	2,790								1.0	0.6		Man. bckwshed # 1
14	3,170	0.25		3.2					1.0	0.6		Man. bckwshed # 2
15	2,880								1.0	0.6		Man. bckwshed # 3
16	2,670	0.25		2.8					0.9	0.5		
17	2,890								0.8			
18												
19	6,280	0.25		2.1					0.8	0.5		
20	2,920								0.8	0.5		Man. bckwshed # 1
21	2,810	0.25		3.2					0.8	0.5		Man. bckwshed # 2
22	3,030								0.8	0.5		Man. bckwshed # 3
23	3,250	0.25		2.6					0.7	0.5		
24	3,190								0.7			
25												
26	6,800	0.50		3.6					0.6	0.4		
27	2,430								0.7	0.5		Man. bckwshed # 1
28	2,730	0.25		3.5					0.6	0.4		Man. bckwshed # 2
29	4,770	0.25		3.3					0.6	0.4		Man. bckwshed # 3
30	14,000	0.50		2.9					1.2	0.9		Fishd/A/C+airHPT-
31	2,740								0.9			Main repair

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month January 1993
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.50
Design Flow 200 GPM Remarks (Use Reverse Side) Resubmitted January 1994
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Dennis W. Moro C-6497) Dennis W. Moro B 2403
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent HPT	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	205,140	8.0		119.0					58.2	19.6	3	
Average:	6,617	0.26		3.8					2.3	0.8		
Maximum:	8,280	0.38		7.4					3.0	2.0		
Minimum:	4,580	0.25		3.6					1.0	0.4		
1												
2	16,780	0.50		3.6					1.2	0.9		
3												
4	10,570	0.50		5.7					1.2	1.0		
5	7,580	0.25		4.0					1.2	1.0		
6	7,000	0.25		4.3					1.0	0.8		
7	5,000	0.25		6.0					1.2	0.9		
8	4,580	0.25		6.5					1.2	0.8		
9												
10	13,290	0.50		4.5					1.2	0.9		
11	5,080	0.25		5.9					1.2	0.9	3	
12	5,850	0.25		5.1					2.8	2.0		
13	6,840	0.25		4.4					2.8	2.0		
14	6,910	0.25		4.3					2.8	0.6		
15	5,520	0.25		5.4					2.8	0.6		
16	7,270	0.25		4.1					2.8	0.7		
17												
18	11,520	0.50		5.2					2.8	0.6		
19	7,480	0.25		4.0					2.8	0.6		
20	6,040	0.25		5.0					2.8	0.6		
21	7,230	0.25		4.1					3.0	0.4		
22	7,690	0.25		3.9					3.0	0.4		
23	7,930	0.25		3.8					3.0	0.4		
24												
25	15,510	0.50		3.9					3.0	0.4		
26	5,660	0.25		5.3					3.0	0.4		
27	7,190	0.25		4.2					2.8	0.5		
28	6,230	0.25		4.8					2.8	0.5		
29	8,280	0.25		3.6					3.0	0.9		
30												
31	12,110	0.75		7.4					2.8	0.8		

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 61 No of People at End of Month 213.50

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis W. Moro C-6497 / Lance D. Shreffler C-6587 / Brian E. Heath C-5825

I certify this report is correct (Original signed by Dennis W. Moro C-6497)

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

Days of Month	Total Water Treated in in Gallons	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	186.5	6.75		100.6					30.1	19.7	3	
Average:	7.0	0.25		4.4					1.3	0.9		
Maximum:	8.3	0.25		5.9					1.8	1.2		
Minimum:	5.7	0.25		3.2					1.0	0.5		
1	7.2	0.25		4.2					1.0	0.9		
2	5.8	0.25		5.2					1.0	0.9		
3	7.9	0.25		3.8					1.8	1.0		
4												
5	13.0	0.50		4.6					1.8	1.0		
6	9.5	0.25		3.2					1.8	1.0		
7												
8	11.6	0.50		5.2					1.8	1.0		
9	6.2	0.25		4.5					1.5	1.2		
10	8.8	0.25		3.4					1.8	1.2	3	
11	5.7	0.25		5.3					1.5	1.2		
12	7.1	0.25		4.2					1.5	1.0		
13												
14	12.2	0.50		4.9					1.2	0.8		
15	7.1	0.25		4.2					1.5	0.9		
16	6.9	0.25		4.4					1.5	0.6		
17	8.3	0.25		3.6					1.0	0.5		
18	6.2	0.25		4.8					1.0	0.7		
19	7.4	0.25		4.1					1.0	0.5		
20												
21	14.8	0.50		4.1					1.0	0.7		
22	7.3	0.25		4.1					1.2	0.8		
23	5.1	0.25		5.9					1.0	0.7		
24	7.1	0.25		4.2					1.0	0.7		
25	7.0	0.25		4.3					1.0	0.8		
26	7.4	0.25		4.0					1.0	0.7		
27	6.9	0.25		4.4					1.2	0.9		
28												
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350961 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 61 No of People at End of Month 214

Design Flow 200 GPM Remarks (Use Reverse Side) **Resubmitted January 1994**

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis W. Moro C-6497 / Lance D. Shreffler C-6557

I certify this report is correct (Original signed by Dennis W. Moro C-6497) Dennis W. Moro, B 2457

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

Days of Month	Total Water Treated in Gallons	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	224,280	8.0		120.2					30.2	21.5	3	
Average:	7,235	0.26		3.9					1.1	0.8		
Maximum:	13,120	0.50		5.3					1.2	0.9		
Minimum:	5,160	0.25		2.5					1.0	0.7		
	13,120	0.50		4.6					1.2	0.9		
2	7,810	0.25		3.8					1.2	0.9		
3	8,120	0.25		3.7					1.0	0.7		
4	6,280	0.25		4.8					1.0	0.7		
5	6,500	0.25		4.6					1.0	0.7		
6	12,040	0.25		2.5					1.0	0.7		
7												
8	22,950	0.50		2.6					1.0	0.7		
9	7,640	0.25		3.9					1.0	0.7	3	
10	6,740	0.25		4.4					1.0	0.7		
11	8,210	0.25		3.7					1.0	0.7		
12	7,480	0.25		4.0					1.0	0.7		
13	8,720	0.25		3.4					1.0	0.8		
14												
15	9,570	0.50		5.3					1.0	0.8		
16	6,350	0.25		4.7					1.2	0.9		
17	5,160	0.25		5.8					1.2	0.9		
18	6,570	0.25		4.6					1.2	0.9		
19	7,190	0.25		4.2					1.2	0.9		
20	5,640	0.25		5.3					1.2	0.8		
21												
22	11,880	0.50		5.0					1.2	0.8		
23	7,050	0.25		4.3					1.2	0.8		
24	5,670	0.25		5.3					1.2	0.8		
25	6,040	0.25		5.0					1.2	0.8		
26	6,800	0.25		4.4					1.2	0.8		
27	6,250	0.25		4.8					1.2	0.8		
28												
29	11,330	0.50		5.3					1.2	0.8		
30	5,740	0.25		5.2					1.2	0.9		
31	7,430	0.25		4.0					1.2	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1993
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 57 No of People at End of Month 199.50
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Brian E. Heath C-5825 / Lance D. Shreffler C-6587
I certify this report is correct (Original signed by Dennis W. Moro C-6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	170.7	7.5		147.0					32.2	22.9	3	
Average:	5.7	0.25		5.7					1.2	0.9		
Maximum:	7.8	0.25		8.3					1.5	1.0		
Minimum:	3.6	0.25		2.9					1.0	0.7		
1	5.6	0.25		5.3					1.2	0.9		*
2	3.6	0.25		8.3					1.2	0.9		*
3												
4	12.9	0.50		4.6					1.2	0.8		*
5	4.3	0.25		7.1					1.2	0.8		*
6	4.8	0.25		6.3					1.0	0.7		*
7	4.4	0.25		6.9					1.0	0.7		*
8	3.9	0.25		7.6					1.0	0.7	3	*
9	5.5	0.25		5.4					1.0	0.7		*
10	4.5	0.25		6.7					1.2	0.8		*
11												
12	9.9	0.50		6.0					1.2	0.8		*
13	7.8	0.25		3.9					1.5	1.0		*
14	5.2	0.25		5.7					1.5	1.0		*
15	4.2	0.25		7.2					1.5	1.0		*
16	6.7	0.25		4.5					1.5	1.0		*
17	5.1	0.25		5.9					1.5	1.0		*
18												
19	10.9	0.50		5.5					1.5	1.0		*
20	6.0	0.25		5.0					1.2	0.9		*
21	5.9	0.25		5.0					1.2	0.9		*
22	6.8	0.25		4.4					1.2	0.9		*
23	5.1	0.25		5.8					1.2	0.9		*
24												
25	15.3	0.50		3.9					1.2	1.0		*
26	4.8	0.25		6.3					1.2	0.9		*
27	4.7	0.25		6.4					1.2	0.9		*
28	5.9	0.25		5.1					1.2	0.9		* flushing
29	5.7	0.25		5.3					1.2	0.9		*
30	10.2	0.25		2.9					1.2	0.9		*
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

* Backwash sand filters

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location: City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 57 No of People at End of Month 199.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis W. Moro C-6497 / Lance D. Shreffler C-6587 / Brian E. Heath C-5825

I certify this report is correct (Original signed by Dennis W. Moro C-6497)

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

Days of Month	Total Water Treated in Gallons	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	211.2	7.50		122.2					31.3	22.5	3	
Average:	6.8	0.24		4.7					1.2	0.9		
Maximum:	13.6	0.13		9.8					1.5	1.0		
Minimum:	3.1	0.25		2.2					1.0	0.7		
1	12.4	0.25		2.4					1.2	0.8		Backwash
2												"
3	14.4	0.50		4.2					1.2	0.8		"
4	4.6	0.25		6.5					1.2	0.8		"
5	5.7	0.25		5.3					1.5	1.0		"
6	6.4	0.25		4.7					1.5	1.0		"
7	4.9	0.25		6.1					1.5	1.0		"
8	6.5	0.25		4.6					1.5	0.9		"
9												"
10	10.8	0.50		5.6					1.5	0.9		"
11	7.3	0.25		4.1					1.0	0.7	3	"
12	5.7	0.25		5.3					1.0	0.7		"
13	5.7	0.25		5.3					1.0	0.7		"
14	4.5	0.25		6.7					1.0	0.7		"
15	3.1	0.25		9.8					1.0	0.8		"
16												"
17	18.8	0.50		3.2					1.0	0.8		"
18	7.5	0.25		4.0					1.0	0.8		"
19	8.0	0.25		3.7					1.2	1.0		"
20	9.3	0.25		3.2					1.2	1.0		"
21	6.4	0.25		4.7					1.2	1.0		"
22	8.9	0.25		3.4					1.2	0.9		"
23												"
24	11.9	0.50		5.1					1.2	0.8		"
25	6.5	0.25		4.6					1.2	0.9		"
26	13.6	0.25		2.2					1.2	0.9		"
27	8.5	0.25		3.5					1.2	0.9		"
28	6.6	0.25		4.6					1.2	0.9		" / line flushed
29	5.5	0.25		5.5					1.2	0.9		"
30												"
31	7.7	0.25		3.9					1.2	0.9		"

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month June 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 61 No of People at End of Month 213

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis W. Moro C-6497 / Lance D. Shreffler C-6587 / Brian E. Heath C-5825

I certify this report is correct (Original signed by Dennis W. Moro C-6497)

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

Days of Month	Total Water Treated in Gallons	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	148.5	7.0		156.1					30.4	22.8	3	
Average:	5.0	0.23		6.1					1.2	0.9		
Maximum:	10.1	0.25		7.8					1.2	1.0		
Minimum:	3.9	0.13		3.0					0.8	0.5		
1	4.4	0.25		6.8					1.2	0.9		Backwash
2	3.9	0.25		7.6					1.2	0.9		"
3	4.0	0.25		7.5					1.2	0.9		"
4	4.0	0.25		7.5					1.2	0.9		"
5	5.1	0.25		5.9					1.2	1.0		"
6												
7	7.8	0.25		3.8					1.2	1.0		"
8	10.1	0.25		3.0					1.2	1.0		"
9	4.1	0.25		7.3					1.2	1.0		"
10	5.8	0.25		5.2					1.2	1.0		"
11	4.4	0.25		6.8					1.2	1.0	3	"
12	7.9	0.25		3.8					1.2	0.9		"
13												
14	8.1	0.25		3.7					1.2	0.9		"
15	3.9	0.25		7.7					1.2	0.9		"
16	4.0	0.25		7.5					1.2	0.9		"
17	4.4	0.25		6.8					1.2	0.9		"
18	3.9	0.25		7.7					1.2	0.9		"
19	5.2	0.25		5.7					1.2	0.9		"
20												
21	12.2	0.50		4.9					1.2	0.9		"
22	4.7	0.25		6.4					1.2	0.9		"
23	6.8	0.25		4.4					1.2	0.9		"
24	4.1	0.25		7.4					1.0	0.8		"
25	6.7	0.25		4.5					1.0	0.8		"
26												
27	9.2	0.50		6.5					1.2	0.7		"
28	4.4	0.25		6.9					1.2	0.7		"
29	5.5	0.25		5.4					1.2	0.7		"
30	4.1	0.25		7.3					0.8	0.5		"
31												

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350961 PWS Name Palms Mobile Home Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-860-0058 Reporting Month July 1993
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.5
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Dennis Moro C-6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	139.4	7.75		188.5					32.2	19.8	3	
Average:	4.5	0.25		7.0					1.2	0.7		
Maximum:	6.7	0.25		10.7					1.2	0.9		
Minimum:	2.8	0.25		4.5					1.0	0.6		
1	5.1	0.25		5.8					1.2	0.9		Backwash filters
2	3.1	0.25		9.6					1.0	0.6		"
3	5.3	0.25		5.6					1.2	0.7		"
4												"
5												"
6	13.7	0.75		6.6					1.2	0.7		"
7	3.7	0.25		8.2					1.2	0.7		"
8	4.6	0.25		6.5					1.2	0.7		"
9	3.9	0.25		7.8					1.2	0.7	3	"
10	5.5	0.25		5.5					1.2	0.7		"
11	3.5	0.25		8.6					1.2	0.7		"
12	3.5	0.25		8.6					1.2	0.7		"
13	6.7	0.25		4.5					1.2	0.7		"
14	4.0	0.25		7.5					1.2	0.7		"
15	4.0	0.25		7.5					1.2	0.7		"
16	3.7	0.25		8.1					1.2	0.7		"
17												"
18	9.0	0.50		6.7					1.2	0.8		"
19	4.8	0.25		6.3					1.2	0.7		"
20	4.7	0.25		6.3					1.2	0.7		"
21	4.1	0.25		7.3					1.2	0.7		"
22	4.4	0.25		6.8					1.2	0.7		"
23	2.8	0.25		10.7					1.2	0.7		"
24	4.5	0.25		6.7					1.2	0.8		"
25												"
26	9.5	0.50		6.3					1.2	0.8		"
27	4.5	0.25		6.7					1.2	0.8		"
28	5.8	0.25		5.1					1.2	0.8		"
29	3.5	0.25		8.6					1.2	0.8		"
30	5.4	0.25		5.6					1.2	0.8		Backwash / flushed lin
31	6.1	0.25		5.0					1.2	0.8		"

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month August 1993
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 214
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Brian E. Heath C-5825 / Lance D. Shreffler C-6587
I certify this report is correct (Original signed by Dennis W. Moro C-6497)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	185.0	7.75		139.5					32.2	21.5	3	
Average	6.0	0.25		5.4					1.2	0.8		
Maximum:	9.2	0.25		6.9					1.5	1.0		
Minimum:	4.3	0.25		3.3					1.0	0.7		
1												Backwash
2	9.9	0.50		6.0					1.2	0.8		flush line/Backwash
3	4.4	0.25		6.9					1.2	0.8		Backwash
4	7.4	0.25		4.0					1.2	0.8		Backwash
5	7.0	0.25		4.3					1.2	0.8		Backwash
6	9.0	0.25		3.3					1.2	0.8		flush line/Backwash
7												Backwash
8	17.8	0.50		3.4					1.2	0.9		Backwash
9	4.9	0.25		6.1					1.2	0.8		Backwash
10	4.8	0.25		6.3					1.2	0.8		Backwash
11	5.6	0.25		5.3					1.5	1.0	3	flush line/Backwash
12	6.6	0.25		4.5					1.5	1.0		Backwash
13	5.8	0.25		5.2					1.5	1.0		Backwash
14	7.5	0.25		4.0					1.2	0.8		Backwash
15												Backwash
16	11.5	0.50		5.2					1.5	0.9		Backwash
17	5.8	0.25		5.1					1.2	0.8		Backwash
18	4.4	0.25		6.8					1.2	0.8		Backwash
19	4.9	0.25		6.1					1.2	0.8		Backwash
20	4.9	0.25		6.1					1.2	0.8		Backwash
21	4.7	0.25		6.4					1.2	0.8		Backwash
22												Backwash
23	13.2	0.50		4.5					1.2	0.8		Backwash
24	4.4	0.25		6.9					1.2	0.8		Backwash
25	9.2	0.25		3.3					1.2	0.8		Backwash
26	7.6	0.25		4.0					1.2	0.8		Backwash
27	5.3	0.25		5.6					1.2	0.8		Backwash
28												Backwash
29	8.9	0.50		6.8					1.0	0.7		Backwash
30	4.6	0.25		6.5					1.2	0.8		Backwash
31	4.3	0.25		6.9					1.2	0.8		Backwash

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350881 PWS Name Palms Mobile Home Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993

Plant Effluent pH (Avg) 7.0 No of Services at End of Month 81 No of People at End of Month 213.5

Design Flow 200 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Dennis W. Moro C-8497 - Brain E. Heath C-6825 - Lance D. Shreffler C-8587

I certify this report is correct [signature] [illegible]

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

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	138,630	7.50		171.5					30.3	21.9	3	
Average:	4,621	0.25		5.7					1.2	0.8		
Maximum:	9,200	0.25		9.0					1.2	0.9		
Minimum:	3,300	0.25		3.3					0.9	0.7		
1	5,140	0.25		5.8					1.2	0.8		Backwash
2	4,900	0.25		6.1					1.2	0.8		Backwash
3	4,320	0.25		6.9					1.2	0.8		Backwash
4	4,750	0.25		6.3					1.2	0.8		Backwash
5												Backwash
6	8,300	0.50		7.2					1.2	0.8		Backwash
7	4,360	0.25		6.9					1.2	0.8		Backwash
8	3,640	0.25		8.2					1.2	0.7		Backwash
9	4,310	0.25		7.0					1.2	0.8		Backwash
10	4,210	0.25		7.1					1.2	0.8		
11	4,980	0.25		6.0					1.2	0.9		Backwash
12												Backwash
13	9,550	0.50		6.3					1.2	0.9		
14	5,710	0.25		5.2					1.2	0.9	3	Backwash
15	5,120	0.25		5.9					1.2	0.9		Backwash
16	5,040	0.25		5.9					1.2	0.9		Backwash
17	4,620	0.25		6.5					1.0	0.8		Backwash
18												
19	10,000	0.50		6.0					0.9	0.7		Backwash
20	4,500	0.25		6.7					1.0	0.8		Backwash
21	4,500	0.25		6.7					1.0	0.8		Backwash
22	4,500	0.25		6.7					1.2	0.9		Backwash
23	4,500	0.25		6.7					1.2	0.9		Backwash
24	4,110	0.25		7.3					1.2	0.9		Backwash
25	5,500	0.25		5.5					1.2	0.9		Backwash
26												
27	9,280	0.50		6.5					1.2	0.9		Backwash
28	3,340	0.25		9.0					1.2	0.9		Backwash
29	3,760	0.25		8.0					1.2	0.9		Backwash
30	5,690	0.25		5.3					1.2	0.9		Backwash
31												^ lines flushed

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.

DER Form 17.555910(2)
Effective 11/1/1988

2269062N

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350081 PWS Name Palms Mobile Home Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 81 No of People at End of Month 213.5
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Brian E. Heath C-5825 / Lance D. Shreffler C-6587
I certify this report is correct Brian E. Heath B 1463
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	171,940	7.75		133.4					28.2	20.6		Filters backwash daily on automatic
Average:	5,546	0.25		4.3					1.1	0.8		
Maximum:	8,250	0.50		6.7					1.2	0.9		
Minimum:	4,470	0.25		3.3					1.0	0.7		
1	4,780	0.25		6.3					1.2	0.9		Ran air compressor
2	4,840	0.25		6.2					1.2	0.9		
3												
4	10,350	0.50		5.8					1.2	0.8		Ran air compressor
5	6,000	0.25		5.0					1.2	0.8		Ran air compressor / fl
6	7,450	0.25		4.0					1.2	0.8		Ran air compressor
7	5,060	0.25		5.9					1.0	0.7		
8	5,270	0.25		5.7					1.0	0.7		Repl hose filter 2
9												
10	10,210	0.50		5.9					1.0	0.8		
11	5,500	0.25		5.5					1.0	0.8		
12	4,670	0.25		6.4					1.0	0.8	3	Ran air compressor
13	6,210	0.25		4.8					1.0	0.8		
14	4,590	0.25		6.5					1.0	0.8		
15	4,710	0.25		6.4					1.2	0.9		Flushed lines
16	6,340	0.25		4.7					1.2	0.9		
17												
18	8,940	0.50		6.7					1.2	0.9		
19	8,250	0.25		3.6					1.2	0.9		
20	5,450	0.25		5.5					1.2	0.9		
21	6,340	0.25		4.7					1.2	0.9		
22	5,030	0.25		6.0					1.0	0.8		Ran air compressor
23												
24	12,660	0.50		1.5					1.0			
25	5,170	0.25		5.3					1.0	0.8		NO2/NO3/VOC sample
26	6,890	0.25		4.0					1.0	0.8		
27	6,340	0.25		3.3					1.0	0.8		
28	7,190	0.25		3.7					1.0	0.8		
29	7,220	0.25		3.8					1.0	0.8		
30	6,480	0.50		6.2					1.0	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.0 No of Services at End of Month 61 No of People at End of Month 213.5
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Brian E. Heath C-5825 / Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / William M. Fontaine C-6813
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 Gallons	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	236.670	7.50		85.5					33.5	23.1	3	
Average:	7,889	0.25		2.8					1.3	1.0		
Maximum:	12,750	0.50		5.3					2.5	1.8		
Minimum:	4,910	0.25		2.2					1.0	0.8		
1	12,750	0.50		4.3					1.0	0.8		
2	4,910	0.25		3.9					1.0	0.8		
3	8,320	0.25		3.5					1.0	0.8		
4	6,840	0.25		4.1					1.0	0.8		
5	10,520	0.25		2.2					1.0	0.8		
6	6,840	0.25		4.0					1.0	0.8		
7												
8	13,100	0.50		3.6					1.5	1.0		
9	12,550	0.25		2.2					1.5	0.9		
10	8,410	0.25		3.4					1.5	1.0	3	Compliance sample
11	6,260	0.25		3.2					1.5	0.9		
12	9,030	0.25		3.2					1.5	0.9		
13	10,740	0.25		2.6					1.5	1.0		
14												
15	14,630	0.25		1.6					2.5	1.8		
16	12,730	0.25		2.2					1.2	0.9		
17	5,690	0.25		3.6					1.2	0.9		
18	6,170	0.25		4.3					1.2	0.9		
19	9,810	0.25		2.8					2.5	1.8		
20												
21	18,170	0.50		2.7					1.0			
22	5,450	0.25		5.3					1.5	1.0		
23	11,580	0.25		2.0					1.2	0.9		
24	5,790	0.25		4.6					1.2	0.8		
25												
26	10,810	0.50		4.2					1.2	0.9		
27	6,480	0.25		4.2					1.4	0.9		
28												
29	11,940	0.50		3.8					1.2	0.9		
30	7,150	0.25		3.9					1.2	0.9		
31												

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350981 PWS Name Palms Mobile Home Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month December 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 21 No of People at End of Month 73.5
Design Flow 200 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Dennis W. Moro C-6497 / Brian E. Heath C-5825 / William Fontaine C-6813 / Lance D. Shreffler C-6587
I certify this report is correct Donald B. Carder B 2473
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	207,550	7.50		94.1					32.4	18.3	3	
Average:	6,695	0.24		3.0					1.2	0.8		
Maximum:	11,200	0.50		6.5					1.5	1.0		
Minimum:	3,300	0.25		2.0					1.0	0.6		
1	9,020	0.25		3.0					1.5	1.0		
2	9,600	0.25		2.3					1.5	1.0		
3	7,440	0.25		3.6					1.5	1.0		
4	9,030	0.25		3.0					1.5	1.0		
5												
6	18,170	0.50		2.6					1.5	1.0		
7	7,070	0.25		3.8					1.5	1.0		
8	8,420	0.25		2.6					1.0	0.8		Flushed lines
9	3,940	0.25		6.5					1.0	0.8	3	Compliance samples
10	7,200	0.25		3.6					1.0	0.8		Flushed lines
11	5,510	0.25		3.5					1.0			
12												
13	10,640	0.50		4.8					1.2	0.8		
14	8,230	0.25		2.6					1.2	0.8		
15	8,540	0.25		3.1					1.2	0.8		
16	5,350	0.25		4.7					1.2	0.8		
17	5,140	0.25		3.4					1.2	0.8		
18												
19	9,150	0.50		3.5					1.0			
20	9,150	0.25		3.1					1.0	0.6		
21	6,680	0.25		3.1					1.2	0.7		
22	5,440	0.25		3.7					1.0	0.6		Add air to HPT
23	3,300	0.25		3.7					1.2	0.8		
24	6,820	0.25		2.8					1.2	0.8		
25												
26	7,980	0.25		2.3					1.2			
27	6,500	0.25		3.9					1.0			
28	4,980	0.25		5.4					1.2	0.8		
29	7,720	0.25		2.7					1.2	0.8		
30	5,330	0.25		4.9					1.2	0.8		
31	11,200	0.25		2.0					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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 139 No of People at End of Month 486.5
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance Shreffler C-6587/B. Heath C-5825/D. Moro C-6497/W.Fontaine C-6813
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-5825 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations!
Monthly Total	948.700	19.00		63.5					30.8	18.9	4	
Average	30.603	0.61		2.0					1.2	0.9		
Maximum	44.250	0.75		3.3					1.2	1.0		
Minimum	15.100	0.25		1.0					1.0	0.8		
1												
2	88.500	1.50		2.0					1.2			
3	36.500	0.75		2.5					1.2	0.9		Change MOR
4	27.100	0.75		3.3					1.2	1.0		Exer well 2
5	32.400	0.75		2.8					1.0	0.8		Exer well 2
6	29.600	0.50		2.0					1.2	0.9		Emer gen run/skd!
7	32.500	0.75		2.8					1.2	1.0		
8	15.100	0.25		2.0					1.2			
9												
10	80.200	1.50		2.2					1.2	0.9		
11	29.800	0.50		2.0					1.2	0.9		
12	30.600	0.75		2.9					1.2	0.9	4	Compliance/flush-
13	28.600	0.50		2.1					1.2	0.9		sched emer gen run
14	28.400	0.50		2.1					1.2	0.8		
15												
16	52.600	1.00		2.3					1.2			
17	34.800	0.75		2.6					1.2	0.9		
18	25.600	0.50		2.3					1.2	0.9		
19	23.600	0.50		2.5					1.0	0.8		
20	25.400	0.50		2.4					1.2	0.9		Line flush
21	27.200	0.50		2.2					1.2	0.9		
22	19.100	0.50		3.1					1.2			
23												
24	77.400	1.50		2.3					1.2	0.8		
25	29.900	0.50		2.0					1.2	0.9		
26	32.300	0.75		2.8					1.2	0.9		Exer well 2-test-
27	32.200	0.75		2.8					1.2	1.0		emer gen
28												
29	38.000	0.75		2.4					1.2			
30	35.500	0.75		2.5					1.2	1.0		
31	35.800	0.75		2.5					1.2	0.9		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 139 No of People at End of Month 486.5

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Brian Heath # C-5825/ Lance Shreffler # C-6587

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 in Gallons	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	929,200	18.25		58.3					29.5	18.7	4	
Average	33,186	0.65		2.1					1.2	0.9		
Maximum:	43,150	1.50		2.9					1.5	1.2		
Minimum:	20,700	0.50		1.8					1.0	0.8		
1	22,300	0.50		2.7					1.2	0.9		
2	27,000	0.50		2.2					1.2	0.9		
3	23,500	0.50		2.6					1.2	1.0		Exer w-2
4	33,500	0.50		1.8					1.2	0.9		
5	20,800	0.50		2.9					1.2			
6												
7	72,200	1.25		2.1					1.0	0.8		Exer W-2
8	26,700	0.50		2.1					1.2	1.0		Line flushing
9	37,700	0.75		2.4					1.5	1.2		
10	29,900	0.50		2.0					1.2	1.0	4	Compliance
11												
12	55,000	1.00		2.2					1.2	1.0		
13	42,700	0.75		2.1					1.2			
14	37,800	0.75		2.4					1.2	0.9		Sched gen run
15	33,700	0.75		2.7					1.2	1.0		Exer W-2
16	33,800	0.75		2.7					1.2	0.9		
17	39,500	0.75		2.3					1.0	0.8		
18	30,900	0.75		2.9					1.0	0.8		
19	30,500	0.75		2.9					1.2			
20												
21	86,300	1.50		2.1					1.5	1.0		
22	32,300	0.75		2.8					1.5	1.0		
23	33,200	0.75		2.7					1.5	0.9		
24	20,700	0.50		2.9					1.5	1.0		
25	34,200	0.75		2.6					1.2	0.9		
26	39,700	0.75		2.3					1.2			Exer W-2
27												
28	83,300	1.50		2.2					1.0	0.8		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month March 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 139 No of People at End of Month 486.5

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C6587/B. Heath C-5825/W. Fontaine C-6813

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 in Gallons	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	1,251,700	24.50		65.1					26.9	17.6	4	
Average:	40,377	0.79		2.1					1.0	0.8		
Maximum:	60,650	1.25		3.0					1.2	1.0		
Minimum:	20,100	0.50		1.0					0.8	0.6		
1	30,400	0.75		3.0					1.2	0.8		
2	31,500	0.75		2.9					1.0	0.7		
3	26,400	0.50		2.3					1.0	0.7		Serv. E. gen
4	23,700	0.50		2.5					1.0	0.8		Ex W-2
5	33,200	0.75		2.7					1.0			
6												
7	88,500	1.50		2.0					1.0	0.7		Ex W-2
8	43,500	0.75		2.1					0.9	0.6		Flushing
9	36,700	0.75		2.5					0.9	0.7	4	Ex W-2/compliance
10	20,100	0.50		3.0					0.9	0.7		
11	36,600	0.75		2.5					0.8	0.6		
12												
13	95,000	2.00		2.5					0.9			
14	42,300	0.75		2.1					0.9	0.7		
15	44,400	0.75		2.0					1.0	0.8		Skd E. gen run
16	34,200	0.75		2.6					1.0	0.8		Flushing
17	29,900	0.50		2.0					1.0	0.8		
18	30,700	0.50		2.0					1.0	0.8		
19												
20	121,300	2.25		2.2					1.0			
21	53,300	1.00		2.2					1.2	1.0		Ex W-2
22	44,300	0.75		2.0					1.0	0.8		
23	46,100	1.00		2.6					1.0	0.8		
24	50,900	1.00		2.4					1.0	0.8		
25	62,400	1.25		2.4					1.0	0.7		
26	32,300	0.75		2.8					1.0			
27												
28	90,600	1.50		2.0					1.0	0.8		
29	33,700	0.75		2.7					1.2	0.9		
30	31,200	0.75		2.9					1.0	0.8		
31	38,500	0.75		2.3					1.0	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 139 No of People at End of Month 486.5
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance Shreffler C-6587/B. Heath C-5825/D. Mora C-6497/W. Fontaine C-6813
I certify this report is correct Donald B. Cooley B 2403
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,510,600	28.50		59.2					25.6	17.0	4	
Average:	50,353	0.95		2.0					1.0	0.8		
Maximum:	86,800	1.25		2.6					1.5	1.2		
Minimum:	29,900	0.50		1.1					0.7	0.5		
1	49,400	1.00		2.4					1.2	0.9		
2	40,300	0.75		2.2					1.2			
3												
4	108,000	2.00		2.2					1.0	0.8		
5	54,400	1.00		2.2					1.0	0.8		Tst e. gen/ex w-2
6	61,400	1.25		2.4					1.0	0.8		Schd emer gen run
7	34,100	0.75		2.6					1.0	0.8	4	Comp/ex w-2
8	41,800	0.75		2.2					1.0	0.7		
9	50,900	1.00		2.4					1.0	0.8		
10												
11	109,400	2.00		2.2					1.0	0.8		
12	54,600	1.00		2.2					1.0	0.8		Ex w-2
13	58,900	1.00		2.0					1.0	0.8		Schd e. gen run-
14	56,300	1.00		2.1					1.0	0.7		line flushing
15	38,400	0.75		2.3					1.0	0.8		
16												
17	99,300	2.00		2.4					1.0			
18	58,300	1.00		2.1					1.0	0.8		
19	74,000	1.25		2.0					0.9	0.7		
20	66,800	1.25		2.2					0.9	0.7		Line flushing
21	53,800	1.00		2.2					0.9	0.8		Ex w-2
22	29,900	0.50		2.0					0.9	0.7		
23	34,400	0.75		2.6					0.8			
24												
25	71,200	1.25		2.1					0.9	0.8		
26	46,100	1.00		2.6					0.7	0.5		
27	48,200	1.00		2.5					1.5	1.2		
28	62,700	1.25		2.4					0.8	0.8		
29	52,900	1.00		2.3					0.9	0.7		
30	55,100	1.00		2.2					1.0			
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 139 No of People at End of Month 486.5

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

L. Shreffler C-6587/B. Heath C-5825/D. Mero C-6497/W. Fontaine C-6813

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 in Gallons	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	1,807,600	32.75		57.1					23.2	15.1	4	
Average:	58,310	1.06		1.8					0.9	0.7		
Maximum:	83,100	3.00		2.7					1.2	0.8		
Minimum:	29,800	0.75		2.0					0.7	0.5		
1												
2	129,500	2.25		2.1					1.0	0.8		
3	62,200	1.25		2.4					0.9	0.7		
4	43,700	0.75		2.1					1.0	0.8		
5	67,400	1.25		2.2					1.0	0.8		
6	73,300	1.25		2.0					1.0	0.8		
7	58,800	1.00		2.0					1.2			
8												
9	131,500	2.25		2.1					1.0	0.8		
10	64,300	1.25		2.3					1.0	0.8		
11	75,900	1.25		2.0					0.9	0.7	4	Compliance/Ex w-2-
12	58,200	0.50		1.0					0.7	0.5		Sched e.gen run
13	61,600	1.25		2.4					0.7	0.5		
14	33,100	0.75		2.7					0.8			
15												
16	159,800	3.00		2.3					0.9	0.7		
17	65,900	1.25		2.3					0.8	0.6		
18	34,200	0.75		2.6					0.9	0.7		
19	57,600	1.00		2.1					0.9	0.7		Sched e.gen run
20	29,800	0.50		2.0					0.7	0.5		
21	47,600	1.00		2.5					0.8			
22												
23	120,600	2.00		2.0					0.8	0.6		
24	56,900	1.00		2.1					0.7	0.5		Ex W-2
25	83,100	1.50		2.2					0.9	0.7		
26	58,600	1.00		2.0					0.8	0.6		
27	56,400	1.00		2.1					0.9	0.7		
28	45,300	1.00		2.6					1.0			
29												
30	92,300	2.00		2.6					1.0	0.8		
31	40,000	0.75		2.2					0.9	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Pisgola Island Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month June 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 140 No of People at End of Month 490.0
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance Shreffler C-6587/D. Moro C-6497/W. Fontaine C-6813/B. Heath C-5825
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 In Gallons	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	1,136,900	22.50		58.8					29.1	18.3	4	
Average:	37,897	0.75		2.0					1.2	0.9		
Maximum:	80,900	2.00		3.4					2.0	1.5		
Minimum:	20,100	0.50		1.9					0.8	0.5		
1	53,600	1.00		2.2					0.8	0.5		Ex well #2
2	52,700	1.50		3.4					2.0	1.5		
3	50,300	1.00		2.4					1.8	1.2		
4	37,700	0.75		2.4					1.8	1.2		
5												
6	115,500	2.00		2.1					1.8	1.2		
7	36,900	0.75		2.4					1.0	0.8		Ex well #2
8	35,500	0.75		2.5					1.2	1.0		Ex well #2
9	20,100	0.50		3.0					1.0	0.8		
10	31,300	0.75		2.9					1.0	0.8		Ex well #2
11												
12												
13	97,800	1.75		2.1					1.0	0.8	4	Compliance
14	60,900	1.25		2.5					1.3	0.9		
15	47,700	0.75		1.9					1.2	0.8		Ex well #2
16	26,800	0.75		3.4					1.2	0.9		Ex well #2
17												
18	42,600	0.75		2.1					1.2			
19												
20	64,400	1.25		2.3					1.0			
21	24,800	0.50		2.4					1.0	0.8		Skdl e.gen run
22	36,400	0.75		2.5					1.2	0.9		Line flushing -
23	27,000	0.50		2.2					1.0	0.8		POE samples
24	40,000	0.75		2.2					1.0			Flushing/plant
25	21,400	0.50		2.8					1.2			
26												
27	78,500	1.50		2.3					1.0	0.8		
28	55,200	1.00		2.2					1.0	0.8		
29	42,000	0.75		2.1					1.2	0.9		Skdl e.gen run
30	38,000	0.75		2.4					1.2	0.9		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month July 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 139 No of People at End of Month 486.5

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/B. Heath C-5825/D. Moro C-6497/W. Fontaine C-6813

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 in Gallons	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	920,900	16.75		55.4					29.8	18.0	6	
Average:	29,706	0.54		1.8					1.1	0.9		
Maximum:	49,900	1.50		3.0					2.0	1.8		
Minimum:	13,300	0.25		0.9					0.5	0.3		
1	49,900	1.00		2.4					1.2	0.9		Press tnk on site
2	32,100	0.75		2.8					1.8			
3												
4	69,600	1.50		2.6					1.8	1.2		
5	26,900	0.50		2.2					1.0	0.8		
6	30,600	0.75		2.9					1.2	0.9		
7	29,800	0.50		2.0					1.0	0.8		Sched e gen run
8	32,300	0.25		0.9					1.0	0.8		
9	13,300	0.25		2.3					1.0			
10												
11	89,100	1.50		2.0					1.0	0.8	5	Bact press tank
12	28,100	0.50		2.1					1.0	0.8	1	Bact press tank
13	35,600	0.75		2.5					1.8	1.2		Temp press tnk on-
14	36,000	0.75		2.5					1.0	0.7		line
15	47,100	1.00		2.5					1.0	0.8		
16	32,300	0.75		2.8					1.0			
17												
18	36,300	0.75		2.5					0.8	0.6		
19	36,100	0.75		2.5					1.0	0.7		
20	42,100	0.75		2.1					0.9	0.7		
21	30,800	0.50		1.9					0.9	0.6		
22	43,100	0.75		2.1					1.0	0.7		
23	19,000								1.0			
24												
25	26,300								0.5	0.3		
26	38,800	0.50		1.5					2.0	1.8		
27	20,900	0.25		1.4					1.5	1.0		Flushing
28	35,400	0.75		2.5					1.2	1.0		
29	19,900	0.50		3.0					1.2	0.9		
30	19,500	0.50		3.1					1.0			
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month August 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 140 No of People at End of Month 490.0

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/B. Heath C-5825/W. Fontaine C-6813

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 in Gallons	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	1,003,600	24.25		66.0					23.8	18.1	6	
Average:	32,374	0.78		2.1					0.9	0.7		
Maximum:	59,200	1.25		2.8					1.2	1.0		
Minimum:	14,000	0.25		1.9					0.8	0.6		
1	70,700	1.25		2.1					1.2	1.0		Tst strt e.gen
2	26,500	0.50		2.3					0.8	0.6		
3												
4	61,400	1.25		2.4					0.9	0.7		
5	30,300	0.50		2.0					0.9	0.6		
6	29,600	0.50		2.0					0.9			
7	30,800	0.50		1.9					0.9	0.7		Sched e.gen run.
8	32,300	1.25		4.6					0.9	0.6		Ex W-2
9	21,800	0.50		2.8					1.0	0.7		
10	37,400	0.75		2.4					0.9	0.7	4	Compliance
11	28,000	0.50		2.1					0.8	0.6		
12									0.9			
13	59,200	1.25		2.5								
14	37,200	0.75		2.4					0.9	0.7		
15	28,500	0.50		2.1					0.9	0.7		
16	28,000	0.50		2.1					0.9	0.7		Fish pres tnk
17	27,400	0.50		2.2					0.9	0.7		
18	31,700	0.50		1.9					0.9	0.6		
19	24,400								1.0	0.8		
20	14,000	0.25		2.1					0.8			
21												
22	78,000	1.75		2.7					0.9	0.7		Sched e.gen run
23	32,000	0.75		2.8					1.2	0.9		
24	33,200	0.75		2.7					1.0	0.8		
25	26,800	0.50		2.2					0.9	0.7	1	Pres tnk bact.
26	35,700	0.75		2.5					0.9	0.7	1	Pres tnk bact.
27												
28												
29	93,200	6.25		8.0					0.8	0.6		
30	37,500	0.75		2.4					0.8	0.6		
31	46,000	1.00		2.5					0.9	0.7		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 140 No of People at End of Month 490.0

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/W. Fontaine C-6813/D. Moro C-6587

I certify this report is correct Brian Hatt C-5825

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

Days of Month	Total Water Treated in Gallons	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	1,096,200	21.00		60.1					21.6	14.3	4	
Average	36,540	0.70		2.0					0.8	0.7		
Maximum	56,600	1.00		2.8					0.9	0.8		
Minimum	19,700	0.25		1.0					0.4	0.5		
1	44,100	0.75		2.0					0.9	0.7		
2	46,400	0.75		1.9					0.9	0.7		
3	26,800	0.50		2.2					0.9			
4												
5	83,500	1.50		2.2					0.9	0.8		
6	56,600	1.00		2.1					0.9	0.7		
7	40,500	0.75		2.2					0.8	0.6	4	Compliance
8	53,300	1.00		2.2					0.8	0.6		Line Flushing
9	32,300	0.75		2.8					0.8	0.6		Line Flushing
10	24,100	0.50		2.5					0.8			
11												
12	67,700	1.25		2.2					0.4	0.5		
13	27,700	0.50		2.2					0.9	0.7		
14	26,900	0.50		2.1					0.8	0.6		Test e. gen
15	32,500	0.75		2.8					0.9	0.7		Sched e.gen run
16	28,300	0.50		2.1					0.8	0.6		
17	19,700	0.25		1.5					0.8			
18												
19	76,800	1.50		2.3					0.9	0.7		
20	34,300	0.75		2.6					0.8	0.6		
21	35,700	0.75		2.5					0.8	0.6		
22	38,700	0.75		2.3					0.9	0.7		
23	35,600	0.75		2.5					0.9	0.7		
24	49,800	1.00		2.4					0.8			
25												
26	82,000	1.50		2.2					0.8	0.6		
27	31,600	0.75		2.8					0.9	0.7		
28	38,600	0.75		2.3					0.8	0.6		
29	35,400	0.75		2.5					0.9	0.7		E. gen run
30	25,300	0.50		2.4					0.8	0.6		VOC's, ex w-2
31												

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.

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 142 No of People at End of Month 497.0

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/D. Moro C-6497/B. Heath C-5825/W. Fontaine C-6813

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 in Gallons	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	1,081,000	21.25		60.6					24.8	16.5	4	
Average:	34,871	0.69		2.0					1.0	0.8		
Maximum:	47,300	1.00		2.9					1.2	1.0		
Minimum:	21,000	0.50		0.8					0.8	0.6		
1	47,300	1.00		2.5					1.1			
2												
3	81,400	1.50		2.2					1.0	0.8		Line flushing
4	37,900	0.75		2.4					1.1	0.9		
5	29,400	0.50		2.0					1.0	0.8	4	Compliance
6	27,700	0.50		2.2					1.0	0.8		Sched e.gen.run-
7	31,800	0.75		2.8					1.0	0.8		exer w-2
8												
9												
10	106,500	2.00		2.3					1.0	0.8		
11	29,100	0.50		2.1					1.0	0.7		
12	22,800	0.50		2.6					1.0	0.8		
13	31,900	0.75		2.8					0.9	0.7		Sched e.gen.run
14	32,900	0.75		2.7					0.8	0.6		
15	31,100	0.75		2.9					0.9			
16												
17	57,000	1.00		2.1					1.2	1.0		
18	21,000	0.50		2.9					1.2	1.0		
19	41,100	0.75		2.2					0.8	0.6		
20	37,600	0.75		2.4					1.0	0.8		
21	39,000	0.75		2.3					1.1	1.0		
22												
23	75,200	1.25		2.0					1.0			
24	40,000	0.75		2.2					0.9	0.7		
25	47,000	1.00		2.6					0.8	0.6		Line flushing
26	41,000	0.75		2.2					1.0	0.8		Sched e.gen.run
27	31,500	0.75		2.9					0.9	0.7		
28	34,400	0.75		2.6					0.9	0.7		
29	23,000	0.50		2.6					1.0			
30												
31	83,400	1.50		2.2					1.2	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Piccola Island Location: City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 142 No of People at End of Month 497.0
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance Shreffler C-6587/D, More C-6497/B, Heath C-5825
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 in Gallons	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	1,022,900	18.75		55.3					25.4	15.3	4	
Average:	34,097	0.63		1.8					1.0	0.8		
Maximum:	48,300	1.50		2.9					1.2	0.9		
Minimum:	15,400	0.25		0.8					0.8	0.6		
1	30,000	0.50		2.0					1.0	0.8		
2	29,900	0.50		2.0					0.9	0.7		
3	25,500	0.50		2.4					0.9	0.7		
4	38,800	0.25		0.8					0.8	0.6		
5	41,900	0.75		2.1					1.0			
6												
7	79,500	1.50		2.3					0.8	0.6		
8	35,800	0.75		2.5					0.9	0.7		
9	47,300	1.00		2.5					0.9	0.7		
10	42,600	0.75		2.1					0.8	0.6	4	Comp./flush
11	28,500	0.50		2.1					1.0	0.8		
12	25,100	0.50		2.4					1.0			
13												
14	73,400	1.25		2.0					1.2	0.9		
15	25,600	0.50		2.3					1.0	0.8		
16	35,500	0.75		2.5					1.0	0.8		Line flushing
17	30,000	0.50		2.0					1.0	0.6		
18	28,500	0.50		2.1					1.0	0.8		Fill Cl2 barrel
19	15,400	0.25		1.9					1.0			
20												
21	83,700	1.50		2.1					1.0	0.8		Ex W-2,chem anyl
22	31,500	0.75		2.9					1.2	0.9		Sched e.gen run
23	37,200	0.75		2.4					1.2	0.9		
24												
25	58,300	1.00		2.1					1.2			
26	28,400	0.50		2.1					1.2			
27												
28	82,400	1.50		2.2					1.2	0.8		
29	37,600	0.75		2.4					1.2	0.8		Sched e.gen run
30	30,500	0.75		2.9					1.0	0.8		Ex w-2
31												

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

DER Form 17.555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 142 No of People at End of Month 497.0

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/D. Moro C-6497/W. Fontaine C-6813/B. Heath C-5825

I certify this report is correct Robert Fontaine (Lead Operator's Signature) C (Cert. Level) 6813 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,042,900	21.00		67.1					28.1	16.0	4	
Average	33,642	0.68		2.2					1.0	0.8		
Maximum	49,100	1.00		3.0					1.2	0.9		
Minimum	19,700	0.50		2.0					0.9	0.7		
1	34,500	0.75		2.6					1.0	0.8		
2	32,900	0.75		2.7					1.0	0.8		
3	48,600	1.00		2.5					1.1			
4												
5	69,800	1.25		2.1					1.1	0.9		Ex w-2/flush
6	35,200	0.75		2.6					1.0	0.8	4	Compliance-
7	29,600	0.50		2.0					0.9	0.7		Sched e.gen run
8	27,800	0.50		2.2					1.0	0.8		
9	20,300	0.50		3.0					1.0	0.7		
10	49,100	1.00		2.4					1.0			
11												
12	74,100	1.25		2.0					1.0	0.8		
13	21,700	0.50		2.8					1.0	0.8		Sched e.gen run
14	31,400	0.75		2.9					1.0	0.8		
15	31,100	0.75		2.9					1.0	0.8		Ex w-2
16	32,400	0.75		2.8					1.0	0.7		
17	29,100	0.50		2.1					1.0			
18												
19	70,600	1.25		2.1					1.0	0.8		
20	28,700	0.50		2.1					1.0	0.8		
21	33,700	0.75		2.7					1.2	0.9		
22	27,700	0.50		2.2					1.2	0.9		
23	19,700	0.50		3.0					1.2			
24	32,300	0.75		2.8					1.2			
25												
26	72,500	1.25		2.1					1.2			
27	46,900	1.00		2.6					1.0	0.8		
28	34,300	0.75		2.6					1.0	0.8		
29	41,600	0.75		2.2					1.0	0.8		Ex w-2
30	33,300	0.75		2.7					1.0	0.8		
31	34,000	0.75		2.6					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.

