DOCKET 950495-WS
EXHIBIT NO. 67
CASE 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 11 OF 17

ADDITIONAL ENGINEERING INFORMATION

Containing

1993 AND 1994
WATER MONTHLY OPERATING REPORTS (PLANTS Q-Z)
25-30.440 (4)

FLORIDA PUBLIC SERVICE COMMISSION
DOCKET NO. 950495-WS EXHIBIT NO. 11
COMPANY: SSU
WITNESS: Rudden
DATE: 10/31/96

DOCUMENT NUMBER-DATE
06062 JUN 28 96
FPSC-RECORDS/REPORTING

SOUTHERN STATES UTILITIES, INC.
DOCKET NO. 950495-WS
VOLUME XI, BOOK 11 OF 17
ADDITIONAL ENGINEERING INFORMATION

1993 AND 1994 WATER MONTHLY OPERATING REPORTS (PLANTS Q - Z)

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

Quail Ridge 1
Remington Forest 29
River Grove 53
River Park 77
Rosemont/Rolling Green 125
Rosemont/Rolling Green 149
Salt Springs 151
Samira Villas 175
Saratoga Harbour 199
Silver Lake Estates/Western Shores 223
Silver Lake Estates/Western Shores 247
Silver Lake Oaks 271
Skycrest 295
Spring Gardens 321
St. Johns Highlands 345
Stone Mountain 369
Sugar Mill 397
Sugarmill Woods 451
Sunny Hills 523
Sunshine Parkway 547
Tropical Park 571
University Shores 595
Valencia Terrace 643
Venetian Village 663
Welaka 687
Westmont 711
Windsong 713
Woodmere 737
Wootens 761
Zephyr Shores 785

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge 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 15 No of People at End of Month 52.5
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
William Fontaine C-6813/D. Moro C-6497/B.Heath C-5825/L. Shreffler C-6587
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	80,000	1.75		12.6					45.9	28.3	3	
Average	2.58	0.06		0.4					1.8	1.3		
Maximum	7,000	0.50		0.8					2.2	1.6		
Minimum	1,000	0.25		0.4					1.2	1.0		
1												
2	3,000								1.2			
3	2,000								1.5	1.0		
4	2,000								1.8	1.2		Drain sght glss-
5	1,000								1.7	1.3		HPT
6	1,000								1.6	1.2		
7	3,000	0.25		2.5					1.5	1.2		Flush lines -
8	1,000								1.5			drain HPT
9												
10	5,000								1.8	1.4		
11	2,000								1.6	1.2		
12	4,000	0.25		2.5					1.8	1.3	3	Compliance
13	3,000								2.0	1.4		Exer air fish HPT
14	3,000								1.6	1.2		Drain sght glss
15	2,000								1.8			
16												
17	4,000								2.0	1.6		
18	2,000	0.25		2.1					1.9	1.6		Exer air comp
19	1,000								2.0	1.4		
20	4,000								2.0	1.5		Flush main line
21	7,000								1.8	1.4		Fishlin drain HPT
22	1,000								2.0			
23												
24	7,000	0.50		3.0					1.8	1.2		Replce sght tube
25	5,000								1.8	1.4		
26	5,000								2.2	1.6		
27	5,000	0.50		2.5					2.0	1.4		
28	3,000								1.8	1.4		
29												
30	3,000								1.2			
31	1,000								1.8	1.4		Flsh wtr mn

This form must be completed 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(10.3)
Effective 11/17/93

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month February 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 18 No of People at End of Month 56.0

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

William Fontaine # C-6813/Brian Heath C-5825/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	85,000	2.00		15.7					38.3	25.1	3	
Average	3,036	0.07		0.6					1.8	1.3		
Maximum	6,000	0.25		3.7					1.9	1.5		
Minimum	1,000	0.50		1.9					1.0	1.0		
1	1,000								1.8	1.2		
2	3,000								1.5	1.2		Flush mains
3	2,000	0.25		2.3					1.5	1.3		
4	1,000								1.8	1.3		
5	3,000								1.5			
6												
7	4,000								1.6	1.2		
8	3,000								1.8	1.4		Exer Air Comp
9	5,000	0.25		1.9					1.8	1.4	3	Compliance
10	2,000								1.6	1.3		Exer Air Comp
11	3,000								1.6	1.2		
12	2,000								1.5			
13												
14	12,000	0.50		3.2					1.8	1.2		
15	3,000								1.5	1.0		Flush mains
16	6,000								1.5	1.0		Grease elec motor-
17	2,000								1.8	1.3		bearing
18	2,000	0.25		2.3					1.8	1.4		
19	4,000								1.8			
20												
21	3,000								1.8	1.4		
22	6,000	0.25		2.3					1.9	1.5		
23	2,000								1.5	1.3		
24	3,000								1.7	1.3		
25	4,000								1.5	1.2		
26	4,000								1.0			
27												
28	5,000	0.50		3.7					1.3	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. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 16 No of People at End of Month 56.0

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

William Fontaine C-6813/B. Heath C-5825/L. Shreffler C-6567

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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	141,000	3.00		22.5					35.5	18.2	3	
Average	4,548	0.10		0.7					1.3	0.8		
Maximum	10,000	0.25		3.3					1.8	1.0		
Minimum	1,000	0.50		1.8					1.2	0.6		
1	2,000								1.4	1.0		
2	2,000								1.3	0.8		
3	2,000								1.4	0.8		
4	2,000								1.4	0.8		Air to HPT
5	1,000								1.6			
6												
7	9,000	0.50		3.3					1.2	0.6		Flush HPT drain
8	3,000								1.2	0.7	3	Compliance
9	3,000								1.2	0.6		
10	5,000								1.2	0.6		
11	3,000			2.1					1.2	0.7		
12	3,000								1.2			
13												
14	14,000	0.50		1.8					1.3	0.8		
15	4,000								1.2	0.6		Air HPT
16	5,000								1.2	0.7		
17	5,000	0.25		2.1					1.2	0.7		
18	7,000								1.3	0.7		
19	4,000	0.25		2.7					1.2			
20												
21	20,000	0.50		3.0					1.2	0.6		Flush mains
22	3,000								1.3	0.8		
23	3,000								1.3	0.8		
24	4,000								1.8	1.0		
25	3,000	0.25		2.3					1.5	1.0		
26	2,000								1.2			
27												
28	19,000	0.50		2.9					1.4	1.2		
29	5,000								1.5	1.0		
30	4,000								1.4	0.9		
31	4,000	0.25		2.3					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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge Location: City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month April 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 16 No of People at End of Month 56.0

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

William Fontaine C-6813/D. Moro C-6497/B. Heath C-6825/L. Shaffer C-6587

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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	247,000	6.00		43.5					34.4	19.0	3	
Average	8,233	0.20		1.5					1.3	0.9		
Maximum	19,000	0.50		3.2					1.5	1.1		
Minimum	3,000	0.17		0.7					1.0	0.8		
1	5,000								1.4	1.1		
2	5,000								1.4			
3												
4	17,000	0.50		2.2					1.5	1.0		
5	19,000	0.50		3.2					1.4	1.0		Flush water mains
6	3,000								1.4	1.0		
7	9,000	0.25		2.5					1.5	0.9	3	Compliance
8	5,000								1.3	0.9		
9												
10	19,000	0.50		2.5					1.2			
11	6,000								1.5	1.0		
12	6,000	0.25		2.5					1.4	0.9		
13	10,000	0.25		3.0					1.4	0.9		Grse bering w/pmp
14	9,000								1.4	0.8		
15	4,000	0.25		2.3					1.5	1.0		Flush HPT drain
16	14,000	0.25		2.1					1.2			
17												
18	17,000	0.50		3.5					1.2	1.0		
19	9,000								1.3	0.9		
20	8,000	0.50		3.5					1.3	0.8		
21	9,000								1.3	0.8		Add air HPT
22	8,000	0.50		3.5					1.2	0.8		
23	4,000								1.0			
24												
25	13,000	0.50		3.5					1.2	0.8		
26	7,000								1.4	1.0		
27	10,000	0.50		3.5					1.3	0.8		
28	11,000	0.25		2.7					1.3	0.8		
29	9,000								1.2	0.8		
30	11,000	0.50		3.0					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. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month May 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 16 No of People at End of Month 56.0

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

William Fontaine C-6813/L, Shreffler C-6587/B, Heath C-5825/D, More 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 In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	451,000	9.50		58.6					32.8	19.0	3	
Average:	14,548	0.31		1.9					1.3	0.9		
Maximum:	27,000	0.75		3.7					1.5	1.0		
Minimum:	4,000	0.25		1.4					1.0	0.7		
1												
2	37,000	0.75		2.4					1.2	0.8		
3	15,000	0.25		2.0					1.2	0.8		
4	8,000								1.5	1.0		
5	17,000	0.50		3.5					1.4	0.8		
6	16,000	0.50		3.7					1.2	0.7		
7	10,000	0.25		3.0					1.0			
8												
9	30,000	0.75		3.0					1.2	0.9		Flush mains
10	27,000	0.50		2.2					1.2	0.8	3	Compliance
11	13,000	0.25		2.3					1.2	0.8		
12	14,000	0.25		2.1					1.4	1.0		
13	22,000	0.25		1.4					1.2	0.8		
14	8,000								1.0			
15												
16	31,000	0.75		2.9					1.2	0.8		
17	13,000	0.25		2.3					1.2	0.8		Flush HPT drain
18	12,000	0.25		2.5					1.4	0.9		
19	22,000	0.50		2.7					1.3	1.0		
20	11,000	0.25		2.7					1.3	0.9		
21	6,000								1.2			
22												
23	40,000	1.00		3.0					1.2	0.8		
24	16,000	0.50		3.7					1.3	0.9		
25	12,000	0.25		2.5					1.3	0.8		
26	19,000	0.50		3.2					1.3	0.8		
27	20,000	0.50		3.0					1.4	1.0		
28	13,000	0.25		2.3					1.3			
29												
30	15,000	0.25		2.0					1.3	0.9		
31	4,000								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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0055 Reporting Month June 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 18 No of People at End of Month 58.0

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

William Fontaine C-6813/Dennis Mero C-6487

I certify this report is correct Brian E. Huth 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	223,000	4.75		30.8					30.7	19.3	3	
Average	7,433	0.16		1.0					1.2	0.8		
Maximum	21,000	0.50		3.5					1.3	1.0		
Minimum	1,000	0.25		2.1					1.0	0.7		
1	13,000	0.50		3.6					1.3	0.9		
2	7,000								1.2	0.8		
3												
4	19,000	0.50		2.3					1.2			
5	14,000	0.25		2.1					1.2	0.8		
6	9,000								1.3	0.8		
7	15,000	0.50		2.5					1.3	0.8		
8	8,000								1.3	0.8		
9	5,000	0.25		2.7					1.3	0.8		
10	3,000								1.3	0.8		
11												
12												
13	20,000	0.50		2.6					1.2	0.8	3	Compliance
14	9,000								1.2	0.8		
15	15,000	0.50		2.5					1.2	0.8		
16	2,000								1.3	0.7		Flush mains
17	2,000								1.3	0.8		
18	2,000								1.2			
19												
20	7,000	0.25		2.3					1.2	0.8		
21	5,000								1.2	1.0		L&C POE samples
22	1,000								1.3	1.0		
23	2,000								1.2	0.9		
24	8,000	0.25		2.1					1.2	0.8		
25	4,000								1.2			
26												
27	22,000	0.50		2.3					1.0	0.7		
28	10,000	0.25		3.0					1.2	0.9		Flush mains
29	21,000	0.50		2.9					1.2	0.8		Flush HPT drain
30	4,000								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. 3354857 PWS Name Quail Ridge Location: City or S/D Leesburg

Owned By Southern States Utilities Phone Number 407-680-0058 Reporting Month July 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 16 No of People at End of Month 56.0

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

William Fontaine C-6813/Dennis Moro C-6497/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	111,000	2.75		29.8					31.2	17.3	3	
Average:	3,581	0.09		1.0					1.2	0.9		
Maximum:	12,000	0.50		4.3					1.5	1.0		
Minimum:	1,000	0.25		2.3					1.0	0.7		
1	2,000								1.2	0.9		
2	7,000	0.25		2.3					1.0			
3												
4	6,000								1.2	0.9		
5	2,000								1.1	0.8		
6	3,000	0.25		2.3					1.2	0.8		
7	2,000								1.2	0.8		Flush mains
8	12,000	0.25		2.5					1.2	0.9		
9	10,000	0.25		3.0					1.2			
10												
11	5,000								1.2	0.8	3	Compliance
12	1,000								1.2	0.7		Exer air comp
13	1,000								1.4	1.0		
14	2,000	0.25		3.0					1.3	0.8		
15	3,000								1.2	0.8		Flush mains
16	3,000								1.2			
17												
18	6,000	0.25		2.5					1.4	1.0		
19	5,000								1.4	1.0		
20	2,000								1.4	1.0		
21	10,000	0.50		3.5					1.4	0.9		
22	3,000								1.5	1.0		
23	8,000	0.25		2.7					1.5			
24												
25	8,000	0.25		3.7					1.2	0.8		
26												
27	3,000								1.2	0.8		
28	1,000								1.2	0.8		
29	2,000								1.2	0.8		
30	1,000	0.25		4.3					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. 3354667 PWS Name Quail Ridge Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month August 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 17 No of People at End of Month 59.5

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

William Fontaine C-6813/B. Heath C-5825/L. Shreffler C-6587

I certify this report is correct _____ 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	83,000	2.00		19.8					35.0	19.7	3	
Average	2,677	0.06		0.6					1.3	0.9		
Maximum	10,000	0.25		3.0					1.5	1.1		
Minimum	1,000	0.04		0.1					1.2	0.7		
1	3,000								1.2	0.8		
2	2,000								1.2	0.7		
3	3,000								1.3	0.8		
4	3,000	0.25		2.7					1.4	1.0		Flush mains
5	10,000	0.25		3.0					1.5	1.1		
6	5,000								1.2			
7												
8	6,000	0.25		2.7					1.4	0.9		
9	2,000								1.4	1.0		
10	1,000								1.4	0.9	3	Compliance
11	3,000								1.3	0.8		
12	1,000								1.3	0.8		
13	1,000								1.3			
14												
15	3,000	0.25		2.7					1.3	0.8		
16	1,000								1.3	0.8		
17	2,000								1.2	0.9		
18	1,000								1.2	0.8		Outage FP
19	1,000								1.3	0.9		
20	2,000								1.2			
21												
22	5,000	0.25		2.5					1.3	0.8		
23	5,000								1.2	0.7		Flush mains
24	2,000								1.3	0.9		
25	2,000								1.4	1.0		
26	2,000	0.25		2.7					1.3	0.9		
27	1,000								1.2			
28												
29	6,000								1.3	0.8		
30	4,000								1.3	0.8		
31	6,000	0.50		3.5					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. 3354867 PWS Name Quail Ridge Location: City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month September 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 16 No of People at End of Month 56.0

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

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	109,000	2.25		26.3					31.4	19.5	3	
Average	3,633	0.08		0.9					1.2	0.8		
Maximum	11,000	0.25		3.7					1.4	1.1		
Minimum	1,000	0.05		2.1					1.0	0.8		
1	9,000								1.3	0.8		Flush HPT drain
2	8,000	0.25		2.1					1.3	0.9		
3	10,000	0.25		3.0					1.0			
4												
5	4,000								1.2	0.8		
6	8,000	0.25		3.0					1.2	0.8		Flush lines
7	11,000	0.25		3.3					1.2	1.0	3	Compliance
8	3,000								1.2	0.9		
9	1,000								1.2	0.9		
10	1,000								1.2			
11												
12	5,000	0.25		3.0					1.4	1.1		
13	2,000								1.3	1.0		
14	2,000								1.3	1.0		
15	2,000								1.3	1.0		
16	7,000	0.25							1.2	1.0		Air HPT
17	5,000								1.2			
18												
19	5,000	0.25		3.0					1.2	0.9		
20	3,000								1.2	0.8		Flush lines
21	8,000	0.25		2.7					1.1	0.8		
22	2,000								1.2	0.9		
23	3,000								1.2	0.9		
24	4,000								1.0			
25												
26	3,000	0.25		2.5					1.2	0.8		
27	2,000								1.2	0.8		
28	2,000								1.2	0.8		
29	2,000								1.2	0.8		
30	2,000			3.7					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 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 17 No of People at End of Month 59.5

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

William Fontaine C-6813/Dennis Moro C-6497

I certify this report is correct Bruce Fiatt 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	126,000	3.25		24.6					29.2	15.5	3	
Average:	4,065	0.10		0.8					1.2	0.7		
Maximum:	9,000	0.50		4.0					1.3	0.8		
Minimum:	1,000	0.25		2.3					0.8	0.6		
1	1,000								1.2			
2												
3	2,000								1.2	0.8		
4	2,000								1.2	0.7		
5	2,000								1.2	0.7	3	Compliance-
6	2,000								1.2	0.8		flush lines
7	7,000	0.50		3.7					1.2	0.7		Flush lines
8												
9												
10	18,000	0.50		3.3					1.2	0.8		
11	4,000								1.2	0.8		
12	2,000								1.2	0.7		
13	2,000								1.2	0.7		
14	4,000	0.25		2.5					1.1	0.6		
15	1,000								1.1			
16												
17	8,000								1.0	0.6		
18	4,000	0.25		2.3					1.2	0.8		
19	3,000								1.2	0.6		
20	7,000	0.25		3.0					1.3	0.8		
21	1,000								1.2	0.7		
22	4,000								1.2			
23												
24	18,000	0.50		2.6					1.2	0.8		
25	7,000								1.1	0.8		
26	8,000	0.50		4.0					1.2	0.8		
27	2,000								1.2	0.8		
28	4,000								1.2	0.7		Air to Hpt
29	1,000								1.2			
30												
31	12,000	0.50		3.2					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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month November 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 17 No of People at End of Month 59.5

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

William Fontaine C-6813/D. Moro C-6497/L. Streiffer C-6567

I certify this report is correct Ronald 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	127,000	3.50		40.8					33.5	18.6	3	
Average:	4,233	0.12		1.4					1.3	0.9		
Maximum:	11,000	0.17		4.6					1.5	1.1		
Minimum:	1,000	0.08		2.7					1.0	0.8		
1	3,000								1.3	1.0		DHA 3000 pH probe
2	1,000								1.2	0.9		rep Cl2 feed valve
3	6,000	0.25		3.0					1.3	0.9		
4	5,000								1.4	1.0		
5	6,000	0.25		2.7					1.0			
6												
7	10,000	0.25		3.0					1.3	0.9		
8	5,000								1.3	0.9		
9	6,000	0.25		2.7					1.3	0.9	3	Compliance
10	9,000	0.25		3.3					1.2	0.8		
11	3,000								1.3	0.8		
12	1,000								1.3			
13												
14	5,000	0.25		3.3					1.4	1.0		
15	4,000								1.3	0.8		
16	3,000								1.3	0.8		
17	2,000	0.25		3.7					1.4	1.0		
18	4,000								1.4	1.0		
19	3,000								1.5			
20												
21	7,000	0.50		4.3					1.4	1.0		Pull VOCs POE
22	3,000								1.3	0.9		
23	5,000	0.25		3.7					1.4	1.0		Flush water lines
24												
25	8,000	0.25		3.7					1.5	1.1		
26	3,000								1.5			
27												
28	10,000	0.50		4.6					1.4	1.0		
29	11,000	0.25		2.7					1.4	1.0		
30	4,000								1.4	0.9		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354857 PWS Name Quail Ridge 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 19 No of People at End of Month 66.5
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
William Fontaine C-6813/L. Sheffler C-6587/D. Moro C-6497
I certify this report is correct William Fontaine (Lead Operator's Signature) L (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	126,000	3.50		39.0					39.1	24.1	3	
Average	4,129	0.29		3.3					1.4	1.1		
Maximum	9,000	0.50		4.0					1.6	1.3		
Minimum	2,000	0.25		2.5					1.2	0.8		
1	4,000								1.3	0.8		
2	2,000	0.25		3.0					1.5	1.0		
3	2,000								1.4			
4												
5	8,000	0.25		3.0					1.5	1.0		
6	4,000								1.6	1.1		
7	3,000								1.6	1.2		
8	3,000	0.25		3.0					1.6	1.2		
9	3,000								1.5	1.2		
10	6,000	0.25		3.3					1.6			
11												
12	9,000	0.25		3.3					1.6	1.3		
13	4,000								1.5	1.2	3	Compliance
14	3,000								1.6	1.3		
15	3,000	0.25		3.0					1.5	1.2		
16	9,000	0.25		3.3					1.5	1.2		
17	4,000								1.2			
18												
19	13,000	0.50		3.5					1.4	1.1		
20	4,000								1.3	1.0		
21	4,000	0.25		3.7					1.4	1.2		
22	3,000								1.4	1.2		
23	3,000								1.4	1.1		
24	3,000	0.25		3.3					1.4			
25												
26	7,000								1.3	0.9		
27	5,000	0.25		2.5					1.3	0.8		
28	2,000								1.3	0.8		
29	5,000								1.5	1.0		
30	8,000	0.50		4.0					1.6	1.3		Flush lines
31	4,000								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.

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 14 No of People at End of Month 49.0
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 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	75.0	1.5		16.0					26.0	19.6	3	
Average	2.5	0.05		2.6					1.0	0.8		
Maximum	5.0	0.13		5.0					1.2	0.9		
Minimum	0.5	0.04		1.9					1.0	0.5		
1												
2	1.0	–		–					1.2	0.9		
3												
4	8.0	–		–					1.0	0.7		
5	3.0	0.25		2.5					1.0	0.8		
6	2.0	–		–					1.2	0.7		
7	4.0	–		–					1.0	0.7		
8	2.0	–		–					1.0	0.7		
9	4.0	0.25		2.5					1.2	0.8		
10												
11	5.0	–		–					1.0	0.8		
12	2.0	–		–					1.0	0.8	3	
13	1.0	–		–					1.0	0.8		
14	3.0	–		–					1.0	0.8		
15	4.0	0.25		2.0					1.0	0.8		
16												
17	6.0	–		–					1.2	0.9		
18	1.0	–		–					1.0	0.8		
19	1.0	–		–					1.0	0.8		
20	1.0	–		–					1.0	0.8		
21	5.0	0.25		2.1					1.0	0.9		
22	2.0	–		–					1.0	0.8		
23												
24	6.0	–		–					1.0	0.8		
25	2.0	–		–					1.0	0.8		
26	1.0	–		–					1.0	0.8		
27	3.0	–		–					1.0	0.8		
28	2.0	0.25		1.9					1.0	0.8		
29	1.0	–		–					1.0	0.8		
30	5.0	0.25		5.0					1.2	0.5		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge 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 14 No of People at End of Month 49
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
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	69.0	1.0		6.7					28.8	20.9	3	
Average	2.6	0.04		2.2					1.3	0.9		
Maximum	5.0	0.50		2.9					1.5	1.0		
Minimum	1.0	0.25		1.8					1.0	0.8		
1	5.0	--		--					1.2	0.8		
2	3.0	--		--					1.2	0.8		
3	3.0	--		--					1.2	0.8		
4												
5	6.0	0.25		1.8					1.2	0.8		
6												
7	3.0	--		--					1.5	1.0		
8	4.0	--		--					1.5	1.0		
9	4.0	--		--					1.5	1.0	3	
10	4.0	0.25		2.0					1.5	1.0		
11	2.0	--		--					1.5	1.0		
12	1.0	--		--					1.2	1.0		
13												
14	5.0	--		--					1.2	0.9		
15	1.0	--		--					1.2	0.8		
16	5.0	--		--					1.2	0.9		
17	1.0								1.2	0.9		
18	1.0	--		--					1.2	1.0		
19	2.0	--		--					1.2	0.9		
20	3.0	--		--					1.0	0.8		
21												
22	7.0	--		--					1.0	0.9		
23	1.0	--		--					1.0	0.8		
24	1.0	--		--					1.2	0.9		
25	2.0	--		--					1.5	1.0		
26	4.0	0.50		2.9					1.2	1.0		
27	1.0	--		--					1.2	0.9		
28												
29												
30												
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 14 No of People at End of Month 49
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
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	74.0	1.25		10.3					29.2	22.6	3	
Average:	2.4	0.04		2.1					1.1	0.8		
Maximum:	6.0	0.25		2.7					1.2	0.9		
Minimum:	1.0	0.25		1.8					1.0	0.8		
1	6.0	–		–					1.2	0.9		
2	2.0	–		–					1.2	0.9		
3	2.0	–		–					1.2	0.9		
4	2.0	–		–					1.2	0.9		
5	3.0	0.25		1.9					1.2	0.9		
6												
7	6.0	–		–					1.2	0.9		
8	1.0	–		–					1.2	0.9		
9	2.0	–		–					1.2	0.8	3	
10	3.0	–		–					1.2	0.9		
11	3.0	0.25		2.0					1.2	0.9		
12	3.0	–		–					1.2	0.9		
13	2.0	–		–					1.0	0.8		
14												
15	3.0	–		–					1.0	0.8		
16	3.0	–		–					1.0	0.8		
17	2.0	–		–					1.0	0.8		
18	4.0	0.25		1.8					1.0	0.8		
19	1.0	–		–					1.0	0.8		
20	1.0	–		–					1.0	0.8		
21												
22	6.0	–		–					1.0	0.8		
23	2.0	–		–					1.0	0.8		
24	4.0	–		–					1.0	0.8		
25	2.0	0.25		1.9					1.0	0.8		
26	1.0	–		–					1.0	0.8		
27												
28	5.0	–		–					1.0	0.8		
29	2.0	–		–					1.0	0.8		
30	1.0	–		–					1.0	0.8		
31	2.0	0.25		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. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-860-0058 Reporting Month April 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 14 No of People at End of Month 49

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

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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	199.0	3.75		37.5					26.2	20.7	3	
Average	6.6	0.13		2.7					1.0	0.8		
Maximum	19.0	0.38		5.0					1.2	0.8		
Minimum	1.0	0.25		1.6					1.0	0.7		
1	1.0	"		"					1.0	0.8		
2	2.0	"		"					1.0	0.6		
3	4.0	"		"					1.0	0.7		
4												
5	7.0	0.25		2.1					1.0	0.8		
6	2.0	"		"					1.0	0.8		
7	2.0	"		"					1.0	0.8	3	
8	3.0	"		"					1.0	0.8		flushing
9	7.0	0.25		2.1					1.0	0.8		
10	2.0	"		"					1.0	0.8		
11												
12	9.0	"		"					1.0	0.8		
13	3.0	0.25		2.1					1.0	0.8		
14	3.0	"		"					1.0	0.8		
15	5.0	"		"					1.0	0.8		
16	2.0	"		"					1.0	0.8		
17	3.0	0.25		2.3					1.0	0.6		
18												
19	7.0	"		"					1.0	0.8		
20	11.0	0.25		1.3					1.0	0.8		
21	11.0	"		"					1.0	0.8		
22	7.0	0.25		1.7					1.0	0.8		
23	18.0	0.25		1.7					1.0	0.8		
24												
25	38.0	0.75		2.4					1.2	0.8		
26	15.0	0.25		2.0					1.0	0.8		
27	6.0	0.25		5.0					1.0	0.8		
28	19.0	0.25		1.6					1.0	0.8		
29	6.0	0.25		5.0					1.0	0.8		flushing
30	6.0	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. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 14 No of People at End of Month 49
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 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	333.0	8.25		63.8					27.6	21.5	3	
Average	10.7	0.27		3.5					1.1	0.8		
Maximum	35.0	0.75		5.0					1.2	0.9		
Minimum	5.0	0.13		2.0					1.0	0.8		
1	7.0	0.25		4.3					1.0	0.8		
2												
3	22.0	0.50		2.7					1.0	0.8		
4	6.0	0.25		5.0					1.0	0.8		
5	6.0	0.25		5.0					1.0	0.8		
6	6.0	0.25		5.0					1.0	0.8		
7	15.0	0.25		2.0					1.0	0.8		
8												
9	23.0	0.50		2.6					1.0	0.8		
10	30.0	0.50		2.0					1.0	0.8	3	
11	7.0	0.25		4.3					1.0	0.8		
12	8.0	0.25		3.7					1.0	0.8		Flushed HPT
13	6.0	0.25		5.0					1.0	0.8		
14	8.0	0.25		3.7					1.0	0.8		
15												
16	12.0	0.25		2.5					1.0	0.8		
17	6.0	0.25		5.0					1.0	0.8		
18	6.0	0.25		5.0					1.0	0.8		
19	23.0	0.50		2.6					1.0	0.8		
20	24.0	0.50		2.5					1.0	0.8		
21	7.0	0.25		4.3					1.0	0.8		
22	35.0	0.75		2.6					1.2	0.9		
23												
24	15.0	0.25		2.0					1.2	0.9		
25	5.0	–		–					1.2	0.9		
26	10.0	0.25		2.0					1.2	0.9		
27	8.0	0.25		3.7					1.2	0.9		flushed lines
28	20.0	0.50		3.0					1.2	0.9		
29	5.0	–		–					1.2	0.9		
30												
31	13.0	0.50		3.3					1.2	0.8		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge 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 14 No of People at End of Month 49
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
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 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	194.0	5.5		77.3					30.8	21.8	3	
Average	6.5	0.18		3.7					1.2	0.8		
Maximum	12.0	0.25		6.0					1.2	0.9		
Minimum:	1.0	0.25		2.1					1.0	0.7		
1	7.0	0.25		4.3					1.2	0.8		
2	10.0	0.25		3.0					1.2	0.8		
3	7.0	0.25		4.3					1.2	0.8		
4	9.0	0.25		3.3					1.2	0.8		
5	7.0	0.25		4.3					1.2	0.8		
6												
7	21.0	0.50		2.9					1.2	0.8		
8	10.0	0.25		3.0					1.2	0.8		
9	9.0	0.25		3.3					1.2	0.8		
10	8.0	0.25		3.7					1.2	0.8	3	
11	12.0	0.25		2.5					1.2	0.8		
12	6.0	0.25		5.0					1.2	0.9		
13												
14	14.0	0.25		2.1					1.2	0.9		
15	9.0	0.25		3.3					1.2	0.9		
16	8.0	0.25		3.7					1.2	0.9		
17	5.0	0.25		6.0					1.2	0.9		
18	8.0	0.25		3.7					1.2	0.9		
19	10.0	0.25		3.0					1.2	0.9		
20												
21	8.0	0.25		3.7					1.2	0.9		
22	5.0	0.25		6.0					1.2	0.9		
23	1.0								1.2	0.9		
24	2.0								1.2	0.9		
25	5.0	0.25		3.7					1.2	0.9		
26	1.0	–		–					1.2	0.8		
27												
28	9.0	–		–					1.2	0.8		
29	1.0	–		–					1.0	0.7		
30	2.0	0.25		2.3					1.0	0.7		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month July 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 14 No of People at End of Month 49
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 Dennis W. Moro C-6497) 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	118.0	2.25		21.1					27.2	20.9	3	
Average:	3.8	0.07		2.3					1.0	0.8		
Maximum:	12.0	0.25		3.7					1.2	0.9		
Minimum:	1.0	0.13		1.9					1.0	0.7		
1	1.0	–		–					1.0	0.7		
2	1.0	–		–					1.0	0.8		
3	1.0	–		–					1.2	0.9		
4												
5	5.0	0.25		3.7					1.0	0.7		
6	6.0	–		–					1.0	0.8		
7	5.0	0.25		2.7					1.0	0.8		
8	4.0	–		–					1.0	0.8	3	
9	5.0	–		–					1.0	0.8		
10	3.0	–		–					1.0	0.8		
11												
12	3.0	0.25		2.0					1.0	0.8		
13	5.0	–		–					1.0	0.8		
14	4.0	–		–					1.0	0.8		
15	2.0	–		–					1.0	0.8		
16	4.0	0.25		2.0					1.0	0.8		
17	6.0	–		–					1.0	0.7		
18												
19	8.0	0.25		2.0					1.0	0.7		
20	5.0	–		–					1.0	0.7		
21	2.0	–		–					1.0	0.7		
22	1.0	–		–					1.0	0.7		
23	6.0	0.25		2.1					1.0	0.7		
24	2.0	–		–					1.0	0.8		
25												
26	2.0	–		–					1.0	0.8		
27	5.0	–		–					1.0	0.8		
28	5.0	0.25		2.1					1.0	0.8		
29	6.0	–		–					1.0	0.8		
30	9.0	0.25		2.0					1.0	0.8		Flushed Lines
31	12.0	0.25		2.5					1.0	0.8		Greased Pump Motor

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month August 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 14 No of People at End of Month 49

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

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	183.0	4.25		48.0					31.2	23.3	3	
Average	6.0	0.14		3.0					1.2	0.9		
Maximum	10.0	0.25		4.3					1.2	1.0		
Minimum	1.0	0.13		1.7					1.2	0.7		
1												
2	18.0	0.25		1.7					1.2	0.9	3	
3	9.0	0.25		3.3					1.2	0.9		
4	10.0	0.25		3.0					1.2	0.9		
5	5.0	–		–					1.2	0.9		
6	7.0	0.25		2.5					1.2	0.9		
7	7.0	0.25		4.3					1.2	0.7		
8												
9	22.0	0.50		2.7					1.2	0.9		
10	8.0	0.25		3.7					1.2	0.9		
11	7.0	0.25		4.3					1.2	0.9		
12	8.0	0.25		3.7					1.2	0.9		
13	9.0	0.25		3.3					1.2	0.9		
14												
15	16.0	0.25		1.9					1.2	1.0		
16	4.0	–		–					1.2	0.9		
17	5.0	–		–					1.2	0.9		
18	3.0	0.25		2.5					1.2	0.9		
19	4.0	–		–					1.2	0.9		
20	4.0	0.25		3.7					1.2	0.9		
21												
22	11.0	0.25		2.7					1.2	0.9		
23	5.0	–		–					1.2	0.9		
24	5.0	–		–					1.2	0.9		
25	5.0	0.25		2.0					1.2	0.9		
26	2.0	–		–					1.2	0.9		
27	1.0	–		–					1.2	0.9		
28												
29	3.0	–		–					1.2	0.9		
30	2.0	–		–					1.2	0.9		
31	3.0	0.25		2.7					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

General Offices
1000 Color Place
Apopka, FL 32703
(407) 880-0058

January 11, 1994

State of Florida
Department of Environmental Protection
3319 Maguire Boulevard
Suite 232
Orlando, Florida 32803-3767
Attn: Mr. Joseph McNamara

Subject: Quail Ridge / PWS # 3354867

Dear Mr. McNamara:

Enclosed are **corrected** copies of the **September, October and November 1993** Monthly Operating Reports for the above system. When the reports were originally sent to you the **PWS ID number** was incorrect.

Please replace the originals with the resubmitted copies in your files.

Sincerely,

Donald B. Corder

Donald B. Corder
Area Supervisor

c: St. Johns Water Management District (CUP # 20691010N)
Clara S. Dozier
Operations File

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month September 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 48 No of People at End of Month 49.0

Design Flow .75 GPM Remarks (Use Reverse Side) **Resubmitted January 1994**

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

Dennis W. Moro C-6497 - Lance D. Shreffler C-6587

I certify this report is correct (Original signed by Brian Heath C-5825) (Lead Operator's Signature) (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	103.000	2.00		19.0					28.1	21.5		
Average	3.433	0.07		0.6					1.1	0.9		
Maximum	8.000	0.13		3.0					1.5	1.0		
Minimum	1.000	0.05		1.9					1.0	0.8		
1	1.000								1.2	0.9		
2	2.000								1.2	0.9		
3	1.000								1.2	0.9		
4	2.000								1.2	0.9		
5												
6	4.000								1.2	0.9		
7	1.000								1.2	0.9		
8	1.000								1.2	0.9		
9	2.000	0.25		2.0					1.2	0.9		
10	1.000								1.5	1.0		
11												
12	2.000								1.0	0.8		
13	5.000								1.2	0.9		
14	7.000	0.25		2.0					1.2	0.9		
15	2.000								1.2	0.9		
16	7.000								1.2	0.9		
17	2.000	0.25		2.7					1.2	0.9		
18												
19												
20	16.000	0.25		1.9					1.0	0.8		
21	5.000								1.0	0.8		
22	4.000								1.0	0.8		
23	6.000	0.25		2.0					1.0	0.8		
24	8.000								1.0	0.8		
25	3.000	0.25		2.7					1.0	0.8		
26												
27	11.000	0.25		2.7					1.0	0.8		
28	4.000								1.0	0.8		
29	3.000								1.0	0.8		
30	3.000	0.25		3.0					1.0	0.8		Line Flush
31												

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354857 PWS Name Quail Ridge Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0056 Reporting Month September 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 14 No of People at End of Month 49.0
Design Flow 175 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-6587
I certify this report is correct (Original signed by Brian Heath C-5825) (Lead Operator's Signature) (Cert. Level) 3 (Cert. No) 2903

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)	103,000	2.00		19.0					28.1	21.5		
Average	3,433	0.07		0.6					1.1	0.9		
Maximum	8,000	0.13		3.0					1.5	1.0		
Minimum	1,000	0.03		0.9					1.0	0.8		
1	1,000								1.2	0.9		
2	2,000								1.2	0.9		
3	1,000								1.2	0.9		
4	2,000								1.2	0.9		
5												
6	4,000								1.2	0.9		
7	1,000								1.2	0.9		
8	1,000								1.2	0.9		
9	2,000	0.25		2.0					1.2	0.9		
10	1,000								1.5	1.0		
11												
12	2,000								1.0	0.8		
13	5,000								1.2	0.9		
14	7,000	0.25		2.0					1.2	0.9		
15	2,000								1.2	0.9		
16	7,000								1.2	0.9		
17	2,000	0.25		2.7					1.2	0.9		
18												
19												
20	16,000	0.25		1.9					1.0	0.8		
21	5,000								1.0	0.8		
22	4,000								1.0	0.8		
23	6,000	0.25		2.0					1.0	0.8		
24	8,000								1.0	0.8		
25	3,000	0.25		2.7					1.0	0.8		
26												
27	11,000	0.25		2.7					1.0	0.8		
28	4,000								1.0	0.8		
29	3,000								1.0	0.8		
30	3,000	0.25		3.0					1.0	0.8		Line Flush
31												

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 72 No of People at End of Month 49.0

Design Flow .175 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 / Brian E. Heath C-5825 / Lance D. Shreffler C-6587 / William Fontaine C06813

I certify this report is correct (Original signed by Donald B. Corder B-2403) (Lead Operator's Signature) (Cert. Level) B 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	105.000	2.00		19.8					26.8	20.1	3	
Average	3.387	0.06		1.8					1.0	0.8		
Maximum	11.000	0.25		3.3					1.2	0.9		
Minimum	1.000	0.04		2.0					1.0	0.7		
1	9.000	0.25		3.3					1.0	0.8		
2	2.000								1.0	0.8		
3												
4	8.000	0.25		3.0					1.0	0.8		
5	3.000								1.0	0.8		
6	3.000								1.0	0.8		
7	2.000								1.0	0.8		
8	1.000								1.0	0.9		
9	2.000	0.25		2.7					1.2	0.8		
10												
11	2.000								1.0	0.8		
12	2.000								1.0	0.8	3	Compliance samples
13	3.000								1.0	0.8		
14	8.000	0.25		2.0					1.0	0.8		
15	11.000	0.25		2.7					1.0	0.8		
16	1.000								1.0	0.8		
17												
18	3.000								1.0	0.8		
19	2.000								1.0	0.8		
20	4.000								1.0	0.8		
21	2.000								1.0	0.8		
22	3.000	0.25		2.0					1.2	0.9		
23	3.000								1.0			
24												
25	12.000	0.25		2.0					1.2	0.9		VOC/NO2/NO3 sample
26	5.000								1.2	0.8		
27	3.000								1.0	0.7		
28	5.000								1.0	0.8		Flushed lines
29	2.000	0.25		2.0					1.0	0.7		
30	4.000								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. 3354867 PWS Name Quail Ridge Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 74 No of People at End of Month 49.0
Design Flow .175 GPM Remarks (Use Reverse Side) Resubmitted January 1994
Provide Name(s) and Operator Certificaton No.(s) for all certified operators working at the plant for the month
Dennis W. More C-6497 / Brian E. Heath C-5825 / Lance D. Shreffler C-6587 / William Fontaine C06813
I certify this report is correct Original signed by Donald B. Corser B-2403 Donald B. Corser 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	105.000	2.00		19.8					26.8	20.1	3	
Average	3.387	0.06		1.8					1.0	0.8		
Maximum	11.000	0.25		3.3					1.2	0.9		
Minimum	1.000	0.04		2.0					1.0	0.7		
1	9.000	0.25		3.3					1.0	0.8		
2	2.000								1.0	0.8		
3												
4	8.000	0.25		3.0					1.0	0.8		
5	3.000								1.0	0.8		
6	3.000								1.0	0.8		
7	2.000								1.0	0.8		
8	1.000								1.0	0.9		
9	2.000	0.25		2.7					1.2	0.8		
10												
11	2.000								1.0	0.8		
12	2.000								1.0	0.8	3	Compliance samples
13	3.000								1.0	0.8		
14	8.000	0.25		2.0					1.0	0.8		
15	11.000	0.25		2.7					1.0	0.8		
16	1.000								1.0	0.8		
17												
18	3.000								1.0	0.8		
19	2.000								1.0	0.8		
20	4.000								1.0	0.8		
21	2.000								1.0	0.8		
22	3.000	0.25		2.0					1.2	0.9		
23	3.000								1.0			
24												
25	12.000	0.25		2.0					1.2	0.9		VOC/NO2/NO3 sample
26	5.000								1.2	0.8		
27	3.000								1.0	0.7		
28	5.000								1.0	0.8		Flushed lines
29	2.000	0.25		2.0					1.0	0.7		
30	4.000								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. 3354867 PWS Name Quail Ridge 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 14 No of People at End of Month 49.0

Design Flow 175 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

Brian E. Heath C-5825 / Lance D. Shreffler C-6587 / William M Fontaine C-6813

I certify this report is correct Original signed by Brian Heath C-5825 3 2403

(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	70.000	1.00		7.6					29.5	18.6	3	
Average:	2.333	0.03		0.3					1.2	0.6		
Maximum:	7.000	0.25		3.0					1.3	0.9		
Minimum:	1.000	0.25		1.9					0.7	0.4		
1	3.000								1.2	0.9		
2	2.000								1.2	0.9		Flush lines
3	2.000								1.2	0.9		
4	1.000								1.2	0.8		Flush/drain HPT
5	3.000	0.25		2.0					1.2	0.8		
6	1.000								1.2	0.8		
7												
8	5.000								1.2	0.8		Flush lines
9	2.000								1.2	0.8	3	Compliance samples
10	1.000								1.2	0.8		
11	1.000								1.3	0.9		
12	1.000								1.2	0.8		
13												
14	4.000	0.25		2.0					1.2	0.9		
15	5.000								1.2	0.8		
16	7.000								1.2	0.8		
17	1.000								1.2	0.8		
18	3.000	0.25		1.9					1.2	0.8		
19	2.000								1.2	0.7		
20	6.000								1.0			
21												
22	5.000								1.2	0.9		
23	1.000								0.7	0.4		
24	4.000	0.25		1.7					1.2	0.8		
25												
26	2.000								1.2	0.8		
27	1.000								1.2			
28												
29	3.000								1.3	0.9		
30	4.000								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. 3354867 PWS Name Quail Ridge 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 14 No of People at End of Month 49.0

Design Flow 175 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

Brian E. Heath C-5625 / Lance D. Shreffler C-6587 / William M Fontaine C-6813

I certify this report is correct Original signed by Brian Heath C-5625 (Lead Operator's Signature) (Cert. Level) B (Cert. No) 2403

Days of Month	Total Water Treated in in Gallons	Chlorine lbs used	Chlorine gas used	Chlorine mg/l	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	70,000	1.00		7.6					29.5	18.6	3	
Average	2,333	0.03		0.3					1.2	0.8		
Maximum	7,000	0.25		2.0					1.3	0.9		
Minimum	1,000	0.25		1.9					0.7	0.4		
1	3,000								1.2	0.9		
2	2,000								1.2	0.9		Flush lines
3	2,000								1.2	0.9		
4	1,000								1.2	0.8		Flush/drain HPT
5	3,000	0.25		2.0					1.2	0.8		
6	1,000								1.2	0.8		
7												
8	5,000								1.2	0.8		Flush lines
9	2,000								1.2	0.8	3	Compliance samples
10	1,000								1.2	0.8		
11	1,000								1.3	0.9		
12	1,000								1.2	0.8		
13												
14	4,000	0.25		2.0					1.2	0.9		
15	5,000								1.2	0.8		
16	7,000								1.2	0.8		
17	1,000								1.2	0.8		
18	3,000	0.25		1.9					1.2	0.8		
19	2,000								1.2	0.7		
20	6,000								1.0			
21												
22	5,000								1.2	0.9		
23	1,000								0.7	0.4		
24	4,000	0.25		1.7					1.2	0.8		
25												
26	2,000								1.2	0.8		
27	1,000								1.2			
28												
29	3,000								1.3	0.9		
30	4,000								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. 3354867 PWS Name Quail Ridge 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 15 No of People at End of Month 52.5

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

B HEATH C-5825/L SHREFFLER C-6587/D MORO C-6497/WILL FONTAINE C-6813

I certify this report is correct: Ernest B. Purdy (Lead Operator's Signature) B (Cert. Level) 2403 (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	72.000	1.50		12.7					34.5	22.7	3	
Average	2.323	0.05		0.4					1.3	0.9		
Maximum	8.000	0.25		2.3					1.8	1.3		
Minimum	1.000	0.25		1.9					1.0	0.8		
1	3.000								1.2	0.8		FLSH HPT DRAIN
2	3.000	0.25		1.9					1.2	0.8		EXERCISE AIR COMP
3	3.000								1.4	1.0		
4												
5	5.000								1.0			
6	5.000								1.2	0.8		EXERCISE AIR COMP
7	2.000	0.25		2.0					1.2	0.8	3	COMPLIANCE SAMPL
8	8.000								1.3	0.9		
9	6.000	0.25		1.9					1.3	0.9		EXERCISE AIR COMP
10	2.000								1.4	1.0		
11												
12												
13	5.000								1.2	0.8		
14	1.000								1.2	0.8		FLUSH LINES
15	2.000								1.4	1.0		
16	3.000								1.2	0.8		
17	3.000	0.25		1.9					1.2	0.8		
18	2.000								1.0	0.8		
19												
20	3.000								1.5	1.0		EXERCISE AIR COMP
21	1.000								1.4	1.0		
22	1.000								1.5	1.1		
23	1.000								1.4	1.0		EXERCISE AIR COMP
24	1.000								1.3	1.0		
25												
26	4.000	0.25		2.3					1.3			
27	1.000								1.4	1.0		
28	2.000								1.3	0.9		
29	1.000								1.8	1.3		FLUSH LINES
30	2.000								1.6	1.2		
31	2.000	0.25		2.7					1.6	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 2554361 PWS Name Remington Forest Location: City or S/D Switzerland

Owned By Southern States Utilities Phone Number 804-743-1888 Reporting Month January 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 58 No of People at End of Month 203

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 A-5091 / Brenan M Ward A-6514 / Dan Chesse C-6976

I certify this report is correct Donald K. Holcomb H 5091

(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	603,600	16.5		74.8					50.2	9.4		
Average	19,471	0.8		2.4					2.3	0.4		
Maximum	59,000	2.0		6.1					3.0	0.6		
Minimum		0.50		2.0					1.8	0.2		
1	38,800	1.00		3.09					2.0	0.2		
2												
3	34,000	1.00		3.53					2.0	0.3	6	
4	22,300	0.50		2.69					1.8	0.4		
5	11,200	0.50		5.35					1.5	0.3		
6	19,800	1.00		6.06					1.7	0.3		
7	14,800	0.50		4.05					1.9	0.4		
8												
9												
10	52,800	2.00		4.56					2.2	0.5		
11	19,300	0.50		3.11					2.4	0.6		
12	17,300	0.50		3.47					2.3	0.6		
13	18,400	0.50		3.26					2.0	0.4		
14	15,700	0.50		3.82					1.9	0.3		
15	17,200	0.50		3.49					2.0	0.6		
16												
17	42,700	1.00		2.81					3.0	0.4	5	
18	19,900								2.4	0.4		
19	18,500	0.50		3.24					2.4	0.3		
20	20,300	0.50		2.95					2.8	0.5		
21												
22	26,000	1.00		4.61					2.4	0.6		
23												
24	54,400	1.00		2.20					2.0	0.4		
25	17,700	0.50		3.39					3.0	0.5		
26												
27	44,100	1.50		4.08					2.7	0.4		
28	19,600	0.50		3.06					3.0	0.6		
29												
30												
31	55,000	1.00		2.03					2.6	0.5	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 re

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2554361 PWS Name Remington Forest Location: City or S/D Switzerland

Owned By Southern States Utilities Phone Number: 904-743-1888 Reporting Month February 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 58 No of People at End of Month 203

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 A-5091 / Branan M. Ward A-6514 / Dan Chesse C-6876