DER Form 17 555910(2)

Effective 11 1 1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month January 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 134 No of People at End of Month 469.0

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / Brian E. Heath C-5825

I certify this report is correct (Original signed by Lance D. Shreffler C6587)

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

Days of Month	Total Water Treated in in Gallons	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	865.8	17.25		61.5					32.4	23.9	4	
Average	27.9	0.56		2.5					1.3	1.0		
Maximum	43.8	0.75		3.4					1.8	0.8		
Minimum	17.7	0.50		2.0					1.2	1.5		
1												
2	50.8	1.00		2.4					1.8	1.5		
3												
4	70.9	1.50		2.5					1.5	1.2		
5	26.6	0.50		2.3					1.5	1.0		
6	23.4	0.50		2.6					1.5	0.9		
7	25.1	0.50		2.4					1.5	1.0		
8	26.5	0.50		2.3					1.5	0.8		
9												
10	51.7	1.00		2.3					1.5	1.0		
11	34.4	0.75		2.6					1.2	0.9	4	
12	24.0	0.50		2.5					1.2	0.8		
13	26.3	0.50		2.3					1.2	0.9		
14	26.2	0.50		2.3					1.2	1.0		
15	24.3	0.50		2.5					1.2	1.0		
16	17.7	0.50		3.4					1.2	0.9		
17												
18	56.4	1.00		2.1					1.2	1.0		
19	29.6	0.50		2.0					1.2	0.9		
20	25.4	0.50		2.4					1.2	1.0		
21	25.5	0.50		2.4					1.2	0.9		
22	32.7	0.75		2.8					1.2	1.0		
23	23.2	0.50		2.6					1.2	1.0		
24												
25	87.6	1.50		2.1					1.2	0.9		
26	22.3	0.50		2.7					1.2	0.9		
27	20.8	0.50		2.9					1.2	0.8		
28	26.9	0.50		2.2					1.2	0.8		
29	24.9	0.50		2.4					1.2	1.0		
30												
31	60.6	1.25		2.5					1.2	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Piccola Island Location: City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month February 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 134 No of People at End of Month 469.0
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Brian E. Heath C5825)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	822.9	17.50		62.9					29.3	21.4	4	
Average:	30.5	0.65		2.6					1.2	0.9		
Maximum:	41.5	0.75		3.6					1.5	1.0		
Minimum:	16.5	0.50		2.1					1.0	0.8		
1	35.4	0.75		2.5					1.2	0.9		
2	35.5	0.75		2.5					1.2	0.9		
3	32.3	0.75		2.8					1.2	0.8		
4	30.1	0.75		3.0					1.2	0.8		
5	37.1	0.75		2.4					1.2	0.9		
6	30.7	0.75		2.9					1.2	0.9		
7												
8	68.1	1.25		2.2					1.0	0.8		
9	28.0	0.50		2.1					1.2	0.9	4	
10	24.3	0.50		2.5					1.2	1.0		
11	23.4	0.50		2.6					1.0	0.8		
12	23.4	0.50		2.6					1.2	0.8		
13	27.1	0.50		2.2					1.2	1.0		
14												
15	60.4	1.25		2.5					1.2	0.8		
16	36.2	0.75		2.5					1.2	0.9		
17	27.4	0.50		2.2					1.2	0.9		
18	26.6	0.50		2.3					1.2	0.8		
19	33.8	0.75		2.7					1.2	0.8		
20	28.9	0.75		3.1					1.2	1.0		
21												
22	82.9	1.50		2.2					1.2	1.0		
23	26.1	0.50		2.3					1.2	0.8		
24	31.5	0.75		2.9					1.2	1.0		
25	26.7	0.75		3.1					1.5	1.0		
26	28.5	0.75		3.2					1.5	0.9		
27	16.5	0.50		3.6					1.5	1.0		
28												
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 135 No of People at End of Month 473.0
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Brian E. Heath C5825)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	998.8	20.50		68.2					33.2	25.0	4	
Average:	31.2	0.64		2.5					1.2	0.9		
Maximum:	40.2	0.75		3.0					1.5	1.0		
Minimum:	20.1	0.50		2.1					1.0	0.8		
1	79.4	1.50		2.3					1.2	0.9		
2	32.5	0.75		2.8					1.5	1.0		
3	33.2	0.75		2.7					1.5	0.9		
4	24.3	0.50		2.5					1.2	0.8		
5	32.3	0.75		2.8					1.0	0.8		
6	25.7	0.50		2.3					1.0	0.8		
7												
8	80.4	1.50		2.2					1.2	0.9		
9	29.8	0.75		3.0					1.2	1.0		
10	33.1	0.75		2.7					1.2	0.9	4	
11	38.4	0.75		2.3					1.2	0.9		
12	35.5	0.75		2.5					1.2	1.0		
13	23.7	0.50		2.5					1.2	1.0		
14												
15	65.1	1.25		2.3					1.2	1.0		
16	31.2	0.75		2.9					1.2	0.9		
17	25.7	0.50		2.3					1.2	0.9		
18	26.3	0.50		2.3					1.2	1.0		
19	24.4	0.50		2.5					1.2	0.9		
20	20.1	0.50		3.0					1.2	1.0		
21												
22	69.0	1.25		2.2					1.2	1.0		
23	30.1	0.75		3.0					1.2	0.9		
24	25.0	0.50		2.4					1.2	0.9		
25	23.7	0.50		2.5					1.2	0.9		
26	25.4	0.50		2.4					1.5	1.0		
27	22.8	0.50		2.6					1.5	0.9		
28												
29	71.1	1.25		2.1					1.2	0.9		
30	35.7	0.75		2.5					1.2	1.0		
31	34.9	0.75		2.6					1.2	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month April 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 127 No of People at End of Month 445.0
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / Brian E. Heath C-5825
I certify this report is correct (Original signed by Brian E. Heath C5825)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1255.3	23.50		59.6					31.6	23.7	4	
Average:	41.8	0.78		2.3					1.2	0.9		
Maximum:	57.8	1.00		2.8					1.5	1.0		
Minimum:	21.3	0.50		1.8					1.0	0.8		
1	30.0	0.50		2.0					1.2	0.8		
2	41.0	0.75		2.2					1.2	0.9		
3												
4	73.0	1.25		2.1					1.2	0.8		
5	29.0	0.50		2.1					1.2	0.9		
6	31.6	0.75		2.8					1.2	0.9		
7	33.7	0.75		2.7					1.2	0.9	4	
8	27.4	0.50		2.2					1.2	1.0		
9	33.4	0.75		2.7					1.2	1.0		
10	21.3	0.50		2.8					1.2	0.9		
11												
12	112.9	2.00		2.1					1.2	0.9		
13	54.2	1.00		2.2					1.5	1.0		
14	46.2	1.00		2.6					1.5	1.0		Flushing
15	34.5	0.75		2.6					1.2	0.9		
16	28.4	0.50		2.1					1.2	0.8		
17	24.9	0.50		2.4					1.2	0.8		
18												
19	96.2	1.75		2.2					1.2	0.9		
20	44.4	0.75		2.0					1.2	1.0		
21	39.5	0.75		2.3					1.2	0.9		
22	45.0	0.75		2.0					1.2	1.0		
23	40.4	0.75		2.2					1.2	0.9		
24	46.7	0.75		1.8					1.2	1.0		
25												
26	115.6	2.00		2.1					1.0	0.8		
27	52.8	1.00		2.3					1.2	0.9		
28	49.3	1.00		2.4					1.2	0.9		
29	54.5	1.00		2.2					1.2	0.9		
30	47.4	1.00		2.5					1.2	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 127 No of People at End of Month 445.0

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. Shreffler C-6587 / Dennis W. Moro C-6497

I certify this report is correct (Original signed by Brian E. Heath CS825)

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

Days of Month	Total Water Treated in in Gallons	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	1818.7	34.00		60.0					32.7	25.0	4	
Average	58.7	1.10		2.3					1.3	1.0		
Maximum:	95.5	1.60		3.0					1.5	1.2		
Minimum:	20.1	0.50		2.0					1.2	0.8		
1												
2	124.2	2.25		2.2					1.2	0.9		
3	56.0	1.00		2.2					1.2	1.0		
4	35.3	0.75		2.5					1.2	0.9		
5	54.1	1.00		2.2					1.5	1.0		
6	44.3	1.00		2.7					1.2	0.9		
7	64.4	1.25		2.3					1.2	1.0		
8	48.1	1.00		2.5					1.2	0.9		
9												
10	138.9	2.50		2.2					1.2	0.9	4	
11	66.1	1.25		2.3					1.2	0.9		
12	67.0	1.25		2.2					1.2	0.9		
13	54.7	1.25		2.7					1.2	1.0		
14	41.1	0.75		2.2					1.2	0.8		
15	38.4	0.75		2.3					1.2	0.9		
16												
17	145.3	2.50		2.1					1.5	1.0		
18	79.6	1.50		2.3					1.2	0.9		
19	56.5	1.00		2.1					1.2	1.0		
20	65.3	1.25		2.3					1.2	0.9		
21	59.7	1.00		2.0					1.2	0.9		
22	36.9	0.75		2.4					1.2	1.0		
23												
24	191.0	3.25		2.0					1.2	0.9		
25	61.7	1.25		2.4					1.5	1.0		
26	73.9	1.25		2.0					1.5	1.2		
27	56.2	1.00		2.1					1.2	1.0		
28	63.5	1.25		2.4					1.5	1.2		
29	20.1	0.50		3.0					1.2	1.0		
30												
31	75.4	1.50		2.4					1.2	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month June 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 135 No of People at End of Month 476.0
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Donald B. Corder B2403)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1451.8	27.75		61.0					33.0	24.4	4	
Average:	48.4	0.93		2.3					1.3	0.9		
Maximum:	66.3	0.25		2.9					1.5	1.0		
Minimum:	21.5	0.50		2.0					1.2	0.8		
1	54.2	1.00		2.2					1.2	1.0		
2	44.1	0.75		2.0					1.2	1.0		
3	35.2	0.75		2.6					1.2	0.9		
4	58.3	1.25		2.6					1.2	1.0		
5	54.9	1.00		2.2					1.2	0.9		
6												
7	124.2	2.25		2.2					1.2	0.9		
8	59.4	1.00		2.0					1.2	0.9		
9	53.1	1.00		2.3					1.2	1.0	4	
10	66.3	1.25		2.6					1.2	0.9		Flushing
11	60.1	1.00		2.0					1.5	1.0		
12	37.0	0.75		2.4					1.5	1.0		
13												
14	110.7	2.00		2.2					1.2	0.9		
15	31.5	0.75		2.9					1.5	1.0		
16	61.2	1.25		2.4					1.5	1.0		
17	31.7	0.75		2.8					1.2	0.9		
18	40.6	0.75		2.2					1.5	1.0		Flushing
19	29.4	0.50		2.0					1.5	0.9		
20												
21	124.0	2.25		2.2					1.2	0.9		
22	43.7	0.75		2.1					1.2	1.0		
23	58.9	1.00		2.0					1.2	1.0		
24	50.6	1.00		2.4					1.2	0.9		
25	49.5	1.00		2.4					1.2	0.9		
26												
27	90.4	2.00		2.6					1.2	0.8		
28	32.6	0.75		2.8					1.2	1.0		
29	21.5	0.50		2.8					1.2	0.8		
30	28.7	0.50		2.1					1.2	0.9		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month July 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 143 No of People at End of Month 501.0
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Brian E. Heath) (Lead Operator's Signature) C (Cert. Level) 5825 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1114.2	21.75		65.5					31.2	24.0	4	
Average	35.9	0.70		2.4					1.2	0.9		
Maximum	56.0	1.00		3.4					1.2	1.0		
Minimum	17.4	0.50		2.0					1.0	0.8		
1	23.8	0.50		2.5					1.2	0.9		
2	20.1	0.50		3.0					1.2	0.8		
3	38.7	0.75		2.3					1.2	0.9		
4												
5												
6	130.5	2.25		2.1					1.2	1.0		
7	38.7	0.75		2.3					1.2	0.9	4	
8	39.7	0.75		2.3					1.2	0.9		
9	44.8	0.75		2.0					1.2	1.0		
10	56.0	1.00		2.1					1.2	1.0		
11	17.4	0.50		3.4					1.2	0.8		
12	35.7	0.75		2.5					1.2	0.9		
13	35.2	0.75		2.6					1.2	0.9		
14	42.3	0.75		2.1					1.2	0.9		LINES FLUSHED
15	33.4	0.75		2.7					1.2	1.0		LINES FLUSHED
16	32.6	0.75		2.8					1.2	0.9		
17	34.3	0.75		2.6					1.2	0.8		
18												
19	97.3	1.75		2.2					1.2	0.9		
20	38.2	0.75		2.4					1.2	1.0		
21	33.7	0.75		2.7					1.2	1.0		
22	25.9	0.50		2.3					1.0	0.8		
23	25.9	0.50		2.3					1.2	0.9		
24	29.3	0.50		2.0					1.0	0.8		
25												
26	68.5	1.25		2.2					1.2	0.9		
27	36.2	0.75		2.5					1.0	0.8		
28	36.1	0.75		2.5					1.0	0.8		
29	36.2	0.75		2.5					1.2	0.9		
30	35.5	0.75		2.5					1.0	0.8		
31	26.2	0.50		2.1					1.0	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 136 No of People at End of Month 476.0
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Donald B. Corder B-2403)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1453.2	27.25		59.1					29.0	22.2	4	
Average:	46.9	0.88		2.3					1.1	0.9		
Maximum:	79.0	1.50		2.8					1.2	1.0		
Minimum:	25.7	0.50		1.7					1.0	0.7		
1												
2	111.4	2.00		2.1					1.0	0.7		
3	48.4	1.00		2.5					1.0	0.8		
4	47.3	1.00		2.5					1.2	0.8	4	
5	57.0	1.00		2.1					1.2	0.8		
6												
7	96.5	1.75		2.2					1.2	0.9		
8	79.0	1.50		2.3					1.2	0.9		
9	58.0	1.00		2.1					1.2	0.8		
10	32.6	0.75		2.6					1.2	0.9		
11	41.3	0.75		2.2					1.2	0.9		Flushing
12	68.7	1.25		2.2					1.2	1.0		
13	32.2	0.75		2.8					1.2	0.9		
14	56.9	1.00		2.1					1.2	1.0		
15												
16	107.3	2.00		2.2					1.2	1.0		
17	45.4	0.75		2.0					1.2	0.9		
18	46.6	1.00		2.6					1.2	0.9		
19	42.2	0.75		2.1					1.2	1.0		
20	42.5	0.75		2.1					1.0	0.8		
21	34.4	0.50		1.7					1.0	0.8		
22												
23	123.6	2.25		2.2					1.2	0.9		
24	54.5	1.00		2.2					1.0	0.8		
25	33.7	0.75		2.7					1.0	0.8		
26	51.1	1.00		2.3					1.0	0.8		
27	26.9	0.50		2.2					1.0	0.8		
28												
29	60.9	1.25		2.5					1.0	0.8		
30	29.1	0.50		2.1					1.0	0.8		
31	25.7	0.50		2.3					1.0	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 145 No of People at End of Month 507.5
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lancd D. Shreffler C-6587 / Dennis W. Moro C-6497 / Brian E. Heath C-5825
I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l					Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,237,100	24.00		62.4					29.4	22.5	4	
Average	41,237	0.80		2.1					1.1	0.9		
Maximum	70,700	1.25		4.7					1.2	1.0		
Minimum	12,700	0.50		1.8					1.0	0.7		
1	12,700	0.50		4.7					1.0	0.8		
2	40,700	0.75		2.2					1.0	0.8		
3	33,700	0.75		2.7					1.0	0.8		
4	31,900	0.75		2.8					1.0	0.8		
5												
6	63,000	1.50		2.9					1.2	0.8		
7	26,000	0.50		2.3					1.0	0.7		
8	37,500	0.75		2.4					1.0	0.7		
9	30,200	0.50		2.0					1.0	0.7		
10	39,300	0.75		2.3					1.2	0.9		
11												
12	60,200	1.00		2.0					1.0	0.8		
13	57,700	1.00		2.1					1.2	0.9	4	Compliance
14	30,900	0.75		2.9					1.2	0.9		
15	43,700	0.75		2.1					1.2	1.0		
16	70,700	1.25		2.1					1.2	0.9		Flush line
17	38,800	0.75		2.3					1.0	0.8		
18												
19	105,900	2.25		2.5					1.2	0.9		
20	44,100	0.75		2.0					1.2	0.9		
21	37,700	0.75		2.4					1.2	1.0		
22	36,300	0.75		2.5					1.2	0.9		
23	45,100	0.75		2.0					1.2	0.9		
24	42,800	0.75		2.1					1.2	0.9		
25	48,800	0.75		1.8					1.2	0.9		
26												
27	106,500	2.00		2.3					1.2	1.0		
28	44,800	0.75		2.0					1.2	0.9		
29	60,700	1.25		2.5					1.2	1.0		
30	47,400	1.00		2.5					1.2	0.9		
31												

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.

DER Form 17-555910(2)
Effective 11/1/1988

2069.45

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 143 No of People at End of Month 500.5

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. Shreffler C-6587 / Brian E. Heath C-5925 / Dennis W. Moro C-6887 / William Fontaine C-6813

I certify this report is correct Lance D. Shreffler B 2403

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

Days of Month	Total Water Treated in Gallons	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	1,214,900	23.75		61.8					30.2	22.7	4	
Average:	39,190	0.77		2.0					1.2	0.9		
Maximum:	55,200	1.25		4.3					1.2	1.0		
Minimum:	22,600	0.50		1.2					1.0	0.7		
1	55,200	2.00		4.3					1.0	0.8		Change CL2 cylinder
2	40,700	0.75		2.2					1.2	0.9		
3												
4	110,300	2.00		2.2					1.0	0.8		
5	54,100	1.00		2.2					1.2	0.9		Run generator
6	53,200	1.00		2.3					1.2	1.0		Line flushing
7	22,600	0.50		2.7					1.2	0.9		
8	28,800	0.50		2.1					1.2	1.0		
9												
10	51,000	1.00		2.4					1.2	0.8		
11	28,000	0.75		3.2					1.2	0.9	4	Compliance samples
12	45,200	0.75		2.0					1.2	0.9		
13	31,400	0.75		2.9					1.2	0.9		Run generator
14	37,600	0.75		2.4					1.2	1.0		
15	31,500	0.75		2.9					1.2	1.0		
16	25,600	0.50		2.3					1.2	0.9		
17												
18	67,200	1.00		1.8					1.0	0.8		
19	38,100	0.50		1.6					1.0	0.8		
20	41,000	0.50		1.5					1.0	0.7		
21	40,600	0.75		2.2					1.2	0.9		
22	53,700	1.25		2.8					1.2	1.0		
23	37,100	0.75		2.4					1.2			
24												
25	90,400	1.50		2.0					1.2	1.0		
26	40,400	0.75		2.2					1.2	0.9		
27	37,300	0.75		2.4					1.2	1.0		
28	43,000	0.75		2.1					1.2	1.0		
29	47,600	1.00		2.5					1.2	1.0		
30												
31	63,300	1.25		2.4					1.2	0.9		

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 136 No of People at End of Month 476.0
Design Flow 175 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Brian E. Heath C-5825 / Lance D. Shreffler C-6587 / Dennis W. Moro CO6497 / William Fontaine C-6813
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 in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations
Monthly Total	1,101,500	22.50		62.2					26.0	16.9	4	
Average:	36,717	0.75		2.1					1.0	0.8		
Maximum:	51,100	1.00		2.9					1.2	0.9		
Minimum:	26,200	0.50		2.0					1.0	0.7		
1	36,500	0.75		2.5					1.0	0.8		
2	27,700	0.50		2.2					1.0	0.8		Ran Emereg Gen
3	34,000	0.75		2.6					1.0	0.8		
4	37,000	0.75		2.4					1.0	0.8		
5	42,700	0.75		2.1					1.0	0.8		
6	26,200	0.50		2.3					1.0	0.8		
7												
8	90,900	1.75		2.3					1.0	0.7		
9	46,200	1.00		2.6					1.0	0.8	4	Compliance samples
10	31,100	0.75		2.9					1.0	0.7		
11	29,300	0.50		2.0					1.0	0.7		
12	34,800	0.75		2.6					1.0	0.7		
13												
14	78,600	1.50		2.3					1.0	0.7		
15	32,000	0.75		2.8					1.0	0.7		
16	51,100	1.00		2.3					1.0	0.7		
17	32,200	0.75		2.8					1.0	0.8		
18	40,200	0.75		2.2					1.2	0.8		
19	40,900	0.75		2.2					1.2	0.9		
20	35,000	0.75		2.6					1.2			
21												
22	76,600	1.50		2.3					1.0	0.8		
23	31,900	0.75		2.8					1.0	0.7		Ran Emerg Gen
24	40,200	0.75		2.2					1.0	0.8		
25												
26	64,800	1.25		2.3					1.2			
27	26,200	0.50		2.3					1.2			
28												
29	78,900	1.50		2.3					1.0	0.8		
30	36,500	1.25		4.1					1.0	0.8		
31												

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

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351009 PWS Name Picciola Island Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 139 No of People at End of Month 485.5

Design Flow 175 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. Shreffler C-6587 / Brian E. Heath C-5825 / William M. Fontaine C-6813 / Dennis W. Moro C-6497

I certify this report is correct Lance D. Shreffler B 2407

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

Days of Month	Total Water Treated in in Gallons	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	1,206,300	23.25		64.3					32.7	17.5	4	
Average	38,913	0.75		2.1					1.2	0.9		
Maximum	66,900	1.50		3.0					1.5	1.0		
Minimum	31,900	0.50		2.0					1.0	0.7		
1	36,700	0.75		2.5					1.2	0.9		
2	34,400	0.75		2.6					1.2	0.8		
3	33,200	0.75		2.7					1.2	0.9		
4												
5	72,300	1.25		2.1					1.2			
6	58,200	1.00		2.1					1.2	0.9		Line flushing
7	40,000	0.75		2.2					1.2	0.9	4	Compliance samples
8	33,700	0.75		2.7					1.2	1.0		exercise well 2
9	53,300	1.00		2.2					1.2	0.8		
10	36,200	0.75		2.5					1.2	0.8		
11	22,000	0.50		2.7					1.2			Weatherproofed
12												
13	90,000	1.50		2.0					1.3	0.9		
14	53,700	1.00		2.2					1.2	0.8		
15	30,300	0.75		3.0					1.2	0.5		
16	66,900	1.25		2.2					1.2	0.8		
17	40,100	0.75		2.2					1.0	0.7		
18												
19	79,200	1.50		2.3					1.2			
20	45,000	0.75		2.0					1.0	0.7		
21	41,000	0.75		2.2					1.2	0.9		Emergency Gen check
22	36,600	0.75		2.5					1.5	1.0		Emergency Gen Ran
23	21,900	0.50		2.7					1.5	1.0		
24	41,800	0.75		2.2					1.2			
25												
26	58,700	1.00		2.0					1.2			
27	41,300	0.75		2.2					1.2			
28	49,500	1.00		2.4					1.2	0.9		
29	34,000	0.75		2.6					1.2	1.0		Emergency Gen Ran
30	31,600	0.75		2.8					1.2	1.0		
31	24,700	0.50		2.4					1.2			

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

DER Form 17-555910(2)
Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8081399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month January 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

I certify this report is correct John E MacKenzie B 5380

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

Days of Month	Total Water Treated in In Gallons	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	2,672,000	11		19.62					12.6	8.4		
Average	86,194			0.63					0.6	0.4		
Maximum:	176,000	1							0.6	0.4		
Minimum:									0.6	0.4		
1												
2												
3	132,000	1		0.9					0.6	0.4		
4	NO USAGE								0.6	0.4		
5	6,000								0.6	0.4		
6	149,000								0.6	0.4		
7	51,000								0.6	0.4		
8												
9												
10	232,000								0.6	0.4		
11	52,000	1		2.3					0.6	0.4		
12	127,000	1		0.9					0.6	0.4		
13	83,000								0.6	0.4		
14	84,000	1		1.4					0.6	0.4		
15												
16												
17	124,000	1		1.0					0.6	0.4		
18	2,000								0.6	0.4		
19	1,000								0.6	0.4		
20	34,000								0.6	0.4		
21	19,000								0.6	0.4		
22												
23												
24	716,000	2		0.3					0.6	0.4		
25	101,000								0.6	0.4		
26	85,000								0.6	0.4		
27	176,000								0.6	0.4		
28	10,000	1		12.0					0.6	0.4		
29												
30												
31	488,000	3		0.7					0.6	0.4		

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

DER Form 17-555(10)(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month January 1994

Plant Effluent pH (Avg) 7.25 No of Services at End of Month 985 No of People at End of Month 2082.5

Design Flow .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Mac Kenzie 5380

I certify this report is correct John E. MacKenzie B 5380

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

Days of Month	Total Water Treated in in Gallons	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	4,491,000	34		18.16					15.1	11.7	6	
Average	144,871			0.59					0.7	0.6		
Maximum	283,000	3							0.8	0.6		
Minimum	3,000								0.6	0.4		
1												
2												
3	605,000	3		0.6					0.8	0.6		
4	165,000	2		1.5					0.7	0.5	6	A
5	197,000	1		0.6					0.7	0.5		
6	133,000	2		1.8					0.8	0.5		
7	166,000	2		1.4					0.8	0.5		
8												
9												
10	481,000	3		0.7					0.8	0.6		
11	227,000	2		1.1					0.7	0.5		
12	237,000	2		1.0					0.7	0.5		
13	180,000	1		0.7					0.7	0.5		
14	58,000								0.8	0.6		
15												
16												
17	426,000	4		1.1					0.7	0.5		
18	213,000	1		0.6					0.7	0.5		
19	210,000	2		1.1					0.7	0.5		
20	157,000	2		1.5					0.8	0.6		
21	163,000	1		0.7					0.7	0.5		
22												
23												
24	3,000								0.6	0.6		
25	248,000	3		1.5					0.7	0.7		
26	283,000	1		0.4					0.7	0.7		
27	100,000	1		1.2					0.7	0.7		
28	197,000	1		0.6					0.7	0.7		
29												
30												
31	42,000								0.6	0.4		

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

DER Form 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month February 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .578 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

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

Days of Month	Total Water Treated in in Gallons	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	2,998,000	10		8.92					12	8		
Average	107,071			0.32					0.6	0.4		
Maximum:	254,000	1							0.7	0.4		
Minimum:	4,000								0.6	0.4		
1	35,000								0.6	0.4		
2	195,000								0.6	0.4		
3	38,000	1		3.2					0.6	0.4		
4	4,000								0.6	0.4		
5												
6												
7	70,000								0.6	0.4		
8	45,000								0.6	0.4		
9	239,000	1		0.5					0.6	0.4		
10	89,000								0.6	0.4		
11	27,000								0.6	0.4		
12												
13												
14	218,000	1		0.6					0.6	0.4		
15	166,000								0.6	0.4		
16	254,000	1		0.5					0.6	0.4		
17	67,000								0.6	0.4		
18	98,000	1		1.2					0.6	0.4		
19												
20												
21	246,000	1		0.5					0.6	0.4		
22	62,000								0.6	0.4		
23	148,000	1		0.8					0.6	0.4		
24	192,000	1		0.6					0.6	0.4		
25	134,000	1		0.9					0.6	0.4		
26												
27												
28	673,000	1		0.2					0.6	0.4		
29												
30												
31												

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

DER Form 17-555(10)(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month February 1994

Plant Effluent pH (Avg) 7.325 No of Services at End of Month 598 No of People at End of Month 2093

Design Flow .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Mac Kenzie 5380

I certify this report is correct John E Mac Kenzie B 5380

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

Days of Month	Total Water Treated in In Gallons	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	4,220,000	35		23.01					14.3	10.2	6	
Average	150,714			0.82					0.7	0.5		
Maximum	286,000	3							1.0	0.6		
Minimum									0.6	0.5		
1	108,000	2		2.2					0.7	0.5		
2	101,000								0.6	0.5	6	A
3	194,000	2		1.2					0.7	0.5		
4	135,000	1		0.9					0.7	0.5		
5												
6												
7	650,000	3		0.6					0.7	0.5		
8	159,000	2		1.5					0.7	0.5		
9	37,000								0.7	0.5		
10	217,000	2		1.1					0.7	0.5		
11	201,000	1		0.6					0.7	0.5		
12												
13												
14	464,000	3		0.8					0.7	0.5		
15	78,000	1		1.5					0.7	0.5		
16	70,000								0.7	0.5		
17	220,000	2		1.1					0.7	0.5		
18	166,000	1		0.7					0.8	0.6		
19												
20												
21	714,000	4		0.7					0.7	0.5		
22	248,000	2		1.0					0.7	0.5		
23	181,000	2		1.3					0.7	0.5		
24	92,000	5		6.5					0.7	0.5		
25	NO USAGE								0.7	0.5		
26												
27												
28	185,000	2		1.3					1.0	0.6		
29												
30												
31												

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

DER Form 17-555910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month March 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

I certify this report is correct John S MacKenzie Jr. B 5380

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

Days of Month	Total Water Treated in in Gallons	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	4,692,000	18		10.45					13.8	9.2		
Average	151,355	1		0.34					0.6	0.4		
Maximum:	303,000	1		1.1					0.6	0.4		
Minimum:	11,000	0		0					0.6	0.4		
1	110,000	1		1.1					0.6	0.4		
2	25,000								0.6	0.4		
3	11,000								0.6	0.4		
4	28,000								0.6	0.4		
5												
6												
7	316,000	1		0.4					0.6	0.4		
8	122,000								0.6	0.4		
9	132,000	1		0.9					0.6	0.4		
10	133,000	1		0.9					0.6	0.4		
11	104,000	1		1.2					0.6	0.4		
12												
13												
14	714,000	2		0.3					0.6	0.4		
15	238,000	1		0.5					0.6	0.4		
16	166,000	1		0.7					0.6	0.4		
17	263,000	1		0.5					0.6	0.4		
18	161,000	1		0.7					0.6	0.4		
19												
20												
21	622,000	1		0.2					0.6	0.4		
22	76,000								0.6	0.4		
23	118,000	1		1.0					0.6	0.4		
24	43,000								0.6	0.4		
25	211,000	1		0.6					0.6	0.4		
26												
27												
28	453,000	2		0.5					0.6	0.4		
29	130,000								0.6	0.4		
30	213,000	1		0.6					0.6	0.4		
31	303,000	1		0.4					0.6	0.4		

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

DER Form 17-555910.2

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month March 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 607 No of People at End of Month 2124.5

Design Flow .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Mac Kenzie 5380

I certify this report is correct John E Mac Kenzie Jr B 5380

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

Days of Month	Total Water Treated in Gallons	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	7,280,000	40		16.17					16.9	11.7	6	
Average	234,839	1.29		0.52					0.7	0.5		
Maximum	471,000	4		1.8					1.0	0.6		
Minimum	68,000	0		0					0.6	0.4		
1	182,000	1		0.7					0.8	0.6		
2	205,000								0.8	0.5	6	A
3	149,000								0.6	0.5		
4	166,000	1		0.7					1.0	0.5		
5												
6												
7	595,000	4		0.8					0.8	0.6		
8	249,000	1		0.5					0.8	0.5		
9	273,000	1		0.4					0.8	0.5		
10	262,000	2		0.9					0.8	0.5		
11	68,000	1		1.8					0.8	0.6		
12												
13												
14	534,000	5		1.1					0.7	0.5		
15	163,000								0.7	0.5		
16	240,000	1		0.5					0.7	0.5		
17	339,000	2		0.7					0.7	0.5		
18	145,000	1		0.8					0.6	0.4		
19												
20												
21	919,000	2		0.3					0.7	0.5		
22	428,000	4		1.1					0.7	0.5		
23	471,000	2		0.5					0.7	0.5		
24	309,000	2		0.8					0.7	0.5		
25	312,000	1		0.4					0.7	0.5		
26												
27												
28	715,000	4		0.7					0.7	0.5		
29	236,000	1		0.5					0.7	0.5		
30	160,000	2		1.5					0.7	0.5		
31	160,000	2		1.5					0.7	0.5		

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

DER Form 17-555910:2

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month April 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

I certify this report is correct John E. MacKenzie Jr B 5380

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

Days of Month	Total Water Treated in in Gallons	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	7,190,000	15		7.49					12.6	8.4		
Average	239,667			0.25					0.6	0.4		
Maximum	398,000	1		1.1					0.6	0.4		
Minimum	107,000	0		0					0.6	0.4		
1	177,000	1		0.7					0.6	0.4		
2												
3												
4	897,000	1		0.1					0.6	0.4		
5	222,000	1		0.5					0.6	0.4		
6	199,000	1		0.6					0.6	0.4		
7	176,000	1		0.7					0.6	0.4		
8	134,000	1		0.9					0.6	0.4		
9												
10												
11	740,000	1		0.2					0.6	0.4		
12	257,000								0.6	0.4		
13	220,000								0.6	0.4		
14	256,000	1		0.5					0.6	0.4		
15	177,000								0.6	0.4		
16												
17												
18	1,177,000	1		0.1					0.6	0.4		
19	377,000								0.6	0.4		
20	398,000	1		0.3					0.6	0.4		
21	379,000								0.6	0.4		
22	107,000	1		1.1					0.6	0.4		
23												
24												
25	588,000	2		0.4					0.6	0.4		
26	172,000	1		0.7					0.6	0.4		
27	139,000								0.6	0.4		
28	170,000	1		0.7					0.6	0.4		
29	228,000								0.6	0.4		
30												
31												

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

DER Form 17-555(10)(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month April 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 616 No of People at End of Month 2156

Design Flow .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Mac Kenzie 5360

I certify this report is correct John S. MacKenzie B 5360

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

Days of Month	Total Water Treated in in Gallons	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	8,239,000	36		12.03					15.0	8.7	6	
Average:	274,633			0.40					0.7	0.4		
Maximum:	462,000	3		1.1					0.8	0.5		
Minimum:	105,000	0		0					0.7	0.4		
1	216,000	1		0.6					0.7	0.4		
2												
3												
4	700,000	4		0.7					0.7	0.4		
5	306,000	2		0.8					0.8	0.5		
6	394,000	1		0.3					0.8	0.5	6	A
7	462,000	3		0.8					0.8	0.5		
8	206,000	1		0.6					0.7	0.4		
9												
10												
11	1,098,000	6		0.7					0.7	0.4		
12	356,000	1		0.3					0.7	0.4		
13	389,000	1		0.3					0.7	0.4		
14	371,000	1		0.3					0.7	0.4		
15	278,000	2		0.9					0.7	0.4		
16												
17												
18	976,000	5		0.6					0.7	0.4		
19	333,000	1		0.4					0.7	0.4		
20	395,000	2		0.6					0.7	0.4		
21	356,000	2		0.7					0.7	0.4		
22	105,000	1		1.1					0.7	0.4		
23												
24												
25	549,000	1		0.2					0.7	0.4		
26	209,000	1		0.6					0.7	0.4		
27	199,000	1		0.6					0.7	0.4		
28	228,000								0.7	0.4		
29	113,000	1		1.1					0.7	0.4		
30												
31												

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

DER Form 17-555(10)(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month May 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

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

Days of Month	Total Water Treated in in Gallons	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	7,170,000	2	45	16.61					13.5	9.9		
Average	231,290			0.54					0.6	0.45		
Maximum	477,000								0.7	0.4		
Minimum	58,000								0.6	1.0		
1												
2	971,000	1							0.6	0.4		
3	169,000								0.6	0.4		
4	143,000	1							0.6	0.4		
5	197,000								0.7	0.5		
6	151,000								0.6	0.4		
7												
8												
9	1,087,000		15						0.6	0.4		
10	337,000								0.7	0.5		
11	89,000								0.6	0.5		
12	185,000								0.6	0.5		
13	114,000								0.6	0.4		
14												
15												
16	617,000								0.6	0.4		
17	264,000								0.6	0.4		
18	163,000								0.7	0.5		
19	93,000								0.6	0.4		
20	58,000								0.6	0.4		
21												
22												
23	527,000								0.6	0.4		
24	61,000								0.6	0.4		
25	181,000								0.6	0.4		
26	166,000								0.6	0.4		
27	477,000								0.6	0.4		
28												
29												
30	863,000								0.6	0.4		
31	257,000		30						0.6	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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month May 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 625 No of People at End of Month 2187.5

Design Flow .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Mac Kenzie 5380

I certify this report is correct John E MacKenzie B 5380

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

Days of Month	Total Water Treated in Gallons	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	10,076,000	34		8.15					15.3	8.8	6	
Average	325,032			0.26					0.7	0.4		
Maximum	565,000	3		0.90					0.8	0.4		
Minimum	0	0		0.20					0.6	0.4		
1												
2	432,000	1		0.3					0.7	0.4		
3	259,000	1		0.5					0.7	0.4	6	A
4	512,000	1		0.2					0.7	0.4		
5	336,000	1		0.4					0.7	0.4		
6	166,000	1		0.7					0.7	0.4		
7												
8												
9	891,000	2		0.3					0.7	0.4		
10	324,000	1		0.4					0.7	0.4		
11	430,000	1		0.3					0.7	0.4		
12	336,000	1		0.4					0.8	0.4		
13	264,000	1		0.5					0.8	0.4		
14												
15												
16	1,343,000	10		0.9					0.7	0.4		
17	331,000	1		0.4					0.7	0.4		
18	410,000	3		0.9					0.6	0.4		
19	565,000	3		0.6					0.7	0.4		
20	202,000	1		0.6					0.7	0.4		
21												
22												
23	937,000	1		0.1					0.7	0.4		
24	539,000	1		0.2					0.7	0.4		
25	530,000	1		0.2					0.7	0.4		
26	475,000	1		0.3					0.7	0.4		
27	89,000								0.7	0.4		
28												
29												
30	695,000	1		0.2					0.6	0.4		
31	0								0.6	0.4		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month June 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

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

Days of Month	Total Water Treated in in Gallons	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	3,803,000		76	0.23					13.6	9.6		
Average:	126.767		2.5	0.23					0.6	0.45714		
Maximum:	301,000								0.8	0.6		
Minimum:	7,000								0.6	0.4		
1	19,000								0.6	0.4		
2	36,000								0.6	0.4		
3	9,000								0.7	0.4		
4												
5												
6	902,000	23							0.7	0.6		
7	7,000								0.6	0.4		
8	58,000								0.6	0.4		
9	25,000								0.6	0.4		
10	49,000								0.8	0.5		
11												
12	199,000											
13	301,000								0.6	0.4		
14	60,000								0.6	0.4		
15	227,000								0.6	0.4		
16	145,000								0.6	0.4		
17									0.7	0.5		
18												
19	10,000											
20	124,000								0.7	0.5		
21	125,000								0.7	0.5		
22	209,000								0.6	0.5		
23	90,000								0.6	0.5		
24												
25												
26												
27	782,000								0.6	0.5		
28	88,000								0.7	0.5		
29	270,000								0.7	0.5		
30	68,000	53							0.7	0.5		
31												

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

DER Form 17-555(10)(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No 904-489-2452 Reporting Month June 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 630 No of People at End of Month 2,205

Design Flow .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Mac Kenzie 5380

I certify the report is correct John E. Mac Kenzie (Lead Operator's Signature) B (Cert. Level) 5380 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	6,835,000	20		0.40					12.6	8.9	6	
Average	227,833			0.22					0.6	0.4		
Maximum	394,000	1		0.2					0.7	0.5		
Minimum	30,000	0		0.60					0.5	0.4		
1	480,000	1		0.2					0.6	0.4	6	A
2	333,000	1		0.4					0.8	0.4		
3	362,000	1		0.3					0.6	0.4		
4												
5												
6	218,000								0.6	0.4		
7	324,000	1		0.4					0.5	0.4		
8	239,000	1		0.5					0.6	0.4		
9	209,000								0.6	0.4		
10	220,000	1		0.5					0.6	0.4		
11												
12												
13	702,000	2		0.3					0.6	0.4		
14	149,000								0.6	0.4		
15	293,000	1		0.4					0.6	0.4		
16	30,000								0.6	0.4		
17	101,000								0.6	0.4		
18												
19												
20	679,000	3		0.5					0.7	0.5		
21	155,000	1		0.8					0.6	0.5		
22	331,000	1		0.4					0.6	0.5		
23	285,000	1		0.4					0.6	0.5		
24												
25												
26												
27	638,000	1		0.2					0.6	0.5		
28	394,000	2		0.6					0.6	0.4		
29	359,000	1		0.3					0.6	0.4		
30	324,000	1		0.4					0.6	0.4		
31												

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.

DER Form 17-555910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month July 1994

Plant Effluent pH (Avg) 7.525 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie 5380

I certify this report is correct John E MacKenzie III B 5380

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

Days of Month	Total Water Treated in In Gallons	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	3,426,000		45	42.27					14.8	10.3		
Average:	110,516		2.1	1.36					0.7	0.5		
Maximum:	313,000			1.0					0.8	0.6		
Minimum:	0			0					0.6	0.4		
1	57,000	5							0.6	0.4		
2												
3												
4	445,000	5							0.7	0.5		
5	11,000								0.7	0.5		
6	19,000								0.7	0.5		
7	282,000	5							0.6	0.5		
8	83,000								0.7	0.5		
9												
10												
11	574,000	5							0.7	0.5		
12	48,000								0.7	0.5		
13	29,000								0.8	0.6		
14	313,000	5							0.7	0.5		
15	0								0.7	0.5		
16												
17												
18	0								0.7	0.5		
19	63,000								0.7	0.5		
20	78,000								0.7	0.5		
21	256,000								0.7	0.5		
22	100,000	5							0.7	0.5		
23												
24												
25	857,000	5							0.7	0.5		
26	10,000								0.7	0.5		
27	70,000								0.7	0.5		
28	74,000	5							0.7	0.5		
29	57,000	5							0.7	0.5		
30												
31												

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

DER Form 17-555(10)(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month July 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 636 No of People at End of Month 2,226

Design Flow .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Mac Kenzie 5380

I certify the report is correct John E MacKenzie Jr. (Lead Operator's Signature) B (Cert. Level) 5380 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	4,799,000		58	40.99					14.8	9.9	6	
Average	154,806			1.32					0.7	0.5		
Maximum	369,000								0.8	0.6		
Minimum	17,000								0.6	0.4		
1	239,000								0.6	0.4		
2												
3												
4	341,000								0.7	0.5		
5	298,000								0.6	0.4	6	A
6	369,000								0.6	0.4		
7	17,000								0.6	0.4		
8	156,000			15.0					0.6	0.4		
9												
10												
11	249,000								0.7	0.4		
12	221,000								0.7	0.5		
13	246,000								0.8	0.6		
14	19,000								0.7	0.5		
15	241,000								0.8	0.6		
16												
17												
18	876,000								0.6	0.4		
19	194,000								0.8	0.5		
20	200,000								0.7	0.5		
21	44,000								0.8	0.5		
22	79,000								0.8	0.5		
23												
24												
25	196,000								0.8	0.5		
26	278,000								0.8	0.5		
27	179,000								0.8	0.5		
28	182,000								0.7	0.5		
29	175,000			43.0					0.6	0.4		
30												
31												

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

DER Form 17-555(10)2

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month August 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380 / Robert Bogosta A-4312

I certify this report is correct John E. MacKenzie Jr. B 5380

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

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	5,355,000		35						22.5	10.9		
Average	172,742		5						1.0	0.5		
Maximum:	286,000		5						1.4	0.5		
Minimum	0		5						0.6	0.4		
1	221,000								0.7	0.5		
2	192,000		5						0.8	0.5		
3	152,000								0.8	0.5		
4	126,000								1.0	0.5		
5	110,000								1.0	0.5		
6												
7												
8	673,000		5						0.6	0.5		
9	187,000								1.0	0.5		
10	286,000								1.0	0.5		
11	241,000								1.0	0.5		
12	8,000		5						1.2	0.5		
13												
14												
15	28,000								1.4	0.5		
16	198,000								1.4	0.5		
17	208,000								1.2	0.5		
18	225,000								1.2	0.5		
19	84,000		5						1.2	0.5		
20												
21												
22	850,000		5						1.2	0.4		
23	217,000								1.2	0.4		
24	211,000								1.2	0.4		
25	0								0.7	0.5		
26	218,000		5						0.7	0.5		
27												
28												
29	799,000		5						0.6	0.4		
30	201,000								0.6	0.4		
31	0								0.6	0.4		

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

DER Form 17-555(10/2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091389 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month August 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 647 No of People at End of Month 2,265

Design Flow .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380 / Robert Bogosta A-4312

I certify this report is correct John C. MacKenzie Jr. B 5380

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

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	4,154,000		50						22.6	10.7	6	
Average:	134,000		25						1.0	0.5		
Maximum:	364,000		40						1.4	0.5		
Minimum:	0		10						0.6	0.4		
1	575,000								0.7	0.4		
2	275,000								0.8	0.4		
3	321,000								0.8	0.5	6	A
4	248,000								1.0	0.5		
5	212,000		10						1.0	0.5		
6												
7												
8	278,000								1.2	0.5		
9	22,000								1.2	0.5		
10	3,000								1.0	0.5		
11	10,000								1.0	0.5		
12	265,000								1.2	0.5		
13												
14												
15	704,000								1.2	0.5		
16	55,000								1.4	0.5		
17	0								1.0	0.5		
18	1,000								1.2	0.5		
19	244,000								1.4	0.4		
20												
21												
22	295,000								1.2	0.5		
23									1.0	0.5		
24	31,000								1.0	0.5		
25	220,000								0.8	0.4		
26	8,000								0.7	0.4		
27												
28												
29	2,000								0.6	0.4		
30	21,000								0.6	0.4		
31	364,000		40						0.6	0.4		

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.

DER Form 17-555(10)(c)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month September 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month _____ No of People at End of Month _____

Design Flow .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5360 / Robert Bogosta A-4312

I certify this report is correct John E MacKenzie (Lead Operator's Signature) B (Cert. Level) 5360 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,723,000		25						13.3	8.8		
Average	90,767		5						0.6	0.4		
Maximum	241,000		5						0.7	0.4		
Minimum	0		5						0.6	0.4		
1	250,000								0.6	0.4		
2	2,000		5						0.6	0.4		
3												
4												
5	0								0.6	0.4		
6	0								0.6	0.4		
7	0								0.6	0.4		
8	5,000		5						0.7	0.4		
9	78,000								0.6	0.4		
10												
11												
12	744,000		5						0.6	0.4		
13	85,000								0.6	0.4		
14	84,000								0.6	0.4		
15	199,000								0.6	0.4		
16	114,000		5						0.6	0.4		
17												
18												
19	207,000								0.6	0.4		
20	65,000								0.6	0.4		
21	72,000								0.6	0.4		
22	14,000								0.6	0.4		
23	4,000								0.6	0.4		
24												
25												
26	330,000		5						0.6	0.4		
27	112,000								0.6	0.4		
28	12,000								0.6	0.4		
29	241,000								0.6	0.4		
30	85,000								0.6	0.4		
31												

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

DER Form 17-555910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month September 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 853 No of People at End of Month 2,286

Design Flow .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380 / Robert Bogosta A-4312

I certify this report is correct Original signed by John E. MacKenzie B 5380

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

Days of Month	Total Water Treated in m Gallons	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	6,779,000		96						16.0	8.9	6	
Average	225,967		32						0.7	0.4		
Maximum	461,000		53						0.8	0.5		
Minimum	6,000		13						0.6	0.4		
1	6,000		13						0.6	0.4		
2	303,000								0.7	0.4		
3												
4												
5	1,015,000								0.7	0.4		
6	461,000								0.7	0.4		
7	439,000								0.7	0.4	6	A
8	357,000		53						0.7	0.4		
9	146,000								0.7	0.4		
10												
11												
12	52,000								0.8	0.4		
13	258,000								0.8	0.4		
14	346,000								0.8	0.4		
15	142,000								0.8	0.4		
16	154,000								0.8	0.4		
17												
18												
19	952,000								0.7	0.4		
20	219,000								0.7	0.4		
21	152,000								0.6	0.4		
22	260,000								0.7	0.4		
23	279,000								0.8	0.4		
24												
25												
26	432,000								0.8	0.4		
27	115,000								0.6	0.4		
28	294,000								0.8	0.4		
29	62,000								0.8	0.5		
30	315,000		30						0.7	0.4		
31												

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.