I certify the report is correct Donald R. Holcomb A 5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	559,200	15.5		42.2					29.6	6.1		
Average	19,971	1.2		1.5					2.3	0.5		
Maximum	72,100	2.0		4.3					3.2	1.0		
Minimum		0.50							1.6	0.2		
1	18,100	0.50		3.31					2.6	0.4		
2	16,800	0.50		3.63					3.2	0.5		
3												
4	29,200	0.50		2.05					2.0	0.3		
5												
6												
7	59,200	2.00		4.05					2.2	0.4	6	
8												
9	41,100	1.00		2.92					2.0	0.6		
10												
11	37,800	1.00		3.17					1.8	0.4		
12												
13												
14	72,100	2.00		3.33					1.8	0.2	5	
15												
16	40,700	1.00		2.95					2.8	0.4		
17												
18	37,200	1.00		3.22					2.2	0.3		
19												
20												
21	55,900	2.00		4.29					2.8	0.4		
22												
23	45,600	1.00		2.63					2.4	0.8		
24												
25	40,300	1.00		2.98					2.2	1.0		
26												
27												
28	65,500	2.00		3.66					2.0	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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2554361 PWS Name Remington Forest Location: City or S/D Switzerland
Owned By Southern States Utilities Phone Number: 904-641-6332 Reporting Month March 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 58 No of People at End of Month 203
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 A-5091 / Branan M. Ward A-6514
I certify this report is correct Donald R. Holcomb A 5091
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,070,500	24.0		39.8					31.8	6.3		
Average:	34,532	1.6		1.3					2.1	0.4		
Maximum:	133,300	5.0		5.8					2.8	0.6		
Minimum:		0.50							1.6	0.2		
1												
2	41,700	2.00		5.75					2.0	0.6		
3												
4	42,300	1.00		2.83					2.2	0.4		
5	27,700	0.50		2.16					1.7	0.2		
6	39,900	1.00		3.01					2.1	0.3		
7	52,600	0.50		1.14					2.8	0.5	6	
8												
9	83,600	1.00		1.89					2.4	0.6		
10												
11	58,900	1.00		2.04					2.0	0.4		
12												
13												
14	123,100	2.00		1.95					2.4	0.4		
15											2	
16	79,100	1.00		1.52					2.2	0.3	2	
17												
18												
19	110,500	2.00		2.17					2.2	0.6		
20												
21												
22	133,300	5.00		4.50					2.4	0.4		
23	50,300	1.00		2.38					2.0	0.4		
24												
25												
26	89,800	2.00		2.67					2.2	0.6		
27												
28	85,900	3.00		4.14					1.6	0.2	5	
29											5	
30	70,800	1.00		1.69					1.6	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 2554361 PWS Name Remington Forest Location: City or S/D Switzerland

Owned By Southern States Utilities Phone Number: 904-641-8332 Reporting Month April 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 62 No of People at End of Month 217

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 A-5091 / Branan M Ward A-6415

I certify this report is correct Donald R Holcomb A 5091

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,217,400	29.0		50.9					39.2	11.1	4	
Average	40,580	1.9		1.7					2.6	0.7		
Maximum	153,200	3.0		7.7					3.0	1.0		
Minimum		1.00							2.0	0.4		
1	48,800	2.00		4.91					2.4	0.6		
2												
3												
4	137,600	2.00		1.74					3.0	0.5	4	
5												
6	84,000	2.00		2.85					2.8	1.0		
7												
8												
9	132,000	3.00		2.73					3.0	0.8		
10												
11	86,800	2.00		2.76					2.2	0.8		
12												
13	69,000	2.00		2.68					2.2	1.0		
14												
15	46,600	1.00		2.57					2.6	0.6		
16												
17	85,300	3.00		5.51					2.7	0.6		
18	15,600	1.00		7.69					3.0	0.8		
19												
20	82,700	2.00		2.90					2.0	1.0		
21												
22												
23	114,400	3.00		3.14					2.6	0.6		
24	26,800	1.00		4.47					2.3	0.4		
25	45,200	1.00		2.65					3.0	0.8		
26												
27	89,400	2.00		2.68					3.0	1.0		
28												
29												
30	153,200	2.00		1.57					2.4	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 2554361 PWS Name Remington Forest Location: City or S/D Switzerland
Owned By Southern States Utilities Phone Number: 904-641-6332 Reporting Month May 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 82 No of People at End of Month 217
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 A-5091 / Branan M. Ward A-6514
I certify this report is correct Donald R. Holcomb A 5091
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,889,300	23.0		94.9					49.4	12.6	11	
Average	54,494	1.2		3.1					2.5	0.6		
Maximum	170,500	2.0		80.0					3.0	1.0		
Minimum		0.50							1.5	0.3		
1	58,200	1.00		2.06					2.7	0.7		
2	59,400	1.00		2.02					2.5	0.5	4	
3	161,100										1	
4												
5												
6	2,000	1.00		59.95					2.8	1.0		
7												
8	48,000	1.00		2.50					2.8	0.8		
9	68,900	1.00		1.76					3.0	0.8		
10												
11	107,000	1.00		1.12					2.4	1.0		
12	58,500	1.00		2.05					2.6	0.8		
13												
14	115,100	1.00		1.04					3.0	0.6		
15	54,200	1.00		2.21					2.6	0.5		
16	67,500	1.50		2.66					2.3	0.3		
17	59,600	1.00		2.01					2.0	0.6		
18												
19												
20	126,000	1.00		0.95					2.4	0.6		
21	43,100	0.50		1.39					2.6	0.6		
22	65,500	1.00		1.83					2.0	0.7		
23	72,900	1.00		1.64					2.3	0.4		
24												
25	134,900	2.00		1.78					2.6	0.8		
26												
27	170,500	2.00		1.41					2.4	1.0		
28												
29	85,600	2.00		2.60					1.5	0.3		
30	76,000	1.00		1.58					2.6	0.6	3	
31	55,900	1.00		2.14					2.3	0.4	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 2554361 PWS Name Remington Forest Location: City or S/D Switzerland

Owned By Southern States Utilities Phone Number: 904-641-6332 Reporting Month June 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 85 No of People at End of Month 228

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 A-5091 / Brenan M. Ward A-6514

I certify this report is correct Original signed by Donald R. Holcomb (Lead Operator's Signature) (Cert. Level) A-5091 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,017,100	27.0		71.5					52.0	10.2	10	
Average	32,810	1.3		2.3					2.5	0.5		
Maximum	119,000	2.0		6.0					3.1	0.8		
Minimum		1.00							1.8	0.3		
1	37,400	1.00		3.21					2.3	0.5		
2	44,400	1.00		2.70					2.0	0.3		
3												
4												
5	119,000	2.00		2.02					2.0	0.4		
6	36,400	1.00		3.29					2.2	0.6		
7												
8	50,600	2.00		4.74					2.6	0.4	4	
9												
10	59,600	2.00		4.02					2.4	0.6		
11	20,100	1.00		5.97					2.4	0.5		
12	32,900	1.00		3.64					2.8	0.5		
13	38,400	1.00		3.12					3.1	0.8	3	
14	38,700	1.00		3.10					3.0	0.7	3	
15	37,400	1.00		3.21					2.6	0.4		
16												
17	52,600	1.00		2.28					2.4	0.5		
18	31,400	1.00		3.82					2.7	0.6		
19	29,800	1.00		4.02					2.3	0.5		
20	40,800	1.00		2.94					2.6	0.3		
21												
22	78,600	2.00		3.05					2.4	0.4		
23												
24	70,700	2.00		3.39					1.8	0.3		
25	39,900	1.00		3.01					2.6	0.5		
26	29,100	1.00		4.12					2.8	0.4		
27	37,500	1.00		3.20					2.6	0.3		
28												
29												
30	91,800	2.00		2.61					2.2	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 2554351 PWS Name Remington Forest Location: City or S/D Switzerland
Owned By Southern States Utilities Phone Number: 904-641-8332 Reporting Month July 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 65 No of People at End of Month 228
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 A-5091 / Brenan M. Ward A-6514
I certify the report is correct Donald R. Holcomb A 5091
(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	1,271,000	20.0		53.3					63.4	11.7	10	
Average	41,000	1.1		1.7					2.4	0.5		
Maximum	139,400	1.5		5.8					2.8	0.7		
Minimum		1.00							1.6	0.2		
1	48,600	1.00		2.47					2.6	0.3		
2	45,400	1.00		2.58					2.6	0.6		
3	69,600	1.00		1.72					2.5	0.5		
4												
5	50,800	1.00		2.36					2.7	0.7		
6	35,500	1.00		3.38					2.3	0.4		
7	29,000								1.7	0.2	4	
8	38,350	1.00		3.13					2.6	0.6		
9	42,800								2.8	0.5		
10	40,500	1.00		2.96					2.5	0.5		
11	58,800								2.0	0.6		
12	60,900	1.00		1.97					2.6	0.5		
13												
14	76,100	1.00		1.58					1.8	0.3		
15												
16	57,200	1.50		2.06					2.6	0.6		
17	41,400	1.50		4.34					2.8	0.4		
18												
19	139,400	1.00		0.86					2.6	0.3		
20	27,100								2.6	0.3		
21	66,900	1.00		1.79					2.6	0.4		
22	37,600								2.0	0.2		
23	43,600	1.00		2.75					2.3	0.5		
24	36,600								2.6	0.3		
25	27,900	1.00		4.30					2.6	0.4	3	
26	36,400	1.00		3.29					2.0	0.6	3	
27												
28	54,600	1.00		2.19					1.6	0.4		
29	31,800	1.00		3.77					2.6	0.6		
30	22,300								2.8	0.5		
31	20,700	1.00		5.79					2.6	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. 2554351 PWS Name Remington Forest Location: City or S/D Switzerland
Owned By Southern States Utilities Phone Number: 904-641-8332 Reporting Month August 1994
Plant Effluent ph (Avg) 7.2 No of Services at End of Mont 65 No of People at End of Month 228
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 A-5091
I certify this report is correct Donald Holcomb A 5091
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,047,680	21.0		74.9					77.5	14.4	4	
Average	33,796	1.1		2.4					2.6	0.5		
Maximum:	67,760	2.0		6.9					3.1	0.8		
Minimum:		1.00							1.6	0.2		
1	32,700	1.00		3.67					2.6	0.5		
2	33,700	1.00		3.56					2.8	0.4	1	Clearance
3	60,500	1.00		1.98					2.3	0.5	1	Clearance
4	27,200								2.6	0.5		
5	40,600	1.00		2.95					2.7	0.3		
6	23,100								2.5	0.5		
7	29,300	1.00		4.09					2.8	0.4		
8	32,800								3.0	0.5	4	Compliance samples
9												
10	52,700	1.00		2.28					2.6	0.5		
11	28,900								2.5	0.5		
12	29,100	1.00		4.12					2.6	0.3		
13	17,400	1.00		5.89					2.5	0.5		
14	29,400								2.7	0.6	1	Clearance
15	31,400	1.00		3.82					2.4	0.6	1	Clearance
16	45,200	1.00		2.65					2.8	0.8		
17	25,500	1.00		4.70					2.5	0.5		
18	27,400								2.3	0.5		
19	24,500	1.00		4.89					1.6	0.3		
20	25,200								2.9	0.6		
21	22,900	1.00		5.24					3.1	0.6		
22	28,400	1.00		4.22					2.8	0.5		
23	33,500	1.00		3.58					2.8	0.5		
24	32,700								2.6	0.4		
25	39,000	1.00		3.07					2.5	0.5		
26	23,900								2.8	0.5		
27	42,000	1.00		2.85					2.8	0.6		
28	25,200	1.00		4.76					2.4	0.3		
29	67,760	2.00		2.73					2.0	0.2		
30	53,300								2.4	0.4		
31	42,400	1.00		2.83					2.6	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 2554361 PWS Name Remington Forest Location: City or S/D Switzerland

Owned By Southern States Utilities Phone Number 904-641-6332 Reporting Month September 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 85 No of People at End of Month 228

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 / Loren Boren B7128

I certify this report is correct Donald Holcomb A 5091

(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)
					lbs used	mg/l	lbs used	mg/l				
Monthly Total	1,024,950	22.0		86.1					51.9	9.4	4	
Average	34,152	1.0		2.9					2.5	0.4		
Maximum	69,615	2.0		11.2					3.0	0.6		
Minimum	14,430								1.8	0.2		
1	47,970								2.5	0.5		
2	65,520	1.00		1.83					2.4	0.6		
3	48,750	1.00		2.46					2.6	0.4		
4	40,950	2.00		5.86					2.3	0.4		
5	64,740	1.00		1.85					2.4	0.5		
6	69,615											
7	69,615	2.00		3.44					2.6	0.6		
8	52,260	1.00		2.29					2.4	0.4		
9	37,245											
10	37,245	2.00		5.44					2.5	0.4		
11	33,350											
12	33,350								2.0	0.4	4	
13	40,560	1.00		2.96					2.3	0.5		
14	26,840											
15	26,840	2.00		8.93					1.8	0.2		
16	28,470	1.00		4.21					2.5	0.3		
17	26,985											
18	26,985								3.0	0.3		
19	33,540	1.00		3.57					2.8	0.4		
20	21,450											
21	21,450	2.00		11.18					2.6	0.5		
22	19,695											
23	19,695	1.00		6.09					2.4	0.5		
24	14,430								2.6	0.4		
25	15,210											
26	15,210	1.00		7.88					2.4	0.6		
27	21,060	1.00		5.69					2.7	0.5		
28	23,010											
29	23,010	1.00		5.21					2.4	0.4		
30	19,500	1.00		6.15					2.5	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

Flows estimated due to water meter damaged by vandals

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2554361 PWS Name Remington Forest Location: City or S/D Switzerland

Owned By Southern States Utilities Phone Number. 904-641-8332 Reporting Month October 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 66 No of People at End of Month 231

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 A-5091 \ Loren Boren B-7128

I certify this report is correct Donald R. Holcomb A 5091

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	572,510	20.0		166.6					46.2	8.3	4	
Average	18,468	1.3		5.4					2.6	0.5		
Maximum	33,540	2.0		41.0					3.0	0.7		
Minimum	5,850	1.00							1.8	0.3		
1	33,500	1.00		3.56					2.5	0.5		
2	18,330											
3	18,330	1.00		6.54					2.7	0.4		
4	15,795											
5	15,795	1.00		7.59					2.9	0.5	4	
6	14,820											
7	14,820	2.00		16.18					1.9	0.3		
8	16,965											
9	16,965	1.00		7.07					2.0	0.4		
10	16,770								1.8	0.3		
11	16,360	1.00		7.32					2.6	0.5		
12	5,850											
13	5,850	2.00		40.99					2.8	0.6		
14	17,550	1.00		5.83					2.5	0.5		
15	11,310											
16	11,310	2.00		21.20					3.0	0.7		
17	12,675											
18	12,675	1.00		9.46					2.6	0.5		
19	13,065											
20	13,065	1.00		9.18					3.0	0.4		
21	24,960	1.00		4.80					2.8	0.5		
22	19,110											
23	19,110	2.00		12.55					2.6	0.5		
24	33,540											
25	33,540	1.00		3.57					2.8	0.6		
26	24,960								2.4	0.4		
27	28,210											
28	28,210											
29	28,210	1.00		4.25					2.5	0.3		
30	21,840	1.00		5.49					2.6	0.4		
31	9,000											

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. 2554361 PWS Name Remington Forest Location: City or S/D Switzerland

Owned By Southern States Utilities Phone Number: 904-641-8332 Reporting Month November 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 86 No of People at End of Month 231

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 A-5091 / Loren Boren B-7128

I certify this report is correct Donald Holcomb A 5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	507,220	21.0		238.6					49.2	8.6	4	
Average:	16,907	1.5		8.0					2.7	0.5		
Maximum:	30,420	3.0		66.5					3.2	0.8		
Minimum:	1,750	1.00							2.0	0.3		
1	9,000	1.00		13.32					2.8	0.4		
2	16,770	1.00		7.15					2.6	0.6		
3	18,720											
4	18,720								2.8	0.8		
5	30,420											
6	30,420	1.00		3.94					2.6	0.5		
7	26,275											
8	26,275	1.00		4.24					3.0	0.6		
9	26,715											
10	26,715								2.6	0.3		
11	12,675											
12	12,675	1.00		9.46					2.5	0.4		
13	17,680											
14	17,680											
15	17,680	2.00		13.56					2.0	0.3		
16	8,580											
17	8,580	2.00		27.95					3.0	0.6		
18	9,750											
19	9,750	2.00		24.60					2.5	0.4		
20	15,210											
21	15,210	2.00		15.77					3.2	0.6		
22	10,530								3.0	0.4		
23	1,750	1.00		66.52					2.7	0.6		
24	19,500											
25	19,500	3.00		18.45					2.5	0.5		
26	14,040											
27	14,040	2.00		17.06					2.6	0.5		
28	20,670	1.00		5.80					3.0	0.4	4	
29	14,040								2.8	0.3		
30	13,650	1.00		8.78					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 record.

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2554361 PWS Name Remington Forest Location: City or S/D Switzerland
Owned By Southern States Utilities Phone Number: 904-641-6332 Reporting Month December 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 .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 A-5091 / Loren Boren B-7128
I certify this report is correct Donald Holcomb A 5091
(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	476,190	15.0		125.3					51.1	9.4	4	
Average	15,361	1.3		4.0					2.6	0.5		
Maximum	21,450	3.0		22.0					3.5	0.7		
Minimum	5,200								2.0	0.4		
1	13,650								2.7	0.6		
2	17,940	1.00		6.68					2.6	0.6		
3	19,305											
4	19,305	1.00		6.21					2.5	0.5		
5	19,500	1.00		6.15					3.0	0.6		
6	5,460	1.00		21.96					2.8	0.7		
7	19,240											
8	19,240											
9	19,240	1.00		6.23					2.6	0.5		
10	15,730											
11	15,730											
12	15,730	2.00		15.25					2.8	0.6		
13	21,450								2.0	0.4	4	
14	7,800	1.00		15.37					3.0	0.5		
15	20,670											
16	20,670	2.00		11.60					3.2	0.4		
17	17,940											
18	17,940											
19	17,940	3.00		20.05					2.8	0.4		
20	15,210	1.00		7.86					3.0	0.6		
21	20,280								3.0	0.4		
22	17,160								2.6	0.5		
23	5,200											
24	5,200											
25	5,200								3.0	0.6		
26	8,580								2.6	0.5		
27	15,210											
28	15,210	1.00		7.88					2.8	0.4		
29	14,625											
30	14,625								3.5	0.6		
31	15,210											

This form must be completed in full and sent to 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. 2554361 PWS Name Remington Forest Location:City or S/D Switzerland

Owned By Southern States Utilities Phone 904-743-1688 Reporting Month January 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 45 No of People at End of Month

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 Holcomb, A5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	385.5	6.62		67.28					42.9	11.7		
Average	13.3	0.23		2.3					2.3	0.6		
Maximum	30.9	0.50		7.1					3.5	1.8		
Minimum	7.0	0.10		0.38					1.0	0.3		
1	30.9	0.10		0.38					1.8	0.8		
2	15.5	0.10		0.80								
3	15.5	0.10		0.80								
4	15.5	0.10		0.80								
5	15.5	0.10		0.80					2.0	0.4		
6	8.9	0.50		7.10					1.8	0.3		
7	15.2	0.25		1.90					2.0	0.6	1R 2D	2 D-C
8	9.0	0.25		3.10					1.3	0.6		
9	12.0	0.16		1.60								
10	12.0	0.16		1.60								
11	12.0	0.16		1.60					1.0	0.3		
12	11.2	0.16		1.80					2.3	0.6		
13	15.3	0.16		1.20					3.0	1.2		
14	11.7	0.16		1.60					2.8	0.7		
15	25.1	0.50		2.40					3.3	1.8		
16	13.0	0.12		1.10								
17	13.0	0.12		1.10								
18	13.0	0.12		1.10					2.3	0.4	2D	1-A 1-P
19	16.2	0.12		0.90					2.0	0.4		
20	7.4	0.25		4.20					1.9	0.4		
21	13.5	0.25		2.30					2.2	0.4		
22	12.9	0.25		2.30					2.0	0.3		
23	7.0	0.25		4.20								
24	7.0	0.25		4.20								
25	7.0	0.25		4.20					2.3	0.4		
26	16.2	0.50		3.60					3.5	0.9		
27	11.2	0.25		2.80								
28	11.2	0.25		2.80					3.0	0.8	1D	A
29	11.6	0.50		5.00					2.6	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 17-555.910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2554361 PWS Name Remington Forest Location:City or S/D Switzerland

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 45 No of People at End of Month

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 Holcomb A5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	333.7	6.5		59.5					39.6	11.4		
Average:	13.3	0.26		2.4					2.2	0.6		
Maximum:	20.2	0.5		5.6					3.0	1.0		
Minimum:	4.3	0.09		0.5					1.2	0.3		
1	13.0	0.50		4.50					2.0	0.6		
2	10.7	0.50		5.60					2.0	0.5		
3	12.9	0.50		4.20					2.0	0.6		
4	14.2	0.50		2.80								
5	14.3	0.50		2.80					3.0	1.0		
6	12.0	0.16		1.60								
7	12.0	0.16		1.60								
8	12.0	0.16		1.60					2.7	0.6		
9	10.2	0.50		5.60					2.4	0.4		
10	11.1	0.50		5.60					2.0	0.4		
11	11.1	0.25		2.80					2.0	0.6	1R 5D	1-A 4C TNTC
12	18.4	0.25		1.70					2.0	0.6		
13	14.6	0.09		0.80								
14	14.5	0.09		0.80								
15	14.6	0.09		0.80					1.3	0.4		
16	15.2	0.09		0.70					1.2	0.3		
17	20.2	0.09		0.50					1.6	0.6		
18	4.3	0.09		2.30					1.6	0.6		
19	20.1	0.25		1.50					2.0	0.4		
20	15.7	0.25		1.90								
21	15.7	0.25		1.90								
22	15.7	0.25		1.90					2.8	0.8		
23	10.2	0.17		1.90					3.0	1.0	7D	1 - Not Recieved
24	11.6	0.17		1.70					3.0	1.0		2-A
25	8.4	0.17		2.40					3.0	1.0		4-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 record

DER Form 17-555(10)(2)

Effective 11-1-1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2554361 PWS Name Remington Forest Location:City or S/D Switzerland

Owned By Southern States Utilities Phone 904-743-1858 Reporting Month March 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 44 No of People at End of Month

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 Holcomb A5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	561.2	9.0		88.5					41.3	13.0		
Average	18.1	0.29		2.2					2.1	0.7		
Maximum:	51.7	0.50		5.0					2.5	1.0		
Minimum:	5.6	0.12		0.6					1.4	0.3		
1	51.7	0.25		0.58					1.4	0.3		
2	22.1	0.17		1.00					2.0	0.6		
3	16.1	0.17		1.27								Repeat samples for
4	16.1	0.17		1.27					2.3	0.8	3D	Feb 1993 - All A
5	15.6	0.13		1.00								
6	15.5	0.12		0.93					2.0	0.6	1R 5D	All A
7	24.2	0.50		2.48								
8	24.1	0.50		2.49					2.3	0.5		
9	17.1	0.50		3.60					2.0	1.0		
10	44.2	0.50		1.36					2.0	1.0		
11	23.0	0.25		1.30					2.0	1.0		
12	30.0	0.25		1.00					2.0	0.8		
13	5.6	0.17		3.40								
14	5.6	0.17		3.40					2.5	0.8		
15	5.6	0.17		3.40					1.7	0.5	5D	4A 1P
16	5.6	0.25		5.00					2.5	0.4	5D	All A
17	5.6	0.25		5.00					2.0	0.6		
18	10.6	0.20		2.20								
19	10.6	0.20		2.20					2.2	0.5		
20	10.7	0.20		2.24								
21	10.7	0.20		2.24								
22	10.6	0.20		2.20					2.0	0.6		
23	20.2	0.50		2.90					2.0	0.6		
24	14.1	0.25		2.13								
25	14.1	0.25		2.13					2.0	0.6		
26	21.2	0.50		2.30					2.2	0.4		
27	21.2	0.50		2.30								
28	21.3	0.50		2.30								
29	21.2	0.50		2.30					2.0	0.6		
30	23.5	0.25		1.26								
31	23.5	0.25		1.26					2.2	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 17-555[illegible]

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2554361 PWS Name Remington Forest Location:City or S/D Switzerland

Owned By Southern States Utilities Phone 904-743-1668 Reporting Month April 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 49 No of People at End of Month

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 Holcomb A5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1028.2	8.25		32.5					40.9	12.4		
Average	34.3	0.28		1.1					2.0	0.6		
Maximum	50.4	0.5		3.8					2.8	1.2		
Minimum	16.0	0.12		0.3					1.0	0.2		
1	18.6	0.50		3.10					2.0	0.4		
2	16.0	0.50		3.80					2.0	1.0	3D	A
3	27.0	0.30		1.30								
4	27.0	0.30		1.30								
5	27.0	0.30		1.30					2.2	0.6		
6	21.6	0.12		0.70					2.0	1.0		
7	16.5	0.12		0.90					2.0	0.3	1R 5D	A
8	22.0	0.12		0.70								
9	22.0	0.12		0.70					2.0	0.6		
10	30.9	0.30		1.20								
11	30.9	0.30		1.20								
12	30.9	0.30		1.20					2.0	0.3		
13	50.2	0.50		1.20					2.5	0.6		
14	30.7	0.15		0.60					2.3	0.4		
15	28.9	0.15		0.60					2.0	0.2		
16	30.2	0.20		0.80					2.6	0.5		
17	37.5	0.15		0.50								
18	37.5	0.15		0.50								
19	37.5	0.20		0.60					1.8	0.6		
20	44.7	0.50		1.40					1.0	1.0		
21	42.4	0.50		1.40					2.0	0.6		
22	37.7	0.25		0.80					1.2	0.3		
23	46.6	0.25		0.60					2.5	0.7		
24	50.4	0.12		0.30								
25	50.4	0.12		0.30								
26	50.4	0.12		0.30								
27	50.4	0.12		0.30					2.0	0.6		
28	37.9	0.50		1.60					2.0	0.9		
29	40.8	0.50		1.50					2.4	1.2		
30	33.6	0.50		1.80					2.4	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 17-555(10)(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2554361 PWS Name Remington Forest Location:City or S/D Switzerland

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month May 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 49 No of People at End of Month

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 Holcomb A5091

(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	1580.3	12.15		37.00					32.0	7.6		
Average	48.7	0.4		1.2					2.0	0.5		
Maximum	249.4	1.00		5.3					2.7	1.0		
Minimum	22.3	0.15		0.4					1.0	0.3		
1	54.6	0.50		1.10								
2	54.7	0.50		1.10								
3	54.7	0.50		1.10					1.2	0.5		
4	33.5	1.00		3.60					2.0	0.4		
5	27.2	0.50		2.20					2.0	0.4		
6	27.2	0.50		2.20					2.1	0.3		
7	23.0	1.00		5.30					2.3	0.5		
8	40.9	0.30		0.90								
9	40.9	0.30		0.90								
10	41.0	0.30		0.90					2.0	0.4		
11	50.0	0.25		0.60								
12	50.0	0.25		0.60					2.0	0.4		
13	28.7	0.50		2.10					2.6	0.4		
14	65.0	0.25		0.50								
15	65.0	0.25		0.50					2.4	0.6		
16	27.1	0.15		0.70								
17	27.1	0.15		0.70								
18	27.1	0.15		0.70					2.0	0.6		
19	249.4	1.00		0.50					1.0	0.3		
20	46.8	0.50		1.30					2.4	1.0		
21	68.0	0.50		0.90					1.8	0.4		
22	60.1	0.30		0.60								
23	60.1	0.30		0.60								
24	60.1	0.30		0.60					2.7	0.6	1R 2D	A
25	49.4	0.25		0.60								
26	49.4	0.25		0.60					1.5	0.3		
27	65.2	0.25		0.40								
28	86.2	0.25		0.40					2.0	0.5		
29	22.3	0.30		1.60								
30	22.3	0.30		1.60								
31	22.3	0.30		1.60								

This form must be completed 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 11/1/1[illegible]

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2554361 PWS Name Remington Forest Location:City or S/D Switzerland

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month June 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 49 No of People at End of Month

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 Holcomb A5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1423.075	9.81		36.3					25.9	6.9		
Average	47.4	0.3		1.2					1.6	0.4		
Maximum	97,800	1.00		3.6					2.8	1.0		
Minimum	8,500	0.17		0.3					0.8	0.2		
1	22,375	0.30		1.60					2.1	0.6		
2	28,200	0.50		2.10					1.8	0.4		
3	31,600	0.17		0.70					2.8	0.8		
4	53,750	0.17		0.40								
5	53,750	0.17		0.40					2.8	1.0		
6	63,550	0.25		0.50								
7	63,550	0.25		0.50					2.4	0.6		
8	8,500	0.25		3.60								
9	8,500	0.25		3.60					2.0	0.8	1R 2D	All A
10	35,900	0.50		1.70								
11	35,900	0.50		1.70					1.6	0.4		
12	97,900	0.50		0.60								
13	97,900	0.50		0.60								
14	97,900	0.50		0.60					1.0	0.2		
15	54,600	1.00		2.20					1.6	0.2		
16	45,700	0.50		1.33					2.0	0.3	3D	All A
17	41,800	0.20		0.80					1.0	0.2	3 D	All A
18	74,275	0.20		0.30								
19	74,275	0.20		0.30								
20	74,275	0.20		0.30								
21	74,275	0.20		0.30					1.0	0.4		
22	44,900	0.25		0.70								
23	44,900	0.25		0.70					1.0	0.4		
24	10,650	0.25		2.80								
25	10,650	0.25		2.80					1.0	0.2	3D	All A
26	27,500	0.25		1.10								
27	27,500	0.25		1.10								
28	27,500	0.25		1.10								
29	27,500	0.25		1.10					1.0	0.2		
30	63,100	0.50		1.00					0.8	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 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2554361 PWS Name Remington Forest Location:City or S/D Switzerland
Owned By Southern States Utilities Phone 904-743-1888 Reporting Month July 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 50 No of People at End of Month
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 Holcomb A5091
(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	1167.110	15.5		81.1					20.6	4.7		
Average:	38,904	0.52		1.7					1.4	0.3		
Maximum:	69,550	1.0		3.4					2.6	0.8		
Minimum:	23,000	0.25		0.8					0.6	0.2		
1	35,100	0.90		1.70					2.0	0.3		
2	28,840	0.50		2.10								
3	28,840	0.50		2.10								
4	28,840	0.50		2.10								
5	28,840	0.50		2.10								
6	28,840	0.50		2.10					0.8	0.2		
7	51,600	0.50		1.20					2.0	0.4		
8	65,100	1.00		1.90					2.6	0.8		
9	48,300	1.00		2.50					2.0	0.5		
10	50,070	0.50		1.20								
11	50,070	0.50		1.20								
12	50,070	0.50		1.20					1.4	0.3		
13	69,550	0.50		0.80								
14	69,550	0.50		0.80					1.0	0.2		
15	40,100	0.30		0.90								
16	40,100	0.30		0.90								
17	40,100	0.30		0.90					1.0	0.2		
18	38,500	0.25		0.80								
19	38,500	0.25		0.80					1.0	0.3		
20	29,050	0.50		2.10					1.3	0.3		
21	29,050	0.25		1.00					1.0	0.2		
22	23,000	0.25		1.30					0.6	0.2		
23	26,800	0.50		2.20								
24	26,800	0.50		2.20								
25	26,800	0.50		2.20								
26	26,800	0.50		2.20					1.6	0.3	3D	All A
27	25,950	0.75		3.40								
28	25,950	0.75		3.40					1.3	0.3		
29	48,000	0.75		1.90								
30	48,000	0.75		1.90					1.0	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 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2554361 PWS Name Remington Forest Location:City or S/D Switzerland

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month August 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 50 No of People at End of Month

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 Holcomb A5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1425.0	13.0		36.2					40.9	10.6		
Average	46.0	0.4		1.2					1.9	0.5		
Maximum:	90.5	1.0		2.8					3.0	1.0		
Minimum	21.2	0.25		0.5					1.0	0.2		
1	62.7	0.30		0.60								
2	62.7	0.30		0.60					1.8	0.4		
3	52.3	0.50		1.10								
4	52.2	0.50		1.10					1.0	0.2		
5	48.7	0.25		0.60					1.5	0.4	4D	A
6	43.7	0.25		0.70					1.3	0.3	4D	A
7	56.6	0.50		1.10								
8	56.6	0.50		1.10								
9	56.6	0.50		1.10					2.6	0.6	1R 2D	A
10	35.6	0.25		0.80					2.4	1.0		
11	57.1	0.25		0.50					2.0	0.7		
12	35.0	0.25		0.90								
13	35.0	0.25		0.90					2.5	0.8		
14	90.5	1.00		1.30					2.6	1.0		
15	48.8	1.00		2.40					2.3	0.7		
16	50.2	1.00		2.40					1.0	0.2		
17	38.1	0.50		1.70					2.0	0.4		
18	57.0	0.50		1.10					2.6	0.6		
19	35.4	0.30		1.00								
20	35.3	0.30		1.00								
21	35.3	0.30		1.00					2.0	0.4		
22	43.1	0.25		0.70								
23	43.1	0.25		0.70					1.5	0.2		
24	55.6	0.50		1.10					1.9	0.3		
25	43.2	0.25		0.70								
26	43.1	0.25		0.70					2.3	0.5		
27	40.9	0.50		1.50					1.7	0.4		
28	21.2	0.50		2.80					3.0	1.0		
29	24.0	0.25		1.30								
30	24.0	0.25		1.30					1.5	0.3		
31	42.4	0.50		1.40					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 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2554361 PWS Name Remington Forest Location:City or S/D Switzerland

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month September 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 83 No of People at End of Month

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 Holcomb A5091

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1048.5	15.4		57.2					31.2	6.3		
Average	34.9	0.5		1.9					2.1	0.4		
Maximum	50.8	1.0		6.7					3.5	1.0		
Minimum	17.4	0.4		1.3					1.3	0.2		
1	34.7	0.40		1.40								
2	34.7	0.40		1.40								
3	34.7	0.40		1.40								
4	34.7	0.40		1.40					1.6	0.2		
5	38.2	0.60		1.90								
6	38.2	0.60		1.90								
7	38.2	0.60		1.90					1.5	0.4	1R 2D	TNTC
8	25.6	0.50		2.30					2.5	0.4		
9	32.0	0.50		1.90					1.7	0.3		
10	17.4	1.00		6.70					3.5	1.0		
11	30.2	0.50		2.00								
12	30.2	0.50		2.00								
13	30.2	0.50		2.00								
14	30.2	0.50		2.00					2.2	0.6		
15	40.4	0.50		1.50								
16	40.4	0.50		1.50					1.6	0.4		
17	50.8	0.50		1.30					1.8	0.3		
18	46.2	0.50		1.30					2.3	0.6		
19	42.0	0.50		1.40								
20	42.1	0.50		1.40					1.4	0.3	1R	A
21	29.2	1.00		4.20					2.3	0.3	1R 4D	A
22	50.0	0.50		1.30					3.0	0.5		
23	33.6	0.50		1.80					2.5	0.3		
24	31.8	0.40		1.50								
25	31.8	0.40		1.50								
26	31.8	0.40		1.50								
27	31.8	0.40		1.50								
28	31.8	0.40		1.50					1.3	0.3		
29	32.8	0.50		1.90							2D	A
30	32.8	0.50		1.90					2.0	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 17-555810(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2554361 PWS Na SSU Remington Forest Location: City or S Switzerland, F

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month October

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 41 No of People at End of Month 164

Design Flow 0.032 MGD Remarks (See Reverse Side)

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

Ronald Golomb A 3471, Shawn Ward A 6415,

I certify this report is correct Ronald Golomb A6415

(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	768,800	6		15.8					44.8	9.3		
Average:	24,735	0		0.5					2.0	0.4		
Maximum:	100,000	1		5.7					2.8	0.7		
Minimum:												
1												
2	86,700	1.5							2.8	0.6		
3												
4	85,100	1		1.4					1.8	0.3		
5	43,000	.5							2.2	0.4		
6	37,600	.5							2.4	0.3		
7	16,800								1.9	0.4		
8	16,200	.5							2.6	0.6		
9												
10												
11	100,000	1		1.2					2.0	0.6		
12	24,300	.5							2.3	0.6		
13												
14	37,400	1		3.2					2.8	0.7		
15	20,500								2.4	0.5		
16	22,600	.5							2.6	0.6		
17												
18	25,600	.5							1.6	0.3		
19	21,500								1.8	0.3		
20	16,300	.5							2.0	0.4		
21	21,200	1		5.7					1.6	0.4		
22	23,700	.5							1.3	0.2		
23	22,400	.5							1.9	0.4		
24												
25	50,800	1		2.4					1.7	0.3		
26	15,700								2.3	0.4		
27	17,600	.5							2.8	0.6		
28												
29												
30	61,800	1		1.9					2.0	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(8)(a)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2564361 PWS Name Remington Forest Location:City or S/D Switzerland

Owned By Southern States Utilities Phone N 804-743-1858 Reporting Month November 1990

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 56 No of People at End of Month 196

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 Shanan Ward A8415 Dan Chasse C 6876

I certify this report is correct 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	636,100	11.0		37.1					30.5	7.9		
Average	21,203	0.7		1.2					1.0	0.4		
Maximum	84,100	1.5		4.0					2.5	1.0		
Minimum		0.5							0.8	0.2		
1	38,700	0.50		1.83					1.5	0.3		
2	28,200	0.50		2.13					2.0	1.0		
3												
4	47,500	0.50		1.26					1.0	0.3		
5	27,000	0.50		2.22					1.8	0.5		
6												
7												
8	53,000	1.00		2.26					2.0	0.8	4	
9	13,500								1.6	0.3		
10	23,300	0.50		2.57					2.3	0.4		
11	11,000								2.0	0.5		
12												
13												
14												
15	84,100	1.50		1.91					2.5	0.6		
16	30,300	0.50		1.98					0.8	0.2		
17	21,900	0.50		2.74					1.0	0.3	3	
18	30,300	0.50		1.98					1.6	0.3		
19												
20	32,000	1.00		3.75					1.2	0.2		
21												
22	51,600	0.50		1.16					1.6	0.3		
23	10,500								2.1	0.4		
24	25,400	0.50		2.36					1.8	0.3		
25												
26												
27	47,000	1.00		2.55					1.0	0.2		
28												
29	30,100	1.00		3.95					1.3	0.2		
30	22,800	0.50		2.96					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-[illegible]

Effective 11/1/[illegible]

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2554381 PWS Name Remington Forest Location:City or S/D Switzerland

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month December 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 57 No of People at End of Month 200

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 A 5091, Branan M Ward A 6413, Dan Chasse C 6876

I certify the report is correct Donald R. Holcomb A - 5091

(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)
					lbs used	mg/l	lbs used	mg/l				
Monthly Total	571,900	14.5		57.1					28.0	6.8		
Average	18,448	0.9		1.8					1.8	0.4		
Maximum	106,400	2.0		7.1					2.3	1.0		
Minimum		0.50							1.0	0.2		
1	23,400	1.00		5.12					1.8	0.4	6	
2	18,600	1.00		6.45					2.0	0.4		
3												
4	31,600	1.00		3.79					2.0	0.2		
5												
6												
7	51,100	1.00		2.35					1.3	0.3		
8	15,600	0.50		3.84					1.6	0.3	1	
9	20,100	0.50		2.98					1.3	0.2		
10												
11												
12												
13	85,300	2.00		2.81					1.5	0.3		
14												
15	29,900	0.50		2.01					1.0	0.2	3	
16	15,600	0.50		3.84					1.6	0.4		
17												
18												
19												
20	106,400	2.00		2.25					1.4	1.0	5	
21	16,700	0.50		3.59					1.6	1.0		
22		0.50							1.0	0.2		
23												
24												
25	82,200	1.00		1.46					2.1	0.4		
26												
27	16,900	1.00		7.09					2.0	0.3		
28	19,400	0.50		3.06					2.3	0.3	3	
29	15,400	0.50		3.85					2.0	0.4		
30	23,700	0.50		2.53					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 r

DER Form 17-[illegible]

Effective [illegible]

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540958 PWS Name River Grove Location:City or S/D East Palatka

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

Plant Effluent pH (Avg) 7.8 No of Services at End of Mo 106 No of People at End of Month 255

Design Flow .200 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-8521

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

Days of 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	603,800	35.25		146					40.7	23.5	6	
Average:	19,477	1.88		5					1.9	1.1		
Maximum:	80,100	3.50		11					3.0	2.0	5	
Minimum:	15,400	1.25		6					0.5	0.2	5	
1												
2												
3	69,700	4.50		8					2.5	1.5		
4	15,800	0.75		6					1.8	1.0	3	WELL C,DIST 1 LA
5	15,500	1.00		8					3.0	1.5		
6	26,500	1.50		7					2.0	1.2		
7	11,800	0.75		8					1.8	1.0		
8												
9												
10	53,700	3.00		7					2.3	1.5		
11	22,600	1.50		8					2.2	1.5		
12	11,300	0.75		8					2.4	1.5		
13	19,100	1.25		8					2.0	1.4		
14												
15	34,000	1.75		6					1.5	0.9		
16												
17												
18	57,600	3.25		7					1.9	0.9	2	WELL A, DIST A
19	15,400	1.00		8					1.5	0.8		
20	19,000	1.25		8					1.9	0.8		
21	22,900	1.25		7					2.2	1.2		
22	27,400	1.50		7					1.5	0.8		
23												
24	39,700	2.50		8					2.0	1.1		
25	24,800	1.25		6					1.9	1.0		
26	17,800	0.75		5					1.4	0.7		
27	22,900	1.50		8					1.9	1.2		
28												
29												
30	53,600	3.00		7					1.8	1.0		
31	23,400	1.25		6					1.9	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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540859 PWS Name River Grove Location: City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month February 1994
Plant Effluent pH (Avg) 7.6 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .200 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	552,700	32.75		143					33.0	14.5	3	
Average:	19,739	1.17		7					1.7	0.7		
Maximum:	23,200	1.50		9					3.0	1.5		
Minimum:	15,200	0.50		4					0.5	0.2		
1	18,400	1.50		9					1.9	0.8		
2	15,400	0.50		4					1.4	0.8		
3	19,200	1.25		8					1.6	0.8		
4												
5	38,200	2.25		7					1.8	0.8		
6												
7	42,800	2.25		8					1.8	0.7		
8	18,300	1.25		8					1.6	0.8	3	ALL A
9	23,100	1.50		8					1.8	0.7		
10	19,000	0.75		5					1.9	0.8		
11	17,000	1.25		8					1.5	0.7		
12												
13												
14	68,200	4.00		7					1.0	0.3		
15	15,200	0.75		6					1.6	0.8		
16	16,800	1.00		6					1.9	0.8		
17	18,100	1.25		8					1.8	0.8		
18												
19	38,600	2.25		7					1.0	0.3		
20												
21	43,500	2.50		7					0.5	0.2		
22	23,200	1.50		6					3.0	1.5		
23	20,600	1.25		7					1.9	0.8		
24	19,100	1.25		8					2.3	1.0		
25	18,200	1.00		6					1.0	0.3		
26												
27												
28	67,300	3.50		7					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 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 PWS Name River Grove Location:City or S/D East Palatka

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 106 No of People at End of Month 265

Design Flow .200 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 the 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	813,300	51.00		175					34.2	14.2	3	
Average	26,235	1.85		6					1.5	0.6		
Maximum	33,400	2.50		10					2.8	1.8		
Minimum	14,700	1.00		5					0.2	0.2		
1	14,700	1.00		8					1.8	0.5		
2												
3	33,700	2.00		7					1.5	0.5		
4	22,600	1.25		7					1.0	0.3		
5	27,400	1.75		8					0.3	0.3		
6												
7	40,400	2.50		7					2.2	1.2		
8	27,600	2.25		10					1.8	1.0	3	ALL A
9	24,000	1.25		6					1.0	0.3		
10	23,900	1.50		8					2.4	1.0		
11	23,100	2.00		10					1.0	0.5		
12												
13												
14	84,400	5.00		7					1.5	0.4		
15	29,100	2.00		8					2.5	1.0		
16	32,800	1.50		5					1.5	0.3		
17	32,700	2.50		9					1.4	0.3		
18	33,400	1.75		6					0.9	0.2		
19												
20												
21	100,700	6.25		7					1.9	1.0		
22	27,800	1.50		6					1.0	0.4		
23	22,000	1.75		10					1.2	0.5		
24	29,600	1.75		7					1.9	0.5		
25	27,000	1.25		6					0.2	0.2		
26												
27												
28	61,000	5.25		8					1.5	0.5		
29	24,800	1.75		8					1.0	0.4		
30	27,300	1.75		6					2.5	1.5		
31	23,300	1.50		8					2.8	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. 2540959 PWS Name River Grove Location:City or S/D East Palatka

Owned By Southern States Utilities Phone Number: 904-648-8873 Reporting Month April 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 106 No of People at End of Month 265