DER Form 17-555910:2

Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month October 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380 / Robert Bogosta A-4312

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

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	3,169,000		5	0.11					18	8.4		
Average	102,226		5	0.00					0.9	0.4		
Maximum	316,000		5						6.0	0.4		
Minimum	0		5						0.6	0.4		
1												
2												
3	566,000		5	0.1					0.6	0.4		
4	7,000								0.6	0.4		
5	279,000								0.6	0.4		
6	33,000								0.6	0.4		
7	64,000								6.0	0.4		
8												
9												
10	651,000								0.6	0.4		
11	0								0.6	0.4		
12	1,000								0.6	0.4		
13	155,000								0.6	0.4		
14	1,000								0.6	0.4		
15												
16												
17	0								0.6	0.4		
18	1,000								0.6	0.4		
19	0								0.6	0.4		
20	60,000								0.6	0.4		
21	57,000								0.6	0.4		
22												
23												
24	759,000								0.6	0.4		
25	316,000								0.6	0.4		
26	0								0.6	0.4		
27	0								0.6	0.4		
28	148,000								0.6	0.4		
29												
30												
31	71,000								0.6	0.4		

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

DER Form 17 555810121

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month October 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 641 No of People at End of Month 2,244

Design Flow .800 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380 / Robert Bogosta A-4312

I certify this report is correct John E MacKenzie B 5380

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

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	7,323,000		50	3.11					13.4	8.4	6	
Average	236,226		3	0.10					0.6	0.4		
Maximum:	651,000		5						0.7	0.4		
Minimum	0		2						0.6	0.4		
1												
2												
3	754,000		4	0.1					0.7	0.4		
4	277,000		2	0.1					0.7	0.4		
5	42,000		2	0.6					0.7	0.4	6	
6	234,000		2	0.1					0.7	0.4		
7	239,000		2	0.1					0.7	0.4		
8												
9												
10	492,000		4	0.1					0.7	0.4		
11	204,000		2	0.1					0.6	0.4		
12	209,000		2	0.1					0.6	0.4		
13									0.6	0.4		
14	180,000		2	0.1					0.6	0.4		
15												
16												
17	961,000		5	0.1					0.6	0.4		
18	365,000		2	0.1					0.6	0.4		
19	411,000		2	0.1					0.6	0.4		
20	291,000		2	0.1					0.6	0.4		
21	324,000		2	0.1					0.6	0.4		
22												
23												
24	586,000		3	0.1					0.6	0.4		
25	29,000		2	0.8					0.6	0.4		
26	651,000		2	0.0					0.7	0.4		
27	217,000		2	0.1					0.7	0.4		
28	86,000		2	0.3					0.6	0.4		
29												
30												
31	771,000		4	0.1					0.6	0.4		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month November 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380\Robert Bogosta A-4312\Robert Zimmer C-8002

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

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	2,900,000		25	15.68					15.1	9.8		
Average	96,667		1	0.52					0.7	0.4		
Maximum	278,000		2						0.8	0.6		
Minimum	0		1						0.2	0.4		
1	147,000		1	0.1					0.7	0.4		
2	182,000		1	0.1					0.6	0.4		
3	218,000		1	0.1					0.2	0.4		
4	61,000		1	0.2					0.7	0.4		
5												
6												
7	490,000		2	0.0					0.7	0.4		
8	107,000		1	0.1					0.7	0.4		
9	120,000		1	0.1					0.7	0.4		
10	162,000		1	0.1					0.7	0.4		
11	278,000		1	0.0					0.7	0.4		
12												
13												
14	290,000		2	0.1					0.7	0.4		
15	62,000		1	0.2					0.7	0.4		
16	24,000		1	0.5					0.7	0.4		
17	192,000		1	0.1					0.7	0.4		
18	2,000		1	6.0					0.7	0.4		
19												
20												
21	58,000		2	0.4					0.7	0.6		
22	34,000		1	0.4					0.8	0.6		
23	121,000		1	0.1					0.8	0.6		
24	167,000		1	0.1					0.7	0.5		
25	3,000		1	4.0					0.7	0.5		
26												
27												
28	178,000		2	0.1					0.8	0.4		
29	4,000		1	3.0					0.7	0.5		
30	0								0.7	0.5		
31												

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.

DER Form 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month November 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 653 No of People at End of Month 2,285

Design Flow .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5360\Robert Bogosta A-4312\Robert Zimmer C-8002

I certify this report is correct John E MacKenzie B 5360

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

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	7,964,000		68	4.97					16.1	9.8	6	
Average	265,467		3	0.17					0.7	0.4		
Maximum	492,000		4						1.0	0.6		
Minimum	0		2						0.6	0.4		
1	159,000		3	0.2					0.6	0.4		
2	228,000		3	0.2					0.6	0.4	6	A
3	105,000		3	0.3					0.7	0.4		
4	218,000		3	0.2					0.7	0.4		
5												
6												
7	845,000		4	0.1					0.6	0.4		
8	275,000		3	0.1					0.6	0.4		
9	470,000		3	0.1					0.7	0.4		
10	202,000		3	0.2					0.7	0.4		
11	30,000		3	1.2					0.6	0.4		
12												
13												
14	843,000		4	0.1					0.7	0.4		
15	223,000		3	0.2					0.7	0.4		
16	225,000		3	0.2					0.7	0.4		
17	0								0.7	0.4		
18	209,000		3	0.2					0.8	0.5		
19												
20												
21	945,000		4	0.1					0.7	0.4		
22	314,000		3	0.1					0.7	0.5		
23	325,000		2	0.1					0.8	0.5		
24	27,000		3	1.3					0.7	0.4		
25	295,000		3	0.1					0.8	0.5		
26												
27												
28	1,074,000		4	0.0					1.0	0.6		
29	460,000		3	0.1					1.0	0.6		
30	492,000		3	0.1					1.0	0.6		
31												

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location: City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month December 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .675 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5380/Robert Bogesia A-4312/Robert Zemmer C-8002

I certify this report is correct John F. MacKenzie (Lead Operator's Signature) B (Cert. Level) 5380 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	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	Plant Operation and Maintenance information (i e) backwash frequency main line breaks meter calibrations)
Monthly Total	2,709,000		26 6	6.96					14 6	9 7		
Average	87,387		1	0 20					0 7	0 4		
Maximum.	261,000		1 9	0.7					0 7	0 5		
Minimum	1,000		0 1	0 2					0 5	0 4		
1	36,000		1.2	0 4					0 7	0 4		
2	73 000		1.2	0 2					0 7	0 4		
3												
4												
5	142,000		1.3	0 1					0 7	0 4		
6	221,000		1.2	0 1					0 7	0.5		
7	238 000		1.2	0 1					0 7	0 5		
8	22 000		1 2	0 7					0 7	0 5		
9	82 000		1.2	0.2					0 7	0.5		
10												
11												
12	264 000		1 3	0 1					0 7	0 5		
13	251 000		1 2	0 1					0 7	0 5		
14	56 000		1.2	0 3					0 7	0 5		
15	21,000		1 2	0 7					0 7	0 5		
16	1,000		0 1	1 2					0 7	0 5		
17												
18												
19	323 000		1 9	0 1					0 5	0 4		
20	195,000		1 5	0 1					0 6	0 4		
21	9 000		1 2	1.6					0 6	0 4		
22	192,000		1 2	0 1					0 6	0 4		
23	34,000		1 2	0 4					0 6	0 4		
24												
25												
26	197,000		1 3	0 1					0 6	0 4		
27	73 000		1.2	0 2					0 6	0 4		
28	122 000		1 2	0 1					0 7	0 4		
29	76 000		1.2	0 2					0 7	0 4		
30	71,000		1.2	0 2					0 7	0 4		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 10 days after the end of the month of record

DER Form 17-555(10)...

Effective 11/1/16cc

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month December 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 681 No of People at End of Month 2,314

Design Flow .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John MacKenzie B-5360/Robert Bogosta A-4312/Robert Zimmer C-6002

I certify this report is correct John G MacKenzie B 5360

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

Days of Month	Total Water Treated in in Gallons	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	6,346,000		49.4	4.32					18.5	12.9	6	
Average	204,710		2	0.14					0.8	0.6		
Maximum	399,000		6	1.0					1.0	0.7		
Minimum	6,000		0.5	0.1					0.7	0.4		
1	248,000		2	0.1					1.0	0.5		
2	237,000		2	0.1					1.0	0.6		
3												
4												
5	1,060,000		6	0.1					1.0	0.7		
6	8,000		0.5	1.0					0.8	0.6	6	A
7	63,000		2	0.4					0.7	0.4		
8	165,000		2	0.1					0.8	0.6		
9	225,000		2	0.1					0.8	0.6		
10												
11												
12	588,000		3	0.1					0.8	0.6		
13	21,000		0.7	0.4					0.7	0.6		
14	399,000		2	0.1					0.7	0.6		
15	258,000		1.5	0.1					1.0	0.6		
16	216,000		2	0.1					0.8	0.6		
17												
18												
19	737,000		4	0.1					0.9	0.6		
20	94,000		2	0.3					0.9	0.6		
21	350,000		2	0.1					0.8	0.6		
22	39,000		2	0.6					0.8	0.6		
23	111,000		2	0.2					0.8	0.6		
24												
25												
26	575,000		4	0.1					0.9	0.5		
27	204,000		2	0.1					0.9	0.6		
28	363,000		1.7	0.1					0.8	0.6		
29	194,000		2	0.1					0.8	0.6		
30	193,000		2	0.1					0.8	0.6		
31												

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month January 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 810 No of People at End of Month 1275

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry E. Everett C-007077

I certify this report is correct Original signed by Larry Everett

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

Days of Month	Total Water Treated in Gallons	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	2,316	19							15.5	8.1	3	Bacs
Average:	0.075	0.6							0.7	0.4		
Maximum:	*.260	2							0.8	0.5		
Minimum:									0.7	0.4		
1												
2												
3												
4									0.8	0.4		
5	0.260	2							0.8	0.4		
6	0.257	2							0.8	0.4	3	
7	0.224	2							0.8	0.4		
8	0.119	1							0.8	0.4		
9	0.119	1										
10	0.119	1										
11	0.039								0.8	0.4		
12	0.024								0.8	0.4		
13	0.014	1							0.8	0.4		
14	0.160	1							0.7	0.4		
15	0.153	1							0.7	0.4		
16	0.153	1										
17	0.154	1										
18	0.197	1							0.7	0.4		
19	0.082	1							0.7	0.4		
20	0.062	1							0.7	0.4		
21	0.037								0.8	0.4		
22	0.018								0.8	0.4		
23	0.018											
24	0.019	1										
25	0.021								0.8	0.4		
26	0.013								0.8	0.4		
27	0.020								0.8	0.5		
28	0.014	1							0.8	0.4		
29	0.007								0.8	0.4		
30	0.007											
31	0.008											

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month January 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month _____ No of People at End of Month _____

Design Flo .800 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry E. Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in in Gallons	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	4,509	38		1.000					16.3	8.4	3	Bacs
Average:	0.145	1.2		1.000					0.8	0.4		
Maximum:	0.313	3		1.100					0.9	0.5		
Minimum:									0.8	0.4		
1	0.272	2										
2	0.272	2										
3	0.274	2										
4	0.207	2							0.8	0.4		
5	0.004								0.8	0.4		
6	0.001								0.8	0.4	3	
7	0.003								0.8	0.4		
8	0.027								0.8	0.4		
9	0.027	1										
10	0.029	1										
11	0.185	2							0.8	0.4		
12	0.216	1							0.9	0.5		
13	0.168	1							0.9	0.4		
14									0.9	0.5		
15									0.8	0.4		
16												
17												
18	0.003											
19	0.276	3							0.7	0.4		
20	0.313	3							0.8	0.4		
21	0.281	2							0.8	0.4		
22	0.232	2							0.8	0.4		
23	0.232	2							0.8	0.4		
24	0.234	1										
25	0.156	2							0.8	0.4		
26	0.124	1							0.9	0.4		
27	0.135	1							0.8	0.5		
28	0.140	1							0.9	0.5		
29	0.232	2							0.8	0.4		
30	0.232	2										
31	0.232	2										

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phon 904-489-2452 Reporting Month February 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month _____ No of People at End of Mont _____

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,480,000	13		1.0					15.3	8.5	3	Bacs
Average:	53,000								0.8	0.4		
Maximum:	188,000	2							1.0	0.5		
Minimum:									0.6	0.4		
1	0.011	1							0.8	0.4		
2	0.024								0.8	0.4		
3		1							0.8	0.4	3	
4									0.7	0.4		
5									0.7	0.4		
6												
7												
8	0.002								0.6	0.4		
9	0.060								0.8	0.4		
10	0.011	1							0.8	0.4		
11	0.007								0.7	0.4		
12	0.039								0.7	0.4		
13	0.039											
14	0.040											
15	0.084	1							0.7	0.4		
16	0.058	1							0.8	0.4		
17	0.045								0.7	0.4		
18	0.097	1							1.0	0.5		
19	0.086	1							0.9	0.5		
20	0.086											
21	0.088											
22	0.116	2							1.0	0.5		
23	0.188	1							0.9	0.5		
24	0.115	2							0.9	0.5		
25	0.066	1							0.9	0.4		
26	0.072								0.9	0.4		
27	0.072											
28	0.074											
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month February 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month _____ No of People at End of Month _____

Design Flo .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in in Gallons	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	4,125,000	37		1.0					16.7	9.1	3	Bac
Average:	147,000	1		1.0					0.8	0.5		
Maximum:	264,000	2		1.1					0.9	0.4		
Minimum:	25,000								0.8	0.4		
1	0.216	2							0.8	0.4		
2	0.264	2							0.9	0.5	3	
3	0.249	2							0.8	0.5		
4	0.210	2							0.9	0.5		
5	0.189	1							0.9	0.5		
6	0.189	1										
7	0.191	1										
8	0.149	2							0.8	0.4		
9	0.151	2							0.8	0.5		
10	0.177	2							0.9	0.5		
11	0.157	2							0.8	0.5		
12	0.158	2							0.9	0.5		
13	0.158	1										
14	0.158	1										
15	0.163	2							0.8	0.4		
16	0.104	1							0.9	0.5		
17	0.133	1							0.8	0.5		
18	0.073	1							0.8	0.4		
19	0.131	1							0.8	0.4		
20	0.131	1										
21	0.131	1										
22	0.029								0.9	0.5		
23	0.025								0.8	0.4		
24	0.086	1							0.8	0.4		
25	0.118	2							0.8	0.4		
26	0.128	1							0.8	0.4		
27	0.128	1										
28	0.129	1										
29												
30												
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month March 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month ____ No of People at End of Month ____

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in In Gallons		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	4,731,000	35		0.4 0.8					19.6	10.3	3	Bacs
Average:	163,000	1		0.8					0.8	0.4		
Maximum:	316,000	2							1.0	0.5		
Minimum:	1,000								0.6	0.4		
1	218,000	1							0.8	0.4		
2	97,000	1							0.9	0.4		
3	121,000	1							0.9	0.4	3	
4	88,000	1							1.0	0.5		
5	91,000	1							0.9	0.6		
6	210,000	1										
7	210,000	1										
8	211,000	2							0.7	0.4		
9	221,000	1							0.6	0.4		
10	303,000	2							0.8	0.4		
11	316,000	2							0.8	0.4		
12	252,000	2							0.9	0.5		
13	63,000											
14	63,000	1										
15	64,000	1							1.0	0.5		
16	59,000								0.8	0.4		
17	24,000								0.7	0.4		
18	1,000	1							0.7	0.4		
19	8,000								0.9	0.4		
20	41,000											
21	41,000	1										
22	43,000	1							0.9	0.4		
23	189,000	1							0.8	0.5		
24	204,000	2							1.0	0.5		
25	216,000	2							0.9	0.5		
26	204,000	2							0.9	0.5		
27	233,000	2										
28	233,000	2										
29	235,000	2							0.9	0.5		
30	258,000	2							0.9	0.5		
31	234,000	2							0.9	0.5		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month March 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 820 No of People at End of Month 1820

Design Flo .800 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in In Gallons	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	2,644,000	22		1.0					17.4	9.5	9	Bacs
Average:	85,290	1		0.8					0.8	0.4		
Maximum:	179,000	2		0.9					0.9	0.5		
Minimum:									0.6	0.4		
1	128,000	1							0.8	0.4		
2	144,000	1							0.8	0.4		
3	119,000	1							0.8	0.4	3	
4	100,000	1							0.8	0.5		
5	122,000	1							0.8	0.4		
6												
7	1,000											
8	1,000								0.7	0.4		
9	1,000								0.7	0.4		
10	2,000								0.6	0.4		
11	2,000								0.6	0.4		
12	2,000	1							0.7	0.4		
13	147,000	1										
14	147,000	1										
15	54,000	1							0.8	0.4		
16	122,000	1							0.8	0.4		
17	176,000								0.9	0.5		
18	153,000	2							0.9	0.5		
19	147,000	1							0.9	0.4		
20	178,000	1										
21	176,000	1										
22	179,000	2							0.8	0.4		
23	24,000								0.7	0.4		
24	75,000	1							0.8	0.4		
25	37,000								0.7	0.4		
26	38,000	1							0.8	0.4		
27	39,000											
28	39,000											
29	69,000	1							0.6	0.4		
30	71,000	1							0.6	0.4		
31	148,000	1							0.8	0.4		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091999 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month April 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 525 No of People at End of Month 1837.5

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in In Gallons	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	4,769,000	34		0.9							3	Bacs
Average:	159,000	1		0.8								
Maximum:	219,000	2		1.1								
Minimum:	118,000	1		1.1								
1	0.194	2							0.9	0.4		
2	0.219	2							0.9	0.4		
3	0.177											
4	0.177											
5	0.177	3							0.9	0.4		
6	0.169	1							0.8	0.4	3	
7	0.127	1							1.0	0.5		
8	0.142	1							1.0	0.5		
9	0.118	1							1.0	0.4		
10	0.142											
11	0.142											
12	0.144	3							1.0	0.5		
13	0.142	1							1.0	0.5		
14	0.130	1							1.0	0.4		
15	0.122	1							1.0	0.4		
16	0.158	1							0.9	0.5		
17	0.130	1										
18	0.130	1										
19	0.150	1							1.0	0.4		
20	0.161	1							0.9	0.5		
21	0.127	1							0.9	0.5		
22	0.165	1							0.8	0.4		
23	0.166	1							1.8	0.4		
24	0.172	1										
25	0.172	2										
26	0.173								0.8	0.4		
27	0.145	1							0.8	0.4		
28	0.187	2							1.0	0.5		
29	0.193	1							0.8	0.4		
30	0.216	2							1.0	0.5		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month April 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month _____ No of People at End of Month _____

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in in Gallons	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	4,808,000	40		1.0					19.3	9.7	3	Back
Average:	160,000	1.3		1.0					0.9	0.4		
Maximum:	248,000	3		1.2					1.1	0.5		
Minimum:	9,000								0.6	0.5		
1	0.062	1							0.8	0.5		
2	0.041								0.8	0.4		
3	0.104	1										
4	0.104	1										
5	0.106	1							0.7	0.4		
6	0.009								0.6	0.4		
7	0.125	1							0.8	0.4	3	
8	0.169	1							0.7	0.4		
9	0.134	1							0.8	0.4		
10	0.154	1										
11	0.154	1										
12	0.154	1							1.0	0.4		
13	0.196	2							0.9	0.5		
14	0.133	1							0.9	0.4		
15	0.128	1							0.9	0.4		
16	0.298	3							1.0	0.5		
17	0.135	1										
18	0.135	1										
19	0.135	1							0.9	0.5		
20	0.180	2							1.0	0.5		
21	0.153	1							0.9	0.5		
22	0.167	1							0.8	0.5		
23	0.168	1							0.8	0.4		
24	0.229	2										
25	0.229	2										
26	0.230	2							0.9	0.4		
27	0.223	2							1.0	0.5		
28	0.234	2							1.0	0.4		
29	0.236	2							1.0	0.4		
30	0.281	3							1.1	0.5		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month May 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month _____ No of People at End of Month _____

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in in Gallons	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	6,753,000	44		0.8					16.1	8.8	3	Bacs
Average:	218,000	1.5		0.8					0.8	0.4		
Maximum:	365,000	3		1.0					1.0	0.5		
Minimum:	21,000								0.6	0.4		
1	0.219	2										
2	0.219	2										
3	0.219	2							1.0	0.4	3	
4	0.144	1							0.8	0.4		
5	0.190	1							0.7	0.4		
6	0.246	2							0.9	0.5		
7	0.221	2							0.9	0.5		
8	0.364	2										
9	0.364	2										
10	0.365	2							0.6	0.4		
11	0.121	1							0.8	0.4		
12	0.244	1							0.7	0.4		
13	0.362	3							1.0	0.5		
14	0.021								0.8	0.4		
15	0.270	2										
16	0.270	2										
17	0.271	2							0.7	0.4		
18	0.119	1							0.8	0.4		
19	0.125								0.6	0.4		
20	0.117	1							0.7	0.4		
21	0.124	1							1.0	0.4		
22	0.185	1										
23	0.185	1										
24	0.187	1							0.6	0.4		
25	0.267	1							0.6	0.4		
26	0.201	1							0.7	0.4		
27	0.211	1							0.8	0.5		
28	0.343	2							0.7	0.4		
29	0.193	1										
30	0.193	1										
31	0.193	1							0.7	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month May 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month _____ No of People at End of Month _____

Design Flo .800 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in in Gallons	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	7,445,000	58		0.9					18.8	8.9	3	Bacs
Average:	240,000	2		1.0					0.9	0.4		
Maximum:	409,000	4		1.1					1.1	0.5		
Minimum:	11,000								0.8	0.4		
1	0.284											
2	0.284											
3	0.286								0.8	0.4		
4	0.191								0.9	0.4		
5	0.333								0.8	0.4	3	Bacs
6	0.400								0.8	0.4		
7	0.078								0.8	0.4		
8	0.116											
9	0.116											
10	0.117								0.8	0.4		
11	0.323								0.9	0.4		
12	0.348								0.8	0.4		
13	0.097								1.1	0.5		
14	0.244								0.8	0.5		
15	0.129											
16	0.129											
17	0.130								0.8	0.4		
18	0.353								0.8	0.4		
19	0.348								0.8	0.4		
20	0.365								0.9	0.4		
21	0.398								1.0	0.4		
22	0.330											
23	0.330											
24	0.332								1.0	0.4		
25	0.409								1.1	0.4		
26	0.355								1.0	0.5		
27	0.328								1.0	0.5		
28	0.260								1.0	0.5		
29	0.011											
30	0.011											
31	0.011								0.8	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month June 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month _____ No of People at End of Month _____

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in Gallons	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	4,682,000	34		0.9					18.4	9.8	3	Back
Average:	156,000	1		0.8					0.8	0.4		
Maximum:	328,000	2		0.8					1.1	0.5		
Minimum:	22,000								0.7	0.4		
1	0.193	1							0.7	0.4		
2	0.100	1							1.0	0.5	3	Back
3	0.080	1							1.0	0.5		
4	0.114	1							1.1	0.5		
5	0.105	1										
6	0.105	1										
7	0.105	1							0.9	0.5		
8	0.198	1							0.8	0.5		
9	0.277	2							0.8	0.4		
10	0.235	2							0.9	0.5		
11	0.248	2							0.9	0.5		
12	0.228	2										
13	0.328	2										
14	0.112	2							1.0	0.5		
15	0.022								0.9	0.4		
16	0.072	1							0.9	0.5		
17	0.165	1							0.8	0.4		
18	0.142	1							0.8	0.4		
19	0.192	1										
20	0.192	1										
21	0.194	2							0.8	0.4		
22	0.251	2							0.9	0.5		
23	0.216	1							0.7	0.4		
24	0.214	1							0.7	0.4		
25	0.191	1							0.7	0.4		
26	0.092											
27	0.092											
28	0.093	1							0.7	0.4		
29	0.063								0.7	0.4		
30	0.063	1							0.7	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month June 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month ____ No of People at End of Month 1904

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in Gallons	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	5,758,000	41		0.85					19.2	10.1	3	Back
Average:	192,000	1.4		0.9					0.9	0.5		
Maximum:	350,000	3		1.0					1.0	0.5		
Minimum:	12,000								0.8	0.4		
1	12,000								0.8	0.4		
2	250,000	2							0.8	0.4	3	Back
3	294,000	2							0.9	0.4		
4	303,000	2							0.8	0.5		
5	339,000	2										
6	339,000	2										
7	340,000	2							0.8	0.5		
8	305,000	2							0.9	0.5		
9	350,000	3							0.9	0.5		
10	247,000	2							1.0	0.5		
11	189,000	1							0.8	0.4		
12	72,000											
13	72,000	1										
14	74,000	1							0.9	0.5		
15	181,000	2							0.9	0.5		
16	135,000	1							1.0	0.5		
17	93,000	1							1.0	0.5		
18	87,000								0.8	0.4		
19	175,000	2										
20	175,000	1										
21	176,000	1							0.9	0.5		
22	219,000	2							0.9	0.5		
23	252,000	2							0.9	0.5		
24	190,000	1							0.8	0.4		
25	200,000	1							0.8	0.4		
26	132,000	1										
27	132,000	1										
28	134,000	1							0.9	0.4		
29	145,000	1							0.9	0.4		
30	156,000	1							0.8	0.5		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month July 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month _____ No of People at End of Month _____

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in in Gallons	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	2,890,000	18		0.8					18	9.9	3	Bacs
Average:	87,000	0.6		0.8					0.8	0.5		
Maximum:	200,000	1		0.6					1.0	0.4		
Minimum:	22,000								0.7	0.4		
1	0.083								0.7	0.4		
2	0.163	1							0.7	0.4		
3	0.022											
4	0.022											
5	0.022								0.7	0.4		
6	0.022	1							0.7	0.4		
7	0.177	1							0.8	0.4	3	Bacs
8	0.110	1							1.0	0.5		
9	0.048								0.8	0.5		
10	0.034											
11	0.033											
12	0.036	1							1.0	0.5		
13	0.181	1							0.7	0.4		
14	0.193	1							0.7	0.4		
15	0.042								0.7	0.4		
16	0.093	1							0.9	0.5		
17	0.093											
18	0.095	1										
19	0.082	1							0.8	0.5		
20	0.176	1							0.8	0.5		
21	0.046								0.8	0.4		
22	0.058	1							1.0	0.5		
23	0.051								0.9	0.4		
24	0.075	1										
25	0.075											
26	0.077	1							1.0	0.5		
27	0.044								0.8	0.5		
28	0.109	1							0.8	0.5		
29	0.103	1							0.9	0.5		
30	0.125	1							0.8	0.4		
31	0.200	1										

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6081399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month July 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 854 No of People at End of Month 1939

Design Flo .800 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry everett C-007077

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

Days of Month	Total Water Treated in in Gallons	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	5,457,000	40		0.9					19	9.7	3	Back
Average:	176,000	1.2		0.85					0.86	0.4		
Maximum:	349,000	3		1.0					1.0	0.5		
Minimum:	14,000								0.8	0.4		
1	0.103	1							1.0	0.4		
2	0.043								0.8	0.4		
3	0.217	2										
4	0.217	2										
5	0.217	2							1.0	0.4		
6	0.218	2							1.0	0.4		
7	0.153	1							0.9	0.4	3	Back
8	0.126	1							1.0	0.5		
9	0.154	1							0.9	0.5		
10	0.166	1										
11	0.166	1										
12	0.167	1							0.9	0.5		
13	0.068								0.8	0.4		
14	0.014								0.8	0.4		
15	0.181	1							0.8	0.4		
16	0.157	1							0.8	0.4		
17	0.127	1										
18	0.127	1										
19	0.128	1							0.8	0.4		
20	0.238	2							0.8	0.5		
21	0.349	3							0.9	0.5		
22	0.256	2							0.9	0.4		
23	0.273	2							0.8	0.4		
24	0.265	2										
25	0.265	2										
26	0.267	2							0.8	0.4		
27	0.137	1							0.9	0.5		
28	0.168	1							0.8	0.5		
29	0.179	1							0.8	0.5		
30	0.175	1							0.8	0.5		
31	0.116	1										

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month August 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month ____ No of People at End of Month ____

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett C-007077

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

Days of Month	Total Water Treated in in Gallons	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	4,669,000	26		0.7					16.5	9.2	3	Bacs
Average:	150,000	0.8		0.7					0.75	0.4		
Maximum:	362,000	2		0.7					0.9	0.5		
Minimum:	3,000								0.6	0.4		
1	0.200	1										
2	0.202	1							0.8	0.4		
3	0.362	2							0.6	0.4		
4	0.087	1							0.8	0.4	3	Bacs
5	0.112								0.7	0.4		
6	0.166	1							0.7	0.4		
7	0.156	1										
8	0.156	1										
9	0.156	1							0.7	0.4		
10	0.165	1							0.7	0.4		
11	0.202	1							0.7	0.4		
12	0.229	1							0.7	0.4		
13	0.270	2							0.8	0.4		
14	0.137											
15	0.137	1										
16	0.138	1							0.9	0.4		
17	0.081								0.8	0.5		
18	0.136	1							0.8	0.5		
19	0.246	2							0.8	0.5		
20	0.228	1							0.7	0.4		
21	0.200	1										
22	0.200	1										
23	0.200	1							0.6	0.4		
24	0.081	1							0.8	0.4		
25	0.121								0.7	0.4		
26	0.103	1							0.8	0.4		
27	0.065								0.7	0.4		
28	0.043											
29	0.043											
30	0.043	1							0.9	0.5		
31	0.003								0.8	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Name Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month August 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 865 No of People at End of Month 1975

Design Flo .800 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Larry Everett

I certify this report is correct Original signed by Larry Everett

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

Days of Month	Total Water Treated in Gallons	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	7,343,000	56		0.9					18.2	9.5	3	Bacs
Average:	237,000	1.8		0.9					0.8	0.4		
Maximum:	369,000	3		1.0					1.0	0.5		
Minimum:	89,000								0.7	0.4		
1	0.116	1										
2	0.217	1							0.8	0.4		
3	0.089								0.8	0.4		
4	0.286	2							0.8	0.5	3	Bacs
5	0.347	3							0.9	0.5		
6	0.369	3							0.9	0.5		
7	0.351	3										
8	0.351	3										
9	0.351	3							1.0	0.5		
10	0.355	3							0.9	0.4		
11	0.356	3							0.8	0.4		
12	0.305	2							0.8	0.4		
13	0.254	2							0.8	0.4		
14	0.226	2										
15	0.226	2										
16	0.228	2							0.8	0.4		
17	0.208	2							0.8	0.4		
18	0.172	1							0.8	0.5		
19	0.222	1							0.8	0.4		
20	0.241	2							0.9	0.5		
21	0.238	2										
22	0.238	2										
23	0.239	2							0.9	0.5		
24	0.149	1							0.8	0.4		
25	0.181	2							0.8	0.4		
26	0.228	1							0.8	0.4		
27	0.157	1							0.8	0.4		
28	0.148	1										
29	0.148	1										
30	0.148	1							0.8	0.4		
31	0.199	1							0.7	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Na Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month September 1993

Plant Effluent pH (Avg) 7.66667 No of Services at End of Month _____ No of People at End of Month _____

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5360

I certify this report is correct _____ B 5360

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

Days of Month	Total Water Treated in Gallons	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	3,522,000	14		8.62							3	
Average:	117,400			0.29					0.60952	0.42857		
Maximum:	353,000								0.6	0.6		
Minimum:									0.6	0.4		
1	1,000								0.6	0.4	3	
2	165,000											
3	214,000								0.6	0.6		
4	212,000											
5	212,000	3		1.7								
6	214,000								0.6	0.6		
7	353,000	1		0.3					0.8	0.6		
8	NO USAGE								0.6	0.4		
9	NO USAGE								0.6	0.4		
10	NO USAGE								0.6	0.4		
11												
12												
13	NO USAGE								0.6	0.4		
14	NO USAGE								0.6	0.4		
15	18,000								0.6	0.4		
16	200,000	1		0.6					0.6	0.4		
17	21,000								0.6	0.4		
18												
19												
20	924,000	4		0.5					0.6	0.4		
21	162,000	1		0.7					0.6	0.4		
22	49,000	1		2.4					0.6	0.4		
23	67,000								0.6	0.4		
24	69,000								0.6	0.4		
25												
26												
27	343,000	2		0.7					0.6	0.4		
28	76,000	1		1.6					0.6	0.4		
29	105,000								0.6	0.4		
30	117,000								0.6	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Na Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month September 1993

Plant Effluent pH (Avg) 7.66667 No of Services at End of Month 565 No of People at End of Month 1977.5

Design Flo .800 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5380

I certify this report is correct Johnny C MacKenzie B 5380

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

Days of Month	Total Water Treated in Gallons	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	4,459,000	38		25.28							3	
Average:	148,633			0.84					0.95714	0.52381		
Maximum:	263,000								0.6	0.6		
Minimum:	3,000								0.6	0.4		
1	225,000	2		1					0.9	0.4	3	
2	48,000											
3									0.9	0.6		
4	25,000											
5	25,000											
6	25,000	2		10					0.9	0.6		
7	6,000								0.8	0.6		
8	132,000	1		1					0.9	0.6		
9	165,000	2		1					0.9	0.6		
10	161,000	2		1					0.9	0.6		
11												
12												
13	615,000	3		1					1.0	0.5		
14	227,000	2		1					0.9	0.5		
15	199,000	1		1					1.0	0.5		
16	11,000								1.0	0.5		
17	263,000	3		1					1.0	0.5		
18												
19												
20	11,000								1.0	0.5		
21	149,000	2		2					1.0	0.5		
22	208,000	2		1					1.0	0.5		
23	140,000								1.0	0.5		
24	187,000								1.0	0.5		
25												
26												
27	943,000	10		1					1.0	0.5		
28	222,000	2		1					1.0	0.5		
29	256,000	2		1					1.0	0.5		
30	216,000	2		1					1.0	0.5		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month o' record

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Na Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month October 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month _____ No of People at End of Month _____

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5380

I certify this report is correct John E. MacKenzie B 5380

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

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l					Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
					lbs used	mg/l	lbs used	mg/l				
Monthly Total	2,947,000	10		10.37							3	
Average:	95.065			0.33					0.6	0.4		
Maximum:	164.000	2							0.6	0.4		
Minimum:	48.000	1							0.6	0.4		
1	155.000	2		1.5					0.6	0.4		
2												
3												
4	412.000								0.6	0.4		
5	134.000								0.6	0.4		
6	146.000	1		0.8					0.6	0.4		
7	97.000								0.6	0.4		
8	81.000								0.6	0.4		
9												
10												
11	194.000	1		0.6					0.6	0.4		
12	120.000								0.6	0.4		
13	126.000								0.6	0.4		
14	162.000	1		0.7					0.6	0.4		
15	83.000	2		2.9					0.6	0.4		
16												
17												
18	126.000	1		1.0					0.6	0.4		
19	48.000								0.6	0.4		
20	73.000	1		1.6					0.6	0.4		
21	60.000								0.6	0.4	3	A
22	79.000								0.6	0.4		
23												
24												
25	311.000								0.6	0.4		
26	103.000	1		1.2					0.6	0.4		
27	121.000								0.6	0.4		
28	152.000								0.6	0.4		
29	164.000								0.6	0.4		
30												
31												

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Na Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month October 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 571 No of People at End of Month 1998.5

Design Flo .800 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5380

I certify this report is correct John E MacKenzie II B 5380

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

Days of Month	Total Water Treated in in Gallons	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	6,349,000	57		23.52							3	
Average:	204,806			0.76					0.94286	0.52857		
Maximum:	264,000	3							1.6	0.6		
Minimum:	120,000	1							0.8	0.5		
1	226,000	2		1.1					1.0	0.5		
2												
3												
4	864,000	7		1.0					0.8	0.5		
5	246,000	2		1.0					0.8	0.5		
6	258,000	2		0.9					0.8	0.5		
7	120,000	1		1.0					0.9	0.5		
8	145,000	2		1.7					0.8	0.5		
9												
10												
11	597,000	5		1.0					0.8	0.5		
12	204,000	1		0.6					0.8	0.5		
13	221,000	1		0.5					0.8	0.5		
14	282,000	3		1.3					0.8	0.6		
15	181,000	3		2.0					1.0	0.6		
16												
17												
18	476,000	4		1.0					1.4	0.6		
19	175,000	3		2.1					1.5	0.6		
20	247,000	3		1.5					1.6	0.6		
21	201,000	2		1.2					1.0	0.6	3	A
22	245,000	2		1.0					1.0	0.5		
23												
24												
25	768,000	7		1.1					0.8	0.5		
26	253,000	2		0.9					0.8	0.5		
27	216,000	2		1.1					0.8	0.5		
28	264,000	2		0.8					0.8	0.5		
29	142,000	1		0.8					0.8	0.5		
30												
31												

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Na Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month November 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month _____ No of People at End of Month _____

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5360

I certify this report is correct John C MacKenzie B 5360

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

Days of Month	Total Water Treated in In Gallons	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	4,460,000	12		11.49								
Average:	148,667			0.38					0.6	0.4		
Maximum:	320,000	1							0.6	0.4		
Minimum:	19,000								0.6	0.4		
1	335,000	1		0.4					0.6	0.4		
2	219,000								0.6	0.4		
3	223,000	1		0.5					0.6	0.4		
4	203,000								0.6	0.4		
5	26,000	1		4.6					0.6	0.4		
6												
7												
8	556,000	1		0.2					0.6	0.4		
9	195,000								0.6	0.4		
10	33,000								0.6	0.4		
11	197,000	1		0.6					0.6	0.4		
12	236,000	1		0.5					0.6	0.4		
13												
14												
15	82,000								0.6	0.4		
16	26,000								0.6	0.4		
17	90,000	1		1.3					0.6	0.4		
18	87,000								0.6	0.4		
19	320,000								0.6	0.4		
20												
21												
22	905,000	2		0.3					0.6	0.4		
23	66,000	1		1.8					0.6	0.4		
24	108,000								0.6	0.4		
25	19,000								0.6	0.4		
26	181,000	1		0.7					0.6	0.4		
27												
28												
29	209,000	1		0.6					0.6	0.4		
30	142,000								0.6	0.4		
31												

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

DER Form 17-555910(2

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Na Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month November 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 575 No of People at End of Month 2012.5

Design Flo .800 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5380

I certify this report is correct John C MacKenzie B 5380

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

Days of Month	Total Water Treated in Gallons	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	4,915,000	38		30.63							4	
Average:	163,833			1.02					0.95455	0.57727		
Maximum:	326,000	3							1.0	0.6		
Minimum:	18,000								0.8	0.5		
1	308,000	2		0.8					0.8	0.5		
2	18,000	2		13.3					0.8	0.5	4	A
3	112,000	1		1.1					0.8	0.5		
4	95,000								0.8	0.5		
5	246,000	1		0.5					0.8	0.5		
6												
7												
8	227,000	2		1.1					1.0	0.6		
9	56,000								1.0	0.6		
10	235,000	2		1.0					1.0	0.6		
11	242,000	2		1.0					1.0	0.6		
12	57,000	1		2.1					1.0	0.6		
13												
14												
15	798,000	6		0.9					1.0	0.6		
16	252,000	3		1.4					1.0	0.6		
17	291,000	2		0.8					1.0	0.6		
18	326,000	2		0.7					1.0	0.6		
19	27,000								1.0	0.6		
20												
21												
22	17,000								1.0	0.6		
23	235,000	2		1.0					1.0	0.6		
24	236,000	2		1.0					1.0	0.6		
25	264,000	2		0.9					1.0	0.6		
26	177,000	1		0.7					1.0	0.6		
27												
28												
29	549,000	3		0.7					1.0	0.6		
30	147,000	2		1.6					1.0	0.6		
31												

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Na Pine Ridge # 2 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2432 Reporting Month Decmeber 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month _____ No of People at End of Month _____

Design Flo .576 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOHN MAC KENZIE 5380

I certify this report is correct John E MacKenzie B 5380

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

Days of Month	Total Water Treated in In Gallons	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	3,724,000	15		11.76								
Average:	120,129			0.38					0.59565	0.4		
Maximum:	235,000	1							0.6	0.4		
Minimum:	32,000								0.5	0.4		
1	111,000								0.6	0.4		
2	56,000	1		2.1					0.6	0.4		
3	47,000								0.6	0.4		
4												
5												
6	213,000	1		0.6					0.6	0.4		
7	165,000	1		0.7					0.6	0.4		
8	205,000	1		0.6					0.6	0.4		
9	234,000								0.6	0.4		
10	230,000	1		0.5					0.5	0.4		
11												
12												
13	475,000	2		0.5					0.6	0.4		
14	210,000	1		0.6					0.6	0.4		
15	169,000								0.6	0.4		
16	127,000	1		0.9					0.6	0.4		
17	235,000								0.6	0.4		
18												
19												
20	321,000	2		0.7					0.6	0.4		
21	47,000								0.6	0.4		
22	32,000								0.6	0.4		
23	71,000								0.6	0.4		
24	68,000	1		1.8					0.6	0.4		
25												
26												
27	304,000	1		0.4					0.6	0.4		
28	108,000	1		1.1					0.6	0.4		
29	123,000								0.6	0.4		
30	72,000								0.6	0.4		
31	101,000	1		1.2					0.6	0.4		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091399 PWS Na Pine Ridge # 4 Location:City or S/D Dunnellon

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month December 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 585 No of People at End of Month 2047.5

Design Flo .600 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

JOH MAC KENZIE 5360

I certify this report is correct John E. MacKenzie (Lead Operator's Signature) B (Cert. Level) 5360 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	5,945,000	42		18.75							6	
Average:	191,774			0.60					0.85652	0.6		
Maximum:	290,000	2							1.0	0.6		
Minimum:	83,000								0.7	0.6		
1	261,000	2		0.9					1.0	0.6	6	A
2	254,000								1.0	0.6		
3	282,000	2		0.9					1.0	0.6		
4												
5												
6	720,000	7		1.2					1.0	0.6		
7	213,000	1		0.6					1.0	0.6		
8	214,000	1		0.6					1.0	0.6		
9	200,000	1		0.6					1.0	0.6		
10	85,000								0.7	0.6		
11												
12												
13	413,000	4		1.2					0.8	0.6		
14	210,000	2		1.1					0.8	0.6		
15	290,000								0.8	0.6		
16	83,000	1		1.4					0.8	0.6		
17	88,000	1		1.4					0.8	0.6		
18												
19												
20	662,000	5		0.9					0.8	0.6		
21	209,000	2		1.1					0.8	0.6		
22	180,000	1		0.7					0.8	0.6		
23	189,000	2		1.3					0.8	0.6		
24	159,000	1		0.8					0.8	0.6		
25												
26												
27	430,000	4		1.1					0.8	0.6		
28	146,000	1		0.8					0.8	0.6		
29	274,000	1		0.4					0.8	0.6		
30	194,000	2		1.2					0.8	0.6		
31	187,000	1		0.6					0.8	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 month of record

DER Form 17-555910(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 185 No of People at End of Month 647.5

Design Flow 0.720 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Trendel C-6411 / Michael Boozer C-7599

I certify this report is correct William Trendel (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine						Rain	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		inches	Plant Effluent	Remote Tap		
Monthly Total	1,246,920	116		300.9				4.3	30.9	13.6	4	
Average	40,223	4		9.7					1.2	0.5		
Maximum	51,760	9		14.8					2.0	1.0		
Minimum	26,430	4		4.0					0.4	0.2		
1												
2	73,110	9		14.8					1.2	0.6		
3	33,010	4		14.5					1.2	0.4		
4	44,230	4		10.8				1.5	1.2	0.4		
5	36,300	4		13.2					1.0	0.4	4	Compliance samples
6	43,760	4		11.0					1.1	0.4		
7	34,420	4		13.9					1.0	0.4		
8												
9	66,600	6		10.8					1.1	0.5		
10	51,010	5		11.8					1.2	0.6		
11	39,830	4		12.0					1.1	0.6		
12	32,690	3		11.0					1.0	0.5		
13	41,320	4		11.6					1.2	0.5		
14	34,050	4		14.1					1.5	0.4		
15												
16	66,360	7		12.6					1.5	0.4		
17	43,730	5		13.7					1.5	0.4		
18	42,530	4		11.3				2	1.8	1.0		
19	44,800	5		13.4					1.8	0.8		
20	26,430	3		13.6					2.0	0.9		
21	32,200	3		11.2					1.0	0.7		
22												
23	91,970	9		11.7					1.2	0.6		
24	38,140	3		9.4					1.2	0.6		
25	51,760	5		11.6					1.0	0.7		
26	50,480	4		9.5					1.3	0.6		
27	40,790	4		11.8					1.1	0.4		
28	34,330	3		10.5					0.5	0.2		
29	34,000	2		7.1					0.6	0.2		
30												
31	119,050	4		4.0				0.6	0.4	0.2		

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

DER Form 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 207 No of People at End of Month 724.5

Design Flow 0.720 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Bill Trendel C-6411/ Mike Boozer C-7599

I certify this report is correct [signature] (Lead Operator's Signature) C (Cert. Level) 7599 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,152,650	113		289.7			1.8	30.2	16.0	4	
Average:	41,166	4		10.3				1.3	0.7		
Maximum:	61,810	7		17.1				2.4	1.1		
Minimum:	27,290	3		9.5				0.6	0.2		
1	37,100	4		12.9				0.6	0.2		
2	39,570	4		12.1				1.7	0.8		
3	39,700	4		12.1				1.5	0.6		
4	39,790	5		15.1				2.4	1.1		
5	43,200	4		11.1				1.3	1.0		
6											
7	88,600	7		9.5				0.8	0.6	4	Compliance
8	57,120	5		10.5				1.1	0.6		Line flushing
9	61,810	6		11.6				1.3	0.7		
10	51,840	5		11.6				1.0	0.6		
11	35,070	4		13.7				1.0	0.6		
12											
13	71,620	7		11.7				1.0	0.6		
14	46,300	4		9.9				1.1	0.6		
15	45,970	5		13.0				1.0	0.6		Line flushing
16	31,010	3		11.6				1.0	0.6		
17	35,410	3		10.2				1.0	0.7		
18	40,390	4		11.9				1.2	0.8		
19	44,010	4		10.9			1.8	1.5	0.3		
20											
21	62,810	7		13.4				1.5	0.6		
22	49,330	4		9.7				1.5	0.5		
23	45,600	5		13.1				1.0	0.5		Line flushing
24	33,260	4		14.4				1.4	0.8		
25	27,290	3		13.2				1.3	0.8		
26											
27	88,730	7		9.5				1.5	0.9		
28	35,120	5		17.1				1.5	0.9		Line flushing
29											
30											
31											

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 210 No of People at End of Month 735.0

Design Flow 0.720 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Trendel C-6411/ Mike Boozer C-7599

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

Days of Month	Total Water Treated in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,631,990	171		340.9			1.3	34.6	18.0	4	
Average	52,645	6		11.0				1.3	0.7		
Maximum	70,250	9		28.0				1.5	1.2		
Minimum	32,650	1		3.3				1.0	0.3		
1	47,620	7		17.6				1.2	0.8		
2	35,040	1		3.3				1.2	0.8		
3	32,650	4		14.7			1.3	1.3	0.8		
4	37,190	3		9.7				1.4	0.9		
5											
6	103,920	17		19.6				1.5	0.8		
7	34,200	8		28.0				1.5	0.6		
8	52,580	6		13.7				1.5	0.5	4	Compliance
9	52,550	4		9.1				1.3	0.5		Line flushing
10	49,090	5		12.2				1.0	0.6		
11	48,650	4		9.9				1.2	0.8		
12	54,100	6		13.3				1.3	1.2		
13											
14	99,010	9		10.9				1.2	0.6		
15	60,390	6		11.9				1.2	0.7		
16	54,000	6		13.3				1.2	0.6		
17	49,870	4		9.6				1.2	0.6		
18	49,380	5		12.1				1.2	0.7		
19											
20	152,060	13		10.3				1.3	0.3		
21	59,140	7		14.2				1.3	0.3		
22	59,190	6		12.2				1.0	0.4		
23	54,710	6		13.1				1.3	0.6		
24	57,480	5		10.4				1.3	0.8		
25	50,580	5		11.9				1.4	0.7		
26											
27	115,770	12		12.4				1.2	0.8		
28	70,250	7		11.9				1.2	0.6		
29	46,110	4		10.4				1.2	0.4		
30	56,990	6		12.6				1.5	0.8		
31	48,460	5		12.4				1.5	0.8		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

WS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 211 No of People at End of Month 738.5
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Mike Boozer C-7599 / Bill Trendel C-6411
I certify this report is correct William Trendel C 6411
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	2,028,490	187		300.5			3.2	31.8	14.2	4	
Average	67,616	6		10.0				1.2	0.5		
Maximum	124,000	14		25.8				1.8	0.8		
Minimum	44,100	3		2.0				0.6	0.3		
1	57,550	6		12.5				1.5	0.8		
2											
3	111,490	7		7.5				1.0	0.6		
4	85,000	8		11.3				0.6	0.3		Changed Cl2 cy
5	77,720	6		9.3				1.0	0.3		
6	110,800	10		10.8				1.0	0.3		
7	62,150	6		11.6				1.0	0.4		
8	62,150	6		11.6				1.2	0.5		
9	64,940	14		25.8				1.2	0.6		
10											
11	153,030	5		3.9				1.0	0.3		
12	73,390	8		13.1				1.7	0.8		
13	72,250	7		11.6				1.8	0.8		
14	66,180	6		10.9				1.3	0.7		
15	65,900	7		12.7				1.2	0.7		
16											
17	138,530	13		11.3				1.3	0.5		
18	124,000	10		9.7				1.3	0.6	4	Compliance
19	89,140	9		12.1				1.3	0.5		
20	85,000	9		12.7				1.1	0.5		
21	59,740	5		10.0				1.3	0.7		
22	55,490	6		13.0				1.0	0.6		
23											
24	88,550	9		12.2			3	1.2	0.5		
25	44,100	3		8.2				1.2	0.3		
26	49,030	5		12.2				0.9	0.3		Line flush
27	69,110	5		8.7			0.2	1.1	0.6		Ln flsh/chg Cl2
28	60,080	5		10.0				1.5	0.7		
29	49,860	6		14.4				1.6	0.7		
30	53,310	6		13.5				1.5	0.6		
31											

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.