Design Flow .200 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	984,000	61.50		183					30.7	11.2	11	
Average:	32,133	2.05		7					1.4	0.5		
Maximum:	49,100	3.25		15					2.5	1.0		
Minimum:	16,400	0.75		3					0.2	0.2		
1	24,000	1.25		6					1.0	0.4		
2												
3											3	ALL A
4	92,500	6.00		8					0.8	0.2		
5	17,000	0.75		5					1.8	0.8		
6	41,800	3.25		9					1.8	0.8		
7	25,200	1.25		6					2.0	1.0		
8												
9	62,700	2.50		5					2.0	1.0		
10												
11	80,500	7.50		15					1.2	0.6		
12	30,400	0.75		3					1.5	0.4		
13	31,600	1.75		7					1.2	0.3		
14	22,800	2.00		11					1.8	0.5		
15	16,400	1.00		7					1.3	0.3		
16												
17												
18	112,700	7.50		8					2.0	0.3	2	ALL A
19	45,100	3.00		8					1.2	0.4	2	ALL A
20	32,200	1.00		4					0.4	0.6		
21	49,100	2.50		6					0.4	0.2		
22	23,800	1.00		5					1.4	0.3		
23												
24												
25	101,200	6.50		8					1.3	0.2		
26	33,100	3.00		11					0.2	0.2	2	ALL A
27	34,100	2.50		9					2.5	1.0	2	ALL A
28	25,300	2.00		8					2.0	0.8		
29	34,500	2.00		7					1.5	0.3		
30	47,700	2.50		6					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. 2540856 PWS Name River Grove Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month May 1994
Plant Effluent pH (Avg) 7.9 No of Services at End of Month 108 No of People at End of Month 285
Design Flow .200 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] .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	1,018,700	67.50		175					2.63	7.8	3	
Average	32,864	2.18		6					1.3	0.4		
Maximum	44,800	3.50		15					3.0	1.4		
Minimum	13,100	0.50		3					0.3	0.2		
1												
2	66,700	4.00		7					1.7	0.4		
3	57,800	3.00		10					2.3	0.6		
4	19,100	1.00		6					1.6	0.3	3	ALL A
5	22,600	1.50		9					1.0	0.4		
6	23,500	0.50		3					1.6	0.3		
7												
8												
9	109,500	5.50		6					0.9	0.2		
10	37,500	2.50		8					0.6	0.2		
11	24,100	1.50		7					1.0	0.2		
12	30,200	2.00		8					2.0	0.6		
13	27,400	1.50		7					0.3	0.4		
14												
15												
16	120,100	7.50		7					0.7	0.2		
17	58,700	3.50		11					1.8	0.2		
18	44,700	3.50		9					1.0	0.2		
19	34,600	3.00		10					3.0	1.4		
20	19,200	1.00		6					0.4	0.2		
21												
22												
23	88,700	6.00		8					1.9	0.6		
24	44,800	3.00		8					1.5	0.2		
25	39,900	2.00		6					1.3	0.3		
26	46,100	3.50		9					1.0	0.2		
27	31,800	1.50		6					1.4	0.2		
28												
29												
30	107,400	6.50		7					0.4	0.2		
31	27,200	3.50		15					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 2540659 PWS Name River Grove 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 106 No of People at End of Month 265
Design Flow .200 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) A-6415 (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	618,200	51.00		222.6					39.3	8.9	3	
Average	20,607	1.70		7.4					1.8	0.4		
Maximum	30,400								2.5	1.0		
Minimum	14,200								0.4	0.2		
1	29,000	1.00		4.1					0.4	0.2		
2	30,400	2.00		7.9					2.5	0.6		
3	14,200	1.50		12.7					2.5	1.0		
4												
5												
6	63,500	5.00		9.4					1.2	0.3		
7	22,200	2.50		13.5					1.4	0.2	3	
8	19,000	3.00		18.9					2.2	0.4		
9	19,200	1.00		6.2					1.2	0.6		
10	10,700	1.00		11.2					1.3	0.3		
11												
12												
13	65,700	8.50		11.9					1.4	0.3		
14	18,300	2.00		12.4					1.0	0.2		
15	22,500	2.50		13.3					1.0	0.2		
16	19,000	1.00		6.3					1.6	0.3		
17	18,600	2.00		12.9					1.6	0.3		
18												
19												
20	46,200	5.00		13.0					2.4	0.6		
21	22,000	1.00		5.5					2.0	0.6		
22	29,000	1.50		8.2					2.2	0.4		
23	15,100	1.50		11.9					2.2	0.4		
24	22,900	1.50		7.9					2.2	0.4		
25												
26												
27	56,100	3.50		7.5					2.2	0.4		
28	21,100	2.00		11.4					2.2	0.4		
29	29,300	2.00		8.2					2.4	0.4		
30	23,200	2.00		10.3					2.2	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. 2540858 PWS Name River Grove 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) 7.1 No of Services at End of Month No of People at End of Month
Design Flow .200 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) A6415 (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	677,900	55.00		216.9					44.9	15.8	3	
Average:	21,868	1.77		7.0					2.0	0.7		
Maximum:									2.8	1.2		
Minimum.									1.0	0.2		
1	26,900	1.00		4.5					2.2	0.2		
2												
3												
4	53,400	3.00		6.7					2.2	0.2		
5	11,800	1.00		10.2					2.4	0.4		
6	23,200	1.00		5.2					1.0	0.2		
7	21,000	2.00		11.4					2.2	1.0	3	
8	17,500	2.00		13.7					2.0	1.0		
9												
10												
11	69,800	6.00		10.3					2.2	1.0		
12	21,100	2.50		14.2					2.0	0.6		
13	29,300	2.50		10.2					2.4	0.8		
14	23,900	2.00		10.0					2.0	0.6		
15	20,500	2.00		11.7					1.8	0.4		
16												
17												
18	83,300	7.00		10.1					2.2	0.6		
19	32,300	2.00		7.4					2.2	0.8		
20	19,300	2.00		12.4					1.8	0.8		
21	26,900	2.00		8.9					2.2	0.8		
22	23,100	2.00		10.4					2.0	0.6		
23												
24												
25	53,800	6.00		13.4					2.0	1.0		
26	18,900	2.00		12.7					1.8	0.8		
27	19,300	2.00		12.4					1.6	0.8		
28	18,400	1.00		7.3					2.6	1.2		
29	26,100	1.00		4.5					2.2	0.8		
30												
31	58,000	3.00		9.5					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 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 PWS Name River Grove 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) 7.2 No of Services at End of Month 106 No of People at End of Month 285
Design Flow .200 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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	662,400	50.00		201					33.1	8.1	3	
Average	22,013	1.61		9					1.5	0.4		
Maximum	35,700	2.50		12					2.8	1.2		
Minimum	14,800	1.00		5					0.6	0.2		
1	15,400	1.50		12					1.4	0.5		
2	26,700	1.50		7					0.5	0.2		
3	15,600	1.50		11					1.0	0.2		
4	28,400	2.00		9					0.8	0.2		
5	18,500	1.50		8					1.5	0.5		
6												
7												
8	61,900	5.00		10					2.0	0.4		
9	19,900	2.00		12					2.0	0.4	3	ALL A
10	23,200	2.00		10					2.0	0.5		
11	18,200	1.00		6					1.4	0.8		
12	23,200	2.00		10					1.1	0.4		
13												
14												
15	53,200	4.00		9					1.2	0.4		
16	14,800	1.00		8					2.8	1.2		
17	21,100	1.00		6					1.2	0.4		
18	22,800	1.00		5					1.0	0.2		
19	19,300	1.00		6					1.2	0.2		
20												
21												
22	53,800	4.50		10					2.0	0.4		
23	26,600	2.00		9					1.8	0.4		
24	18,200	1.50		10					1.8	0.5		
25	23,100	1.50		7					1.8	0.4		
26	26,500	2.00		9					1.5	0.2		
27												
28												
29	51,900	6.00		9					1.7	0.2		
30	32,500	2.00		7					1.6	0.2		
31	35,700	2.50		8					1.8	0.2		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540859 PWS Name River Grove Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month September 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2 No of People at End of Month 265
Design Flow .200 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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	786,300	52.00		176					36.6	6.2	3	
Average	26,210	1.73		8					1.7	0.3		
Maximum:	40,300	3.50		13					3.0	0.6		
Minimum:	15,200	0.50		2					0.9	0.2		
1	28,600	2.50		10					1.6	0.2		
2	28,900	1.50		6					1.3	0.2		
3												
4												
5	107,000	8.00		9					2.5	0.8		
6	40,300	3.50		10					2.2	0.4		
7	27,800	1.00		4					3.0	0.4		
8	33,900	2.00		7					2.0	0.4		
9	31,500	2.50		10					2.0	0.5		
10												
11												
12	78,800	4.00		6					0.9	0.2		
13	27,400	3.00		13					1.6	0.3	3	ALL A
14	15,200	1.00		8					1.2	0.2		
15	23,200	1.00		5					1.2	0.2		
16	27,700	2.00		9					1.4	0.2		
17												
18												
19	57,900	4.00		8					1.2	0.2		
20	18,800	2.00		13					1.4	0.2		
21	18,500	1.00		7					1.2	0.2		
22	20,700	1.00		6					1.2	0.2		
23	25,500	0.50		2					3.0	0.3		
24												
25												
26	69,700	3.50		6					1.5	0.2		
27	23,100	1.50		8					1.0	0.2		
28	36,300	2.50		8					1.0	0.2		
29	18,700	2.00		13					2.0	0.3		
30	26,700	2.00		9					2.2	0.4		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540939 PWS Name River Grove 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 .200 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 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.) leak/wash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	638,000	44.00		178.3					39.1	8.3	3	
Average:	20,516	1.42		5.8					1.9	0.4		
Maximum:	71,900	5.00							2.5	0.6		
Minimum:	14,900	1.00							1.0	0.2		
1												
2												
3	57,700	4.50		9.4					2.0	0.6		
4	14,900	1.50		12.1					1.0	0.4		
5	18,900	1.00		6.3					1.2	0.3		
6	22,800	2.00		10.5					1.6	0.3	3	
7	15,200	1.00		7.9					2.5	0.6		
8												
9												
10	63,100	4.00		7.6					1.8	0.4		
11	22,800	1.50		7.9					1.6	0.2		
12	22,600	1.50		8.0					2.5	0.4		
13	15,700	1.00		7.6					2.0	0.4		
14	19,500	1.00		8.5					1.2	0.3		
15												
16												
17	65,900	4.00		7.3					1.8	0.4		
18	23,200	1.00		5.2					2.0	0.4		
19	15,300	2.00		15.7					1.9	0.2		
20	15,900	1.00		7.8					1.6	0.4		
21	22,900	1.50		7.9					1.8	0.3		
22												
23												
24	71,900	5.00		8.3					2.2	0.6		
25	28,400	2.00		8.4					1.8	0.4		
26	21,200	1.50		8.5					2.5	0.4		
27	22,300	1.50		8.1					2.0	0.4		
28	19,300	1.50		9.3					1.8	0.4		
29												
30												
31	57,600	4.00		8.3					1.9	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. 2540950 PWS Name River Grove Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-5679 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 .200 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) (-725)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	638,600	40.50		176.2					39.5	8.1	3	
Average	21,327	1.35		5.9					1.8	0.4		
Maximum:	88,800								2.2	0.8		
Minimum:	18,200								1.5	0.2		
1	19,500	1.00		6.1					2.0	0.4		
2	20,000	1.50		9.0					1.8	0.4		
3	18,200	1.00		6.2					1.8	0.3		
4	19,000	1.50		9.5					2.2	0.7		
5												
6												
7	88,300	4.00		7.0					2.2	0.7		
8	19,900	1.50		9.0					1.9	0.3	3	
9	19,000	1.50		9.5					1.8	0.4		
10	22,600	1.50		8.0					1.8	0.4		
11	19,800	1.50		9.1					1.7	0.4		
12												
13												
14	65,700	4.00		7.3					2.0	0.3		
15	19,000	1.50		9.5					1.8	0.3		
16	23,100	1.00		5.2					1.8	0.3		
17	19,400	1.50		9.3					1.8	0.2		
18	18,700	1.50		9.6					2.2	0.3		
19												
20												
21	88,800	3.50		6.1					1.8	0.3		
22	20,400	1.50		8.8					1.8	0.3		
23	19,400	1.25		7.7					1.5	0.6		
24	24,000	1.75		8.7					2.0	0.8		
25	18,200	1.00		6.6					1.5	0.3		
26												
27												
28	74,300	4.00		6.5					1.8	0.6		
29	18,700	1.50		9.6					1.7	0.4		
30	22,800	1.50		7.9					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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 PWS Name River Grove Location:City or S/D East Palatka
Owned By Southern States Utilities Phone Number: 904-649-6873 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 .200 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 [signature] 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	661,800	38.00		147.6					40.6	10.9	3	
Average	21,348	1.23		4.8					1.8	0.5		
Maximum	57,500								2.4	1.0		
Minimum	14,200								1.4	0.2		
1											3	
2	34,600	2.00		5.9					1.4	0.2		
3												
4												
5	40,000	3.50		10.5					1.8	0.4		
6	40,700	1.50		4.4					1.8	0.4		
7	19,400	1.00		6.2					2.2	0.3		
8	15,200	1.00		7.9					2.0	0.4		
9	19,200	1.00		6.2					2.0	0.4		
10												
11												
12	57,500	3.00		6.3					2.0	0.4		
13	18,200	1.00		6.6					2.0	0.4		
14	22,900	1.00		5.2					1.8	0.4		
15	19,700	1.00		6.1					2.2	0.6		
16	23,400	2.00		10.2					2.4	1.0		
17												
18												
19	66,000	5.00		9.1					2.2	1.0		
20	18,500	1.00		6.1					2.0	0.8		
21	22,900	1.00		5.2					1.6	0.4		
22	18,700	1.00		6.4					1.6	0.4		
23	23,000	1.00		5.2					1.4	0.5		
24												
25												
26	70,400	4.00		6.8					1.4	0.5		
27	29,000	1.00		4.1					2.0	0.4		
28	26,500	1.00		4.5					1.8	0.5		
29	27,700	2.00		8.7					1.8	0.4		
30	27,900	2.00		8.7					1.6	0.6		
31	19,700	1.00		6.1					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. 2540959 PWS Name River Grove Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month January 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Mo 107 No of People at End of Month
Design Flow .200 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 Signatur (Cert. Level) (Cert. No)

Days of 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	586.5	31.25		138					31.3	17.2	9	All OK
Average:	18.9	1.4		6					1.4	0.8	3	
Maximum:	29.0	4.5		8					2.6	1.8	3	
Minimum:	11.0	0.5		3					0.8	0.2	3	
1	15.7	1.00		8					1.5	0.8		
2												
3												
4	59.7	3.50		7					2.6	1.5		
5	17.9	1.00		7					1.6	1.0	3	All OK
6	23.6	1.50		8					1.5	1.0		
7	15.2	0.50		4					1.5	1.0		
8	15.8	1.00		6					1.5	0.8		
9												
10												
11	64.6	3.50		6					1.4	0.6		
12	15.8	1.00		8					1.0	0.5		
13	19.0	0.50		3					1.2	0.6		
14	18.7	1.00		6					1.2	0.5		
15	15.6	1.00		8					1.1	0.5		
16												
17												
18												
19	83.9	4.50		6					0.8	0.2		
20	11.4	0.75		8					1.6	1.0		
21	14.7	0.75		6					1.5	1.0		
22	14.5	0.50		4					1.0	0.5		
23	14.7	0.75		6					1.4	0.7		
24												
25	56.0	3.25		7					1.2	0.4		
26	14.0	0.75		6					1.2	0.5		
27	18.7	1.25		8					1.7	1.0		
28	11.0	0.50		5					1.4	0.8		
29	18.5	0.75		5					1.8	1.0		
30												
31	42.5	2.00		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 17.555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 PWS Name River Grove Location:City or S/D East Palatka

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Mo 107 No of People at End of Month

Design Flow .200 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 Signatur (Cert. Level) (Cert. No)

Days of 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	574.5	29.0		123					26.8	13.0	3	All OK
Average:	20.5	1.5		5					1.3	0.6	3	
Maximum:	32.0	3.5		8					2.3	1.3	3	
Minimum:	13.0	0.7		5					0.6	0.2	3	
1	19.1	1.00		6					0.7	0.2		
2	22.8	1.00		5					1.0	0.5		
3	15.4	1.00		8					1.5	0.7		
4	22.9	1.25		7					1.5	0.8		
5	19.7	1.00		6					1.0	0.5		
6												
7												
8	70.2	3.50		6					1.1	0.5		
9	13.0	0.75		7					1.5	0.7	3	All OK
10	20.0	1.00		6					1.4	0.7		
11	15.3	0.75		6					1.3	0.7		
12	19.0	1.00		6					1.2	0.7		
13												
14												
15												
16	68.9	3.50		6					1.3	0.7		
17	18.8	1.00		6					1.3	0.7		
18	19.3	1.00		6					1.5	0.7		
19	23.3	1.00		5					1.2	0.6		
20												
21	64.1	3.00		6					1.8	0.6		
22												
23	46.7	2.50		6					0.6	0.2		
24	20.1	0.75		4					1.3	0.7		
25	13.5	0.75		7					1.0	0.5		
26	24.8	1.50		7					2.3	1.3		
27												
28	37.5	2.00		6					2.0	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 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 PWS Name River Grove Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-9673 Reporting Month March 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Mo 107 No of People at End of Month
Design Flow .200 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 Signatur (Cert. Level) (Cert. No)

Days of 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	567.0	31.0		151.0					31.3	18.8	3	All OK
Average:	18.9	1.3		7.0					1.4	0.7	3	
Maximum:	23.5	3.5		10.0					2.4	1.5	3	
Minimum:	15.1	0.5		3.0					0.9	0.2	3	
1	19.2	1.00		5					2.3	1.3		
2	15.1	1.00		8					1.5	0.7		
3	19.0	0.50		3					1.3	0.5		
4	15.1	1.00		8					1.3	0.5		
5	15.3	1.00		8					1.5	0.7		
6												
7												
8	67.1	3.25		6					1.2	0.6	3	All OK
9	19.2	1.25		8					1.0	0.5		
10	19.2	0.75		5					1.1	0.5		
11	15.2	1.00		8					1.0	0.5		
12	19.2	0.75		5					1.0	0.5		
13												
14												
15	70.4	3.50		6					0.3	0.2		
16	15.6	0.75		6					0.9	0.4		
17	19.0	1.00		6					1.4	0.7		
18	15.4	1.25		10					1.2	0.6		
19	19.0	1.00		5					2.4	1.5		
20												
21												
22	67.8	3.25		7					2.0	1.2		
23	18.8	1.00		6					1.7	1.0		
24	18.4	1.00		7					1.9	1.0		
25	15.4	1.00		8					2.0	1.2		
26	15.2	0.75		6					1.1	0.6		
27												
28												
29	67.1	3.00		6					1.5	0.8		
30	23.0	1.00		5					1.2	0.6		
31	18.9	1.00		7					0.5	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 report

DER Form 17-555010(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540859 PWS Name River Grove Location:City or S/D East Palatka

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Mo 106 No of People at End of Month

Design Flow .200 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 Signatur (Cert. Level) (Cert. No)

Days of 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	801.7	47.75		157					33.7	16.8	9	All OK
Average:	26.7	2.00		7					1.5	0.8	3	
Maximum:	45.0	4.75		9					2.5	1.5	3	
Minimum:	18.9	1.00		5					0.3	0.3	3	
1	22.1	1.50		8					1.2	0.6		
2												
3	46.9	2.50		6					0.3	0.3		
4												
5	48.8	2.00		5					1.8	0.7		
6	28.9	2.00		8					1.6	0.8		
7	19.5	1.50		9					1.0	0.4		
8	23.4	1.50		8					1.0	0.4		
9	24.0	1.00		5					2.0	0.4		
10												
11												
12	81.2	4.50		7					1.5	0.7	3	All OK
13	32.4	1.75		7					1.5	0.7		
14	24.9	1.75		8					1.8	0.7		
15	20.6	1.00		5					0.8	0.3		
16	18.9	1.00		5					1.5	0.7		
17												
18												
19	72.6	4.75		8					2.0	1.0		
20	21.1	1.25		7					1.6	0.7		
21	24.3	1.50		7					1.3	0.6		
22												
23	57.5	4.00		7					2.0	0.8		
24	45.0	2.50		7					2.0	1.2		
25												
26	64.4	4.00		7					0.5	0.3		
27	36.9	2.50		8					1.3	0.6		
28	25.6	1.75		8					2.1	1.2		
29	24.3	1.50		7					2.5	1.5		
30	30.4	2.00		8					2.2	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 17-555-910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540859 PWS Name River Grove Location:City or S/D East Palatka

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

Plant Effluent pH (Avg) 7.8 No of Services at End of Mo 106 No of People at End of Month

Design Flow .200 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 C-6821

I certify this report is correct Michael J. Bau

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

Days of 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	947.4	57.75		183					28.6	12.7	6	All OK
Average:	30.6	2.75		7					1.4	0.6	6	
Maximum:	50.0	6.25		9					2.3	1.5	6	
Minimum:	19.1	1.00		6					0.5	0.2	6	
1												
2												
3	96.6	5.75		7					2.3	1.5		
4	27.1	1.50		7					1.5	0.7		
5	19.9	1.00		6					0.5	0.4		
6	19.1	1.25		8					0.5	0.2		
7	29.9	1.50		6					1.2	0.5		
8												
9												
10	101.4	6.25		7					1.5	0.7		
11	27.8	1.50		8					1.2	0.6		
12	23.4	1.50		8					0.8	0.3	3	1-"P"
13	29.2	1.50		6					1.5	0.8		
14	21.5	1.50		8					1.5	0.8		
15												
16												
17	93.3	5.75		7					1.7	0.8		
18	35.2	2.25		8					1.2	0.6		
19	37.3	2.25		7					1.5	0.7		
20	33.8	2.00		7					1.7	0.3	3	All OK
21	22.3	1.50		8					1.0	0.3		
22												
23												
24	102.6	6.25		7					1.7	0.7		
25	42.4	3.00		8					1.6	0.7		
26	36.0	2.00		7					1.4	0.6		
27	50.0	3.50		8					1.0	0.3		
28	34.5	2.00		7					1.5	0.6		
29												
30												
31	52.0	4.00		8					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. 3640059 PWS Name River Grove Location:City or S/D East Palatka

Owned By Southern States Utilities Phone: 904-649-8873 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 .200 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 Signatur) (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	853,800	61.00									6	
Average:	28,460	2.77		9.2					1.8	0.8		
Maximum:												
Minimum:												
1	23,100	1.25		6.5					0.6	0.2		
2	20,000	1.80		9.0					0.6	0.2		
3	23,100	1.25		6.5					2.5	1.5		
4	19,900	1.50		9.0					1.5	0.8		
5												
6												
7	93,800	6.50		8.3					2.3	1.0		
8	20,600	1.75		10.2					2.3	1.0	5	
9	19,800	1.25		7.6					1.5	0.6		
10	28,200	2.00		8.5					1.4	0.6		
11	32,700	2.50		9.2					1.5	0.6		
12												
13												
14	101,500	8.00		9.5					1.4	0.6		
15	25,500	1.50		7.1					2.3	1.0		
16	23,500	2.00		10.2					2.3	1.0		
17	29,300	1.75		8.0					2.0	1.0		
18	31,500	2.50		9.5					1.5	0.7		
19												
20												
21	120,500	8.50		8.5					2.3	1.0		
22	45,200	3.25		8.6					2.5	1.0		
23	16,900	1.00		7.5					1.5	0.7		
24	28,200	2.00		8.5					1.8	1.0		
25												
26	61,400	4.50		8.8					1.2	0.5		
27												
28	49,300	3.25		7.9					1.8	1.0		
29	28,200	2.00		8.5					2.9	1.3		
30	15,700	1.25		9.5					1.0	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 report

DER Form 17-555010(2)

Effective 11/1/1992

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 PWS Name River Grove Location:City or S/D East Palatka

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

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

Design Flow .200 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. Sou 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	741,500	51.75		195					37.2	19.4	3	
Average:	23,919	2.25		8					1.6	0.8		
Maximum:	80,100	3.50		11					3.0	2.0		
Minimum:	15,400	1.25		5					0.5	0.2		
1	26,500	1.75		8					2.2	1.2		
2	19,300	1.50		9					1.6	0.7		
3												
4												
5	69,700	4.75		8					1.0	0.3		
6	24,300	1.75		9					3.0	2.0		
7	24,900	1.75		8					1.3	0.4		
8	19,800	1.25		8					3.0	2.0		
9	50,100	3.50		8					1.8	0.8		
10												
11												
12	77,900	5.50		8					1.8	0.8		
13	28,300	2.25		9					2.8	1.5	3	
14	24,700	1.75		8					1.0	0.5		
15	26,500	1.75		8					2.8	1.5		
16	19,100	1.50		9					0.5	0.2		
17												
18												
19	67,500	5.00		9					0.5	0.2		
20	28,700	1.75		7					2.1	1.2		
21	32,200	1.75		7					0.6	0.2		
22	15,400	1.25		10					2.7	1.5		
23												
24	42,900	2.00		6					2.0	1.0		
25												
26	39,500	3.00		9					0.8	0.2		
27	19,200	1.75		11					1.8	1.0		
28	19,400	1.25		8					1.0	0.3		
29	18,400	1.25		8					1.0	0.3		
30	27,400	2.00		8					1.0	0.3		
31	18,500	1.75		11					1.2	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 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2640859 PWS Name River Grove Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month August 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month No of People at End of Month
Design Flow .200 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	789,900	52.75		176					35.3	17.7	3	
Average:	25,481	2.40		8					1.6	0.8		
Maximum:	35,600	2.75		12					3.0	2.0		
Minimum:	11,600	0.50		2					0.2	0.2		
1												
2	61,000	4.00		8					2.7	1.5		
3	24,300	1.75		8					2.2	1.5		
4	15,200	1.50		12					1.0	0.3		
5	25,000	1.75		8					3.0	1.5		
6	19,700	1.75		11					1.3	0.7		
7												
8												
9	99,900	7.25		9					1.5	0.7		
10	32,900	2.25		8					3.0	1.5	3	
11	31,700	2.25		9					2.2	1.5		
12	35,600	2.75		9					3.0	2.0		
13												
14	83,700	5.75		8					1.0	0.3		
15												
16	50,400	3.50		8					1.7	0.7		
17	31,800	2.00		8					1.4	0.4		
18	24,800	1.25		6					0.6	0.2		
19	32,200	0.50		2					0.2	0.2		
20	15,300	1.50		12					3.0	1.5		
21												
22												
23	62,400	4.25		8					1.0	0.3		
24	11,600	0.50		5					2.3	1.5		
25	18,800	1.50		10					1.0	0.3		
26	20,200	1.25		7					1.0	0.3		
27	15,300	0.50		4					0.2	0.2		
28												
29												
30	56,900	3.75		8					1.0	0.3		
31	19,000	1.25		8					1.0	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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2640859 PWS Name River Grove Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month September 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month No of People at End of Month
Design Flow .200 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 Signatur (Cert. Level) (Cert. No)

Days of 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	705,300	49.00									3	
Average:	23,510	2.23		6					1.8	0.9		
Maximum:	40,200	2.50		11					3.5	2.0		
Minimum:	19,100	1.00		5					0.2	0.2		
1	19,100	1.25		8					1.9	0.8		
2	22,200	2.00		11					2.4	1.3		
3	19,300	1.50		9					1.8	0.8		
4												
5												
6	75,300	5.00		8					0.2	0.2		
7	19,200	1.25		9					0.3	0.2		
8	14,900	1.00		8					0.5	0.2		
9	20,800	1.50		9					3.2	1.8		
10												
11	38,900	2.75		8					2.0	1.0		
12												
13	47,400	3.00		8					2.2	1.0		
14	23,400	1.25		6					1.0	0.5	3	
15	19,100	1.25		8					1.1	0.5		
16	19,300	1.50		9					2.2	1.0		
17												
18	36,200	2.50		8					1.0	0.4		
19												
20	43,600	3.50		10					0.5	0.2		
21	23,400	1.75		9					1.5	0.7		
22												
23	55,500	4.50		10					3.5	2.0		
24	20,700	1.50		9					2.0	1.0		
25	35,500	2.50		8					1.0	0.4		
26												
27	64,300	4.00		7					2.5	1.3		
28	23,300	1.50		8					3.2	1.8		
29	21,300	1.50		8					1.5	0.7		
30	40,200	2.50		7					3.2	1.8		
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 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 PWS Name River Grove Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month October 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Month No of People at End of Month
Design Flow .200 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 Signatur (Cert. Level) (Cert. No)

Days of 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	641,400	62.25		181					50.9	25.6		
Average:	20,690	1.92		6					2.3	1.2		
Maximum:	27,500	2.25		11					3.5	2.0		
Minimum:	11,400	1.00		6					0.7	0.2		
1	24,100	2.00		10					3.0	1.2		
2												
3												
4	72,300	4.50		7					1.0	0.3		
5	24,400	2.00		10					1.7	0.8		
6	22,700	1.25		7					2.5	1.0		
7	11,800	1.00		10					3.5	2.0	3	
8	22,800	1.25		7					3.0	2.0		
9												
10												
11	50,300	3.25		8					0.7	0.2		
12	22,900	1.75		9					2.7	1.2		
13	18,700	1.25		8					3.5	2.0		
14	19,100	1.25		8					3.2	2.0		
15	23,200	1.50		8					2.9	2.0		
16												
17												
18	55,600	3.50		8					3.0	2.0		
19	11,400	1.00		11					2.7	1.9		
20	19,100	1.00		6					2.0	1.0		
21	19,200	1.00		6					1.3	0.3		
22	27,500	2.25		10					2.8	1.8		
23												
24												
25	62,000	3.25		6					2.0	0.8		
26	27,300	2.00		9					2.0	0.6		
27	19,300	1.50		9					2.0	0.6		
28	22,500	1.50		8					2.0	0.6		
29	22,500	2.00		11					2.2	1.0		
30												
31	42,100	2.25		6					1.2	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. 2540659 PWS Name River Grove 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 .200 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] [illegible]
Owner's 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	581,300	37.50		167								
Average:	18,377	1.70		5					2.3	0.9		
Maximum:	29,600	2.00		9					3.5	2.0		
Minimum:	12,700	0.50		4					0.7	0.2		
1	21,800	1.50		8					3.0	2.0		
2	12,700	0.75		7					2.5	1.2	3	
3	16,900	1.25		8					2.5	1.2		
4	18,300	1.25		8					2.5	1.1		
5	16,200	1.00		7					2.2	0.8		
6												
7												
8	58,300	4.00		8					2.3	0.3		
9	16,900	1.00		6					2.5	0.6		
10	15,800	1.00		8					2.0	0.5		
11	15,000	1.00		8					2.2	0.6		
12	29,500	2.00		8					2.2	0.5		
13												
14												
15	59,900	3.50		7					2.2	0.3		
16	19,000	1.50		9					2.4	0.5		
17	19,200	1.50		9					1.5	0.4		
18	19,400	1.50		9					2.9	1.0		
19	19,400	1.50		9					2.4	1.0		
20												
21												
22	61,100	3.75		7					2.3	1.0		
23	19,100	1.25		8					2.7	1.5		
24												
25	38,500	3.00		9					2.1	0.8		
26	19,100	1.00		6					2.7	1.5		
27	23,500	1.50		8					3.5	2.0		
28												
29	42,600	2.25		6					1.0	0.3		
30	15,200	0.50		4					0.7	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 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540959 PWS Name River Grove Location:City or S/D East Palatka

Owned By Southern States Utilities Phone: 904-649-6873 Reporting Month December 1993

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

Design Flow .200 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. Cobb (Lead Operator's Signatur (Cert. Level) 052176 (Cert. No)

Days of 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	646,600	38.25		151					42.2	21.3		
Average:	20,858	1.66		5					1.8	0.9		
Maximum:	27,700	1.75		9					2.9	1.8		
Minimum:	15,300	0.75		5					0.7	0.2		
1	20,600	1.50		9					2.2	1.5		
2	18,900	0.75		5					2.2	1.2		
3	19,200	1.50		9					2.0	1.0		
4												
5												
6	57,600	4.00		8					2.4	1.4		
7	16,800	1.00		7					2.9	1.8		
8	18,100	1.00		7					1.7	0.3	3	ALL A
9	18,900	1.25		8					1.9	0.8		
10	22,400	1.25		7					1.8	0.8		
11												
12												
13	54,000	3.25		7					2.2	1.2		
14	27,700	1.50		6					2.2	1.2		
15	23,800	1.50		8					2.3	1.2		
16	27,500	1.75		8					1.5	0.8		
17	19,300	1.00		6					2.1	1.0		
18												
19												
20	66,700	3.75		7					1.0	0.3		
21	23,900	1.25		6					0.7	0.2		
22	15,300	0.75		6					1.4	0.8		
23	22,700	1.25		7					1.8	1.0		
24												
25	50,400	3.00		7					1.6	0.8		
26												
27	38,000	2.25		7					2.4	1.3		
28	22,500	1.00		5					2.2	1.0		
29	19,900	1.50		9					2.2	1.1		
30	23,100	1.25		6					0.8	0.3		
31	19,500	1.00		6					0.7	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 11/1/1992

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540062 PWS Name River Park I Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-648-6673 Reporting Month January 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Mo 60 No of People at End of Month 150

Design Flow .072 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 Signatur) (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											4	
Average:												
Maximum:										1.5		
Minimum:										0.2		
1												
2												
3										0.4		
4										0.7		
5										0.7		
6										1.2	3	WELL TNTC
7										1.2		
8												
9												
10										0.5		
11										0.8		
12										0.2		
13										1.1		
14												
15										1.5		
16												
17												
18										1.0	1	WELL A
19										0.5		
20										0.8		
21										0.8		
22										1.5		
23												
24										1.0		
25										1.0		
26										1.5		
27										0.8		
28										0.5		
29												
30												
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 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location:City or S/D Fruitland

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Mont 318 No of People at End of Month 795

Design Flow .370 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 Gallons	Chlorine			Aqua Mag				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	1,057,900	145.50		342					42.2	22.8	8	
Average:	34,126	6.93		11					2.0	1.1		
Maximum:	56,600	6.25		25					3.5	3.5		
Minimum:	20,200	3.00		10					0.2	0.2		
1												
2												
3	34,300	11.50		18					1.2	0.4		
4	24,900	3.00		14					1.7	0.7		
5	37,500	5.25		17					1.5	0.7		
6	33,600	4.50		16					2.7	1.6	4	ALL A
7	36,500	5.00		16					1.1	1.2		
8												
9												
10	91,600	12.25		16					1.3	0.5		
11	20,200	3.00		16					2.2	0.8		
12	47,400	4.00		10					0.2	0.2		
13	31,600	4.75		18					2.7	1.5		
14												
15	54,500	11.50		25					2.5	1.5		
16												
17												
18	88,000	13.50		18					2.0	1.1		
19	56,400	4.50		10					1.4	0.6		
20	29,100	4.25		18					2.2	1.0		
21	40,500	5.50		16					1.5	0.7		
22	40,400	6.00		18					3.5	3.5		
23												
24	69,300	10.25		18					2.5	1.0		
25	36,700	5.00		16					2.5	1.5		
26	42,500	6.25		18					3.2	1.5	2	ALL A
27	50,700	6.75		14					2.5	1.0	2	ALL A
28	44,600	4.25		11					1.2	0.5		
29												
30												
31	95,000	15.50		20					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(3)

Effective 11/3/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540862 PWS Name River Park #1 Location:City or S/D Fruitland

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

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

Design Flow .072 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										14.9	6	
Average:										0.7		
Maximum:										1.5		
Minimum:										0.2		
1										1.0		
2										0.8		
3										0.8		
4												
5										0.2		
6												
7										1.0	3	WELL TNTC
8										1.0		
9										0.8		
10										1.1		
11										1.0		
12												
13												
14										0.2		
15										0.5		
16										1.0		
17										0.5		
18												
19										0.2		
20												
21										1.5		
22										1.2	1	WELL P
23										1.2		
24										0.2	1	WELL A
25										0.2	1	WELL A
26												
27												
28										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. 2540984 PWS Name River Park 3 Location:City or S/D Fruitland

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

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

Design Flow .370 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	1,087,300	143.50		319					35.5	17.0	17	
Average:	38,832	5.13		16					1.8	0.9		
Maximum:	74,400	10.75		28					3.5	2.0		
Minimum:	25,000	1.00		3					0.2	0.2		
1	34,300	5.00		17					2.5	1.1		
2	33,800	4.25		15					2.0	0.5		
3	35,400	5.50		19					2.3	0.7	4	ALL A
4												
5	73,800	9.00		15					0.3	0.2		
6												
7	72,300	12.00		20					3.5	1.5	4	ALL A
8	38,300	4.00		13					3.0	1.2		
9	25,000	5.50		26					1.8	0.8		
10	33,600	4.25		15					2.5	1.1	6	ALL A
11	74,400	10.75		17					3.0	1.0	3	ALL A
12												
13												
14	114,600	18.75		20					0.2	0.2		
15	37,900	5.00		18					0.5	0.5		
16	30,300	5.75		23					3.0	1.0		
17	36,900	5.75		19					2.0	0.8		
18												
19	83,400	5.25		8					0.2	0.2		
20												
21	87,700	8.75		12					3.0	1.5		
22	31,100	5.00		19					3.0	1.9		
23	50,700	4.00		9					1.5	1.2		
24	39,100	1.00		3					0.2	0.2		
25	37,600	4.00		13					0.2	0.2		
26												
27												
28	117,600	20.00		20					1.0	2.0		
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. 2540862 PWS Name River Park #1 Location:City or S/D Fruitland

Owned By Southern States Utilities Phone Number: 904-648-8873 Reporting Month March 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 60 No of People at End of Month 150

Design Flow .072 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-725

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total										16.5	3	
Average										0.7		
Maximum										1.5		
Minimum										0.2		
1										1.5		
2												
3										0.4		
4										1.0		
5										1.0		
6												
7										1.0		
8										1.1		
9										0.8	3	ALL A
10										0.7		
11										0.5		
12												
13												
14										0.4		
15										0.5		
16										1.0		
17										0.2		
18										0.2		
19												
20												
21										0.2		
22										0.2		
23										0.2		
24										0.4		
25										1.5		
26												
27												
28										1.0		
29										1.0		
30										1.5		
31										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 2540964 PWS Name River Park 3 Location:City or S/D Fruitland

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

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 318 No of People at End of Month 795

Design Flow 370 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	1,327,900	164.50		354					35.8	17.9	4	
Average	42,835	5.31		15					1.6	0.8		
Maximum	54,100	8.00		21					3.5	1.8		
Minimum	34,800	1.00		2					0.2	0.2		
1	40,000	6.00		18					3.0	1.5		
2												
3	69,300	9.00		16					0.4	0.9		
4	35,500	5.00		17					1.8	1.0		
5	43,900	6.00		16					1.8	1.0		
6												
7	62,700	6.75		17					2.1	1.0		
8	40,400	5.75		17					2.7	1.1		
9	39,600	5.75		17					1.7	0.8	4	ALL A
10	38,000	5.25		17					2.0	0.7		
11	34,800	5.00		17					1.4	0.5		
12												
13												
14	168,500	16.00		13					0.8	0.4		
15	44,200	6.00		16					1.0	0.5		
16	39,600	5.50		17					3.5	1.8		
17	44,600	5.50		15					0.2	0.2		
18	50,600	8.00		14					0.5	0.2		
19												
20												
21	132,600	12.50		11					0.2	0.2		
22	43,300	1.00		3					0.2	0.2		
23	54,100	1.00		2					0.2	0.2		
24	51,600	8.00		19					1.5	0.4		
25	43,600	7.50		21					3.0	1.5		
26												
27												
28	128,900	18.75		17					1.5	1.0		
29	38,700	6.75		21					2.6	1.1		
30	39,000	8.00		18					3.5	1.5		
31	44,200	5.50		15					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. 2540982 PWS Name River Park #1 Location:City or S/D Fruitland

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 60 No of People at End of Month 150

Design Flow .072 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										12.0	3	
Average										0.5		
Maximum:										2.5		
Minimum:										0.2		
1										0.2		
2												
3												
4										0.2		
5										1.8	3	ALL A
6										0.2		
7										1.0		
8										0.8		
9												
10												
11										0.3		
12										0.2		
13										0.2		
14										0.2		
15										0.2		
16												
17												
18										0.2		
19										0.3		
20										2.5		
21										0.7		
22										0.9		
23												
24												
25										0.2		
26										0.2		
27										0.3		
28										0.5		
29										0.4		
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 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540984 PWS Name River Park 3 Location:City or S/D Fruitland

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 318 No of People at End of Month 795

Design Flow .370 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-7251 (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	1,437,500	193.50		383					30.0	12.4	4	
Average	47,917	6.45		17					1.4	0.8		
Maximum:	84,800	8.00		32					3.5	2.5		
Minimum:	22,300	3.25		10					0.2	0.2		
1	51,400	7.25		17					0.7	0.2		
2												
3												
4	137,900	19.75		17					0.5	0.2		
5	53,100	8.00		18					3.5	2.0	4	ALL A
6	44,200	6.00		16					0.2	0.2		
7	48,900	8.00		20					2.5	1.1		
8	38,000	5.25		17					1.6	0.8		
9												
10												
11	154,000	22.50		18					1.1	0.3		
12	38,200	3.25		10					0.2	0.2		
13	58,100	7.00		14					1.0	0.2		
14	36,100	4.00		13					0.3	0.2		
15	22,300	6.00		32					2.0	0.2		
16												
17												
18	168,800	19.50		14					1.5	0.2		
19	49,800	8.00		14					1.4	0.3		
20	48,000	6.50		18					0.6	2.5		
21	50,700	7.50		18					2.2	0.6		
22	29,700	4.50		18					2.4	0.9		
23												
24												
25	139,700	19.50		17					1.5	0.2		
26	64,800	8.00		15					1.0	0.2		
27	55,400	7.00		15					1.5	0.3		
28	49,900	6.50		16					2.4	0.6		
29	41,000	5.00		15					1.5	0.4		
30	55,700	8.50		14					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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3540662 PWS Name River Park #1 Location:City or S/D Fruitland

Owned By Southern States Utilities Phone Number: 904-648-8873 Reporting Month May 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 60 No of People at End of Month 150

Design Flow .072 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 the 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										14.1	3	
Average										0.7		
Maximum										2.2		
Minimum										0.2		
1												
2												
3										0.3		
4										0.8	3	ALL A
5										0.3		
6										0.3		
7												
8												
9										0.2		
10										2.0		
11										0.6		
12										0.4		
13										0.4		
14												
15												
16										0.2		
17										2.0		
18										2.2		
19										0.4		
20										1.0		
21												
22												
23										0.2		
24										0.7		
25										0.7		
26										0.3		
27										0.3		
28												
29												
30										0.3		
31										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 BSSP10(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2540084 FWS Name River Park 3 Location:City or S/D Fruitland
Owned By Southern States Utilities Phone Number 904-646-6878 Reporting Month May 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 318 No of People at End of Month 795
Design Flow .370 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 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				
Month/Yr Tota	1,286,000	170 75		384					4 3 0	1 4 4	4	
Average	41 806	5 51		17					2 0	0 7		
Maximum	87,700	7 75		22					3 5	2 2		
Minimum	19,400	3 00		14					1 0	0 2		
1												
2	113,900	14 00		15					1 5	0 3		
3	58,800	6 00		18					1 8	0 3		
4	55,100	5 50		20					3 0	0 9	4	ALL A
5	56 000	5 00		17					1 3	0 3		
6	36 000	4 75		15					1 6	0 3		
7												
8												
9	118 000	18 00		18					1 0	0 2		
10	37,100	5 50		18					3 5	2 0		
11	43,400	8 00		18					2 3	0 8		
12	46,900	8 00		15					1 2	0 4		
13	57,700	7 00		15					1 0	0 4		
14												
15												
16	142 000	17 00		14					1 1	0 2		
17	35,000	8 00		31					3 5	2 0		
18	19 400	3 50		22					3 5	2 2		
19	37,300	5 50		15					1 8	0 4		
20	20,300	3 00		15					2 6	1 0		
21												
22												
23	118,900	13 50		14					1 0	0 2		
24	49,400	7 75		19					2 4	0 7		
25	39,100	5 25		16					2 6	0 7		
26	57,100	7 00		15					1 1	0 3		
27	37,500	4 50		14					2 0	0 3		
28												
29												
30	146,000	19 00		19					2 0	0 3		
31	27,800	4 00		17					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 17-555010(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540982 PWS Name River Park #1 Location:City or S/D Fruitland

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

Plant Effluent pH (Avg) _____ No of Services at End of Month 60 No of People at End of Month 150

Design Flow .072 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-725

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total										12.5	3	
Average										0.6		
Maximum										2.0		
Minimum										0.2		
1										1.0		
2										0.7		
3										0.4		
4												
5												
6										0.4		
7										2.0		
8										0.4	3	ALL A
9										0.2		
10										0.8		
11												
12												
13										0.2		
14										0.6		
15										0.6		
16										1.0		
17										0.4		
18												
19												
20										0.4		
21										0.6		
22										0.2		
23										0.2		
24										0.2		
25												
26												
27										0.2		
28										1.0		
29										0.7		
30										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. 2540864 PWS Name River Park 3 Location:City or S/D Fruitland

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 316 No of People at End of Month 795

Design Flow .370 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) C-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	853,800	119.50		373					42.6	12.5	5	
Average	28,460	3.98		17					1.9	0.6		
Maximum	48,800	6.00		258					3.5	2.0		
Minimum	17,900	2.00		9					0.4	0.2		
1	46,800	6.00		15					0.4	1.0		
2	38,900	5.00		15					2.2	0.7		
3	26,600	4.50		20					2.3	0.4		
4												
5												
6	100,600	15.00		18					2.0	0.4		
7	28,700	6.00		25					3.5	2.0		
8	17,900	2.50		17					3.0	0.4	4	WELL #1TNTC
9	32,100	4.50		17					0.7	0.2		
10	23,500	3.50		18					2.6	0.8		
11												
12												
13	88,300	12.50		17					1.5	0.2		
14	26,500	4.00		18					2.2	0.6	1	WELL #1 A
15	22,200	3.00		16					2.0	0.6		
16	36,200	5.00		17					3.0	1.0		
17	22,200	3.00		16					1.8	0.4		
18												
19												
20	83,500	11.00		16					1.8	0.4		
21	25,300	4.00		19					3.0	0.6		
22	20,000	2.50		15					0.8	0.2		
23	26,200	2.00		9					0.8	0.2		
24	36,400	3.50		12					0.6	0.2		
25												
26												
27	75,100	10.00		16					1.0	0.2		
28	21,600	4.00		22					2.5	1.0		
29	26,100	3.75		17					2.4	0.7		
30	29,100	4.25		18					2.3	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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540952 PWS Name River Park #1 Location:City or S/D Fruitland

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

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

Design Flow .072 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

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										12.4		
Average										0.6		
Maximum										1.4		
Minimum										0.2		
1										0.3		
2												
3												
4												
5										0.4		
6										0.7		
7										0.7		
8										1.4		
9										0.5		
10												
11												
12										0.2		
13										0.2		
14										0.2		
15										0.6		
16										0.4		
17												
18												
19										0.4		
20										0.6		
21										0.8		
22										0.4		
23										0.6		
24												
25												
26										0.8		
27										0.6		
28										0.8		
29										1.0		
30										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. 2540964 PWS Name River Park 3 Location:City or S/D Fruitland

Owned By Southern States Utilities Phone Number: 904-649-8873 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 .370 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 B L 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	742,000	104.00		375.3					46.2	13.4	4	
Average	23,935	3.35		12.1					2.1	0.6		
Maximum									3.0	1.4		
Minumum									1.0	0.2		
1	25,400	4.00		18.9					2.1	0.3		
2												
3												
4	73,300	12.00		19.6					2.5	0.4		
5	22,300	3.00		16.1					2.5	0.7		
6	21,600	3.50		19.3					2.5	0.7		
7	20,800	4.00		23.1					3.0	1.4	4	
8	24,000	2.50		12.5					2.0	0.5		
9												
10												
11	58,500	11.00		15.2					1.3	0.2		
12	20,300	3.25		19.2					1.0	0.2		
13	26,600	3.75		16.9					1.1	0.2		
14	20,600	3.00		17.5					2.0	0.8		
15	20,500	3.00		17.5					1.8	0.4		
16												
17												
18	79,400	10.00		15.1					2.0	0.4		
19	29,400	4.50		18.4					2.2	0.8		
20	20,100	3.50		20.9					2.2	0.8		
21	27,100	2.00		8.8					2.0	0.4		
22	20,200	2.00		11.9					2.0	0.6		
23												
24												
25	73,200	12.00		19.7					2.4	0.8		
26	17,800	2.75		18.5					2.0	0.5		
27	19,100	3.25		20.4					2.2	0.6		
28	31,000	3.00		11.6					2.4	1.0		
29	14,600	2.50		20.5					2.5	0.5		
30												
31	48,000	6.50		13.7					2.5	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. 2540982 PWS Name River Park #1 Location:City or S/D Fruitland

Owned By Southern States Utilities Phone Number: 804-649-8673 Reporting Month August 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 60 No of People at End of Month 150

Design Flow .072 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										13.1	9	
Average:										0.6		
Maximum:										0.9		
Minimum:										0.2		
1										0.8		
2										0.2		
3										0.5		
4										0.4		
5										0.4		
6												
7												
8										0.3		
9										0.7	3	ALL A
10										0.4		
11										0.8		
12										0.7		
13												
14												
15										0.8		
16										0.3		
17										0.2		
18										0.7		
19										0.9		
20												
21												
22										0.7		
23										0.6		
24										0.6		
25										0.6		
26										0.5		
27												
28												
29										0.8		
30										0.8		
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 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540984 PWS Name River Park 3 Location:City or S/D Fruitland

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 318 No of People at End of Month 795

Design Flow .370 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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	757,100	104 00		365					82.3	13.0	4	
Average	24,423	3 35		17					2.3	0.8		
Maximum:	40,400	8 00		24					3.0	0 9		
Minimum:	15,200	2.00		12					1.5	0.2		
1	20,800	3 50		20					2.5	0.7		
2	21,900	3.50		19					2.0	0.2		
3	21,400	2.50		14					2.3	0.5		
4	23,900	3.50		18					2.5	0.4		
5	23,500	3 00		15					2.0	0 4		
6												
7												
8	59,100	9.00		18					2.2	0 3		
9	24,900	2.50		12					2.6	0 7	4	ALL A
10	21,800	2.50		14					2.0	0.4		
11	24,800	3 00		15					2.4	0.8		
12	15,200	3 00		24					2.5	0.7		
13												
14												
15	79,800	10 00		15					2.2	0 8		
16	16,100	2.00		13					1.8	0.3		
17	20,800	4.00		23					1.5	0.2		
18	40,400	4.00		12					1.8	0.7		
19	26,800	4.00		18					2.2	0 9		
20												
21												
22	69,500	10.00		17					2.6	0.7		
23	21,400	3 00		17					2.5	0.6		
24	22,800	3.00		16					2.8	0.9		
25	28,800	4.00		18					2.4	0 8		
26	28,600	4.00		19					2.0	0.5		
27												
28												
29	80,800	11.00		18					3.0	0.8		
30	80,700	4 00		16					2.5	0.6		
31	37,400	5.00		16					2.3	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. 2540862 PWS Name River Park #1 Location:City or S/D Fruitland

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 60 No of People at End of Month 150

Design Flow .072 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 the 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										14.3	3	
Average										0.7		
Maximum:										1.1		
Minimum										0.2		
1										0.6		
2										0.2		
3												
4												
5										0.2		
6										0.7		
7										0.6		
8										0.5		
9										0.4		
10												
11												
12										1.0		
13										1.0	3	
14										0.7		
15										0.6		
16										0.8		
17												
18												
19										1.0		
20										1.1		
21										1.1		
22										0.4		
23										0.4		
24												
25												
26										0.3		
27										0.6		
28										0.8		
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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540984 PWS Name River Park 3 Location:City or S/D Fruitland
Owned By Southern States Utilities Phone Number. 904-649-8873 Reporting Month September 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 318 No of People at End of Month 795
Design Flow 370 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 7281
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	871,000	121.00		366					46.1	14.3	4	
Average	29,033	4.03		17					2.1	0.7		
Maximum	39,200	6.00		22					3.0	1.1		
Minimum	19,100	2.00		11					1.0	0.2		
1	35,700	5.00		17					2.6	0.6		
2	39,200	5.00		15					1.9	0.2		
3												
4												
5	95,100	13.00		16					1.5	0.2		
6	31,000	4.00		15					2.4	0.7		
7	32,000	4.00		15					2.2	0.6		
8	34,000	4.00		14					2.0	0.5		
9	25,200	4.00		19					1.7	0.4		
10												
11												
12	76,800	11.00		17					2.4	1.0		
13	19,100	2.50		16					2.5	1.0	4	ALL A
14	27,300	3.50		15					2.2	0.7		
15	31,200	4.00		15					1.8	0.6		
16	24,200	4.00		20					2.4	0.8		
17												
18												
19	91,500	13.00		17					2.7	1.0		
20	37,700	6.00		19					2.6	1.1		
21	27,300	3.00		13					3.0	1.1		
22	34,000	5.00		18					1.6	0.4		
23	24,100	4.00		20					1.6	0.4		
24												
25												
26	84,600	11.00		16					1.7	0.3		
27	22,300	4.00		22					2.2	0.6		
28	21,100	2.00		11					2.2	0.6		
29	33,600	5.50		20					2.0	0.7		
30	24,000	3.50		17					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. 2540862 PWS Name River Park #1 Location:City or S/D Fruitland
Owned By Southern States Utilities Phone Number: 904-648-8673 Reporting Month October 1994
Plant Effluent pH (Avg) _____ No of Services at End of Month _____ No of People at End of Month _____
Design Flow .072 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) S-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										10.9	3	
Average:										0.5		
Maximum:										0.9		
Minimum:										0.3		
1												
2												
3										0.6		
4										0.5		
5										0.6	3	
6										0.5		
7										0.7		
8												
9												
10										0.8		
11										0.6		
12										0.9		
13										0.4		
14										0.5		
15												
16												
17										0.5		
18										0.3		
19										0.4		
20										0.8		
21										0.6		
22												
23												
24										0.3		
25										0.5		
26										0.5		
27										0.4		
28										0.7		
29												
30												
31										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. 2540964 PWS Name River Part 3 Location:City or S/D Fruitland
Owned By Southern States Utilities Phone Number: 904-849-8673 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 .370 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) 7251 (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	887,700	125.00		351.0					41.9	10.8	4	
Average:	28,958	4.03		11.3					2.0	0.5		
Maximum:	104,100	14.00							2.5	0.8		
Minimum:	18,800	2.50							1.5	0.3		
1												
2												
3	76,900	12.00		19.0					2.0	0.6		
4	21,100	3.00		17.0					1.5	0.5		
5	28,900	4.00		17.5					2.0	0.8	4	
6	29,000	5.00		20.7					1.8	0.8		
7	20,700	3.00		17.4					2.5	0.7		
8												
9												
10	89,700	12.00		16.0					2.4	0.8		
11	24,800	3.50		17.1					2.0	0.6		
12	22,200	3.00		16.2					2.2	0.6		
13	18,800	2.50		15.9					1.5	0.4		
14	40,400	6.00		14.8					2.0	0.5		
15												
16												
17	50,600	10.00		23.7					2.2	0.5		
18	47,700	4.00		10.1					2.0	0.3		
19	36,100	6.00		16.6					1.7	0.4		
20	27,000	3.00		13.3					1.8	0.5		
21	32,200	4.50		16.6					2.0	0.6		
22												
23												
24	94,100	12.50		15.9					1.8	0.3		
25	38,100	5.00		15.7					2.0	0.5		
26	37,800	6.50		17.6					2.2	0.8		
27	28,500	3.50		14.7					1.7	0.4		
28	32,600	5.00		18.4					2.4	0.7		
29												
30												
31	104,100	14.00		16.1					1.7	0.4		

This form must be completed in full and sent to the appropriate [illegible] County Health Department office within 15 days after the month of record

DER Form 17.555910(2)
Effective 11/1/1984

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2540882 PWS Name River Park #1 Location:City or S/D Fruitland
Owned By Southern States Utilities Phone Number: 904-649-8673 Reporting Month November 1984
Plant Effluent pH (Avg) 7.3 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .072 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-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										12.8	3	
Average										0.8		
Maximum										1.0		
Minimum										0.3		
1										0.5		
2										0.8		
3										0.7		
4										0.5		
5												
6												
7										0.4		
8										0.3	3	
9										0.5		
10										0.6		
11												
12												
13												
14										0.4		
15										0.5		
16										0.6		
17										0.7		
18										0.6		
19												
20												
21										0.5		
22										0.5		
23										1.0		
24										0.5		
25										0.6		
26										1.0		
27												
28										0.7		
29										0.7		
30										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. 2540984 PWS Name River Park 3 Location:City or S/D Fruitland

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 .370 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-715 (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	907,900	135.00		429.4					80 3	13.0	4	
Average	30,263	4.50		14.3					2.2	0 8		
Maximum:	91,100								3.5	1.0		
Minimum:	20,400								1.2	0.3		
1	34,800	4 00		13.8					2.1	0 5		
2	35,300	5 00		17.0					2 4	0 8		
3	23,600	3.50		17.8					2 6	0.7		
4	24,800	3.00		14.6					2 2	0 5		
5												
6												
7	91,100	12.00		15.8					1 8	0 4		
8	35,100	4 00		13.7					1 8	0 3	4	
9	37,100	5 00		16.2					2 0	0 5		
10	32,200	4 00		14.9					2 4	0 6		
11	28,400	8.50		40.1					3 5	0 6		
12												
13												
14	90,200	11.50		15.3					1 5	0 4		
15	29,500	3.00		15.9					2 0	0 5		
16	20,400	3.00		17.6					2 2	0 6		
17	31,200	4.00		15.4					2 6	0.7		
18	23,700	4.00		20.2					2 5	0 8		
19												
20												
21	82,900	10.50		15.5					2 0	0 5		
22	25,600	3 50		18.4					1 8	0.5		
23	38,800	8 50		21.3					3.5	1.0		
24	22,900	8 50		34.6					2.0	0.5		
25	24,600	3.00		14.8					2.0	0 6		
26	33,800	8.00		28 6					2 7	1.0		
27												
28	67,100	11.00		19.7					2.2	0.7		
29	57,500	7.50		15.8					1.4	0 4		
30	28,500	4.00		16.2					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. 3540982 PWS Name River Park #1 Location:City or S/D Fruitland

Owned By Southern States Utilities Phone Number: 904-949-6873 Reporting Month December 1994

Plant Effluent pH (Avg) 8.9 No of Services at End of Month 60 No of People at End of Month 150

Design Flow .072 MGD Remarks (Use Reverse Side)

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

Sharon Ward A-6415 Paul Thompson C-7281

I certify this report is correct S. L. Ward A6415

(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										42.7	3	
Average										2.0		
Maximum										2.4		
Minimum										1.0		
1											3	
2										1.8		
3												
4												
5										1.1		
6										1.0		
7										1.8		
8										2.0		
9										2.4		
10												
11												
12										2.0		
13										2.2		
14										2.2		
15										2.2		
16										2.2		
17												
18												
19										2.0		
20										2.2		
21										2.4		
22										2.4		
23										2.3		
24												
25												
26										1.7		
27										2.0		
28										2.2		
29										2.4		
30										2.4		
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. 2540964 PWS Name River Park 3 Location:City or S/D Fruitland

Owned By Southern States Utilities Phone Number: 904-649-8473 Reporting Month December 1994

Plant Effluent pH (Avg) 8.9 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .370 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-7281

I certify this report is correct _____ 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	944,600	119.00		343.1					42.7	12.3	4	
Average:	30,471	3.84		11.1					2.0	0.8		
Maximum:	100,500								2.4	1.2		
Minimum:	18,400								1.0	0.2		
1	23,700	1.00		5.1							4	
2	18,000	1.00		6.3					1.8	0.2		
3												
4												
5	74,300	9.00		14.8					1.1	0.2		
6	24,900	3.00		14.4					1.0	0.2		
7	27,800	3.50		15.2					1.8	0.3		
8	35,100	4.00		13.7					2.0	0.4		
9	23,800	2.00		10.0					2.4	0.5		
10												
11												
12	100,500	11.00		13.1					2.0	0.6		
13	25,400	4.00		18.9					2.2	0.5		
14	38,300	3.00		9.8					2.2	0.6		
15	28,000	4.50		19.3					2.2	0.6		
16	29,800	4.50		18.3					2.2	0.6		
17												
18												
19	84,400	14.00		19.9					2.0	0.4		
20	29,000	5.00		20.7					2.2	0.6		
21	67,900	4.00		7.1					2.4	0.8		
22	33,300	4.00		14.4					2.4	1.2		
23	32,000	5.00		18.7					2.3	0.8		
24												
25												
26	93,000	15.00		19.3					1.7	1.0		
27	27,700	4.00		17.3					2.0	0.7		
28	30,100	4.00		15.9					2.2	0.7		
29	47,500	8.00		15.1					2.4	0.8		
30	18,400	3.00		19.5					2.4	0.8		
31	33,100	4.50		16.3								

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. 2540962 PWS Name River Park I Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-849-8873 Reporting Month January 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo 53 No of People at End of Month

Design Flow .072 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 J. Bou

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

Days of 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	892.6		58.0	113					13.9	9.9	5	All OK
Average:	49.6		3.0	6					0.8	0.4	5	
Maximum:	47.9		7.8	11					1.4	0.8	5	
Minimum.	22.5		1.3	3					0.2	0.2	5	
1	55.5		4.63	8					1.0	0.5		
2												
3												
4	110.5		7.81	7					1.0	0.5		
5	37.9		2.97	8					1.0	0.5		
6	22.5		2.03	9					1.0	0.5	3	2-TNTC
7	41.4		4.37	11					1.0	0.7		
8	33.9		2.34						0.8	0.5		
9												
10												
11	100.1		8.25	8					0.2	0.2		
12	46.6		2.03	4					0.2	0.2		
13	31.4		2.97	9					0.6	0.3	2	All OK
14	45.9		3.59	8					1.4	0.8		
15	38.8		2.66	7					1.0	0.5		
16												
17												
18	93.9		5.16	6					1.0	0.5		
19	47.9		1.23	3					0.5	0.2		
20	34.0		1.25	4					0.5	0.2		
21	28.7		1.25	4					0.5	0.2		
22	35.1		1.87	5					1.0	0.5		
23	30.9		2.03	7					1.0	0.4		
24												
25	87.6		3.75	7					0.2	0.5		
26												
27	0									0.5		
28	0									0.5		
29	0									0.7		
30	0											
31	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

Plant went offline on 1-27-93 it is now used as a backup for River Park III.
River Park III serves water to River Park I via an interconnect

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location:City or S/D Fruitland

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 Mon 363 No of People at End of Month

Design Flow .370 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			Aqua Mag				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	210.0	20.5		63					22.3	9.5	10	All OK
Average:	42.0	4.0		13					2.2	0.5	10	
Maximum:	56.3	7.0		15					3.5	0.8	10	
Minimum:	12.9	1.5		6					0.2	0.2	10	
1	0									1.0		
2	0											
3	0											
4	0									0.5		
5	0									0.5		
6	0									0.5	5	3-TNTC
7	0									0.7		
8	0									0.5		
9	0											
10	0											
11	0											
12	0											
13	0									0.5	3	All OK
14	0									0.8		
15	0									0.5		
16	0											
17	0											
18	0											
19	0								3.5	0.2	1	All OK
20	0								3.5	0.2	1	All OK
21	0								3.5	0.2		
22	0								3.0	0.5		
23	0								2.0	0.5		
24	0											
25	12.9	1.50		14					1.0	0.5		
26												
27	55.0	7.00		15					2.2	0.5		
28	36.3	4.00		13					1.2	0.5		
29	35.5	4.50		15					2.2	0.7		
30												
31	70.3	3.50		6					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

Plant went back online on 1-27-93 serves water to River Park I also via an interconnect

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540662 PWS Name River Park I Location:City or S/D Fruitland

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Mo 83 No of People at End of Month

Design Flow .072 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. Sou C-8521

I certify this report is correct Original signed by Michael J. Sou

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

Days of 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	0		0	0					0	9.7	5	All OK
Average:	0		0	0					0	0.5	5	
Maximum:	0		0	0					0	1.5	5	
Minimum:	0		0	0					0	0.2	5	
1	0		0	0					0	0.2		
2	0		0	0					0	0.3		
3	0		0	0					0	0.5		
4	0		0	0					0	0.5		
5	0		0	0					0	0.7		
6												
7												
8	0		0	0					0	0.2		
9	0		0	0					0	0.2		
10	0		0	0					0	0.2	3	2-"C" DIST
11	0		0	0					0	1.5		
12	0		0	0					0	0.2		
13												
14												
15	0		0	0					0	0.2		
16	0		0	0					0	0.2		
17	0		0	0					0	0.2		
18	0		0	0					0	0.2		
19	0		0	0					0	0.2		
20												
21												
22	0		0	0					0	0.2		
23	0		0	0					0	0.5	2	All OK
24	0		0	0					0	0.8		
25	0		0	0					0	0.8		
26	0		0	0					0	1.5		
27												
28	0		0	0					0	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 555010(2) Plant offline; only used as a back up for River Park III

Effective 11/1/1988 All water for this system comes from the River PArk III plant

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-649-5673 Reporting Month February 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Mont 363 No of People at End of Month

Design Flow .370 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			Aqua Mag				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	966.0	93.0		260					27.0	10.0	8	All OK
Average:	34.5	4.0		12					1.3	0.5	8	
Maximum:	50.8	10.0		24					3.5	1.5	8	
Minimum:	18.9	0.7		2					0.2	0.2	8	
1	32.2	0.75		2.8					0.2	0.2		
2	33.6	1.25		5.0					0.5	0.5		
3	31.8	6.00		22.6					1.5	0.5		
4	36.0	3.00		10.0					1.0	0.5		
5	33.7	4.00		14.2					1.5	0.7		
6												
7												
8	97.6	7.00		8.6					0.7	0.2		
9	49.0	1.00		2.4					0.2	0.2		
10	37.1	2.50		8.1					1.0	0.2	4	1-TNTC - 1-"C"
11	31.1	3.00		11.6					3.5	1.5		
12	38.8	3.00		9.3					1.0	0.2		
13												
14												
15	94.7	8.50		10.8					1.0	0.2		
16	26.5	4.00		18.1					1.4	0.2		
17	50.8	3.00		7.1					1.0	0.2		
18	34.5	2.00		7.0					0.2	0.2		
19	19.9	4.00		24.1					1.0	0.2		
20												
21												
22	104.6	8.00		9.2					0.4	0.2		
23	29.0	4.00		16.0					2.5	1.0	4	All OK
24	46.8	9.00		23.6					1.8	0.8		
25	23.0	3.00		16.8					1.4	0.8		
26	43.2	8.00		18.7					3.5	1.5		
27												
28	73.4	10.00		16.3					1.0	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 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 PWS Name River Park I Location:City or S/D Fruitland

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

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo 83 No of People at End of Month

Design Flow .072 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 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	0		0	0					0	14.5	3	All OK
Average:	0		0	0					0	0.5	3	
Maximum:	0		0	0					0	2.0	3	
Minimum:	0		0	0					0	0.2	3	
1	0									0.3		
2	0									0.2		
3	0									0.2		
4	0									1.0		
5	0									2.0		
6												
7												
8	0									0.5		
9	0									0.5		
10	0									0.2	3	All OK
11	0									1.0		
12	0									0.4		
13												
14												
15	0									0.4		
16	0									0.4		
17	0									0.2		
18	0									0.7		
19	0									1.5		
20												
21												
22	0									0.2		
23	0									0.8		
24	0									0.8		
25												
26	0									0.6		
27	0									0.6		
28												
29	0									0.2		
30	0									0.6		
31	0									0.6		

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-849-8873 Reporting Month March 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Mont 363 No of People at End of Month

Design Flow .370 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			Aqua Mag				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	1057.4	143.0		394					39.1	17.1	7	All OK
Average:	34.1	5.0		17					1.7	0.7	7	
Maximum:	43.5	19.0		34					3.5	2.0	7	
Minimum:	17.5	1.0		5					0.2	0.2	7	
1	32.7	6.00		22					1.3	0.3		
2	34.4	4.00		14					1.2	0.3		
3	30.9	8.00		31					0.5	0.2		
4	21.5	6.00		34					2.5	1.0		
5	43.5	3.00		8					3.5	2.0		
6												
7												
8	108.9	13.00		14					1.5	0.5		
9	22.9	8.00		31					2.0	1.3		
10	42.8	3.00		8					1.0	0.5	7	All OK
11	42.8	3.00		8					1.0	0.5		
12	25.5	1.00		5					2.0	0.5		
13												
14												
15	118.6	10.00		19					2.3	0.8		
16	36.1	3.00		10					1.8	0.8		
17	33.9	9.00		32					0.8	0.2		
18	29.5	6.00		20					2.5	1.2		
19	33.8	6.00		21					3.0	1.5		
20												
21												
22	104.2	13.00		15					0.2	0.2		
23	32.6	4.00		15					1.5	0.9		
24	26.4	3.00		14					1.8	0.9		
25												
26	64.8	9.00		17					1.4	0.8		
27	17.5	3.00		21					1.7	0.8		
28												
29	82.5	10.00		15					0.5	0.2		
30	35.9	3.00		10					3.5	1.0		
31	34.6	3.00		10					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. 2540952 PWS Name River Park I Location:City or S/D Fruitland

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

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo 53 No of People at End of Month

Design Flow .073 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 Signatur (Cert. Level) (Cert. No)

Days of 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	0		0	0					0	9.2	3	
Average:	0		0	0					0	0.4		
Maximum:	0		0	0					0	1.5		
Minimum:	0		0	0					0	0.2		
1	0									0.7		
2												
3	0									1.5		
4												
5	0									0.7		
6	0									0.7		
7	0									0.6		
8	0									0.5		
9	0									0.4		
10												
11												
12	0									0.7		
13	0									0.3		
14	0									0.2	3	0
15	0									0.2		
16	0									0.4		
17												
18												
19	0									0.2		
20	0									0.2		
21	0									0.2		
22	0									0.3		
23	0									0.2		
24												
25												
26	0									0.2		
27	0									0.2		
28	0									0.3		
29	0									0.3		
30	0									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

System supplied by River Park # 3 through an interconnect

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-849-8673 Reporting Month April 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Mont 363 No of People at End of Month

Design Flow .370 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 J. Bou

(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 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	1035	152		410					48.7	8.5	4	
Average:	34	5		19					2.2	0.4		
Maximum:	45	8		33					3.0	1.5		
Minimum:	25	3		8					1.2	0.2		
1	32	5		30					1.4	0.7		
2												
3	64	10		19					2.5	1.5		
4												
5	61	6		12					2.2	0.7		
6	29	4		18					3.0	0.8		
7	36	7		23					2.5	0.6		
8	45	3		8					2.2	0.7		
9	40	4		12					2.8	0.4		
10												
11												
12	101	14		17					3.0			
13	26	4		33					2.6	0.7		
14	40	6		15					1.2	0.3	4	O
15	33	5		19					1.8	0.2		
16	34	5		18					2.9	0.2		
17										0.4		
18												
19	96	15		19					2.4			
20	43	8		23					1.5	0.2		
21	42	6		17					1.7	0.2		
22	25	4		19					2.7	0.2		
23	30	4		16					1.8	0.3		
24										0.2		
25												
26	107	16		16					2.0	0.2		
27	40	6		16					2.0	0.2		
28	32	4		15					2.4	0.3		
29	40	6		16					2.8	0.3		
30	42	8		23					1.5	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 11/1/1990

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540982 PWS Name River Park I Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-849-8673 Reporting Month May 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo 53 No of People at End of Month

Design Flow .072 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 J. Bou

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

Days of 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	0		0						0	12.9	3	All OK
Average:	0		0						0	0.8	3	
Maximum:	0		0						0	2.0	3	
Minimum:	0		0						0	0.2	3	
1												
2												
3										0.2		
4										0.3		
5										0.4		
6										1.2		
7										1.3		
8												
9												
10										0.2		
11										0.5		
12										0.2		
13										0.3	3	All OK
14										0.2		
15												
16												
17										0.2		
18										0.4		
19										0.4		
20										0.4		
21										0.2		
22												
23												
24										0.2		
25										3.5		
26										0.3		
27												
28										2.0		
29												
30												
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 17-555810(3)
Effective 11/1/1988

Plant offline only used as a backup

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location: City or S/D Fruitland

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

Plant Effluent pH (Avg) 7.2 No of Services at End of Mont 383 No of People at End of Month

Design Flow .370 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 J. Bou

(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	Aqua Mag lbs used	Aqua Mag mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen main line breaks meter calibrations)
Monthly Total	1127.7	148.0		351					41.8	13.8	6	All OK
Average:	36.4	7.0		17					2.0	0.7	6	
Maximum:	49.0	16.0		29					3.5	2.0	6	
Minimum:	25.5	3.0		7					0.2	0.2	6	
1												
2												
3	112.6	12.00		13					1.8	0.2		
4	31.4	6.00		23					2.6	0.3		
5	37.8	6.00		19					2.5	1.0		
6	35.8	8.00		27					3.2	1.2		
7	36.8	9.00		28					3.0	1.0		
8												
9												
10	101.0	9.00		11					2.5	0.2		
11	44.4	5.00		14					1.9	0.5		
12	32.2	5.00		19					1.6	0.2	4	1 "P" well
13	34.1	3.00		11					1.5	0.3		
14	25.5	6.00		29					1.9	0.2		
15												
16												
17	108.0	13.00		14					1.7	0.2		
18	48.5	4.00		10					2.3	0.4		
19	37.1	4.00		13					2.3	0.4	1	All OK
20	49.0	3.00		7					0.5	0.4	1	All OK
21	30.8	3.00		12					1.0	0.2		
22												
23												
24	124.0	15.00		18					0.2	0.2		
25	39.6	5.00		15					3.5	2.0		
26	48.4	6.00		12					1.5	0.4		
27	46.5	4.00		10					0.5	0.2		
28	30.9	9.50		25					3.0	2.0		
29												
30												
31	71.1	13.50		23					3.0	2.0		

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. 2640062 PWS Name River Park I Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-849-8873 Reporting Month June 1993

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

Design Flow .072 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] G-5268
(Lead Operator's Signatur (Cert. Level) (Cert. No)

Days of 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												
Average:												
Maximum:												
Minimum:												
1										0.3		
2										1.0		
3										0.5		
4										0.6		
5												
6												
7										0.6	3	
8										0.3		
9										0.5		
10										0.4		
11										0.3		
12												
13												
14										0.3		
15										0.4		
16										1.0		
17										0.2		
18										0.6		
19												
20												
21										0.5		
22										0.6		
23										3.0		
24										0.2		
25												
26										0.2		
27												
28										0.3		
29										0.6		
30										0.6		
31												

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

DER Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location: City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-949-9873 Reporting Month June 1993

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

Design Flow .370 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 lbs used	Chlorine gals used	Chlorine mg/l	Aqua Mag lbs used	Aqua Mag mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen main line breaks meter calibrations)
Monthly Total	924,400	130.00		384.2					61.0	18.7		
Average:	30,813	5.91		13.1					2.3	0.9		
Maximum:												
Minimum:												
1	21,300	4.00		22.5					2.5	0.4		
2	30,600	3.00		11.8					1.3	0.4		
3	30,700	4.00		15.6					2.2	0.5		
4	34,500	4.00		13.8					2.4	0.5	4	
5												
6												
7	111,700	14.00		15.0					3.0	1.0		
8	30,900	4.00		15.5					2.2	0.4		
9	39,300	6.00		18.3					3.0	0.5		
10	32,500	5.00		18.4					2.5	0.8		
11	44,400	6.00		16.2					3.0	0.8		
12												
13												
14	87,700	13.00		17.8					2.0	0.5		
15	25,700	4.00		18.7					2.5	1.2		
16	32,700	4.00		14.7					3.0	1.5		
17	28,200	3.00		12.8					0.8	0.2		
18	36,800	5.00		16.3					3.0	1.0		
19												
20												
21	110,500	15.00		16.3					2.3	1.0		
22	32,800	5.00		18.3					2.8	1.2		
23	27,400	13.00		56.9					3.5	3.5		
24	39,100	2.00		6.1					0.6	0.2		
25												
26	48,100	4.00		10.0					0.2	0.2		
27												
28	36,500	5.00		15.6					2.1	0.6		
29	15,800	4.00		28.9					2.7	0.7		
30	24,400	3.00		14.7					3.0	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 17-555[illegible](2)

Effective 11/7/[illegible]

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 PWS Name River Park I Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-849-8873 Reporting Month July 1993

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

Design Flow .072 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 Signatur) (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											3	
Average:												
Maximum:										1.0		
Minimum:										0.2		
1										0.5		
2										0.6		
3												
4												
5										0.2		
6										0.5		
7										0.3		
8										0.5		
9										0.5		
10												
11												
12										0.7		
13										0.6	3	
14										0.6		
15										0.4		
16										0.3		
17												
18												
19										0.4		
20										0.3		
21										0.5		
22										0.2		
23										0.2		
24												
25												
26										0.3		
27										0.3		
28										0.2		
29										1.0		
30										0.4		
31										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. 2540964 PWS Name River Park III Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-849-8673 Reporting Month July 1993

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

Design Flow .370 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			Aqua Mag				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	788,700	106.00		350					43.0	15.3	4	
Average:	25,474	4.61		12					1.9	0.7		
Maximum:	37,700	8.00		26					3.5	1.5		
Minimum:	14,800	1.00		6					0.9	0.2		
1	14,800	3.00		25					2.5	1.0		
2	26,400	3.00		13					2.0	1.0		
3												
4												
5	58,900	11.00		13					1.1	0.2		
6	22,100	3.00		16					2.5	1.0		
7	31,500	4.00		15					1.3	0.3		
8	37,700	5.00		16					2.2	1.0		
9	37,100	8.00		19					2.0	0.5		
10												
11												
12	100,600	14.00		17					3.0	1.0		
13	24,500	3.00		15					3.5	1.2	4	
14	27,700	8.00		26					3.5	1.5		
15	20,900	3.00		17					1.5	0.6		
16	22,400	3.00		16					1.3	0.3		
17												
18												
19	70,800	10.00		17					3.0	0.8		
20	25,200	3.00		14					1.5	0.4		
21	30,000	3.00		12					1.0	0.5		
22	16,400	3.00		22					1.0	0.3		
23	17,600	2.00		14					1.0	0.2		
24												
25												
26	62,100	8.00		15					1.3	0.4		
27	19,400	3.00		19					1.2	0.5		
28	19,800	1.00		6					0.9	0.2		
29	21,800	4.00		22					3.0	1.5		
30	22,700	2.00		11					1.3	0.5		
31	17,000	3.00		21					1.4	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 17-555910(7)

Effective 11/1/1989

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 PWS Name River Park I Location/City or S/D Fruitland

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

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

Design Flow .072 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 Signatur) (Cert. Level) (Cert. No)

Days of 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											4	
Average:												
Maximum:										1.0		
Minimum:										0.2		
1												
2										0.2		
3										0.3		
4										1.0		
5										0.8		
6										1.0		
7												
8												
9										0.6		
10										0.8	3	
11										1.5		
12										1.0		
13												
14										0.2		
15												
16										1.0		
17										0.2		
18										0.2		
19										0.2	1	
20										0.2		
21												
22												
23										0.2		
24										0.8		
25										0.2		
26										1.0		
27										1.0		
28												
29												
30										0.6		
31										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 report

DER Form 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-849-3673 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 .378 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			Aqua Mag				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	847,800	120.25		375					47.2	20.4	8	
Average:	27,348	5.47		12					2.1	0.9		
Maximum:	37,700	8.00		26					3.8	1.5		
Minimum:	14,600	1.00		6					0.9	0.2		
1												
2	37,700	8.00		12					1.2	0.2		
3	33,800	4.00		14					1.8	0.5		
4	26,000	6.00		28					3.2	1.5		
5	19,500	3.00		12					2.5	0.8		
6	24,400	4.00		20					3.0	1.5		
7												
8												
9	78,800	11.00		17					2.6	1.0		
10	21,100	3.00		17					3.5	1.5	4	
11	31,900	9.00		34					2.5	2.5		
12	52,000	8.00		17					3.0	1.0		
13												
14	58,700	8.00		18					0.2	0.2		
15												
16	39,100	6.75		21					3.5	2.0		
17	19,900	0.75		5					1.0	0.2		
18	42,700	6.75		19					1.0	0.2		
19	31,100	5.25		20					1.0	0.3		
20	20,600	1.00		6					0.2	0.2		
21												
22												
23	79,100	8.50		13					0.2	0.2	2	
24	22,000	3.50		19					3.5	1.5	2	
25	21,300	2.75		15					1.2	0.2		
26	21,700	3.25		18					3.5	1.2		
27	32,100	4.75		18					2.8	1.8		
28												
29												
30	75,900	10.25		16					3.4	1.8		
31	27,700	3.75		15					2.8	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 17-555610(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540962 PWS Name River Park I Location:City or S/D Fruitland
Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month September 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month No of People at End of Month
Design Flow .072 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 Signatur (Cert. Level) (Cert. No)

Days of 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											3	
Average:												
Maximum:										1.0		
Minimum:										0.2		
1										0.2		
2										0.4		
3										0.4		
4												
5												
6										0.2		
7										0.6		
8										0.2		
9										0.2		
10												
11										0.2		
12												
13										1.0		
14										1.1	3	
15										0.2		
16										0.6		
17										0.6		
18												
19												
20										0.2		
21										1.9		
22										0.2		
23										0.2		
24										0.2		
25												
26												
27										1.0		
28										0.2		
29										0.8		
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 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location:City or S/D Fruitland

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

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

Design Flow .370 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) G521B (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 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	851,900	108.00		406					40.5	17.2	4	
Average:	28,397	4.91		14					1.8	0.7		
Maximum:	35,600	6.00		66					3.5	2.8		
Minimum:	5,000	2.25		10					0.6	0.2		
1	28,800	3.75		16					1.4	0.4		
2	25,300	3.50		17					2.3	0.6		
3	27,500	3.25		14					1.3	0.4		
4												
5												
6	88,800	10.00		14					1.0	0.3		
7	17,800	4.75		32					3.0	1.1		
8	31,100	3.75		14					1.0	0.2		
9	21,400	2.75		15					1.5	0.2		
10												
11	86,800	7.25		16					1.2	0.2		
12												
13	46,800	7.50		16					3.5	2.0		
14	28,100	6.00		26					3.0	1.9	4	
15	27,800	3.50		15					0.6	0.2		
16	21,700	3.00		17					2.7	1.0		
17	28,500	3.50		15					2.2	1.0		
18												
19												
20	94,100	8.00		10					0.8	0.2		
21	19,900	4.00		24					3.5	1.7		
22	32,300	2.75		10					0.8	0.2		
23	26,200	2.25		10					0.7	0.2		
24	5,000	2.75		66					0.2	0.2		
25									0.2	0.2		
26												
27	120,800	13.00		13					3.5	2.5		
28	34,100	4.00		14					0.7	0.2		
29	35,600	4.75		16					3.0	1.5		
30	31,500	4.00		15					2.4	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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3640062 PWS Name River Park I Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-649-8673 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 .072 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 Signatur (Cert. Level) (Cert. No)

Days of 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										9.3	5	All OK
Average:										0.4	5	
Maximum:										0.6	5	
Minimum:										0.2	5	
1										0.6		
2												
3												
4										0.6		
5										0.3	3	1 - P
6										0.4		
7										0.4		
8										0.4		
9												
10												
11										0.6		
12										0.4		
13										0.3		
14										0.4		
15										0.5		
16												
17												
18										0.2	1	All OK
19										0.6	1	All OK
20										0.2		
21										0.4		
22										0.4		
23												
24												
25										0.4		
26										0.5		
27										0.5		
28										0.5		
29										0.5		
30												
31										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

Plant went offline on 1-27-93 It is now used as a backup for River Park III.
River Park III serves water to River Park I via an interconnect

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-649-8873 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 .370 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			Aqua Mag				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	1076.5	136.5		335					32.4	11.2	5	All OK
Average:	34.2	8.2		15					1.5	0.5	5	
Maximum:	82.8	14.7		19					2.4	0.8	5	
Minimum:	28.6	2.2		7					0.4	0.3	5	
1	37.1	2.25		7					0.4	0.6		
2												
3												
4	123.6	14.75		14					1.2	0.6		
5	98.0	4.25		13					1.0	0.3	4	1 - TNTC
6	30.4	3.75		15					1.3	0.6		
7	33.8	4.25		15					0.8	0.4		
8	30.4	4.00		16					1.2	0.6		
9												
10												
11	104.8	12.25		14					1.0	0.6		
12	29.8	4.00		16					1.4	0.5		
13	37.5	4.75		15					1.5	0.5	1	All OK
14	37.5	5.00		16					1.8	0.5		
15	33.5	4.50		16					1.8	0.5		
16												
17												
18	103.0	14.00		16					1.0	0.3		
19	30.2	4.00		16					2.2	0.5		
20	42.8	5.75		16					1.0	0.3		
21	32.6	4.25		16					1.5	0.4		
22	28.9	4.50		19					1.8	0.8		
23												
24												
25	94.1	13.00		17					2.3	0.8		
26	33.1	4.50		16					2.4	0.5		
27	31.9	3.25		12					1.6	0.5		
28	41.4	5.75		17					2.2	0.8		
29	28.8	4.00		17					1.7	0.8		
30												
31	74.0	9.75		16					1.3	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 17.555910(2)
Effective 11/1/1988

Plant went back online on 1-27-93 serves water to River Park I also via an interconnect

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8540962 PWS Name River Park I Location:City or S/D Fruitland

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 .072 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 Signatur (Cert. Level) (Cert. No)

Days of 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											3	
Average:												
Maximum:										1.0		
Minimum:										0.2		
1										0.2		
2										0.9	3	
3										0.8		
4										0.3		
5										0.3		
6												
7												
8										3.5		
9										0.2		
10										0.2		
11										0.5		
12										0.4		
13												
14												
15										1.0		
16										0.5		
17										1.0		
18										0.5		
19										1.0		
20												
21												
22										1.5		
23										0.2		
24										0.8		
25										0.5		
26										0.6		
27												
28												
29										0.5		
30										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 11/7/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location:City or S/D Fruitland

Owned By Southern States Utilities Phone: 904-849-8873 Reporting Month November 1993

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

Design Flow .570 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			Aqua Mag				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	1,129,100	146.75		339					40.7	17.7	4	
Average:	37,637	6.81		11					1.9	0.8		
Maximum:	48,100	8.75		24					3.5	3.5		
Minimum:	28,800	2.00		6					0.2	0.2		
1	34,000	4.25		15					1.5	0.6		
2	34,300	5.00		17					3.0	1.2	4	
3	38,800	5.50		17					1.8	0.6		
4	33,300	4.50		16					1.7	0.3		
5	28,800	3.50		15					1.7	0.3		
6												
7												
8	113,400	16.00		17					3.5	3.5		
9	32,700	3.50		13					0.6	0.2		
10	37,000	2.00		6					0.2	0.2		
11	42,700	5.25		15					2.0	0.6		
12	44,400	5.75		15					1.7	0.4		
13												
14												
15	108,900	15.25		17					2.5	1.0		
16	39,100	4.00		12					1.0	0.5		
17	39,700	5.75		17					2.5	1.0		
18	36,900	4.75		15					1.1	0.5		
19	42,600	5.75		16					2.1	1.0		
20												
21												
22	107,100	16.50		18					3.5	2.0		
23	39,500	2.75		8					0.3	0.2		
24	45,300	6.25		17					2.2	0.6		
25	34,600	4.00		14					2.4	0.6		
26	42,900	8.75		24					2.0	1.0		
27												
28												
29	104,700	14.50		17					1.6	0.6		
30	48,100	8.25		16					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 17-555(5)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540862 PWS Name River Park I Location:City or S/D Fruitland

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 .072 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. Bobo (Lead Operator's Signatur) (Cert. Level) (Cert. No)

Days of 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												
Average:												
Maximum:										1.0		
Minimum:										0.2		
1										0.2		
2										0.5		
3										0.6		
4												
5												
6										1.0		
7										1.0		
8										1.0	3	ALL A
9										0.6		
10										0.3		
11												
12												
13										0.2		
14										0.5		
15										1.0		
16										0.5		
17										0.6		
18												
19												
20										0.2		
21										1.5		
22										0.4		
23										1.1		
24										1.0		
25												
26												
27										0.6		
28										0.6		
29										0.5		
30										0.7		
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 17-555810(2),

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540964 PWS Name River Park III Location:City or S/D Fruitland

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 .370 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. Tibbs (Lead Operator's Signature) (Cert. Level) 0321-B (Cert. No)

Days of Month	Total Water Treated in Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	Aqua Mag lbs used	Aqua Mag mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequen main line breaks meter calibrations)
Monthly Total	1,429,400	195.75		385					41.1	16.6		
Average:	46,110	6.51		12					1.6	0.7		
Maximum:	66,200	9.50							3.5	1.8		
Minimum:	32,700	4.50							0.3	0.2		
1	35,100	4.75		16					1.0	0.2		
2	33,500	5.00		18					2.2	0.8		
3	38,600	5.50		17					2.0	0.8		
4												
5												
6	114,800	15.50		16					2.5	1.0		
7	40,800	5.50		16					2.5	1.0		
8	41,900	6.00		17					2.5	1.0	4	ALL A
9	54,900	6.50		14					1.9	0.7		
10	42,900	5.75		16					1.0	0.3		
11												
12												
13	190,400	25.75		16					0.3	0.2		
14	54,500	8.50		19					1.3	0.6		
15	66,200	9.50		17					1.8	1.0		
16	57,400	8.00		17					1.5	0.5		
17	54,400	7.75		17					2.2	0.8		
18												
19												
20	155,200	18.75		15					1.0	0.2		
21	35,500	5.50		19					3.5	1.6		
22	54,300	8.25		18					1.3	0.4		
23	32,800	5.25		19					3.5	1.0		
24	57,400	7.00		15					1.2	1.0		
25												
26												
27	124,800	16.00		15					1.5	0.8		
28	37,800	5.00		16					1.8	0.7		
29	33,000	5.00		18					1.1	0.5		
30	32,700	4.50		17					2.1	0.8		
31	40,600	5.50		16					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 17-555-910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6064905 PWS Name Rosemont Location:City or S/D Inverness
Owned By Southern States Utilities Phone No: 904-489-2482 Reporting Month January 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 97 No of People at End of Month 339.5
Design Flow .214 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 6380

I certify this report is correct John E MacKenzie II 6380
(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 lbs used	Aqua Mag 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	934,000	44		119.23	4	137.9	23.6	9.6	4	
Average	30,129	1.4		3.85		4.449	1.12381	0.45714		
Maximum	47,000	3					1.3	0.5		
Minimum:	22,000	1					0.8	0.4		
1										
2										
3	85,000	4		5.6		66.3	1.0	0.5		
4	26,000	1		4.6			1.0	0.5	4	A
5	32,000						1.0	0.5		
6	25,000	1		4.6			1.0	0.5		
7	43,000	1		2.8			1.0	0.5		
8										
9										
10	88,000	4		5.5			1.0	0.5		
11	29,000	2		8.3			1.3	0.5		
12	47,000	2		5.1			1.3	0.5		
13	26,000	1		4.3			1.0	0.4		
14	26,000	1		4.6			0.9	0.4		
15										
16										
17	79,000	5		7.6			1.3	0.5		
18	22,000	2		10.9			1.3	0.5		
19	28,000	1		4.3			1.0	0.4		
20	22,000	1		5.5			1.3	0.4		
21	34,000	2		7.1			1.2	0.4		
22										
23										
24	98,000	4		4.9			1.2	0.4		
25	41,000	3		8.8			1.2	0.4		
26	44,000	1		2.7			1.3	0.5		
27	38,000	2		6.3			1.3	0.5		
28	26,000	2		9.2			1.2	0.4		
29										
30										
31	72,000	4		6.7		71.61	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(10)(2)
Effective 11/1/85

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Rosemont Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month February 1994

Plant Effluent pH (Avg) 7.35 No of Services at End of Month 97 No of People at End of Month 339.5

Design Flow .214 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 5350

I certify this report is correct John C MacKenzie B 5350

(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	1,019,000	46		116.91			3	3.492	22.3	9.5	4	
Average	36,393	2		4.18			3	0.125	1.115	0.475		
Maximum	61,000	4							2.5	0.7		
Minimum	21,000								0.5	0.3		
1	21,000	1		5.7					0.8	0.4	4	A
2	23,000	1		5.2					1.0	0.5		
3	29,000	2		8.3					1.5	0.8		
4	22,000	1		5.5					1.3	0.6		
5												
6												
7	93,000	5		6.4					1.5	0.8		
8	30,000	2		8.0					1.4	0.5		
9	47,000	3		7.7					1.5	0.8		
10	44,000	2		5.5					1.5	0.8		
11	26,000	1		4.6					1.5	0.8		
12												
13												
14	95,000	5		6.3					0.6	0.4		
15	58,000	3		6.2					1.5	0.8		
16	37,000	3		8.7					1.4	0.5		
17	31,000	2		7.7					1.0	0.4		
18	27,000	1		4.4					0.8	0.4		
19												
20												
21	149,000	2		1.8					0.5	0.3		
22	61,000	4		7.9					2.5	0.7		
23	47,000	2		5.1					0.5	0.3		
24	44,000	1		2.7					0.5	0.3		
25	32,000	1		3.7					0.5	0.3		
26												
27												
28	103,000	4		4.7			3	3.492	0.5	0.3		
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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8094905 PWS Name Rosemont Location: City or S/D Inverness

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 97 No of People at End of Month 339.5

Design Flow .214 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 6380

I certify this report is correct John S. MacKenzie II 6 6380

(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	1,853,000	109		183.00			5	8.828	38.1	14.1	4	
Average	60,097	4		5.90			5	0.317	1.65652	0.51304		
Maximum	95,000	7		14.5					2.5	1.0		
Minimum	22,000	1		3.5					0.5	0.3		
1	61,000	2		3.9					0.5	0.3		
2	33,000	4		14.5					1.5	0.5	4	A
3	33,000	4		14.5					1.5	0.5		
4	22,000	1		5.5					2.5	1.0		
5												
6												
7	139,000	7		6.2					1.5	0.6		
8	75,000	4		6.4					1.5	0.6		
9	88,000	5		6.8					1.8	0.6		
10	45,000	3		8.0					1.8	0.6		
11	25,000	2		9.6					1.5	0.6		
12												
13												
14	176,000	9		6.1					1.8	0.6		
15	75,000	5		8.0					1.8	0.6		
16	68,000	2		3.5					1.8	0.6		
17	73,000	5		8.2					1.8	0.6		
18	44,000	3		8.2					1.5	0.6		
19												
20												
21	256,000	10		4.7					1.5	0.6		
22	73,000	7		11.5					1.5	0.6		
23	95,000	7		8.6					1.5	0.6		
24	59,000	4		8.1					1.8	0.6		
25	62,000	4		7.7					1.8	0.6		
26												
27												
28	204,000	8		4.7					1.8	0.6		
29	81,000	5		9.9					1.8	0.6		
30	58,000	4		8.3					1.6	0.8		
31	61,000	4		7.9			5	9.825	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 17-555[illegible]

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Rosemont Location City or S/D Inverness

Owned By Southern States Utilities Phone No 904-489-2452 Reporting Month April 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 89 No of People at End of Month 343

Design Flow .214 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 (Lead Operator's Signature) B (Cert. Level) 5380 (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	2,731,000	140		149.43			9	17.41	32.6	11.3	4	
Average	91,033	5		4.98			9	0.58	1.85238	0.5381		
Maximum	143,000	9		13.7					2.0	0.8		
Minimum	40,000	2		2.9					1.0	0.4		
1	70,000	8		13.7					1.8	0.6		
2												
3												
4	258,000	14		6.8					2.0	0.7		
5	109,000	9		9.9					1.5	0.5	4	A
6	87,000	6		11.0					1.5	0.5		
7	71,000	7		11.8					1.5	0.5		
8	89,000	8		10.4					1.5	0.5		
9												
10												
11	289,000	12		5.0					1.0	0.4		
12	118,000	8		8.1					1.5	0.5		
13	102,000	8		9.4					1.5	0.5		
14	94,000	6		7.7					1.5	0.5		
15	86,000	5		7.0					1.5	0.5		
16												
17												
18	410,000	10		2.9					1.5	0.5		
19	134,000	7		6.3					1.5	0.5		
20	143,000	4		3.4					1.5	0.5		
21	83,000	2		2.9					1.3	0.5		
22	40,000	2		6.0					1.3	0.5		
23												
24												
25	194,000	8		3.7					1.3	0.5		
26	109,000	4		4.4					2.0	0.8		
27	110,000	6		6.5					1.8	0.6		
28	95,000	4		5.0					1.8	0.6		
29	62,000	4		7.7			9	17.41	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 17-555(10/2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8094905 PWS Name Rosemont Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month May 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 98 No of People at End of Month 343

Design Flow .214 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 5360

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			Aqua Mag				Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintanance information (Le) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3,509,000	140		141.50			13	15.28	31.2	11.3	4	
Average	113,194	5		4.56			13	0.493	1.41818	0.51364		
Maximum	153,000								2.0	0.6		
Minimum	41,000								0.4	0.3		
1												
2	334,000	8							1.8	0.6		
3	115,000	6							1.8	0.6	4	A
4	82,000	3							1.8	0.6		
5	42,000	7							1.8	0.6		
6	101,000	6							1.8	0.6		
7												
8												
9	343,000	20							2.0	0.6		
10	113,000	5							2.0	0.6		
11	146,000	6							1.8	0.6		
12	102,000	5							1.8	0.6		
13	83,000	5							1.8	0.6		
14												
15												
16	372,000	8							2.0	0.6		
17	135,000	5							1.8	0.6		
18	135,000								1.0	0.4		
19	91,000								0.8	0.4		
20	41,000								0.4	0.3		
21												
22												
23	367,000								0.5	0.3		
24	131,000	10							0.6	0.4		
25	153,000								0.6	0.4		
26	109,000								0.6	0.4		
27	84,000								1.5	0.5		
28												
29												
30	328,000								1.8	0.6		
31	102,000	43							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 11/21/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6094905 PWS Name Rosemont Location:City or S/D Inverness
Owned By Southern States Utilities Phone No 904-489-2452 Reporting Month June 1994
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 98 No of People at End of Month 343
Design Flow .214 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 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	1,515,000		63	4.98			14	24.8	26.7	10.3	4	
Average	50,500	2		0.50			7	0.8	1.2	0.5		
Maximum	109,000								1.8	0.6		
Minimum	26,000								0.8	0.4		
1	80,000						12	18.0	1.0	0.4	4	A
2	30,000								1.0	0.4		
3	34,000								1.0	0.4		
4												
5												
6	124,000								1.0	0.4		
7	45,000								0.8	0.4		
8	34,000								0.8	0.4		
9	26,000								0.8	0.4		
10	31,000								1.3	0.5		
11												
12												
13	148,000								1.5	0.5		
14	77,000								1.8	0.6		
15	55,000								1.5	0.5		
16	31,000								0.8	0.4		
17	26,000								1.0	0.5		
18												
19												
20	121,000								1.0	0.5		
21	51,000								1.3	0.5		
22	56,000								1.3	0.5		
23	41,000								1.5	0.5		
24	36,000	53					2	8.7	1.2	0.4		
25												
26												
27	258,000								1.8	0.6		
28	109,000								1.8	0.6		
29	52,000								1.5	0.5		
30	50,000	10							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 11-1-85

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 8064805 PWS Name Rosemont Location:City or S/D Inverness

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 95 No of People at End of Month 343

Design Flow .214 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 the 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			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	1,859,000		124				6		26.9	9.7	4	
Average	59,968			0.8			6		1.3	0.5		
Maximum	117,000								1.5	0.5		
Minimum	15,000								1.0	0.4		
1	32,000								1.5	0.5		
2												
3												
4	169,000								1.0	0.4		
5	89,000								1.0	0.4	4	A
6	85,000								1.5	0.5		
7	29,000								1.0	0.4		
8	29,000		43						1.5	0.5		
9												
10												
11	269,000								1.5	0.5		
12	103,000								1.5	0.5		
13	105,000								1.5	0.5		
14	54,000								1.5	0.5		
15	41,000								1.3	0.5		
16												
17												
18	352,000								1.3	0.5		
19	95,000								1.3	0.5		
20	73,000		53						1.0	0.4		
21	35,000								1.0	0.4		
22	25,000								1.0	0.4		
23												
24												
25	148,000								1.5	0.5		
26	62,000								1.5	0.5		
27	44,000								1.5	0.5		
28	27,000		26						1.0	0.4		
29	15,000						6		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 17-555810 1

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 8094905 PWS Name Rosemont Location:City or S/D Inverness
Owned By Southern States Utilities Phone No 904-489-2452 Reporting Month August 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 88 No of People at End of Month 343
Design Flow .214 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 B 5380
(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	1,283,000		58				7		26.1	9.6	4	
Average	41,387		29				7		1.1	0.4		
Maximum	82,000		33						1.5	0.5		
Minimum	21,000		25						0.4	0.2		
1	117,000								1.0	0.4	4	A
2	60,000								1.5	0.5		
3	65,000								1.3	0.5		
4	82,000								1.4	0.5		
5	32,000								1.0	0.4		
6												
7												
8	102,000								0.8	0.4		
9	41,000								0.8	0.4		
10	33,000								0.8	0.4		
11	29,000								1.0	0.4		
12	23,000		25						1.0	0.4		
13												
14												
15	109,000								1.2	0.4		
16	34,000								1.4	0.4		
17	28,000								1.4	0.4		
18	21,000								1.2	0.4		
19	31,000								1.2	0.4		
20												
21												
22	112,000								1.2	0.4		
23	34,000								1.0	0.4		
24	38,000								1.2	0.4		
25	34,000								1.5	0.5		
26	24,000								0.8	0.4		
27												
28												
29	129,000								0.4	0.2		
30	43,000		33						1.5	0.5		
31	62,000						7		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 17-555810(2)
Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Rosemont Location:City or S/D Inverness
Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month September 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 86 No of People at End of Month 343
Design Flow .214 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 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	Aque Mag lbs used	Aque Mag 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	1,148,000		103		7		17.3	7.7	5	
Average	38,267		34		7		0.8	0.4		
Maximum	77,000		53.2				1.3	0.5		
Minimum	16,000		20				0.6	0.3		
1	47,000		20				1.3	0.5	5	A
2	29,000						1.3	0.5		
3										
4										
5	110,000						1.0	0.4		
6	72,000		53				1.3	0.5		
7	77,000						1.3	0.5		
8	54,000						1.0	0.4		
9	26,000						1.0	0.4		
10										
11										
12	111,000						0.7	0.3		
13	45,000						0.6	0.3		
14	46,000						0.6	0.3		
15	29,000						0.6	0.3		
16	24,000						0.6	0.3		
17										
18										
19	98,000						0.6	0.3		
20	32,000						0.6	0.3		
21	37,000						0.6	0.3		
22	35,000						0.6	0.3		
23	40,000						0.6	0.3		
24										
25										
26	113,000						0.6	0.3		
27	36,000						0.6	0.3		
28	36,000						0.6	0.3		
29	16,000						0.6	0.3		
30	32,000		30		7		0.6	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 17-555(10)2
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No: 6094905 PWS Name: Rosemont Location:City or S/D: Inverness

Owned By: Southern States Utilities Phone No: 904-489-2452 Reporting Month: October 1994

Plant Effluent pH (Avg): 7.5 No of Services at End of Month: 98 No of People at End of Month: 343

Design Flow: 214 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 (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	Aqua Mag lbs used	Aqua Mag 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	1,426,000		58		4	4.2	18.7	7.75	4	
Average	46,065		12		4	0.1	0.9	0.4		
Maximum	98,000		30				2.0	0.6		
Minimum	17,000		7				0.6	0.0		
1										
2										
3	108,000						0.6	0.3	4	A
4	26,000						0.6	0.3		
5	34,000						0.6	0.3		
6	39,000						0.6	0.3		
7	23,000						1.5	0.3		
8										
9										
10	171,000						0.6	0.3		
11	37,000						1.5	0.5		
12	15,000						1.0	0.0		
13	23,000						0.6	0.3		
14	22,000						0.6	0.3		
15										
16										
17	127,000		30				1.0	0.4		
18	57,000						1.0	0.4		
19	64,000						1.0	0.4		
20	72,000		7				0.6	0.3		
21	30,000						1.0	0.4		
22										
23										
24	218,000		7				0.6	0.4		
25	98,000						0.6	0.4		
26	98,000		7				0.6	0.4		
27	29,000						0.8	0.4		
28	24,000		7				1.5	0.5		
29										
30										
31	113,000				4	4.2	2.0	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(10-2)

Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6064905 PWS Name Rosemont Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-489-2452 Reporting Month November 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 98 No of People at End of Month 343

Design Flow .214 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-6002

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					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	1,401,000		66	18.1			5	11.1	21.5	10	4	
Average	46,700		3	0.6			5	0.4	1.0	0.5		
Maximum	97,000		4	2.0					2.0	0.8		
Minimum	18,000		2	0.2					0.6	0.3		
1	43,000		3	0.8					1.8	0.6		
2	49,000		2	0.5					2.0	0.8	4	A
3	35,000		3	1.0					1.5	0.5		
4	31,000		3	1.2					1.5	0.5		
5												
6												
7	217,000		4	0.2					1.2	0.5		
8	77,000		3	0.5					1.2	0.7		
9	97,000		2	0.2					1.4	0.5		
10	53,000		3	0.7					1.4	0.5		
11	27,000		3	1.3					0.8	0.4		
12												
13												
14	120,000		4	0.4					0.8	0.4		
15	32,000		3	1.1					0.8	0.4		
16	30,000		2	0.8					0.8	0.4		
17	23,000		3	1.6					0.6	0.4		
18	18,000		3	2.0					0.6	0.4		
19												
20												
21	104,000		4	0.5					0.8	0.4		
22	42,000		3	0.9					0.6	0.3		
23	72,000		2	0.3					0.8	0.3		
24	32,000		3	1.1					0.8	0.3		
25	30,000		3	1.2					0.7	0.4		
26												
27												
28	172,000		4	0.3					0.6	0.3		
29	43,000		3	0.8					0.7	0.4		
30	54,000		3	0.7			5	11.1	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 17-555(10/2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Rosemont 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 140 No of People at End of Month 490