DER Form 17-555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 29 No of People at End of Month 101.5

Design Flow 0.720 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Bill Trendel C-6411/Mike Boozer C-7599

I certify this report is correct [signature] C 6411

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

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,989,680	200		318.6			2	35.7	18.2	4	
Average	64,183	6		10.3				1.4	0.7		
Maximum	103,440	11		15.5				3.0	1.4		
Minimum	30,720	3		6.8				0.2	0.2		
1											
2	105,350	11		12.5				1.5	0.7		
3	50,200	5		11.9				1.5	0.8		
4	36,800	3		9.8			1	1.0	0.4		
5	30,720	3		11.7				1.0	0.4		
6	52,540	6		13.7				1.4	0.9		
7											
8	109,370	9		9.9				1.5	0.6		
9	54,110	7		15.5				1.3	0.6		
10	57,500	6		12.5				1.3	0.7	4	Compliance
11	66,100	7		12.7				1.6	0.8		
12	54,160	5		11.1				1.3	0.7		
13	86,100	9		12.5				1.3	0.8		
14											
15	145,970	16		13.1				1.3	0.6		
16	54,400	6		13.2				1.3	0.6		
17	80,380	8		11.9				1.5	0.8		
18	44,670	5		13.4			0.6	1.5	0.8		
19	49,160	5		12.2			0.1	1.3	0.7		
20	47,020	4		10.2				1.3	0.7		
21											
22	123,210	7		6.8				1.0	0.5		
23	64,110	10		18.7				0.2	0.2		Line flushing
24	97,070	10		12.4				1.0	0.5		- cl2 evi
25	73,850	8		13.0				1.1	0.3		
26	98,400	11		13.4				2.5	1.0		
27	103,440	10		11.6				3.0	1.4		
28	86,800	9		12.4				2.6	1.2		
29											
30	146,520	13		10.6			0.3	0.5	1.2		
31	71,730	7		11.7				0.9	0.3		

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

DER Form 17-555910(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 211 No of People at End of Month 738.5
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel C-5411 / Michael Boozer C-7599
I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l		Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,390,290	137		309.3				6.8	33.0	15.1	4	
Average:	46,343	5		10.3					1.3	0.6		
Maximum	67,960	10		15.9					2.5	1.5		
Minimum	34,110	3		5.9					0.2	0.2		
1	46,230	5		13.0					1.1	0.5		
2	53,730	5		11.2					1.1	0.3		
3	37,950	4		12.6					1.2	0.5		
4												
5	72,600	7		11.6				0.3	1.4	0.6		
6	70,970	7		11.8					1.5	0.6	4	Bact s
7	34,910	4		13.7					1.0	0.3		
8	34,970	3		10.3				2	1.2	0.6		
9	42,340	4		11.3				0.5	0.7	0.2		
10	36,990	3		9.7					1.5	0.6		
11												
12	77,840	10		15.4					1.5	0.9		
13	51,900	6		13.9					2.5	1.5		
14	56,700	5		10.6				0.7	1.3	1.0		
15	51,080	5		11.7					1.0	0.3		
16	35,990	4		13.3					1.0	0.3		
17	50,450	6		14.3				2.3	1.8	0.6		
18												
19	80,860	4		5.9					1.5	0.6		
20	34,110	3		10.5					0.2	0.3		
21	58,130	5		10.3					0.6	0.2		
22	42,900	4		11.2					1.3	0.6		
23	45,710	5		13.1				0.3	1.3	0.7		
24	45,650	5		13.1					1.3	0.6		
25												
26	85,810	8		11.2					1.3	0.8		
27	67,960	7		12.4					1.5	0.5		
28	65,300	6		11.0					1.3	0.6		
29	59,290	7		14.2					1.4	0.6		
30	49,920	5		12.0				0.7	1.5	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 222 No of People at End of Month 777.0
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Mike Boozer C-7599 / William Trendel C-6411
I certify this report is correct William Trendel C (241)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,690,290	179		491.3			5.5	37.7	15.9	4	
Average:	54,525	6		15.8				1.5	0.6		
Maximum:	146,110	14		21.7				1.9	0.9		
Minimum	6,620	2		4.9				1.2	0.3		
1	75,590	6		9.5				1.5	0.6		
2											
3	83,700	9		12.9				1.5	0.8		
4	55,130	6		13.0				1.5	0.8		
5	55,650	5		10.8			0.2	1.4	0.6		
6	52,110	5		11.5				1.4	0.5		
7	48,450	5		12.4			1.3	1.4	0.5		
8	60,680	11		21.7				1.3	0.5		
9											
10	108,080	12		13.3				1.4	0.6		
11	86,620	9		12.5				1.4	0.6		
12	54,460	5		11.0				1.5	0.6		
13	47,150	5		12.7				1.8	0.7		
14	45,470	5		13.2				1.4	0.6	4	Bact's
15	73,570	8		13.0				1.9	0.8		
16											
17	116,240	14		14.4			0.2	1.5	0.9		
18	96,600	8		9.9				1.2	0.4		
19	75,390	8		12.7				1.4	0.7		
20	57,270	5		10.5				1.5	0.9		
21	39,070	5		15.3				1.4	0.7		
22	44,730	5		13.4				1.5	0.7		
23											
24	6,620	10		181.1				1.5	0.8		
25	146,110	6		4.9			0.8	1.5	0.4		
26	66,210	7		12.7				1.3	0.4		
27	25,920	2		9.3			1	1.4	0.4		
28	51,800	5		11.6				1.2	0.3		
29	37,820	5		15.9				1.4	0.5		
30											
31	79,850	8		12.0			2	1.5	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 month of record.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 222 No of People at End of Month 777.0
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Mike BoozerC-7599
I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine					Rain	Residual Chlorine (mg/l)		Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequenc main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	inches	Plant Effluent	Remote Tap		
Monthly Total	1,626,030	171		348.5			3.2	38.7	19.6	4	
Average	52,453	6		11.2				1.4	0.7		
Maximum	147,180	10		22.1				2.5	1.0		
Minimum	37,460	3		8.1				0.2	0.2		
1	45,950	5		13.0				1.3	0.5		
2	46,960	5		12.8				1.2	0.4		
3	60,300	6		11.9				1.4	0.7		
4	49,220	5		12.2				1.4	0.6		
5	57,260	6		12.6				1.9	0.8		
6											
7	70,240	8		13.7				1.6	0.9		
8	48,740	5		12.3			0.8	1.5	1.0	4	
9	39,380	4		12.2				1.5	1.0		
10	50,380	6		14.3				1.5	1.0		
11	37,460	4		12.8				1.4	0.6		
12	57,670	6		12.5			0.4	1.5	0.6		changed chlorine cy
13											
14	61,140	7		13.7				1.5	0.7		
15	88,990	7		9.4				0.2	0.2		
16	61,000	8		15.7			0.3	2.5	0.9		
17	51,670	5		11.6				1.3	1.0		
18	51,520	4		9.3				1.3	0.9		
19	38,500	4		12.5				1.0	0.5		
20											
21	54,310	10		22.1				1.2	0.6		
22	147,180	10		8.1				1.3	0.8		
23	44,690	5		13.4				1.3	0.6		
24	40,410	3		8.9			1.2	1.1	0.3		
25	40,770	6		17.6				1.7	0.6		
26	43,450	5		13.8				1.8	0.9		
27											
28	144,270	16		13.3				1.6	1.0		
29	66,110	8		14.5			0.5	1.6	0.9		
30	64,230	6		11.2				1.6	0.9		
31	64,230	7		13.1				1.5	0.7		

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 rec

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month September 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month No of People at End of Month
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No (s) for all certified operators working at the plant for the month

I certify this report is correct William Sunder C 6411
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	Residual Chlorine (mg/l)		Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequenc main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	inches	Plant Effluent	Remote Tap		
Monthly Total	1,205,760	123		318.7			11.6	33.2	15.7	4	
Average	40,192	4		10.6				1.3	0.6		
Maximum	52,510	5		15.3				1.5	1.0		
Minimum	32,240	3		9.9				1.0	0.3		
1	33,990	4		14.1				1.2	0.6		
2	38,890	4		12.3			0.6	1.3	0.6		
3											
4	71,790	7		11.7				1.3	0.7		
5	52,510	5		11.4				1.3	0.6		
6	48,160	5		12.4				1.3	0.5		
7	48,190	5		12.4				1.3	0.6		
8	42,900	4		11.2			0.5	1.3	0.5		
9	42,410	5		14.1			1	1.0	0.5		
10											
11	87,090	9		12.4				1.2	0.6		
12	52,210	5		11.5			0.8	1.2	0.6	4	
13	36,390	3		9.9			0.4	1.2	0.5		
14	46,330	5		12.9			0.7	1.0	0.3		
15	32,240	3		11.2				1.0	0.5		
16	42,230	4		11.4			1.4	1.1	0.5		
17											
18	73,080	7		11.5				1.2	0.6		
19	43,300	5		13.8				1.2	0.6		
20	40,920	4		11.7			2	1.3	0.6		
21	41,920	5		14.3			1.5	1.3	0.6		
22	38,870	4		12.3				1.2	0.5		
23	41,550	4		11.5				1.4	0.6		
24											
25	67,740	7		12.4				1.5	0.8		
26	39,180	5		15.3			1.8	1.5	0.8		
27	42,230	4		11.4			0.6	1.5	0.8		
28	34,110	3		10.5				1.5	1.0		
29	33,350	4		14.4				1.5	0.6		
30	34,160	3		10.5				1.4	0.6		
31											

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 rec

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates

Owned By Southern States Utilities Phone Number 407-880-0058 Reporting Month October 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 222 No of People at End of Month 777.0

Design Flow 0.720 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Mike Boozer C-7599

I certify this report is correct (Lead Operator's Signature) B (Cert. Level) 3607 (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine					Rain	Residual Chlorine (mg/l)		Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequenc main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	inches	Plant Effluent	Remote Tap		
Monthly Total	1,355,630	139		325.5			2.9	35.8	17.3	4	
Average	43,730	4		10.5				1.4	0.7		
Maximum	76,760	8		23.4				1.7	1.2		
Minimum	29,720	3		10.5				1.2	0.4		
1	43,110	4		11.1				1.3	0.8		
2											
3	66,850	8		14.3			0.5	1.3	0.6		
4	40,200	4		11.9				1.3	0.6		
5	36,220	4		13.2				1.3	0.6	4	
6	39,300	4		12.2				1.3	0.6		
7	40,300	5		14.9				1.2	0.6		
8											
9	71,550	7		11.7				1.4	0.7		
10	45,530	4		10.5			0.4	1.4	0.8		
11	39,230	5		15.3				1.3	0.5		
12	39,240	4		12.2				1.3	0.6		
13	38,170	4		12.6				1.2	0.4		
14	38,170	4		12.6				1.3	0.5		
15	44,990	4		10.7				1.3	0.4		
16											
17	101,850	9		10.6				1.4	1.0		
18	29,720	3		12.1				1.5	1.2		
19	41,690	4		11.5				1.2	0.6		
20	59,660	6		12.1				1.4	0.7		
21	57,990	5		10.3				1.4	0.6		
22											
23	105,250	11		12.5				1.4	0.8		
24	76,760	8		12.5				1.7	0.8		
25	41,110	4		11.7				1.5	1.0		
26	49,000	5		12.2				1.5	0.6		
27	50,520	5		11.9				1.5	0.6		
28	35,840	7		23.4				1.4	0.5		
29											
30	78,210	7		10.7				1.5	0.6		
31	45,110	4		10.6			2	1.5	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 month of rec

DER Form 17 555910(2)
Effective 11 1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 222 No of People at End of Month 777.0
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Mike Boozer C-7599
I certify this report is correct (Lead Operator's Signature) C (Cert. Level) ~~7696~~ 6411 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l		Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,377,210	138		321.3				5	37.4	20.7	4	
Average	45,907	5		10.7					1.4	0.8		
Maximum	73,010	7		21.0					2.0	1.2		
Minimum	25,100	2		7.2					0.5	0.2		
1	33,010	2		7.3					1.4	1.0		
2	25,100	2		9.6					1.4	1.2		
3	27,600	4		17.4					1.4	1.0		
4	35,200	4		13.6					1.3	0.8		
5												
6	148,430	14		11.3					1.5	1.0		
7	34,210	6		21.0					1.5	1.0		
8	49,610	6		14.5					1.7	1.2		
9	46,950	5		12.8					1.5	1.0		
10	62,570	7		13.4					1.7	0.9		
11	35,080	4		13.7					1.9	0.9		
12												
13	93,480	6		7.7					1.2	0.8		
14	42,210	4		11.4					0.5	0.2	4	
15	56,890	5		10.5					2.0	1.0		
16	34,540	5		17.4				5	1.4	0.8		
17	33,400	2		7.2					1.0	0.4		
18	41,710	5		14.4					1.4	0.8		
19												
20	87,970	9		12.3					1.5	0.8		
21	36,400	4		13.2					1.5	1.0		
22	48,550	4		9.9					1.3	0.6		
23	44,380	5		13.5					1.2	0.4		
24	44,380	4		10.8					1.7	0.8		
25	56,820	6		12.7					1.8	0.7		
26												
27	92,350	10		13.0					1.5	0.5		
28	73,010	6		9.9					1.5	0.8		
29	46,230	4		10.4					1.2	0.5		
30	47,130	5		12.7					1.4	0.6		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 227 No of People at End of Month 794.5

Design Flow 0.720 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Bill Trendel C-6411/Mike Boozer C-7599

I certify this report is correct Julian Trendel C 6411

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

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	Residual Chlorine (mg/l)		Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequenc main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	inches	Plant Effluent	Remote Tap		
Monthly Total	1,304,600	131		334.6			2.7	34.2	16.5	4	
Average:	42,084	4		10.8				1.3	0.6		
Maximum:	97,810	7		26.0				1.5	1.0		
Minimum:	28,900	3		7.4				1.0	0.3		
1	46,420	4		9.9				1.3	0.8		
2	42,830	5		14.0				1.2	0.6		
3											
4	86,830	7		9.7				1.3	0.7		
5	52,210	6		13.8			0.7	1.3	0.6		
6	39,860	5		15.0				1.3	0.6		
7	42,510	4		11.3				1.2	0.7		
8	39,600	3		9.1				1.2	0.6		
9	42,470	5		14.1				1.2	0.5		
10											
11	83,320	7		10.1				1.3	0.6		
12	45,110	5		13.3				1.3	0.6	4	
13	40,100	4		12.0				1.0	0.4		
14	49,470	5		12.1				1.2	0.6		
15	33,130	5		18.1				1.2	0.6		
16	48,220	3		7.5				1.3	0.7		Changed out
17											chlorine cyl.
18	43,540	7		19.3				1.4	0.8		
19	97,810	7		8.6				1.4	0.9		
20	41,820	5		14.3				1.5	0.8		
21	51,580	5		11.6			2	1.5	1.0		
22	35,850	4		13.4				1.3	0.7		
23	28,900	4		16.6				1.4	0.8		
24	32,270	7		26.0				1.4	0.6		
25											
26	101,810	7		8.2				1.4	0.6		
27	42,900	4		11.2				1.3	0.4		
28	40,600	5		14.8				1.5	0.5		
29	44,760	5		13.4				1.5	0.5		
30	48,680	3		7.4				1.3	0.3		
31											

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 rec

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 169 No of People at End of Month 591.5
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1.119	94		275.9			5.6	30.8	22.9	4	
Average	0.036	3		8.9				1.2	0.9		
Maximum	0.083	7		28.0				1.3	1.1		
Minimum	0.023	1		3.5				1.0	0.5		
1	0.133	10		9.0				1.3	1.0		
2											
3	0.075	3		4.8				1.3	1.0		
4	0.083	4		5.8				1.3	1.0		
5	0.026	2		9.2				1.2	1.0		
6	0.035	3		10.3				1.2	1.0		
7	0.030	7		28.0				1.2	1.0	4	
8	0.063	6		11.4				1.2	1.0		
9											
10	0.033	3		10.9				1.2	1.0		
11	0.023	2		10.4			1.2	1.2	1.0		
12	0.035	3		10.3				1.3	0.9		
13	0.033	4		14.5			0.8	1.3	0.9		
14	0.030	3		12.0				1.3	1.0		
15	0.045	4		10.7			0.6	1.3	1.0		
16											
17	0.033	4		14.5				1.2	1.1		
18	0.034	3		10.6			1	1.2	0.9		
19	0.028	2		8.6				1.2	1.0		
20	0.032	5		18.8				1.2	0.9		
21	0.031	4		15.5				1.2	1.0		
22	0.060	4		8.0				1.2	1.0		
23											
24	0.040	3		9.0				1.3	0.6		
25	0.033	4		14.5				1.0	0.7		
26	0.027	3		13.3			1.2	1.0	0.6		
27	0.030	2		8.0			0.8	1.0	0.6		
28	0.031	2		7.7				1.0	0.5		
29	0.062	3		5.6				1.0	0.6		
30											
31	0.034	1		3.5				1.0	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 month of record.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 169 No of People at End of Month 591.5
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	941,000	75		243.8			1.5	25.9	18.2	4	
Average	33,607	3		8.7				1.1	0.8		
Maximum	44,000	5		17.1				1.2	1.0		
Minimum	19,000	1		3.5				1.0	0.6		
1	34,000	1		3.5				1.0	0.8		
2	32,000	1		3.8				1.0	0.8		
3	30,000	1		4.0				1.0	0.8		
4	36,000	2		6.7				1.0	0.8	4	
5	39,000	2		6.2				1.0	0.9		
6											
7	68,000	7		12.4				1.2	0.9		
8	32,000	2		7.5				1.2	0.9		
9	40,000	5		15.0				1.0	0.8		
10	33,000	3		10.9				1.0	0.9		
11	35,000	3		17.1				1.0	0.9		
12	38,000	3		9.5			0.3	1.1	1.0		
13	19,000	2		12.6				1.1	1.0		
14											
15	73,000	5		13.7				1.2	0.6		
16	44,000	3		8.2				1.2	0.7		
17	24,000	3		15.0				1.2	0.7		
18	36,000	3		10.0				1.2	0.7		
19	33,000	3		10.9				1.1	0.7		
20											
21	71,000	6		10.1				1.1	0.6		
22	33,000	3		10.9				1.1	0.6		
23	34,000	3		10.6			0.6	1.1	0.7		
24	30,000	3		12.0				1.0	0.6		
25	30,000	3		12.0				1.0	0.6		
26	36,000	4		13.3			0.6	1.0	0.6		
27											
28	61,000	4		7.9				1.1	0.6		
29											
30											
31											

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 169 No of People at End of Month 591.5
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6614
I certify this report is correct (original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine						Rain	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		inches	Plant Effluent	Remote Tap		
Monthly Total	1,071,000	106		295.6				8.7	31.9	21.1	4	
Average	32,548	3		9.5					1.2	0.8		
Maximum	73,000	8.5		18.8					1.3	1.0		
Minimum	26,000	1		4.6					1.1	0.5		
1	36,000	4		13.3					1.2	0.5		
2	43,000	6		6.2					1.1	0.5		
3	34,000	3		10.5					1.1	0.5		
4	32,000	3		11.2				0.9	1.1	0.5		
5	32,000	5		18.8					1.2	0.5		
6												
7	66,000	17		30.9					1.2	0.5		
8	34,000	4		14.1					1.2	0.5		
9	47,000	4		10.2					1.3	0.6		
10	31,000	3		11.6					1.2	0.6	4	
11	36,000	3		10.0					1.2	0.6		
12	47,000	3		7.6					1.2	0.7		
13												
14	51,000	4		9.4				1.6	1.2	0.9		
15	32,000	2		7.5					1.3	0.9		
16	30,000	2		8.0					1.3	0.9		
17	43,000	2		5.5					1.1	0.9		
18	38,000	3		9.4				1.6	1.1	0.8		
19	27,000	2		8.8					1.1	0.9		
20												
21	62,000	4		7.7				0.3	1.2	1.0		
22	73,000	7		11.5					1.2	0.9		
23	36,000	4		13.1					1.2	0.9		
24	28,000	3		12.8				2	1.2	1.0		
25	26,000	3		13.8				1.5	1.1	1.0		
26	28,000	2		8.5				0.8	1.1	1.0		
27												
28	66,000	7		12.6					1.2	1.0		
29	33,000	3		10.9					1.2	1.0		
30	26,000	1		4.6					1.2	1.0		
31	34,000	2		7.1					1.2	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 169 No of People at End of Month 591.5

Design Flow 0.720 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Jon Coffee C-6614

I certify this report is correct (Original signed by William Trendel C-6411)

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

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,154,000	97		568.9			3.2	30.1	21.4	4	
Average	38,000	3		9.0				1.2	0.8		
Maximum:	59,000	6		14.6				1.5	1.0		
Minimum:	25,000	2		2.4				0.6	0.2		
1	25,000	3		14.4			1.4	1.1	0.8		
2	34,000	4		14.1				1.1	0.9		
3											
4	59,000	6		12.2				1.1	1.0		
5	37,000	2		6.4			0.8	1.1	1.0	4	
6	32,000	2		7.5				1.1	1.0		
7	32,000	2		7.5				0.6	0.2		
8	36,000	3		10.0				1.5	0.9		
9	34,000	4		14.1				1.5	1.0		
10	41,000	5		14.6				1.5	1.0		
11											
12	81,000	8		11.8				1.5	1.0		
13	40,000	4		12.0				1.5	1.0		
14	59,000	6		12.2				1.3	1.0		
15	41,000	4		11.7				1.3	1.0		
16	32,000	2		7.5			1	1.3	1.0		
17											
18	59,000	5		10.1				1.3	1.0		
19	47,000	5		12.7				1.0	0.8		
20	53,000	5		11.3				1.0	0.8		
21	53,000	5		11.3				1.0	0.8		
22	35,000	4		13.7				1.0	0.8		
23	37,000	3		9.7				1.0	0.8		
24	27,000	2		8.8				1.1	0.6		
25											
26	99,000	2		2.4				1.1	0.6		
27	44,000	2		5.4				1.1	0.6		
28	33,000	3		10.9				1.0	0.6		
29	38,000	3		9.4				1.0	0.6		
30	46,000	3		7.8				1.0	0.6		
31											

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 173 No of People at End of Month 605.5
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
John B. Coffee, Jr. C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,348,000	100		222.9			4.9	27.0	16.9	4	
Average:	43,484	3.3		7.19			0.158	1.0	0.7		
Maximum:	82,000	11		18.0			2.5	1.2	1.0		
Minimum	29,000	1		2.6			0	0.5	0.4		
1											
2	91,000	7		9.2				1.0	0.6		
3	50,000	3		7.2				1.0	0.6		
4	35,000	1		3.4				1.0	0.6		
5	43,000	2		5.5			2.5	1.0	0.6		
6	29,000	2		8.2				1.0	0.6		
7	36,000	3		10.0				1.0	0.6		
8											
9	79,000	5		7.6				1.1	0.6		
10	33,000	2		7.3			0.6	1.0	0.6	4	
11	46,000	2		5.2				1.0	0.6		
12	31,000	2		7.7				1.0	0.5		
13	40,000	2		6.0				1.0	0.6		
14	37,000	1		3.2				1.0	0.6		
15											
16	111,000	4		4.3				1.0	0.6		
17	46,000	1		2.6				1.0	0.6		
18	46,000	1		2.6				1.0	0.4		
19	44,000	1		2.7				1.0	0.5		
20	38,000	1		3.1				0.5	0.4		
21	72,000	7		11.6				1.0	0.5		
22											
23	96,000	13		16.2				1.2	0.5		
24	82,000	11		16.0				1.2	0.9		
25	48,000	4		10.0				1.2	0.9		
26	55,000	2		4.3				1.2	0.9		
27	43,000	5		13.9				1.1	1.0		
28	40,000	6		18.0				1.1	1.0		
29											
30	42,000	7		20.0			1.8	1.2	0.8		
31	35,000	5		17.1				1.2	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 173 No of People at End of Month 605.5
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jon Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,313,000	170		412.7			4.0	34.0	19.9	4	
Average:	44,000	6		13.8				1.3	0.8		
Maximum:	60,000	9		24.6				1.4	0.9		
Minimum	29,000	3		8.3				1.2	0.6		
1	36,000	4		13.3			0.6	1.2	0.8		
2	34,000	3		10.5				1.2	0.8		
3	35,000	4		13.7				1.2	0.8		
4	37,000	5		16.2				1.2	0.8		
5											
6	101,000	7		8.3				1.2	0.6		
7	45,000	4		10.6				1.3	0.6		
8	48,000	6		15.0				1.3	0.6	4	
9	42,000	5		14.2				1.3	0.6		
10	46,000	5		13.0				1.3	0.6		
11	53,000	7		15.8				1.3	0.6		
12											
13	51,000	11		25.8				1.3	0.6		
14	39,000	8		24.6				1.3	0.6		
15	29,000	5		20.6			0.3	1.3	0.8		
16	34,000	4		14.1				1.3	0.8		
17	40,000	5		15.0				1.3	0.8		
18	45,000	6		14.6				1.3	0.8		
19											
20	137,000	18		15.3				1.3	0.8		
21	48,000	7		17.5				1.3	0.8		
22	60,000	7		14.0				1.3	0.8		
23	48,000	7		17.5				1.4	0.9		
24	59,000	9		18.3				1.4	0.9		
25	54,000	7		15.5				1.4	0.9		
26	52,000	8		18.4				1.4	0.9		
27											
28	77,000	10		14.8			2.5	1.4	0.9		
29	33,000	5		18.1			0.3	1.4	0.9		
30	30,000	5		18.0			0.3	1.4	0.9		
31											

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 175 No of People at End of Month 612.5
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
John Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,368,000	176		425.6			3.2	36.2	22.7	4	
Average:	44,000	6		13.7				1.3	0.8		
Maximum:	68,000	8		21.3				2.0	1.1		
Minimum:	33,000	4		8.6				0.3	0.2		
1	33,000	5		18.1				1.4	0.9		
2	37,000	6		19.4				1.4	0.9		
3											
4	66,000	9		15.4				1.4	0.9		
5	35,000	6		20.5				1.4	0.9		
6	54,000	7		15.5				1.5	0.9	4	
7	45,000	8		21.3				1.5	0.9		
8	39,000	6		18.4			0.5	1.5	0.9		
9	46,000	6		15.6				1.5	1.0		
10											
11	70,000	10		17.1				1.5	1.0		
12	46,000	6		15.6				1.5	1.0		
13	44,000	6		16.4				1.5	1.1		
14	41,000	6		16.1				1.5	1.1		
15	37,000	5		16.2			0.2	1.5	0.9		
16	46,000	7		17.0			0.3	1.5	1.0		
17											
18	98,000	13		15.9				1.3	0.9		
19	45,000	6		16.0				1.3	1.0		
20	50,000	7		16.8				1.3	1.0		
21	36,000	4		13.3				1.3	0.9		
22	68,000	5		8.8			0.3	1.3	0.9		
23	49,000	7		15.9			0.3	1.3	0.9		
24											
25	76,000	8		12.6				1.0	0.6		
26	45,000	6		16.0				0.9	0.4		
27	56,000	4		8.6				0.3	0.2		
28	45,000	7		18.7			1.3	2.0	0.8		
29	47,000	4		10.2				0.8	0.4		
30	48,000	7		17.5				1.3	0.5		
31	66,000	7		12.7				1.5	0.8		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 185 No of People at End of Month 648
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
John Coffee C-6614
I certify this report is correct (Original signed by William Trendel C-6411)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine					Rain		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		inches	Plant Effluent	Remote Tap		
Monthly Total	1,830,000	197.5		354.6					33.6	22.4	4	
Average	57,000	6		11.1					1.3	0.9		
Maximum	95,000	9		17.9					2.0	1.2		
Minimum	39,000	3.5		7.5					0.5	0.5		
1												
2	47,000	7		17.9					1.3	0.6		
3	45,000	6		16.0					1.3	0.7		
4	46,000	6		15.6					1.3	0.7		
5	51,000	6		14.1					1.0	0.5		
6	53,000	7		15.8					1.3	0.8		
7												
8	113,000	13		13.8					1.3	0.8		
9	53,000	7		15.8					1.3	0.8	4	
10	55,000	7		15.2					1.1	0.6		
11	61,000	6		14.7					2.0	0.9		
12	87,000	8		10.3					0.8	1.2		
13	87,000	9		12.4					1.0	1.0		
14												
15	177,000	19		12.8					1.1	0.9		
16	95,000	6		7.5					0.5	0.5		
17	46,000	7		17.5					1.7	1.0		
18	42,000	4		11.4					1.5	1.0		
19	64,000	7		13.1					1.5	1.0		
20	76,000	8		12.6					1.5	1.0		
21												
22	119,000	12		12.1					1.5	1.0		
23	86,000	8		11.1					1.3	0.7		
24	74,000	7		11.3					1.3	0.8		
25	65,000	6		11.0					1.3	0.8		
26	72,000	8		13.3					1.3	0.9		
27	46,000	4		10.4					1.3	0.9		
28												
29	85,000	9		12.7					1.5	1.2		
30	44,000	6		16.4					2.0	1.2		
31	39,000	4		10.8					0.6	0.9		

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 175 No of People at End of Month 612.5

Design Flow 0.720 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Trendel C-6411 / John B. Coffee C-6614

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No.)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,231,870	116		292.0				30.7	20.9	4	
Average:	37,300	4		9.7				1.2	0.8		
Maximum:	63,110	3		17.7				1.6	1.1		
Minimum:	29,240	6		3.8				0.6	0.3		
1	44,660	5		12.1				1.5	1.0		
2	38,980	4		13.0				1.5	1.1	4	Compliance samples
3	36,720	4		13.1				1.5	1.1		
4											
5	82,970	9		13.0				1.5	1.0		
6	46,000	4		10.4				1.5	0.8		
7	39,900	3		9.0				1.3	0.9		
8	37,600	4		12.8				1.3	0.9		
9	36,550	3		9.8				1.3	0.9		
10	39,870	3		9.0				1.3	0.9		
11											
12	66,250	6		10.9				1.0	0.8		
13	52,220	4		9.2				1.0	0.8		
14	36,150	4		13.3				1.0	0.8		
15	39,740	4		12.1				1.0	0.8		Change Cl2
16	48,480	3		7.4				1.0	0.8		
17	39,890	4		12.0				1.0	0.8		
18											
19	74,070	6		9.7				0.7	0.5		
20	46,510	4		10.3				0.6	0.3		
21	45,920	4		10.4				1.2	1.0		
22	32,560	4		14.7				1.6	1.1		
23	47,350	5		12.7				1.1	1.0		
24	48,620	4		9.9				1.1	1.0		
25											
26	88,100	13		17.7				0.9	0.6		
27	63,110	2		3.8				1.2	0.6		
28	38,400	3		9.4				1.2	0.6		
29	34,010	4		14.1				1.2	0.5		
30	29,240	3		12.3				1.2	0.3		
31											

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S.D. Pineridge Estates

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 185 No of People at End of Month 647.5

Design Flow 0.720 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

William Trendel C-6411 / Jerome Hampton C-7360 / Sam Sparks A-235

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

Days of Month	Total Water Treated in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1,250,330	124		303.5			3.6	30.5	12.6	4	
Average:	36,839	4		9.8				1.2	0.5		
Maximum:	83,210	7		18.8				1.5	0.8		
Minimum:	28,740	2		6.2				0.9	0.3		
1	57,860	4		8.3				0.9	0.4		
2											
3	106,600	12		13.5				1.1	0.3		
4	83,210	6		8.6				1.0	0.4		
5	51,640	6		13.9				0.9	0.3	4	Compliance Samples
6	37,750	3		9.5				1.0	0.3		Ran Gen. 1 hr
7	41,270	3		8.7				1.0	0.4		
8	33,620	4		12.5				1.2	0.4		
9											
10	65,770	7		11.9				1.3	0.5		
11	44,580	4		10.8				1.3	0.6		Ran Gen. 1 hr
12	35,110	3		8.5				1.3	0.6		
13	45,910	7		17.0				1.5	0.6		
14	38,810	2		6.2				1.0	0.4		
15	40,310	3		8.9				1.2	0.6		
16											
17	58,520	8		16.4			2.7	1.2	0.5		
18	42,120	4		11.4				1.2	0.5		Ran Gen. 1 hr
19	37,680	4		12.7				1.3	0.6		
20	28,740	3		10.4				1.3	0.3		
21	39,670	5		13.6				1.3	0.4		
22	44,600	7		18.8				1.3	0.4		
23											
24	75,540	9		14.3			0.9	1.2	0.8		
25	33,100	3		10.9				1.2	0.5		Ran Gen. 1 hr
26	41,390	4		11.6				1.3	0.7		
27	29,890	2		8.0				1.2	0.7		
28	32,390	4		14.8				1.0	0.4		
29	36,680	3		9.8				1.1	0.4		
30											
31	67,570	7		12.4				1.2	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 month of record.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 185 No of People at End of Month 647.5
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
William Trendel C-6411 / Jerome Hampton C-7360
I certify this report is correct William Trendel C 6411
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Rain	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	inches	Plant Effluent	Remote Tap		
Monthly Total	1.199.360	120		319.6				35.8	19.4	4	
Average	36.867	4		10.7				1.3	0.8		
Maximum	70.160	5		21.4				1.5	1.1		
Minimum	22.430	2		9.0				1.0	0.5		
1	36.400	4		13.2				1.5	0.7		
2	29.250	4		16.4				1.5	0.7		
3	35.270	3		10.2				1.5	0.7		
4	47.900	5		12.5				1.5	0.9	4	Compliance samples
5	26.500	2		9.0				1.5	0.9		
6								1.5			
7	66.050	7		12.7				1.5	1.1		
8	51.620	5		10.5				1.5	0.9		
9	34.100	4		14.1				1.2	0.9		
10	37.550	4		11.2				1.2	0.9		
11	36.830	4		11.4				1.2	0.8		
12	44.330	5		12.2				1.0			
13											
14	78.900	8		12.2				1.2	0.8		
15	51.180	5		11.7				1.1	0.8		
16	42.000	4		11.4				1.1	0.8		
17	38.720	4		12.4				1.2	0.6		
18	41.030	4		11.7				1.2	0.5		
19	34.880	3		10.3				1.2	0.6		
20											
21	53.590	7		14.5				1.3	0.8		
22	70.160	6		10.3				1.3	0.8		
23	34.210	4		14.0				1.3	0.8		
24	53.240	5		10.1				1.5	0.8		
25	54.400	5		11.0				1.4	0.8		
26	34.010	4		14.1				1.4	0.8		
27	22.430	4		21.4				1.4	0.8		
28											
29	97.180	9		11.1				1.3	0.6		
30	47.630	4		10.1				1.3	0.6		
31											

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494292 PWS Name Pineridge Estates Location:City or S/D Pineridge Estates
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 185 No of People at End of Month 647.5
Design Flow 0.720 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jerome Hampton C-7360 / William Trendel C-6411
I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6411 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	Rain inches	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	1,381,770	126		302.2				32.5	15.4	4	
Average:	44,573	4		9.7				1.2	0.6		
Maximum:	63,800	6		17.6				1.3	0.8		
Minimum:	20,460	2		4.3				1.0	0.3		
1	53,530	5		11.2				1.3	0.8		
2	40,920	3		8.8				1.0	0.6		
3	48,520	5		12.4				1.1	0.6		
4											
5	104,600	9		10.3				1.3	0.5		
6	50,100	5		12.0				1.3	0.5		
7	45,860	5		13.1				1.2	0.5		Emer. Gen. Ran
8	45,430	4		10.6				1.2	0.5		
9	38,120	4		12.6				1.2	0.5	4	Compliance samples
10	43,920	3		8.2				1.2	0.5		
11											
12	87,770	12		16.4				1.2	0.3		
13	44,440	4		10.8				1.2	0.6		
14	63,800	3		5.6				1.3	0.6		Emer. Gen. Ran
15	30,450	3		11.8				1.3	0.6		
16	48,450	5		12.4				1.0	0.5		
17	39,450	4		12.2				1.3	0.6		
18											
19	98,920	7		8.5				1.0	0.5		
20	34,020	5		17.6				1.0	0.5		
21	44,200	5		13.6				1.1	0.6		Emer. Gen. Ran
22	37,700	3		9.5				1.1	0.6		
23	40,050	3		9.0				1.2	0.6		
24	44,010	5		12.3				1.3	0.6		
25											
26	71,460	7		11.7				1.3	0.6		
27	34,900	3		10.3				1.3	0.6		
28	43,100	4		11.1				1.3	0.6		
29	46,700	5		12.8				1.3	0.6		
30	56,130	2		4.3				1.3	0.6		
31	45,210	5		13.3				1.2	0.8		

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

DER Form 17-555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 178 No of People at End of Month 623.0

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

B. Heath # C-5825/L. Shreffler # C-6587/D. Moro # C-6497/W. Fontaine #C-6813

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 in Gallons	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	1,455,000	88.0		183.7					30.0	17.9	4	
Average	46,935	2.8		5.9					1.2	0.9		
Maximum	103,000	6.0		9.4					1.5	1.2		
Minimum	28,000	1.5		3.2					0.8	0.5		
1												
2	206,000	12.0		7.0					1.2			
3	42,200	3.0		8.5					1.5	1.0		R/ air W-1/exer 2
4	42,300	3.0		8.5					1.2	0.9		Exer w-2/ran air w-1
5	41,100	3.0		8.8					1.2	0.9		Exer 2/ran air 1
6	52,000	3.0		6.9					1.2	0.9		Ran air W-1
7	42,400	3.0		8.5					1.2	0.9		Ran air 1/exer 2
8												
9	86,000	5.0		7.0					1.2			
10	47,100	3.0		7.6					1.2	0.9		Emer gen run-skd!
11	47,400	3.0		7.6					1.2	0.9		CL2 deliv/exer 2
12	41,300	3.0		8.7					1.2	0.8	4	Compliance/flush
13	43,000	3.0		8.4					1.2	0.9		Ran air W-1
14	34,200	2.0		7.0					1.2	0.8		Drain sght glss
15												
16	81,000	5.0		7.4					1.2			
17	51,100	4.0		9.4					1.2	0.9		Emer gen run/skd!
18	39,400	2.0		6.1					1.2	1.0		Exer W-2
19	36,000	2.0		6.7					1.2	0.9		Ran air W-1
20	47,100	3.0		7.6					0.8	0.5		CL2 on line/flush
21	36,300	2.0		6.6					1.0	0.7		Ran air both
22	33,000	2.0		7.3					1.2			
23												
24	96,100	6.0		7.5					1.5	1.2		Emer gen run skd!
25	63,000	4.0		7.6					1.2	1.0		- ran air
26	44,000	2.0		5.5					1.2	0.9		Ran air 1 on site
27	44,000	2.0		5.5					1.2	1.0		
28												
29	56,000	3.0		6.4					1.2			
30												
31	103,000	5.0		5.8					1.2	0.9		

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

DER Form 17-555910(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 188 No of People at End of Month 658.0

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Brian Heath C-5825/L. Shreffler C-6587/D. Moro C-6497/ Will Fontaine C-6813

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 Gallons	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	1,382,400	77.3		164.3					33.3	23.0	16	
Average:	49,371	2.8		5.9					1.4	1.1		
Maximum:	99,100	7.0		8.3					1.8	1.5		
Minimum:	34,200	1.0		3.5					0.9	0.6		
1	44,000	3.0		8.2					1.2	0.9		Exer w-2
2	48,500	3.3		8.0					1.2	0.8		
3	44,000	3.0		8.2					1.0	0.7		
4	40,000	2.0		6.0					1.2	0.8		
5												
6	100,000	4.0		4.8					1.2			
7	72,200	3.0		5.0					1.5	1.2		Line flush
8	43,500	3.0		8.3					1.5	1.2	6	Compliance & outag
9	35,300	2.0		6.8					1.5	1.2	10	samples
10	80,000	4.0		6.0					1.5	1.2		2" main leak-
11	52,000	3.0		6.9					1.2	1.0		line flush
12												
13	95,000	6.0		7.6					1.2			
14	44,100	3.0		8.2					1.5	1.2		Emer gen run
15	49,000	3.0		7.3					1.8	1.5		
16	34,200	1.0		3.5					1.5	1.2		Exer w-2
17	45,200	3.0		8.0					1.5	1.2		
18	38,100	2.0		6.3					1.8	1.5		Exer w-2
19	46,000	3.0		7.8					1.6			
20												
21	129,100	7.0		6.5					1.5	1.2		Exer w-2/emer gen ru
22	51,500	3.0		7.0					1.5	1.2		Exer w-2
23	48,300	3.0		7.4					1.5	1.2		Exer w-2
24	48,000	3.0		7.5					1.5	1.2		
25	42,300	3.0		8.5					1.5	1.2		Emer gen run
26	53,000	2.0		4.5					1.0	0.8		
27												
28	99,100	5.0		6.0					0.9	0.6		Exer w-2
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 178 No of People at End of Month 623.0

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/Brian Heath C-5825/W.Fontaine C-6813/D. Moro C-6497

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 in Gallons	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	1,672,900	76.6		160.6					26.6	18.0	4	
Average	53,965	2.5		5.2					1.0	0.8		
Maximum	78,550	5.3		9.8					1.2	1.0		
Minimum	29,900	1.3		2.3					0.7	0.5		
1	53,000	4.0		9.0					1.2	1.0		
2	33,200	2.0		7.2					1.2	1.0		Ran air/ex w-2
3	40,400	2.0		5.9					1.0	0.8		Ran air/serv e. gen
4	43,000	3.0		8.4					1.2	0.9		Ran air/
5	42,000	3.0		8.6					1.2			
6												
7	121,000	7.0		6.9					0.9	0.7		Ran air
8	40,500	2.0		5.9					0.9	0.6	4	New cl2/compl
9	36,600	2.0		6.5					0.8	0.5		
10	33,300	2.3		8.1					0.8	0.6		
11	29,900	1.8		7.0					1.0	0.7		air on site
12												
13	82,500	5.0		7.3					1.0			
14	58,500	2.8		5.6					0.8	0.7		skdl e. gen run
15	65,900	4.0		7.3					0.7	0.5		Flushing new cl2
16	63,800	1.3		2.3					0.8	0.6		
17	63,200	2.0		3.8					0.9	0.7		Ex 2-2. ran air w-1
18	67,000	2.0		3.6					0.9	0.7		
19												
20	157,100	4.0		3.1					1.0	0.8		
21	68,200	2.0		3.5					1.2	1.0		Ex w-2.ran air
22	72,100	2.0		3.3					1.0	0.8		Ex w-2. ran air
23	44,900	1.8		4.7					1.0	0.8		Ran air w-2
24	42,700	2.5		7.0					0.9	0.6		
25	46,700	2.8		7.1					0.9	0.7		
26	42,800	3.5		9.8					0.9			
27												
28	150,200	5.3		4.2					1.0	0.8		Ran air w-1
29	61,100	3.0		5.9					1.0	0.8		Ran air w-1
30	62,000	2.0		3.9					1.2	0.8		
31	51,100	2.0		4.7					1.2	0.9		Ran air w-1

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 178 No of People at End of Month 823.0

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/D. Moro C-6497/B. Heath C-5825/W.Fontaine C-6813

I certify this report is correct Donald B. Cordy (Lead Operator's Signature) B (Cert. Level) 2403 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,817,800	110.0		199.2					23.6	15.2	4	
Average:	60,593	3.7		6.6					0.9	0.7		
Maximum:	112,000	5.3		11.3					1.2	0.9		
Minimum:	32,500	1.8		2.7					0.7	0.5		
1	43,900	2.0		5.5					0.8	0.6		
2	34,800	1.8		6.0					1.0			
3												
4	111,500	7.8		8.3					0.8	0.6		Line flushing
5	65,700	5.3		9.6					0.7	0.5		
6	70,600	2.3		3.8					0.7	0.5	4	Compliance
7	61,100	3.0		5.9					1.0	0.8		
8	36,100	2.0		6.6					0.9	0.7		
9												
10	224,000	10.0		5.4					1.0			Air w-1
11	64,900	3.3		6.0					1.0	0.8		Air w-1
12	53,400	4.0		9.0					0.8	0.6		Air both
13	58,400	5.0		10.3					1.0	0.7		Air w-1
14	59,100	4.5		9.1					0.8	0.6		Air both
15	57,400	3.0		6.3					0.8	0.6		
16												
17	184,100	10.0		6.5					1.0			
18	93,400	4.5		5.8					0.9	0.7		Sched emer gen run
19	59,000	4.0		8.1					0.9	0.7		Line flushing
20	57,800	5.0		10.4					0.9	0.7		Air both
21	48,800	4.5		11.1					1.0	0.8		Air w-2
22	32,500	2.3		8.3					0.9	0.7		Air w-1
23	43,600	2.8		7.6					0.9			
24												
25	94,600	5.0		6.3					1.0	0.8		Sched emer gen run
26	84,000	3.0		5.6					0.9	0.7		Ran air W-1
27	63,000	4.0		7.6					1.0	0.8		Cl2 Alarm installed
28	56,000	4.3		9.1					1.2	0.9		Air both
29	37,000	3.5		11.3					1.0	0.8		Air both
30	43,100	3.5		9.7					0.7	0.6		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 167 No of People at End of Month 584.5

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/D. Moro C-6497/B. Heath C-5825

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 in Gallons	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	2,209,600	103.0		143.3					24.6	16.0	4	
Average	71,277	3.3		4.6					0.9	0.7		
Maximum:	111,300	13.5		9.6					1.2	1.0		
Minimum:	39,600	0.8		2.3					0.7	0.5		
1												
2	121,700	9.0		8.9					0.8	0.6		
3	47,100	3.5		8.9					0.9	0.7		
4	39,600	2.5		7.6					0.8	0.6		
5	40,700	3.3		9.6					0.9	0.7		
6	73,600	4.3		6.9					0.9	0.7		
7	69,500	3.8		6.5					0.9			
8												
9	189,900	9.5		6.0					0.9	0.7		
10	94,200	6.0		7.6					0.9	0.7		
11	103,600	5.0		5.8					0.7	0.5	4	Compliance
12	92,300	4.0		5.2					0.9	0.7		
13	111,300	6.3		6.7					1.2	1.0		
14	69,000	4.0		7.0					1.0			
15												
16	175,900	13.5		9.2					1.0	0.7		New cl2 cyl
17	71,600	2.8		4.6					0.9	0.7		
18	51,000	2.0		4.7					1.0	0.8		
19	62,100	3.0		5.8					0.9	0.7		
20	43,100	1.0		2.8					1.0	0.8		
21												
22	156,000	3.0		2.3					1.0			
23	70,100	2.0		3.4					0.8	0.6		Sched e.gen run
24	92,200	2.0		2.6					1.0	0.8		
25	90,400	2.0		2.7					1.2	1.0		
26	86,500	2.3		3.1					1.0	0.8		
27	74,500	1.8		2.8					1.0	0.7		
28	43,200	0.8		2.1					1.0			
29												
30	83,300	3.0		4.3					1.0	0.8		
31	57,200	3.0		6.3					1.0	0.7		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 178 No of People at End of Month 823.0

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Brian Heath C-6825/L. Shreffler C-6567/D. Moro C-6497/W. Fontaine C-6813

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 Gallons	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	1,915,300	84.0		140.1					25.6	17.2	4	
Average:	63,843	2.8		4.7					1.0	0.7		
Maximum:	87,100	9.0		6.8					1.2	1.0		
Minimum:	33,000	2.0		3.0					0.5	0.3		
1	70,300	2.0		3.4					1.0	0.7		Ex W-2, temp rpr-
2	69,200	2.0		3.5					1.0	0.8		Ex w-2
3	80,000	2.0		3.0					0.9	0.7		
4	70,000	2.0		3.4					1.0			
5												
6	146,300	5.0		4.1					0.9	0.8		Ex w-2
7	63,000	3.0		5.7					0.9	0.8		
8	49,100	3.0		7.3					0.7	0.5		Ran air both plants
9	45,000	2.0		5.3					0.9	0.7		
10	52,100	2.0		4.6					0.7	0.5		
11												
12	106,000	4.0		4.5					1.0	0.7		
13	63,100	2.0		3.8					1.0	0.7	4	Compliance
14	78,000	2.0		3.1					1.2	0.8		
15	86,200	3.0		4.2					1.2	0.9		Ex w-2
16	84,200	3.0		4.3					1.2	0.9		
17	50,000	2.0		4.8					1.0	0.8		
18	33,000	2.0		7.3					1.0			
19												
20	123,000	9.0		8.8					1.2	1.0		Ran air w-1 L&C -
21	47,000	3.0		7.7					1.2	1.0		- POE smples
22	49,000	3.0		7.3					0.8	0.6		Line flushing
23	33,200	2.0		7.2					1.0	0.8		Ran air w-1
24	59,100	3.0		6.1					1.2	0.9		
25	48,000	3.0		7.5					1.2			
26												
27	164,200	8.0		5.8					1.0	0.8		Ran air w-1
28	81,200	4.0		5.9					1.0	0.8		Ran air w-1 & w-2
29	87,100	5.0		6.9					0.5	0.3		Ran air w-1 chg-
30	78,000	3.0		4.6					0.9	0.7		- cl2 cyl w-1
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1994

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 178 No of People at End of Month 623.0

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/B. Heath C-5825/D. Moro C-6497/W. Fontaine C-6813

I certify this report is correct B Heath C-5825

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

Days of Month	Total Water Treated in in Gallons	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	1,692,400	56.3		105.9					23.1	13.7	4	
Average	54,594	1.8		3.4					0.9	0.7		
Maximum	71,100	3.0		5.8					1.0	0.8		
Minimum	31,000	1.0		1.6					0.7	0.5		
1	57,000	2.0		4.2					0.8	0.6		Ran air W-1
2	89,000	3.0		4.0					0.8			
3												
4	110,000	3.0		3.3					1.0	0.8		
5	69,000	1.0		1.7					0.9	0.7		Sched e.gen run
6	53,000	1.0		2.3					1.0	0.8		
7	43,200	1.0		2.8					0.9	0.7		R/air W-1 rep fuse
8	62,200	2.0		3.9					0.9	0.7		Ran air W-1
9												
10	112,000	3.0		3.2					1.0			
11	70,300	2.0		3.4					1.0	0.8	4	R/air bth/compliance
12	55,300	2.0		4.3					0.8	0.6		R/air both
13	50,100	2.0		4.8					0.7	0.5		Ser E gen
14	62,100	3.0		5.8					0.8	0.6		R/air-line flush
15	53,000	2.0		4.5					0.8	0.6		Ran air W-1
16	54,000	2.0		4.4					0.9			
17												
18	112,100	3.0		3.2					0.9	0.7		Ran air W-1
19	71,100	2.0		3.4					1.0	0.8		Ran air W-1
20	58,200	2.3		4.6					0.8	0.6		Ran air both
21	54,100	2.0		4.4					0.9	0.7		Ran air W-1
22												
23	88,000	3.0		4.1					0.9			
24	73,000	3.0		4.9					0.8			
25	51,100	2.0		4.7					0.9	0.7		Air w-1/e.gen run
26	61,200	3.0		5.9					1.0	0.7		Ran air W-1
27	48,100	2.0		5.0					1.0	0.8		Ran air W-1
28	51,100	2.0		4.7					0.9	0.7		Ran air W-1
29	53,200	2.0		4.5					0.9	0.6		Ran air W-1
30	31,000	1.0		3.9					0.8			
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 178 No of People at End of Month 623.0