Design Flow .214 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 Zummar C-8002

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 lbs used	Chlorine gals used	Chlorine mg/l	Aqua Mag lbs used	Aqua Mag 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	1,137,000		53	15.2	34	91.4	21.7	10	4	
Average	36 677		2	0 5	1.845	2 9	1.0	0 5		
Maximum	63.000		4	1 3			1 5	0 8		
Minimum	18.000		2	0 4			0 6	0 4		
1	26.000		2	0 9	2	9.2	0.6	0 4		
2	18.000		2	1 3	1	6 7	0 6	0 4		
3										
4										
5	127.000		4	0.4	3	2 8	0 6	0.4	4	A
6	37.000		2	0 6	1	3 2	0 8	0 4		
7	55.000		2	0 4	2	4 4	0 7	0.4		
8	29 000		2	0 8	1	4 1	0 7	0 4		
9	27.000		2	0 9	1	4 4	0 7	0 4		
10										
11										
12	114.000		4	0 4	3	3.2	0 7	0 4		
13	62.000		2	0 5	1	2 3	0 7	0 4		
14	47.000		2	0 5	1	2 6	0 8	0 4		
15	37.000		2	0 6	1	3.2	0 6	0 4		
16	39.000		2	0 6	1	3 1	1 5	0 5		
17										
18										
19	122.000		4	0 4	3	2 9	1 5	0 5		
20	57.000		2	0.4	1	2 1	1 5	0 5		
21	24.000		2	1.0	2	10 0	1 3	0 5		
22	22.000		2	1 1	1	5 5	1 0	0 4		
23	28.000		2	0 9	1	4 3	1.0	0 4		
24										
25										
26	100.000		4	0 5	3	3 6	1 0	0 4		
27	44.000		2	0 5	1	2 7	1 3	0 5		
28	42.000		2	0 6	1	2 8	1 3	0 5		
29	63.000		2	0 4	2	3 8	1 5	0 8		
30	27.000		3	1 3	1	4 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 17-555810(2)

Effective 11/1/1984

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Rosemont Location: City or S/D Inverness
Owned By Southern States Utilities Phon 904-489-2452 Reporting Month January
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 92 No of People at End of Month
Design Flo .214 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 Mackenzie B5380 B 5380
(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	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,034,000	70		8.0	5	3			28.0	10.2	4	
Average:	36,000								1.3	0.6		
Maximum:	50,000								1.5	0.4		
Minimum:	21,000								1.0	0.6		
1	43,000	3							1.5	0.6	4	A
2												
3												
4	149,000	7							1.5	0.6		
5	45,000	3							1.5	0.6		
6	50,000	3							1.5	0.6		
7	34,000	3							1.5	0.4		
8	43,000	3							1.5	0.6		
9												
10												
11	83,000	6							1.0	0.5		
12	40,000	4							1.5	0.5		
13	34,000	3							1.5	0.6		
14	32,000	2							1.0	0.5		
15	21,000	2							1.0	0.4		
16												
17												
18	76,000	6							1.0	0.4		
19	35,000	2							1.5	0.6		
20	38,000	3							1.5	0.6		
21	27,000	2							1.5	0.6		
22	43,000	3							1.5	0.6		
23												
24												
25	119,000	7							1.5	0.6		
26	28,000	2							1.0	0.4		
27	29,000	2							1.0	0.4		
28	28,000	2							1.0	0.4		
29	37,000	2							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 record

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Rosemont Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month February

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 94 No of People at End of Month

Design Flo .214 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. Mac Kenzie B 5360

(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	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,083,000	70		161.9	5	0.5			28.0	10.2	4	
Average:	42,000	3							1.4	0.5		
Maximum:	82,000											
Minimum:	20,000											
1	129,000	8							1.5	0.5	4	
2	55,000	3							1.5	0.5		
3	42,000	3							1.5	0.5		
4	49,000	3							1.5	0.5		
5	45,000	3							1.5	0.5		
6												
7												
8	100,000	7							1.5	0.5		
9	33,000	3							1.5	0.5		
10	32,000	3							1.5	0.5		
11	40,000	3							1.5	0.5		
12	29,000	2							1.0	0.4		
13												
14												
15	107,000	6							1.5	0.5		
16	82,000	5							0.5	0.3		
17	32,000	3							1.0	0.5		
18	29,000	2							1.0	0.5		
19	37,000	3							2.0	1.0		
20												
21												
22	117,000	6							1.5	0.5		
23	34,000	2							1.5	0.5		
24	31,000	2							1.5	0.5		
25	20,000	1							1.5	0.5		
26	37,000	2							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. 6094905 PWS Name Rosemont 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 95 No of People at End of Month

Design Flo .214 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			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	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,260,000	60		7.60	8	3.2			34.7	11		
Average:	41,000								1.5	0.5		
Maximum:	87,000								1.6	0.6		
Minimum:	24,000								1.0	0.4		
1	95,000	6							1.5	0.5	4	
2	70,000	6							1.5	0.5		
3	44,000	3							1.5	0.5		
4	28,000	1							1.5	0.5		
5	27,000	1							1.0	0.4		
6												
7												
8	110,000	7							1.5	0.5		
9	56,000	2							1.5	0.5		
10	77,000	5							1.5	0.5		
11	62,000	4							1.5	0.5		
12	49,000	4							1.5	0.5		
13												
14												
15	66,000	4							1.5	0.5		
16	41,000	5							1.5	0.5		
17	33,000	2							1.5	0.5		
18	30,000	1							1.5	0.5		
19	24,000	1							1.5	0.5		
20												
21												
22	80,000	5							1.5	0.5		
23	53,000	3							1.5	0.5		
24	40,000	2							1.5	0.5		
25	33,000	2							1.5	0.5		
26	25,000	2							1.5	0.5		
27												
28												
29	65,000	6							1.5	0.5		
30	87,000	6							1.5	0.5		
31	43,000	2							1.5	0.5		

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DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Rosemont 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 85 No of People at End of Month 220

Design Flo .214 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			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	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total:	1,545,000	88		7.60	6	3.0			33	11		
Average:	52,000								1.5	0.5		
Maximum:	82,000								1.5	0.5		
Minimum:	29,000								1.5	0.5		
1	31,000	2							1.5	0.5		
2	40,000	2							1.5	0.5		
3												
4												
5	89,000	7							1.5	0.5	4	
6	47,000	3							1.5	0.5		
7	40,000	3							1.5	0.5		
8	51,000	3							1.5	0.5		
9	46,000	2							1.5	0.5		
10												
11												
12	128,000	10							1.5	0.5		
13	77,000	5							1.5	0.5		
14	72,000	4							1.5	0.5		
15	67,000	2							1.5	0.5		
16	29,000	2							1.5	0.5		
17												
18												
19	114,000	10							1.5	0.5		
20	71,000	4							1.5	0.5		
21	43,000	3							1.5	0.5		
22	45,000	3							1.5	0.5		
23	59,000	4							1.5	0.5		
24												
25												
26	194,000	12							1.5	0.5		
27	82,000	5							1.5	0.5		
28	60,000	4							1.5	0.5		
29	69,000	4							1.5	0.5		
30	71,000	4							1.5	0.5		
31												

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DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Rosemont 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 96 No of People at End of Month 220

Design Flo .214 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 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	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3,245,000	172		6.40					30.5	10.1		
Average:	104,000								1.5	0.5		
Maximum:	174,000								2.0	0.7		
Minimum:	65,000								0.5	0.3		
1												
2												
3	279,000	12							1.5	0.5	4	
4	85,000	4							1.5	0.5		
5	89,000	4							1.5	0.5		
6	78,000	5							1.5	0.5		
7	105,000	5							1.5	0.5		
8												
9												
10	287,000	15							0.5	0.3		
11	174,000	5							2.0	0.5		
12	108,000	7							1.5	0.5		
13	100,000	5							2.0	0.5		
14	79,000	5							2.0	0.7		
15												
16												
17	350,000	18							1.5	0.5		
18	148,000	6							1.5	0.5		
19	137,000	9							1.5	0.5		
20	125,000	5							1.5	0.5		
21	112,000	7							1.5	0.5		
22												
23												
24	371,000	21							1.5	0.5		
25	158,000	9							1.5	0.5		
26	120,000	7							1.5	0.5		
27	129,000	6							1.5	0.5		
28	126,000	9							1.5	0.5		
29												
30												
31	130,000	8							1.5	0.5		

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DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8064905 PWS Name Rosemont Location:City or S/D Inverness
Owned By Southern States Utilities Phone 904-489-2452 Reporting Month June 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 87 No of People at End of Month 224
Design Flo .214 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			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	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,166,000	116		6.50	7	3.2			31.6	10.6		
Average:	72,000								1.4	0.5		
Maximum:	128,000								1.5	0.5		
Minimum:	33,000								1.5	0.5		
1	70,000	5							1.5	0.5	4	
2	99,000	5							1.5	0.5		
3	57,000	2							1.5	0.5		
4	70,000	6							1.5	0.5		
5												
6												
7	290,000	10							1.5	0.5		
8	114,000	6							1.5	0.5		
9	128,000	7							1.5	0.5		
10	114,000	7							1.5	0.5		
11	109,000	6							1.5	0.5		
12												
13												
14	195,000	11							1.5	0.5		
15	46,000	3							1.4	0.4		
16	33,000	3							1.4	0.4		
17	63,000								1.4	0.5		
18	53,000	3							1.4	0.5		
19												
20												
21	222,000	11							1.4	0.5		
22	103,000	6							1.5	0.5		
23	70,000	5							1.5	0.5		
24	85,000	7							1.5	0.5		
25	40,000	4							1.5	0.5		
26												
27												
28	117,000	10							1.0	0.3		
29	51,000	4							1.5	0.5		
30	37,000	3							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. 6094905 PWS Na Rosemont Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month July 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 97 No of People at End of Month 339.5

Design Flo .214 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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,520,000	106		0.8					34.0	10.5	4	
Average:	51,000	4							1.5	0.5		
Maximum:	84,000	4							1.5	0.5		
Minimum:	27,000	1							1.0	0.4		
1	37,000	3							1.0	0.4	4	A
2	31,000	2							1.0	0.4		
3												
4												
5	121,000	12							1.5	0.5		
6	63,000	4							1.5	0.5		
7	79,000	5							1.5	0.5		
8	34,000	3							1.5	0.5		
9	38,000	3							1.5	0.5		
10												
11												
12	139,000	7							1.5	0.5		
13	57,000	4							1.5	0.5		
14	65,000	5							1.5	0.5		
15	70,000	4							1.5	0.5		
16	50,000	3							1.5	0.5		
17												
18												
19	194,000	12							1.5	0.5		
20	84,000	6							1.5	0.5		
21	59,000	4							1.5	0.5		
22	63,000	4							1.5	0.5		
23	55,000	3							1.5	0.5		
24												
25												
26	168,000	10							1.5	0.5		
27	55,000	5							1.5	0.5		
28	27,000	2							1.5	0.5		
29	51,000	2							1.5	0.5		
30	39,000	1							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. 8094905 PWS Name Rosemont 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 97 No of People at End of Month 224

Design Flo .214 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			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	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,561,000	161		7.50	7	3.5			33	11	4	
Average:	83,000	5							1.5	0.5		
Maximum:	137,000								1.5	0.5		
Minimum:	36,000								1.5	0.5		
1											4	A
2	214,000	12							1.5	0.5		
3	137,000	7							1.5	0.5		
4	74,000	4							1.5	0.5		
5	106,000	10							1.5	0.5		
6	117,000	10							1.5	0.5		
7												
8												
9	319,000	13							1.5	0.5		
10	113,000	8							1.5	0.5		
11	100,000	5							1.5	0.5		
12	134,000	11							1.5	0.5		
13	123,000	7							1.5	0.5		
14												
15												
16	232,000	13							1.5	0.5		
17	87,000	6							1.5	0.5		
18	68,000	4							1.5	0.5		
19	108,000	6							1.5	0.5		
20	58,000	3							1.5	0.5		
21												
22												
23	228,000	13							1.5	0.5		
24	81,000	4							1.5	0.5		
25	44,000	3							1.5	0.5		
26	38,000	3							1.5	0.5		
27	64,000	4							1.5	0.5		
28												
29												
30	119,000	10							1.5	0.5		
31	36,000	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 record

DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Na Rosemont Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month September 1992

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 97 No of People at End of Month 339.5

Design Flo .214 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 S MacKenzie B 6380

(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 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	1,391,000	86		185.47	7	2.3			29.5	10.3	4	
Average:	46,367	3		7.00								
Maximum:	87,000								1.5	0.5		
Minimum:	29,000								1.0	0.4		
1	41,000	2		6					1.5	0.5	4	A
2	32,000	2		7					1.5	0.5		
3	35,000	3		10					1.5	0.5		
4												
5												
6	142,000	12		10					1.5	0.5		
7	43,000	3		8					1.5	0.5		
8	38,000	3		9					1.5	0.5		
9	30,000	2		8					1.5	0.5		
10	31,000	2		6					1.5	0.5		
11												
12												
13	159,000	12		9					1.5	0.5		
14	80,000	5		7					1.5	0.5		
15	67,000	3		5					1.5	0.5		
16	33,000	2		7					1.0	0.4		
17	32,000	2		7					1.0	0.4		
18												
19												
20	87,000	5		7					1.0	0.4		
21	40,000	3		9					1.0	0.4		
22	35,000	1		3					1.0	0.4		
23	29,000								1.0	0.4		
24	29,000	1		4					1.0	0.4		
25												
26												
27	173,000	8		6					1.5	0.5		
28	82,000	6		9					1.5	0.5		
29	66,000	3		5					1.5	0.5		
30	67,000	6		8					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 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Na Rosemont Location:City or S/D Inverness

Owned By Southern States Utilities Phone 904-489-2452 Reporting Month October 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 87 No of People at End of Month 339.5

Design Flo .214 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	1,629,000	107		172.21					33.9	11.2	4	
Average:	35,000	3										
Maximum:	94,000	16							1.6	0.6		
Minimum:	32,000	1							1.5	0.5		
1	75,000	4		6.4					1.5	0.5	4	A
2												
3												
4	230,000	12		6.3					1.5	0.5		
5	94,000	5		6.4					1.6	0.5		
6	76,000	5		7.9					1.6	0.5		
7	32,000	3		11.2					1.6	0.5		
8	51,000	4		9.4					1.6	0.5		
9												
10												
11	120,000	6		6.0					1.6	0.5		
12	56,000	4		8.6					1.6	0.5		
13	69,000	4		7.0					1.6	0.5		
14	57,000	16		33.7					1.6	0.5		
15	37,000	1		3.2					1.6	0.5		
16												
17												
18	113,000	5		5.3					1.6	0.5		
19	35,000	1		3.4					1.6	0.5		
20	59,000	4		8.1					1.6	0.5		
21	52,000	2		4.6					1.6	0.6		
22	74,000	5		8.1					1.6	0.6		
23												
24												
25	143,000	10		8.4					1.6	0.6		
26	49,000	2		4.9					1.6	0.6		
27	43,000	2		5.6					1.6	0.6		
28	92,000	6		7.8					1.6	0.6		
29	72,000	6		10.0					1.6	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. 6094905 PWS Na Rosemont Location:City or S/D Inverness

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 97 No of People at End of Month 339.5

Design Flo .214 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 E Mac Kenzie B 6380

(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	1,691,000	20		154.20	8				32	13	4	
Average	72,000	3		56.45								
Maximum:	85,000	5							1.5	0.6		
Minimum:	32,000	2							1.0	0.5		
1	88,000	6		7.3					1.5	0.6	4	A
2	36,000	3		10.0					1.0	0.5		
3	32,000	2		7.5					1.5	0.6		
4	50,000	3		7.2					1.5	0.5		
5	47,000	3		7.7					1.5	0.6		
6												
7												
8	145,000	2		1.7					1.5	0.6		
9	56,000	3		5.2					1.5	0.6		
10	81,000	5		8.8					1.5	0.6		
11	42,000	3		8.6					1.5	0.6		
12	72,000	5		8.3					1.5	0.6		
13												
14												
15	180,000	8		5.3					1.5	0.6		
16	66,000	5		9.1					1.5	0.6		
17	68,000	5		8.8					1.5	0.6		
18	69,000	4		7.0					1.5	0.6		
19	72,000	5		8.3					1.5	0.6		
20												
21												
22	155,000	7		5.4					1.5	0.6		
23	53,000	3		6.8					1.5	0.6		
24	85,000	5		7.1					1.5	0.6		
25	41,000	2		5.8					1.5	0.6		
26	44,000	2		5.5					1.5	0.6		
27												
28												
29	161,000	6		4.5					1.0	0.5		
30	66,000	3		5.4					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 11-1-1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6064905 PWS Na Rosemont Location:City or S/D Inverness

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 87 No of People at End of Month 339.5

Design Flo .214 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 Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	Aqua Mag lbs used	Aqua Mag 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	1,486,000	89		171.83	4	3.15	34.5	13.8	4	
Average:	48,000	3		49.00						
Maximum:	89,000	4					1.5	0.6		
Minimum:	29,000	1					1.5	0.6		
1	66,000	4		7.3			1.5	0.6	4	A
2	54,000	3		6.7			1.5	0.6		
3	67,000	4		7.2			1.5	0.6		
4										
5										
6	173,000	8		8.5			1.5	0.6		
7	64,000	4		7.5			1.5	0.6		
8	64,000	4		7.5			1.5	0.6		
9	50,000	3		7.2			1.5	0.6		
10	89,000	6		8.1			1.5	0.6		
11										
12										
13	120,000	8		8.0			1.5	0.6		
14	49,000	3		7.3			1.5	0.6		
15	58,000	3		6.2			1.5	0.6		
16	52,000	3		6.9			1.5	0.6		
17	63,000	4		7.6			1.5	0.6		
18										
19										
20	123,000	8		7.8			1.5	0.6		
21	38,000	2		6.3			1.5	0.6		
22	29,000	1		4.1			1.5	0.6		
23	33,000	3		10.9			1.5	0.6		
24	31,000	2		7.7			1.5	0.6		
25										
26										
27	94,000	3		3.8			1.5	0.6		
28	31,000	3		11.6			1.5	0.6		
29	51,000	4		7.8			1.5	0.6		
30	38,000	3		9.5			1.5	0.6		
31	39,000	3		9.2			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

Reference: Rolling Green / Citrus County
Monthly Operating Reports / Water

Please Note:

January 1, 1992 the **Rolling Green** water treatment plant was taken off line.and the system was interconnected with Rosemont on this date.

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

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-547-1255 Reporting Month January 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 129 No of People at End of Month 322

Design Flo .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

John Worrell C-6597 Tony Sauvior C-7439

I certify this report is correct C-6597

(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	2,244,000	28.0							28.2	19	4	
Average:	72,387	0.8							1.1	0.8		
Maximum:	192,000								1.4	1.1		
Minimum:	56,000								0.7	0.7		
1	87,000	1.0							1.4			
2												
3	154,000	2.0							1.2	1.1		
4	86,000	1.0							1.2	1.0	4	COMP BACT'S
5	76,000	1.0							1.0	0.9		
6	82,000	1.0							1.0	0.8		
7	86,000								1.1	0.9		
8	89,000	1.0							1.2			
9												
10	128,000	2.0							1.1	0.9		
11	78,000	1.0							1.2	1.0		
12	86,000	1.0							1.2	1.0		
13	82,000	1.0							1.2	1.0		
14	86,000								1.1	1.0		
15	66,000								0.8			
16												
17	159,000	2.0							0.8	0.7		
18	79,000	1.0							1.0	0.8		
19	79,000	1.0							1.0	0.8		
20	66,000	1.0							0.8	0.7		
21	78,000	1.0							0.9	0.7		
22	87,000								0.7			
23												
24	171,000	1.0							1.2	1.1		
25	102,000	1.0							1.2	1.0		
26	89,000								1.1	0.9		
27	77,000	1.0							1	0.8		
28	76,000	1.0							1	0.9		
29	82,000	3.0							1			
30												
31	148,000	1.0							1	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 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3420406 PWS Name Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone No: 904-347-1285 Reporting Month February 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 129 No of People at End of Month 322

Design Flow 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

Tony Bouvier C-7439 John Worrell C-6567

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C 6597 (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,611,000	36.0							25.9	19.0	6	
Average	100,393	1.3							1.1	1.0		
Maximum	150,000	3.0							1.6	1.2		
Minimum	47,000	1.0							0.8	0.6		
1	76,000	1.0							1.0	0.9	6	BACT'S & TOLUENE
2	80,000								1.0	0.9		
3	47,000	1.0							0.8	0.6		
4	68,000	1.0							0.9	0.7		
5	77,000	1.0							0.8			
6												
7	193,000	3.0							1.2	1.0		
8	72,000	1.0							1.2	1.0		
9	121,000	2.0							1.3	1.1		
10	104,000	1.0							1.3	1.2		
11	86,000	1.0							1.2	1.1		
12	95,000	2.0							1.6			
13												
14	244,000	2.0							1.0	0.9		
15	102,000	2.0							1.2	1.0		
16	91,000	1.0							1.2	1.0		
17	91,000	1.0							1.1	0.9		
18	109,000	1.0							1.2	1.0		
19	81,000	2.0							1.2			
20												
21	240,000	3.0							1.1	0.9		
22	123,000	1.0							1.3	1.1		
23	150,000	2.0							1.3	1.1		
24	101,000	2.0							1.2	1.0		
25	106,000	1.0							1.1	1.0		
26	88,000	2.0							0.9			
27												
28	242,000	2.0							0.6	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 17-555(10)(2)

Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Name Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone No: 904-347-1285 Reporting Month March 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 129 No of People at End of Month 322

Design Flow .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

Tony Bouvier C-7439 John Worrell C-8567

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6597 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3,984,000	38.0							31.4	22.9	4	
Average	128,516	1.2							1.2	1.0		
Maximum	165,500	3.0							1.3	1.1		
Minimum	90,000	1.0							0.9	0.8		
1	140,000	1.0							1.3	1.1		
2	96,000	1.0							1.3	1.1		
3	118,000	2.0							1.0	0.8	4	COMPL BACT'S
4	110,000	2.0							1.2	1.0		
5	90,000	2.0							0.9			
6												
7	247,000	2.0							1.2	1.0		
8	159,000	1.0							1.2	1.0		
9	152,000	1.0							1.2	1.0		
10	111,000	1.0							1.0	0.8		
11	107,000	1.0							1.0	0.8		
12	103,000	1.0							0.9			
13												
14	260,000	2.0							1.3	1.2		
15	128,000	1.0							1.1	0.9		
16	135,000	1.0							1.3	1.1		
17	119,000	1.0							1.1	0.9		
18	136,000	1.0							1.1	1.0		
19	117,000	2.0							1.2			
20												
21	331,000	2.0							1.1	0.9		
22	127,000	1.0							1.2	1.0		
23	150,000	1.0							1.1	0.9		
24	117,000	2.0							1.2	1.0		
25	160,000	1.0							1.2	1.0		
26	108,000	2.0							1.2			
27												
28	273,000	3.0							1.3	1.1		
29	161,000	1.0							1.3	1.1		
30	113,000	1.0							1.3	1.1		
31	116,000	1.0							1.2	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 17-555(10)2

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Name Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone No: 904-347-1265 Reporting Month April 1994

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 129 No of People at End of Month 322

Design Flow .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

Tony Bouvier C-7439 John Worrell C-8587

I certify the report is correct (Lead Operator's Signature) C (Cert. Level) 6597 (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	4,534,000	77.0							33.1	23.4	4	
Average	151,133	2.6							1.3	1.1		
Maximum	202,000	10.0							1.6	1.2		
Minimum	110,000	1.0							0.9	0.7		
1	126,000	1.0							1.2	1.0		
2	124,000	8.0							1.0			
3												
4	291,000	3.0							0.9	0.7		
5	145,000	2.0							1.3	1.1		
6	143,000	2.0							1.3	1.1		
7	110,000	1.0							1.3	1.2	4	COMPL BACT'S
8	114,000	3.0							1.1	1.0		
9	138,000	2.0							1.4			
10												
11	320,000	8.0							1.6	1.2		
12	166,000	2.0							1.3	1.1		
13	153,000	2.0							1.3	1.1		
14	157,000	2.0							1.5	1.2		
15	145,000	1.0							1.2	1.0		
16	142,000	8.0							1.2			
17												
18	395,000	8.0							1.2	1.0		
19	157,000	2.0							1.3	1.0		
20	202,000	2.0							1.3	1.1		
21	144,000	2.0							1.2	1.0		
22	142,000	1.0							1.2	1.0		
23	148,000	1.0							1.3	1.0		
24												
25	368,000	3.0							1.4	1.1		
26	140,000	1.0							1.3	1.1		
27	128,000	10.0							1.4	1.2		
28	131,000	2.0							1.3	1.1		
29	148,000	1.0							1.3	1.1		
30	159,000	3.0							1.3			
31												

This form must be performed 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(10)2

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Name Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone No: 904-347-1265 Reporting Month May 1994

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 129 No of People at End of Month 322

Design Flow .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

Tony Souvier C-7439 John Worrell C-6597

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6597 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3,784,000	48.0							29.9	21.1	6	
Average	122,065	1.5							1.2	1.0		
Maximum	178,000	5.0							1.5	1.2		
Minimum	48,000	1.0							0.5	0.6		
1												
2	334,000	2.0							1.1	0.9		
3	181,000	2.0							1.1	0.9		
4	129,000	2.0							1.2	1.0	6	COMP BACT
5	125,000	1.0							1.1	0.9		TOLUENE & VOC'S
6	157,000	2.0							1.0	0.8		
7	161,000	2.0							1.0			
8												
9	355,000	4.0							1.2	1.0		
10	158,000	2.0							1.3	1.1		
11	158,000	1.0							1.2	1.0		
12	148,000	3.0							1.3	1.1		
13	150,000	1.0							1.2	1.0		
14	175,000	2.0							1.2			
15												
16	356,000	5.0							1.3	1.1		
17	121,000	1.0							1.3	1.1		
18	57,000	2.0							1.3	1.1		
19	48,000	1.0							1.2	1.0		
20	52,000	1.0							0.6	0.6		
21	53,000	1.0							0.5			
22												
23	185,000	2.0							1.0	0.8		
24	62,000	1.0							1.0	0.8		
25	55,000	1.0							1.0	0.8		
26	92,000								1.2	0.9		
27	69,000	1.0							1.3	1.1		
28	98,000	2.0							1.3			
29												
30	229,000	3.0							1.5	1.2		
31	84,000	1.0							1.3	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 17-555(10)(c)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3420405 PWS Name Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone No: 904-347-1285 Reporting Month June 1994

Plant Effluent pH (Avg) 6.7 No of Services at End of Month 129 No of People at End of Month 322

Design Flow .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

Tony Bouvier C-7439 John Worrith C-6587

I certify this report is correct [signature] C 6597

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,050,000	21.0							28.0	18.3	4	
Average	66,333	0.7							1.0	0.8		
Maximum	110,000	2.0							1.3	1.0		
Minimum	44,000	0							0.9	0.3		
1	71,000	1.0							1.2	1.0		
2	46,000								1.2	1.0		
3	50,000	1.0							1.3	1.0		
4	54,000	2.0							1.2			
5												
6	134,000	1.0							1.1	0.8		
7	88,000								1.1	0.8		
8	57,000	1.0							1.2	0.9		
9	44,000	1.0							1.1	0.8		
10	62,000	1.0							1.0	0.8		
11	58,000	1.0							0.9			
12												
13	140,000	1.0							0.6	0.3		
14	76,000	1.0							0.5	0.3		
15	91,000								1.2	0.9		
16	75,000	1.0							1.2	0.9		
17	57,000								1.2	1.0		
18	60,000	1.0							1.1			
19												
20	149,000	1.0							1.2	1.0		
21	80,000	1.0							1.2	1.0	4	COMP BACT'S
22	78,000	1.0							1.1	0.9		
23	65,000	1.0							1.1	0.9		
24	88,000								1.3	1.0		
25	79,000	1.0							1.2			
26												
27	172,000	1.0							1.1	0.9		
28	110,000	1.0							1.0	0.8		
29	62,000								1.0	0.8		
30	63,000	1.0							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 17-3[illegible]

Effective 11/1/82

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Name Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone No: 904-847-1266 Reporting Month July 1994

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 129 No of People at End of Month 322

Design Flow .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

JOHN WORRELL C-6597 TONY BOUVIER C-7439

I certify this report is correct

(Lead Operator's Signature) C (Cert. Level) 6597 (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	2,432,600	25.0							32.5	23.1	4	
Average	78,477	0.8							1.3	1.1		
Maximum	136,000	2.0							2.2	2.0		
Minimum	63,000	0							0.2	0.2		
1	73,000	1.0							1.0	0.8		
2	68,000	2.0							0.2	0.2		
3												
4	197,000	2.0							1.2	1.0		
5	93,000	1.0							1.0	0.8		
6	73,000	1.0							2.2	2.0		
7	71,800	1.0							2.2	2.0	4	COMP BACT'S
8	81,000	1.0							1.4	1.3		
9	85,000	1.0							1.5			
10												
11	154,000	1.0							1.3	1.1		
12	83,000	1.0							1.1	0.9		
13	87,000								1.3	1.0		
14	87,000	1.0							1.4	1.2		
15	124,000	1.0							1.2	1.0		
16	72,000	1.0							1.3			
17												
18	147,000	1.0							1.2	1.0		
19	136,000								1.0	0.8		
20	80,000	1.0							1.1	0.9		
21	106,000								1.3	1.0		
22	84,000	1.0							1.2	1.0		
23	88,000	2.0							1.2			
24												
25	179,000	1.0							1.2	1.0		
26	71,000								1.2	1.0		
27	84,000	1.0							1.2	1.0		
28	70,000	1.0							1.2	1.0		
29	73,000								1.2	1.0		
30	79,000	2.0							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 17-555-910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Name Salt Springs Location:City or S/D S/D
Owned By Southern States Utilities Phone No: 904-347-1265 Reporting Month August 1994
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 129 No of People at End of Month 322
Design Flow .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
John Worrell C-8597 Tony Bouvier C-7439
I certify this report is correct Tony Bouvier C 7439
(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	2,365,900	24.0							31.6	22.7	4	
Average	76,319	0.8							1.2	0.9		
Maximum	116,500	2.0							1.3	1.2		
Minimum	46,000								1.0	0.9		
1	181,000	1.0							1.3	1.1		
2	80,900	1.0							1.3	1.2	4	Compl Bact's
3	94,000								1.3	1.1		
4	75,000	2.0							1.1	1.0		
5	112,000	1.0							1.2	1.0		
6	90,000	1.0							1.2			
7												
8	233,000	2.0							1.2	1.0		
9	80,000								1.1	0.9		
10	91,000	1.0							1.2	0.9		
11	76,000								1.1	1.0		
12	80,000	1.0							1.0	0.8		
13	83,000	1.0							1.0			
14												
15	135,000	2.0							1.2	1.0		
16	59,000	1.0							1.1	0.9		
17	60,000	1.0							1.2	0.9		
18	62,000	1.0							1.1	0.9		
19	46,000								1.2	1.0		
20	84,000	1.0							1.1			
21												
22	135,000	1.0							1.2	1.1		
23	59,000	1.0							1.2	1.0		
24	53,000	1.0							1.2	1.0		
25	53,000								1.1	0.9		
26	54,000	1.0							1.2	1.0		
27	59,000								1.2			
28												
29	192,000	2.0							1.2	1.0		
30	64,000								1.2	1.0		
31	63,000	1.0							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 17-555[illegible]
Effective 11/15/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Name Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone No: 904-547-1285 Reporting Month September 1994

Plant Effluent pH (Avg) 7.9 No of Services at End of Month 139 No of People at End of Month 322

Design Flow .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

Tony Souvier C-7439 John Worrell C-8597 Bill Yocum B-1392

I certify this report is correct Tony Souvier (Lead Operator's Signature) C (Cert. Level) 7439 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,155,500	16.0							30.0	21.2	4	
Average	71,850	0.5							1.1	1.0		
Maximum	103,000	1.0							1.3	1.1		
Minimum	49,000	0							0.8	0.8		
1	52,000								1.2	1.0		
2	95,000	1.0							1.2	1.0		
3	98,000								1.1			
4												
5	206,000	1.0							1.2	1.0		
6	68,000								1.2	1.0		
7	126,000	1.0							1.2	1.0		
8	85,000								1.2	1.0		
9	60,000	1.0							1.3	1.1		
10	63,000								1.2			
11												
12	147,800	1.0							1.0	0.8	4	COMPL BACT'S
13	86,000								1.2	1.0		
14	81,000	1.0							1.2	1.1		
15	58,000								1.2	1.0		
16	61,000	1.0							1.2	1.1		
17	49,000	1.0							1.2			
18												
19	123,000	1.0							1.1	0.9		
20	82,000								1.1	0.9		
21	53,000	1.0							1.2	1.0		
22	60,000	1.0							1.1	0.9		
23	52,000	1.0							1.1	1.0		
24	60,800								1.2			
25												
26	138,000	1.0							1.2	1.0		
27	58,000	1.0							0.8	0.8		
28	72,000	1.0							1.1	0.8		
29	86,000	1.0							1.2	1.0		
30	86,000								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 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3420406 PWS Name Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone No: 904-547-1285 Reporting Month October 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 129 No of People at End of Month 322

Design Flow .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

John Worrell C-6597 Terry Bouvier C-7439 Larry Ramsey B-221

I certify this report is correct [signature] C 6597

(Last 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	2,282,600	26.0							27.3	18.1	8	
Average:	72,987	0.8							1.1	0.9		
Maximum:	97,000	7.0							1.3	1.2		
Minimum:	58,000	0							0	0		
1	66,000	1.0							1.2			
2												
3	144,000	1.0							1.0	0.8		
4	68,000	1.0							1.0	0.8		
5	84,500								1.1	1.0	4	Compl Bacts
6	71,000	1.0							1.1	0.9		
7	78,000								1.0	0.8		
8	73,000	1.0							1.0			
9												
10	160,000	7.0							* 0	* 0		
11	63,000	1.0							1.2	1.0		
12	80,000								1.2	1.0		
13	59,000	1.0							1.2	1.0		
14	58,000								1.3	1.2		
15	61,000	1.0							1.2			
16												
17	155,000	1.0							1.2	1.0		
18	72,000								1.1	0.9		
19	74,000	1.0							1.1	0.9		
20	69,000								1.0	0.8		
21	70,000	1.0							1.1	0.9		
22	63,000	2.0							1.0			
23												
24	178,900	2.0							1.0	0.9	1	Repeat
25	72,200	1.0							1.0	0.8	1	Repeat
26	97,000	1.0							1.0	0.8		
27	58,000								0.8	0.7		
28	71,000	1.0							1.1	0.9		
29	66,000								1.2			
30												
31	163,000	1.0							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 17-555-610(2)
Effective 11/1/1988

* Cl_2 EJECTOR FAILURE, SYSTEM BACK FILLED WITH WATER, REPAIR, CLEAN & DRY Cl_2 SYSTEM OK.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420406 PWS Name Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone No: 904-547-1255 Reporting Month November 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 129 No of People at End of Month 322

Design Flow .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

Tony Bouvier C-7439 Larry Ramsey B-0221 John Worrell C-6597

I certify this report is correct Tony Bouvier C 7439

(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	2,558,200	27.0							34.2	18.6	4	
Average:	85,273	0.9							1.3	0.8		
Maximum:	164,000	3.0							1.5	1.1		
Minimum:	54,000	0							1.1	0.6		
1	57,000	1.0							1.5	0.9	4	COMPL BAC'TS
2	82,200								1.2	0.8		
3	101,000	1.0							1.1	0.6		
4	98,000								1.2	0.7		
5	66,000	1.0							1.3			
6												
7	167,000	3.0							1.5	1.0		
8	131,000								1.5	0.9		
9	64,000	1.0							1.2	0.7		
10	121,000	1.0							1.4	0.7		
11	69,000	2.0							1.5	0.8		
12	62,000	1.0							1.4			
13												
14	182,000	1.0							1.2	1.0		
15	63,000	1.0							1.3	0.8		
16	63,000	1.0							1.3	0.7		
17	75,000	1.0							1.5	0.9		
18	54,000								1.3	0.7		
19	78,000	2.0							1.4			
20												
21	160,000	3.0							1.3	1.1		
22	61,000								1.4	1.1		
23	102,000	1.0							1.2	1.0		
24	87,000	1.0							1.3	1.0		
25	105,000	1.0							1.2	0.9		
26	80,000	1.0							1.2			
27												
28	176,000	1.0							1.2	0.7		
29	164,000	1.0							1.3	0.7		
30	90,000	1.0							1.3	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 17-555(10/2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420406 PWS Name Belt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone No. 904-347-1265 Reporting Month December 1994

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 128 No of People at End of Month 322

Design Flow .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

Tony Bourier C-7439 Larry Ramsey B-0221

I certify this report is correct Tony Bourier C 7439

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,403,100	34.0							24.9	11.8	4	
Average	77,519	1.1							0.9	0.5		
Maximum:	110,000	4.0							1.4	0.9		
Minimum:	56,000	1.0							0.6	0.3		
1	71,000	1.0							1.4	0.9		
2	64,000	2.0							1.3	0.7		
3	66,000	2.0							1.3			
4												
5	149,000	1.0							1.1	0.7		
6	70,000	1.0							1.1	0.6	4	Compl Bact's
7	105,100	1.0							1.2	0.6		
8	58,000	1.0							1.2	0.7		
9	82,000	2.0							1.3	0.6		
10	62,000	1.0							1.3	0.7		
11												
12	163,000	2.0							1.2	0.6		
13	62,000	1.0							0.8	0.4		
14	57,000	1.0							0.6	0.3		
15	72,000	1.0							0.6	0.3		
16	63,000	1.0							0.7	0.3		
17	72,000	1.0							0.7	0.4		
18												
19	176,000	4.0							0.7	0.4		
20	58,000	1.0							0.8	0.4		
21	61,000	1.0							0.6	0.3		
22	67,000	1.0							0.7	0.4		
23	60,000	1.0							0.7	0.4		
24	89,000	1.0							0.6			
25												
26	139,000	1.0							0.7	0.4		
27	88,000	1.0							0.7	0.4		
28	103,000	1.0							0.8	0.4		
29	95,000	1.0							0.7	0.4		
30	73,000	1.0							0.9	0.5		
31	110,000	1.0							1.2			

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 17-555.910(2)

Effective 11/1/1984

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-947-1265 Reporting Month January 1993

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 129 No of People at End of Month 322

Design Flo .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

John Worrell C-6597 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C-6597

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,941	25							26.0	18.7		
Average:	63	0.8							1.0	0.7		
Maximum:	106								1.1	0.8		
Minimum:	39								0.9	0.5		
1	96	4							1.0	0.7		
2	106								1.0	0.7		
3	106											
4	80								1.0	0.6		
5	48								1.0	0.7		
6	63								1.1	0.7	4	COMP BACT
7	49								1.1	0.7		
8	41								1.0	0.7		
9	71								1.0	0.5		
10	71											
11	43	6							1.0	0.6		
12	63								1.1	0.7		
13	50								1.0	0.7		
14	73								1.0	0.7		
15	40	3							0.9	0.7		
16	72								0.9			
17	72	1										
18	82								1.0	0.7		
19	79								1.0	0.7		
20	99								1.0	0.8		
21	71								0.9	0.7		
22	57								1.0	0.7		
23	65								1.0			
24	55	5										
25	56								1.0	0.7		
26	60								1.0	0.7		
27	61								1	0.6		
28	64								1	0.6		
29	46								1	0.6		
30	61								1			
31	61	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. 3420406 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month February 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 129 No of People at End of Month 322

Design Plo .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

John Worrell C-8597 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C-8597

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main 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	18							23.4	15.4	4	
Average.	57	0.64							1.0	0.7		
Maximum:	77								1.1	0.8		
Minimum:	39								0.7	0.4		
1	57								1.0	0.7		
2	53								0.9	0.7	4	COMP BACT
3	39								1.0	0.7		
4	56								1.0	0.8		
5	55	4							1.0	0.8		
6	57								1.0			
7	57	1										
8	65								1.0	0.6		
9	59								1.0	0.6		
10	52								1.1	0.8		
11	46	3							1.0	0.7		
12	41								1.0	0.7		
13	58								0.9			
14	68	1										
15	60								0.9	0.7		
16	59								1.0	0.7		
17	41								1.0	0.7		
18	52								1.0	0.8		
19	74								1.0	0.7		
20	66								0.7	0.4		
21	66	8										
22	49								1.0	0.6		
23	55								1.0	0.8		
24	49								1.0	0.8		
25	77								0.9	0.7		
26	42	4							1.1	0.8		
27	51								1			
28	61											
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. 3420408 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-547-1285 Reporting Month March 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 129 No of People at End of Month 322

Design Flo .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

John Worrell C-6597 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C-6597

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

Days of Month	Total Water Treated In In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,016	17							26.8	18.2	4	
Average:	65	0.55							1.0	0.8		
Maximum:	93								1.1	0.9		
Minimum:	43								0.8	0.6		
1	73								1.0	0.7		
2	74								1.1	0.8	4	COMP BACT
3	69								1.0	0.7		
4	76								1.0	0.7		
5	84								1.0	0.8		
6	67								1.0			
7	67	5										
8	93								1.0	0.7		
9	43								1.0	0.8		
10	66								0.9	0.7		
11	93								0.9	0.7		
12	89	2							0.9	0.7		
13	61								0.8	0.6		
14	61	1										
15	69								0.9	0.7		
16	65								1.1	0.8		
17	61								1.0	0.8		
18	71								1.0	0.8		
19	80								1.1	0.8		
20	65								1.0			
21	65	4										
22	63								1.1	0.8		
23	55								1.0	0.8		
24	55								1.0	0.8		
25	86								1.0	0.7		
26	53								1.1	0.8		
27	69								1			
28	69	4										
29	85								1	0.8		
30	59	1							1	0.8		
31	57								1	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. 3420408 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-347-1285 Reporting Month April 1993

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 129 No of People at End of Month 322

Design Flo .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

John Worrell C-8597 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C-8597

(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	1,927	16							23.5	15.0	4	
Average:	64	0.5							0.8	0.7		
Maximum:	102								1.2	1.0		
Minimum:	37								0.3	0.3		
1	53								1.0	0.8		
2	47								1.0	0.8		
3	72								1.0			
4	72	2										
5	81								0.9	0.7		
6	67								0.9	0.7	4	COMP BACT
7	60								0.8	0.5		
8	75								0.9	0.7		
9	47	3							0.9	0.7		
10	84								0.8			
11	84	1										
12	92								0.6	0.3		
13	37								0.9	0.7		
14	79								1.0	0.8		
15	82								0.9	0.7		
16	81	2							0.9	0.7		
17	80								0.4			
18	80	1										
19	61								0.5	0.3		
20	48								0.7	0.5		
21	59								1.2	1.0		
22	48								0.6	0.4		
23	71								0.8	0.5		
24	77								0.3			
25	77	4										
26	46								1.2	0.9		
27	68								1	1.0		
28	37								1	0.8		
29	102	3							1	0.7		
30	60								1	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. 3420406 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month May 1993

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 129 No of People at End of Month 322

Design Flo .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

John Worrell C-6597 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C-6597

(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	2,876	32							29.1	19	11	
Average:	93	1							1.1	0.9		
Maximum:	137	1							1.8	1.3		
Minimum:	36	1							0.4	0.7		
1	69								0.8			
2	69	2										NO2 & NO3
3	59								1.3	1.0	7	VOCs
4	69								1.1	0.8	4	COMP BACT
5	36								1.4	1.1		
6	84								1.5	1.3		
7	41								1.2	0.9		
8	97								1.0			
9	97	5										
10	107								1.3	1.0		
11	89								1.2	1.0		
12	105								1.1	0.8		
13	127								1.2	0.9		
14	65								1.2	0.9		
15	108								1.1			
16	108	5										
17	124								1.3	1.0		
18	94								1.1	0.7		
19	114								1.2	0.9		
20	81								1.1	0.7		
21	104								1.0	0.7		
22	119								0.4			
23	119	9										
24	81								1.0	0.7		
25	137								1.1	0.9		
26	77								1.2	1.0		
27	94								1	0.9		
28	95								1	0.9		
29	114								1			
30	114	6										
31	119	1							1	0.9		

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DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month June 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 129 No of People at End of Month 322

Design Flo .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

John Worrell C-6587 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell 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	2,617	28							25.4	18.3	10	
Average:	87	0.9							1.1	0.8		
Maximum:	129	0.9							1.2	1.0		
Minimum:	35	0.9							0.8	0.6		
1	79								1.1	0.9	4	COMP BACT
2	107								1.1	0.8		
3	72								1.0	0.7		
4	84								1.0	0.7		
5	105	6							1.0			
6	105											
7	94								1.0	0.8	2	VOCs
8	124								1.1	0.9	1	Recheck BACT
9	110								1.1	0.9	1	Recheck BACT
10	129								1.0	0.8		
11	99								1.1	0.8		
12	101								1.0			
13	101	8										
14	95								0.8	0.6		
15	109								1.0	0.7		
16	118								0.9	0.7		
17	108								1.0	0.7		
18	99								1.1	0.8		
19	71											
20	71	8										
21	77								1.1	0.9		
22	79								1.1	0.9		
23	96								1.1	0.9		
24	79								1.2	1.0	1	Recheck BACT
25	71								1.2	1.0		
26	54											
27	54	9										
28	43								1	1.0	1	Recheck BACT
29	35	1							1	0.9		
30	40								1	0.9		
31												

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DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5420408 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month July 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 129 No of People at End of Month 322

Design Flo .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

John Worrell C-6597 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C-6597

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,958	23							25	16.5	8	
Average:	63								1.0	0.9		
Maximum:	107								1.2	0.5		
Minimum:	32								0.7			
1	40								1.2	0.9		
2	80								1.1	0.8		
3	65								1.0			
4	88	3										
5	88								1.1	0.8		
6	107								1.0	0.8		
7	72								1.0	0.8	4	COMP BACT
8	61								0.8	0.8		
9	80								1.0	0.7		
10	58	4							0.9			
11	66											
12	66	2							0.9	0.7		
13	61								0.9	0.7		
14	50								1.0	0.7	1	Repeat BACT
15	65								1.0	0.8	1	Repeat BACT
16	97	4							0.8	0.8		
17	40	1							0.7			
18	66											
19	66	1							0.8	0.8		
20	47	1							0.8	0.8		
21	77								1.0	0.7		
22	92	1							1.0	0.8		
23	55	1							1.0	0.8		
24	44	1							0.9			
25	58											
26	58	1							1.1	0.9	1	Repeat BACT
27	44	1							1	0.9	1	Repeat BACT
28	66								1	0.9		
29	82								1	0.8		
30	73	1							1	0.9		
31	66	1							1			

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-347-1285 Reporting Month August 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 129 No of People at End of Month 322

Design Flo .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

John Worrell C-6597 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C-6597

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,046	20							24.5	16.8		
Average:	66	0.7							0.9	0.8		
Maximum:	86	2.0							1.1	1.0		
Minimum:	53	0							0.7	0.5		
1	68											
2	68	1							0.8	0.6		
3	78	1							1.1	0.9	8	4 COMP BACT
4	63								1.0	0.6		
5	75	1							1.0	0.8		
6	76	1							0.9	0.7		
7	70								0.8			
8	75											
9	76	1							0.9	0.7		
10	70	1							1.0	0.8		
11	80	1							0.9	0.8		
12	67								0.8	0.6		
13	86	1							1.0	0.8		
14	65	1							1.1			
15	58											
16	56	2							1.0	0.9		
17	67								0.7	0.6		
18	68	1							0.9	0.8		
19	60								0.8	0.7		
20	63	1							0.8	0.6		
21	61								0.7			
22	62											
23	62	1							0.8	0.8		
24	66	1							1.1	0.9		
25	61								1.0	0.8		
26	59	1							1.1	0.8		
27	63	1							1	1.0		
28	66	1							1			
29	58											
30	58	1							1	0.8		
31	55	1							1	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. 3420408 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month September 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 129 No of People at End of Month 322

Design Flo .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

John Worrell C-6597 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C-6597

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,343,400	24							28.5	19.4	4	
Average:	78,113	0.8							1.0	0.9		
Maximum:	109,000	3.0							1.2	1.1		
Minimum:	49,000	1.0							0.8	0.7		
1	75,000	1							1.1	0.8		
2	56,000	1							1.2	1.1		
3	62,000	1							1.1	0.9		
4	70,000	1							1.0			
5												
6	218,000	1							0.9	0.8		
7	81,000	1							0.8	0.7	4	BACTs
8	64,400	1							1.2	1.0		
9	56,000	1							1.2	1.0		
10	49,000	1							1.1	1.0		
11	51,000								1.0			
12												
13	183,000	2							1.1	0.9		
14	85,000								1.1	0.9		
15	66,000	1							1.1	1.0		
16	75,000								1.1	0.9		
17	58,000	1							1.1	1.0		
18	62,000	1							1.0			
19												
20	192,000	2							0.9	0.8		
21	84,000	1							0.9	0.8		
22	86,000								1.0	0.8		
23	83,000	1							1.0	0.8		
24	79,000	1							1.0	0.9		
25	78,000								1.0			
26												
27	209,000	3							1	0.8		
28	88,000								1	0.8		
29	86,000	1							1	0.8		
30	78,000	1							1	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. 3420409 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month October 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 128 No of People at End of Month 322

Design Flo .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

John Worrall C-6597 Tony Bouvier C-7439

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-6597 (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 Tota	2,110,000	25.0							27.9	16.8	4	
Average:	68,065	0.8							1.1	0.8		
Maximum:	95,000	2.0							1.4	1.1		
Minimum:	35,000	1.0							0.8	0.7		
1	84,000								0.8	0.7		
2	90,000	2.0							0.8			
3												
4	158,000	1.0							0.9	0.7		
5	90,000	1.0							1.0	0.8		
6	86,000								1.0	0.8		
7	47,000	1.0							1.0	0.8	4	SACT'S
8	49,000	1.0							1.1	1.0		
9	75,000	1.0							1.1			
10												
11	134,000	2.0							1.0	0.9		
12	77,000								1.1	0.9		
13	82,000	1.0							1.1	0.9		
14	80,000	1.0							1.0	0.8		
15	53,000								0.8	0.7		
16	67,000	2.0							1.1			
17												
18	134,000	1.0							1.3	1.1		
19	88,000	1.0							1.2	1.0		
20	73,000	1.0							1.4	1.1		
21	86,000	1.0							1.0	0.9		
22	77,000	1.0							1.2	1.0		
23	98,000	1.0							1.1			
24												
25	119,000	2.0							1.2	1.0		
26	35,000	1.0							1.2	1.0		
27	82,000								1	1.0		
28	39,000								1	0.9		
29	52,000	1.0							1	0.8		
30	105,000	2.0							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 17-555810(2)

Effective 11/1/1988

COPY

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Name Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-547-1255 Reporting Month November 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 129 No of People at End of Month 322

Design Plc .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

John Worrell C-6597 Tony Bouvier C-7439 Gary Bishop A-6852

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-6597 (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	2,113,200	24.0							25.3	18.8	10	
Average:	70,440	0.8							1.0	0.8		
Maximum:	92,000	2.0							1.2	1		
Minimum:	43,000	1.0							0.5	0.7		
1	89,000	1.0							0.8	0.7		
2	43,000	1.0							0.9	0.7	6	BACT'S & TOLUENE
3	55,000								0.9	0.7		
4	74,000	1.0							1.0	0.8		
5	49,000								1.0	0.8		
6	60,000	1.0							1.0			
7												
8	117,000	1.0							0.9	0.7	1	REPEAT
9	73,000								1.1	0.8	1	REPEAT
10	63,000	1.0							1.1	0.9		
11	56,000	1.0							1.0	0.9		
12	60,000	1.0							1.0	0.8		
13	78,000	1.0							1.1			
14												
15	151,000	2.0							1.2	1.0	1	REPEAT
16	92,000								0.9	0.8	1	REPEAT
17	88,000	1.0							1.0	0.8		
18	78,000	1.0							0.9	0.7		
19	83,200	1.0							0.9	0.7		
20	89,000	1.0							0.9			
21												
22	156,000	2.0							0.9	0.8		
23	78,000	1.0							1.0	0.8		
24	89,000	1.0							1.0	0.8		
25	68,000								1.0	0.8		
26	89,000	2.0							1.0	0.8		
27	81,000	1.0							1.1			
28												
29	146,000	1.0							0.5			
30	61,000	1.0							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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3420408 PWS Na Salt Springs Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month December 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 139 No of People at End of Month 322

Design Flo .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

Tony Bouvier C-7439 John Worrell C-8897

I certify this report is correct 1-5-94 (Lead Operator's Signature) (Cert. Level) C-4597 (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	2,101,000	30.0							29.6	21.4	4	
Average:	67,774	1.0							1.1	0.9		
Maximum:	97,000	3.0							1.4	1.2		
Minimum:	41,000	1.0							0.3	0.2		
1	66,000	1.0							1.4	0.8		
2	51,000	3.0							0.9	0.6		
3	61,000								0.3	0.2		
4	63,000	1.0							0.7	0.4		
5												
6	137,000	3.0							0.7	0.7		
7	73,000	1.0							0.4	0.3		
8	75,000	1.0							0.7	0.5	4	COMP BACT
9	83,000	1.0							1.3	1.0		
10	70,000	1.0							1.2	1.0		
11	90,000	1.0							1.4			
12												
13	194,000	2.0							1.0	0.9		
14	80,000	1.0							1.3	1.0		
15	81,000	1.0							1.3	1.1		
16	88,000	1.0							1.2	1.1		
17	60,000	1.0							1.4	1.2		
18	46,000	1.0							1.3			
19												
20	140,000	1.0							1.2	1.1		
21	86,000	1.0							1.2	1.0		
22	63,000	1.0							1.2	1.1		
23	81,000	1.0							1.2	1.1		
24	81,000	1.0							1.2	1.1		
25	41,000								1.2			
26												
27	134,000	2.0							1.2	1.0		
28	75,000								1.2	1.1		
29	79,000	1.0							1.2	1.0		
30	97,000	1.0							1.2	1.1		
31	66,000	1.0							1.1	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 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 5424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month January 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 2 No of People at End of Month 16

Design Flo .122 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 Worrell C-8897 Tony Bouvier C-7439

I certify this report is correct (Lead Operator's Signature) (Cert. Level) Cert-597 (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	95,500		1						11.0	9.3	3	
Average:	3,081								0.8	0.7		
Maximum:	4,433								0.9	0.8		
Minimum:	650								0.8	0.8		
1												
2												
3	12,700								0.8	0.6		
4												
5	8,300								0.8	0.8	3	COMP BACT'S
6												
7	1,800								0.9	0.8		
8												
9												
10	13,300								0.8	0.8		
11												
12	8,900								0.8	0.7		
13												
14	1,400								0.8	0.6		
15												
16												
17	12,500								0.9	0.7		
18												
19	8,800								0.9	0.8		
20												
21	2,100								0.9	0.8		
22												
23												
24	12,100								0.9	0.7		
25												
26	6,200								0.9	0.7		
27												
28	1,300								0.8	0.7		
29												
30												
31	12,000		1						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 8424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone No 904-347-1265 Reporting Month February 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 2 No of People at End of Month 15

Design Flow .122 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 Worrell C-6597 Terry Bouvier C-7439

I certify the report is correct [signature] C 6597

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e. backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	79,300		1.0						8.7	7.4		
Average	2,832		1.0						0.8	0.6		
Maximum	4,100								0.9	0.8		
Minimum	450								0.7	0.5		
1												
2	6,900								0.8	0.7		
3												
4	2,000								0.8	0.6		
5												
6												
7	12,300								0.8	0.6		
8												
9	6,200								0.8	0.7		
10												
11	2,000								0.9	0.7		
12												
13												
14	11,700								0.9	0.8		
15												
16	6,400								0.8	0.6		
17												
18	1,800								0.8	0.6		
19												
20												
21	11,400								0.8	0.6		
22												
23	8,000								0.7	0.5		
24												
25	900		1.0						0.8	0.5		
26												
27												
28	11,700								0.7	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 17-555(10)(c)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8424851 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone No: 904-347-1265 Reporting Month March 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 2 No of People at End of Month 15

Design Flow .122 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 Worrell C-8997 Tony Bouvier C-7439

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6547 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	91,300		1.0						9.5	7.0		
Average	2,945		1.0						0.5	0.5		
Maximum	4,433								0.8	0.7		
Minimum	550								0.6	0.4		
1												
2	6,500								0.8	0.7		
3												
4	1,100								0.7	0.5		
5												
6												
7	12,500								0.8	0.6		
8												
9	6,900								0.8	0.6		
10												
11	1,400								0.8	0.6		
12												
13												
14	13,000								0.8	0.6		
15												
16	6,300								0.7	0.5		
17												
18	1,600		1.0						0.7	0.5		
19												
20												
21	12,700								0.7	0.5		
22												
23	7,400								0.7	0.5		
24												
25	1,600								0.7	0.5		
26												
27												
28	13,300								0.6	0.4		
29												
30	7,000								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)(c)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone No: 904-347-1285 Reporting Month April 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 2 No of People at End of Month 15

Design Flow .122 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 Worrell C-6597 Tony Bouvier C-7439

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6597 (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	90,700		1.0						6.5	5.9	3	
Average	3,023		1.0						0.7	0.4		
Maximum	700								0.7	0.5		
Minimum	3,850								0.6	0.4		
1	2,200								0.7	0.5		
2												
3												
4	13,800								0.7	0.5		
5												
6	6,900								0.6	0.4	3	COMPL BACT'S
7												
8	1,400								0.7	0.5		
9												
10												
11	12,400								0.7	0.5		
12												
13	7,300								0.6	0.4		
14												
15	1,800								0.7	0.5		
16												
17												
18	13,100								0.7	0.5		
19												
20	7,900								0.6	0.4		
21												
22	2,000								0.6	0.4		
23												
24												
25	12,600								0.6	0.4		
26												
27	7,300		1.0						0.7	0.5		
28												
29	2,000								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 11/1/1984

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone No: 904-347-1265 Reporting Month May 1994

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 2 No of People at End of Month 15

Design Flow .122 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 Worrell C-6597 Tony Bouvier C-7439

I certify the report is correct (Lead Operator's Signature) (Cert. Level) 6597 (Cert. No)

Days of Month	Total Water Treated in 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)
Monthly Tota:	105,200		1.0						7.8	5.1		
Average	3,394		1.0						0.6	0.4		
Maximum	4,957		1.0						0.7	0.5		
Minimum	800		0						0.5	0.4		
1												
2	14,000								0.6	0.4		
3												
4	7,400								0.7	0.5		
5												
6	1,600								0.7	0.5		
7												
8												
9	12,700								0.6	0.4		
10												
11	8,400								0.6	0.4		
12												
13	1,600		1.0						0.5	0.5		
14												
15												
16	13,600								0.6	0.4		
17												
18	6,500								0.7	0.4		
19												
20	2,200								0.6	0.4		
21												
22												
23	12,900								0.5			
24												
25	7,400								0.6	0.4		
26												
27	4,000								0.5	0.4		
28												
29												
30	14,900								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 17-555(10/2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 8424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone No: 904-347-1265 Reporting Month June 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 2 No of People at End of Month 15

Design Flow .122 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 Worrall C-6597 Tony Bouvier C-7439

I certify this report is correct [signature] C 6597

(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	102,200		1.0						7.9	5.1		
Average	3,407		1.0						0.6	0.4		
Maximum	4,567		1.0						0.7	0.5		
Minimum	800		0						0.5	0.3		
1	8,700								0.6	0.4		
2												
3	1,600								0.6	0.4		
4												
5												
6	13,500								0.6	0.3		
7												
8	7,200								0.6	0.4		
9												
10	2,700								0.5	0.3		
11												
12												
13	13,700		1.0						0.7	0.5		
14												
15	7,800								0.7	0.5		
16												
17	2,500								0.6	0.4		
18												
19												
20	13,500								0.6	0.3		
21												
22	7,900								0.6	0.4		
23												
24	2,800								0.5	0.3		
25												
26												
27	13,000								0.6	0.5		
28												
29	7,300								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(12) 2

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone No: 904-347-1285 Reporting Month July 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 2 No of People at End of Month 15

Design Flow .122 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 WORRELL C-6597 TONY BOUVIER C-7439

I certify this report is correct C 6597

(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	79,600		1.0						7.7	4.9	3	
Average:	2,568		1.0						0.6	0.4		
Maximum:	8,387		1.0						0.6	0.5		
Minimum:	800		0						0.5	0.3		
1	2,600								0.6	0.4		
2												
3												
4	13,000								0.6	0.4		
5												
6	7,400								0.5	0.3		
7	1,000								0.6	0.4	3	COMP BACT'S
8	800								0.6	0.5		
9												
10												
11	13,700								0.6	0.4		
12												
13	7,000								0.5	0.3		
14												
15	2,400								0.5	0.3		
16												
17												
18	19,100								0.6	0.4		
19												
20	2,200								0.5	0.3		
21												
22	2,800								0.5	0.3		
23												
24												
25	2,500		1.0						0.5	0.3		
26												
27	2,200								0.5	0.3		
28												
29	2,900								0.5	0.3		
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(10/92)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone No: 904-347-1285 Reporting Month August 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 2 No of People at End of Month 15

Design Flow .122 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 Worrell C-6597 Tony Bouvier C-7439

I certify this report is correct Tony Bouvier C 7439

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	37,700		0.5						7.3	4.5		
Average	1,216		0.5						0.5	0.3		
Maximum	1,500		0.5						0.6	0.5		
Minimum	700		0						0.5	0.3		
1	3,200								0.5	0.3		
2												
3	3,000								0.6	0.3		
4												
5	1,400								0.5	0.3		
6												
7												
8	4,000								0.6	0.3		
9												
10	1,500								0.5	0.4		
11												
12	2,200								0.5	0.3		
13												
14												
15	3,000								0.5	0.3		
16												
17	2,000								0.5	0.3		
18												
19	2,200								0.5	0.3		
20												
21												
22	4,200								0.6	0.5		
23												
24	2,500								0.5	0.3		
25												
26	2,100								0.5	0.3		
27												
28												
29	3,600		0.5						0.5	0.3		
30												
31	2,600								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 report.

DER Form 17-555.910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone No: 904-347-1265 Reporting Month September 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 2 No of People at End of Month 15

Design Flow .122 MGD Remarks (Use Reverse Side)

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

Tony Bouvier C-7439 John Worrell C-8597 Gene York C-8256

I certify this report is correct Tony Bouvier (Lead Operator's Signature) C (Cert. Level) 7439 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	75,800								6.6	3.7		
Average	2,527								0.5	0.3		
Maximum	4,633								0.8	0.4		
Minimum	900								0.5	0.3		
1												
2	2,400								0.5	0.3		
3												
4												
5	4,300								0.5			
6												
7	4,100								0.5	0.3		
8												
9	2,700								0.5	0.3		
10												
11												
12	5,500								0.5	0.3		
13												
14	7,600								0.5	0.3		
15												
16	2,300								0.5	0.3		
17												
18												
19	13,900								0.5	0.3		
20												
21	7,300								0.5	0.3		
22												
23	8,500								0.8	0.4		
24												
25												
26	6,900								0.5	0.3		
27												
28	7,500								0.5	0.3		
29												
30	1,800								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 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone No: 904-347-1265 Reporting Month October 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 2 No of People at End of Month 18

Design Flow .122 MGD Remarks (Use Reverse Side)

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

Gene York C-6256

I certify this report is correct Gene York (Lead Operator's Signature) C (Cert. Level) 6256 (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	85,500		2.0						0.4	4.0	3	
Average	2,758		1.0						0.5	0.3		
Maximum	8,900		1.0						0.5	0.4		
Minimum	900		0						0.4	0.3		
1												
2												
3	13,300								0.5	0.3		
4												
5	7,700		1.0						0.5	0.3		
6												
7	2,000								0.5	0.3		
8												
9												
10	3,500								0.4	0.3		
11											3	Compl Bact's
12	17,800								0.5	0.3		
13												
14	1,400								0.5	0.3		
15												
16												
17	13,400								0.5	0.3		
18												
19	12,000								0.5	0.4		
20												
21	1,500								0.5	0.3		
22												
23												
24	3,400								0.5	0.3		
25												
26	3,900								0.5	0.3		
27												
28	1,900		1.0						0.5	0.3		
29												
30												
31	3,100								0.5	0.3		

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(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone No: 904-347-1265 Reporting Month November 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 2 No of People at End of Month 15

Design Flow .122 MGD Remarks (Use Reverse Side)

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

Gene York C-6256 Tony Bouvier C-7439

I certify this report is correct Gene York C 6256

(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	32,100		1.0						6.1	3.9		
Average	1,070		1.0						0.4	0.3		
Maximum:	1,250		1.0						0.5	0.3		
Minimum:	850		0						0.4	0.3		
1												
2	2,600								0.5	0.3		
3												
4	2,200								0.5	0.3		
5												
6												
7	3,600								0.5	0.3		
8												
9	2,300								0.5	0.3		
10												
11	2,000								0.5	0.3		
12												
13												
14	2,600								0.4	0.3		
15												
16	2,500								0.5	0.3		
17												
18	2,500								0.5	0.3		
19												
20												
21	2,600								0.4	0.3		
22												
23	1,700								0.5	0.3		
24												
25	1,300		1.0						0.4	0.3		
26												
27												
28	3,500								0.4	0.3		
29												
30	2,500								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 17-3556(10/2)

Effective 11/1/1988

ORINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8424851 PWS Name Samira Villas Location:City or S/D Ocala
Owned By Southern States Utilities Phone No: 904-347-1285 Reporting Month December 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 2 No of People at End of Month 15
Design Flow .122 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No (s) for all certified operators working at the plant for the month
Tony Bouvier C-7439 Gene York C-6258
I certify this report is correct Tony Bouvier C 7439
(Lead Operator) 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	27,300		0						6.2	3.9		
Average	881								0.3	0.3		
Maximum	1,100								0.5	0.3		
Minimum	600								0.4	0.3		
1												
2	2,100								0.5	0.3		
3												
4												
5	3,000								0.5	0.3		
6												
7	1,200								0.5	0.3		
8												
9	1,700								0.5	0.3		
10												
11												
12	3,000								0.4	0.3		
13												
14	1,900								0.4	0.3		
15												
16	1,800								0.5	0.3		
17												
18												
19	2,400								0.5	0.3		
20												
21	1,800								0.5	0.3		
22												
23	1,400								0.5	0.3		
24												
25												
26	2,700								0.4	0.3		
27												
28	2,200								0.5	0.3		
29												
30	2,000								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 17-555.910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month January 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 2 No of People at End of Month

Design Plo .122 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 Worrell C-6897 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C-6897

(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	110	1.9	2						13.1	9.6	3	
Average:	4	1							1.0	0.7		
Maximum:	8								1.1	0.9		
Minimum:	1								0.9	0.5		
1	1								1.0	0.5		
2	1											
3	1											
4	4								1.0	0.7		
5	4										3	COMP BACT'S
6	4								1.1	0.8		
7	4											
8	3								1.1	0.9		
9	3											
10	3											
11	4								1.0	0.8		
12	4											
13	4								1.0	0.8		
14	4											
15	8								1.1	0.9		
16	8											
17	8											
18	4								1.1	0.8		
19	4											
20	3								1.0	0.7		
21	3											
22	3								1.0	0.7		
23	3											
24	3											
25	4								0.9	0.5		
26	4											
27	4								0.9	0.6		
28	4											
29	1		2						0.9	0.6		
30	1											
31	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. 6424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month February 1993

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 2 No of People at End of Month

Design Flo .122 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 Worrell C-8597 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C8597

(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	82	1.8	2						12.8	8.8	3	
Average:	3								1.0	0.7		
Maximum:	6								1.1	0.9		
Minimum:	1								0.7	0.4		
1	6								1.1			
2	1								1.1	0.8	3	COMP BACT'S
3	3								1.0	0.8		
4	3											
5	3								0.9	0.7		
6	3											
7	3											
8	4								1.0	0.8		
9	4											
10	4								1.0	0.8		
11	4											
12	1								0.9	0.6		
13	1											
14	1											
15	4								0.9	0.6		
16	4											
17	4								1.0	0.7		
18	4											
19	2								0.7	0.4		
20	2											
21	2											
22	4								1.1	0.9		
23	4											
24	4								1.0	0.8		
25	4											
26	1		2						1.1	0.9		
27	1											
28	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. 6424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone 904-347-1255 Reporting Month March 1993

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 2 No of People at End of Month

Design Flo .122 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 Worrell C-8597 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C-8597

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	84.5		2						16.3	12.9	3	
Average:	27		2						1.0	0.8		
Maximum:	44								1.1	1		
Minimum:	5								0.9	0.7		
1	3.4								1.0	0.8		
2	3.4								1.1	1.0	3	COMP BACT'S
3	3.4								1.0	0.8		
4	3.4								1.1	0.9		
5	2.4								1.1	0.9		
6	2.5											
7	2.5											
8	3.1								1.0	0.7		
9	3.3											
10	3.3								1.0	0.7		
11	3.2											
12	0.6								1.0	0.8		
13	0.6											
14	0.6											
15	3.6								0.9	0.7		
16	3.6											
17	0.5								1.0	0.7		
18	0.5											
19	3.9								1.0	0.8		
20	3.9											
21	3.9											
22	3.3								1.1	0.9		
23	3.3											
24	0.6								1.0	0.8		
25	0.6											
26	4.4								1.0	0.8		
27	4.4											
28	4.4											
29	3.5		2						1.0	0.7		
30	3.5											
31	0.9								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. 8424851 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month April 1993

Plant Effluent pH (Avg) 8.2 No of Services at End of Month 2 No of People at End of Month

Design Flo .122 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 Worrell C-8597 Tony Bouvier C-7439

I certify this report is correct Original signed by John Worrell C8597

(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	95.7		1						13.6	10.3	3	
Average:	3.2		1						1.0	0.8		
Maximum:	5.1								1.2	1		
Minimum:	6								0.9	0.6		
1	9											
2	43								1.1	0.8		
3	43											
4	43											
5	33								0.9	0.6		
6	33											
7	6								1.1	0.8	3	COMP BAC'T
8	6											
9	42								1.0	0.6		
10	42											
11	42											
12	36								1.1	0.7		
13	36											
14	6								1.2	1.0		
15	6											
16	49								1.0	0.8		
17	49											
18	49											
19	41								1.0	0.8		
20	41											
21	6								1.0	0.8		
22	6											
23	49								1.0	0.8		
24	49											
25	49											
26	40								1.1	0.8		
27	40											
28	6								1.0	0.8		
29	6											
30	51		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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8424651 PWS Na Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone 904-347-1255 Reporting Month May 1993

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 2 No of People at End of Month 15

Design Flo .122 MGD Remarks (Use Reverse Side)

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

David Conner C-4437 Tony Bouvier C-7439 John Worrell C-8597

I certify this report is correct Original signed by John Worrell C8597

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	116.1	1.8	2	at 11%					11.8	8.3	1	De-Regulated to non community
Average:	37	0.006	0.06						0.9	0.6		
Maximum:	75								1.1	0.8		
Minimum:	6								0.6	0.4		
1	5.1											
2	5.1											
3	4.0								1.0	0.8	1	NO2 & NO3
4	4.0											
5	0.6								1.1	0.8		
6	0.6											
7	4.8								1.0	0.7		
8	4.8											
9	4.8											
10	3.9								1.1	0.8		
11	3.9											
12	0.6								1.0	0.7		
13	0.6											
14	4.8								1.0	0.7		
15	4.8											
16	4.8											
17	4.2								1.0	0.7		
18	4.2											
19	0.8								0.9	0.7		
20	0.8											
21	5.4								1.0	0.7		
22	5.4											
23	5.4											
24	3.9								0.8	0.4		
25	3.9											
26	0.9								0.6	0.4		
27	0.9											
28	5.2		2	5					0.6	0.4		
29	5.2											
30	5.2											
31	7.5								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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8424651 PWS Na Samira Villas Location:City or S/D S/D

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month June 1993

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 2 No of People at End of Month 15

Design Flo .122 MGD Remarks (Use Reverse Side)

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

David Connor C-4437 Tony Bouvier C-7439 John Worrell C-8597

I certify this report is correct Original signed by John Worrell C-8597

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

Days of Month	Total Water Treated in In Gallons		Chlorine						Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	97.4	0.09	1						8.8	6.0	0	
Average:	33								0.8	0.4		
Maximum:	49								0.7	0.5		
Minimum:	7								0.5	0.3		
1	0.9								0.6	0.4		
2	1.1								0.6	0.4		
3	1.1											
4	4.9								0.5	0.3		
5	4.9											
6	4.9											
7	4.0								0.6	0.4		
8	4.0											
9	0.9								0.6	0.4		
10	0.9											
11	4.7								0.6	0.4		
12	4.7											
13	4.7											
14	4.0								0.5	0.3		
15	4.0											
16	0.9								0.7	0.5		
17	0.9											
18	4.7								0.6	0.5		
19	4.7											
20	4.7											
21	3.8								0.7	0.5		
22	3.6											
23	0.7								0.7	0.5		
24	0.7											
25	4.9								0.6	0.4		
26	4.9											
27	4.9											
28	3.8								0.7	0.5		
29	3.8											
30	0.9		1	13					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. 8424651 PWS Na Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month July 1993

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 2 No of People at End of Month 15

Design Flo .122 MGD Remarks (Use Reverse Side)

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

David Connor C-6437 Tony Bouvier C-7439 John Worrell C-8597

I certify this report is correct Original signed by John Worrell C8597

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	104.1	1.8	2						8.2	5.5	3	
Average:	34								0.6	0.5		
Maximum:	51								0.7	0.3		
Minimum:	7								0.5			
1	0.9								0.5	0.4		
2	4.8								0.6	0.4		
3	4.6											
4	4.6											
5	4.6								0.6	0.4		
6	4.1											
7	4.1								0.6	0.4	3	COMP BACT
8	0.9											
9	0.9								0.5	0.3		
10	5.1											
11	5.1											
12	5.1								0.6	0.4		
13	4.2											
14	4.2								0.6	0.5		
15	0.8											
16	0.8								0.6	0.3		
17	4.8											
18	4.8											
19	4.6								0.5	0.3		
20	4.3											
21	4.3								0.5	0.4		
22	0.7											
23	0.7								0.6	0.4		
24	4.9											
25	4.9											
26	4.9								0.6	0.3		
27	3.7											
28	3.7								0.7	0.5		
29	0.7											
30	0.7		2	34					0.7	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 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424851 PWS Na Semira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone 904-347-1285 Reporting Month August 1993

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 2 No of People at End of Month 15

Design Flo .122 MGD Remarks (Use Reverse Side)

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

David Conner C-4437 Tony Bouvier C-7439 John Worrell C-6897

I certify this report is correct Original signed by John Worrell C-6897

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	9255		1						8.7	8.7		
Average:	299								0.7	0.5		
Maximum:	670								0.8	0.7		
Minimum:	88								0.5	0.4		
1	83											
2	83								0.6	0.5		
3	70											
4	70								0.6	0.4		
5	65											
6	65								0.6	0.4		
7	453											
8	453											
9	365								0.7	0.6		
10	365											
11	95								0.7	0.6		
12	88											
13	443								0.8	0.8		
14	443											
15	443											
16	375								0.8	0.8		
17	375											
18	85								0.8	0.7		
19	85											
20	470								0.8	0.8		
21	470											
22	470											
23	365								0.5	0.4		
24	365											
25	95								0.5	0.4		
26	95											
27	457								0.6	0.5		
28	457											
29	457											
30	670								0.5	0.4		
31	483		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. 6424651 PWS Na Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone 904-347-1285 Reporting Month September 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 2 No of People at End of Month 15

Design Flo .122 MGD Remarks (Use Reverse Side)

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

TONY SOUVIER C-7439 JOHN WORRELL C-8857

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	92,200		1						7.4	5.7		
Average:	3,073		1						0.8	0.4		
Maximum:	4,733								0.7	0.5		
Minimum:	550								0.5	0.3		
1	1,400								0.7	0.5		
2												
3	1,100								0.5	0.5		
4												
5												
6	13,100								0.5	0.3		
7												
8	7,900								0.5	0.5		
9												
10	1,800								0.5	0.5		
11												
12												
13	13,500								0.5	0.4		
14												
15	7,500								0.5	0.4		
16												
17	1,700								0.5	0.5		
18												
19												
20	13,600								0.5	0.4		
21												
22	7,600								0.5	0.5		
23												
24	1,600								0.5	0.4		
25												
26												
27	14,200								0.5	0.4		
28												
29	7,200		1						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 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6424651 PWS Na Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone 904-347-1886 Reporting Month October 1993

Plant Effluent pH (Avg) 7.85 No of Services at End of Month 2 No of People at End of Month 16

Design Flo .122 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 Worrell C-6597 Tony Bouvier C-7439

I certify this report is correct (Lead Operator's Signature) (Cert. Level) 06597 (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	92,500		4						6	5.8	5	
Average:	2,984		2						0.5	0.5		
Maximum:	4,767								1.3	1.1		
Minimum:	750								0.5	0.3		
1	1,700								0.5	0.4		
2												
3												
4	14,300								0.5	0.4		
5			2									
6	6,000								1.3	1.1	3	Bact's & Rechecks
7	1,000								0.8	0.8	2	System Failure
8	1,300								0.6	0.5		
9												
10												
11	14,100								0.5	0.3		
12												
13	7,200								0.5	0.3		
14												
15	1,700								0.6	0.5		
16												
17	14,100											
18									0.6	0.5		
19	7,500											
20									0.6	0.4		
21	1,500											
22									0.5	0.4		
23												
24	13,700											
25									0.6	0.4		
26	7,200											
27									0.6	0.4		
28	2,200											
29			2						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. 6424651 PWS Name Samira Villas Location:City or S/D Ocala
Owned By Southern States Utilities Phone 904-347-1295 Reporting Month November 1993
Plant Effluent pH (Avg) 7.9 No of Services at End of Month 2 No of People at End of Month 15
Design Flo .122 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 Worrell C-6597 Tony Bouvier C-7439 Gary Mishler A-0662
I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-6597 (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	117,200								9.6	6.6		
Average:	3,907								0.6	0.6		
Maximum:	13,333								0.8	0.7		
Minimum:	700								0.6	0.4		
1	12,500								0.6	0.4		
2												
3	6,600								0.7	0.5		
4												
5	1,900								0.6	0.6		
6												
7												
8	12,500								0.8	0.5		
9												
10	7,400								0.6	0.5		
11												
12	1,400								0.6	0.6		
13												
14												
15	13,200								0.6	0.6		
16												
17	7,200								0.7	0.5		
18												
19	1,800								0.8	0.6		
20												
21												
22	31,000								0.8	0.7		
23												
24	7,400								0.8	0.6		
25												
26	1,800								0.6	0.6		
27												
28												
29	12,400								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 Revised December

PWS ID No. 6424651 PWS Name Samira Villas Location:City or S/D Ocala

Owned By Southern States Utilities Phone 904-347-1265 Reporting Month January 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 2 No of People at End of Month 15

Design Flo .122 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 Worrell C-6597 Tony Bouvier C-7439 Gary Mishoe [illegible]

I certify this report is correct 2-5-94 [signature] C-6597

(Date) (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	100,400		2						11.5	6.9		
Average:	3,239		1						0.8	0.6		
Maximum:	5,400								1.1	1.0		
Minimum:	950								0.7	* 0.0		
1	7,200								0.8			
2												
3	2,300								1.0			
4												
5												
6	16,100								0.9	0.8		
7												
8	8,600								0.9	0.7		
9												
10	2,400		1						0.9	0.7		
11												
12												
13	9,700								1.1	1.0		
14												
15	10,800								0.7	0.5		
16												
17	1,900								0.7	0.5		
18												
19												
20	11,900								0.8			
21												
22	8,500								0.8	0.6		
23												
24	2,500								0.8	0.6		
25												
26												
27	11,400								0.8	0.5		
28												
29	7,300								0.8	0.5		
30												
31	1,800		1						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

* ON 12-1, 12-3, & 12-22-93 RELIEF OPERATOR FAILED TO OBTAIN REMOTE Cl2 RESIDUAL

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2641006 PWS Name Saratoga Harbor Location:City or S/D East Palatka

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

Plant Effluent pH (Avg) 7.8 No of Services at End of Mont 44 No of People at End of Month 110

Design Flow .300 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. Sou 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	202,400	12.25		117					32.5	15.2	3	
Average:	6,529	0.40		4					1.6	0.7		
Maximum:	8,500	0.50		15					3.0	1.5		
Minimum:	700	0.50		4					0.7	0.2		
1												
2												
3	15,800	1.75		12					1.0	0.3		
4	8,500	0.50		7					1.1	0.4		
5	8,200	0.50		7					1.0	0.3		
6	700								0.9	0.3	3	ALL A
7	8,300	0.50		7					1.0	0.3		
8												
9												
10	18,800	1.00		7					0.7	0.2		
11									2.7	1.2		
12	8,100	0.50		7					3.0	1.5		
13	7,700	0.50		8					1.1	0.4		
14												
15	8,200	0.50							1.3	0.5		
16												
17												
18	37,800	1.50		5					1.1	0.5		
19	7,900	0.50		8					1.3	0.5		
20	7,700	0.50		8					0.9	0.3		
21	8,100	0.50		7					0.8	0.3		
22									2.5	1.5		
23												
24	15,700	0.50		4					2.1	1.3		
25									1.3	0.6		
26	8,100	1.00		15					1.9	1.0		
27	8,300	0.50		7					2.0	0.9		
28									2.5	1.5		
29												
30												
31	24,600	1.50		7					2.4	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 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2541008 PWS Name Saratoga Harbor Location:City or S/D Satsuma
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 .200 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	172,500	15.50		178					43.9	20.0	3	
Average	6,161	0.55		10					2.2	1.0		
Maximum	9,400	1.00		30					2.6	1.5		
Minimum	6,400	0.50		6					1.8	0.8		
1									2.6	0.9		
2	8,000	0.50		7					2.0	0.9		
3	9,500	0.50		7					1.8	0.8		
4												
5	17,200	1.00		7					2.3	1.0		
6												
7	9,000	1.00		13					2.3	1.0	3	ALL A
8	9,400	0.50		6					1.8	0.8		
9									2.2	1.0		
10	8,100	0.50		7					2.5	1.0		
11	7,900	0.50		8					2.3	1.0		
12												
13												
14	16,600	2.50		18					2.1	1.0		
15	8,300	0.50		7					2.0	1.0		
16	6,400	0.50		9					2.5	1.0		
17	8,300	0.50		7					2.0	0.8		
18												
19	16,100	1.50		11					2.0	0.8		
20												
21	8,100	2.00		30					2.3	1.3		
22	8,200	0.50		7					2.2	1.0		
23	8,200	0.50		7					2.2	1.0		
24	8,200	0.50		7					1.8	0.8		
25									2.4	1.4		
26												
27												
28	18,000	2.00		15					2.5	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 record

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 PWS Name Saratoga Harbor Location: City or S/D Satsuma

Owned By Southern States Utilities Phone Number: 904-849-8873 Reporting Month March 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 44 No of People at End of Month 110

Design Flow .200 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	205,300	15.00		170					45.1	20.3	3	
Average	6,623	0.48		7					2.0	0.9		
Maximum:	9,100	1.00		15					2.5	1.5		
Minimum	7,400	0.50		2					1.5	0.4		
1	8,200	0.50		7					2.5	1.2		
2												
3	7,400	1.00		16					1.8	0.8		
4	9,100	0.50		7					2.2	1.0		
5	8,400	0.50		7					2.5	1.5		
6												
7	8,200	1.00		15					2.5	1.5		
8	8,200	0.50		7					1.8	0.8		
9	8,600	0.50		7					2.0	1.0	3	ALL A
10	8,700	0.50		7					2.0	0.8		
11									1.8	0.8		
12												
13												
14	24,200	0.50		2					1.5	0.6		
15	8,300	0.50		7					2.0	0.8		
16	8,500	0.50		7					1.8	0.4		
17									2.0	0.8		
18	8,000	1.00		15					2.2	1.0		
19												
20												
21	32,800	3.50		13					1.9	1.0		
22									1.8	0.6		
23	8,000	0.50		7					1.9	0.8		
24	8,000	0.50		7					2.0	0.9		
25	8,000	1.00		15					2.0	1.0		
26												
27												
28	16,700	1.00		7					1.9	0.8		
29	8,000	0.50		7					1.5	0.6		
30	8,000	0.50		7					1.8	0.8		
31									1.8	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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 PWS Name Saratoga Harbor Location:City or S/D Satsuma

Owned By Southern States Utilities Phone Number 904-648-6873 Reporting Month April 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 44 No of People at End of Month 110

Design Flow .200 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	194,900	14.00		237					36.5	14.6	3	
Average	6,497	0.47		11					1.7	0.7		
Maximum:	16,700	1.00		86					3.5	2.2		
Minimum:	1,400	0.25		2					0.2	0.2		
1	6,000	0.50		7					1.8	0.6		
2												
3												
4	15,600	2.50		18					2.0	1.0		
5	8,100	0.50		7					1.8	0.7	3	ALL A
6									1.8	0.7		
7	8,900	0.50		7					1.8	0.6		
8												
9	16,600	1.00		7					1.8	0.7		
10												
11	31,300	0.50		2					2.7	1.1		
12	3,000	0.50		20					2.2	0.6		
13	12,500	1.00		10					3.5	2.2		
14									2.5	1.1		
15	2,100	1.50		86					3.5	2.2		
16												
17												
18	27,500	1.50		7					2.0	1.3		
19									0.2	0.2		
20									0.3	0.3		
21	1,400	0.25		21					2.5	0.2		
22		0.75							1.5	0.2		
23												
24												
25	17,200	1.00		7					1.0	0.2		
26	2,400	0.50		25					1.0	0.2		
27	18,700	0.25		2					0.8	0.2		
28		0.25							0.5	0.2		
29	8,400	0.50		7					0.5	0.2		
30	14,200	0.50		4					1.0	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. 2541005 PWS Name Saratoga Harbor Location:City or S/D Satsuma
Owned By Southern States Utilities Phone Number: 904-649-6675 Reporting Month May 1994
Plant Effluent pH (Avg) 7.8 No of Services at End of Month 44 No of People at End of Month 110
Design Flow .200 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-7251 (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	282,500	13.50		147					30.8	14.3	3	
Average	9,113	0.44		7					1.4	0.7		
Maximum	14,200	1.00		17					3.5	2.1		
Minimum	3,500	0.25		2					0.2	0.2		
1												
2	20,000	1.00		8					1.5	0.4		
3	6,100	0.50		10					1.5	0.4		
4	9,800	0.50		8					1.5	0.3	3	ALL A
5	3,500	0.50		17					1.3	0.5		
6	14,200	0.50		4					1.8	0.4		
7												
8												
9	16,000	1.50		11					0.8	0.2		
10	8,400	0.25		3					3.5	2.0		
11	13,400	0.25		2					0.8	0.4		
12	10,500	0.50		6					1.5	0.7		
13	10,100	0.50		6					0.8	0.7		
14												
15												
16	31,100	0.75		3					0.4	0.2		
17	4,100	0.50		15					0.4	0.2		
18	7,300	0.25		4					0.8	0.2		
19	12,900	0.25		2					0.4	0.2		
20	8,800	0.50		7					0.2	0.2		
21												
22												
23	27,300	0.75		3					0.2	0.2		
24	10,800	1.00		11					3.5	2.0		
25	8,800	0.50		7					2.8	2.1		
26	8,400	0.25		4					1.4	0.3		
27	12,700	0.50		5					0.4	0.3		
28												
29												
30	26,800	1.50		7					2.5	0.4		
31	10,600	0.75		8					3.5	2.0		

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. 2541008 PWS Name Saratoga Harbor Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 44 No of People at End of Month 110

Design Flow .200 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) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	226,100	17.38		320					44.4	15.5	3	
Average	7,803	0.88		16					2.0	0.7		
Maximum	24,600	2.25		57					3.2	2.0		
Minimum	800	0.25		1					0.4	0.2		
1	7,500	0.50		8					3.0	1.5		
2	13,100	0.50		5					2.2	0.7		
3	10,700	0.50		6					2.2	0.8		
4												
5												
6	13,000	0.75		7					1.7	0.3		
7	3,400	0.50		18					0.4	0.2		
8	9,400	0.50		6					2.5	0.3	3	ALL A
9	7,000	1.00		17					3.0	1.9		
10	2,700	0.50		22					2.2	0.3		
11												
12												
13	20,000	0.50		3					1.8	0.3		
14	3,200	1.00		37					1.8	0.8		
15	4,700	2.25		57					2.0	0.4		
16	10,500	0.50		6					1.7	0.5		
17	5,800	0.25		5					1.8	0.4		
18												
19												
20	22,600	0.50		3					2.0	0.3		
21	10,800	0.50		6					3.0	0.3		
22	1,700	0.25		18					3.2	0.4		
23	800	0.25		37					2.2	0.4		
24	9,900	1.38		17					3.0	1.0		
25												
26												
27	34,000	4.25		15					2.5	2.0		
28	10,100	0.25		3					0.8	2.0		
29	24,600	0.25		1					0.4	1.0		
30	2,500	0.50		24					1.0	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. 2541008 PWS Name Saratoga Harbor Location:City or S/D Satsuma

Owned By Southern States Utilities Phone Number: 904-648-6673 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 .200 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 [signature] 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	206,400	192.75		4618.7					38.3	12.8	3	
Average	6,658	6.22		149.0					1.7	0.6		
Maximum									2.5	1.5		
Minimum									1.0	0.2		
1	6,700	0.25		4.5					1.5	0.2		
2												
3												
4	27,100	0.50		2.2					1.0	0.2		
5	8,000	0.75		11.2					2.5	0.4		
6	7,500	0.50		8.0					1.5	0.2		
7	8,400	0.13		2.3					2.0	1.5	3	
8	5,400	0.13		2.8					1.8	0.5		
9												
10												
11	22,000	0.75		4.1					1.0	1.0		
12	7,000	0.25		4.3					2.0	1.1		
13	5,000	0.50		12.0					1.7	0.6		
14	5,400	0.13		2.8					1.6	0.5		
15	9,000	0.38		5.6					1.7	0.5		
16												
17												
18	18,200	2.50		18.5					1.5	0.2		
19	2,800	0.25		10.7					1.7	0.6		
20	4,900	183.25		4484.2					2.0	0.8		
21	11,200	0.13		1.9					1.5	0.5		
22	10,400	0.02		0.2					2.0	0.4		
23												
24												
25	13,800	0.38		3.1					2.0	0.8		
26	2,800	0.50		21.4					1.8	0.7		
27	5,000	0.25		6.0					2.0	0.8		
28	7,800	0.25		3.8					2.0	0.4		
29	5,000	0.25		6.0					2.0	0.8		
30												
31	16,000	0.75		5.6					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. 2541008 PWS Name Saratoga Harbor Location:City or S/D Satsuma

Owned 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 44 No of People at End of Month 110

Design Flow .200 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	225,500	12.00		151					40.5	9.2	3	
Average	7,274	0.38		7					1.8	0.4		
Maximum:	18,900	2.75		34					3.0	1.5		
Minimum:	2,600	0.13		2					1.0	0.2		
1	2,600	0.25		12					1.8	0.4		
2	3,900	0.25		8					1.4	0.2		
3	6,800	0.13		3					1.5	0.4		
4	4,100	0.13		4					2.2	0.2		
5	4,800	0.13		3					1.6	0.3		
6												
7												
8	13,300	1.13		10					2.0	0.2		
9	5,100	0.25		6					2.2	0.4	3	ALL A
10	7,500	0.25		4					2.0	0.4		
11	6,400	0.25		5					1.8	0.2		
12	4,400	0.13		3					1.5	0.4		
13												
14												
15	18,900	0.63		4					2.0	0.3		
16	4,700	0.13		3					1.8	0.5		
17	3,800	0.13		4					1.8	0.5		
18	6,600	0.25		5					2.0	0.6		
19	15,900	0.75		6					2.0	0.4		
20												
21												
22	43,100	1.25		3					1.8	0.4		
23	12,800	0.25		2					1.5	0.3		
24	9,700	2.75		34					3.0	1.5		
25	11,900	0.25		3					1.0	0.2		
26	7,800	0.25		4					1.6	0.3		
27												
28												
29	18,800	1.50		10					1.2	0.3		
30	7,100	0.25		4					1.5	0.4		
31	7,200	0.75		12					1.5	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. 2541006 PWS Name Saratoga Harbor Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 44 No of People at End of Month 110

Design Flow .200 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 7851

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	187,600	13.50		180					38.5	13.5	3	
Average:	6,587	0.45		6					1.7	0.6		
Maximum:	12,900	0.75		22					2.0	0.8		
Minimum:	4,000	0.13		2					1.5	0.4		
1	7,200	0.50		8					1.8	0.5		
2	7,700	0.50		8					1.8	0.5		
3												
4												
5	19,200	2.00		12					1.8	0.5		
6	4,200	0.25		7					2.0	0.7		
7	7,900	0.25		4					2.0	0.8		
8	7,400	0.13		2					1.7	0.6		
9	4,200	0.13		4					1.8	0.6		
10												
11												
12	18,200	1.25		8					1.5	0.4		
13	8,800	0.50		9					1.7	0.7	3	ALL A
14	7,000	0.50		9					1.8	0.6		
15	7,800	0.25		4					1.6	0.5		
16	4,000	0.75		22					1.6	0.7		
17												
18												
19	21,400	1.25		7					1.8	0.7		
20	4,400	0.25		7					1.8	0.8		
21	12,900	0.75		7					1.6	0.6		
22	8,400	0.75		11					1.5	0.6		
23	8,400	0.50		7					1.5	0.6		
24												
25												
26	18,800	1.50		11					1.7	0.7		
27	4,200	0.25		7					1.8	0.7		
28	7,900	0.25		4					1.7	0.8		
29	8,800	0.50		9					1.7	0.7		
30	4,300	0.50		14					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. 2541008 PWS Name Saratoga Harbor Location:City or S/D Satsuma

Owned By Southern States Utilities Phone Number: 904-649-8873 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 .200 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	gas used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	182,400	10.50		151.4					33.5	10.0	3	
Average	5,884	0.34		4.9					1.8	0.5		
Maximum:	21,400	1.50							2.5	1.1		
Minimum:	3,800	0.25							1.4	0.3		
1												
2												
3	20,800	1.50		8.6					1.5	0.5		
4	4,100	0.25		7.3					1.4	0.5		
5	13,100	0.75		6.9					1.4	0.4	3	
6	4,100	0.25		7.3					1.5	0.5		
7	4,100	0.25		7.3					1.8	0.6		
8												
9												
10	20,900	1.50		8.6					1.4	0.5		
11	3,900	0.50		15.4					2.5	1.1		
12	4,300	0.25		7.0					1.6	0.8		
13	4,100	0.25		7.3					1.6	0.6		
14	7,900	0.50		7.6					1.5	0.4		
15												
16												
17	12,400								1.6	0.3		
18	8,100	0.50		7.4					1.5	0.3		
19	7,400	0.50		8.1					1.8	0.4		
20	4,400	0.25		6.8					1.8	0.5		
21	4,200	0.25		7.1					1.8	0.4		
22												
23												
24	21,400	1.00		5.6					1.4	0.3		
25	4,200	0.25		7.1					1.8	0.4		
26	8,500	0.25		3.5					1.8	0.4		
27	3,800	0.25		7.9					1.5	0.4		
28	4,100	0.25		7.3					1.6	0.4		
29												
30												
31	16,600	1.00		7.2					1.7	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. 2541008 PWS Name Saratoga Harbor Location:City or S/D Satsuma
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 .200 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	169,200	8.75		142.2					38.5	12.1	3	
Average	5,640	0.29		4.7					1.7	0.6		
Maximum	20,500								2.0	0.8		
Minimum	3,700								0.8	0.4		
1	5,000	0.25		3.7					1.6	0.4		
2	4,300	0.25		7.0					1.7	0.5		
3	4,100	0.25		7.3					1.6	0.5		
4	4,300	0.25		7.0					1.7	0.4		
5												
6												
7	17,300	0.75		5.2					1.8	0.5		
8	8,400	0.50		7.1					1.7	0.6	3	
9	4,000	0.25		7.5					1.6	0.7		
10	7,200	0.25		4.2					1.6	0.5		
11	3,700	0.25		8.1					1.8	0.6		
12												
13												
14	20,500	1.25		7.3					0.8	0.4		
15	4,100	0.25		7.3					1.5	0.5		
16	4,000	0.25		7.5					1.5	0.6		
17	4,000	0.25		7.5					1.7	0.7		
18	8,700	0.25		3.4					1.7	0.5		
19												
20												
21	16,300	1.00		7.4					1.9	0.7		
22	3,800	0.25		7.9					2.0	0.7		
23	7,800	0.25		3.8					2.0	0.5		
24	4,100	0.25		7.3					1.6	0.5		
25	7,300	0.25		4.1					1.8	0.6		
26												
27												
28	19,500	1.00		8.1					1.5	0.5		
29	3,700	0.25		8.1					1.7	0.5		
30	4,100	0.25		7.3					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. 2541006 PWS Name Saratoga Harbor Location:City or S/D Satsuma
Owned By Southern States Utilities Phone Number: 904-648-8873 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 200 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-7261
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	194,800	10.00		147.6					38.8	9.8	3	
Average	6,287	0.32		4.8					1.7	0.4		
Maximum:	20,800								2.0	0.6		
Minimum:	3,600								0.7	0.3		
1	9,000	0.50		7.5					1.7	0.6	3	
2	4,100	0.25		7.3					1.6	0.4		
3												
4												
5	9,300	0.75		9.7					1.8	0.5		
6	10,400	0.25		2.9					1.8	0.5		
7	7,800	0.25		3.6					1.6	0.4		
8	4,000	0.50		15.0					1.5	0.4		
9	4,500	0.25		6.7					1.7	0.5		
10												
11												
12	20,500	1.00		5.8					1.6	0.3		
13	7,500	0.25		4.0					1.7	0.5		
14	4,300	0.25		7.0					1.6	0.4		
15	3,600	0.25		8.3					1.6	0.4		
16	3,900	0.25		7.7					1.6	0.4		
17												
18												
19	20,800	1.75		10.2					1.9	0.4		
20	7,000	0.25		4.3					1.8	0.4		
21	7,100	0.25		4.2					2.0	0.4		
22	4,700	0.25		6.4					2.0	0.4		
23	4,500	0.25		6.7					2.0	0.4		
24												
25												
26	16,000	0.50		3.7					1.8	0.4		
27	8,200	0.50		7.3					1.6	0.4		
28	7,400	0.25		4.1					1.7	0.5		
29	12,000	0.25		2.5					0.7	0.8		
30	8,200	0.50		7.3					2.0	0.5		
31	11,200	0.50		5.4								