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/B. Heath C-5825/W. Fontaine C-6813

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 in Gallons	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	1,470,800	73.8		176.5					23.7	22.7	4	
Average	47,445	2.4		5.7					0.9	1.0		
Maximum	60,150	7.0		10.6					1.0	8.0		
Minimum	19,800	1.8		4.0					0.6	0.4		
1	136,100	7.0		6.2					0.8	0.7		Sched e.gen run
2	57,500	3.0		6.3					1.0	0.8		
3												
4	112,100	5.0		5.3					1.0	0.8		Ex w-2
5	45,100	2.0		5.3					1.0	0.8		Ran air
6	34,500	2.5		8.7					1.0			
7	37,500	2.8		8.8					0.9	0.7		
8	27,400	1.8		7.7					0.8	0.6		
9	28,800	1.8		7.3					1.0	0.7		Ex w-2
10	38,300	2.5		7.8					0.8	0.6	4	Ran air
11	23,400	1.8		9.0					0.8	0.6		Ran air
12	37,300	2.5		8.0					0.8	0.6		Ran air
13	43,000	2.0		5.6					0.8			
14												
15	109,100	4.0		4.4					0.9	0.6		Sched e.gen run
16	48,200	3.0		7.5					0.9	0.7		Ran air
17	46,000	2.0		5.2					0.9	0.7		Ran air
18	42,700	2.0		5.6					0.9	0.6		Flushing
19	29,700	2.3		9.1					0.8	0.6		
20	19,800	1.8		10.6					0.8			
21												
22	120,300	6.3		6.2					0.7	0.7		Ran air
23	41,000	2.0		5.8					1.0	0.8		
24	42,100	2.0		5.7					1.0	0.8		Ran air
25	42,200	2.0		5.7					0.9	0.7		Ran air
26	45,200	3.0		8.0					0.9	0.7		Ran air
27												
28	100,000	3.0		3.6					1.0			
29	55,300	2.0		4.3					0.6	0.4		Change cl2 cyl
30	55,100	2.0		4.4					0.7	0.5		Ran air
31	53,100	2.0		4.5					1.0	8.0		Sched e.gen run

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1994

Plant Effluent pH (Avg) 5.6 No of Services at End of Month ____ No of People at End of Month ____

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6567/D. Moro C-6497/W. Fontaine C-6813

I certify this report is correct Brian Hatt C-5525

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

Days of Month	Total Water Treated in in Gallons	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	1,445,500	85.3		191.6					23.1	15.3	4	
Average	48,183	2.8		6.4					0.9	0.7		
Maximum	78,200	4.0		7.7					1.2	1.0		
Minimum	30,100	2.0		3.3						0.5		
1	59,200	2.0		4.1					0.9	0.7		
2	71,000	3.0		5.1					0.8	0.6		
3	31,000	2.0		7.7					0.9			
4									0.9			E.gen fails to -
5	109,000	6.0		6.6					0.9	0.8		to start
6	78,000	4.0		6.1					0.8	0.7		
7	60,100	3.0		6.0					0.9	0.6	4	Compliance
8	78,200	4.0		6.1					0.9	0.8		Ran air W-1
9	49,100	3.0		7.3					0.9	0.7		Ran air on site
10	49,000	3.0		7.3					0.9			
11												
12	119,100	7.0		7.0					0.7	0.5		Air w-1/e gen run
13	45,100	2.5		6.6					0.9	0.7		Ran air W-1
14	50,000	3.0		7.2					0.9	0.7		Ran air W-1
15	53,000	3.0		6.8					0.9	0.7		
16	44,400	2.5		6.8					0.9	0.6		Ran air W-1
17	31,000	2.0		7.7					0.9			
18												
19	107,100	6.0		6.7					0.8	0.6		air w-1 e gen run
20	35,100	2.3		7.7					0.9	0.7		Ran air W-2/flush
21	25,200	2.8		13.1					.7/1.0	0.8		Ran air W-2
22	35,200	3.5		11.9					1.0	0.8		Ran air W-2
23	30,100	2.0		8.0					1.0	0.7		Ran air W-2
24	46,300	4.5		11.7					1.2			
25												
26	69,100	5.8		10.0					0.8	1.0		Ran air W-1
27	45,000	1.5		4.0					0.9	0.7		
28	42,000	2.5		7.1					0.7	0.5		Ran air W-1
29	38,200	2.0		6.3					0.9	0.7		Ran air W-1
30	45,000	2.5		6.7					0.9	0.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location: City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1994

Plant Effluent pH (Avg) _____ No of Services at End of Month 179 No of People at End of Month 626.5

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/Will Fontaine C-6813/D. Moro C-6497/B. Heath C-5825

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 in Gallons	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	1,477,100	74.5		150.5					22.4	14.1	4	
Average:	47,648	2.4		4.9					0.9	0.7		
Maximum:	62,000	3.5		7.4					1.0	0.8		
Minimum:	37,000	2.0		1.9					0.8	0.6		
1	37,000	2.0		6.5					1.0			
2												
3	107,100	5.5		6.2					1.0	0.8		Ran Air W-1
4	42,000	2.5		7.1					0.8	0.6		Ran Air W-1
5	39,300	2.0		6.1					0.9	0.7	4	Compliance-ran air
6	46,000	2.5		6.5					0.9	0.7		ex w-2
7	46,000	2.0		5.2					0.9	0.7		Ran Air W-1
8												
9												
10	151,200	7.0		5.6					1.0	0.8		Ran Air W-1-flush
11	40,600	2.0		5.9					1.0	0.8		Ran Air W-1
12	42,000	2.0		5.7					1.0	0.7		
13	43,000	2.0		5.6					0.9	0.6		Ran Air W-1
14	50,100	2.5		6.0					0.8	0.6		Ran Air W-1
15	54,000	2.5		5.6					0.9			
16												
17	81,000	4.0		5.9					0.9	0.7		Ran Air W-1
18	43,100	2.0		5.6					0.8	0.6		
19	50,000	2.5		6.0					0.8	0.6		
20	55,100	2.5		5.4					0.9	0.7		Ran Air W-1-flush
21	52,000	2.5		5.8					0.9	0.7		Ran Air W-1
22	56,000	2.5		5.4					1.0			
23												
24	124,000	7.0		6.8					0.9	0.7		Ran Air W-1
25	53,300	2.5		5.6					0.8	0.6		Ran Air W-1&2
26	42,000	2.0		5.7					0.8	0.6		Ran Air W-1
27	41,200	2.0		5.8					0.8	0.6		Ran Air W-1&2
28	45,000	2.5		6.7					0.8	0.6		Ran Air W-1
29												
30	82,000	5.0		7.3					1.0			Changed Cl2 cyl.
31	54,100	3.0		6.6					0.9	0.7		Ran Air W-1

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 179 No of People at End of Month 626.5

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/D. Moro C-6497/B. Heath C-5825

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6513 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,341,100	75.0		179.9					20.6	13.7	4	
Average:	44,703	2.5		6.0					0.8	0.7		
Maximum:	73,000	3.5		9.5					1.0	1.0		
Minimum:	23,200	1.0		4.4					0.6	0.4		
1	37,200	2.0		6.4					0.6	0.4		Ran air W-1
2	43,000	2.5		7.0					0.6	0.4		Ran air W-1
3	42,000	2.5		7.1					0.7	0.5		Ran air W-1
4	50,000	2.5		6.0					0.8	0.6		Ran air W-1
5	53,000	3.0		6.8					0.7			Ran air W-1
6												
7	112,500	6.5		6.9					0.7	0.5		Ex W-2
8	68,000	3.0		5.3					0.8	0.6		
9	52,300	3.0		6.9					0.9	0.7	4	Comp./line flsh
10	47,000	2.5		6.4					0.9	0.7		Ex emer gen
11	47,000	2.5		6.4					0.8	0.6		Ran air W-1
12	31,000	2.0		7.7					0.8			
13												
14	107,500	6.0		6.7					0.7	0.5		New E.T. clock
15	28,400	2.3		9.5					0.6	1.0		Ran air W-1
16	23,200	1.8		9.0					0.6	0.9		Ran air W-1&W-2
17	29,300	2.0		8.2					0.7	0.8		Ran air W-1&W-2
18	25,400	2.0		9.4					0.6	1.0		Ran air W-1&W-2
19									1.0			
20	54,300	2.0		4.4					0.8			
21	48,200	3.5		8.7					0.8	0.8		Wided ptch HP tnk
22	41,900	2.5		7.2					0.6	0.5		Ran air W-1
23	44,100	2.5		6.8					1.0	0.8		Ran air W-1
24												
25	91,000	5.5		7.2					0.8			
26	45,000	2.5		6.7					0.8			
27	48,000	2.5		6.2					0.8			
28	73,000	3.3		5.3					1.0	0.8		Air to HPT
29	47,000	2.5		6.4					0.9	0.8		
30	51,800	2.3		5.2					0.6	0.8		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 179 No of People at End of Month 826.5

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587/D. More C-6497/W. Fontaine C-6813/B. Heath C-5825

I certify this report is correct Will Fontaine (Lead Operator's Signature) C (Cert. Level) 6813 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,355,200	76.8		191.6					25.0	14.4	4	
Average	43,716	2.5		6.2					0.9	0.7		
Maximum:	57,000	3.5		7.5					1.2	1.0		
Minimum:	8,000	0.5		6.3					0.5	0.6		
1	8,000	0.5		7.5					1.0	0.8		
2	52,900	3.0		6.8					1.0	0.8		Ran A/C
3	26,600	1.5		6.8					1.0			Flushed
4												
5	113,200	6.5		6.9					0.9	0.7		Ran A/C
6	27,900	2.0		8.6					0.8	0.6	4	Compliance
7	27,300	1.8		7.7					0.6	0.6		Ran A/C
8	28,500	2.0		8.4					0.5	0.7		Ran A/C
9	35,000	2.0		6.9					0.9	0.7		
10	33,000	2.0		7.3					0.9			
11												
12	111,100	6.0		6.5					0.9	0.6		E. gen. run
13	52,000	3.0		6.9					0.9	0.6		
14	42,100	2.5		7.1					0.9	0.7		Ran A/C
15	45,000	2.5		6.7					0.8	0.6		Ran A/C/flushed
16	44,100	2.5		6.8					0.8	0.6		Ran A/C/flushed
17	48,000	3.0		7.5					0.8			
18												
19	95,200	5.5		6.9					0.9	0.7		Ran A/C
20	57,000	3.0		6.3					1.0	0.8		
21	44,100	2.5		6.8					1.0	0.8		Ran A/C
22	51,000	3.0		7.1					0.9	0.8		
23	23,000	1.5		7.8					1.0			
24	37,000	2.0		6.5					1.0			
25												
26	104,000	6.0		6.9					1.0			
27	62,100	3.5		6.8					1.0	0.7		Ran A/C
28	46,100	2.5		6.5					0.9	0.6		Ran A/C
29	53,000	3.0		6.8					1.2	1.0		
30	48,000	3.0		7.5					1.2	1.0		
31	40,000	2.5		7.5					1.2			

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.

DER Form 17-555910(2)
Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 177 No of People at End of Month 620

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Brian E. Heath C-5825 / Lance D. Shreffler C-6587

I certify this report is correct (Original signed by Lance D. Shreffler C-6587)

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

Days of Month	Total Water Treated in in Gallons	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	1486.0	95.0		181.0					33.2	24.5	4	
Average:	47.9	3.1		7.2					1.3	1.0		
Maximum:	67.0	5.0		11.6					1.8	1.5		
Minimum:	32.0	1.0		2.5					1.0	0.8		
1												
2	94.0	6.0		7.7					1.5	1.0		
3												
4	132.0	9.0		8.2					1.5	1.0		
5	51.0	3.0		7.1					1.5	1.0		
6	44.4	3.0		6.6					1.2	1.0		
7	50.0	3.0		7.2					1.2	0.8		
8	39.4	2.0		6.1					1.2	0.9		
9												
10	81.0	5.0		7.4					1.2	1.0		
11	57.0	3.0		6.3					1.2	0.9		
12	45.0	2.0		5.3					1.2	0.9	4	
13	45.0	2.0		5.3					1.2	0.9		
14	41.0	2.0		5.8					1.2	1.0		
15	47.0	3.0		7.7					1.2	0.8		
16	32.0	2.0		7.5					1.2	0.9		
17												
18	100.0	8.0		9.6					1.2	0.9		
19	49.0	3.0		7.7					1.2	0.8		
20	43.0	3.0		8.4					1.5	1.0		
21	57.0	4.0		8.4					1.8	1.5		
22	47.0	3.0		7.7					1.5	1.2		
23	67.0	4.0		7.2					1.5	1.2		
24												
25	98.2	8.0		9.8					1.0	0.8		
26	42.0	2.0		5.7					1.0	0.8		
27	34.0	2.0		7.1					1.2	0.8		
28	48.5	1.0		2.5					1.8	1.2		
29	36.0	2.0		7.1					1.5	1.2		
30												
31	103.5	10.0		11.6					1.5	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location: City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month February 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 177 No of People at End of Month 620

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / Brian E. Heath C-5825

I certify this report is correct (Original signed by Brian E. Heath C-5825)

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

Days of Month	Total Water Treated in Gallons	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	1222.5	62.25		144.0					30.9	23.7	4	
Average:	45.3	2.3		6.0					1.3	1.0		
Maximum:	60.1	3.5		8.9					1.5	1.2		
Minimum:	24.0	1.0		2.9					1.2	0.7		
1	42.0	2.0		5.7					1.5	1.2		
2	44.2	2.0		5.4					1.5	1.2		
3	42.0	1.0		2.9					1.5	1.2		
4	51.0	2.0		4.7					1.5	1.2		
5	44.3	2.0		5.4					1.5	1.2		
6												
7	97.0	5.0		6.2					1.5	1.2		
8	51.0	3.0		7.1					1.2	1.0		
9	44.5	2.0		5.4					1.2	1.0	4	
10	40.0	2.0		6.0					1.2	0.9		
11	46.0	3.0		7.8					1.2	0.9		
12	40.0	2.0		6.0					1.2	0.7		
13	45.0	3.0		8.0					1.2	0.8		
14												
15	105.5	6.3		7.1					1.2	0.9		
16	60.1	3.0		6.0					1.2	0.9		
17	53.4	2.0		4.5					1.2	1.0		
18	39.0	1.0		3.1					1.2	0.8		
19	35.0	2.0		6.9					1.2	1.0		
20												
21	114.0	7.0		7.4					1.5	1.0		
22	59.0	3.0		6.1					1.2	0.9		
23	27.0	2.0		8.9					1.2	1.0		
24	36.5	2.0		6.6					1.2	1.0		
25	44.0	2.0		5.5					1.2	0.8		
26	38.0	2.0		6.3					1.2	1.0		
27	24.0	1.0		5.0					1.2	0.9		
28												
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 177 No of People at End of Month 620
Design Flow 300 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / Brian E. Heath C-5825
I certify this report is correct (Original signed by Brian E. Heath C-5825)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1441.5	91.75		200.4					34.9	25.2	4	
Average:	45.0	2.87		7.4					1.3	0.9		
Maximum:	62.1	4.5		10.8					1.5	1.0		
Minimum:	29.2	2.0		5.4					1.0	0.7		
1	99.2	8.0		9.7					1.2	0.9		
2	44.5	4.0		10.8					1.2	0.9		
3	53.0	4.0		9.0					1.2	1.0		
4	37.0	2.0		6.5					1.2	0.9		
5	37.2	2.0		6.4					1.2	1.0		
6	51.0	4.0		9.4					1.2	1.0		
7												
8	90.6	6.8		8.9					1.2	0.9		
9	50.0	3.0		7.2					1.2	1.0		
10	47.0	3.0		7.7					1.2	0.9	4	
11	52.1	3.0		6.9					1.2	1.0		
12	62.1	4.0		7.7					1.2	0.9		
13	35.0	2.0		6.9					1.2	1.0		
14												
15	116.1	9.0		9.3					1.2	0.9		
16	33.8	2.0		7.1					1.5	1.0		
17	29.2	2.0		8.2					1.5	1.0		
18	35.0	2.0		6.9					1.2	0.9		
19	42.0	3.0		8.5					1.0	0.7		
20	31.0	2.0		7.7					1.2	0.8		
21												
22	100.3	6.0		7.2					1.2	0.9		
23	44.4	2.0		5.4					1.2	0.9		
24	42.0	2.0		5.7					1.5	1.0		
25	40.0	2.0		6.0					1.5	0.9		
26	41.0	2.0		5.8					1.5	0.9		
27	44.0	2.0		5.5					1.5	1.0		
28												
29	82.0	4.0		5.8					1.5	0.9		
30	54.0	3.0		6.7					1.5	1.0		
31	48.0	3.0		7.5					1.5	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location: City or S/D Fruitland Park
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 165 No of People at End of Month 578
Design Flow 300 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / Brian E. Heath C-5825
I certify this report is correct (Original signed by Brian E. Heath C-5825)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1935.0	114.0		181.2					31.8	24.1	4	
Average:	64.5	3.8		7.0					1.2	0.9		
Maximum:	104.0	7.0		8.6					1.5	1.0		
Minimum:	38.2	2.0		5.3					1.2	0.8		
1	40.0	2.0		6.0					1.2	0.8		
2	51.0	3.0		7.1					1.2	0.9		
3												
4	113.0	5.0		5.3					1.2	1.0		
5	38.2	2.0		6.3					1.2	0.9		
6	48.0	3.0		7.5					1.2	0.9		
7	56.3	3.0		6.4					1.2	1.0	4	
8	47.5	3.0		7.6					1.2	0.8		
9	55.0	3.0		6.5					1.2	0.9		
10	39.0	2.0		6.1					1.2	0.8		
11												
12	135.2	8.0		7.1					1.2	0.9		
13	83.0	4.0		5.8					1.2	0.9		
14	62.2	4.0		7.7					1.2	1.0		
15	75.0	5.0		8.0					1.2	1.0		
16	49.0	3.0		7.3					1.2	0.9		
17	56.0	3.0		6.4					1.2	0.9		
18												
19	104.0	7.0		8.1					1.2	1.0		
20	72.0	4.0		6.7					1.2	0.9		flushing
21	54.3	3.0		6.6					1.2	1.0		
22	63.0	4.0		7.6					1.2	0.9		
23	57.0	3.0		6.3					1.2	0.9		
24												
25	194.0	12.0		7.4					1.2	1.0		
26	70.3	4.0		6.8					1.2	1.0		
27	104.0	7.0		8.1					1.2	0.9		
28	77.0	4.0		6.2					1.2	0.9		
29	98.0	7.0		8.6					1.5	1.0		
30	93.0	6.0		7.7					1.5	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 177 No of People at End of Month 620
Design Flow 300 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Lance D. Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Brian E. Heath C-5825)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2951.5	171.0		178.1					33.1	23.9	4	
Average	95.2	5.5		6.9					1.3	0.9		
Maximum	146.0	11.0		9.5					1.5	1.0		
Minimum	46.0	2.0		4.8					0.9	0.6		
1												
2	211.0	10.0		5.7					1.0	0.6		
3	126.0	5.0		4.8					1.2	0.8		
4	55.6	4.0		8.6					1.2	1.0		
5	53.0	3.0		6.8					1.2	0.9		
6	53.0	3.0		6.8					1.2	0.9		
7	85.0	5.0		7.1					1.2	1.0		
8												
9	160.0	8.0		6.0					1.2	0.9		
10	83.3	5.0		7.2					1.2	0.9	4	
11	107.0	6.0		6.7					1.2	0.8		
12	109.0	6.0		6.6					1.2	0.9		
13	98.0	5.0		6.1					1.2	1.0		
14	78.0	4.0		6.1					1.2	0.9		
15												
16	188.0	11.0		7.0					1.2	0.8		
17	146.0	8.0		6.6					1.5	1.0		
18	113.0	7.0		7.4					1.5	1.0		
19	113.6	7.0		7.4					1.5	1.0		
20	102.0	6.0		7.1					1.5	1.0		
21	114.0	7.0		7.3					1.5	1.0		
22	105.0	6.0		6.9					1.5	1.0		
23												
24	287.0	22.0		9.2					1.5	0.9		
25	101.0	8.0		9.5					1.5	1.0		
26	108.0	7.0		7.8					0.9	0.8		
27	98.0	5.0		6.1					1.2	1.0		
28	115.0	6.0		6.3					1.2	0.9		
29	50.0	2.0		4.8					1.2	0.9		
30												
31	92.0	5.0		6.2					1.2	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 177 No of People at End of Month 620

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. Shreffler C-6537 / Dennis W. Moro C-6497

I certify this report is correct (Original signed by Brian E. Heath C-5825)

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

Days of Month	Total Water Treated in in Gallons	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	2118.3	137.0		200.0					36.7	26.7	8	
Average	70.6	4.6		7.7					1.4	1.0		
Maximum	108.1	7.0		9.6					1.5	1.2		
Minimum	40.0	2.0		5.1					1.0	0.8		
1	83.0	5.0		7.2					1.2	1.0		
2	75.0	5.0		8.0					1.5	1.2		
3	75.3	5.0		8.0					1.5	1.0		
4	79.0	5.0		7.6					1.5	0.9		
5	100.0	6.0		7.2					1.5	1.0		
6												
7	191.0	11.0		6.9					1.5	1.2		
8	101.2	6.0		7.1					1.2	1.0		
9	108.1	7.0		7.8					1.5	1.2	4	
10	104.0	7.0		8.1					1.5	1.0		
11	108.0	7.0		7.8					1.5	1.0		
12	49.0	3.0		7.3					1.5	1.0		
13												
14	129.1	9.0		8.4					1.5	1.0		
15	48.0	3.0		7.5					1.5	1.2		
16	53.0	4.0		9.0					1.5	1.2		
17	42.0	3.0		8.6					1.5	1.2		
18	49.0	3.0		7.3					1.5	1.0		
19	78.0	5.0		7.7					1.5	1.0		
20												
21	117.2	9.0		9.2					1.5	1.2		
22	68.0	5.0		8.8					1.2	1.0		
23	75.0	6.0		9.6					1.5	1.0		
24	89.4	6.0		8.0					1.5	1.0		6" main repair
25	67.0	5.0		8.9					1.5	1.0		flushing, etc.
26												
27	100.0	6.0		7.2					1.2	0.8		
28	42.0	2.0		5.7					1.0	0.8	2	
29	40.0	2.0		6.0					1.2	0.9	2	
30	47.0	2.0		5.1					1.2	0.9		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location: City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 187 No of People at End of Month 654.5

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D Shreffler C-6587 / Dennis W. Moro C-6497

I certify this report is correct (Original signed by Brian Heath) C-5825

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

Days of Month	Total Water Treated in in Gallons	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	1719.6	102.0		190.2					32.4	25.0	4	
Average	55.5	3.3		7.0					1.2	0.9		
Maximum	89.0	6.0		9.0					1.2	1.0		
Minimum	35.0	1.0		3.1					1.2	0.8		
1	50.0	2.0		4.8					1.2	0.8		
2	35.0	1.0		3.4					1.2	0.9		
3	58.0	4.0		8.3					1.2	0.9		
4												
5												
6	187.0	11.0		7.1					1.2	1.0		
7	64.2	4.0		7.5					1.2	0.9	4	Line flushing
8	54.0	4.0		8.9					1.2	1.0		Line flushing
9	53.0	4.0		9.0					1.2	0.9		
10	89.0	6.0		8.1					1.2	0.9		
11	38.0	1.0		3.1					1.2	1.0		
12	72.0	4.0		6.7					1.2	1.0		
13	60.2	3.0		6.0					1.2	1.0		
14	53.0	3.0		6.8					1.2	1.0		
15	48.0	3.0		7.5					1.2	0.9		
16	43.0	3.0		8.4					1.2	0.9		
17												
18	124.0	7.0		6.8					1.2	1.0		
19	59.0	3.0		6.1					1.2	0.9		
20	72.0	5.0		8.3					1.2	0.9		
21	38.0	2.0		6.3					1.2	1.0		
22	44.0	3.0		8.2					1.2	0.9		
23	46.0	3.0		7.8					1.2	0.9		
24	44.0	3.0		8.2					1.2	0.8		
25												
26	105.0	6.0		6.9					1.2	0.9		
27	63.2	4.0		7.6					1.2	1.0		
28	56.0	3.0		6.4					1.2	0.9		
29	56.0	3.0		6.4					1.2	0.9		
30	45.0	3.0		8.0					1.2	0.9		
31	63.0	4.0		7.6					1.2	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 177 No of People at End of Month 620

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. shreffler C-6587 / Dennis W. Moro C-6497

I certify this report is correct (Original signed by Brian E. Heath C-5825)

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

Days of Month	Total Water Treated in in Gallons	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	2173.4	121.0		169.2					31.1	23.4	4	
Average:	70.1	3.9		6.5					1.2	0.9		
Maximum:	185.0	6.0		9.3					1.5	1.0		
Minimum:	36.0	2.0		5.0					1.0	0.8		
1												
2	147.0	9.0		7.3					1.2	0.9		
3	94.1	6.0		7.6					1.0	0.8		
4	72.0	4.0		6.7					1.2	0.9	4	
5	98.3	6.0		7.3					1.2	0.9		Rebuilt Cl2 inj. #2
6												
7	161.0	12.0		8.9					1.0	0.8		
8	182.0	9.0		5.9					1.2	1.0		
9	84.0	4.0		5.7					1.2	0.9		
10	76.0	4.0		6.3					1.2	1.0		
11	87.0	5.0		6.9					1.2	0.9		
12	104.0	6.0		6.9					1.2	0.8		Flushing
13	71.0	3.0		5.1					1.2	0.9		
14	106.0	5.0		5.7					1.2	0.9		
15												
16	127.0	8.0		7.6					1.2	0.8		
17	51.8	4.0		9.3					1.5	1.0		
18	44.0	2.0		5.5					1.2	0.9		
19	75.0	4.0		6.4					1.2	0.9		Flushing
20	44.0	2.0		5.5					1.2	0.9		
21	56.0	3.0		6.4					1.2	0.9		
22												
23	162.0	8.0		5.0					1.2	0.9		
24	39.0	2.0		6.1					1.2	1.0		
25	36.0	2.0		6.7					1.2	0.9		
26	53.0	3.0		6.8					1.2	1.0		
27	40.0	2.0		6.0					1.2	0.9		
28												
29	78.0	4.0		6.1					1.2	0.9		
30	47.2	2.0		5.1					1.2	0.8		
31	38.0	2.0		6.3					1.2	0.9		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 189 No of People at End of Month 661.5

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance D. Shreffler C-6587 / Dennis W. Moro C-8497 / Brian E. Heath C-5825

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 Gallons	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	1,524,600	90.0		189.0					29.1	22.2	4	
Average:	50,820	3.0		6.3					1.1	0.9		
Maximum:	73,000	5.5		9.6					1.2	1.0		
Minimum:	23,000	1.0		4.1					0.9	0.7		
1	23,000	1.0		5.2					1.0	0.8		
2	61,000	3.0		5.9					1.2	0.9		
3	45,000	3.0		8.0					1.2	0.9		
4	49,000	3.0		7.3					1.2	0.9		
5												
6	137,300	11.0		9.6					1.0	0.8		
7	25,300	3.0		14.2					1.2	0.9		
8	28,400	2.0		8.4					1.0	0.8		
9	26,400	2.0		9.1					1.0	0.8		
10	26,700	2.0		9.0					1.0	0.8		
11												
12	84,200	6.0		8.5					1.0	0.7		
13	64,100	3.0		5.6					1.2	0.9	4	Compliance
14	59,200	3.0		6.1					1.2	0.9		
15	44,000	2.0		5.5					0.9	0.7		
16	59,000	4.0		8.1					1.2	0.8		
17	52,000	3.0		6.9					1.2	0.9		
18												
19	132,000	5.0		4.5					1.2	1.0		
20	60,000	4.0		8.0					1.2	1.0		
21	45,000	3.0		8.0					1.2	0.9		
22	38,000	2.0		6.3					1.0	0.8		
23	50,000	3.0		7.2					1.2	0.9		
24	60,000	4.0		8.0					1.2	0.8		
25	73,000	5.0		8.2					1.2	0.9		
26												
27	112,000	6.0		6.4					1.0	0.7		
28	54,000	2.0		4.4					1.2	0.9		
29	59,000	2.0		4.1					1.2	1.0		
30	57,000	3.0		6.3					1.0	0.8		
31												

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.

DER Form 17.555910(2)

Effective 11/1/1988

2069

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location: City or SID Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 177 No of People at End of Month 618.5

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Lance Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497

I certify this report is correct Ernest S. Couch B 2403

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

Days of Month	Total Water Treated in Gallons	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	1,593,800	92.0		171.3					29.3	20.5	4	
Average:	51,413	3.0		5.5					1.2	0.9		
Maximum:	86,000	5.0		8.8					1.5	1.0		
Minimum:	20,000	1.0		4.2					0.9	0.6		
1	62,000	4.0		7.7					1.2	0.8		Exercise well #2
2	69,000	5.0		8.7					1.2	0.9		
3												
4	142,200	9.0		7.6					1.5	1.0		
5	70,000	4.0		6.9					1.2	0.9		
6	57,000	4.0		8.4					1.0	0.8		
7	43,000	3.0		8.4					1.2	0.9		
8	43,000	3.0		8.4					1.2	0.9		
9												
10	99,000	5.0		6.1					1.2	0.9		
11	41,200	2.0		5.8					1.2	1.0	4	Compliance samples
12	46,000	3.0		7.8					1.2	0.9		
13	48,000	3.0		7.5					0.9	0.6		New CL2 / flushed
14	48,000	2.0		5.0					1.0	0.7		Line flushing
15	47,000	3.0		7.7					1.0	0.7		
16												
17	82,000	6.0		8.8					1.0	0.8		
18	47,000	2.0		5.1					1.5	1.0		
19												
20	94,300	5.0		6.4					1.2	0.8		Exercise well #2
21	86,000	3.0		4.2					1.2	0.9		Removed old fence
22	20,000	1.0		6.0					1.2	0.8		
23	51,000	2.0		4.7					1.2			
24												
25	107,100	7.0		7.8					1.2	0.9		
26	45,000	3.0		8.0					1.2	0.8		
27	49,000	3.0		7.3					1.2	0.9		
28	48,000	2.0		5.0					1.0	0.8		
29	47,000	2.0		5.1					1.2	0.9		
30												
31	102,000	6.0		7.1					1.2	0.9		

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

DER Form 17-555910(2)
Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location: City or S/D Fruitland Park

Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 177 No of People at End of Month 619.5

Design Flow 300 GPM Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Brian E. Heath C-5825 / Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / William Fontaine C-6813

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 in Gallons	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	1,418,300	79.0		165.8					29.6	21.0	4	
Average	47,277	2.6		5.5					1.2	0.9		
Maximum:	65,300	4.0		9.3					1.5	1.2		
Minimum:	29,100	1.0		4.0					1.0	0.8		
1	48,200	2.0		5.0					1.0	0.8		Exercise well 2
2	37,600	2.0		6.4					1.2	0.9		
3	39,400	3.0		9.1					1.2	0.9		
4	38,500	1.0		3.1					1.0	0.8		Line flushing
5	51,500	3.0		7.0					1.2	0.9		
6	38,000	2.0		6.3					1.2	0.9		
7												
8	114,000	5.0		5.3					1.2	1.0		Ran air well 1
9	42,900	3.0		8.4					1.2	1.0	4	
10	36,400	2.0		6.6					1.2	0.9		Ran air
11	29,100	2.0		8.2					1.0	0.8		
12	30,300	2.0		7.9					1.0	0.8		Ran air both plants
13												
14	98,400	6.0		7.3					1.0	0.8		Ran Emerg Gen
15	49,000	2.0		4.9					1.2	0.9		Ran air both plants
16	65,300	3.0		5.5					1.2	0.9		
17	50,000	3.0		7.2					1.2	0.9		
18	56,000	3.0		6.4					1.2	1.0		Exercise generator
19	50,200	3.0		7.2					1.2	0.9		Exercise well 2
20	49,000	3.0		7.3					1.2			
21												
22	93,100	5.0		6.4					1.5	1.0		
23	55,000	3.0		6.5					1.5	1.2		
24	51,000	3.0		7.1					1.2	1.0		Ran emerg gen
25												
26	108,000	6.0		6.7					1.2	0.8		
27	30,000	1.0		4.0					1.2			
28												
29	104,200	8.0		9.2					1.2	0.9		
30	53,200	3.0		6.8					1.2	1.0		
31												

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.

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351021 PWS Name Piney Woods Location:City or S/D Fruitland Park
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 183 No of People at End of Month 640.5
Design Flow 300 GPM Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
BRIAN HEATH #C-5825/LANCE D. SHREFFLER #C-6587/DENNIS MORO #C-6497/WILLIAM FONTAINE #C-6513
I certify this report is correct Reynold B. Conklin B 2483
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,569,500	97.0		198.7					34.2	21.0	4	
Average:	50,629	3.1		6.4					1.3	0.9		
Maximum:	76,000	5.0		10.9					1.5	1.0		
Minimum:	27,000	2.0		4.8					1.2	0.8		
1	31,500	2.0		7.6					1.2	0.9		RAN AIR W-T
2	36,800	2.0		6.5					1.2	0.9		
3	47,100	3.0		7.6					1.2	1.0		
4												
5	121,000	9.0		8.9					1.2			
6	64,200	3.0		5.6					1.2	1.0		TEST START GEN
7	53,100	3.0		6.8					1.2	0.9	4	COMPLIANCE SAMPL
8	51,000	4.0		9.4					1.2	0.9		
9	65,000	3.0		5.5					1.2	1.0		
10	65,900	3.0		5.5					1.2	0.9		
11												
12	91,000	7.0		9.2					1.2	0.9		
13	50,000	2.0		4.8					1.3	0.9		
14	54,000	2.0		4.4					1.2	0.8		
15	46,000	3.0		7.8					1.2	0.8		
16	57,000	3.0		6.3					1.2	0.8		
17	50,000	3.0		7.2					1.5	1.0		
18												
19	152,000	10.0		7.9					1.5	1.0		
20	46,000	4.0		10.4					1.2	0.9		1 HR RUN-EMER GEN
21	49,400	4.0		9.7					1.5	1.0		NEW CL2 SCALE #2
22	44,000	4.0		10.9					1.2	1.0		
23	27,000	2.0		8.9					1.2	0.9		
24	56,000	3.0		6.4					1.2	0.8		
25												
26	82,000	5.0		7.3					1.4			
27	49,000	3.0		7.3					1.2			
28	50,000	3.0		7.2					1.2	0.8		
29	45,200	2.0		5.3					1.2	0.9		
30	51,300	3.0		7.0					1.5	1.0		EMER GEN RAN
31	34,000	2.0		7.1					1.5			

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

DER Form 17-555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month January 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 350 No of People at End of Month 1225

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta 4812

I certify this report is correct [signature] (Lead Operator's Signature) A (Cert. Level) 4312 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,950,000	51		69.77					31.6	9	4	
Average	62,903	2		2.25					1.5	0.4		
Maximum	101,000	3							1.6	0.5		
Minimum	44,000	1							1.4	0.4		
1												
2												
3	175,000	3		2.1					1.2	0.4		
4	63,000	2		3.8					1.4	0.4	4	A
5	72,000	3		5.0					1.4	0.4		
6	61,000	2		3.9					1.4	0.4		
7	60,000	1		2.0					1.4	0.4		
8												
9												
10	179,000	5		3.3					1.4	0.4		
11	61,000	1		2.0					1.4	0.4		
12	53,000	2		4.5					1.4	0.4		
13	59,000	1		2.0					1.6	0.4		
14	55,000	1		2.2					1.6	0.4		
15												
16												
17	188,000	5		3.2					1.6	0.4		
18	59,000	2		4.1					1.6	0.4		
19	50,000	2		4.8					1.6	0.4		
20	96,000	1		1.2					1.6	0.4		
21	44,000	3		8.2					1.6	0.4		
22												
23												
24	218,000	5		2.8					1.6	0.5		
25	72,000	1		1.7					1.6	0.5		
26	101,000	3		3.6					1.6	0.5		
27	72,000	2		3.3					1.5	0.5		
28	48,000	1		2.5					1.5	0.5		
29												
30												
31	164,000	5		3.7					1.6	0.5		

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

DER Form 17-555(10)(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month February 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 350 No of People at End of Month 1225

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta 4612

I certify this report is correct Robert Bogosta A 4312

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

Days of Month	Total Water Treated in Gallons	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	1,825,000	46		62.72					29	8.4	4	
Average	65,179	2		2.24					1.5	0.4		
Maximum	93,000	5							1.8	0.5		
Minimum	51,000	1							1.4	0.4		
1	50,000	2		4.8					1.4	0.4	4	A
2	50,000	1		2.4					1.4	0.4		
3	58,000	1		2.1					1.4	0.4		
4	83,000	2		2.9					1.8	0.4		
5												
6												
7	190,000	5		3.2					1.4	0.4		
8	62,000	2		3.9					1.4	0.4		
9	61,000	2		3.9					1.4	0.4		
10	89,000	2		2.7					1.2	0.4		
11	54,000	2		4.4					1.4	0.4		
12												
13												
14	167,000	8		4.3					1.4	0.4		
15	93,000	5		6.4					1.4	0.4		
16	83,000	2		2.9					1.4	0.4		
17	63,000	1		1.9					1.6	0.4		
18	51,000	1		2.4					1.4	0.4		
19												
20												
21	206,000	1		0.6					1.4	0.4		
22	68,000	2		3.5					1.8	0.5		
23	64,000	1		1.9					1.6	0.5		
24	71,000	1		1.7					1.8	0.5		
25	62,000	2		3.9					1.6	0.5		
26												
27												
28	202,000	5		3.0					1.4	0.4		
29												
30												
31												

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

DER Form 17-555810(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-488-2452 Reporting Month March 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 350 No of People at End of Month 1225

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta 4312

I certify this report is correct Robert Bogosta A 4312

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

Days of Month	Total Water Treated in In Gallons	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	2,494,000	65		83.33					34.3	10.3	4	
Average	80 452	2		2.69					1.5	0.4		
Maximum	120,000	6		13.1					1.6	0.5		
Minimum	55,000	1		1.5					1.4	0.4		
1	55,000	6		13.1					1.4	0.4		
2	65,000	2		3.7					1.6	0.4	4	A
3	120,000	3		3.0					1.6	0.4		
4	82,000	2		3.9					1.6	0.4		
5												
6												
7	244,000	6		2.9					1.4	0.4		
8	89,000	2		2.7					1.0	0.4		
9	72,000	2		3.3					1.4	0.4		
10	82,000	2		2.9					1.4	0.4		
11	58,000	1		2.1					1.4	0.4		
12												
13												
14	256,000	4		1.9					1.6	0.5		
15	83,000	3		4.3					1.6	0.5		
16	75,000	1		1.6					1.6	0.5		
17	67,000	3		5.4					1.6	0.5		
18	88,000	2		3.5					1.6	0.5		
19												
20												
21	279,000	5		2.1					1.6	0.5		
22	78,000	1		1.5					1.6	0.5		
23	89,000	3		4.0					1.6	0.5		
24	72,000	4		6.7					1.5	0.5		
25	88,000	2		3.6					1.5	0.5		
26												
27												
28	276,000	5		2.2					1.4	0.4		
29	86,000	2		2.8					1.4	0.4		
30	86,000	3		4.2					1.5	0.5		
31	64,000	1		1.9					1.4	0.4		

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

DER Form 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month April 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 350 No of People at End of Month 1225

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta 4312

I certify this report is correct (Lead Operator's Signature) A (Cert. Level) 4312 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,714,000	81		79.66					30.9	8.9	4	
Average	90,467	3		2.66					1.5	0.4		
Maximum	132,000	4		6.20					1.6	0.5		
Minimum	70,000	2		2.10					1.4	0.4		
1	77,000	4		6.2					1.4	0.4		
2												
3												
4	273,000	6		2.6					1.4	0.4		
5	70,000	2		3.4					1.4	0.4		
6	80,000	2		3.0					1.4	0.4	4	A
7	107,000	2		2.2					1.4	0.4		
8	55,000	2		4.4					1.4	0.4		
9												
10												
11	309,000	8		3.1					1.4	0.4		
12	96,000	2		2.5					1.4	0.4		
13	104,000	2		2.3					1.4	0.4		
14	126,000	3		2.9					1.4	0.4		
15	82,000	4		5.8					1.4	0.4		
16												
17												
18	313,000	7		2.7					1.5	0.5		
19	132,000	4		3.6					1.6	0.5		
20	98,000	4		4.9					1.6	0.5		
21	116,000	2		2.1					1.4	0.5		
22	60,000	3		6.0					1.4	0.5		
23												
24												
25	224,000	12		6.4					1.6	0.4		
26	120,000	3		3.0					1.6	0.4		
27	77,000	4		6.2					1.6	0.4		
28	92,000	3		3.9					1.6	0.4		
29	103,000	2		2.3					1.6	0.4		
30												
31												

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

DER Form 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location: City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month May 1994

Plant Effluent pH (Avg) 6.86 No of Services at End of Month 350 No of People at End of Month 1225

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta 4612

I certify this report is correct Robert Bogosta A 4312

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

Days of Month	Total Water Treated in in Gallons	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	2,839,000	78		74.11					28.6	10.9	4	
Average	91,581	3		2.39					1.3	0.5		
Maximum	123,000	7		8.10					1.4	0.6		
Minimum:	46,000	1		1.30					1.2	0.4		
1												
2	299,000	9		3.6					1.4	0.4		
3	93,000	2		2.6					1.2	0.4		
4	123,000	4		3.9					1.4	0.4	4	A
5	103,000	7		8.1					1.4	0.4		
6	86,000	4		5.6					1.4	0.4		
7												
8												
9	278,000	7		3.0					1.4	0.4		
10	102,000	2		2.4					1.2	0.6		
11	114,000	3		3.2					1.2	0.5		
12	79,000	2		3.0					1.2	0.5		
13	81,000	1		1.5					1.2	0.5		
14												
15												
16	327,000	8		2.9					1.2	0.5		
17	75,000	2		3.2					1.4	0.6		
18	46,000	1		2.6					1.2	0.5		
19	90,000	1		1.3					1.2	0.5		
20	52,000	2		4.6					1.2	0.5		
21												
22												
23	228,000	6		3.2					1.4	0.6		
24	89,000	2		2.7					1.4	0.6		
25	87,000	2		2.8					1.4	0.6		
26	80,000	3		4.5					1.4	0.6		
27	73,000	2		3.3					1.4	0.6		
28												
29												
30	235,000	5		2.6					1.2	0.4		
31	99,000	3		3.6					1.2	0.4		

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.

DER Form 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness
Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month June 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 350 No of People at End of Month 1,225
Design Flow .500 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Robert Begosta 4612
I certify the report is correct [signature] A 4312
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,596,000	42		76.37					25.2	8.8	4	
Average	53,200	1		2.55					1.1	0.4		
Maximum:	67,000	2		5.7					1.4	0.4		
Minimum	39,000	1		1.8					1.0	0.4		
1	56,000	2		4.3					1.4	0.4		
2	52,000	2		4.6					1.4	0.4		
3	56,000	2		4.3					1.2	0.4		
4												
5												
6	166,000	3		2.2					1.0	0.4		
7	51,000	1		2.0					1.0	0.4		
8	42,000	2		5.7					1.0	0.4	3	A
9	46,000	2		5.2					1.0	0.4		
10	49,000	2		4.9					1.0	0.4		
11									1.0			
12												
13	146,000	4		3.3					1.0	0.4		
14	63,000	2		3.8					1.0	0.4		
15	58,000	1		2.1					1.0	0.4		
16	42,000	1		2.9					1.2	0.4		
17	47,000	1		2.6					1.2	0.4		
18												
19												
20	149,000	3		2.4					1.0	0.4		
21	59,000	2		4.1					1.0	0.4		
22	49,000	1		2.4					1.0	0.4		
23	39,000	1		3.1					1.0	0.4		
24	67,000	2		3.6					1.0	0.4		
25												
26												
27	180,000	3		2.0					1.2	0.4		
28	65,000	1		1.8					1.2	0.4		
29	55,000	2		4.4					1.2	0.4	1	A
30	49,000	2		4.9					1.2	0.4		
31												

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

DER Form 17-555910:1
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month July 1994

Plant Effluent pH (Avg) 5.975 No of Services at End of Month 350 No of People at End of Month 1,225

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta 4612

I certify the report is correct (Lead Operator's Signature) A (Cert. Level) 4312 (Cert. No)

Days of Month	Total Water Treated in Gallons	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	1,621,000	43		66.93					24.9	8.6	4	
Average	52,290	1		2.16					1.2	0.4		
Maximum	79,000	2.25		4.7					1.4	0.5		
Minimum	36,000	1		1.9					1.0	0.4		
1	49,000	1		2.4					1.3	0.5		
2												
3												
4	155,000	3		2.3					1.0	0.4		
5	63,000	1		1.9					1.0	0.4		
6	67,000	2		3.6					1.0	0.4		
7	36,000	1		3.3					1.0	0.4		
8	56,000	1		2.1					1.2	0.4		
9												
10												
11	161,000	3		2.2					1.0	0.4	4	A
12	72,000	2		3.3					1.2	0.4		
13	57,000	2		4.2					1.2	0.4		
14	47,000	1		2.6					1.4	0.5		
15	57,000	2		4.2					1.2	0.4		
16												
17												
18	198,000	7		4.2					1.2	0.4		
19	53,000	2		4.5					1.2	0.4		
20	79,000	3		4.6					1.2	0.4		
21	76,000	2		3.2					1.2	0.4		
22	46,000	1		2.6					1.2	0.4		
23												
24												
25	160,000	4		3.0					1.2	0.4		
26	47,000	1		2.6					1.4	0.4		
27	51,000	2		4.7					1.4	0.4		
28	40,000	1		3.0					1.2	0.4		
29	51,000	1		2.4					1.2	0.4		
30												
31												

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

DER Form 17-555(10.2)

Effective 11/1/1951

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone No. 904-489-2452 Reporting Month August 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 350 No of People at End of Month 1,225

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta A-4312 / John MacKenzie B-5380

I certify this report is correct Robert Bogosta (Lead Operator's Signature) A (Cert. Level) 4312 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,765,000	50		80.0					25.2	9.2	4	
Average	56,935			2.6					1.1	0.4		
Maximum	66,000								1.2	0.4		
Minimum	45,000								1.0	0.4		
1	148,000	4		3.2					1.2	0.4		
2	55,000	2		4.4					1.2	0.4		
3	58,000	1		2.1					1.0	0.4	4	A
4	58,000	2		4.1					1.0	0.4		
5	53,000	1		2.3					1.0	0.4		
6												
7												
8	165,000	5		3.6					1.0	0.4		
9	48,000	1		2.5					1.0	0.4		
10	55,000	1		2.2					1.0	0.4		
11	53,000	1		2.3					1.0	0.4		
12	57,000	2		4.2					1.0	0.4		
13												
14												
15	160,000	4		3.0					1.2	0.4		
16	47,000	3		7.7					1.2	0.4		
17	56,000	1		2.1					1.0	0.4		
18	45,000	2		5.3					1.2	0.4		
19	50,000	1		2.4					1.2	0.4		
20												
21												
22	157,000	4		3.1					1.2	0.4		
23	53,000	1		2.3					1.2	0.4		
24	56,000	2		4.3					1.2	0.4		
25	46,000	2		5.2					1.2	0.4		
26	47,000	1		2.6					1.2	0.4		
27												
28												
29	172,000	5		3.5					1.0	0.4		
30	66,000	1		1.8					1.0	0.4		
31	60,000	3		6.0					1.0	0.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 10 days after the month of record

DER Form 17-555810(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month September 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 350 No of People at End of Month 1,225

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta A-4312 / John MacKenzie B-5380

I certify this report is correct (Lead Operator's Signature) A (Cert. Level) 4312 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,810,000	47		68.6					25.2	8.8	4	
Average	60,333			2.3					1.1	0.4		
Maximum	87,000								1.8	0.4		
Minimum	37,000								1.0	0.4		
1	63,000	1		1.9					1.0	0.4		
2	69,000	2		3.5					1.2	0.4		
3												
4												
5	168,000	4		2.9					1.2	0.4		
6	87,000	2		2.8					1.2	0.4		
7	71,000	3		5.1					1.0	0.4		
8	56,000	2		4.3					1.0	0.4	4	A
9	59,000	2		4.1					1.2	0.4		
10												
11												
12	202,000	4		2.4					1.4	0.4		
13	80,000	2		3.0					1.2	0.4		
14	59,000	1		2.0					1.2	0.4		
15	50,000	1		2.4					1.2	0.4		
16	71,000	1		1.7					1.2	0.4		
17												
18												
19	165,000	3		2.2					1.2	0.4		
20	54,000	1		2.2					1.0	0.4		
21	53,000	2		4.5					1.0	0.4		
22	65,000	2		3.7					1.0	0.4		
23	50,000	2		4.8					1.2	0.4		
24												
25												
26	179,000	8		5.4					1.8	0.4		
27	42,000	1		2.9					1.0	0.4		
28	76,000	1		1.6					1.0	0.4		
29	37,000	1		3.2					1.0	0.4		
30	54,000	1		2.2					1.0	0.4		
31												

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

DER Form 17-555(10)(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month October 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 350 No of People at End of Month 1,225

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta A-4312 / John MacKenzie B-5380

I certify this report is correct Robert Bogosta (Lead Operator's Signature) A (Cert. Level) 4312 (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,936,000	51		69.8					23.2	8.1	4	
Average	62,452			2.3					1.1	0.4		
Maximum	74,000	3							1.4	0.5		
Minimum	46,000	1							1.0	0.4		
1												
2												
3	170,000	4		2.8					1.2	0.4		
4	58,000	2		4.1					1.2	0.4		
5	50,000	1		2.4					1.0	0.4		
6	59,000	2		4.1					1.0	0.4		
7	60,000	1		2.0					1.0	0.4		
8												
9												
10	199,000	5		3.0					1.0	0.4		
11	46,000	2		5.2					1.2	0.4		
12	49,000	1		2.4					1.2	0.4	4	A
13	64,000	1		1.9					1.0	0.4		
14	47,000	2		5.1					1.0	0.4		
15												
16												
17	186,000	4		2.6					1.0	0.4		
18	62,000	2		3.9					1.2	0.4		
19	73,000	2		3.3					1.0	0.4		
20	61,000	2		3.9					1.4	0.4		
21	60,000	2		4.0					1.2	0.4		
22												
23												
24	223,000	6		3.2					1.2	0.5		
25	72,000	2		3.3					1.2	0.4		
26	69,000	1		1.7					1.0	0.4		
27	62,000	1		1.9					1.0	0.4		
28	61,000	3		5.9					1.0	0.4		
29												
30												
31	205,000	5		2.9					1.2			

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

DER Form 17 5559(10:2

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 4091422 PWS Name Point O' Woods Location: City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month November 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 350 No of People at End of Month 1,225

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta A-4312\John MacKenzie B-5380\Robert Zimmer C-8002

I certify this report is correct Robert A Bogosta A 4312

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

Days of Month	Total Water Treated in Gallons	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	2,153,000	65		97.4					27.6	10	4	
Average	71,767			3.2					1.1	0.4		
Maximum	100,000	4		10.9					1.2	0.4		
Minimum	41,000	1		1.5					1.0	0.4		
1	56,000	3		6.4					1.2	0.4		
2	71,000	1		1.7					1.0	0.4		
3	62,000	2		3.9					1.0	0.4		
4	67,000	2		3.6					1.2	0.4		
5												
6												
7	271,000	7		3.1					1.2	0.4		
8	66,000	1		1.8					1.2	0.4		
9	100,000	5		6.0					1.2	0.4	4	A
10	65,000	2		3.7					1.2	0.4		
11	56,000	2		4.3					1.2	0.4		
12	78,000	3		4.6					1.2	0.4		
13												
14	123,000	2		1.9					1.0	0.4		
15	77,000	4		6.2					1.0	0.4		
16	76,000	1		1.6					1.0	0.4		
17	44,000	4		10.9					1.0	0.4		
18	69,000	3		5.2					1.0	0.4		
19	71,000	2		3.4					1.0	0.4		
20												
21	144,000	5		4.2					1.0	0.4		
22	63,000	2		3.8					1.2	0.4		
23	81,000	1		1.5					1.2	0.4		
24	70,000	2		3.4					1.2	0.4		
25	67,000	2		3.6					1.2	0.4		
26	78,000	2		3.1					1.2	0.4		
27												
28	148,000	2		1.6					1.0	0.4		
29	86,000	3		4.2					1.0	0.4		
30	62,000	2		3.9					1.0	0.4		
31												

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

DER Form 17-555(10)(c)

Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month December 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 350 No of People at End of Month 1,225

Design Flow .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Begosta A-4312/John MacKenzie B-5380/Robert Zemmer C-8002

I certify this report is correct Roland Begosta A 4312

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

Days of Month	Total Water Treated in in Gallons	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	2,186,000	52		79.4					27.8	11	4	
Average	70,516			2.6					1.0	0.4		
Maximum	90,000	3		5.3					1.2	0.5		
Minimum	55,000	1		0.9					1.0	0.4		
1	65,000	2		3.7					1.0	0.4		
2	65,000	2		3.7					1.0	0.4		
3	80,000	2		3.0					1.0	0.4		
4												
5	140,000	4		3.4					1.0	0.4		
6	70,000	2		3.4					1.0	0.4		
7	82,000	2		2.9					1.0	0.4	4	A
8	59,000	2		4.1					1.0	0.4		
9	80,000	2		3.0					1.0	0.4		
10	67,000	1		1.8					1.0	0.4		
11												
12	156,000	4		3.1					1.0	0.4		
13	78,000	1		1.5					1.2	0.4		
14	68,000	3		5.3					1.2	0.5		
15	67,000	2		3.6					1.2	0.5		
16	70,000	1		1.7					1.0	0.4		
17	75,000	2		3.2					1.2	0.4		
18												
19	140,000	1		0.9					1.0	0.4		
20	54,000	2		4.4					1.0	0.4		
21	81,000	2		3.0					1.0	0.4		
22	59,000	2		4.1					1.0	0.4		
23	79,000	2		3.0					1.0	0.4		
24	64,000	1		1.9					1.0	0.4		
25												
26	118,000	3		3.0					1.0	0.4		
27	90,000	1		1.3					1.0	0.4		
28	69,000	2		3.5					1.0	0.4		
29	55,000	1		2.2					1.0	0.4		
30	74,000	2		3.2					1.0	0.4		
31	82,000	1		1.5					1.0	0.4		

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

DER Form 17-555810(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month January 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 300 No of People at End of Month

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta A4312

I certify this report is correct Original Signed by Robert Bogosta

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

Days of Month	Total Water Treated in In Gallons	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	1,774	52							37.4	11.6	4	
Average:	57	2							1.8	0.6		
Maximum:	98	2							1.8	0.6		
Minimum:	47	1							1.7	0.5		
1	64	2							1.8	0.6		
2												
3												
4	206	5							1.8	0.6	4	<1
5	66	2							1.7	0.5		
6	48	2							1.8	0.6		
7	60	2							1.8	0.6		
8	60	2							1.8	0.6		
9												
10												
11	163	5							1.7	0.5		
12	64	2							1.8	0.6		
13	47	1							1.7	0.5		
14	53	2							1.8	0.5		
15	59	1							1.8	0.5		
16												
17												
18	156	5							1.8	0.5		
19	70	2							1.8	0.5		
20	79	2							1.8	0.5		
21	48	2							1.8	0.5		
22	67	1							1.7	0.5		
23												
24												
25	187	6							1.8	0.6		
26	78	2							1.8	0.6		
27	98	2							1.8	0.6		
28	54	1							1.8	0.6		
29	47	3							1.8	0.6		
30												
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8084905 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month February 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 200 No of People at End of Month

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Mackenzie B5380 Robert Begosta A4312

I certify this report is correct Original signed by Robert Begosta

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

Days of Month	Total Water Treated in Gallons	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	1,694	48							33.6	10.4	4	
Average:	61	2							1.7	0.5		
Maximum:	93	2							1.8	0.6		
Minimum:	46	1							1.5	0.4		
1	182	6							1.8	0.6	4	
2	74	2							1.8	0.6		
3	93	2							1.8	0.6		
4	59	2							1.8	0.6		
5	75	2							1.8	0.6		
6												
7												
8	173	6							1.7	0.5		
9	56	2							1.8	0.6		
10	56	2							1.8	0.6		
11	57	2							1.8	0.6		
12	48	2							1.8	0.6		
13												
14												
15	168	4							1.6	0.5		
16	54	1							1.6	0.5		
17	65	1							1.6	0.5		
18	51	2							1.6	0.5		
19	57	2							1.6	0.5		
20												
21												
22	190	4							1.6	0.4		
23	78	2							1.5	0.4		
24	46	1							1.5	0.4		
25	59	2							1.8	0.4		
26	53	1							1.5	0.4		
27												
28												
29												
30												
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month March 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 900 No of People at End of Month

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Mackenzie BS380 Robert Bogosta A4312

I certify this report is correct Original signed by Robert Bogosta

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

Days of Month	Total Water Treated in in Gallons	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	2,057	58							32.5	9.7	4	
Average:	66	2							1.5	0.4		
Maximum:	102	3							1.4	0.5		
Minimum:	47	1							1.2	0.4		
1	166	4							1.4	0.4	4	<1
2	57	2							1.4	0.4		
3	60	2							1.4	0.4		
4	64	1							1.4	0.4		
5	49	2							1.4	0.4		
6												
7												
8	185	5							1.4	0.4		
9	86	2							1.4	0.4		
10	79	2							1.4	0.4		
11	68	2							1.4	0.4		
12	59	2							1.4	0.4		
13												
14												
15	203	8							1.4	0.4		
16	62	2							1.4	0.4		
17	53	2							1.4	0.4		
18	57	1							1.2	0.4		
19	61	1							1.4	0.5		
20												
21												
22	165	4							1.4	0.4		
23	102	3							1.4	0.4		
24	79	2							1.8	0.5		
25	56	1							1.5	0.5		
26	47	1							1.5	0.5		
27												
28												
29	176	6							1.5	0.5		
30	64	1							1.4	0.4		
31	59	2							1.4	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month April 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 300 No of People at End of Month

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

ROBERT BOGOSTA 4312 John Mackenzie B5380

I certify this report is correct Original signed by Robert Bogosta A 4312

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

Days of Month	Total Water Treated in Gallons	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	1,967	49							30.5	9.6		
Average:	66	2							1.4	0.4		
Maximum:	92	4							1.5	0.5		
Minimum:	44	1							1.0	0.4		
1	44	2							1.4	0.4		
2	61	2							1.4	0.4		
3												
4												
5	173	4							1.4	0.4		
6	58	2							1.4	0.4		
7	50	2							1.4	0.4		
8	54	1							1.3	0.4		
9	62	2							1.3	0.4		
10												
11												
12	189	4							1.4	0.5		
13	90	4							1.4	0.4		
14	74	2							1.4	0.4		
15	75	2							1.4	0.4		
16	56	1							1.4	0.4		
17												
18												
19	188	3							1.4	0.4		
20	69	2							1.5	0.5		
21	69	1							1.5	0.5		
22	71	2							1.5	0.5		
23	65	2							1.4	0.5		
24												
25												
26	231	5							1.4	0.4		
27	92	1							1.4	0.5		
28	65	1							1.0	0.4		
29	87	3							1.4	0.5		
30	64	1							1.4	0.5		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month May 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 331 No of People at End of Month

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

John Mackenzie B5380

I certify this report is correct Original signed by Robert Bogosta

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

Days of Month	Total Water Treated in in Gallons	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	3,041	79							30.6	9.7	4	
Average:	98	3							1.5	0.4		
Maximum:	129								1.6	0.6		
Minimum:	54	3							1.3	0.4		
1		1										
2												
3	301	9							1.3	0.6		
4	54	1							1.5	0.5	4	<1
5	93	2							1.5	0.5		
6	89	2							1.5	0.5		
7	108	3							1.5	0.5		
8												
9												
10	312	10							1.5	0.5		
11	109	3							1.5	0.5		
12	109	3							1.5	0.5		
13	129	3							1.5	0.5		
14	69	2							1.5	0.5		
15												
16												
17	353	7							1.6	0.5		
18	119	3							1.5	0.5		
19	85	2							1.4	0.4		
20	87	2							1.4	0.4		
21	103	2							1.4	0.4		
22												
23												
24	338	10							1.4	0.4		
25	100	2							1.4	0.4		
26	114	3							1.5	0.4		
27	109	3							1.4	0.4		
28	96	2							1.4	0.4		
29												
30												
31	164	5							1.4	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month June 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 331 No of People at End of Month

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

R. Bogosta A4312 John Mackenzie 85380

I certify this report is correct Original signed by Robert Bogosta

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

Days of Month	Total Water Treated in In Gallons	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	2,551	77							32.5	11.5		
Average:	0.085	3							1.5	0.5		
Maximum:	0.115	5							1.2	0.5		
Minimum:	0.053	1							1.5			
1	0.071	3							1.4	0.5		
2	0.086	3							1.4	0.5		
3	0.114	3							1.4	0.5		
4	0.081	2							1.4	0.5		
5												
6												
7	0.315	7							1.2	0.5		
8	0.087	3							1.4	0.5		
9	0.093	2							1.4	0.5		
10	0.106	3							1.4	0.5		
11	0.101	2							1.4	0.5		
12												
13												
14	0.263	8							1.4	0.5		
15	0.073	2							1.4	0.5		
16	0.115	5							1.4	0.5		
17	0.069	3							1.5	0.6		
18	0.087	1							1.5	0.6		
19												
20												
21	0.269	14							1.5	0.6		
22	0.084	2							1.5	0.6		
23	0.064	2							1.4	0.5		
24	0.110	2							1.4	0.5		
25	0.060	2							1.4	0.5		
26												
27												
28	0.189	4							1.5	0.6		
29	0.053	2							1.4	0.5		
30	0.061	2							1.4	0.5		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month July 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 331 No of People at End of Month

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Robert Bogosta A4312

I certify this report is correct Original signed by Robert Bogosta

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

Days of Month	Total Water Treated in in Gallons	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	2,027	53							30	11.9	4	
Average:	68	2							1.4	0.5		
Maximum:	105	2							1.4	0.6		
Minimum:	40	1							1.2	0.5		
1	64,000	2							1.4	0.5	4	<1
2	65,000	2							1.4	0.5		
3												
4												
5	333,000	6							1.4	0.5		
6	5,000	2							1.4	0.5		
7	55,000	2							1.4	0.5		
8	57,000	1							1.4	0.5		
9	76,000	2							1.4	0.5		
10												
11												
12	176,000	5							1.4	0.5		
13	74,000	1							1.4	0.6		
14	40,000	1							1.4	0.6		
15	88,000	2							1.4	0.6		
16	54,000	2							1.4	0.6		
17												
18												
19	214,000	6							1.4	0.6		
20	80,000	2							1.4	0.6		
21	61,000	1							1.4	0.6		
22	65,000	2							1.4	0.6		
23	64,000	1							1.4	0.6		
24												
25												
26	186,000	6							1.2	0.5		
27	46,000	2							1.4	0.5		
28	70,000	2							1.2	0.5		
29	69,000	1							1.2	0.5		
30	95,000	2							1.2	0.5		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091422 PWS Name Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month August 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 331 No of People at End of Month

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

ROBERT BOGOSTA 4312 John Mackenzie BS380

I certify this report is correct Original signed by Robert Bogosta A 4312

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

Days of Month	Total Water Treated in Gallons	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	2,670	67							29.8	11	4	
Average:	86	2							1.4	0.5		
Maximum:	115	4							1.4	0.6		
Minimum:	53	1							1.2	0.5		
1												
2	222	5							1.2	0.4		
3	85	3							1.4	0.5	4	
4	108	3							1.4	0.5		
5	103	3							1.4	0.5		
6	88	2							1.4	0.5		
7												
8												
9	336	6							1.4	0.5		
10	74	2							1.4	0.5		
11	115	3							1.4	0.5	3 <1	
12	84	2							1.4	0.5		
13	108	2							1.4	0.6		
14												
15												
16	290	7							1.4	0.5		
17	88	3							1.4	0.5		
18	55	1							1.4	0.5		
19	76	1							1.4	0.5		
20	45	3							1.4	0.5		
21												
22												
23	297	6							1.4	0.5		
24	75	4							1.4	0.5		
25	78	1							1.4	0.5		
26	53	1							1.2	0.5		
27	55	2							1.2	0.5		
28												
29												
30	180	6							1.2	0.5		
31	55	2							1.2	0.5		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Na Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month September 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 350 No of People at End of Month 1225

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

ROBERT BOGOSTA 4312

I certify this report is correct [signature] A 4312

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

Days of Month	Total Water Treated in in Gallons	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	1,802,000	37		60.66					25.98	9.19	4	
Average:	60,067	1		2.02					1.18182	0.41818		
Maximum:	87,000	2							1.4	0.5		
Minimum:	46,000	1							1.0	0.4		
1	46,000	2		5.2					1.4	0.4		
2	64,000	2		3.7					1.4	0.4		
3	47,000	1		2.6					1.2	0.4		
4												
5												
6	166,000	3		2.2					1.2	0.4		
7	76,000	1		1.6					1.2	0.4		
8	46,000	1		2.5					1.2	0.4	4	
9	60,000	2		4.0					1.2	0.4		
10	59,000	1		2.0					1.2	0.4		
11												
12												
13	191,000	3		1.9					1.2	0.4		
14	70,000	1		1.7					1.2	0.4		
15	52,000	1		2.3					1.0	0.4		
16	67,000	1		1.8					1.0	0.4		
17	47,000	2		5.1					1.0	0.4		
18												
19												
20	194,000	3		1.9					1.0	0.4		
21	51,000	1		2.0					1.0	0.4		
22	53,000	1		2.3					1.0	0.4		
23	58,000	1		2.1					1.0	0.4		
24	54,000	1		2.2					1.0	0.4		
25												
26												
27	208,000	3		1.7					1.4	0.5		
28	56,000	2		4.3					1.4	0.5		
29	59,000	2		4.1					1.4	0.5		
30	66,000	2		3.6					1.4	0.5		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Na Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month October 1993

Plant Effluent pH (Avg) _____ No of Services at End of Month 350 No of People at End of Month 1225

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

ROBERT ROGOSTA 4312

I certify this report is correct Robert F Rogosta A 4312

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

Days of Month	Total Water Treated in in Gallons	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	1,929,000	50		66.53							4	
Average:	62,226	2		2.15					1.35238	0.41905		
Maximum:	76,000	4							1.4	0.5		
Minimum:	47,000	1							1.2	0.4		
1	92,000	2		3					1.4	0.5		
2												
3												
4	251,000	6		3					1.4	0.4		
5	72,000	1		2					1.4	0.4	4	A
6	52,000	2		5					1.4	0.4		
7	57,000	1		2					1.2	0.4		
8	49,000	1		2					1.2	0.4		
9												
10												
11	182,000	6		4					1.4	0.4		
12	76,000	1		2					1.4	0.4		
13	76,000	1		2					1.4	0.5		
14	69,000	2		3					1.4	0.5		
15	75,000	4		6					1.2	0.5		
16												
17												
18	174,000	4		3					1.4	0.4		
19	58,000	2		4					1.4	0.4		
20	56,000	1		2					1.4	0.4		
21	54,000	1		2					1.4	0.4		
22	87,000	2		3					1.4	0.4		
23												
24												
25	190,000	5		3					1.2	0.4		
26	47,000	3		8					1.2	0.4		
27	70,000	2		3					1.4	0.4		
28	74,000	2		3					1.4	0.4		
29	68,000	1		2					1.4	0.4		
30												
31												

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Na Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month November 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 350 No of People at End of Month 1225

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

ROBERT BOGOSTA 4312

I certify this report is correct [signature] A 4312

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

Days of Month	Total Water Treated in in Gallons	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	2,104,000	60		75.93							4	
Average:	70.133	2		2.5					1.43636	0.43636		
Maximum:	99.000		3						1.5	0.5		
Minimum:	34,000		1						1.4	0.4		
1	187,000	4		2.6					1.4	0.4	4	A
2	64,000	3		5.6					1.4	0.4		
3	51,000	1		2.4					1.4	0.4		
4	66,000	2		3.6					1.4	0.4		
5	69,000	1		1.7					1.4	0.4		
6												
7												
8	191,000	6		3.8					1.5	0.5		
9	59,000	2		4.1					1.5	0.5		
10	52,000	1		2.3					1.5	0.5		
11	76,000	2		3.2					1.5	0.5		
12	70,000	3		5.1					1.5	0.5		
13												
14												
15	211,000	5		2.8					1.5	0.5		
16	66,000	2		3.6					1.5	0.5		
17	59,000	2		4.1					1.4	0.4		
18	99,000	3		3.6					1.4	0.4		
19	66,000	2		3.6					1.4	0.4		
20												
21												
22	188,000	6		3.8					1.4	0.4		
23	66,000	2		3.6					1.4	0.4		
24	61,000	2		3.9					1.4	0.4		
25	50,000	1		2.4					1.4	0.4		
26	72,000	2		3.3					1.4	0.4		
27												
28												
29	205,000	6		3.5					1.5	0.5		
30	76,000	2		3.2					1.4	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091422 PWS Na Point O' Woods Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month December 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 350 No of People at End of Month 1225

Design Flo .500 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

ROBERT BOGGOSTA 4512

I certify this report is correct Robert Boggosta A 4312

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

Days of Month	Total Water Treated in in Gallons	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	2,049,000	49		69.55					31.7	9.2	4	
Average:	66,097	2		2.24					1.37826	0.40435		
Maximum:	88,000	2							1.4	0.5		
Minimum:	52,000	1							1.2	0.4		
1	60,000	2		4.0					1.4	0.4	4	A
2	80,000	2		3.0					1.4	0.4		
3	66,000	1		1.8					1.4	0.4		
4												
5												
6	233,000	3		1.5					1.5	0.5		
7	68,000	2		3.5					1.4	0.4		
8	61,000	2		3.9					1.4	0.4		
9	79,000	2		3.0					1.4	0.4		
10	88,000	1		1.4					1.4	0.4		
11												
12												
13	204,000	5		2.9					1.4	0.4		
14	68,000	2		3.5					1.4	0.4		
15	52,000	2		4.6					1.4	0.4		
16	63,000	1		1.9					1.4	0.4		
17	64,000	2		3.7					1.4	0.4		
18												
19												
20	203,000	5		3.0					1.4	0.4		
21	62,000	2		3.9					1.4	0.4		
22	54,000	1		2.2					1.4	0.4		
23	58,000	2		4.1					1.4	0.4		
24	52,000	1		2.3					1.4	0.4		
25												
26												
27	189,000	5		3.2					1.4	0.4		
28	71,000	1		1.7					1.2	0.4		
29	55,000	1		2.2					1.2	0.4		
30	63,000	2		3.8					1.2	0.4		
31	56,000	2		4.3					1.4	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540805 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month January 1994

Plant Effluent pH (Avg) 7.7 No of Services at End of Mont 188 No of People at End of Month 485

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bau B-6521

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,264,900	48.00		97					48.2	23.1	4	
Average:	40,803	2.29		3					2.3	1.1		
Maximum:	58,900	2.25		7					3.0	1.5		
Minimum:	31,400	1.00		3					1.9	0.2		
1												
2												
3	121,800	5.00		5					3.0	1.5		
4	42,000	2.00		6					2.2	1.8		
5	36,800	1.25		4					1.9	1.0		
6	38,000	1.25		4					2.0	1.1	4	
7	58,800	2.25		5					2.8	1.0		
8												
9												
10	120,800	4.75		5					2.7	1.0		
11	32,400	1.00		4					2.2	1.1		
12	47,200	1.50		4					2.2	1.0		
13	34,900	2.00		7					2.2	1.2		
14												
15	90,100	4.50		6					2.7	1.5		
16												
17												
18	115,200	3.50		4					2.2	0.9		
19	38,800	1.00		3					2.0	1.0		
20	31,400	1.00		4					2.3	1.0		
21	61,000	2.00		5					3.0	1.5		
22	36,700	1.00		3					2.7	1.5		
23												
24	60,200	2.50		4					2.8	1.5		
25	32,200	2.00		7					2.2	1.0		
26	51,200	2.00		5					2.0	1.0		
27	33,800	2.00		7					2.0	0.9		
28	48,200	1.25		3					2.0	0.8		
29												
30												
31	124,800	4.25		4					1.3	0.2		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month February 1994
Plant Effluent pH (Avg) 7.9 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .187 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in In Gallons	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	1,225,900	44.00		84					43.3	19.5	7	
Average:	43,782	1.57		4					2.2	1.0		
Maximum:	51,300	2.00		8					3.2	1.5		
Minimum:	29,700	1.00		3					1.0	0.2		
1	44,000	2.00		5					2.2	1.1		
2	45,900	1.50		4					1.8	0.8		
3	42,600	1.00		3					2.0	0.7		
4	49,800	1.25		3					1.8	0.8	1	A
5												
6												
7	141,700	5.25		4					1.5	1.0	4	WELLS TNTC
8	40,000	1.00		3					2.2	1.0		
9	45,200	1.00		3					2.0	1.0		
10	47,400	2.00		5					2.7	1.2		
11	37,300	1.25		4					2.0	1.0		
12												
13												
14	123,300	4.75		5					1.0	0.2		
15	47,000	1.00		3					2.4	1.0		
16	37,900	2.00		8					3.2	1.5		
17	42,800	2.00		8					2.5	1.0		
18												
19	90,400	3.75		5					3.0	1.5		
20												
21	88,900	4.25		6					2.8	1.5		
22	29,700	1.00		4					2.1	1.0	2	ALL A
23	51,300	1.50		4					2.0	1.0		
24	35,700	1.50		5					2.2	0.8		
25	44,700	1.00		3					2.3	1.0		
26												
27												
28	142,400	5.00		4					1.8	0.8		
29												
30												
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month March 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 186 No of People at End of Month 465

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct (Lead Operator's Signature) C-7251 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	1,398,400	53.00		101					50.0	18.9	4	
Average:	45,110	1.71		4					2.2	0.8		
Maximum:	57,500	3.00		7					2.5	1.2		
Minimum:	33,000	0.75		2					1.5	0.4		
1	48,700	1.50		4					2.5	1.2		
2												
3	88,400	4.00		5					2.0	0.8		
4	49,400	1.75		4					2.3	1.0		
5	47,600	1.75		4					2.5	1.0		
6												
7	74,400	2.00		3					2.1	0.8		
8	41,100	1.50		4					2.5	1.1		
9	45,200	1.50		4					2.2	1.0	4	ALL A
10	33,600	1.00		4					2.0	0.7		
11	51,100	2.50		6					1.5	0.5		
12												
13												
14	136,500	6.00		5					2.5	0.5		
15	35,200	1.00		3					1.9	0.9		
16	55,600	1.50		3					2.2	0.4		
17	39,900	2.00		6					2.0	0.7		
18	54,000	3.00		7					2.3	0.6		
19												
20												
21	135,000	6.00		5					2.5	1.0		
22	51,500	0.75		2					2.4	1.1		
23	50,400	1.50		4					2.2	0.8		
24	42,900	1.75		5					2.0	0.8		
25	46,500	1.75		5					2.2	0.8		
26												
27												
28	137,900	5.25		5					2.2	0.8		
29	43,000	2.00		6					2.0	0.8		
30	57,500	2.00		4					1.8	0.8		
31	33,000	1.00		4					2.2	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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park
Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month April 1994
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 186 No of People at End of Month 465
Design Flow .187 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ C-7251
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	1,467,800	39.25		72					39.0	13.7	4	
Average:	48,927	1.31		3					1.8	0.6		
Maximum:	89,000	3.00		6					2.5	1.5		
Minimum:	37,300	0.25		1					0.2	0.2		
1	48,000	2.00		5					2.5	1.2		
2												
3												
4	133,100	5.00		5					2.5	1.2		
5	56,300	2.00		4					2.2	1.0	4	ALL A
6	55,900	3.00		6					2.5	1.5		
7	52,200	1.50		3					1.8	0.8		
8												
9	92,900	3.50		5					2.0	0.8		
10												
11	79,900	4.00		6					2.2	1.0		
12	48,500	1.50		4					1.7	0.7		
13	89,000	2.00		3					1.8	0.4		
14	38,100	1.50		5					0.2	0.4		
15	48,300	1.50		4					1.7	0.2		
16												
17												
18	145,500	3.00		2					1.9	0.2		
19	37,300	1.00		3					1.9	0.7		
20	62,400	1.00		2					1.8	0.4		
21	56,800	1.00		2					1.8	0.7		
22	43,900	0.50		1					1.5	0.3		
23												
24												
25	135,000	0.50		0					1.5	0.3		
26	39,400	0.25		1					1.4	0.4		
27	43,300	1.00		3					1.5	0.5		
28	45,000	1.00		3					1.5	0.5		
29	50,900	0.50		1					1.5	0.2		
30	86,100	2.00		4					1.5	0.3		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540908 PWS Name Pomona Park Location/City or S/D Pomona Park

Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month May 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 186 No of People at End of Month 465

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

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

Days of Month	Total Water Treated in in Gallons	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	1,316,700	37.00		80					31.5	7.5	4	
Average	42,474	1.19		4					1.4	0.3		
Maximum	55,900	2.50		10					2.8	1.2		
Minimum	18,500	0.25		1					0.9	0.2		
1												
2	151,200	1.50		1					1.5	0.2		
3	43,400	1.50		4					1.8	0.4		
4	35,700	1.00		3					1.5	0.2	4	ALL A
5	38,900	1.25		4					1.4	0.6		
6	49,400	0.25		1					1.0	0.2		
7												
8												
9	127,800	4.50		4					1.0	0.2		
10	40,400	1.50		4					1.0	0.2		
11	43,400	0.50		1					0.9	0.2		
12	48,700	1.00		2					1.0	0.4		
13	55,900	1.50		3					1.0	0.2		
14												
15												
16	109,700	2.50		3					1.3	0.2		
17	46,600	2.50		6					1.5	0.6		
18	30,200	0.50		2					1.7	0.2		
19	45,100	2.00		5					1.4	0.4		
20	36,300	0.50		2					1.5	0.3		
21												
22												
23	119,300	3.00		3					1.3	0.2		
24	38,300	2.00		8					1.1	0.5		
25	44,100	1.50		4					2.8	0.5		
26	48,300	1.50		4					1.0	0.3		
27	43,600	0.50		1					1.2	0.2		
28												
29												
30	107,700	4.50		5					1.5	0.2		
31	18,500	1.50		10					2.8	1.2		

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

DER Form 17-555(10)(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month June 1994
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 186 No of People at End of Month 465
Design Flow .187 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in in Gallons	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	1,024,700	37.50		105					40.0	8.1	6	
Average:	34,157	1.25		5					1.8	0.4		
Maximum:	84,600	3.00		17					2.5	1.0		
Minimum:	21,000	0.50		1					0.3	0.2		
1	30,900	0.75		3					1.7	0.2		
2	25,600	1.25		6					1.6	0.5		
3	29,900	1.00		4					2.0	0.2		
4												
5												
6	81,700	3.50		5					1.9	0.2		
7	19,200	1.00		6					2.0	0.9		
8	29,800	1.00		4					2.0	0.2	4	WELL#1 P
9	30,500	1.50		6					2.0	0.8		
10	30,200	0.50		2					2.0	0.2		
11												
12												
13	100,000	4.00		5					2.0	0.2	1	WELL#1 A
14	28,900	2.00		8					1.9	0.6	1	WELL#1 A
15	21,000	3.00		17					2.2	0.8		
16	84,600	1.00		1					2.0	0.5		
17	33,200	1.50		5					1.7	0.2		
18												
19												
20	108,000	4.50		5					1.8	0.2		
21	36,300	0.75		2					2.0	0.2		
22	34,600	1.25		4					1.9	0.2		
23	36,200	1.00		3					1.7	0.3		
24	33,500	1.50		5					2.0	0.2		
25												
26												
27	113,100	4.50		5					2.0	0.2		
28	32,600	1.00		4					1.0	0.3		
29	47,100	0.50		1					0.3	0.2		
30	37,900	0.50		2					2.5	1.0		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month July 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .187 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Branan M. Ward A-6415
I certify this report is correct Branan Ward A6415
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	984,000	30.00		82.5					31.8	8.4	7	
Average	31,742	0.97		2.7					1.4	0.3		
Maximum:									2.0	0.8		
Minimum:									0.4	0.2		
1	41,700	1.00		2.9					2.0	0.2		
2												
3												
4	97,600	4.00		4.9					2.0	0.2		
5	26,000	1.00		4.6					1.8	0.2		
6	28,800	1.50		6.3					2.0	0.2		
7	34,900	1.50		5.2					2.0	0.3	4	
8	40,400	1.00		3.0					2.0	0.2		
9												
10												
11	114,200	4.00		4.2					1.7	0.3		
12	23,900	1.00		5.0					1.5	0.4		
13	40,000	1.00		3.0					1.8	0.2		
14	24,400	1.00		4.9					1.4	0.4		
15	28,000	1.00		4.3					1.2	0.4		
16												
17												
18	101,000	3.00		3.6					1.5	0.2		
19	28,200	1.00		4.3					0.6	0.2		
20	35,600	1.00		3.4					1.0	0.2		
21	22,300	0.50		2.7					1.0	0.2		
22	30,500	0.50		2.0					1.2	0.3		
23												
24												
25	85,500	1.00		1.4					2.0	0.4		
26	30,000	1.00		4.0					1.0	0.3	3	
27	33,500	1.00		3.6					0.4	0.2		
28	32,490	1.00		3.7					1.0	0.6		
29	20,300	0.50		3.0					1.3	0.4		
30												
31	65,000	1.50		2.8					1.2	0.4		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540805 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month August 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 186 No of People at End of Month 465

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ C 7251

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

Days of Month	Total Water Treated in Gallons	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	981,700	27.00		74					37.6	10.4	12	
Average:	31,668	0.87		3					1.6	0.5		
Maximum:	40,400	2.00		6					2.6	1.0		
Minimum:	18,400	0.25		1					0.6	0.2		
1	24,900	0.50		2					1.5	0.3		
2	33,500	0.75		3					1.7	0.2		
3	23,900	0.50		3					0.8	0.2		
4	32,500	0.25		1					0.6	0.2		
5	24,600	1.00		5					2.2	0.6		
6												
7												
8	90,900	3.50		5					2.4	0.8		
9	31,500	1.00		4					2.6	1.0	7	WELL 16 BROW
10	40,000	0.75		2					2.0	0.8		
11	18,400	0.75		5					2.0	0.8		
12	40,400	2.00		6					2.4	1.0		
13												
14											1	A
15	106,400	4.00		5					2.0	0.4	4	ALL A
16	26,900	0.50		2					1.6	0.4		
17	34,000	0.50		2					1.0	0.2		
18	33,700	0.50		2					2.0	0.6		
19	28,400	0.50		2					1.4	0.2		
20												
21												
22	104,500	1.50		2					1.6	0.3		
23	29,400	1.00		4					1.5	0.3		
24	36,900	1.00		3					1.2	0.2		
25	30,700	1.50		6					1.6	0.4		
26	33,700	1.00		4					2.0	0.7		
27												
28												
29	98,800	3.00		4					1.3	0.3		
30	29,500	0.50		2					1.2	0.3		
31	32,200	0.50		2					1.0	0.2		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month September 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 186 No of People at End of Month 465
Design Flow .187 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Paul D. Thompson C 7251
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	1,040,400	30.50		78					32.0	8.0	4	
Average:	34,680	1.02		3					1.5	0.4		
Maximum:	48,700	1.50		5					2.0	0.7		
Minimum:	25,200	0.50		1					0.6	0.2		
1	46,700	1.50		4					2.0	0.4		
2	42,900	0.50		1					0.6	0.2		
3												
4												
5	100,800	3.00		4					1.0	0.2		
6	25,200	0.50		2					1.5	0.3		
7	30,700	0.50		2					1.5	0.3		
8	40,200	0.50		1					1.7	0.3		
9	33,500	0.50		2					1.0	0.2		
10												
11												
12	103,800	3.00		3					1.5	0.4		
13	28,800	1.00		4					1.3	0.3	4	ALL A
14	30,600	0.50		2					1.6	0.4		
15	33,200	1.00		4					1.5	0.3		
16	36,000	0.75		2					0.8	0.2		
17												
18												
19	109,000	2.75		3					1.5	0.3		
20	29,800	1.25		5					1.6	0.4		
21	30,900	1.25		5					1.5	0.2		
22	34,100	1.50		5					1.7	0.5		
23	34,200	1.50		5					1.6	0.7		
24												
25												
26	111,900	4.50		5					1.5	0.3		
27	41,400	1.25		4					1.6	0.5		
28	33,800	1.00		4					1.7	0.5		
29	35,400	1.00		3					1.7	0.5		
30	27,300	1.25		5					1.6	0.6		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month October 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .187 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct [signature] C 7251
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	919,600	34.00		97.4					39.0	12.5	4	
Average:	29,665	1.10		3.1					1.9	0.6		
Maximum:	97,700	4.00							2.4	0.8		
Minimum:	19,100	1.00							1.5	0.4		
1												
2												
3	97,700	2.00		2.5					1.7	0.5		
4	35,200	1.00		3.4					2.0	0.6		
5	27,300	1.00		4.4					1.8	0.6	4	
6	30,300	1.00		4.0					1.7	0.7		
7	34,100	1.25		4.4					2.0	0.7		
8												
9												
10	95,800	2.75		3.4					1.7	0.5		
11	19,100	1.00		6.3					1.5	0.8		
12	30,900	1.00		3.9					1.5	0.6		
13	20,000	1.00		6.0					2.0	0.7		
14	24,900	1.00		4.8					2.2	0.7		
15												
16												
17	78,000	4.00		6.1					2.3	0.8		
18	24,500	1.00		4.9					2.4	0.5		
19	35,100	1.00		3.4					2.0	0.4		
20	22,000	1.00		5.5					2.0	0.8		
21	26,400	1.00		4.5					1.8	0.8		
22												
23												
24	90,700	4.50		5.9					1.5	0.6		
25	32,600	1.00		3.7					1.8	0.6		
26	54,400	1.50		3.3					1.7	0.6		
27	30,100	1.50		8.0					2.0	0.6		
28	26,800	1.50		6.7					1.7	0.5		
29												
30												
31	83,700	3.00		4.3					1.7	0.5		

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month November 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

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

Days of Month	Total Water Treated in Gallons	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	918,100	39.50		122.2					36.1	14.6	4	
Average:	30,603	1.32		4.1					1.8	0.7		
Maximum:	95,400								3.5	2.7		
Minimum:	26,700								1.4	0.5		
1	32,000	1.00		3.7					2.0	0.6		
2	28,700	1.00		4.2					1.7	0.6		
3	20,000	0.50		3.0					1.7	0.5		
4	29,300	1.00		4.1					1.8	0.6		
5												
6												
7	91,100	3.00		3.9					1.7	0.6		
8	28,600	1.00		4.2					2.0	0.6	4	
9	57,000	2.50		5.3					2.0	0.9		
10	30,100	1.00		4.0					1.6	0.7		
11	30,800	1.00		3.9					1.5	0.6		
12												
13												
14	95,400	3.50		4.4					1.4	0.6		
15	26,700	0.50		2.2					1.6	0.6		
16	27,300	1.00		4.4					1.7	0.6		
17	26,800	1.00		4.5					1.8	0.7		
18	29,300	1.00		4.1					1.6	0.5		
19												
20												
21	88,800	3.00		4.1					1.6	0.6		
22	30,700	1.00		3.9					1.6	0.5		
23												
24	68,900	1.50		2.6					1.6	0.6		
25	30,500	1.00		3.9					1.5	0.5		
26												
27												
28	86,600	3.00		4.2					1.8	0.6		
29	32,200	1.00		3.7								
30	27,300	10.00		43.9					3.5	2.7		
31												

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park
Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month December 1994
Plant Effluent pH (Avg) 6.9 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .187 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Branan Ward A-6415, Paul Thompson C-7251
I certify this report is correct Brad Ward A6415
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	895,700	30.00		90.1					34.2	10.0	4	
Average:	28,894	0.97		2.9					1.6	0.5		
Maximum:	115,400								3.0	1.5		
Minimum:	14,400								0.8	0.2		
1	29,900	1.00		4.0					3.0	1.5	4	
2	28,300	1.25		5.3					1.0	0.2		
3												
4												
5	115,400	4.25		4.4					1.8	0.5		
6	23,800	1.00		5.0					1.8	0.6		
7	28,500	0.50		2.1					1.5	0.4		
8	29,200	1.00		4.1					1.5	0.4		
9	37,000	1.00		3.2					1.5	0.5		
10												
11												
12	77,400	4.00		6.2					1.0	0.2		
13	31,800	1.00		3.8					1.7	0.4		
14	28,500	1.00		4.2					2.0	0.4		
15	32,200	1.00		3.7					1.6	0.4		
16	33,400	1.00		3.6					1.8	0.4		
17												
18												
19	85,900	1.50		2.1					1.6	0.4		
20	39,500	0.50		1.5					1.2	0.4		
21	10,100	0.50		5.9					0.8	0.2		
22	23,900	0.50		2.5					1.4	0.4		
23	31,900	2.00		7.5					1.8	0.6		
24												
25												
26	75,700	4.00		6.3					1.6	0.5		
27	25,800	0.75		3.5					1.5	0.4		
28	22,700	0.50		2.6					1.4	0.4		
29	36,100	0.75		2.5					1.5	0.4		
30	14,400	0.50		4.2					1.8	0.4		
31	34,300	0.50		1.7								

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.

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month January 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Mont 175 No of People at End of Month

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bou C-6531

I certify this report is correct Original signed by Michael Bou

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1041.9	46.0		125					51.5	14.2	6	All OK
Average:	33.6	2.0		5					2.2	0.6	6	
Maximum:	41.5	5.0		9					3.5	1.5	6	
Minimum:	21.5	1.0		3					1.0	0.2	6	
1	37.2	1.50		5					3.0	0.8		
2												
3												
4	86.2	3.50		5					2.2	0.4		
5	38.6	1.00		3					1.2	0.4		
6	21.5	1.00		6					1.0	0.2	4	2-TNTC
7	39.0	1.50		5					2.6	0.5		
8	34.5	1.50		5					2.2	0.5		
9												
10												
11	98.8	5.00		6					2.0	0.6		
12	33.1	1.00		4					1.6	0.4		
13	37.9	2.00		6					3.5	1.0	2	All OK
14	36.9	2.00		6					2.2	0.6		
15	37.0	1.00		3					2.2	0.6		
16												
17												
18	88.6	3.00		4					2.0	0.5		
19	33.9	2.50		9					2.8	0.7		
20	40.3	2.00		6					2.4	0.5		
21	27.3	1.50		7					2.0	0.4		
22	35.1	2.00		7					1.5	0.4		
23	31.7	2.00		8					2.6	0.5		
24												
25	65.7	2.00		4					2.5	0.5		
26	41.5	1.50		4					2.0	0.4		
27	24.4	1.75		9					2.5	0.6		
28	35.2	1.00		3					2.5	0.6		
29	39.8	1.75		5					2.5	1.6		
30												
31	75.7	4.00		6					2.5	1.5		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month February 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Mont 175 No of People at End of Month

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bou C-6521

I certify this report is correct Original signed by Michael Bou

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

Days of Month	Total Water Treated in in Gallons		Chlorine						Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1021.5	39.0		83					50.3	21.5	4	All OK
Average:	36.5	2.0		5					2.5	1.0	4	
Maximum:	53.1	8.0		7					3.5	2.0	4	
Minimum:	25.9	0.5		2					0.6	0.2	4	
1	32.6	0.50		2					3.0	1.5		
2	27.8	1.00		4					2.6	1.2		
3	31.4	1.50		6					2.7	1.2		
4	43.5	1.50		4					2.8	1.2		
5	28.3	1.00		4					2.6	1.2		
6												
7												
8	115.0	4.50		5					2.9	1.3		
9	39.4	1.50		5					3.0	1.3		
10	25.9	1.00		5					2.8	1.2	4	All OK
11	36.3	1.50		5					2.7	1.4		
12	48.2	2.50		6					3.5	2.0		
13												
14												
15	104.6	2.50		3					0.8	0.2		
16	31.3	1.00		4					0.6	0.2		
17	53.1	1.00		2					2.4	0.9		
18	28.0	1.50		7					2.5	1.1		
19	41.5	2.50		7					3.0	0.9		
20												
21												
22												
23												
24	172.8	8.00		6					2.7	1.0		
25	36.7	1.50		5					2.7	1.0		
26	41.9	2.00		6					2.9	1.3		
27	39.2	1.00		3					2.1	0.7		
28	44.0	1.50		4					2.0	0.7		
29												
30												
31												

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

DER Form 17-555910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month March 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Mont 175 No of People at End of Month

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bou C-6521

I certify this report is correct Original signed by Michael Bou

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequen 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	1125.3	42.5		96					44.5	18.1	12	All OK
Average:	36.3	1.9		5					2.0	0.8	12	
Maximum:	48.6	4.8		9					3.5	1.5	12	
Minimum:	22.3	0.5		3					1.4	0.5	12	
1	27.5	1.00		4					2.7	1.0		
2	46.0	1.00		3					2.4	1.0		
3	26.7	2.00		9					2.1	0.7		
4												
5	76.2	2.75		4					2.3	0.7		
6												
7												
8	116.5	4.75		5					2.3	0.7		
9	34.4	1.00		3					1.7	0.8		
10	40.6	1.00		3					2.0	0.7	4	All OK
11	48.6	1.50		4					1.6	0.8		
12	22.3	0.50		3					1.5	0.6		
13												
14											2	All OK
15	85.5	4.00		6					1.6	0.6	2	ALL OK
16	34.6	1.50		5					3.0	1.1		
17	46.9	3.00		8					3.5	1.5		
18	36.1	1.50		4					1.9	1.0		
19	37.7	1.00		3					1.7	1.0		
20												
21												
22	111.0	4.00		4					1.7	1.0		
23	33.7	1.00		4					2.3	1.0		
24	36.0	1.25		4					2.1	1.0	2	TNTC
25	33.2	1.75		6					1.7	0.5	2	All OK
26	46.0	1.00		3					1.7	0.5		
27												
28												
29	114.9	4.00		4					1.7	0.6		
30	44.0	2.00		5					1.6	0.7		
31	26.8	1.00		4					1.4	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 month of record

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month April 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Mont 184 No of People at End of Month

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bou C-6521

I certify this report is correct Originals signed by Michael Bou

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1197.7	43.25		99					41.2	18.2	12	All OK
Average:	39.9	2.00		5					1.9	0.8	12	
Maximum:	52.2	4.25		9					3.5	2.0	12	
Minimum:	30.4	0.50		1					0.9	0.2	12	
1	36.4	1.00		3					1.7	0.9	2	1-TNTC
2											2	All OK
3	84.8	3.00		4					1.8	0.9		
4												
5	81.0	2.00		3					1.5	0.3		
6	30.4	2.00		8					1.6	0.4		
7	33.8	2.00		7					1.5	0.5		
8	40.2	0.50		1					1.5	0.4		
9	40.8	1.00		3					1.7	0.4		
10												
11												
12	113.0	4.00		4					1.5	1.0	1	All OK
13	38.5	1.50		5					2.0	1.0	5	2-TNTC
14	41.1	1.25		4					2.1	1.0		
15	45.2	1.75		5					2.2	1.0		
16	44.1	1.50		4					2.0	1.0		
17												
18												
19	115.0	4.25		4					1.6	0.6		
20	38.2	1.25		4					1.8	0.7	2	All OK
21	37.3	1.25		4					1.8	0.7		
22	36.4	1.25		4					2.1	0.3		
23	46.9	1.50		4					2.0	0.2		
24												
25												
26	121.6	4.00		4					1.0	0.2		
27	52.2	1.00		2					0.9	0.2		
28	34.0	2.00		7					3.5	2.0		
29	41.0	3.00		9					3.0	2.0		
30	41.8	2.00		6					2.4	1.5		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month May 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Mont 184 No of People at End of Month

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

Michael J. Bou C6521

I certify this report is correct Original signede by Michael Bou (Cert. Level) (Cert. No)

(Lead Operator's Signature)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1299.2	48.5		98					44.0	14.2	10	All OK
Average:	41.9	2.3		5					2.0	0.7	10	
Maximum:	80.5	5.0		7					3.0	1.5	10	
Minimum:	27.3	1.0		2					0.5	0.2	10	
1												
2												
3	135.4	5.00		4					2.3	1.3		
4	29.5	1.00		4					2.2	1.3		
5	37.9	2.00		6					2.0	0.6		
6	44.7	1.50		4					2.2	0.8		
7	45.7	1.25		3					0.5	0.2		
8												
9												
10	112.1	2.00		2					0.5	0.2		
11	46.8	2.25		6					3.0	0.5		
12	42.9	2.50		7					3.0	1.5		
13	40.6	2.00		6					2.5	1.0	4	2-"P"-s wells
14	46.8	1.75		5					2.5	0.8		
15												
16												
17	118.5	4.75		5					2.3	0.8		
18	33.9	2.00		5					2.5	0.3		
19	45.0	1.50		4					2.2	0.8		
20	43.9	1.50		4					2.0	0.5	2	All OK
21	58.4	2.25		5					2.0	0.5	2	1"P" - well
22												
23												
24	136.2	5.00		4					2.0	0.6	1	All OK
25	27.3	1.25		6					2.0	0.5	1	All OK
26	39.9	1.00		3					2.0	0.4		
27	41.9	2.00		6					2.0	0.2		
28	80.5	1.25		4					2.0	0.5		
29												
30												
31	111.3	4.75		5					2.3	0.7		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3540905 PWS Name Pomona Park Location:City or S/D Pomona Park
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month June 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .187 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,136,100	41.00		96.76					44.2	11.4		
Average:	37,870	1.86		3.2					2.0	0.5		
Maximum:												
Minimum:												
1	35,000	0.50		1.7					1.5	0.3		
2	44,100	2.25		6.1					1.7	0.4		
3	38,400	1.25		3.9					2.0	0.7		
4	40,700	1.50		4.4					2.2	0.8		
5												
6												
7	121,100	5.00		5.0					2.2	0.8	4	
8	43,000	2.00		5.6					2.3	0.3		
9	38,100	3.00		9.4					2.4	0.8		
10	45,600	1.00		2.6					2.0	0.2		
11	31,200	1.00		3.8					1.9	0.3		
12												
13												
14	112,200	2.50		2.7					1.8	0.2		
15	32,100	1.00		3.7					1.9	0.2		
16	36,700	1.00		3.1					1.8	0.4		
17	32,600	1.25		4.6					1.8	0.4		
18	49,200	1.75		4.3					1.8	0.4		
19												
20												
21	111,600	3.50		3.8					1.8	0.4		
22	34,000	1.25		4.4					1.6	0.4		
23	31,900	1.00		3.8					1.5	0.4		
24	41,100	1.75		5.1					2.4	0.8		
25												
26	76,400	3.00		4.7					2.5	1.0		
27												
28	62,300	3.00		5.8					2.5	1.0		
29	32,100	1.50		5.6					2.2	0.4		
30	44,700	1.00		2.7					2.3	0.8		
31												

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

DER Form 17-555[illegible](2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month July 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month _____ No of People at End of Month _____