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 11/1/1984

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541006 PWS Name Saratoga Harbor Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month January 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Mont 40 No of People at End of Month 140
Design Flow .200 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-8821
I certify this report is correct Original signed by Michael J. Bou
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated In In Gallons	Post Chlorine			Pre 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	372.1	16.0		125.0	7.0	80			41.9	30.8	3	All OK
Average:	13.3	0.8		8.0	0.3	3			2.0	1.3	3	
Maximum:	18.2	2.0		12.0	1.0	12			3.5	3.5	3	
Minimum:	4.8	0.5		2.0					0.9	0.2	3	
1	14.8	1.0		8					3.5	1.5		
2												
3												
4	42.8	2.0		8	0.5	1			3.0	2.0		
5	8.1	0.5		7	0.5	7			2.7	2.0		
6	17.8	1.0		7					2.8	2.0	3	All OK
7	9.1	0.5		7	0.5	7			2.1	1.5		
8	18.0	0.5		3					1.8	1.3		
9												
10												
11	42.5	1.0		3	1.0	3			1.4	1.0		
12	8.4	0.5		7	0.5	7			1.5	0.8		
13	16.2	0.5		4					1.8	0.9		
14	10.3	1.0		12	0.5	6			2.3	1.2		
15	15.1	1.0		8	0.5	4			2.2	1.8		
16												
17												
18	36.2	2.0		8	0.5	2			2.0	1.2		
19	16.7	0.5		4					1.9	1.0		
20	17.4	0.5		3	0.5	3			2.1	1.0		
21	8.5	0.5		7					2.0	1.0		
22	17.5	0.5		3	0.5	3			1.4	1.0		
23	10.0	0.5		6					1.5	0.9		
24												
25	28.8	0.8		2	0.8	2			0.9	0.5		
26	18.2	0.5		3	0.5	3			2.0	0.4		
27	9.1	0.5		7					3.0	1.4		
28	4.8	0.5		12	0.5	12				3.0		
29										3.5		
30												
31										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

Plant Off-Line on 1-28-93 for repairs. Water shipped from Welaka M.H.P. plant serving water to Saratoga

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 PWS Name Saratoga Harbor Location:City or S/D East Palatka

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

Plant Effluent pH (Avg) 8.2 No of Services at End of Mont 40 No of People at End of Month 140

Design Flow .200 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 J. Bou

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

Days of Month	Total Water Treated in Gallons	Post Chlorine lbs used	Post Chlorine gals used	Post Chlorine mg/l	Pre Chlorine lbs used	Pre Chlorine 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	0	0		0	0	0			0	24.4	3	All OK
Average:	0	0		0	0	0			0	1.2		
Maximum:	0	0		0	0	0			0	2.0		
Minimum:	0	0		0	0	0				0.2		
1	0	0		0	0	0			0	2.0		
2	0	0		0	0	0			0	3.0		
3	0	0		0	0	0			0	0.5		
4	0	0		0	0	0			0	2.0		
5	0	0		0	0	0			0	1.0		
6	0	0		0	0	0			0			
7	0	0		0	0	0			0			
8	0	0		0	0	0			0	0.2		
9	0	0		0	0	0			0	0.5		
10	0	0		0	0	0			0	0.2	3	All OK
11	0	0		0	0	0			0	2.0		
12	0	0		0	0	0			0	0.2		
13	0	0		0	0	0			0			
14	0	0		0	0	0			0			
15	0	0		0	0	0			0	0.2		
16	0	0		0	0	0			0	0.2		
17	0	0		0	0	0			0	0.8		
18	0	0		0	0	0			0	0.4		
19	0	0		0	0	0			0	1.2		
20	0	0		0	0	0			0			
21	0	0		0	0	0			0			
22	0	0		0	0	0			0	1.1		
23	0	0		0	0	0			0	2.1		
24	0	0		0	0	0			0	2.0		
25	0	0		0	0	0			0	2.5		
26	0	0		0	0	0			0	2.0		
27	0	0		0	0	0			0			
28	0	0		0	0	0			0	0.5		
29	0	0		0	0	0						
30	0	0		0	0	0						
31	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 11-1-1989

Plant Off-Line for painting and repairs, water being shipped from Welaka MHP plant by interconnect

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541006 PWS Name Saratoga Harbor Location:City or S/D East Palatka

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

Plant Effluent pH (Avg) 7.7 No of Services at End of Mont 40 No of People at End of Month

Design Flow .200 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 J. Bou

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

Days of Month	Total Water Treated in in Gallons	Post Chlorine			Pre 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	40.0	3.25		44	4.25	37			26.6	36.2	11	All OK
Average:	1.3	0.6		9	1	9			2.7	1.2		
Maximum:	10.0	1.0		12	2	15			2.6	3.6		
Minimum:										0.4		
1	0									0.5		
2	0									0.4		
3	0									0.5		
4	0									0.5		
5	0	2.00			2	6				0.5		
6	0											
7	0										2	All OK
8	0									2.0	2	All OK
9	0									2.5		
10	5.6	0.50		1					3.0	1.5	3	All OK
11	10.0	1.50		1	0.5	6			3.5	3.0		
12	8.0	1.50		1	1	15			3.0	1.4		
13	0											
14	0										2	All OK
15	0									1.5	2	All OK
16	0									3.5		
17	0									3.5		
18	0									3.0		
19	0											
20	0											
21	0									1.0		
22	0									0.4		
23	0	0.25		1					3.0	2.0		
24	0								2.2	1.0		
25	0								2.5	1.5		
26	0								2.5	1.5		
27	0											
28	0	0.75										
29	8.3	0.50		1	0.75	11			2.5	1.5		
30	0								2.5	1.0		
31	8.1	0.50		1					2.9	2.0		

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. 2541008 PWS Name Saratoga Harbor Location:City or S/D East Palatka

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Mont 43 No of People at End of Month

Design Flow .200 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

I certify this report is correct Original signed by Michael J. Bau

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

Days of 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	141	12.75		278					43.8	11.8	3	
Average:	5	0.43		13					2.0	0.84		
Maximum:	9	0.50		28					3.5	2.5		
Minimum:	2	0.25		4					1.5	0.2		
1	2	0.25		14					3.5	2.5		
2												
3	9	1.25		16					2.1	1.2		
4												
5	14	1.00		8					1.8	0.6		
6	8	0.26		6					1.7	0.8		
7	7	0.25		4					1.7	1.0		
8	6	0.25		5					1.5	0.7		
9	6	0.50		10					1.5	0.4		
10												
11												
12	17	1.00		7					1.8	0.3		
13	2	0.50		28					1.7	0.3	3	
14	5	0.50		13					1.3	0.2		
15	3	0.50		19					2.7	0.5		
16	6	0.50		10					3.0	0.6		
17												
18												
19	8	1.00		14					1.8	0.2		
20	4	0.50		17					2.1	0.3		
21	5	0.50		13					2.0	0.3		
22	3	0.50		19					2.2	0.3		
23	4	0.50		13					2.0	0.4		
24												
25												
26	8	1.00		21					1.4	0.2		
27	8	0.50		7					2.0	0.2		
28	9	0.50		7					1.8	0.2		
29	3	0.50		17					2.5	0.3		
30	7	0.50		8					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. 2541008 PWS Name Saratoga Harbor Location:City or S/D East Palatka

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Mont 40 No of People at End of Month

Design Flow .200 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 J. 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	185.7	11.00		148	7.5	65			33.0	7.0	9	All OK
Average:	6.0	0.50		7	0.4	3			1.6	0.3	3	
Maximum:	11.0	1.50		21	1.5	10			2.5	1.0	3	
Minimum:									0.5	0.2	3	
1												
2												
3	22.5	1.00		5					2.2	0.3		
4	1.4	0.25		21					2.0	0.3		
5	3.8	0.25		8					2.5	0.5		
6		0.50		8					1.9	0.2		
7	7.4	0.50			0.5	9			1.8	0.2		
8												
9												
10	13.2	1.00		5	0.5	4			1.8	0.2		
11	7.1	0.50		8					1.5	0.3		
12	7.7	0.50			0.5	8			1.7	0.2		
13	8.7	1.00		7	0.5	7			1.2	0.3	3	All Ok
14	4.0	0.50		17					1.8	0.2		
15												
16												
17	20.2	1.00		3	0.5	3			1.4	0.2		
18	8.7	0.50		8					1.0	0.2		
19	8.7	1.00		8	0.5	8			1.7	0.2		
20	11.0	1.00		8	0.5	8			0.8	0.2		
21	8.1	1.00		10	0.5	10			1.5	0.5		
22												
23												
24	24.3	2.50		8	1.5	7			0.8	0.2		
25	4.3	0.50		14					1.4	0.4		
26	7.7	0.50		8					1.5	0.3		
27	8.1	0.50		7					1.5	0.3		
28		2.50			1				1.7	0.8		
29												
30												
31	15.8	1.50		4	1	8			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

FWS ID No. 2541008 PWS Name Saratoga Harbor Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month June 1993
Plant Effluent pH (Avg) 8 No of Services at End of Month No of People at End of Month
Design Flow .200 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	203,200	13.00		******					33.3	11.2		
Average:	6,773	0.43		5.8					1.8	0.5		
Maximum:	8,700											
Minimum:	800											
1	8,100	0.50		7.4					1.5	0.5		
2	7,900	0.50		7.6					1.1	0.3		
3	6,000	0.50		7.5					2.5	1.0		
4	7,800	1.00		15.4					2.8	1.5		
5												
6												
7	24,700	1.00		4.9					1.0	0.3	3	
8	900								1.6	0.4		
9	8,000	0.50		7.5					1.2	0.4		
10	8,000	0.50		7.5					1.5	0.4		
11	7,900	1.00		15.2					1.8	0.8		
12												
13												
14	16,100								1.6	0.3		
15	7,800	0.50		7.7					1.7	0.4		
16	7,800	0.50		7.7					1.9	0.7		
17	8,100	1.00		14.8					1.6	0.7		
18	7,900	1.00		15.2					1.5	0.8		
19												
20												
21	17,100	1.00		7.0					1.2	0.4		
22	7,900	1.00		15.2					1.3	0.4		
23	7,900	0.50		7.6					1.4	0.5		
24	8,700	0.50		6.9					1.1	0.4		
25												
26	16,400	0.50		3.7					1.3	0.4		
27												
28	7,900	0.50		7.6					1.2	0.4		
29	7,100	0.50		8.4					1.5	0.3		
30	1,200								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 report

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 PWS Name Saratoga Harbor Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month July 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .300 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 Michael J. 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	207,400	18.50		181					34.4	8.6	3	
Average:	6,690	0.60		6					1.5	0.4		
Maximum:	8,500	1.50		15					2.5	1.5		
Minimum:	7,800	0.50		4					0.7	0.2		
1	7,900	1.00		15					1.5	0.4		
2	8,500	1.00		14					1.0	0.4		
3												
4												
5	24,800	3.00		15					1.5	0.4		
6	8,100	0.50		7					1.5	0.3		
7	8,000	1.00		15					1.8	0.4		
8	8,100	0.50		7					1.3	0.3		
9	8,000	0.50		7					1.4	0.3		
10												
11												
12	16,500	1.00		7					1.5	0.4		
13	8,100	0.50		7					1.5	0.4	3	
14	8,500	0.50		7					1.0	0.3		
15		0.50							1.2	0.3		
16	11,900	1.50		15					1.3	0.4		
17												
18												
19	24,800	1.50		7					1.5	0.3		
20	7,900	0.50		8					1.5	0.4		
21	7,800	0.50		8					0.7	0.2		
22									2.5	1.5		
23	7,800	0.50		8					1.4	0.4		
24												
25												
26	16,400	0.50		4					2.5	0.8		
27	8,000	0.50		7					2.0	0.5		
28		1.50							2.0	0.6		
29	8,100	1.00		15					1.8	0.4		
30	8,200	0.50		7					0.8	0.2		
31									1.4	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 555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3641006 PWS Name Saratoga Harbor Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month August 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .200 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) 053216 (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	205,600	14.50		166					33.7	8.1	8	
Average:	6,632	0.47		5					1.5	0.4		
Maximum:	9,300	1.00		15					2.8	0.8		
Minimum:	1,000	0.50		4					0.7	0.2		
1												
2	15,400	0.50		4					1.1	0.4		
3	8,200	1.00		15					1.5	0.4		
4	8,000	1.00		15					0.8	0.2		
5	7,900	0.50		8					1.8	0.3		
6	8,200	0.50		7					1.7	0.5		
7												
8												
9	16,700	1.00		7					1.4	0.4		
10	9,300	0.50		6					2.0	0.4	3	
11	8,000	0.50		7					1.2	0.3		
12		1.00							1.8	0.4		
13												
14	16,600	0.50		4					1.4	0.4		
15												
16	8,000	1.00		15					0.8	0.2		
17	8,100	0.50		7					1.5	0.3		
18		0.50							1.2	0.3		
19	8,200	0.50		7					1.4	0.3		
20	8,000	0.50		7					0.7	0.2		
21												
22												
23	16,500	1.50		11					1.4	0.4	1	
24	1,000								1.8	0.4	1	
25	7,900	0.50		8					1.9	0.7		
26	7,900	0.50		8					2.5	0.5		
27	8,500	0.50		7					2.0	0.7		
28												
29												
30	24,100	1.00		5					2.2	0.8		
31	8,000	0.50		7					2.4	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 17-555(10)(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 PWS Name Saratoga Harbor Location:City or S/D East Palatka
Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month September 1993
Plant Effluent pH (Avg) 7.8 No of Services at End of Month No of People at End of Month
Design Flow .200 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	160,000	20.50		281					42.0	15.6	3	
Average:	6,000	0.68		9					1.9	0.7		
Maximum:	8,400	1.00		60					3.2	1.5		
Minimum:	200	0.50		4					1.2	0.3		
1	7,900	0.50		8					2.8	1.5		
2	8,000	0.50		7					3.0	1.2		
3	5,300	0.50		7					1.5	0.5		
4												
5												
6	16,900	2.50		18					2.8	1.0		
7	8,200	0.50		7					1.8	0.5		
8	7,500	0.50		8					1.2	0.3		
9									1.3	0.3		
10												
11	16,000	2.00		15					1.8	0.5		
12												
13	8,300	1.00		14					2.0	1.0		
14	8,000	0.50		7					2.2	0.8		
15	8,400	1.00		14					1.5	0.5	3	
16	1,000	0.50		60					1.6	0.4		
17	8,000	1.00		15					2.1	1.0		
18												
19												
20	16,200	4.00		30					3.2	1.5		
21	8,000	1.00		15					2.4	0.6		
22	8,300	0.50		7					1.3	0.5		
23		0.50							1.5	0.5		
24												
25	15,000	0.50		4					1.5	0.6		
26												
27	8,200	2.00		29					1.7	0.6		
28	8,300	0.50		7					2.0	0.8		
29	8,000	0.50		7					1.3	0.5		
30	200								1.8	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. 2541000 PWS Name Saratoga Harbor Location:City or S/D East Palatka

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

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

Design Flow .200 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:	208,200	13.00		133					50.6	19.8	4	
Average:	6,716	0.42		4					2.3	0.8		
Maximum:	14,300	0.50		30					3.5	1.5		
Minimum:	100	0.50		4					1.0	0.3		
1	9,000	0.50		7					2.6	1.0		
2												
3												
4	21,900	2.00		11					3.0	1.5		
5	9,000	0.50		7					2.7	1.0	3	
6	8,300	0.50		7					2.0	1.0		
7	300								2.2	1.2		
8	7,900	0.50		8					3.0	1.5		
9												
10												
11	24,900	1.00		5					3.5	1.5		
12	100								3.5	1.1		
13	8,200	0.50		7					3.2	1.5		
14	8,100	0.50		7					3.0	1.1	1	
15	12,400	0.50							1.0	0.3		
16												
17												
18	16,100	1.00		7					1.0	0.3		
19	8,400	0.50		7					1.4	0.6		
20	2,000	0.50		30					2.4	1.0		
21	14,300	0.50		4					2.0	0.8		
22									2.3	1.0		
23												
24												
25	24,400	1.50		7					1.7	0.5		
26									2.5	0.7		
27	8,200	0.50		7					2.0	0.5		
28	8,200	0.50							2.0	0.6		
29									2.5	1.0		
30												
31	16,500	1.50		11					1.1	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

DEP Form 17-555810(2)

Effective 11/12/89

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 PWS Name Saratoga Harbor 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 .200 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	181,800	18.00		248					51.7	19.7	9	
Average:	6,060	0.60		8					2.4	0.9		
Maximum:	8,800	2.00		39					3.0	1.5		
Minimum:	100	0.50		7					1.5	0.4		
1									3.0	1.5		
2	8,800	0.50		7					2.3	0.8	3	
3	4,000	0.50		15					2.3	0.9		
4	4,400	0.50		14					2.0	0.8		
5	8,100	0.50		7					2.2	1.0		
6												
7												
8	15,700	1.50		11					1.8	0.8		
9	8,400	0.50		7					1.8	0.4		
10	8,800	1.00		14					3.0	1.0		
11									2.8	1.1		
12	8,100	1.00		15					2.6	0.9		
13												
14												
15	16,400	1.00		7					3.0	1.0		
16	8,000	1.00		15					2.6	0.9		
17	7,900	1.00		15					2.5	0.9		
18	100								3.0	1.2		
19	8,200	1.00		15					2.7	1.2		
20												
21												
22	24,800	2.00		10					3.0	1.5		
23									1.8	0.5		
24	8,000	1.00		15					1.8	0.8		
25	6,100	2.00		39					1.8	0.8		
26	2,500	0.50		24					2.0	0.7		
27												
28												
29	24,400	2.00		10					1.8	0.5		
30	8,200	0.50		7					2.8	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 17-555810(2)
Effective 11/1/1989

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541008 PWS Name Saratoga Harbor 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 .200 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. Bell (Lead Operator's Signature) (Cert. Level) 0521-C (Cert. No)

Days of 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	149,100	13.25		154					24.5	9.8		
Average:	4,810	0.43		5					1.1	0.4		
Maximum:	11,700	1.25		33					2.5	1.0		
Minimum:	100	0.25		5					0.2	0.2		
1									2.5	1.0		
2	2,100								1.8	0.7		
3		1.25							1.8	0.7		
4												
5												
6	15,800	0.75		6					1.0	0.3		
7									1.0	0.2		
8	3,600	1.00		33					0.2	0.2	3	WELL-P, 2 DIST "C"
9	6,600	0.50		9					0.7	0.3		
10	11,700	0.50		5					0.2	0.2		
11												
12												
13	16,700	1.50		11					1.0	0.3	1	WELL-P
14	100								0.4	0.2	3	DIST- ALL A. WELL
15	9,100	0.50							0.6	0.3		
16									0.6	0.3		
17	8,400	1.00		14					1.5	0.5		
18												
19												
20	15,600	1.50		11					0.8	0.2	1	WELL-A
21	8,000	0.50		7					1.0	0.4	1	WELL-A
22									1.8	0.7		
23	8,200	0.50		7					1.4	0.5		
24									1.5	0.7		
25												
26												
27	16,400	2.00		15					0.8	0.2		
28	8,300	0.50							1.2	0.4		
29	8,300	0.50		7					0.7	0.2		
30	7,700	0.50		8					0.2	0.4		
31	1,500	0.25		20					1.7	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. 3351182 PWS Name Silver Lake Estates Location: City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month January 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1,025 No of People at End of Month 3587.5
Design Flow #1 625 GPM/#2 625 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-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	19,030,000	262.0		44.3					38.5	23.7	6	
Average	613,871	8.5		1.4					1.5	1.0		
Maximum	854,000	17.0		2.1					1.5	1.2		
Minimum	368,000	6.0		0.7					1.0	0.9		Instl new CL2
1												Drain sght glss
2	1,282,000	15.0		1.4					1.0			
3	543,000	9.0		2.0					1.5	1.2		
4	472,000	6.0		1.5					1.5	1.2		
5	607,000	8.0		1.6					1.5	1.2		
6	655,000	8.0		1.5					1.5	1.2		
7	635,000	8.0		1.5					1.5	1.2		
8	507,000	7.0		1.7					1.5	1.2		
9												
10	1,328,000	17.0		1.5					1.5			Fill sght glss
11	653,000	10.0		1.8					1.5	1.2		
12	699,000	9.0		1.5					1.5	1.0	6	New CL2/compliance
13	683,000	9.0		1.6					1.5	1.0		
14	450,000	7.0		1.9					1.5	0.9		Drain sght glss
15	470,000	8.0		2.0					1.5	1.0		
16												
17	1,282,000	16.0		1.5					1.5	0.9		Line flushing
18	368,000	8.0		2.6					1.5	0.9		
19	494,000	6.0		1.5					1.5	0.9		
20	621,000	10.0		1.9					1.5	0.9		
21	466,000	8.0		2.1					1.5	0.9		
22	600,000	10.0		2.0					1.5	0.9		
23												
24	1,582,000	20.0		1.5					1.5	1.0		
25	853,000	11.0		1.5					1.5	1.0		
26	854,000	11.0		1.5					1.5	1.0		
27	825,000	10.0		1.5					1.5	1.0		
28	575,000	8.0		1.7					1.5	1.0		
29												
30	1,054,000	17.0		1.9					1.5			
31	472,000	6.0		1.5					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 11-1-1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month February 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1,025 No of People at End of Month 3587.5

Design Flow #1 625 GPM/#2 625 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-5525/L. Shreffler C-6557/W. 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 In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	19,870,000	264.0		38.3					38.3	21.6	10	
Average	709,643	9.4		1.4					1.6	1.1		
Maximum	869,000	20.0		1.9					1.8	1.2		
Minimum	428,000	8.0		1.5					1.5	1.0		
1	428,000	8.0		1.7					1.5	1.0		
2	501,000	7.0		1.7					1.5	1.0		New CL2
3	603,000	8.0		1.6					1.5	1.0		
4	607,000	8.0		1.6					1.8	1.2		
5	682,000	9.0		1.6					1.8			
6												
7	1,801,000	20.0		1.6					1.6	1.2		
8	735,000	9.0		1.5					1.5	1.0		
9	835,000	11.0		1.6					1.5	1.0	6	Compliance
10	835,000	11.0		1.6					1.5	1.0		
11	776,000	10.0		1.5					1.5	1.0		
12	927,000	15.0		1.9					1.5			
13												
14	1,427,000	18.0		1.5					1.5	1.0		Line flush
15	731,000	10.0		1.6					1.5	1.0		Line flush
16	839,000	11.0		1.6					1.5	1.0	4	Clearance-
17	868,000	9.0		1.6					1.5	1.0		Park Lane
18	520,000	7.0		1.6					1.5	1.0		
19	461,000	6.0		1.6					1.5			
20												
21	1,329,000	17.0		1.5					1.8	1.2		
22	959,000	12.0		1.5					1.8	1.2		
23	846,000	11.0		1.6					1.8	1.2		
24	801,000	10.0		1.5					1.8	1.2		UOC grpll di-n-
25	560,000	7.0		1.5					1.8	1.2		UOC grpll di-n-
26	798,000	12.0		1.8					1.5			
27												
28	1,491,000	20.0		1.6					1.6	1.2		
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. 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month March 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1,027 No of People at End of Month 3594.5

Design Flow #1 625 GPM/#2 625 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. Shaffer 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	30,809,000	450.0		46.7					41.1	29.2	8	
Average	993,835	15.0		1.5					1.8	1.2		
Maximum:	1,365,000	22.0		2.3					1.8	1.5		
Minimum:	432,000	8.0		0.8					1.2	1.0		
1	537,000	11.0		1.8					1.5	1.2		
2	567,000	8.0		1.6					1.5	1.2		
3	432,000	8.0		1.7					1.5	1.2		
4	587,000	8.0		1.2					1.2	1.0		
5	496,000	7.0		1.7					1.3			
6												
7	2,020,000	25.0		1.5					1.8	1.2		Flushed lines
8	927,000	12.0		1.6					1.5	1.2		
9	1,226,000	15.0		1.6					1.5	1.2	6	Compliance
10	735,000	9.0		1.5					1.5	1.2		
11	702,000	9.0		1.5					1.5	1.2		
12	882,000	13.0		1.8					1.5			
13												
14	2,181,000	35.0		1.9					1.5	1.2		
15	1,153,000	22.0		2.3					1.5	1.2		New Cl2 cyl
16	1,089,000	15.0		1.7					1.5	1.2		
17	1,304,000	17.0		1.6					1.5	1.2		Flushed lines
18	1,093,000	15.0		1.6					1.5	1.2		
19	1,228,000	15.0		1.5					1.5	1.2		
20												
21	2,770,000	42.0		1.8					1.8	1.5		
22	1,202,000	17.0		1.7					1.6	1.3		
23	1,182,000	18.0		1.8					1.8	1.5		
24	1,333,000	20.0		1.8					1.8	1.5		
25	1,361,000	20.0		1.8					1.8	1.5		
26	720,000	12.0		2.0					1.2			
27												
28	2,069,000	35.0		2.0					1.8	1.0		New cl2 cyl
29	834,000	14.0		2.0					1.5	1.1		
30	835,000	18.0		2.1					1.8	1.0		
31	946,000	18.0		2.0					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. 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1,029 No of People at End of Month 3801.5

Design Flow #1 625 GPM/#2 625 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-8497/W. Fontaine C-8813/B. Heath C-8525/L. Shreffler C-8587

I certify this report is correct Donald B. Cordu 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	37,008,000	492.0		42.3					39.9	28.1	8	
Average:	1,233,600	16.4		1.4					1.5	1.2		
Maximum:	1,514,000	20.0		2.1					1.8	1.2		
Minimum:	722,000	13.0		0.8					1.2	0.9		
1	1,137,000	20.0		2.1					1.6	1.2		
2	791,000	13.0		2.0					1.5	1.2		
3												
4	2,877,000	35.0		1.5					1.5	1.2		
5	1,234,000	16.0		1.6					1.5	1.2		Cl2 cyl del
6	1,421,000	18.0		1.5					1.5	1.2	8	Compliance
7	1,289,000	16.0		1.5					1.5	1.2		
8	911,000	12.0		1.6					1.5	1.2		
9												
10	2,734,000	34.0		1.5					1.5			
11	1,278,000	16.0		1.5					1.5	1.2		
12	1,415,000	18.0		1.5					1.5	1.2		Instl Cl2 cyl
13	1,437,000	18.0		1.5					1.5	1.2		
14	1,028,000	15.0		1.7					1.5	1.2		
15	1,170,000	15.0		1.5					1.5	1.2		
16	1,384,000	15.0		1.3					1.2			
17												
18	2,955,000	38.0		1.5					1.5	1.2		
19	1,715,000	21.0		1.5					1.5	1.2		
20	1,282,000	16.0		1.5					1.5	1.2		
21	1,514,000	19.0		1.5					1.5	1.2		
22	722,000	10.0		1.7					1.2	0.9		Install cl2 cyl
23	1,044,000	14.0		1.6					1.2			
24												
25	2,019,000	30.0		1.8					1.6	1.2		
26	1,239,000	19.0		1.8					1.6	1.2		
27	883,000	13.0		1.8					1.6	1.2		
28	1,315,000	20.0		1.6					1.8	1.2		
29	1,233,000	18.0		1.6					1.8	1.2		Line Flushing
30	981,000	15.0		1.8					1.7			
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. 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month May 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 1,030 No of People at End of Month 3605.0

Design Flow #1 625 GPM/#2 625 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/L. Shreffler C-6547/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	45,611,000	578.0		38.6					38.6	25.4	8	
Average:	1,471,323	18.6		1.2					1.4	1.2		
Maximum:	1,775,000	60.0		1.9					1.8	1.5		
Minimum:	1,060,000	10.0		1.2					1.0	0.9		
1												
2	3,232,000	50.0		1.9					1.8	1.5		New Cl2 Cyl
3	1,282,000	16.0		1.5					1.5	1.2		Roto set chg
4	1,255,000	14.0		1.3					1.2	0.9		
5	1,606,000	19.0		1.4					1.2	0.9		
6	1,429,000	20.0		1.7					1.5	1.0		
7	1,465,000	18.0		1.2					1.2			
8												
9	3,125,000	36.0		1.5					1.5	1.2		
10	1,538,000	18.0		1.4					1.4	1.2		
11	1,439,000	18.0		1.5					1.5	1.2	8	Complnce/new Cl2
12	1,513,000	19.0		1.5					1.5	1.2		
13	1,535,000	19.0		1.5					1.5	1.2		
14	1,184,000	10.0		1.0					1.0			
15												
16	3,396,000	42.0		1.5					1.5	1.2		
17	1,654,000	22.0		1.6					1.5	1.2		
18	1,284,000	18.0		1.5					1.8	1.2		Flushed/repair
19	1,612,000	18.0		1.3					1.2	1.0		
20	1,060,000	11.0		1.2					1.2	1.0		Line repair
21	1,334,000	15.0		1.3					1.2			
22												
23	3,229,000	50.0		1.9					1.4	1.1		New Cl2 cyl on line
24	1,682,000	23.0		1.6					1.5	1.2		New Cl2 cyl on line
25	1,744,000	22.0		1.5					1.5	1.2		
26	1,775,000	22.0		1.5					1.5	1.2		
27	1,686,000	21.0		1.5					1.5	1.2		
28	1,206,000	15.0		1.5					1.5			
29												
30	2,211,000	30.0		1.6					1.5	1.2		
31	1,151,000	15.0		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. 3351182 PWS Name Silver Lake Estates Location: City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1,035 No of People at End of Month 3822.5

Design Flow #1 625 GPM/#2 625 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-6487/William Fontaine C-6813 / Brian Heath C-5825

I certify this report is correct Brian F Heath (Lead Operator's Signature) C5825 (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	26,724,000	341.0		39.2					38.5	25.9	8	
Average:	890,800	11.4		1.3					1.5	1.2		
Maximum:	1,379,000	30.0		1.8					1.5	1.2		
Minimum:	483,000	8.0		1.3					1.2	0.9		
1	1,033,000	13.0		1.5					1.5	1.2		
2	996,000	13.0		1.8					1.5	1.2		
3	1,000,000	13.0		1.8					1.5	1.2		Flushed lines
4	725,000	11.0		1.8					1.5			
5												
6	2,033,000	30.0		1.8					1.2	0.9		
7	1,004,000	13.0		1.6					1.4	1.0		New ct2 on line
8	727,000	10.0		1.6					1.5	1.2		
9	646,000	8.0		1.3					1.5	1.2	8	Compliance
10	666,000	9.0		1.6					1.5	1.2		
11												
12	1,803,000	20.0		1.5					1.5			
13	1,283,000	16.0		1.5					1.5	1.2		
14	1,167,000	15.0		1.5					1.5	1.2		
15	927,000	13.0		1.7					1.5	1.2		
16	884,000	11.0		1.5					1.5	1.2		
17	585,000								1.5	1.2		
18	483,000	8.0		1.6					1.5			
19												
20	1,803,000	19.0		1.5					1.5	1.2		PDE L&C samples
21	732,000	10.0		1.6					1.5	1.2		
22	727,000	10.0		1.6					1.5	1.2		
23	629,000	8.0		1.7					1.5	1.2		
24	690,000	9.0		1.6					1.5	1.2		
25	1,109,000	14.0		1.5					1.5			
26												
27	2,253,000	29.0		1.5					1.5	1.2		
28	1,379,000	17.0		1.5					1.4	1.2		
29	1,344,000	17.0		1.5					1.5	1.2		
30	708,000	9.0		1.5					1.6	1.2		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351162 PWS Name Silver Lake Estates Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 1,038 No of People at End of Month 3633.0

Design Flow #1 625 GPM/#2 625 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 Maro C-6497/B. Heath C-5825/L. Shreffler C-6567/W. Fontaine C-6813

I certify this report is correct Russ 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	23,319,000	290.0		38.2					33.1	18.7	10	
Average:	752,226	9.4		1.2					1.3	1.0		
Maximum:	1,116,000	21.0		2.5					1.5	1.2		
Minimum:	480,000	7.0		1.3					1.2	0.8		
1	613,000	10.0		1.5					1.5	1.2		
2	977,000	12.0		1.5					1.5			
3												
4	1,669,000	21.0		1.5					1.5			
5	840,000	11.0		1.6					1.5	1.2		
6	1,116,000	14.0		1.5					1.5	1.2		
7	922,000	12.0		1.6					1.5	1.2		
8	1,020,000	13.0		1.6					1.5	1.2		
9	885,000	10.0		1.4					1.2			
10												
11	1,676,000	18.0		1.3					1.2	0.9		
12	881,000	10.0		1.4					1.2	0.9		
13	631,000	8.0		1.5					1.2	0.9	6	Compliance-flushed
14	556,000	7.0		1.5					1.2	0.9		lines
15	752,000	9.0		1.4					1.2	0.9		
16	852,000	12.0		1.7					1.3			
17												
18	1,701,000	19.0		1.3					1.2	0.8		
19	681,000	8.0		1.4					1.2	0.8		Flushed lines
20	701,000	9.0		1.5					1.2	0.8	2	Outage samples
21	733,000	9.0		1.5					1.2	0.8	2	Outage samples
22	565,000	7.0		1.5					1.2	0.8		
23	829,000	10.0		1.4					1.2			
24												
25	1,819,000	20.0		1.5					1.5	1.2		
26	648,000	10.0		1.9					1.5	1.2		
27												
28	1,210,000	14.0		1.4					1.2	0.9		
29	562,000	7.0		1.5					1.2	0.9		
30	480,000	10.0		2.5					1.5			
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 1,039 No of People at End of Month 3636.5

Design Flow #1 625 GPM/#2 625 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-8497/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 in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	17,842,000	233.0		42.8					40.5	27.6	10	
Average:	575,548	7.5		1.4					1.5	1.2		
Maximum	879,000	18.0		1.8					1.8	1.2		
Minimum:	392,000	5.0		0.8					1.4	1.2		
1	1,174,000	15.0		1.5					1.5	1.2		
2	503,000	7.0		1.7					1.5	1.2		
3	879,000	11.0		1.5					1.5	1.2		
4	494,000	8.0		1.5					1.5	1.2		
5	513,000	7.0		1.6					1.5	1.2		
6	664,000	10.0		1.8					1.5			
7												
8	1,058,000	13.0		1.5					1.5	1.2		
9	529,000	7.0		1.6					1.5	1.2		
10	628,000	8.0		1.5					1.5	1.2		
11	570,000	7.0		1.5					1.5	1.2	6	Compliance
12	514,000	7.0		1.6					1.5	1.2		
13	385,000	5.0		1.6					1.6			
14												
15	1,272,000	16.0		1.5					1.5	1.2		
16	504,000	7.0		1.7					1.5	1.2		
17	594,000	8.0		1.6					1.5	1.2		
18	513,000	7.0		1.8					1.5	1.2		
19	468,000	6.0		1.5					1.5	1.2		new cl2 cyl
20	420,000	5.0		1.4					1.4			
21												
22	961,000	12.0		1.5					1.5	1.2		w-2 pulled
23	392,000	8.0		1.8					1.5	1.2		
24	495,000	6.0		1.5					1.5	1.2		Flushed lines
25	403,000	8.0		1.8					1.5	1.2	2	Outage/main brk
26	404,000	8.0		1.8					1.5	1.2	2	Outage/main brk
27	432,000	6.0		1.7					1.5			
28												
29	1,270,000	16.0		1.5					1.5	1.2		
30	705,000	9.0		1.5					1.5	1.2		
31	1,098,000	14.0		1.5					1.5	1.2		

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1,043 No of People at End of Month 3850.5

Design Flow #1 625 GPM/#2 625 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 Hall 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	19,649,000	250.0		39.6					38.9	31.1	10	
Average	654,967	8.3		1.3					1.5	1.2		
Maximum	1,035,000	13.0		2.2					1.6	1.2		
Minimum	432,000	6.0		0.8					1.4	1.1		
1	917,000	12.0		1.6					1.5	1.2		
2	911,000	12.0		1.6					1.5	1.2		Cl2 inst standby
3	809,000	11.0		1.6					1.5	1.2		
4												
5	1,544,000	20.0		1.6					1.5	1.2		
6	772,000	10.0		1.6					1.5	1.2		Cl2 inst standby
7	786,000	11.0		1.7					1.5	1.2	2	Compliance
8	1,035,000	13.0		1.5					1.5	1.2	2	Compliance
9	675,000	9.0		1.6					1.5	1.2		
10	432,000	6.0		1.7					1.6	1.2		
11												
12	1,302,000	16.0		1.7					1.4	1.1		
13	628,000	8.0		1.5					1.5	1.2	6	Compliance
14	702,000	10.0		1.7					1.5	1.2		W-2 on line
15	552,000	9.0		1.6					1.5	1.2		
16	686,000	9.0		1.6					1.5	1.2		
17	641,000	8.0		1.5					1.5	1.2		
18												
19	1,171,000	15.0		1.5					1.5	1.2		
20	456,000	6.0		1.5					1.5	1.2		
21	512,000	7.0		1.6					1.5	1.2		
22	597,000								1.5	1.2		
23	635,000	8.0		1.5					1.5	1.2		
24	987,000	11.0		1.4					1.4	1.2		
25												
26	690,000	11.0		1.5					1.5	1.2		
27	446,000	7.0		1.9					1.5	1.2		
28	519,000	7.0		1.6					1.5	1.2		
29	471,000	6.0		1.5					1.5	1.2		Flushed lines
30	469,000	6.0		1.5					1.5	1.2		VOC's, Gpll,NO3,-
31												- No2 pulled

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DER Form 17.555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates Location City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1,046 No of People at End of Month 3666.0

Design Flow #1 625 GPM/#2 625 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/W. Fontaine C-6613/L. Shreffler C-6587

I certify this report is correct Brian Heath (Lead Operator's Signature) C-5525 (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	21,069,000	275.0		39.5					35.8	23.4	6	
Average:	679,645	8.9		1.3					1.4	1.1		
Maximum:	1,031,000	15.0		1.8					1.6	1.3		
Minimum:	402,000	5.0		0.5					1.0	0.9		
1	608,000	8.0		1.6					1.5			
2												
3	1,117,000	14.0		1.5					1.5	1.2		
4	402,000	6.0		1.8					1.5	1.2		
5	527,000	7.0		1.6					1.5	1.2	6	Compliance
6	552,000	7.0		1.5					1.5	1.2		
7	653,000	8.0		1.5					1.5	1.2		
8												
9												
10	2,610,000	32.0		1.5					1.5	1.2		
11	468,000	6.0		1.5					1.5	1.3		Ins Cl2 cyl
12	487,000	7.0		1.7					1.6	1.3		Ins Cl2 cyl
13	410,000	5.0		1.5					1.5	1.2		
14	510,000	7.0		1.6					1.5	1.1		
15	667,000	7.0		1.3					1.2			
16												
17	1,061,000	14.0		1.6					1.4	1.2		Reduce Cl2 feed
18	563,000	8.0		1.7					1.4	1.1		
19	730,000	10.0		1.6					1.4	1.1		
20	727,000	10.0		1.6					1.2	1.0		
21	771,000	10.0		1.6					1.2	0.9		
22	692,000	9.0		1.6					1.0			
23												
24	2,324,000	30.0		1.5					1.4	1.0		
25	1,031,000	15.0		1.7					1.5	1.0		
26	992,000	12.0		1.5					1.5	1.0		
27	750,000	10.0		1.6					1.5	1.0		Flushed lines
28	627,000	9.0		1.7					1.5	1.0		
29	649,000	9.0		1.7					1.5			
30												
31	1,141,000	15.0		1.6					1.5	1.0		

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates 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 1,049 No of People at End of Month 3671.5
Design Flow #1 625 GPM/#2 625 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-6567
I certify this report is correct Brian Hunt 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	20,875,000	262.0		40.2					35.8	20.6	10	
Average:	689,167	8.7		1.3					1.4	1.0		
Maximum	1,085,000	15.0		1.9					1.5	1.2		
Minimum	318,000	5.0		1.3					1.2	0.8		
1	534,000	7.0		1.6					1.4	0.9		
2	647,000	7.0		1.3					1.2	0.8	6	Compliance
3	927,000	10.0		1.3					1.2	0.8	2	Main Break/flush
4	447,000	5.0		1.3					1.2	0.8	2	Main Break
5	1,085,000	15.0		1.7					1.2			
6												
7	2,022,000	25.0		1.5					1.2	0.9		
8	932,000	12.0		1.5					1.2	0.9		
9	1,058,000	12.0		1.4					1.2	0.9		
10	1,072,000	12.0		1.3					1.2	0.9		
11	538,000	7.0		1.6					1.2	0.9		New Cl2 cylinder
12	462,000	6.0		1.6					1.3			
13												
14	1,354,000	17.0		1.5					1.5	1.0		
15	652,000	8.0		1.5					1.5	1.0		
16	318,000	5.0		1.9					1.5	1.0		
17	445,000	6.0		1.6					1.5	1.0		
18	411,000	6.0		1.8					1.5	1.0		New Cl2 cylinder
19	453,000	7.0		1.9					1.5			
20												
21	1,196,000	16.0		1.6					1.4	0.9		
22	403,000	6.0		1.8					1.4	1.0		
23	625,000	8.0		1.5					1.5	1.2		
24												
25	1,275,000	17.0		1.6					1.5	1.1		
26	744,000	9.0		1.5					1.5			
27	674,000	9.0		1.6					1.5			
28	886,000	11.0		1.5					1.5	1.2		
29	775,000	10.0		1.5					1.5	1.2		
30	740,000	9.0		1.5					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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates 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 1,050 No of People at End of Month 3675.0
Design Flow #1,625 GPM/#2,625 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-6567/W. Fontaine C-6813
I certify this report is correct Willie 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	17,998,000	241.0		44.2					39.5	22.2	10	
Average	580,581	7.8		1.4					1.5	1.1		
Maximum	1,320,000	16.0		2.1					1.8	1.2		
Minimum	191,000	3.0		1.3					1.2	0.9		
1	536,000	7.0		1.6					1.5	1.2		
2	497,000	7.0		1.7					1.5	1.2		
3	618,000	9.0		1.7					1.5			
4												
5	1,395,000	15.0		1.3					1.2	0.9		
6	488,000	6.0		1.5					1.2	0.9		
7	483,000	6.0		1.5					1.2	0.9		
8	541,000	7.0		1.6					1.2	0.9		
9	587,000	8.0		1.6					1.2	0.9		
10	770,000	10.0		1.6					1.2			
11												
12	1,187,000	15.0		1.5					1.5	1.0		
13	598,000	8.0		1.6					1.5	1.0		
14	572,000	7.0		1.5					1.5	1.0	6	Compliance
15	670,000	9.0		1.6					1.5	1.0		
16	686,000	9.0		1.6					1.5	1.0		
17	524,000	7.0		1.6					1.5			
18												
19	1,351,000	20.0		1.8					1.8	1.2		
20	629,000	8.0		1.5					1.5	1.0		
21	455,000	6.0		1.6					1.5	1.0		New Cl2 cyl
22	503,000	8.0		2.1					1.8	1.2		Otge & main repair
23	299,000	5.0		2.0					1.8			
24	449,000	6.0		1.6					1.5	1.2		
25												
26	1,027,000	15.0		1.8					1.5			
27	635,000	9.0		1.7					1.4	1.1	2	m break outage
28	652,000	9.0		1.7					1.5	1.2	2	m break outage
29	1,320,000	16.0		1.5					1.5	1.2		
30	335,000	5.0		1.8					1.5	1.2		
31	191,000	3.0		1.9					1.5			

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0056 Reporting Month January 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1,001 No of People at End of Month 3503.50
Design Flow #1 625 GPM/#2 625 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	17570.0	246.0		43.20					32.2	25.1	6	
Average	586.0	8.20		1.7					1.3	1.0		
Maximum	917.0	15.0		2.5					1.5	1.2		
Minimum	294.0	5.0		1.4					1.0	0.8		
1												
2	1512.0	19.0		1.5					1.5	1.2		
3												
4	1443.0	17.0		1.4					1.2	1.0		
5	559.0	8.0		1.7					1.5	1.0		
6	595.0	9.0		1.8					1.5	1.0		
7	577.0	10.0		2.1					1.5	1.2		
8	649.0	9.0		1.7					1.5	1.2		
9	384.0	5.0		1.6					1.5	0.8		
10												
11	1156.0	15.0		1.5					1.5	1.0		
12	562.0	8.0		1.7					1.2	0.9	6	
13	623.0	9.0		1.7					1.2	0.9		
14	623.0	9.0		1.7					1.2	0.9		
15	436.0	6.0		1.7					1.2	0.9		
16												
17	827.0	10.0		1.5					1.2	1.0		
18	636.0	8.0		1.5					1.0	0.9		
19	490.0	7.0		1.7					1.2	1.0		
20	586.0	8.0		1.6					1.2	1.0		
21	673.0	10.0		1.8					1.2	1.0		
22	659.0	10.0		1.8					1.2	1.0		
23												
24	1282.0	15.0		1.4					1.2	1.0		
25	919.0	11.0		1.4					1.2	1.0		
26	393.0	5.0		1.5					1.2	1.0		
27	461.0	8.0		2.1					1.5	1.2		
28	524.0	10.0		2.3					1.2	1.0		
29	294.0	5.0		2.0					1.2	1.0		
30	707.0	15.0		2.5					1.2	1.0		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1,001 No of People at End of Month 3503.50

Design Flow #1 625 GPM:#2 625 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	19433.0	273.0		40.9					31.4	22.2	6	
Average	720.0	10.0		1.7					1.3	0.9		
Maximum	1397.0	18.0		2.8					1.5	1.0		
Minimum	428.0	5.0		1.1					1.0	0.8		
1	1397.0	18.0		1.5					1.2	1.0		
2	699.0	12.0		2.1					1.2	1.0		
3	802.0	12.0		1.8					1.2	0.9		
4	875.0	11.0		1.5					1.2	0.9		
5	705.0	10.0		1.7					1.2	0.9		
6												
7	1530.0	18.0		1.4					1.2	0.9		
8	714.0	10.0		1.7					1.2	0.9		
9	715.0	10.0		1.7					1.2	0.9	6	
10	634.0	8.0		1.9					1.2	0.9		
11	635.0	8.0		1.8					1.2	0.9		
12	428.0	10.0		2.8					1.5	1.0		
13	606.0	13.0		2.6					1.5	0.8		
14												
15	1323.0	24.0		2.1					1.5	1.0		
16	802.0	11.0		1.6					1.5	0.9		
17	716.0	11.0		1.8					1.5	0.9		
18	579.0	10.0		2.1					1.5	1.0		
19	684.0	12.0		2.1					1.5	0.9		
20	760.0	9.0		1.4					1.5	1.0		
21												
22	1704.0	23.0		1.6					1.2	1.0		
23	515.0	5.0		1.2					1.2	0.9		
24	672.0	6.0		1.1					1.0	0.8		
25	660.0	6.0		1.1					1.0	0.8		
26	544.0	7.0		1.5					1.5	1.0		
27	732.0	9.0		1.5					1.5	1.0		
28												
29												
30												
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 1,006 No of People at End of Month 3521
Design Flow #1 625 GPM/#2 625 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-5625
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	21331.0	293.0		45.4					39.6	26.0	14	
Average.	688.1	9.5		1.7					1.5	1.0		
Maximum.	1077.0	15.0		2.1					1.5	1.0		
Minimum.	4360.0	7.0		1.3					1.2	0.9		
1	1077.0	15.0		1.7					1.5	1.0		
2	820.0	11.0		1.6					1.5	1.0		
3	791.0	11.0		1.7					1.5	1.0		
4	508.0	8.0		1.9					1.5	1.0	2	
5	589.0	9.0		1.8					1.5	1.0	2	
6	591.0	9.0		1.8					1.5	1.0		
7												
8	1459.0	17.0		1.4					1.2	0.9		
9	763.0	11.0		1.7					1.5	1.0	6	
10	962.0	15.0		1.9					1.5	1.0		
11	884.0	11.0		1.5					1.5	1.0		
12	885.0	11.0		1.5					1.5	1.0		
13	604.0	8.0		1.6					1.5	1.0		
14												
15	1400.0	17.0		1.5					1.5	1.0		
16	716.0	9.0		1.5					1.5	1.0		
17	717.0	9.0		1.5					1.5	1.0		
18	525.0	8.0		1.8					1.5	1.0	2	
19	465.0	7.0		1.8					1.5	1.0	2	
20	583.0	8.0		1.7					1.5	0.9		
21												
22	1454.0	25.0		2.1					1.5	0.9		
23	447.0	8.0		2.1					1.5	0.9		
24	594.0	8.0		1.6					1.5	0.9		
25	451.0	7.0		1.9					1.5	0.9		
26	436.0	7.0		1.9					1.5	0.9		
27												
28	1277.0	16.0		1.5					1.5	0.9		
29	581.0	8.0		1.7					1.5	0.9		
30	898.0	10.0		1.3					1.2	1.0		
31	874.0	10.0		1.4					1.2	0.9		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-850-0058 Reporting Month April 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 992 No of People at End of Month 3472
Design Flow #1 625 GPM/#2 625 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-6567
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	30855.0	412.0		42.7					32.1	23.0	6	
Average	1029.0	14.0		1.6					1.2	0.9		
Maximum	1436.0	22.0		2.4					1.8	1.2		
Minimum	604.0	5.0		1.4					1.2	0.8		
1	850.0	11.0		1.6					1.2	0.9		
2	276.0	5.0		2.2					1.2	0.9		
3	757.0	9.0		1.4					1.2	1.0		
4												
5	1277.0	17.0		1.6					1.2	0.9		flushing
6	1187.0	16.0		1.6					1.2	0.9		
7	957.0	12.0		1.5					1.2	0.9		
8	885.0	12.0		1.6					1.2	0.9	6	
9	780.0	10.0		1.5					1.5	1.0		
10	876.0	15.0		2.1					1.8	1.2		
11												
12	2186.0	27.0		1.5					1.2	0.8		
13	1194.0	15.0		1.5					1.2	0.8		
14	1283.0	18.0		1.7					1.2	0.8		
15	1055.0	12.0		1.4					1.2	0.8		
16	604.0	8.0		1.6					1.2	0.8		
17	974.0	15.0		1.8					1.2	0.8		
18												
19	2080.0	25.0		1.4					1.2	0.8		
20	1109.0	22.0		2.4					1.2	0.8		flushing
21	1036.0	15.0		1.7					1.2	0.8		
22	1137.0	18.0		1.9					1.2	0.8		
23	1111.0	17.0		1.8					1.2	0.8		flushing
24												
25	2635.0	30.0		1.4					1.2	1.0		
26	1436.0	17.0		1.4					1.2	1.0		
27	1252.0	15.0		1.4					1.2	0.9		
28	1131.0	15.0		1.8					1.2	0.9		
29	1394.0	18.0		1.5					1.2	0.9		greased motor
30	1391.0	18.0		1.6					1.2	0.9		
31												

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates Location: City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 992 No of People at End of Month 3472

Design Flow #1 625 GPM/#2 625 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