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ _____

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,235,000	42.00		95					48.5	16.0	6	
Average:	39,839	1.83		3					2.1	0.7		
Maximum:	55,700	2.50		6					3.0	1.2		
Minimum:	29,100	0.50		2					0.2	0.2		
1	29,100	1.00		4					2.0	0.6		
2	45,400	1.50		4					2.2	0.7		
3												
4												
5	107,100	4.50		5					3.0	1.0		
6	31,400	1.00		4					2.5	0.7		
7	31,300	1.00		4					2.5	0.7		
8	52,700	2.00		5					2.0	0.5		
9	36,800	1.75		6					2.2	0.7		
10												
11												
12	127,700	3.75		4					0.2	0.2		
13	35,600	1.00		3					2.0	0.4	4	
14	41,700	0.75		2					2.8	1.0		
15	38,400	1.25		4					2.0	0.5		
16	37,500	1.50		5					2.5	0.4		
17												
18												
19	124,400	2.00		2					1.0	0.2		
20	30,000	0.50		2					1.5	0.4	2	
21	33,200	1.00		4					2.3	1.0		
22	39,200	1.50		5					2.2	0.8		
23	43,500	2.00		6					1.3	0.6		
24												
25												
26	129,500	5.00		5					1.7	0.4		
27	48,600	2.00		5					2.4	1.0		
28	40,000	1.50		4					3.0	1.2		
29	33,100	1.50		5					2.7	1.0		
30	55,700	2.50		5					2.5	1.0		
31	42,900	1.50		4					2.0	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

DER Form 17-555010(2)

Effective 11/1/1983

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3540905 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month August 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month _____ No of People at End of Month _____

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ (Lead Operator's Signature) (Cert. Level) 6326B (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,365,500	48.50		97					49.6	14.4	10	
Average:	44,048	2.20		3					2.3	0.7		
Maximum:	55,700	2.50		5					3.0	1.2		
Minimum:	29,100	0.50		2					0.2	0.2		
1												
2	90,900	3.75		5					2.5	1.0		
3	33,300	1.75		5					2.2	0.7		
4	54,500	2.00		4					2.3	0.8		
5	36,700	1.50		5					2.5	0.7		
6	56,400	2.25		5					3.0	1.0	4	
7												
8												
9	138,600	4.75		4					2.0	0.6		
10	41,600	2.00		6					2.2	0.5	1	
11	53,600	2.00		4					2.3	0.6	1	
12	44,100	1.50		4					2.4	0.5		
13												
14	89,600	3.00		4					1.0	0.3		
15												
16	88,600	3.00		4					3.0	1.0		
17	41,700	2.50		7					2.5	0.6		
18	43,800	1.75		5					2.5	0.7		
19	45,800	1.25		3					1.0	0.2	1	
20	37,200	1.00		3					0.2	0.2	3	
21												
22												
23	130,300	4.00		4					3.0	1.0		
24	33,900	1.00		4					3.0	0.6		
25	43,300	1.50		4					3.0	1.0		
26	47,000	1.50		4					2.7	0.8		
27	44,500	1.50		4					2.5	0.8		
28												
29												
30	127,700	3.75		4					1.8	0.5		
31	42,400	1.25		4					2.0	0.3		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month September 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ (Lead Operator's Signature) (Cert. Level) 6726 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,245,600	41.00		88					42.1	11.0	4	
Average:	41,520	1.86		3					1.9	0.5		
Maximum:	58,100	2.00		6					2.7	1.0		
Minimum:	32,400	0.75		2					1.0	0.2		
1	58,100	2.00		4					1.7	0.3		
2	38,600	1.00		3					1.7	0.4		
3	45,300	1.25		3					1.0	0.2		
4												
5												
6	116,800	2.75		3					1.0	0.2		
7	38,000	2.00		6					2.2	0.5		
8	43,400	0.75		2					2.0	0.5		
9	39,700	1.50		5					2.4	0.6		
10												
11	84,800	3.75		5					2.7	1.0		
12												
13	75,800	2.50		4					1.7	0.3		
14	51,000	2.00		5					1.9	0.6	4	
15	42,400	1.50		4					2.0	0.6		
16	37,400	1.00		3					2.2	0.7		
17	38,900	1.50		5					1.9	0.6		
18												
19												
20	122,500	3.50		3					1.2	0.2		
21	33,400	1.50		5					2.0	0.4		
22	56,700	1.75		4					2.5	0.6		
23	32,400	1.25		5					2.2	0.4		
24	44,100	1.00		3					2.0	0.6		
25												
26												
27	127,200	4.50		4					1.9	0.6		
28	42,200	1.50		4					1.8	0.6		
29	36,100	1.50		5					2.1	0.5		
30	40,800	1.00		3					2.0	0.6		
31												

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

DER Form 17-555810(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month October 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .187 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

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

Days of Month	Total Water Treated in Gallons	Chlorine (lbs) used	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	Plant Operation and Maintenance Information (i.e.) backwash frequen main line breaks meter calibrations)
Monthly Total	1,176,600	44.50		99					48.2	14.8	6	ALL-2
Average:	37,955	1.93		3					2.2	0.7	6	
Maximum:	43,200	2.00		6					3.0	1.2	6	
Minimum:	30,700	0.75		2					1.5	0.3	6	
1	33,500	1.50		5					1.8	0.6		
2												
3												
4	126,900	4.00		4					1.6	0.4		
5	35,000	1.50		5					2.5	0.7	4	2-TNTC
6	39,500	1.00		3					2.5	0.7		
7	36,500	1.50		5					2.5	1.0		
8	37,600	2.00		6					2.8	1.2		
9												
10												
11	111,800	4.00		4					2.1	0.7		
12	43,200	1.00		3					2.2	0.6		
13	32,700	1.00		4					2.3	0.7		
14	42,700	1.50		4					2.3	0.8	2	ALL-6
15	38,300	0.75		2					1.9	0.6		
16		1.25										
17												
18	112,300	4.50		5					3.0	1.0		
19	39,700	1.75		5					1.7	0.5		
20	42,800	2.00		6					2.2	0.7		
21	42,600	1.00		3					1.5	0.7		
22	30,700	1.50		6					2.0	0.5		
23												
24												
25	103,200	3.25		4					1.5	0.3		
26	34,200	1.50		5					1.9	0.4		
27	37,800	1.75		6					2.8	1.2		
28	37,900	1.00		3					2.7	0.5		
29	37,700	2.00		6					2.3	0.5		
30												
31	80,000	3.25		5					2.1	0.5		

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

DER Form 17-555810(2)
Effective 12/1/1990

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540505 PWS Name Pomona Park Location:City or S/D Pomona Park

Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month November 1993

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

Design Flow .187 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct _____ (Lead Operator's Signature) (Cert. Level) G3246 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,186,300	41.75		100					48.9	13.0	3	
Average:	39,543	1.90		3					2.2	0.6		
Maximum:	63,700	3.00		9					3.2	1.2		
Minimum:	23,700	1.00		2					1.5	0.2		
1	39,100	1.00		3					2.3	0.5		
2	36,300	1.25		4					2.0	0.4	3	
3	39,600	1.00		3					2.1	0.5		
4	41,300	1.50		4					2.5	0.9		
5	34,700	2.00		7					2.8	1.0		
6												
7												
8	122,000	2.50		2					2.0	0.4		
9	32,000	2.50		9					3.0	1.1		
10	33,100	2.00		7					2.2	0.6		
11	47,200	1.00		3					2.0	0.5		
12	63,700	2.00		4					2.0	0.4		
13												
14												
15	117,700	4.00		4					2.0	0.5		
16	40,400	3.00		9					3.2	1.2		
17	39,600	1.25		4					2.3	0.6		
18	37,200	1.25		4					2.3	0.6		
19	39,900	1.00		3					2.2	0.5		
20												
21												
22	123,900	4.00		4					2.1	0.5		
23	36,600	1.50		5					1.7	0.4		
24	39,700	1.00		3					1.9	0.5		
25	23,700	1.00		5					3.0	0.5		
26	44,000	1.00		3					2.0	0.5		
27												
28												
29	107,000	4.00		4					1.5	0.2		
30	47,600	2.00		5					1.9	0.5		
31												

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

DER Form 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540905 PWS Name Pomona Park Location:City or S/D Pomona Park
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month December 1993
Plant Effluent pH (Avg) _____ No of Services at End of Month _____ No of People at End of Month _____
Design Flow .187 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

I certify this report is correct Michael J. Boo (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen 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	1,228,900	46.00		109					80.0	24.1		
Average:	39,642	1.84		4					2.4	1.0		
Maximum:	55,700	2.25		8					3.0	1.7		
Minimum:	30,500	1.00		1					1.8	0.6		
1	38,200	1.50		5					2.8	1.0		
2	33,700	1.00		4					2.2	0.7		
3	43,900	0.50		1					2.0	0.7		
4												
5												
6	116,500	5.00		5					2.0	0.7		
7	43,400	1.50		4					2.0	0.6		
8	31,600	1.25		5					2.6	0.8	4	WELL 1-P
9	40,700	1.25		4					2.2	0.6		
10	37,400	1.00		3					2.5	1.0		
11												
12												
13	119,500	5.00		5					1.8	0.4	1	WELL 1-P
14	33,400	1.50		5					2.2	0.7	1	WELL 1-P
15	45,400	1.25		3					2.6	0.8		
16	34,800	1.25		4					2.4	0.9		
17	45,600	1.00		3					2.8	1.0		
18												
19												
20	116,500	6.00		6					3.0	1.2	1	WELL 1-P
21	32,700	1.50		6					2.0	0.7	1	WELL 1-P
22	38,000	1.25		4					2.0	0.7		
23	35,100	1.00		3					1.8	0.6		
24	46,300	1.75		5					2.9	1.5		
25	39,600	1.75		5					3.0	1.5		
26	41,100	2.00		6					2.8	1.3	1	WELL 1-A
27	35,000	1.00		3					2.3	1.1	1	WELL 1-A
28	44,000	1.00		3					2.5	1.7		
29	50,300	2.25		5					2.8	1.5		
30	30,500	2.00		8					2.3	1.1		
31	55,700	1.50		3					2.5	1.3		

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9567 Reporting Month January 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 160 No of People at End of Month 560

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

J.W.STAPH W.K.KERLIN C5926 H.L. KEEN C7240

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C 7240 (Cert. No)

Days of Month	Total Water Treated in Gallons	Millimeters Chlorine lbs used	Millimeters Chlorine gals used	Millimeters Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	184,800		87.00	48.20					14.1	9.9	4	
Average:	5,310		2.58	1.85					0.5	0.4		
Maximum:	10,200		3.00	3.30					0.8	0.5		
Minimum:	4,000		1.00	0.90					0.3	0.3		
1	5,100		2.00	1.00					0.8	0.5		
2												
3	5,200		6.00	2.90					0.8	0.5		
4	5,300		1.00	0.90					0.8	0.5	4	
5	4,700		2.00	1.80					0.8	0.5		
6	5,100		3.00	2.50					0.8	0.5		
7	5,700		2.00	1.40					0.8	0.5		
8												
9	10,100		2.00	0.90					0.3	0.3		
10	5,000		3.00	2.50					0.3	0.3		
11	4,300		2.00	2.30					0.4	0.3		
12	4,200		3.00	3.30					0.4	0.3		
13	5,400		3.00	2.50					0.4	0.3		
14	4,000		2.00	2.30					0.5	0.3		
15	5,300		2.00	2.30					0.5	0.3		
16												
17	10,400		5.00	2.10					0.5	0.3		
18	5,700		3.00	2.00					0.5	0.3		
19	10,200		2.00	0.90					0.5	0.3		
20	6,100		2.00	1.40					0.5	0.3		
21	5,000		2.00	1.80					0.5	0.3		
22	6,400		2.00	1.40					0.5	0.5		
23												
24	10,100		4.00	1.80					0.5	0.4		
25	7,900		3.00	1.40					0.5	0.4		
26	5,300		2.00	1.80					0.5	0.4		
27	4,300		2.00	2.30					0.5	0.4		
28	5,000		2.00	1.80					0.5	0.4		
29	5,900		2.00	1.40					0.5	0.4		
30												
31	5,900		3.00	1.70					0.5	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month January 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 160 No of People at End of Month 560
Design Flow .288 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH C-6963 W.K. KERLIN C-5925 H.L. KEEN C-7240
I certify this report is correct [signature] C-7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	860,000	16.00		64.6					13.8	11.2	4	
Average:	27,742	0.56		2.1					0.5	0.4		
Maximum:	39,000	1.00		4.4					0.6	0.5		
Minimum:	24,000	0.25		1.1					0.5	0.4		
1	41,000	1.00		2.9					0.5	0.4		
2												
3	50,000	1.00		2.4					0.5	0.4	4	
4	25,000	0.25		1.2					0.5	0.4		
5	27,000	0.25		1.1					0.5	0.4		
6	27,000	0.50		2.2					0.5	0.4		
7	27,000	1.00		4.4					0.5	0.4		
8												
9	61,000	1.25		2.5					0.6	0.5		
10	27,000	0.50		2.2					0.6	0.5		
11	26,000	0.75		3.5					0.6	0.5		
12	24,000	0.50		2.5					0.6	0.5		
13	24,000	0.50		2.5					0.6	0.5		
14	24,000	0.50		2.5					0.6	0.5		
15	29,000	0.50		2.1					0.5	0.4		
16												
17	65,000	1.50		2.8					0.5	0.4		
18	25,000	0.50		2.4					0.5	0.4		
19	32,000	0.50		1.9					0.5	0.4		
20	31,000	0.50		1.9					0.5	0.4		
21	27,000	0.50		2.2					0.5	0.4		
22	39,000	1.00		3.1					0.6	0.5		
23												
24	52,000	1.00		2.3					0.6	0.5		
25	24,000	0.50		2.5					0.5	0.4		
26	33,000	1.00		3.5					0.5	0.4		
27	23,000	0.50		2.6					0.5	0.4		
28	25,000	0.50		2.4					0.5	0.4		
29	33,000	0.50		1.8					0.5	0.4		
30												
31	39,000	1.00		3.1					0.5	0.4		

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
DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

S ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month February 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 15 No of People at End of Month 38
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH W.K.KERLIN C5926 H.L. KEEN C7240
I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimeters 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	148,700		55.00	44.50					12.1	9.8	4	
Average:	5,311		2.29	1.85					0.5	0.4		
Maximum:	7,800		3.00	3.50					0.7	0.5		
Minimum:	2,300		2.00	0.90					0.4	0.3		
1	6,100		2.00	1.40					0.5	0.4		
2	7,800		2.00	1.00					0.5	0.4		
3	6,000		3.00	2.00					0.5	0.4	4	
4	4,300		2.00	2.30					0.5	0.4		
5												
6	13,100		2.00	0.80					0.5	0.4		
7	3,800		2.00	2.30					0.5	0.4		
8	4,600		2.00	1.80					0.5	0.4		
9	6,000		2.00	1.40					0.5	0.4		
10	6,400		2.00	1.40					0.5	0.4		
11	8,600		2.00	1.20					0.4	0.3		
12												
13	11,600		4.00	1.30					0.5	0.4		
14	2,300		2.00	3.50					0.5	0.4		
15	5,000		2.00	1.60					0.7	0.5		
16	4,700		2.00	1.80					0.5	0.4		
17	5,400		2.00	1.80					0.5	0.4		
18	4,300		2.00	2.30					0.5	0.4		
19												
20	9,900		2.00	0.90					0.5	0.4		
21	8,700		2.00	1.20					0.5	0.4		
22	6,000		2.00	1.40					0.5	0.4		
23	3,900		3.00	3.30					0.5	0.4		
24	4,900		2.00	1.60					0.5	0.4		
25	4,300		3.00	3.30					0.5	0.4		
26	4,900		3.00	3.30					0.5	0.4		
27												
28	10,500		3.00	1.40					0.5	0.4		
29												
30												
31												

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

DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9667 Reporting Month February 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 160 No of People at End of Month 560

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

HAZEL L. KEEN C-7240 J.W. STAPF C-6963 W.K. KERLIN C-5826

I certify this report is correct H. L. Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	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	784,000	15.50		55.9					12.0	9.6	4	
Average:	28,000	0.55		2.0					0.3	0.4		
Maximum:	34,000	0.75		3.2					0.5	0.4		
Minimum:	13,000	0.25		1.0					0.5	0.4		
1	24,000	0.50		2.5					0.5	0.4		
2	26,000	0.50		2.1					0.5	0.4		
3	31,000	0.75		2.9					0.5	0.4	4	
4	28,000	0.75		3.2					0.5	0.4		
5												
6	61,000	1.25		2.5					0.5	0.4		
7	19,000	0.25		1.6					0.5	0.4		
8	24,000	0.50		2.5					0.5	0.4		
9	24,000	0.50		2.5					0.5	0.4		
10	23,000	0.50		2.6					0.5	0.4		
11	29,000	0.25		1.0					0.5	0.4		
12												
13	77,000	1.75		2.7					0.5	0.4		
14	13,000	0.25		2.3					0.5	0.4		
15	29,000	0.50		2.1					0.5	0.4		
16	33,000	0.75		2.7					0.5	0.4		
17	27,000	0.50		2.2					0.5	0.4		
18	26,000	0.50		2.3					0.5	0.4		
19												
20	58,000	0.75		1.6					0.5	0.4		
21	25,000	0.25		1.2					0.5	0.4		
22	34,000	0.75		2.6					0.5	0.4		
23	29,000	0.75		3.1					0.5	0.4		
24	29,000	0.50		2.1					0.5	0.4		
25	23,000	0.50		2.6					0.5	0.4		
26	31,000	0.50		1.9					0.5	0.4		
27												
28	59,000	1.50		3.0					0.5	0.4		
29												
30												
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9567 Reporting Month March 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 162 No of People at End of Month 564

Design Flow .288 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

J.W. STAPH W.K.KERLIN C5926 H.L. KEEN C7240

I certify this report is correct [signature] C'1240

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

Days of Month	Total Water Treated in In Gallons	Millimeters Chlorine lbs used	Millimeters Chlorine gals used	Millimeters Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	192,900		70.00	46.30					13.1	10.2	4	
Average:	6,223		2.59	1.71					0.5	0.4		
Maximum:	10,900		5.00	3.30					0.5	0.4		
Minimum:	3,600		2.00	0.80					0.4	0.3		
1	5,300		2.00	1.80					0.5	0.4		
2	3,900		2.00	2.30					0.5	0.4	4	
3	3,600		2.00	2.30					0.5	0.4		
4	4,000		2.00	2.30					0.5	0.4		
5												
6	11,200		2.00	0.80					0.4	0.3		
7	4,700		2.00	1.80					0.5	0.4		
8	5,700		2.00	1.40					0.5	0.4		
9	5,300		2.00	1.80					0.5	0.4		
10	8,000		2.00	1.00					0.5	0.4		
11	5,600		2.00	1.40					0.5	0.4		
12												
13	15,600		3.00	0.80					0.5	0.4		
14	10,900		3.00	0.80					0.5	0.4		
15	5,700		2.00	1.40					0.5	0.4		
16	5,700		3.00	2.00					0.5	0.4		
17	9,800		2.00	0.90					0.5	0.4		
18	8,200		3.00	2.00					0.5	0.4		
19	8,400		3.00	2.00					0.5	0.4		
20												
21	15,200		5.00	1.30					0.5	0.4		
22	4,200		3.00	3.30					0.5	0.4		
23	4,200		3.00	3.30					0.5	0.4		
24	8,300		3.00	1.40					0.5	0.4		
25	7,200		5.00	2.80					0.5	0.4		
26												
27	10,400		2.00	0.90					0.4	0.3		
28	8,400		3.00	1.40					0.4	0.3		
29	7,100		2.00	1.20					0.4	0.3		
30	5,800		2.00	1.40					0.4	0.3		
31	4,700		3.00	2.50					0.6	0.3		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

'S ID No. 2100912 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights

...wned By Southern States Utilities Phone 904-473-9567 Reporting Month March 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 116 No of People at End of Month 511

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

H.L. KEEN C-7240 J.W.STAPF C-6963 W.K. KERLIN C-6926

I certify this report is correct W. Kerlin C 7240

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

Days of Month	Total Water Treated in in Gallons	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	1,227,000	21.50		58.3					9.5	7.1	4	
Average:	39,581	0.69		1.9					0.4	0.3		
Maximum:	55,000	1.00		3.2					0.5	0.4		
Minimum:	23,000	0.25		0.5					0.3	0.2		
1	30,000	0.50		2.0					0.5	0.4		
2	25,000	0.50		2.4					0.5	0.4	4	
3	23,000	0.50		2.6					0.5	0.4		
4	27,000	0.50		2.2					0.5	0.4		
5												
6	84,000	1.50		2.1					0.5	0.4		
7	36,000	0.50		1.7					0.5	0.4		
8	37,000	1.00		3.2					0.5	0.4		
9	43,000	1.00		2.8					0.3	0.2		
10	36,000	0.50		1.7					0.3	0.2		
11	24,000	0.50		2.5					0.3	0.2		
12												
13	75,000	1.00		1.6					0.3	0.2		
14	38,000	0.50		1.6					0.3	0.2		
15	54,000	0.75		1.7					0.3	0.2		
16	48,000	1.00		2.5					0.3	0.2		
17	55,000	0.25		0.5					0.3	0.2		
18	47,000	2.50		6.4					0.3	0.2		
19	43,000	0.50		1.4					0.3	0.2		
20												
21	129,000	2.00		1.9					0.3	0.2		
22	31,000	1.00		3.9					0.3	0.2		
23	42,000	0.50		1.4					0.3	0.2		
24	39,000	0.50		1.5					0.3	0.2		
25	49,000	0.50		1.2					0.3	0.2		
26												
27	70,000	1.50		2.6						0.3		
28	45,000	0.50		1.3					0.4	0.3		
29	35,000	0.50		1.7					0.4	0.3		
30	30,000	0.50		2.0					0.4	0.2		
31	32,000	0.50		1.9					0.3	0.2		

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 ...cord

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 1 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9567 Reporting Month April 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 162 No of People at End of Month

Design Flow .288 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-8963 / H. L. Keen C-7240

I certify this report is correct Hoyt L Keen C-7240

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

Days of Month	Total Water Treated in Gallons	Milimeters Chlorine							Residual Chlorin (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	226,500		65.00	33.70					12.4	9.8	4	
Average	7,550		2.50	1.30					0.5	0.4		
Maximum	14,200		4.00	2.00					0.5	0.4		
Minimum	4,600		1.00	0.60					0.4	0.3		
1	6,800		2.00	1.20					0.4	0.3		
2												
3	10,300		2.00	0.90					0.5	0.4		
4	9,000		2.00	1.20					0.5	0.4		
5	5,300		2.00	1.80					0.5	0.4	4	
6	6,300		3.00	2.00					0.5	0.4		
7	4,900		2.00	1.80					0.5	0.4		
8	8,600		2.00	1.20					0.5	0.4		
9	7,300		2.00	1.40					0.5	0.4		
10												
11	13,800		4.00	1.10					0.5	0.4		
12	7,300		2.00	1.20					0.5	0.4		
13	5,700		1.00	1.40					0.5	0.4		
14	4,600		3.00	1.80					0.5	0.4		
15	5,800		2.00	1.40					0.4	0.3		
16												
17	19,100		3.00	0.60					0.4	0.3		
18	6,700		2.00	1.20					0.4	0.3		
19	8,900		3.00	1.30					0.4	0.3		
20	7,400		3.00	1.70					0.4	0.3		
21	14,200		4.00	1.10					0.5	0.4		
22	5,200		2.00	1.80					0.5	0.4		
23												
24	13,700		3.00	1.10					0.5	0.4		
25	9,500		3.00	1.30					0.5	0.4		
26	8,800		2.00	0.90					0.5	0.4		
27	8,400		2.00	1.00					0.5	0.4		
28	9,500		4.00	1.30					0.5	0.4		
29	7,400		2.00	1.00					0.5	0.4		
30	12,000		3.00	1.00					0.5	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9557 Reporting Month April 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 162 No of People at End of Month 567

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify the report is correct H. L. Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,692,000	26.00		48.1					17.1	8.8	4	
Average:	56,400	0.87		1.6					0.7	0.3		
Maximum:	74,000	1.00		2.8					5.0	0.4		
Minimum:	28,000	0.50		0.9					0.4	0.3		
1	52,000	0.50		1.2					0.5	0.3		
2												
3	105,000	1.75		2.0					0.5	0.3		
4	52,000	0.75		1.7					0.5	0.3		
5	65,000	1.00		1.8					0.5	0.3	4	
6	58,000	1.00		2.1					0.5	0.3		
7	43,000	1.00		2.8					0.5	0.3		
8	48,000	1.00		2.5					0.5	0.3		
9	68,000	0.50		0.9					0.5	0.3		
10												
11	114,000	2.00		2.1					0.5	0.3		
12	61,000	1.00		2.0					0.5	0.3		
13	56,000	1.00		2.1					0.5	0.3		
14	35,000	0.50		1.7					5.0	0.3		
15	28,000	0.50		2.1					0.4	0.3		
16												
17	137,000	2.00		1.8					0.5	0.4		
18	42,000	0.50		1.4					0.5	0.4		
19	53,000	1.00		2.3					0.5	0.4		
20	63,000	1.00		1.9					0.4	0.3		
21	65,000	1.00		1.8					0.5	0.4		
22	52,000	0.50		1.2					0.5	0.4		
23												
24	89,000	1.50		2.0					0.5	0.4		
25	69,000	1.00		1.7					0.5	0.4		
26	69,000	1.00		1.7					0.5	0.4		
27	60,000	1.00		2.0					0.5	0.4		
28	62,000	1.00		1.9					0.5	0.4		
29	74,000	1.00		1.6					0.4	0.3		
30	72,000	1.00		1.7					0.4	0.3		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 1 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9567 Reporting Month May 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 162 No of People at End of Month

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C 7240 (Cert. No)

Days of Month	Total Water Treated in Gallons	Millimeters Chlorine lbs used	Millimeters Chlorine gals used	Millimeters Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorin (mg/l) Plant Effluent	Residual Chlorin (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	332,500		90.00	30.90					12.8	10.2	4	
Average	10,726		3.46	1.19					0.5	0.4		
Maximum	18,000		5.00	2.30					0.5	0.4		
Minimum	3,800		2.00	0.70					0.4	0.3		
1												
2	21,500		5.00	0.90					0.5	0.4		
3	10,200		3.00	1.30					0.5	0.4	4	
4	3,800		2.00	2.30					0.5	0.4		
5	5,900		2.00	1.40					0.5	0.4		
6	8,400		2.00	1.00					0.4	0.3		
7												
8	20,200		5.00	1.00					0.5	0.4		
9	6,700		2.00	1.20					0.5	0.4		
10	12,300		3.00	1.00					0.5	0.4		
11	10,500		3.00	1.10					0.5	0.4		
12	13,100		3.00	1.00					0.5	0.4		
13	14,700		5.00	1.30					0.5	0.4		
14												
15	25,200		7.00	1.20					0.5	0.4		
16	16,700		3.00	0.70					0.5	0.4		
17	8,800		2.00	0.90					0.4	0.3		
18	11,600		5.00	1.70					0.5	0.4		
19	10,300		3.00	1.30					0.5	0.4		
20	7,400		3.00	1.70					0.5	0.4		
21	7,100		2.00	1.20					0.5	0.4		
22												
23	28,500		8.00	1.10					0.5	0.4		
24	9,900		3.00	1.30					0.5	0.4		
25	13,500		2.00	0.60					0.5	0.4		
26	12,300		2.00	0.70					0.5	0.4		
27	11,200		3.00	1.10					0.5	0.4		
28	18,000		5.00	1.10					0.5	0.4		
29												
30	20,000		5.00	1.00					0.5	0.4		
31	4,700		2.00	1.80					0.5	0.4		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9587 Reporting Month May 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Hal Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	2,120,000	33.50		50.1					13.1	10.4	4	
Average:	68,387	1.08		1.6					0.5	0.4		
Maximum:	103,000	1.75		3.3					0.6	0.5		
Minimum:	26,000	0.50		1.0					0.4	0.3		
1												
2	158,000	2.50		1.9					0.5	0.4		
3	49,000	1.00		2.4					0.5	0.4	4	
4	36,000	1.00		3.3					0.5	0.4		
5	29,000	0.25		1.0					0.5	0.4		
6	46,000	0.25		0.7					0.4	0.3		
7												
8	114,000	1.75		1.8					0.5	0.4		
9	59,000	0.75		1.5					0.5	0.4		
10	62,000	1.00		1.9					0.5	0.4		
11	53,000	1.00		2.3					0.5	0.4		
12	56,000	0.50		1.1					0.4	0.3		
13	68,000	1.50		2.6					0.5	0.4		
14												
15	150,000	2.00		1.6					0.6	0.5		
16	76,000	1.50		2.4					0.6	0.5		
17	68,000	1.50		2.6					0.6	0.5		
18	78,000	1.00		1.5					0.6	0.5		
19	77,000	0.50		0.8					0.5	0.4		
20	46,000	1.00		2.6					0.5	0.4		
21	61,000	0.50		1.0					0.4	0.3		
22												
23	150,000	3.00		2.4					0.4	0.3		
24	84,000	1.00		1.4					0.5	0.4		
25	101,000	1.75		2.1					0.5	0.4		
26	74,000	1.00		1.6					0.5	0.4		
27	103,000	1.50		1.7					0.5	0.4		
28	89,000	1.75		2.4					0.6	0.4		
29												
30	207,000	3.25		1.9					0.5	0.4		
31	26,000	0.75		3.5					0.5	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 1 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9587 Reporting Month June 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 164 No of People at End of Month 487

Design Flow .288 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify the report is correct Hayden Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Millimeters Chlorine							Residual Chlorin (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	242,500		67.00	37.20					13.0	10.1	4	
Average:	8,083		2.58	1.43					0.5	0.4		
Maximum:	37,200		5.00	2.30					0.5	0.4		
Minimum:	4,200		2.00	0.60					0.5	0.3		
1	21,300		3.00	0.60					0.5	0.4		
2	10,100		2.00	0.90					0.5	0.4	4	
3	4,900		3.00	2.50					0.5	0.4		
4												
5	11,300		2.00	0.80					0.5	0.3		
6	6,200		3.00	2.00					0.5	0.3		
7	5,800		2.00	1.40					0.5	0.3		
8	5,500		2.00	1.40					0.5	0.4		
9	4,500		2.00	1.40					0.5	0.4		
10	5,500		2.00	1.40					0.5	0.4		
11	4,500		2.00	1.40					0.5	0.4		
12												
13	13,800		2.00	0.60					0.5	0.4		
14	8,300		2.00	1.40					0.5	0.4		
15	6,900		2.00	1.20					0.5	0.4		
16	5,600		3.00	2.00					0.5	0.4		
17	4,800		2.00	1.80					0.5	0.4		
18												
19	13,800		3.00	0.80					0.5	0.4		
20	14,400		5.00	1.40					0.5	0.4		
21	37,200		3.00	0.30					0.5	0.4		
22	15,500		4.00	1.00					0.5	0.4		
23	5,400		2.00	1.80					0.5	0.4		
24	5,200		2.00	1.80					0.5	0.4		
25												
26	13,100		6.00	2.20					0.5	0.4		
27	5,000		2.00	1.80					0.5	0.4		
28	4,900		2.00	1.80					0.5	0.4		
29	4,200		2.00	2.30					0.5	0.4		
30	6,800		2.00	1.20					0.5	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month June 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 164 No of People at End of Month 487

Design Flow .288 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct [signature] C 7240

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,102,000	16.00		43.3					12.3	9.8	4	
Average	36,733	0.53		1.4					0.5	0.4		
Maximum	59,000	1.00		3.8					0.5	0.4		
Minimum	27,000	0.10		0.4					0.4	0.3		
1	59,000	1.00		2.0					0.5	0.4		
2	51,000	0.50		1.2					0.5	0.4	4	
3	37,000	0.50		1.6					0.5	0.4		
4												
5	80,000	0.25		0.4					0.5	0.4		
6	43,000	0.75		2.1					0.5	0.4		
7	38,000	0.50		1.6					0.5	0.4		
8	35,000	0.50		1.7					0.5	0.4		
9	32,000	0.50		1.9					0.5	0.4		
10	35,000	0.50		1.7					0.5	0.4		
11	34,000	1.00		3.5					0.5	0.4		
12									0.5	0.4		
13	78,000	2.00		3.1					0.5	0.4		
14	40,000	0.50		1.5					0.5	0.4		
15	45,000	0.50		1.3					0.5	0.4		
16	35,000	0.50		1.7					0.5	0.4		
17	41,000	1.00		2.9					0.5	0.4		
18												
19	90,000	2.00		2.7					0.5	0.4		
20												
21												
22	32,000	1.00		3.7					0.5	0.4		
23	28,000	0.50		2.1					0.5	0.4		
24	27,000	0.50		2.2					0.5	0.4		
25												
26	71,000	0.10		0.2					0.4	0.3		
27	33,000	0.40		1.5					0.4	0.3		
28	41,000	0.50		1.5					0.5	0.4		
29	47,000	0.25		0.6					0.5	0.4		
30	50,000	0.25		0.6					0.5	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 1 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9567 Reporting Month July 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 164 No of People at End of Month 487

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6863 / H. L. Keen C-7240

I certify this report is correct Harold L Keen C 640

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

Days of Month	Total Water Treated in In Gallons	Millimeters Chlorine							Residual Chlorin (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	188,700		59.00	34.20					13.2	10.4	4	
Average	6,087		2.27	1.32					0.5	0.4		
Maximum:	8,600		4.00	2.00					0.7	0.5		
Minimum:	4,900		1.00	0.40					0.4	0.3		
1	9,500		2.00	0.90					0.5	0.4	4	
2												
3	13,600		4.00	1.10					0.5	0.4		
4	4,900		2.00	1.80					0.5	0.4		
5	6,100		2.00	1.40					0.5	0.4		
6	6,800		2.00	1.20					0.5	0.4		
7	5,800		2.00	1.40					0.5	0.4		
8	5,900		3.00	2.00					0.5	0.4		
9												
10	13,000		6.00	2.00					0.6	0.5		
11	4,900		2.00	1.80					0.5	0.4		
12	5,500		2.00	1.40					0.5	0.4		
13	5,400		2.00	1.80					0.7	0.5		
14	6,500		2.00	1.20					0.5	0.4		
15	5,800		1.00	0.60					0.5	0.4		
16	8,600		1.00	0.40					0.5	0.4		
17												
18	11,200		3.00	1.10					0.5	0.4		
19	8,000		2.00	1.00					0.5	0.4		
20	6,600		2.00	1.20					0.5	0.4		
21	6,000		2.00	1.40					0.5	0.4		
22	5,800		2.00	1.40					0.5	0.4		
23	6,800		2.00	1.40					0.5	0.4		
24												
25	13,600		4.00	1.10					0.5	0.4		
26	5,100		2.00	1.80					0.5	0.4		
27	5,900		2.00	1.40					0.5	0.4		
28	5,500		1.00	0.60					0.5	0.4		
29	4,800		2.00	1.80					0.4	0.3		
30	7,500		2.00	1.00					0.5	0.3		
31												

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

DER Form 17.555910(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month July 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 184 No of People at End of Month 487

Design Flow .288 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Hayden L. Keen C-7240

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorin (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	1,211,000	23.00		58.5					13.7	10.7	4	
Average:	39,065	0.74		1.9					0.5	0.4		
Maximum:	55,000	1.00		3.8					0.6	0.5		
Minimum:	25,000	0.25		0.7					0.5	0.4		
1	42,000	0.50		1.4					0.5	0.4	4	
2												
3	84,000	2.00		2.9					0.5	0.4		
4	35,000	0.50		1.7					0.5	0.4		
5	33,000	0.50		1.8					0.5	0.4		
6	41,000	0.50		1.5					0.5	0.4		
7	39,000	0.50		1.5					0.5	0.4		
8	41,000	0.50		1.5					0.5	0.4		
9												
10	102,000	2.25		2.6					0.6	0.5		
11	36,000	0.75		2.5					0.5	0.4		
12	36,000	1.00		3.3					0.6	0.5		
13	32,000	1.00		3.7					0.6	0.5		
14	41,000	0.25		0.7					0.5	0.4		
15	35,000	0.50		1.7					0.5	0.4		
16	55,000	1.25		2.7					0.6	0.4		
17												
18	83,000	1.50		2.2					0.6	0.4		
19	42,000	1.00		2.9					0.5	0.4		
20	48,000	1.00		2.5					0.5	0.4		
21	42,000	1.00		2.9					0.5	0.4		
22	31,000	0.50		1.9					0.5	0.4		
23	34,000	1.00		3.5					0.6	0.4		
24												
25	84,000	1.50		2.1					0.6	0.4		
26	39,000	0.50		1.5					0.5	0.4		
27	42,000	1.00		2.9					0.5	0.4		
28	43,000	1.00		2.8					0.5	0.4		
29	25,000	0.50		2.4					0.5	0.4		
30	46,000	0.50		1.3					0.5	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 1 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month August 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 165 No of People at End of Month 487

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5826 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Harold L Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Milimeters Chlorine							Residual Chlorin (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	172,100		71.00	50.30					13.0	10.2	4	
Average:	5,552		2.63	1.86					0.5	0.4		
Maximum:	7,300		4.00	3.30					0.8	0.6		
Minimum:	3,300		1.00	0.90					0.2	0.2		
1	10,000		2.00	0.90					0.5	0.4		
2	5,200		4.00	3.30					0.5	0.4		
3	6,200		2.00	1.40					0.8	0.6		
4	7,300		4.00	2.20					0.2	0.2	4	
5	11,600		4.00	1.30					0.4	0.3		
6												
7	11,000		4.00	1.30					0.4	0.3		
8	3,300		2.00	2.80					0.5	0.3		
9	4,300		2.00	2.30					0.5	0.4		
10	4,900		2.00	1.80					0.5	0.4		
11	4,900		2.00	1.80					0.4	0.3		
12	5,000		2.00	1.80					0.5	0.4		
13	4,900		2.00	1.80					0.5	0.4		
14												
15	11,500		2.00	0.70					0.5	0.4		
16	4,200		2.00	2.30					0.5	0.4		
17	3,900		2.00	2.30					0.5	0.4		
18	4,600		2.00	1.80					0.5	0.4		
19	5,300		1.00	0.80					0.5	0.4		
20												
21	13,000		4.00	1.20					0.5	0.3		
22	5,700		2.00	1.40					0.4	0.3		
23	4,300		2.00	2.30					0.5	0.4		
24	4,800		2.00	1.80					0.5	0.4		
25	4,900		2.00	1.80					0.5	0.4		
26	4,900		2.00	1.80					0.5	0.4		
27	7,300		4.00	2.20					0.4	0.3		
28												
29	9,000		7.00	2.90					0.5	0.4		
30	5,300		3.00	2.50					0.5	0.4		
31	4,800		2.00	1.80					0.5	0.5		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month August 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 164 No of People at End of Month 487

Design Flow .288 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5826 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct H L Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,086,000	21.50		61.9					13.6	10.9	4	
Average:	35,032	0.69		2.0					0.5	0.4		
Maximum:	53,000	1.00		3.2					0.6	0.5		
Minimum:	23,000	0.25		1.0					0.5	0.4		
1	45,000	1.00		2.7					0.5	0.4		
2	32,000	0.75		2.8					0.5	0.4		
3	43,000	0.75		2.1					0.5	0.4	4	
4	43,000	0.50		1.4					0.6	0.5		
5	35,000	0.75		2.6					0.5	0.4		
6												
7	66,000	1.50		2.6					0.5	0.4		
8	28,000	0.75		3.2					0.5	0.4		
9	23,000	0.50		2.6					0.5	0.4		
10	29,000	0.50		2.1					0.5	0.4		
11	30,000	0.25		1.0					0.5	0.4		
12	33,000	0.75		2.7					0.5	0.4		
13	36,000	0.50		1.7					0.5	0.4		
14												
15	74,000	2.00		3.2					0.5	0.4		
16	27,000	0.50		2.2					0.5	0.4		
17	23,000	0.50		2.6					0.5	0.4		
18	23,000	0.25		1.3					0.5	0.4		
19	35,000	0.75		2.6					0.5	0.4		
20												
21	87,000	2.00		2.8					0.5	0.4		
22	37,000	0.50		1.6					0.5	0.4		
23	30,000	0.50		2.0					0.5	0.4		
24	31,000	0.50		1.9					0.5	0.4		
25	30,000	0.50		2.0					0.5	0.4		
26	43,000	1.00		2.8					0.5	0.4		
27	53,000	1.00		2.3					0.5	0.4		
28												
29	65,000	1.50		2.8					0.5	0.4		
30	43,000	0.50		1.4					0.5	0.4		
31	40,000	1.00		3.0					0.5	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 1 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-9567 Reporting Month September 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 14 No of People at End of Month 30

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6953 / H. L. Keen C-7240

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Mitimeters Chlorine							Residual Chlorin (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	165,500		57.00	39.20					12.0	9.4	4	
Average	5,517		2.19	1.51					0.5	0.4		
Maximum:	9,600		4.00	2.50					0.5	0.4		
Minimum:	2,900		1.00	0.60					0.3	0.2		
1	9,600		4.00	1.60					0.5	0.4		
2	8,300		2.00	1.40					0.5	0.4	4	
3	8,300		2.00	1.40					0.5	0.4		
4												
5	18,100		5.00	1.10					0.5	0.4		
6	7,400		2.00	1.40					0.4	0.3		
7	5,300		2.00	1.40					0.5	0.4		
8	5,300		2.00	1.80					0.4	0.3		
9	4,600		2.00	1.70					0.5	0.4		
10	6,500		1.00	0.60					0.4	0.3		
11												
12	8,500		2.00	1.40					0.4	0.3		
13	4,500		2.00	1.70					0.4	0.3		
14	4,900		2.00	1.80					0.4	0.3		
15	4,300		2.00	2.30					0.4	0.3		
16	4,500		3.00	2.50					0.4	0.3		
17												
18	13,700		2.00	0.60					0.3	0.2		
19	2,900		1.00	1.00					0.5	0.4		
20	6,900		3.00	1.60					0.5	0.4		
21	4,200		1.00	1.00					0.5	0.4		
22	4,600		2.00	1.80					0.5	0.4		
23	4,900		2.00	1.80					0.5	0.4		
24	4,800		2.00	1.80					0.5	0.4		
25												
26	11,600		3.00	1.00					0.5	0.4		
27	5,300		2.00	1.70					0.5	0.4		
28	4,300		2.00	2.30					0.5	0.4		
29	6,200		2.00	1.40					0.5	0.4		
30			2.00	1.10					0.5	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month September 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 166 No of People at End of Month 493

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6983 / H. L. Keen C-7240

I certify this report is correct Harold L. Keen C-7240

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,081,000	21.50		60.2					12.9	9.6	4	
Average	36,033	0.72		2.0					0.5	0.4		
Maximum	53,000	1.50		4.7					0.7	0.6		
Minimum	16,000	0.25		1.0					0.4	0.3		
1	39,000	0.50		1.5					0.5	0.4		
2	47,000	1.00		2.6					0.5	0.4		
3	53,000	1.00		2.3					0.5	0.4		
4											4	
5	93,000	2.00		2.6					0.5	0.4		
6	41,000	1.00		2.9					0.5	0.4		
7	46,000	1.00		2.6					0.5	0.4		
8	46,000	0.50		1.3					0.4	0.3		
9	28,000	0.50		2.1					0.5	0.4		
10	48,000	0.75		1.9					0.5	0.3		
11												
12	58,000	1.25		2.6					0.5	0.3		
13	31,000	0.75		2.9					0.5	0.3		
14	30,000	0.25		1.0					0.5	0.3		
15	33,000	0.25		0.9					0.5	0.3		
16	35,000	0.75		2.6					0.5	0.3		
17												
18	73,000	2.00		3.3					0.7	0.6		
19	16,000	0.25		1.9					0.5	0.3		
20	25,000	0.75		3.6					0.5	0.4		
21	23,000	0.50		2.6					0.5	0.4		
22	30,000	0.50		2.0					0.5	0.4		
23	34,000	0.50		1.8					0.5	0.4		
24	31,000	0.50		1.9					0.5	0.4		
25												
26	77,000	1.75		2.7					0.5	0.4		
27	34,000	0.75		2.6					0.5	0.4		
28	36,000	0.50		1.7					0.4	0.3		
29	38,000	1.50		4.7					0.4	0.3		
30	36,000	0.50		1.7					0.5	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 1 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8587 Reporting Month October 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 166 No of People at End of Month 493

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Harold L Keen (Lead Operator's Signature) (Cert. Level) C 7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimeters Chlorine							Residual Chlorin (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	152,000		68.00	45.40					12.0	8.7	4	
Average:	4,903		2.62	1.75					0.5	0.3		
Maximum:	6,100		4.00	3.30					0.6	0.5		
Minimum:	3,900		1.00	0.80					0.4	0.3		
1	4,900		2.00	1.80					0.5	0.4		
2												
3	9,100		3.00	1.30					0.5	0.4		
4	4,000		1.00	1.00					0.4	0.3	4	
5	3,900		1.00	1.00					0.5	0.4		
6	4,600		2.00	1.80					0.4	0.3		
7	4,200		2.00	2.30					0.4	0.3		
8												
9	11,600		6.00	2.00					0.4	0.3		
10	4,200		2.00	2.30					0.4	0.3		
11	4,300		2.00	2.30					0.4	0.3		
12	4,200		2.00	2.30					0.4	0.3		
13	5,600		2.00	1.40					0.4	0.3		
14			2.00	1.80					0.5	0.4		
15	4,900											
16			3.00	1.30					0.4	0.3		
17	9,900		2.00	1.80					0.5	0.3		
18	5,000		2.00	2.30					0.5	0.3		
19	4,300		1.00	1.00					0.4	0.3		
20	4,900		1.00	0.80					0.5	0.3		
21	4,900		1.00	0.80					0.4	0.3		
22	4,600											
23			7.00	1.90					0.5	0.3		
24	14,100		2.00	1.40					0.5	0.3		
25	6,000		2.00	1.80					0.5	0.3		
26	5,200		2.00	1.40					0.5	0.3		
27	6,100		1.00	1.20					0.5	0.4		
28	4,300		4.00	3.30					0.6	0.5		
29	5,400											
30			11.00	3.70					0.5	0.4		
31	11,800		2.00	1.40					0.5	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8587 Reporting Month October 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 166 No of People at End of Month 493

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7240

I certify this report is correct Hayl L Keen C. 7240

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	876,000	16.50		59.1					12.6	10.0	4	
Average:	28,258	0.53		1.9					0.5	0.4		
Maximum:	51,000	1.00		3.8					0.7	0.5		
Minimum:	18,000	0.25		1.6					0.4	0.3		
1	36,000	0.50		1.7					0.5	0.4		
2												
3	50,000	1.00		2.4					0.5	0.4		
4	27,000	0.50		2.2					0.5	0.4		
5	18,000	0.50		3.7					0.5	0.4	4	
6	20,000	0.50		3.0					0.5	0.4		
7	30,000	0.50		2.0					0.5	0.4		
8												
9	71,000	1.50		2.5					0.7	0.5		
10	24,000	0.25		1.2					0.5	0.4		
11	22,000	0.25		1.4					0.6	0.5		
12	16,000	0.25		1.9					0.5	0.4		
13	19,000	0.25		1.6					0.5	0.4		
14	23,000	0.50		2.6					0.4	0.3		
15												
16	47,000	1.00		2.6					0.4	0.3		
17	21,000	0.50		2.9					0.5	0.4		
18	21,000	0.50		2.9					0.4	0.3		
19	26,000	0.50		2.3					0.4	0.3		
20	28,000	0.50		2.1					0.4	0.3		
21	51,000	1.00		2.4					0.5	0.4		
22												
23	71,000	1.25		2.1					0.5	0.4		
24	35,000	0.75		2.6					0.5	0.4		
25	34,000	0.50		1.8					0.5	0.4		
26	36,000	1.00		3.3					0.5	0.4		
27	36,000	0.75		2.5					0.6	0.4		
28	37,000	0.75		2.4					0.5	0.4		
29												
30	61,000	0.75		1.5					0.4	0.3		
31	18,000	0.25		1.7					0.5	0.4		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 1 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month November 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 186 No of People at End of Month 493

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Keen C-7340

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-7340 (Cert. No)

Days of Month	Total Water Treated in In Gallons	Millimeters Chlorine							Residual Chlorn (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	160,600		69.00	46.30					12.8	10.2	4	
Average	5,353		2.65	1.78					0.5	0.4		
Maximum	8,700		2.30	3.30					0.6	0.5		
Minimum	3,600		1.00	1.00					0.4	0.3		
1	3,900		1.00	1.00					0.5	0.4		
2	7,200		2.00	1.20					0.5	0.4		
3	5,100		2.00	1.80					0.5	0.4		
4	3,600		1.00	1.00					0.4	0.3		
5	8,700		2.00	0.90					0.4	0.3		
6												
7	9,000		4.00	1.60					0.5	0.4	4	
8	4,800		2.00	1.80					0.5	0.4		
9	7,700		2.00	1.00					0.5	0.4		
10	4,800		2.00	1.80					0.4	0.3		
11	4,900		4.00	3.30					0.5	0.4		
12	6,700		2.00	1.20					0.5	0.4		
13												
14	11,100		5.00	1.90					0.5	0.4		
15	4,800		2.00	1.80					0.5	0.4		
16	5,600		2.00	1.40					0.5	0.4		
17	4,000		2.00	2.30					0.6	0.5		
18	4,300		2.00	2.30					0.5	0.4		
19												
20	10,700		7.00	2.60					0.6	0.5		
21	6,700		3.00	1.70					0.6	0.5		
22	4,300		2.00	2.30					0.5	0.4		
23	5,600		2.00	1.40					0.5	0.4		
24	4,700		2.00	1.80					0.5	0.4		
25	4,700		2.00	1.80					0.5	0.4		
26	6,800		2.00	1.20					0.5	0.4		
27												
28	10,900		7.00	2.90					0.5	0.4		
29	4,300		2.00	2.30					0.4	0.3		
30	6,000		3.00	2.00					0.4	0.3		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Peacemaster Village 2 Location: City or S/D Keystone Heights
Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month November 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 166 No of People at End of Month 483
Design Flow .288 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
W. K. Kerlin C-5826 / J. W. Stapf C-6963 / H. L. Keen C-7240
I certify this report is correct H. L Keen C 1240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorin (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	877,000	17.00		58.6					13.1	10.5	4	
Average:	29,233	0.57		2.0					0.5	0.4		
Maximum:	43,000	1.00		4.0					0.6	0.5		
Minimum:	18,000	0.25		1.3					0.5	0.4		
1	24,000	0.50		2.5					0.5	0.4		
2	29,000	0.50		2.1					0.5	0.4		
3	27,000	0.50		2.2					0.5	0.4		
4	28,000	0.50		2.1					0.5	0.4		
5	43,000	1.00		2.8					0.5	0.4		
6												
7	66,000	1.50		2.7					0.5	0.4	4	
8	29,000	0.50		2.1					0.5	0.4		
9	39,000	0.50		1.5					0.5	0.4		
10	42,000	1.00		2.9					0.5	0.4		
11	37,000	1.00		3.2					0.5	0.4		
12	35,000	0.50		1.7					0.5	0.4		
13												
14	43,000	1.00		2.8					0.5	0.4		
15	24,000	0.25		1.2					0.5	0.4		
16	18,000	0.50		3.3					0.5	0.4		
17	19,000	0.25		1.6					0.5	0.4		
18	19,000	0.25		1.6					0.5	0.4		
19												
20	44,000	1.25		3.4					0.6	0.5		
21	33,000	0.50		1.8					0.5	0.4		
22	26,000	0.50		2.3					0.5	0.4		
23	27,000	0.50		2.2					0.5	0.4		
24	28,000	0.50		2.1					0.5	0.4		
25	30,000	1.00		4.0					0.5	0.4		
26	33,000	0.50		1.8					0.5	0.4		
27												
28	71,000	1.00		1.7					0.5	0.4		
29	34,000	0.50		1.8					0.5	0.4		
30	29,000	0.50		2.1					0.5	0.4		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 1 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month December 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 186 No of People at End of Month 493

Design Flow .288 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Kerlin C-5926 / J. W. Stapf C-6963 / H. L. Kaen C-7240

I certify this report is correct [signature] C-7240

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

Days of Month	Total Water Treated in in Gallons	Millimeters Chlorine							Residual Chlorin (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	166,100		82.00	46.70					13.4	10.7		
Average:	5,358		2.30	1.80					0.5	0.4		
Maximum:	10,300		4.00	4.00					1.4	1.3		
Minimum:	4,000		1.00	0.60					0.4	0.3		
1	5,100		2.00	1.80					0.4	0.3		
2	6,000		2.00	2.00					0.5	0.4		
3	4,200		4.00	4.00					0.5	0.4		
4												
5	11,100		4.00	1.40					0.5	0.4		
6	4,800		2.00	1.80					0.5	0.4		
7	6,000		2.00	1.40					0.5	0.4		
8	4,300		2.00	2.30					0.5	0.4		
9	4,300		2.00	2.30					0.5	0.4		
10												
11	13,700		9.00	3.00					0.5	0.4		
12	9,000		2.00	0.90					0.5	0.4		
13	10,300		2.00	0.90					0.4	0.3		
14	5,400		2.00	1.80					0.5	0.3		
15	4,000		2.00	2.30					0.5	0.3		
16	4,600		2.00	1.80					0.5	0.4		
17	7,700		2.00	1.00								
18												
19	6,700		2.00	2.10					0.5	0.4		
20	5,300		2.00	1.80					0.5	0.4		
21	4,000		2.00	2.30					0.5	0.4		
22	4,300		2.00	2.30					0.5	0.4		
23	5,700		2.00	1.40					0.5	0.4		
24	5,700		1.00	0.60					0.4	0.3		
25												
26	11,200		2.00	0.80					0.4	0.3		
27	4,100		2.00	2.30					0.4	0.3		
28	5,000		2.00	1.80					0.5	0.4		
29	6,100		1.00	0.60					1.4	1.3		
30	5,700		3.00	2.00					1.0	0.9		
31												

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village 2 Location: City or S/D Keystone Heights

Owned By Southern States Utilities Phone No: 904-473-8567 Reporting Month December 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 166 No of People at End of Month 493

Design Flow .288 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

W. K. Karlin C-8926 / J. W. Stapf C-8963 / H. L. Keen C-7240

I certify this report is correct [signature] C-7240

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	835,000	15.50		57.4					13.0	10.4	4	
Average	26,935	0.50		1.9					0.5	0.4		
Maximum:	34,000	0.75		2.9					0.6	0.5		
Minimum:	21,000	0.25		1.0					0.4	0.3		
1	27,000	0.50		2.2					0.5	0.4		
2	26,000	0.50		2.3					0.4	0.3		
3	29,000	0.50		2.1					0.5	0.4		
4												
5	62,000	1.50		2.9					0.5	0.4	4	
6	24,000	0.50		2.5					0.5	0.4		
7	23,000	0.50		2.6					0.5	0.4		
8	22,000	0.50		2.7					0.5	0.4		
9	28,000	0.50		2.1					0.5	0.4		
10												
11	55,000	0.75		1.6					0.5	0.4		
12	29,000	0.25		1.0					0.5	0.4		
13	27,000	0.50		2.2					0.5	0.4		
14	30,000	0.50		2.0					0.5	0.4		
15	28,000	0.50		2.1					0.5	0.4		
16	32,000	0.50		1.9					0.5	0.4		
17	31,000	0.50		1.9					0.5	0.4		
18												
19	52,000	1.00		2.3					0.5	0.4		
20	27,000	0.50		2.2					0.5	0.4		
21	34,000	0.50		1.8					0.5	0.4		
22	22,000	0.50		2.7					0.5	0.4		
23	28,000	0.50		2.1					0.5	0.4		
24	32,000	0.50		1.9					0.5	0.4		
25												
26	49,000	1.50		3.7					0.5	0.4		
27	21,000	0.50		2.9					0.5	0.4		
28	33,000	0.50		1.8					0.5	0.4		
29	31,000	0.50		1.9					0.5	0.5		
30	33,000	0.50		1.8					0.6	0.4		
31												

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

DER Form 17.555910(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month January 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH W.K.KERLIN C5926 H.L. KEEN C7240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons		Millimeters 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	195		62.00	38.70					19.7	14.4	4	
Average:	6		2.38	1.50					0.8	0.6		
Maximum:	8		3.00	3.30								
Minimum:	4		1.00	1.00								
1	7		2.00	1.20					0.7	0.5		
2	7		2.00	1.20					0.7	0.5		
3												
4	14		4.00	1.30					1.0	0.6		
5	6		2.00	1.40					1.0	0.6	4	Wells 1+2
6	8		2.00	1.00					0.8	0.6		
7	4		1.00	1.00					0.8	0.6		
8	5		2.00	1.80					0.7	0.5		
9	8		2.00	1.00					0.6	0.5		
10												
11	20		6.00	1.20					0.6	0.5		
12	7		3.00	1.70					0.6	0.5		
13	7		2.00	1.40					0.7	0.5		
14	6		2.00	1.40					0.6	0.5		
15	6		2.00	1.40					0.6	0.5		
16												
17	10		3.00	1.30					0.6	0.5		
18	7		2.00	1.40					0.6	0.5		
19	6		2.00	1.40					0.7	0.5		
20	6		2.00	1.40					0.7	0.5		
21	4		3.00	3.30					0.9	0.6		
22	7		2.00	1.20					0.8	0.6		
23	5		2.00	1.80					0.8	0.6		
24												
25	15		4.00	1.00					0.8	0.6		
26	6		2.00	1.40					0.8	0.6		
27	4		1.00	3.00					0.8	0.6		
28	5		2.00	1.40					0.8	0.6		
29	6		3.00	2.00					1.0	0.7		
30												
31	9		2.00	1.10					1.0	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 month of record

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phon 904-473-8567 Reporting Month January 1993
Plant Effluent pH (Avg) 7.0 No of Services at End of Month No of People at End of Month
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorin (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	1,011	25.50		76.6					23.1	14.1	4	
Average:	34	0.82		2.5					0.9	0.5		
Maximum:	110	2.00		4.6					1.1	0.8		
Minimum:	18	0.25		1.3					0.6	0.5		
1	36	0.75		2.5					0.7	0.5		
2	48	1.00		2.5					0.8	0.6		
3												
4	97	3.25		4.0					1.1	0.6		
5	25	0.50		2.4					1.0	0.6	4	Wells 1 + 2
6	30	1.00		4.0					1.1	0.6		
7	19	0.50		3.2					1.0	0.5		
8	24	0.25		1.2					0.9	0.5		
9	32	1.25		4.7					1.0	0.5		
10												
11	46	1.50		3.9					1.0	0.5		
12	20	0.25		1.5					0.9	0.5		
13	30	0.50		2.0					1.0	0.5		
14	23	0.25		1.3					0.9	0.5		
15	27	1.00		4.4					0.9	0.5		
16												
17	57	1.50		3.2					0.9	0.5		
18	35	0.75		2.6					0.9	0.5		
19	29	1.00		4.1					0.9	0.5		
20	18	0.50		3.3					0.9	0.5		
21	28	0.50		2.1					0.9	0.5		
22	29	1.00		4.1					1.0	0.8		
23	22	0.50		2.7					0.8	0.5		
24												
25	75	2.25		3.6					0.7	0.5		
26	110	2.00		2.2					0.9	0.7		
27	29	0.75		3.1					0.9	0.7		
28	32	0.50		1.9					0.7	0.5		
29	28	0.75		3.1					0.7	0.5		
30												
31	61	1.50		2.9					0.6	0.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month February 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .288 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH W.K.KERLIN CS926 H.L. KEEN C7240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimeters 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	176		68.00	40.50					18.7	13.3	4	
Average:	6		2	1.62					0.8	0.5		
Maximum:	13		6.00	2.30					1.0	0.7		
Minimum:	3		1.00	0.40					0.5	0.4		
1	5		2.00	1.50					0.5	0.4		
2	6		2.00	1.20					0.5	0.4		
3	5		2.00	1.80					0.8	0.5		
4	4		2.00	2.30					0.8	0.5	4	Wells 1 + 2
5	5		2.00	1.80					0.8	0.5		
6	3		1.00	1.00					0.8	0.5		
7												
8	12		2.00	0.40					0.8	0.5		
9	6		2.00	1.40					0.5	0.4		
10	6		1.00	0.60					0.8	0.5		
11	4		2.00	2.30					0.9	0.7		
12	4		2.00	2.30					0.8	0.7		
13	5		2.00	1.80					0.8	0.7		
14												
15	21		6.00	1.40					0.8	0.7		
16	5		2.00	1.80					0.8	0.7		
17	5		4.00	3.30					0.8	0.7		
18	4		2.00	2.30					0.8	0.7		
19	6		1.00	0.60					0.5	0.4		
20												
21	15		7.00	1.80					1.0	0.5		
22	7		2.00	1.40					0.5	0.4		
23	6		2.00	1.40					0.5	0.4		
24	6		2.00	1.40					0.8	0.5		
25	13		6.00	2.00					0.8	0.5		
26	6		2.00	1.40					0.8	0.5		
27												
28	13		7.00	2.30					0.8	0.5		
29	4		1.00	1.00					0.8	0.5		
30												
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phon 904-473-8567 Reporting Month February 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month No of People at End of Month
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorin (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	880	19.25		63.7					15.7	12.1	4	
Average:	31	0.7		2.3					0.6	0.5		
Maximum:	50	1.50		6.2					1.3	1.0		
Minimum:	19	0.25		0.9					0.5	0.4		
1	34	0.25		0.9					0.8	0.5		
2	29	1.50		6.2					1.3	1.0		
3	37	0.50		1.6					0.8	0.6		
4	31	0.75		2.9					0.8	0.6	4	Wells 1 + 2
5	35	0.75		2.6					0.8	0.6		
6	21	0.75		4.3					0.7	0.6		
7												
8	56	1.25		2.7					0.5	0.4		
9	28	0.50		2.1					0.5	0.4		
10	31	0.50		1.9					0.6	0.4		
11	21	0.50		2.9					0.6	0.5		
12	19	0.50		3.2					0.6	0.5		
13	19	0.50		3.2					0.5	0.4		
14												
15	75	1.50		2.4					0.5	0.4		
16	36	0.50		1.7					0.5	0.4		
17	21	0.50		2.9					0.5	0.4		
18	23	0.50		2.6					0.6	0.4		
19	50	0.50		1.2					0.5	0.4		
20												
21	86	2.25		3.1					0.6	0.4		
22	32	0.50		1.9					0.7	0.5		
23	24	0.75		3.7					0.5	0.4		
24	30	0.50		2.0					0.5	0.4		
25	25	0.50		2.4					0.5	0.4		
26	24	0.50		2.5					0.5	0.4		
27												
28	70	1.75		3.0					0.8	0.7		
29	23	0.75							0.5	0.4		
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month March 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH W.K.KERLIN CS926 H.L. KEEN C7240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimeters 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	198		66.00	41.60					17.4	11.4	4	
Average:	6.4			1.54					0.6	0.4		
Maximum:	8											
Minimum:	4											
1	4		1.00	1.00					0.8	0.5		
2	6		2.00	1.40					0.8	0.5		
3	7		2.00	1.40					0.8	0.5	4	
4	12		3.00	1.00					0.8	0.5		
5	4		2.00	2.30					0.7	0.5		
6	5		2.00	1.80					0.8	0.5		
7												
8	12		3.00	1.00					0.5	0.4		
9	5		3.00	3.60					0.8	0.5		
10	7		3.00	2.40					0.8	0.5		
11	5		2.00	1.80					0.8	0.5		
12	6		2.00	1.40					0.5	0.3		
13												
14	16		4.00	1.00					0.8	0.5		
15	7		3.00	2.00					0.8	0.5		
16	7		3.00	2.40					0.8	0.5		
17	6		2.00	1.40					0.8	0.5		
18	6		2.00	1.40					0.5	0.4		
19	5		3.00	2.00					0.7	0.4		
20												
21	12		2.00	0.70					0.8	0.6		
22	4		2.00	2.30					0.5	0.4		
23	6		2.00	1.40					0.5	0.4		
24	8		1.00	0.40					0.3	0.2		
25	8		2.00	1.00					0.4	0.2		
26	6		2.00	1.40					0.5	0.2		
27	6		2.00	1.40					0.5	0.4		
28												
29	14		7.00	1.90					0.5	0.4		
30	10		2.00	0.90					0.4	0.2		
31	10		2.00	0.90					0.5	0.4		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-6667 Reporting Month March 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 158 No of People at End of Month
Design Flow .288 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jay W. Staph C-6963
I certify this report is correct Original signed by Jay W. Staph C-6963
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	866	17.25		58.5					16.5	13.0	4	
Average:	28	0.6		1.1					1.5	2.0		
Maximum:	77	1.5		3.3					0.9	0.5		
Minimum:	15	0.25		1.3					0.5	0.4		
1	15	0.25		1.9					0.5	0.4		
2	15	0.50		2.0					0.5	0.4	4	Wells 1 & 2
3	36	0.50		1.7					0.8	0.4		
4	24	0.50		2.5					0.7	0.4		
5	24	0.50		2.5					0.8	0.4		
6	21	0.50		2.8					0.8	0.4		
7												
8	54	1.00		2.2					0.7	0.4		
9	26	0.50		2.3					0.7	0.4		
10	36	0.50		3.4					0.8	0.5		
11	78	1.50		2.3					0.8	0.5		
12	34	0.50		1.8					0.7	0.5		
13	27	0.75		3.3					0.6	0.5		
14												
15	59	1.25		2.6					0.7	0.5		
16	29	0.50		2.1					0.7	0.5		
17	26	0.50		2.3					0.7	0.5		
18	23	0.50		2.6					0.7	0.5		
19	24	0.50		2.5					0.7	0.5		
20												
21	62	2.00		4.0					1.0	0.8		
22	19	0.50		2.9					0.9	0.5		
23	25	0.25		1.3					0.7	0.5		
24	29	0.25		1.0					0.7	0.5		
25	23	0.50		2.6					0.7	0.5		
26	24	0.50		2.5					0.7	0.5		
27	27	0.60		2.7					0.8	0.5		
28												
29	55	1.00		2.2					0.7	0.5		
30	29	0.50		2.1					0.7	0.5		
31	36	0.50		3.3					0.7	0.5		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month April 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH W.K.KERLIN C5926 H.L. KEEN C7240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimeters 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	441		140.00	46.70					13.8	10.4	4	
Average:	15		5	1.80					0.5	0.4		
Maximum:	55		10.00	4.50					0.7	0.5		
Minimum:	4		2.00	0.90					0.5	0.3		
1	5		2.00	1.80					0.5	0.4		
2	6		2.00	1.40					0.4	0.3		
3											4	WELL 1 + 2
4	13		4.00	1.20					0.5	0.4		
5	7		2.00	1.40					0.5	0.4		
6	7		3.00	2.00					0.5	0.4		
7	6		2.00	1.40					0.5	0.4		
8	4		2.00	2.30					0.5	0.4		
9	45		9.00	0.80					0.5	0.4		
10												
11	102		39.00	1.40					0.5	0.4		
12	53		5.00	0.40					0.5	0.4		
13	55		10.00	0.70					0.5	0.4		
14	14		10.00	2.80					0.5	0.4		
15	7		5.00	4.00					0.5	0.4		
16	5		4.00	4.50					0.5	0.4		
17	7		2.00	1.40					0.5	0.4		
18												
19	13		7.00	2.10					0.5	0.4		
20	7		2.00	1.40					0.5	0.4		
21	7		2.00	1.40					0.5	0.4		
22	6		3.00	3.30					0.5	0.4		
23	8		3.00	1.40					0.7	0.5		
24												
25	24		9.00	1.50					0.6	0.4		
26	8		3.00	1.40					0.7	0.4		
27	7		4.00	2.60					0.5	0.4		
28	5		2.00	1.80					0.5	0.4		
29	9		2.00	0.90					0.7	0.4		
30	11		4.00	1.40					0.7	0.4		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phon 904-473-8567 Reporting Month April 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month No of People at End of Month
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorin (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	1,375	33.50		62.6					15.1	10.3	4	
Average:	46	1.50		2.8					0.6	0.4		
Maximum:	84	2.00		3.3					0.8	0.5		
Minimum:	23	0.50		1.1					0.5	0.4		
1	23	0.50		2.6					0.6	0.4		
2	23	0.50		2.6					0.6	0.4		
3												
4	87	2.50		3.4					0.6	0.4		
5	33	0.50		1.8					0.7	0.5		
6	37	1.00		3.2					0.7	0.5		
7	46	1.00		2.6					0.8	0.5	4	
8	54	1.00		2.2					0.7	0.5		
9												
10												
11												
12												
13												
14	53	1.50		3.4					0.5	0.4		
15	54	1.50		3.3					0.7	0.4		
16	40	1.00		3.0					0.5	0.4		
17	50	1.00		2.4					0.7	0.4		
18												
19	99	2.50		3.0					0.7	0.5		
20	53	1.50		3.4					0.7	0.5		
21	65	1.00		1.8					0.7	0.5		
22	63	1.00		1.9					0.7	0.5		
23	60	2.50		5.0					0.7	0.5		
24												
25	189	4.00		2.5					0.7	0.5		
26	77	2.00		3.1					0.7	0.5		
27	58	1.50		3.1					0.7	0.5		
28	84	2.00		2.9					0.8	0.5		
29	66	1.50		2.7					0.8	0.5		
30	70	2.00		3.4					0.8	0.5		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month May 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .288 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH W.K.KERLIN C5926 H.L. KEEN C7240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimeters 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	354		116.00	34.80					14.8	12.0	4	
Average:	11		3.70	1.3					0.6	0.5		
Maximum:	16		8.00	1.9					0.8	0.7		
Minimum:	6		2.00	0.9					0.5	0.4		
1												
2	24		8.00	1.4					0.7	0.6		
3	9		4.00	1.9					0.5	0.4		
4	6		2.00	1.4					0.5	0.4		
5	8		2.00	1.2					0.5	0.4		
6	10		2.00	0.9					0.5	0.4		
7	9		3.00	1.4					0.5	0.4	4	WELLS 1 + 2
8	7		2.00	1.2					0.5	0.4		
9												
10	29		10.00	1.4					0.5	0.4		
11	12		5.00	1.7					0.5	0.4		
12	10		2.00	0.9					0.5	0.4		
13	10		2.00	0.9					0.5	0.4		
14	14		4.00	1.1					0.5	0.4		
15												
16	29		8.00	1.1					0.5	0.4		
17	12		4.00	1.3					0.5	0.4		
18	13		2.00	0.9					0.5	0.4		
19	11		4.00	1.6					0.8	0.6		
20	12		4.00	1.3					0.8	0.6		
21	16		6.00	1.5					0.7	0.6		
22												
23	24		13.00	2.5					0.8	0.7		
24	12		3.00	1.0					0.7	0.6		
25	16		7.00	1.8					0.7	0.6		
26	14		4.00	1.0					0.5	0.4		
27	9		2.00	0.9					0.5	0.4		
28	15		8.00	2.1					0.6	0.5		
29	7		2.00	1.7					0.5	0.4		
30												
31	16		3.00	0.8					0.5	0.4		

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

DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phon 904-473-8567 Reporting Month May 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month No of People at End of Month
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorin (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	2,346	55.5		73.9					19.9	13.8	4	
Average:	76	1.8		2.8					2.8	0.5		
Maximum:	104	2.75		4.2					0.8	0.6		
Minimum:	34	1.0		1.6					0.7	0.5		
1												
2	129	2.8		2.6					0.8	0.5		
3	59	1.8		3.6					0.7	0.5		
4	34	1.0		3.6					0.7	0.5		
5	62	1.0		1.9					0.7	0.5		
6	63	1.5		2.8					0.7	0.5		
7	74	2.0		3.4					0.7	0.5	4	WELLS 1 + 2
8	75	1.0		1.6					0.8	0.6		
9												
10	146	5.0		4.2					0.8	0.6		
11	69	1.0		1.7					0.8	0.6		
12	79	1.0		2.0					0.7	0.5		
13	72	2.0		3.3					0.8	0.6		
14	56	1.5		3.2					0.8	0.6		
15												
16	189	4.5		2.8					0.7	0.5		
17	71	2.0		3.4					0.7	0.5		
18	92	2.5		4.6					0.8	0.6		
19	100	2.0		2.4					0.8	0.6		
20	82	2.0		2.9					0.8	0.6		
21	90	2.0		2.6					0.7	0.5		
22												
23	228	4.8		2.5					0.8	0.5		
24	100	2.8		3.4					0.8	0.5		
25	93	2.0		2.5					0.8	0.5		
26	74	1.8		2.9					0.8	0.5		
27	95	2.0		2.5					0.8	0.5		
28	104	2.8		3.2					0.8	0.5		
29	36	1.0		3.3					0.8	0.5		
30												
31	76	2.0		2.6					0.8	0.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month June 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month _____ No of People at End of Month _____
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH W.K.KERLIN CS925 H.L. KEEN C7240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Millimeters 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	358		114	34.40					13.0	9.9	4	
Average:	12		4	1.40					0.5	0.4		
Maximum:	15		7	2.10					0.5	0.4		
Minimum:	6		2	0.50					0.4	0.2		
1	9		2	0.90					0.5	0.4		
2	8		2	0.90					0.5	0.4		
3	10		3	1.10					0.5	0.4		
4	10		3	1.10					0.5	0.4		
5												
6	34		12	1.40					0.6	0.4		
7	13		2	0.70					0.5	0.4		
8	18		3	0.70					0.5	0.4	4	WELLS 1 + 2
9	6		2	1.40					0.5	0.4		
10	10		2	0.90					0.5	0.4		
11	10		2	0.90					0.5	0.4		
12												
13	24		12	2.00					0.5	0.4		
14	8		2	1.00					0.5	0.4		
15	7		2	1.40					0.5	0.4		
16	13		4	1.30					0.5	0.4		
17	11		4	1.40					0.5	0.4		
18	13		5	1.60					0.5	0.4		
19	18		7	1.50					0.5	0.4		
20												
21	29		8	1.00					0.5	0.4		
22	15		2	0.50					0.5	0.4		
23	13		5	1.70					0.5	0.4		
24	11		5	1.90					0.5	0.4		
25	14		5	1.50					0.5	0.4		
26	13		4	1.20					0.5	0.3		
27												
28	22		6	2.20					0.5	0.3		
29	10		5	2.10					0.4	0.2		
30	9		5	2.10					0.5	0.3		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phon 904-473-8567 Reporting Month June 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month No of People at End of Month
Design Flow .255 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorin (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	1,623	38.00		74.9					17.9	12.5	4	
Average:	54	1.3		3.0					0.7	0.5		
Maximum:	68	3.00		5.2					0.8	0.5		
Minimum:	25	0.50		1.0					0.4	0.2		
1	38	1.50		4.6					0.7	0.5		
2	38	0.50		1.6					0.7	0.5		
3	44	1.00		2.7					0.7	0.5		
4	54	1.00		2.2					0.6	0.4		
5												
6	174	3.50		2.3					0.7	0.5		
7	77	1.00		1.6					0.7	0.5		
8	107	3.00		3.4					0.7	0.5	4	
9	25	1.00		5.0					0.7	0.5		
10	58	1.00		2.1					0.6	0.4		
11	54	1.50		3.3					0.7	0.5		
12												
13	107	2.50		2.8					0.7	0.5		
14	38	0.75		2.5					0.7	0.5		
15	29	1.25		5.2					0.7	0.5		
16	51	1.00		2.3					0.7	0.5		
17	53	2.00		2.3					0.7	0.5		
18	54	0.50		1.0					0.4	0.2		
19	68	0.50		2.6					0.7	0.5		
20												
21	130	4.00		3.0					0.7	0.5		
22	64	1.50		2.8					0.7	0.5		
23	43	1.00		2.8					0.7	0.5		
24	51	1.00		2.3					0.7	0.5		
25	51	1.50		3.5					0.7	0.5		
26	60	1.50		3.0					0.6	0.5		
27												
28	90	2.00		2.7					0.8	0.5		
29	32	1.00		3.7					0.8	0.5		
30	33	1.00		3.6					0.8	0.5		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month July 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH W.K.KERLIN C5926 H.L. KEEN C7240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimeters 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	384		163.00	59.7					15.9	11.4	4	
Average:	12.4		0.50	2.2					0.5	0.4		
Maximum:	39		20.00	6.3					1.0	0.7		
Minimum:	3		0.20	0.9					0.4	0.3		
1	10		5.00	2.1					0.5	0.4	4	WELLS 1 + 2
2	10		3.00	1.3					0.5	0.4		
3												
4	33		7.00	0.8					0.5	0.4		
5	35		8.00	0.9					0.5	0.4		
6	26		7.00	1.0					0.5	0.4		
7	19		5.00	1.1					0.5	0.4		
8	15		5.00	1.2					0.5	0.4		
9	13		6.00	2.0					0.5	0.4		
10	8		4.00	1.9					0.5	0.4		
11												
12	27		5.00	0.7					0.5	0.4		
13	13		3.00	1.0					0.4	0.2		
14	25		3.00	0.5					0.4	0.2		
15	39		4.00	0.4					0.4	0.2		
16	10		15.00	6.3					0.5	0.4		
17	14		20.00	5.5					0.5	0.3		
18												
19	13		5.00	1.6					0.5	0.3		
20	8		4.00	1.9					0.5	0.3		
21	8		11.00	5.1					0.6	0.4		
22	7		5.00	3.2					1.0	0.7		
23	8		5.00	2.7					0.7	0.5		
24												
25	14		10.00	2.8					0.6	0.5		
26	3		5.00	5.3					0.8	0.6		
27	6		5.00	3.2					0.5	0.4		
28	6		5.00	3.2					0.5	0.4		
29	7		3.00	1.7					1.0	0.6		
30	10		2.00	0.9					1.0	0.7		
31	9		3.00	1.4					1.0	0.7		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phon 904-473-8567 Reporting Month July 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month No of People at End of Month
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorin (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	1,520	30.50		62.5					15.9	12.0	4	
Average:	49	1.00		2.0					0.6	2.3		
Maximum:	70	1.75		2.9					0.8	0.5		
Minimum:	26	0.25		1.5					0.5	0.4		
1	36	1.00		3.3					0.8	0.5	4	WELLS 1 + 2
2	38	1.00		3.1					0.7	0.5		
3												
4	94	2.00		2.6					0.8	0.6		
5	59	0.75		1.5					0.8	0.6		
6	52	1.75		3.6					0.8	0.6		
7	46	1.00		2.6					0.7	0.6		
8	38	1.00		3.1					0.5	0.4		
9	65	1.00		1.9					0.5	0.4		
10	67	1.50		2.7					0.5	0.4		
11												
12	104	2.50		2.8					0.7	0.5		
13	29	0.50		2.1					0.5	0.4		
14	52	1.00		2.3					0.5	0.4		
15	61	1.50		2.9					0.5	0.4		
16	54	1.00		2.2					0.5	0.4		
17	70	1.00		1.7					0.6	0.4		
18												
19	105	2.50		2.8					0.6	0.4		
20	57	1.00		2.1					0.5	0.4		
21	55	1.00		2.2					0.6	0.4		
22	42	1.00		2.9					0.5	0.4		
23	41	0.50		1.5					0.6	0.4		
24												
25	104	1.75		1.9					0.5	0.4		
26	26	0.25		1.1					0.5	0.4		
27	41	0.50		1.5					0.5	0.4		
28	62	1.00		1.9					0.7	0.5		
29	69	1.50		2.6					0.5	0.4		
30	70	1.00		1.7					0.5	0.4		
31	62	1.00		1.9					0.5	0.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month record
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9567 Reporting Month August 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month _____ No of People at End of Month _____

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

J.W. STAPH W.K.KERLIN C5926 H.L. KEEN C7240

I certify this report is correct Original signed by Hazel Keen

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

Days of Month	Total Water Treated in Gallons	Millimeters 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	302		146.00	43.10					19.2	12.7	4	
Average:	9.7		4.70	1.70					0.7	0.5		
Maximum:	11		10.00	5.80					1.0	0.5		
Minimum:	6		2.00	0.80					0.5	0.4		
1												
2	26		17.00	0.80					0.6	0.4		
3	16		10.00	2.50					1.0	0.5		
4	7		3.00	1.70					0.5	0.4	4	NONE
5	11		3.00	1.10					0.6	0.4		
6	10		4.00	1.60					0.6	0.4		
7	11		5.00	1.90					0.6	0.4		
8												
9	18		9.00	2.00					0.6	0.4		
10	9		3.00	1.30					1.0	0.6		
11	9		5.00	2.10					1.0	0.6		
12	8		2.00	0.90					1.0	0.6		
13	9		6.00	2.50					0.9	0.6		
14												
15	24		5.00	0.90					0.8	0.5		
16	4		5.00	5.60					0.7	0.6		
17	9		5.00	2.10					0.7	0.6		
18	10		5.00	2.10					0.8	0.4		
19	9		2.00	0.80					0.8	0.4		
20	8		4.00	2.20					0.8	0.5		
21	7		4.00	2.20					0.8	0.5		
22												
23	35		17.00	1.90					0.7	0.5		
24	8		4.00	2.20					0.7	0.5		
25	6		6.00	0.30					0.8	0.5		
26	7		2.00	1.00					0.8	0.5		
27	8		2.00	1.00					0.7	0.4		
28	10		3.00	1.30					0.8	0.4		
29												
30	15		5.00	1.40					0.5	0.4		
31	9		10.00	4.10					0.6	0.5		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9567 Reporting Month August 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .268 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Hazel Keen C-007240
I certify this report is correct Original signed by Hazel Keen
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	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	2,040	45.00		65.4					16.0	11.5	4	
Average:	66	1.5		2.1					0.6	0.4		
Maximum:	39	0.50		3.8					0.8	0.4		
Minimum:	106	2.00		1.2					0.5	0.5		
1												
2	143	4.50		3.8					0.6	0.4		
3	69	1.50		2.6					0.5	0.4	4	NONE.
4	48	1.50		3.6					0.6	0.4		
5	55	1.00		2.2					0.6	0.4		
6	76	1.50		2.4					0.6	0.4		
7	106	2.00		2.2					0.6	0.5		
8												
9	140	3.00		2.5					0.6	0.5		
10	84	1.25		1.8					0.5	0.4		
11	78	1.50		2.1					0.6	0.5		
12	67	1.75		2.9					0.5	0.4		
13	72	1.00		1.7					0.6	0.4		
14												
15	216	5.25		2.9					0.7	0.4		
16	27	0.75		3.3					0.7	0.4		
17	50	0.50		1.2					0.7	0.4		
18	71	1.50		2.5					0.8	0.5		
19	75	1.00		1.5					0.7	0.5		
20	47	1.00		2.0					0.5	0.4		
21	83	2.00		2.9					0.6	0.4		
22												
23	156	3.50		2.2					0.6	0.4		
24	47	1.00		2.9					0.7	0.4		
25	42	1.00		2.9					0.6	0.4		
26	50	1.00		2.5					0.7	0.4		
27	57	1.50		2.6					0.6	0.4		
28	62	1.50		3.0					0.6	0.5		
29												
30	80	2.50		3.7					0.6	0.5		
31	39	0.50		1.5					0.6	0.5		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2160912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9867 Reporting Month September 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 199 No of People at End of Month 471
Design Flow .368 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
JW STAPH C 6963 K KERLIN C6928 HL KEEN C7240
I certify this report is correct Hayl L. Keen C-7240
(Read Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Millimeters 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	277,200		169.00	62.90					16.5	11.5	4	
Average:	8,942		5.50	2.40					0.5	0.4		
Maximum:	17,500		12.00	3.40					1.0	0.6		
Minimum:	2,900		3.00	1.30					0.5	0.4		
1	8,300		3.00	2.00					0.5	0.4		
2	8,800		3.00	1.40					0.5	0.4	4	
3	7,500		5.00	3.40					0.5	0.4		
4												
5	17,200		10.00	2.40					0.5	0.4		
6	15,100		9.00	1.50					0.5	0.4		
7	8,200		4.00	3.10					0.5	0.4		
8	7,100		3.00	1.40					0.5	0.4		
9	7,400		5.00	2.80					0.5	0.4		
10	9,900		3.00	1.30					0.7	0.5		
11	7,800		4.00	1.80					0.5	0.5		
12												
13	19,300		10.00	3.30					0.5	0.5		
14	17,500		12.00	2.70					0.5	0.5		
15	12,000		7.00	2.30					0.5	0.5		
16	11,000		5.00	1.90					0.5	0.5		
17	7,200		5.00	3.40					0.7	0.5		
18												
19	23,700		15.00	2.80					0.7	0.4		
20	8,900		5.00	2.40					0.9	0.5		
21	7,900		5.00	2.10					0.8	0.4		
22	8,700		5.00	2.40					1.0	0.5		
23	8,100		4.00	1.80					0.5	0.4		
24	9,300		5.00	2.50					0.5	0.4		
25												
26	25,300		20.00	3.10					0.5	0.4		
27	2,900		5.00	3.30					0.5	0.4		
28	8,900		4.00	1.90					0.5	0.4		
29	7,200		3.00	2.00					0.5	0.4		
30	7,300		6.00	4.00					0.7	0.5		
31												

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

DER Form 17-555910(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100012 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-9647 Reporting Month September 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 159 No of People at End of Month 471
Design Flow .288 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.Staph C6863 K.Kerlin C5926 C7240 H.Keen
I certify this report is correct Hazel L Keen C.7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	1,585,000	36.50		72.96					16.5	12.0	4	
Average:	51,129	1.18		2.35					0.5	0.5		
Maximum:	88	2.25		4.28					0.8	0.6		
Minimum:	28	0.50		1.10					0.5	0.4		
1	40,000	1.00		3.00					0.6	0.4		
2	56,000	1.00		2.14					0.5	0.4	4	
3	50,000	1.00		2.40					0.6	0.5		
4												
5	127,000	2.90		2.36					0.6	0.5		
6	88,000	2.25		3.97					0.7	0.5		
7	35,000	0.75		2.57					0.7	0.5		
8	43,000	1.00		2.79					0.8	0.5		
9	42,000	1.00		2.85					0.5	0.4		
10	43,000	1.80		4.18					0.7	0.5		
11	55,000	0.50		1.09					0.6	0.5		
12												
13	205,000	4.80		2.83					0.6	0.5		
14	86,000	2.00		4.28					0.6	0.5		
15	38,000	1.00		3.16					0.6	0.5		
16	51,000	1.00		2.35					0.7	0.5		
17	34,000	1.00		3.53					0.5	0.4		
18												
19	100,000	2.00		2.40					0.6	0.4		
20	45,000	1.50		4.00					0.6	0.4		
21	43,000	0.50		1.39					0.6	0.4		
22	57,000	1.50		3.16					0.7	0.5		
23	42,000	1.50		4.28					0.7	0.5		
24	57,000	1.00		2.10					0.7	0.5		
25												
26	152,000	3.75		2.96					0.6	0.5		
27	28,000	0.75		3.21					0.6	0.4		
28	39,000	0.50		1.54					0.6	0.4		
29	38,000	1.00		3.16					0.6	0.4		
30	41,000	0.50		1.46					0.6	0.4		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9567 Reporting Month October 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 159 No of People at End of Month 471

Design Flow .268 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

J.W. STAPH W.K.KERLIN C5926 H.L. KEEN C7240

I certify this report is correct Original signed by Hazel Keen

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

Days of Month	Total Water Treated in Gallons	Millimeters 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	569,900		301.00	57.80					22.9	15.1	7	
Average:	18,384		11.58	2.22					0.9	0.6		
Maximum:	36,000		18.00	3.20					1.0	0.8		
Minimum:	5,700		5.00	0.90					0.7	0.4		
1	9,100		5.00	2.10					0.8	0.4		
2	7,600		5.00	2.40					0.8	0.4		
3												
4	23,100		15.00	2.60					0.9	0.4		
5	10,300		6.00	2.50					0.8	0.4		
6	16,100		5.00	1.30					0.8	0.5	7	
7	11,100		9.00	3.30					0.8	0.6		
8	18,400		14.00	3.10					0.8	0.6		
9												
10	42,200		29.00	2.90					1.0	0.6		
11	12,200		5.00	1.70					1.0	0.6		
12	17,300		5.00	1.20					0.7	0.4		
13	18,200		8.00	1.80					0.9	0.5		
14	19,700		17.00	3.20					1.0	0.6		
15	20,500		16.00	2.80					0.9	0.6		
16												
17	47,500		26.00	2.20					1.0	0.8		
18	19,100		13.00	2.70					1.0	0.8		
19	24,100		5.00	0.90					1.0	0.8		
20	21,600		5.00	0.90					1.0	0.8		
21	28,200		10.00	1.40					0.8	0.6		
22	25,800		10.00	1.60					1.0	0.6		
23	36,000		8.00	0.90					0.8	0.6		
24												
25	48,300		20.00	1.80					1.0	0.8		
26	26,800		12.00	1.70					0.8	0.7		
27	27,900		18.00	2.60					0.7	0.5		
28	15,800		8.00	2.10					0.8	0.5		
29	5,700		4.00	2.50					0.8	0.5		
30												
31	17,300		23.00	5.50					1.0	0.5		

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

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100012 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month October 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 159 No of People at End of Month 471
Design Flow .286 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
W K Kerlin C. 5926 J.W Staph C. 6963 H.L Keen C.7240
I certify this report is correct C.7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	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	1,139,000	27.00		78.60					18.9	12.1	7	
Average:	36,742	0.87		2.44					0.7	0.5		
Maximum:	61,000	1.75		4.61					0.8	0.5		
Minimum:	22,000	0.25		1.30					0.5	0.4		
1	42,000	1.00		2.85					0.8	0.5		
2	46,000	1.00		2.61					0.8	0.5		
3												
4	103,000	2.50		2.91					0.7	0.4		
5	50,000	1.25		3.00					0.7	0.4		
6	61,000	1.75		3.44					0.7	0.4		
7	29,000	0.50		2.07					0.7	0.4	7	
8	26,000	0.75		3.46					0.7	0.4		
9												
10	75,000	1.25		2.00					0.8	0.5		
11	32,000	1.00		3.75					0.8	0.5		
12	41,000	1.00		2.92					0.8	0.5		
13	37,000	1.00		3.24					0.8	0.5		
14	50,000	1.00		2.40					0.7	0.5		
15	51,000	1.00		2.35					0.8	0.5		
16												
17	79,000	1.75		2.66					0.8	0.5		
18	25,000	0.75		3.60					0.8	0.5		
19	23,000	0.25		1.30					0.8	0.5		
20	22,000	0.75		4.09					0.8	0.5		
21	30,000	1.00		4.00					0.7	0.5		
22	26,000	1.00		4.61					0.8	0.5		
23	35,000	0.50		1.71					0.8	0.5		
24												
25	65,000	1.50		2.77					0.8	0.5		
26	34,000	1.00		3.53					0.7	0.5		
27	24,000	0.50		2.50					0.5	0.4		
28	32,000	0.50		1.87					0.5	0.4		
29	39,000	1.00		3.07					0.5	0.4		
30												
31	62,000	1.50		2.90					0.6	0.4		

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-8567 Reporting Month November 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 189 No of People at End of Month 471
Design Flow .288 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH C-6963 H.I.KEEN C-7240 W.K. KERLIN C-6926
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-7240 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Millimeters 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	168,000		110.00	72.70					20.9	14.0	4	
Average:	5,600		4.23	2.80					0.8	0.5		
Maximum:	7,100		6.00	5.70					1.0	0.8		
Minimum:	2,800		2.00	1.00					0.6	0.4		
1	2,800		5.00	5.70					0.8	0.4		
2	5,700		2.00	1.00					0.8	0.4	4	
3	4,800		4.00	3.30					0.8	0.5		
4	6,200		3.00	1.40					0.8	0.5		
5	5,900		2.00	1.00					0.8	0.5		
6												
7	18,900		6.00	1.90					0.7	0.5		
8	4,400		4.00	4.30					0.8	0.5		
9	5,500		4.00	2.60					0.8	0.5		
10	5,800		6.00	4.00					0.8	0.5		
11	6,200		2.00	1.60					0.8	0.5		
12	3,600		4.00	4.30					0.8	0.5		
13												
14	14,400		8.00	2.30					0.8	0.5		
15	2,700		3.00	3.30					0.8	0.5		
16	4,500		4.00	3.30					0.8	0.5		
17	7,100		5.00	3.40					0.8	0.5		
18	6,000		5.00	3.40					1.0	0.5		
19	5,900		4.00	2.60					1.0	0.8		
20												
21	10,900		7.00	2.60					1.0	0.6		
22	4,300		3.00	3.30					1.0	0.8		
23	6,000		3.00	2.00					1.0	0.8		
24	8,700		3.00	2.00					1.0	0.8		
25	5,300		2.00	1.80					1.0	0.8		
26	6,600		4.00	2.20					1.0	0.8		
27	5,900		6.00	4.00					1.0	0.5		
28												
29	9,200		5.00	2.10					0.9	0.6		
30	5,300		4.00	3.30					0.9	0.6		
31												

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
DER Form 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100012 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights
Owned By Southern States Utilities Phone 904-473-6867 Reporting Month November 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 159 No of People at End of Month 471
Design Flow .366 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
J.W. STAPH C-6963 H.L. KEEN C-7240 W.K. KERLIN C-8928
I certify this report is correct H. L. Keen C-7240
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gallons	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	820,000	21.50		84.16					19.2	13.9	4	
Average:	27,333	0.72		2.81					0.7	0.5		
Maximum:	81,000	1.25		7.49					0.8	0.6		
Minimum:	14,000	0.25		0.94					0.4	0.4		
1	24,000	1.00		5.00					0.8	0.4		
2	49,000	0.75		2.09					0.8	0.4	4	
3	49,000	1.25		3.06					0.8	0.4		
4	20,000	0.60		3.00					0.8	0.4		
5	25,000	0.50		2.40					0.8	0.4		
6												
7	81,000	0.75		1.76					0.8	0.4		
8	22,000	0.50		2.73					0.8	0.8		
9	22,000	0.50		2.73					0.8	0.8		
10	22,000	1.00		5.45					0.8	0.8		
11	32,000	0.25		0.94					0.8	0.8		
12	19,000	0.75		4.73					0.8	0.8		
13												
14	67,000	2.25		4.03					0.8	0.8		
15	14,000	0.25		2.14					0.8	0.8		
16	27,000	0.25		1.11					0.8	0.8		
17	27,000	0.50		2.22					0.8	0.8		
18	24,000	1.50		7.49					0.8	0.8		
19	30,000	1.00		4.00					0.8	0.8		
20												
21	67,000	1.50		3.16					0.8	0.5		
22	26,000	0.75		3.46					0.8	0.5		
23	30,000	0.75		3.00					0.8	0.5		
24	36,000	0.50		1.67					0.8	0.5		
25	25,000	0.50		2.40					0.8	0.5		
26	33,000	0.50		1.82					0.8	0.5		
27	27,000	1.00		4.44					0.8	0.5		
28												
29	46,000	1.50		3.91					0.7	0.5		
30	22,000	1.00		5.45					0.7	0.5		
31												

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
DER Form 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100912 PWS Name Postmaster Village # 1 Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9867 Reporting Month December 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 180 No of People at End of Month 474

Design Flow .999 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

J.W.STAPH C-8963 W.K. KERLIN C-8926

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-7340 (Cert. No)

Days of Month	Total Water Treated in Gallons	Millimeters Chlorine lbs used	Millimeters Chlorine gals used	Millimeters Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	159,100		98.00	70.20					19.2	12.4	4	
Average:	5,132		3.86	2.60					0.7	0.5		
Maximum:	7,700		8.00	5.90					1.0	0.8		
Minimum:	2,200		2.00	0.70					0.5	0.3		
1	5,700		3.00	2.00					0.9	0.6		
2	2,200		3.00	5.90					0.8	0.5		
3	7,700		4.00	1.90					0.8	0.5	4	
4	5,800		4.00	2.80					0.8	0.5		
5												
6	10,100		8.00	2.50					1.0	0.8		
7	5,800		2.00	1.40					0.8	0.8		
8	4,200		2.00	2.30					0.8	0.8		
9	4,300		2.00	2.30					1.0	0.8		
10	5,000		3.00	2.50					0.8	0.5		
11												
12	11,300		6.00	2.20					0.8	0.5		
13	6,200		5.00	3.40					0.8	0.5		
14	5,000		2.00	1.80					0.5	0.3		
15	4,900		3.00	2.50					0.5	0.3		
16	4,000		4.00	4.30					0.5	0.3		
17	5,500		4.00	2.80					0.5	0.3		
18	8,700		5.00	2.80					0.5	0.3		
19												
20	9,600		5.00	2.10					0.5	0.3		
21	4,800		5.00	3.40					0.5	0.3		
22	4,000		4.00	4.30					0.5	0.3		
23	4,800		8.00	4.00					0.8	0.3		
24	2,800		3.00	2.00					1.0	0.5		
25												
26	18,100		4.00	0.70					0.8	0.5		
27	4,300		2.00	2.30					0.8	0.5		
28	4,300		3.00	2.50					0.8	0.5		
29	4,900		2.00	1.80					0.8	0.5		
30	5,000		2.00	1.80					0.8	0.5		
31	4,000		2.00	2.30					0.8	0.5		

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

DER Form 17.555910(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2100612 PWS Name Postmaster Village # 2 Location:City or S/D Keystone Heights

Owned By Southern States Utilities Phone 904-473-9567 Reporting Month December 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 180 No of People at End of Month 474

Design Flow .288 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month

J.W. STAPH C-6663 W.K. KERLIN C-6926

I certify this report is correct [signature] C-3740

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

Days of Month	Total Water Treated in In Gallons	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	986,000	20.50		67.07					13.9	9.4	4	
Average:	31,806	0.66		2.16					0.5	0.3		
Maximum:	46,000	1.00		4.00					0.8	0.5		
Minimum:	23,000	0.25		1.00					0.4	0.3		
1	31,000	1.00		3.87					0.7	0.5		
2	27,000	0.50		2.22					0.6	0.5		
3	23,000	0.50		2.61					0.4	0.3	4	
4	30,000	0.50		2.00					0.4	0.3		
5												
6	54,000	0.50		1.11					0.4	0.3		
7	28,000	0.50		2.14					0.4	0.3		
8	33,000	1.00		3.53					0.4	0.3		
9	34,000	0.50		1.76					0.4	0.3		
10	35,000	0.50		1.71					0.4	0.3		
11												
12	64,000	1.50		2.81					0.5	0.4		
13	30,000	1.00		4.00					0.5	0.4		
14	32,000	0.50		1.87					0.5	0.3		
15	25,000	0.50		2.40					0.5	0.3		
16	31,000	0.50		1.93					0.5	0.3		
17	38,000	0.50		1.58					0.5	0.3		
18	46,000	1.00		2.61					0.5	0.3		
19												
20	75,000	2.00		3.20					0.5	0.3		
21	29,000	0.25		1.03					0.5	0.3		
22	30,000	0.25		1.00					0.5	0.3		
23	32,000	1.00		3.75					0.5	0.3		
24	32,000	1.00		3.75					0.7	0.4		
25												
26	85,000	1.75		2.47					0.6	0.4		
27	29,000	0.75		3.10					0.6	0.4		
28	30,000	0.50		2.00					0.6	0.4		
29	27,000	0.50		2.22					0.6	0.4		
30	26,000	0.50		2.31					0.5	0.4		
31	30,000	1.00		4.00					0.5	0.4		

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

DER Form 17-555910(2)

Effective 11/1/1988