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	45,900	597.0		40.1					36.3	23.8	10	
Average	1,500	19.26		1.5					1.4	0.9		
Maximum:	1,900	25.0		1.8					1.8	1.0		
Minimum	800	12.0		1.3					1.2	0.8		
1	1,700	20.0		1.4					1.2	0.8		
2												6" main break
3	2,600	40.0		1.8					1.8	1.0	2	line flushed
4	1,400	18.0		1.5					1.5	0.9	2	
5	1,300	17.0		1.6					1.5	0.9		
6	1,500	20.0		1.6					1.5	0.9		
7	1,500	20.0		1.6					1.5	0.9		
8												
9	3.2	40.0		1.5					1.5	0.9		
10	1.5	20.0		1.6					1.5	0.9	6	
11	1.5	20.0		1.6					1.5	0.9		
12	1.6	21.0		1.5					1.5	0.9		
13	1.6	21.0		1.5					1.5	0.9		
14	1.1	15.0		1.7					1.5	0.9		
15												
16	3.1	32.0		1.3					1.2	0.8		
17	1.7	21.0		1.5					1.5	1.0		
18	1.7	21.0		1.5					1.5	1.0		
19	1.7	25.0		1.7					1.5	1.0		
20	1.7	23.0		1.6					1.5	1.0		
21	1.6	20.0		1.5					1.5	1.0		
22	1.9	21.0		1.3					1.2	0.9		
23												
24	3.4	40.0		1.4					1.2	0.9		
25	1.6	20.0		1.5					1.2	0.9		
26	1.5	20.0		1.6					1.2	0.9		
27	1.6	20.0		1.5					1.2	0.9		
28	1.6	20.0		1.5					1.2	0.9		
29	0.8	12.0		1.8					1.2	0.9		
30												
31	1.5	30.0		1.6					1.2	0.9		

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates 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 1,011 No of People at End of Month 3538.0

Design Flow #1 625 GPM/#2 625 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-6597 / 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 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	41112.0	503.0		38.1					30.6	22.9	6	
Average	1370.4	17.0		1.5					1.2	0.9		
Maximum	1759.0	25.0		1.8					1.5	1.0		
Minimum	719.0	7.0		1.2					1.0	0.8		
1	1156.0	15.0		1.6					1.2	0.9		
2	1408.0	18.0		1.5					1.2	0.9		
3	1308.0	18.0		1.7					1.2	0.9		
4	1326.0	18.0		1.6					1.2	0.9		
5	1449.0	19.0		1.6					1.5	0.9		
6												
7	2995.0	35.0		1.4					1.2	0.9		
8	1741.0	22.0		1.5					1.2	0.9		
9	1479.0	20.0		1.6					1.2	0.9		
10	1751.0	25.0		1.7					1.2	0.9	6	
11	1494.0	18.0		1.4					1.2	0.9		
12	1194.0	13.0		1.3					1.0	0.8		
13												
14	2799.0	35.0		1.5					1.0	0.8		
15	1355.0	16.0		1.4					1.0	0.8		
16	1312.0	16.0		1.5					1.0	0.8		
17	1090.0	12.0		1.3					1.0	0.8		sand filter flushed
18	1290.0	18.0		1.7					1.2	1.0		
19	1349.0	20.0		1.8					1.2	0.9		
20												
21	3112.0	35.0		1.3					1.2	0.9		
22	1482.0	18.0		1.5					1.2	0.9		
23	1598.0	20.0		1.5					1.2	0.9		
24	1379.0	15.0		1.3					1.2	0.9		
25	1634.0	20.0		1.5					1.5	1.0		
26	1409.0	14.0		1.2					1.2	0.8		
27												
28	2557.0	28.0		1.3					1.2	0.9		
29	726.0	7.0		1.2					1.2	0.9		
30	719.0	8.0		1.3					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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates 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 1,011 No of People at End of Month 3538.5
Design Flow #1 625 GPM/#2 625 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 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	33899.0	406.0		39.1					32.4	24.8	6	
Average:	1094.0	13.1		1.5					1.2	0.9		
Maximum:	1386.0	15.0		1.6					1.2	1.0		
Minimum:	518.0	5.0		1.2					1.2	0.8		
1	986.0	10.0		1.2					1.2	1.0		
2	518.0	5.0		1.2					1.2	1.0		
3	883.0	10.0		1.4					1.2	1.0		
4												
5												
6	3589.0	37.0		1.2					1.2	1.0		
7	1197.0	15.0		1.5					1.2	1.0		
8	764.0	10.0		1.6					1.2	0.9		
9	686.0	9.0		1.6					1.2	0.9		
10	931.0	12.0		1.5					1.2	0.9		
11	936.0	12.0		1.5					1.2	0.9		
12	936.0	12.0		1.5					1.2	0.9	6	
13	1184.0	15.0		1.5					1.2	0.9		
14	1184.0	15.0		1.5					1.2	0.9		
15	1058.0	12.0		1.4					1.2	0.9		
16	1138.0	15.0		1.6					1.2	0.8		
17	1353.0	15.0		1.3					1.2	0.8		
18												
19	2768.0	32.0		1.4					1.2	0.9		
20	1386.0	15.0		1.3					1.2	0.9		
21	1058.0	13.0		1.5					1.2	0.9		
22	1234.0	15.0		1.5					1.2	0.9		
23	945.0	12.0		1.5					1.2	0.9		Flushed Lines
24	1188.0	15.0		1.5					1.2	1.0		
25												
26	1953.0	25.0		1.6					1.2	0.9		
27	1105.0	15.0		1.6					1.2	0.9		Flushed Lines
28	1228.0	15.0		1.5					1.2	0.9		
29	1263.0	15.0		1.4					1.2	0.9		
30	1185.0	15.0		1.5					1.2	0.9		
31	1243.0	15.0		1.4					1.2	0.9		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month August 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1,014 No of People at End of Month 3549

Design Flow #1 625 GPM/#2 625 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	41379.0	498.0		38.1					31.2	24.3	6	
Average	1335.0	16.1		1.5					1.2	0.9		
Maximum	1674.0	24.0		1.6					1.2	1.0		
Minimum	743.0	10.0		1.2					1.2	0.8		
1												
2	2824.0	36.0		1.4					1.2	1.0	6	
3	1446.0	18.0		1.5					1.2	1.0		
4	1384.0	18.0		1.6					1.2	1.0		
5	1598.0	20.0		1.5					1.2	1.0		flushed lines
6	1593.0	20.0		1.5					1.2	1.0		
7	1546.0	20.0		1.6					1.2	0.8		
8												
9	3345.0	35.0		1.3					1.2	1.0		
10	1576.0	20.0		1.5					1.2	1.0		
11	1556.0	20.0		1.5					1.2	1.0		
12	1784.0	24.0		1.6					1.2	1.0		
13	1618.0	22.0		1.6					1.2	0.9		
14												
15	3043.0	35.0		1.4					1.2	0.9		
16	1380.0	15.0		1.3					1.2	0.9		
17	1380.0	15.0		1.3					1.2	0.9		
18	1384.0	15.0		1.3					1.2	0.9		main break
19	1281.0	14.0		1.3					1.2	0.9		flushed lines
20	1281.0	14.0		1.3					1.2	0.9		
21												
22	2655.0	35.0		1.6					1.2	0.9		
23	1417.0	18.0		1.5					1.2	0.9		
24	1199.0	15.0		1.5					1.2	0.9		
25	1199.0	15.0		1.5					1.2	0.9		
26	868.0	11.0		1.5					1.2	0.9		
27	743.0	10.0		1.6					1.2	0.9		
28												
29	1761.0	17.0		1.2					1.2	1.0		
30	755.0	10.0		1.6					1.2	0.9		
31	754.0	10.0		1.6					1.2	0.9		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 1,014 No of People at End of Month 3549.0

Design Flow #1 625 GPM/#2 625 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 the 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	28,982,000	346.0		37.7					31.2	23.6	6	
Average	965,400	11.5		1.3					1.2	0.9		
Maximum	1,265,000	15.0		1.7					1.2	1.0		
Minimum	516,000	6.0		1.2					1.2	0.9		
1	662,000	9.0		1.6					1.2	0.9		
2	807,000	11.0		1.6					1.2	0.9		
3	834,000	11.0		1.6					1.2	0.9		
4	914,000	12.0		1.6					1.2	0.9		
5												
6	1,324,000	15.0		1.4					1.2	0.9		
7	1,072,000	15.0		1.7					1.2	0.9		
8	516,000	6.0		1.4					1.2	0.9		
9	571,000	6.0		1.3					1.2	0.9		
10	869,000	9.0		1.6					1.2	0.9		
11												
12	1,183,000	15.0		1.5					1.2	1.0		
13	977,000	11.0		1.3					1.2	0.9	6	Compliance samples
14	911,000	12.0		1.6					1.2	0.9		
15	1,025,000	15.0		1.8					1.2	0.9		
16	1,122,000	12.0		1.3					1.2	0.9		
17	870,000	10.0		1.4					1.2	0.9		
18												
19	2,017,000	22.0		1.3					1.2	1.0		
20	1,222,000	14.0		1.4					1.2	0.9		
21	1,183,000	15.0		1.5					1.2	0.9		
22	1,094,000	11.0		1.2					1.2	0.9		
23	1,203,000	13.0		1.3					1.2	0.9		
24	1,206,000	13.0		1.3					1.2	0.9		
25	1,400,000	15.0		1.3					1.2	0.9		
26												
27	2,525,000	30.0		1.4					1.2	0.9		
28	1,049,000	15.0		1.7					1.2	0.9		
29	1,369,000	15.0		1.3					1.2	0.9		
30	1,217,000	14.0		1.4					1.2	0.9		Flushed 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 11/1/1988

2165057-62
NERM

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351182 PWS Name Silver Lake Estates Location:City or SID Leesburg

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 1,014 No of People at End of Month 3549.0

Design Flow #1 625 GPM/#2 625 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 [signature] (Lead Operator's Signature) B (Cert. Level) A403 (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	30,288,000	358.0		37.3					31.6	24.0	6	
Average	977,032	11.5		1.2					1.2	0.9		
Maximum	1,450,000	16.0		2.0					1.5	1.2		
Minimum	593,000	8.5		1.2					1.0	0.7		
1	1,270,000	15.0		1.4					1.2	0.9		sand collector -
2	1,317,000	16.0		1.5					1.2	0.9		flushed
3												
4	2,900,000	30.0		1.2					1.0	0.7		
5	1,294,000	13.0		1.2					1.2	0.9		
6	1,294,000	13.0		1.2					1.2	0.9		
7	593,000	10.0		2.0					1.2	0.9		
8	665,000	10.0		1.8					1.2	0.9		
9	851,000	10.0		1.4					1.2	1.0		
10												
11	1,392,000	17.0		1.5					1.5	1.2		
12	927,000	12.0		1.6					1.5	1.2	6	Compliance samples
13	1,101,000	12.0		1.3					1.2	1.0		
14	1,047,000	12.0		1.4					1.2	1.0		
15	939,000	10.0		1.3					1.2	1.0		new CL2 cylinder
16												
17	1,293,000	15.0		1.4					1.2	0.9		
18	788,000	9.0		1.4					1.2	0.9		
19	929,000	11.0		1.4					1.2	0.9		
20	929,000	11.0		1.4					1.2	0.9		
21	1,158,000	13.0		1.3					1.2	0.9		
22	1,030,000	11.0		1.3					1.2	0.9		
23	947,000	14.0		1.8					1.2	0.7		
24												
25	2,126,000	28.0		1.6					1.2	0.9		NO2/NO3/VOC sample
26	1,118,000	12.0		1.3					1.2	1.0		
27	1,144,000	15.0		1.6					1.2	0.9		
28	1,165,000	15.0		1.5					1.2	0.9		
29	1,081,000	12.0		1.3					1.2	0.9		Flushed line
30	991,000	10.0		1.2					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. 3351182 PWS Name Silver Lake Estates 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 1,024 No of People at End of Month 3564.0
Design Flow #1 625 GPM/#2 625 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-6584 / Dennis 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	26,969,000	265.0		29.7					26.4	19.7	6	
Average:	898,967	8.8		1.0					1.1	0.8		
Maximum:	1,141,000	14.0		1.3					1.4	0.9		
Minimum:	509,000	5.0		0.6					0.6	0.6		
1	1,367,000	14.0		1.2					1.2	0.8		
2	577,000	6.0		1.2					1.2	0.8		
3	802,000	9.0		1.3					1.2	0.8		
4	927,000	10.0		1.3					1.2	0.8		
5	875,000	9.0		1.2					1.2	0.8		
6	930,000	9.0		1.2					1.2	0.8		
7										0.8		
8	1,908,000	19.0		1.2					1.2	0.8		
9	1,021,000	10.0		1.2					1.2	0.8		
10	813,000	8.0		1.2					1.2	0.8	6	Compliance samples
11	752,000	8.0		1.3					1.2	0.8		
12	509,000	5.0		1.2					1.2	0.8		
13												
14	1,758,000	18.0		1.2					1.0	0.8		
15	1,141,000	12.0		1.3					1.0	0.9		
16	1,102,000	12.0		1.3					1.0	0.9		Prim Sec samples
17	981,000	10.0		1.2					1.0	0.9		
18	1,057,000	10.0		1.1					1.0	0.9		
19	1,056,000	10.0		1.1					1.0	0.9		
20	940,000	8.0		1.0					1.2			
21												
22	1,826,000	12.0		0.8					0.8	0.8		
23	931,000	9.0		1.2					0.9	0.6		Rpl CL2 tubing
24	922,000	9.0		1.2					1.3	0.9		
25												
26	1,367,000	14.0		1.2					1.2	0.9		
27	825,000	8.0		1.2					1.4			
28												
29	1,702,000	17.0		1.2					1.2	0.9		
30	678,000	9.0		1.2					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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3351182 PWS Name Silver Lake Estates 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 1,020 No of People at End of Month 3570.0

Design Flow #1 625 GPM/#2 625 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-6587/ W FONTAINE C-6813

I certify this report is correct Donald B. Ewald B 2427

(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	26,542,000	343.0		42.7					39.2	28.6	6	
Average	856,194	11.1		1.4					1.5	1.1		
Maximum	1,226,000	15.0		2.2					1.7	1.4		
Minimum	588,000	8.0		1.0					1.0	0.8		
1	955,000	8.0		1.0					1.2	0.9		NEW CL2 CYLINDER
2	1,063,000	10.0		1.1					1.0	0.8		
3	1,043,000	11.0		1.3					1.0	0.8		
4										1.0		
5	1,859,000	24.0		1.5					1.2			
6	1,226,000	15.0		1.5					1.5	1.2		
7	996,000	13.0		1.6					1.5	1.2	6	COMPLIANCE SAMPL
8	1,085,000	15.0		1.7					1.5	1.2		
9	964,000	12.0		1.5					1.5	1.2		
10	963,000	12.0		1.5					1.5	1.2		
11	674,000	10.0		1.8					1.5			
12												
13	1,792,000	22.0		1.5					1.5	1.2		FLUSHED LINES
14	879,000	11.0		1.5					1.5	1.2		FLSHD SAND COLLEC
15	849,000	11.0		1.6					1.5	1.2		
16	938,000	12.0		1.5					1.5	1.2		NEW ELECTRIC MTR
17	915,000	12.0		1.6					1.5	1.2		NEW CL2-STNDBY
18	1,003,000	14.0		1.7					1.5			NEW FAN CL2 ROOM
19												
20	1,822,000	24.0		1.6					1.7	1.4		
21	588,000	11.0		2.2					1.6	1.2		
22	681,000	10.0		1.6					1.6	1.2		FLUSHED LINES
23	686,000	10.0		1.7					1.5	1.1		
24	514,000	9.0		2.1					1.4	1.0		
25												
26	1,085,000	15.0		1.7					1.5	1.2		
27	825,000	11.0		1.6					1.5	1.2		
28	764,000	10.0		1.6					1.5	1.2		
29	799,000	10.0		1.5					1.5	1.2		
30	880,000	11.0		1.5					1.5	1.2		
31	714,000	10.0		1.7					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.

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month January 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 323 No of People at End of Month 1130.5

Design Flow #1 215/#2 215 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-5828/W. Fontaine C-6813/L. Shreffler C-6557

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	98.900	2.00		18.6					29.9	19.2	4	
Average	3.190	0.06		0.6					1.2	0.9		
Maximum	14.300	0.50		4.3					1.4	1.0		
Minimum	50	0.25		0.2					1.0	0.8		
1												
2	9.500								1.0	0.8		
3	2.600	0.25		2.5					1.0	0.8		
4									1.0	0.8		Drain sght glass-
5									1.0	0.8		add air to HPT
6									1.2	0.9		
7									1.2	0.9		Fill sght glss
8									1.2			
9												
10	300								1.2	0.9		Exer W-2 air HPT
11	7.200								1.4	1.0		
12	8.300	0.25		1.9					1.2	0.9	4	Exer w-1/comp/fish
13	4.800								1.2	0.9		Line flush
14									1.2	0.9		AirHPT/drain sght
15									1.2			
16												
17									1.2	0.9		
18									1.2	0.9		
19									1.2	0.9		
20									1.2	0.9		
21									1.2	0.9		
22									1.1			
23												
24	20.900	0.50		2.9					1.0	0.8		
25	13.500	0.25		2.2					1.0	0.8		
26	14.300	0.25		2.1					1.2	0.9		Fill sght glss
27	6.900	0.25		4.3					1.2	0.9		
28									1.2	0.9		
29												
30	10.600	0.25		2.8					1.2			
31									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. 3351464 PWS Name Western Shores Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 823 No of People at End of Month 1130.5

Design Flow #1 215/#2 215 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/ Brian Heath C-5825/ L. Shreffler C-8587/W. Fontaine C-8816

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	144,600	3.25		31.9					27.3	19.4	8	
Average	5,164	0.12		1.1					1.1	0.9		
Maximum	15,200	0.25		4.8					1.3	1.1		
Minimum	567	0.50		2.0					1.0	0.8		
1									1.0	0.8		
2									1.0	0.8		
3	1,700								1.2	0.8		
4									1.2	0.8		
5									1.2			
6												
7	13,100	0.25		2.0					1.0	0.9		
8	7,200	0.25		4.2					1.0	0.9		
9	8,300	0.25		3.6					1.0	0.9		
10	13,500	0.25		2.2					1.0	0.8	4	Compliance/Fish-
11	12,600	0.25		2.3					1.0	0.8		Well 1
12									1.0			
13												
14	23,200	0.50		2.6					1.2	0.9		Lines flushed
15	5,200								1.2	0.9		Lines flushed
16	8,800	0.25		2.5					1.2	0.9	4	Lines flushed -
17	3,700								1.2	0.9		Main clearance
18									1.2	0.9		
19									1.2	0.9		
20												
21	7,200	0.25		2.8					1.2	0.9		
22	6,300	0.25		4.8					1.2	0.9		
23	15,200	0.25		2.0					1.2	0.9		
24	4,700								1.2	0.9		
25									1.2	0.9		
26									1.2	0.9		
27												
28	15,700	0.50		2.9					1.3	1.1		
29												
30												
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 324 No of People at End of Month 1134.0
Design Flow #1 215/#2 215 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-6567/B. Heath C-5825
I certify the 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	187,000	3.75		20.7					31.8	22.1	7	
Average:	6,032	0.12		0.7					1.2	0.9		
Maximum:	33,600	0.25		3.3					1.5	1.2		
Minimum	100	0.50		1.8					1.0	0.8		
1	12,400	0.25		2.4					1.2	0.9		
2									1.2	0.9		
3									1.2	0.9		
4									1.2	0.9		Ran A/C air to HPT
5									1.2	0.9		
6												
7	20,900	0.50		2.9					1.2	0.9		
8	15,300	0.25		2.0					1.2	0.9		
9	33,600	0.50		1.8					1.2	0.9		
10	100								1.2	0.9	4	Compliance/ex w-1
11	6,100	0.25		3.7					1.2	0.9		
12									1.2	0.9		
13												
14	51,900	1.00		2.3					1.2	0.9		
15	26,400	0.50		2.3					1.2	0.9		Flushed lines
16	17,900	0.50		3.3					1.2	0.9		W 2 srvy/#2 off line
17									1.2	0.9	1	Well Srvy clear
18									1.2	0.9		Plant off line
19									1.2			
20												
21	300								1.5	1.0	1	re-smpl/fish w-2
22									1.4	1.2	1	re-smpl/fish w-2
23	100								1.2	0.9		
24									1.2	0.9		Plant off line
25												
26									1.0			
27												
28									1.3	1.0		
29									1.4	1.0		
30									1.2	0.8		
31									1.2	0.9		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3351464 PWS Name Western Shores Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 324 No of People at End of Month 1134.0
Design Flow #1 215/#2 215 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-6557/B. Heath C-6825
I certify this report is correct Donald B. Cordy 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	1,130,100	18.00		50.2					29.0	18.0	4	
Average	37,670	0.63		1.7					1.1	0.8		
Maximum	67,600	0.25		3.0					1.3	1.1		
Minimum	300	2.00		1.5					1.0	0.8		
1	300								1.3	1.1		
2	9,700	0.25		3.1					1.3			
3												
4	103,300	1.25		1.5					1.0	0.8		
5	44,500	0.75		2.0					1.0	0.8		
6	55,600	1.00		2.2					1.0	0.8	3	Compliance
7	35,900	0.50		1.7					1.0	0.8		Ran air
8	15,300	0.25		2.0					1.0	0.8		
9												
10	56,400	1.00		2.1					1.0	0.8		
11	52,900	1.00		2.3					1.2	0.9		
12	51,100	1.00		2.3					1.3	0.8		
13	59,000	1.00		2.0					1.2	0.8	1	Bact/ex w-1
14	21,900	0.50		2.7					1.2	0.8		
15	30,800	0.50		1.9					1.2	0.8		
16	50,100	0.75		1.8					1.2			
17												
18	124,200	2.00		1.9					1.2	0.8		
19	67,600	1.50		2.7					1.2	0.8		
20	48,500	0.75		1.9					1.2	0.8		Ran air
21	56,200	1.00		2.1					1.2	0.8		
22	1,600								1.2	0.8		
23	21,300	0.50		2.6					1.0			
24												
25	39,200	0.50		1.5					1.0	0.8		
26	43,000	0.75		2.1					1.0	0.8		
27	16,000	0.25		1.9					1.0	0.8		Ran air
28	41,700	0.75		2.2					1.0	0.8		
29	47,400	0.75		1.9					1.0	0.8		Flushed lines
30	38,600	0.50		1.6					1.1			
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351484 PWS Name Western Shores Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 325 No of People at End of Month 1137.5

Design Flow #1 215/#2 215 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-6557/B. Heath C-6825

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	1,742,000	29.25		52.4					28.3	17.7	4	
Average:	56,194	0.94		1.7					1.0	0.8		
Maximum:	82,000	2.50		2.6					1.2	0.9		
Minimum:	18,400	0.25		1.6					0.9	0.7		
1												
2	113,700	2.00		2.1					1.0	0.8		
3	47,600	0.75		1.9					1.0	0.8		
4	46,100	0.75		2.0					1.0	0.8		
5	51,300	1.00		2.3					1.0	0.8		
6	64,200	1.00		1.9					1.0	0.6		
7	67,100	1.25		2.2					1.0			
8												
9	122,700	2.00		2.0					1.0	0.8		
10	61,500	1.00		1.9					1.1	0.9		
11	57,000	1.00		2.1					1.0	0.8	4	Complince - Ex W-1
12	63,400	1.00		1.9					1.0	0.8		
13	67,200	1.00		1.8					0.9	0.7		A/C for air HPT
14	60,700	1.00		2.0					1.0			
15												
16	143,800	2.50		2.1					0.9	0.8		A/C for air HPT
17	60,400	1.00		2.0					1.0	0.8		A/C for air HPT
18	38,100	0.75		2.4					1.0	0.8		A/C for air HPT
19	59,600	1.00		2.0					1.0	0.8		
20	23,000	0.50		2.6					1.0	0.8		
21	44,800	0.75		2.0					1.0			
22												
23	132,700	2.25		2.0					1.2	0.8		
24	76,000	1.25		2.0					1.2	0.9		
25	76,600	1.25		1.9					1.0	0.6		
26	82,200	1.50		2.2					1.0	0.8		
27	86,500	1.00		1.8					1.0	0.6		
28	48,200	0.75		1.9					1.0			
29												
30	47,200	0.75		1.9					1.0	0.6		
31	18,400	0.25		1.6					1.0	0.8		Flushed lines

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351484 PWS Name Western Shores Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 325 No of People at End of Month 1137.5

Design Flow #1 215/#2 215 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

I certify this report is correct Brian E. Hall 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	462,200	9.00		55.1					25.5	17.6	8	
Average	15,407	0.30		1.8					1.0	0.6		
Maximum:	57,000	1.00		4.5					1.2	1.0		
Minimum:	3,350	0.25		1.6					0.8	0.6		
1	28,200	0.50		2.1					1.0	0.8		
2	17,500	0.25		1.7					1.0	0.8		
3	18,900	0.25		1.6					1.0	0.8		
4	3,700								1.0			
5												
6	34,600	0.75		2.3					0.8	0.7		
7	20,500	0.50		2.9					1.0	0.8		
8	5,200								1.0	0.8		
9	NO								1.0	0.8	4	Compliance-ex w-1
10	4,400	0.25		3.1					1.0	0.8		Air to HPT
11												
12												
13	32,400	0.50		1.9					0.8	0.6		
14	26,200	0.50		2.3					0.8	0.6		
15	17,600	0.25		1.7					1.0	0.8		
16	10,500	0.25		2.9					1.0	0.8		
17									0.9	0.6		
18	6,700	0.25		4.5					1.0			
19												
20	12,900	0.25		2.3					1.0	0.6		Air to HPT-POE-
21	7,600	0.25		3.9					1.0	0.8		-LAC samples
22	7,300	0.25		4.1					1.2	1.0	2	Bact-outage-
23	8,200	0.25		3.7					1.2	1.0	2	* main repair -
24	14,500	0.25		2.1					1.2	0.9		-flushed lines
25	20,000	0.50		3.0					1.2			
26												
27	43,800	0.75		2.1					1.0	0.6		
28	53,500	1.00		2.2					1.0	0.8		
29	57,000	1.00		2.1					1.2	0.9		
30	11,000	0.25		2.7					1.2	0.9		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-680-0056 Reporting Month July 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 325 No of People at End of Month 1137.5

Design Flow #1 215/#2 215 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/B. Heath C-5825/L. Shreffler C-6587/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 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	325,900	6.75		62.7					30.6	19.3	4	
Average	10,513	0.22		2.0					1.2	1.0		
Maximum	24,700	0.50		8.9					1.5	1.2		
Minimum	2,550	0.25		1.5					1.0	0.8		
1	9,300	0.25		3.2					1.2	0.9		
2	15,000	0.25		2.0					1.2			
3												
4	19,500	0.25		1.5					1.0			
5	16,000	0.25		1.9					1.0	0.8		
6	21,200	0.50		2.6					1.0	0.8		Flushed lines
7	18,900	0.25		1.6					1.0	0.8		
8	18,800	0.25		1.6					1.0	0.8		Flushed lines
9	21,300	0.50		2.8					1.0			
10												
11	14,800	0.25		2.0					1.2	0.9		
12	13,900	0.25		2.2					1.2	0.9		
13	12,800	0.25		2.3					1.2	0.9	4	Compliance-ex w-1
14	0								1.2	0.9		
15	13,000	0.25		2.3					1.2	0.9		
16	24,700	0.50		2.4					1.2			
17												
18	9,500	0.25		3.2					1.5	1.2		
19	13,300	0.25		2.3					1.5	1.2		
20	9,500	0.25		3.2					1.5	1.2		
21	7,400	0.25		4.1					1.5	1.2		
22	8,200	0.25		3.7					1.5	1.2		
23	7,400	0.25		4.1					1.5			
24												
25	21,500	0.50		2.8					1.2	1.0		
26	9,900	0.25		3.0					1.2	0.9		
27												
28	14,900	0.25		2.0					1.2	.9		Ran A/C
29	0								1.2	0.8		
30	5,100	0.25		5.9					1.2			
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 325 No of People at End of Month 1137.5
Design Flow #1 215/#2 215 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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	270,600	5.00		32.3					28.5	21.6	4	
Average	8,729	0.16		1.0					1.1	0.8		
Maximum	31,800	0.25		4.7					1.5	0.8		
Minimum	467	0.50		1.5					1.0	0.8		
1	IO								1.2	0.8		Ran A/C air to HPT
2	IO								1.2	0.8		Ran A/C air to HPT
3	6,400	0.25		4.7					1.2	0.8		
4	IO								1.2	0.8		
5	IO								1.2	0.8		
6	7,500	0.25		4.0					1.5	0.8		
7												
8	IO								1.0	0.8		
9	IO								1.0	0.8		
10	1,900								1.0	0.8		
11	IO								1.0	0.8	4	Compliance/Ex w-1
12	IO								1.0	0.8		
13	1,400								1.0	0.8		
14												
15	IO								1.0	0.8		
16	7,500	0.25		2.8					1.0	0.8		Flushed Lines
17	2,000								1.0	0.8		
18	IO								1.0	0.8		
19	IO								1.0	0.8		
20	18,400	0.50		2.9					1.0	0.8		
21												
22	33,400	0.50		1.8					1.0	0.8		
23	19,600	0.25		1.5					1.0	0.8		
24	17,500	0.25		1.7					1.0	0.8		
25	18,700	0.25		1.6					1.0	0.8		
26	20,800	0.50		2.9					1.0	0.8		
27	14,700	0.25		2.0					1.0	0.8		
28												
29	45,200	0.75		2.0					1.0	0.8		
30	31,800	0.50		1.9					1.0	0.8		
31	24,000	0.50		2.5					1.0	0.8		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location: City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 328 No of People at End of Month 1141.0

Design Flow #1 215/#2 215 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 Mora C-6497/L. Shreffler C-6587/W. Fontaine C-6613

I certify the 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	601,500	11.00		41.1					28.3	18.1	4	
Average	20,050	0.37		1.4					1.1	0.8		
Maximum	59,100	1.00		2.6					1.2	0.9		
Minimum	125	0.16		1.0					1.0	0.8		
1	59,100	1.00		2.0					1.0	0.8		
2	38,900	0.75		2.3					1.0	0.8		
3	41,100	0.75		2.2					1.0			
4												
5	75,600	1.25		2.0					1.0	0.8		
6	37,800	0.75		2.4					1.0	0.8		Ex W-1
7	53,300	1.00		2.2					1.0	0.8	4	Compliance
8	51,600	1.00		2.3					1.0	0.8		
9	15,200	0.25		2.0					1.0	0.8		
10	12,200	0.25		2.5					1.1			
11												
12	61,900	1.00		1.9					1.2	0.9		Installed Cl2 cyl
13	34,500	0.75		2.6					1.2	0.8		
14	34,900	0.75		2.6					1.2	0.8		
15	16,800	0.25		1.8					1.2	0.8		
16	14,100	0.25		2.1					1.2	0.8		
17	O								1.2			
18												
19	14,200	0.25		2.1					1.2	0.8		
20	O								1.2	0.9		
21	O								1.2	0.9		
22	7,000	0.25		4.3					1.2	0.9		
23	14,400	0.25		2.1					1.2	0.9		
24	17,500	0.25		1.7					1.0			
25	O											
26	O								1.0	0.8		
27	O								1.0	0.8		
28	O								1.0	0.8		
29	500								1.0	0.8		Flushed lines
30	900								1.0	0.8		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 326 No of People at End of Month 1141.0

Design Flow #1 215/#2 215 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-5497/Will Fontaine C-6813/L. Shreffler C-6587

I certify the 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	193,000	4.00		28.4					26.9	18.5	4	
Average	6,226	0.13		0.9					1.1	0.8		
Maximum	25,400	1.00		7.9					1.2	1.0		
Minimum	200	0.25		2.1					1.0	0.8		
1	4,300	0.25		7.0					1.0	0.8		
2	O											
3	O								1.0	0.8		
4	O								1.0	0.8		
5	O								1.0	0.8		
6	1,700								1.0	0.8		
7	3,600								1.0	0.8		
8												
9												
10	44,500	1.00		2.7					1.0	0.8		
11	200								1.2	0.9	4	Compliance
12	1,700								1.2	0.8		
13	O								1.1	0.9		Flush lines
14	7,000								1.0	0.8		Add air HPT
15	3,800	0.25		7.9					1.0			
16	O											
17	O								1.0	0.8		Add air HPT
18	1,000								1.1	0.8		Add air HPT
19	O								1.0	0.8		
20	38,300	0.75		2.5					1.2	1.0		
21	25,400	0.50		2.4					1.1	0.8		
22	15,200	0.50		3.9					1.2			
23												
24	42,700	0.75		2.1					1.2	1.0		
25	5,600								1.2	0.9		
26	O								1.2	0.9		
27	O								1.2	0.9		
28	O								1.0	0.8		
29	O								1.0			
30	O											
31	O								1.0	0.8		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month November 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 321 No of People at End of Month 1123.5
Design Flow #1 215/#2 215 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 [signature] C-5825
(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	57,200	1.00		6.9					25.2	16.6	4	
Average	1,907	0.03		0.2					1.0	0.8		
Maximum	13,900	0.25		2.4					1.2	0.9		
Minimum	0	0		2.2					0.9	0.7		
1	O								1.0	0.8		
2	O								1.0	0.8		
3	O								1.0	0.8		
4	O								0.9	0.7		
5	O								0.9			
6	O											
7	O								1.0	0.8		
8	O								1.0	0.8		
9	O								1.0	0.8	4	Compliance
10	200								1.0	0.8		Ex well
11	O								0.9	0.7		
12	O								1.0			
13	O											
14	O								1.0	0.8		
15	O								1.0	0.8		
16	O								1.0	0.8		
17	O								1.0	0.8		
18	O								1.2	0.9		
19	O								1.2			
20	O											
21	1,100								1.0	0.8		Ex well
22	O								1.0	0.8		
23	O								1.0	0.8		
24	O											
25	4,400								1.1	0.9		Ex well
26	O								1.0			
27	O											
28	24,500	0.50		2.4					1.0	0.8		
29	13,100	0.25		2.3					1.0	0.8		
30	13,900	0.25		2.2					1.0	0.8		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month December 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 327 No of People at End of Month 1144.5
Design Flow #1 215/#2 215 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 Morp C-6487/L. Shreffler C-6587/W. Fontaine C-6813
I certify this report is correct Will Fontaine' 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	15,000	0.50		7.9					26.6	17.3	8	
Average	484	0.25		4.0					1.0	0.8		
Maximum	7,300	0.25		4.1					1.2	0.9		
Minimum	1,400	0.25		3.8					0.8	0.8		
1	O								1.0	0.8		
2	O								1.0	0.8		
3	O								1.0			
4	O											
5	7,300	0.25		4.1					1.0	0.8		
6	O								1.0	0.8		
7	O								1.0	0.8		
8	O								1.0	0.8		
9	O											Line flushed
10	6,300								0.8			
11	O											
12	1,400	0.25		3.8					1.2	0.9	2	Outage
13	O								1.2	0.9	2	Outage
14	O								1.2	0.9	4	Compliance-ex w-1
15	O								1.2	0.9		
16	O								1.0	0.8		
17	O								1.0			
18	O											
19	O								1.0	0.8		
20	O								1.0	0.8		
21	O								1.0	0.8		
22	O								1.0	0.8		
23	O								1.0	0.8		
24	O								1.0			
25	O											
26	O								1.0	0.9		
27	O								1.0	0.8		
28	O								1.0	0.8		
29	O								1.0	0.8		
30	O								1.0	0.8		
31	O								1.0			

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location: City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 313 No of People at End of Month 1095.5
Design Flow 215 X 2 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	77.1	1.50		12.4					27.50	22.50	12	
Average	2.5	0.05		2.5					1.1	0.9		
Maximum:	11.5	0.25		3.4					1.2	1.0		
Minimum:	0.3	0.08		1.6					1.0	0.8		
1												
2	2.2	–		–					1.2	1.0		
3												
4	22.9	0.50		2.4					1.2	1.0		
5	0	–		–					1.0	0.9		
6	0	–		–					1.2	1.0		
7	6.0	–		–					1.2	1.0		
8	0	–		–					1.0	0.9		
9	0.3	–		–					1.2	0.9		
10	0	–		–								
11	0	–		–					1.0	0.8		
12	0	–		–					1.0	0.8		
13	6.4	0.25		2.4					1.0	0.8	4	
14	0	–		–					1.0	0.8		
15	0	–		–					1.0	0.8	2	
16	0										2	
17	0	–		–					1.0	0.9		
18	0	–		–					1.0	0.9		
19	0	–		–					1.0	0.9		
20	0	–		–					1.0	0.9		
21	0	–		–					1.0	0.9		
22	8.7	0.25		3.4					1.0	0.9		
23												
24	19.1	0.25		1.6					1.0	0.9		
25	11.5	0.25		2.6					1.0	0.9		
26	0	–		–					1.0	0.9	2	
27	0	–		–					1.2	1.0	2	
28	0	–		–					1.2	0.9		
29	0	–		–					1.2	0.9		
30	0	–		–					1.2	0.9		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3351464 PWS Name Western Shores Location: City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-860-0058 Reporting Month February 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 313 No of People at End of Month 1095.5

Design Flow 215 x 2 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-5897 / 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	120.1	3.0		30.9					26.5	21.2	4	
Average	4.3	0.1		3.1					1.1	0.9		
Maximum	12.3	0.25		4.0					1.2	1.0		
Minimum	0.1	0.25		1.8					0.9	0.8		
1	7.5	0.25		4.0					1.2	0.9		
2	7.8	0.25		3.6					1.2	0.9		
3	4.2	--		--					0.9	0.8		
4	0	--		--					1.0	0.8		
5	12.3	0.25		1.8					1.0	0.8		
6	1.6	--		--					1.0	0.8		
7												
8	3.2	--		--					1.0	0.8		
9	2.7	--		--					1.0	0.8		
10	0.1	--		--					1.0	0.8	4	
11	0	--		--					1.0	0.8		
12	0	--		--					1.2	1.0		
13	0.1	--							1.0	1.0		
14												
15	9.6	0.50		3.5					1.2	1.0		
16	10.5	0.25		2.9					1.2	1.0		
17	9.0	0.25		3.3					1.2	1.0		
18	0	--		--					1.2	0.9		
19	12.2	0.25		2.5					1.2	0.9		
20	2.0								1.2	1.0		
21												
22	16.3	0.50		3.3					1.2	1.0		
23	0	--		--					1.0	0.8		
24	10.9	0.25		2.8					1.0	0.8		
25	10.1	0.25		3.0					1.2	0.9		
26	0	--		--					1.2	0.8		
27	0	--		--					1.2	0.9		
28												
29												
30												
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location:City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-580-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 315 No of People at End of Month 1103
Design Flow 215 X 2 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	140.8	2.75		24.4					31.0	23.8	4	
Average:	4.7	0.09		2.4					1.1	0.9		
Maximum:	17.6	0.25		3.4					1.2	1.0		
Minimum:	0.2	0.50		1.7					0.8	0.8		
1	12.2	0.25		2.5					1.2	0.9		
2	4.0								1.2	0.9		
3	6.6	0.25		2.8					1.2	0.9		
4	0	--		--					1.2	0.9		
5	0	--		--					1.2	0.9		
6	0	--		--					1.2	0.9		
7												
8	16.2	0.25		1.9					1.2	0.9		
9	14.4	0.25		2.1					1.2	0.9	4	
10	5.5	--		--					1.2	0.9		
11	10.1	0.25		1.9					1.2	0.9		
12	16.4	0.25		1.8					1.2	0.9		
13	0.3	--		--					1.2	0.9		
14		--		--								
15	18.9	0.50		3.1					1.2	0.9		
16	9.5	0.25		3.2					1.2	0.9		
17	17.6	0.25		1.7					1.2	0.9		
18	0.3	--		--					1.2	0.9		
19	0.3	--		--					1.2	0.9		
20	0.3	--		--					1.2	1.0		
21												
22	8.0	0.25		3.4					1.2	0.9		
23	0.2	--		--					1.2	0.9		
24	0	--		--					1.2	0.9		
25	0	--		--					1.0	0.8		
26	0	--		--					1.0	0.8		
27	0	--		--								
28									1.0	0.8		
29	0	--		--					1.0	0.8		
30	0	--		--					1.0	0.8		
31	0	--		--					0.8	0.8		

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 306 No of People at End of Month 1078

Design Flow 215 X 2 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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	701 7	12 75		41.9					26.2	21.9	4	
Average	23 4	0.43		2.2					1.0	0.8		
Maximum	52 4	1 00		3.4					1.2	1.0		
Minimum	0 1	0.25		1.6					0.8	0.8		
1	O	–		–					0.8	0.8		
2	O	–		–					0.8	0.8		
3	O	–		–					1.0	1.0		
4												
5	O	–		–					1.0	0 9		
6	O	–		–					1.0	0 9		
7	3 2	–		–					1.0	0.9		
8	5 6	0.25		3 4					1.2	1.0	4	flushing
9	16 0	0.25		1 9					1.2	0.9		
10	16 0	0 25		1.9					1.2	0.9		
11												
12	31 6	0.50		1.9					1.0	0.8		
13	37.9	0.50		1.6					1.0	0.8		
14	45 0	0 75		2.0					1.0	0.8		
15	40 5	0 75		2.2					1.0	0.8		flushing
16	0 1	–		–					1 0	0.8		
17	10 9	0.25		2.7					1.0	0.8		
18												
19	42 4	0 75		2.1					1.0	0.8		
20	26 9	0.50		2.2					1.0	0.8		
21	26.7	0.50		2.2					1.0	0.8		
22	25 6	0.50		2.3					1.0	0.8		
23	28.9	0.50		2.1					1.0	0.8		
24												
25	98 7	2.00		2.4					1.0	1.0		
26	52.4	1.00		2.3					1.0	0.8		
27	52 4	1.00		2.3					1.0	0.8		
28	47.5	0.75		1.9					1.0	0.8		
29	52.0	1.00		2.3					1.0	0.8		
30	40 4	0.75		2.2					1.0	0.8		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location: City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month May 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 308 No of People at End of Month 1078
Design Flow 215 X 2 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
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	1750.6	29.25		50.4					34.5	25.7	8	
Average	56.5	0.94		1.9					1.3	1.0		
Maximum	92.4	1.75		2.6					1.5	1.2		
Minimum	7.8	0.17		1.7					0.8	0.6		
1	66.9	1.25		2.2					1.0	0.9		
2												
3	116.2	2.00		2.1					1.0	0.8		
4	33.8	0.50		1.8					1.0	0.8		
5	56.4	1.00		2.1					1.2	0.9		
6	55.8	1.00		2.1					1.2	0.9		
7	56.4	1.00		2.1					1.2	0.9		
8												
9	128.5	2.00		1.9					1.0	0.8		
10	32.6	0.50		1.8					0.8	0.6		
11	59.5	1.00		2.0					1.2	1.0	4	
12	62.8	1.00		1.9					1.2	1.0		
13	64.9	1.00		1.8					1.2	0.9		
14	24.4	0.50		2.5					1.5	1.0		
15												
16	118.6	2.00		2.0					1.5	1.0		
17	65.7	1.00		1.8					1.5	1.0		
18	71.8	1.25		2.1					1.5	1.0		
19	70.0	1.25		2.1					1.5	1.0		
20	63.9	1.00		1.9					1.5	1.0		
21	64.9	1.00		1.8					1.5	1.0		
22	92.4	1.75		2.3					1.5	1.0		
23												
24	148.2	2.50		2.0					1.5	1.0		
25	67.0	1.00		1.8					1.5	1.2	2	lines flushed
26	76.3	1.25		2.0					1.5	1.2	2	lines flushed
27	68.8	1.00		1.7					1.5	1.2		
28	61.3	1.00		2.0					1.5	1.2		
29									1.5	1.2		
30	0											
31	23.5	0.50		2.6					1.5	1.2		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No: 3351464 PWS Name: Western Shores Location: City or S/D: Leesburg
Owned By: Southern States Utilities Phone Number: 407-680-0058 Reporting Month: June 1993
Plant Effluent pH (Avg): 7.0 No of Services at End of Month: 319 No of People at End of Month: 1116.0
Design Flow: #1 215 gpm/#2 215 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	1502.3	26.25		57.2					31.7	24.6	4	
Average	500.8	0.9		2.3					1.2	0.9		
Maximum	79.4	1.25		7.1					1.5	1.2		
Minimum	2.0	0.25		1.8					1.0	0.9		
1	25.8	0.50		2.3					1.5	1.2		
2	52.9	1.00		2.3					1.5	1.2		flushed lines
3	32.0	0.50		1.9					1.2	1.0		
4	58.7	1.00		2.0					1.2	0.9		
5	62.5	1.00		1.9					1.2	1.0		
6												
7	116.4	2.00		2.1					1.2	0.9		
8	77.3	1.25		1.9					1.2	0.9		
9	56.1	1.00		2.1					1.2	0.9		
10	79.4	1.25		1.9					1.2	0.9	4	flushed well #1
11	61.5	1.00		1.9					1.2	0.9		
12	51.1	1.00		2.3					1.5	1.0		
13												
14	71.3	1.25		2.1					1.2	0.9		
15	49.1	0.75		1.8					1.2	0.9		
16	48.6	0.75		1.9					1.2	0.9		
17	31.8	0.50		1.9					1.2	0.9		
18	48.3	0.75		1.9					1.2	0.9		
19	55.8	1.00		2.1					1.2	0.9		
20												
21	135.8	2.25		2.0					1.2	0.9		
22	55.1	1.00		2.2					1.2	0.9		
23	75.8	1.25		2.0					1.2	0.9		
24	51.0	1.00		2.4					1.2	0.9		
25	54.6	1.25		2.7					1.2	1.0		
26	61.8	1.25		2.4					1.2	0.9		
27												
28	85.4	1.50		2.1					1.0	0.9		
29	2.0	–		–					1.2	1.0		
30	2.2	0.25		7.1					1.0	1.0		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location: City or S/D Leesburg
Owned By Southern States Utilities Phone Number: 407-680-0058 Reporting Month July 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 319 No of People at End of Month 1116.5
Design Flow #1 215 gpm/#2 215 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	793.2	13.25		50.0					32.2	24.8	4	
Average	25.6	0.43		2.1					1.2	0.9		
Maximum	44.4	0.75		3.4					1.2	1.0		
Minimum	0.6	0.25		1.6					1.0	0.8		
1	13.8	0.25		2.2					1.2	1.0		
2	0	–		–					1.2	1.0		
3	13.9	0.25		2.2					1.2	1.0		
4												
5												
6	93.1	1.50		1.9					1.2	0.9		
7	21.1	0.50		2.8					1.2	0.9		
8	0.6	–		–					1.0	0.8		
9	1.0	–		–					1.2	0.9		
10	7.3	0.25		3.4					1.2	0.9		Flush Lines
11	17.6	0.25		1.7					1.2	0.9		
12	17.5	0.25		1.7					1.2	0.9	4	Exercise well #1
13	29.2	0.50		2.1					1.2	0.9		
14	38.0	0.50		1.6					1.2	0.9		
15	26.8	0.50		2.2					1.2	0.9		
16	30.2	0.50		2.0					1.2	0.9		
17	32.5	0.50		1.8					1.2	1.0		
18												
19	93.3	1.50		1.9					1.2	0.9		
20	41.4	0.75		2.2					1.2	0.9		
21	26.7	0.50		2.2					1.2	0.9		
22	30.9	0.50		1.9					1.2	0.9		
23	27.8	0.50		2.2					1.2	0.9		
24	25.0	0.50		2.4					1.2	1.0		
25												
26	24.8	0.50		2.4					1.2	0.9		
27	26.2	0.50		2.3					1.2	0.9		
28	35.3	0.50		1.7					1.2	1.0		
29	44.4	0.75		2.0					1.2	0.9		
30	37.2	0.50		1.6					1.2	0.9		
31	37.6	0.50		1.6					1.2	0.9		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores 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 320 No of People at End of Month 1120

Design Flow #1 215 / #2 215 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	1372.2	23.75		62.5					31.2	23.6	4	
Average:	44.3	0.8		2.4					1.2	0.9		
Maximum:	74.3	1.25		5.9					1.2	1.0		
Minimum:	5.1	0.25		1.6					1.2	0.9		
1												
2	98.6	1.50		1.8					1.2	0.9	4	Exercised well #1
3	46.6	0.75		1.9					1.2	0.9		
4	50.8	1.00		2.4					1.2	0.9		
5	67.7	1.00		1.8					1.2	0.9		
6	61.3	1.00		2.0					1.2	0.9		
7	69.6	1.25		2.2					1.2	1.0		
8												
9	136.8	2.25		2.0					1.2	0.9		
10	53.6	1.00		2.2					1.2	0.9		
11	61.2	1.00		2.0					1.2	0.9		
12	74.3	1.25		2.0					1.2	0.9		
13	70.5	1.25		2.1					1.2	0.9		
14												
15	110.0	2.00		2.2					1.2	1.0		
16	38.2	0.75		2.4					1.2	0.9		
17	38.1	0.75		2.4					1.2	0.9		
18	50.5	1.00		2.4					1.2	0.9		
19	57.9	1.00		2.1					1.2	0.9		
20	18.4	0.25		1.6					1.2	0.9		
21												
22	93.0	1.50		1.9					1.2	0.9		
23	48.0	0.75		1.9					1.2	0.9		
24	32.0	0.50		1.9					1.2	0.9		
25	32.3	0.50		1.9					1.2	0.9		
26	14.9	0.25		2.0					1.2	0.9		
27	8.0	0.25		3.7					1.2	0.9		
28												
29	29.6	0.50		2.0					1.2	0.9		
30	5.2	0.25		5.8					1.2	0.9		
31	5.1	0.25		5.9					1.2	0.9		

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location:City or SID Leesburg
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month September 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 320 No of People at End of Month 1120.0
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
Dennis W Moro C-6497 - Lance D. Shreffler C-6587
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	551,000	11.00		69.5					28.8	21.5	6	
Average	18,367	0.37		2.3					1.2	0.9		
Maximum	41,600	0.75		6.5					1.2	1.0		
Minimum	2,700	0.13		1.8					1.0	0.8		
1	9,100	0.25		3.3					1.2	0.9		
2	7,100	0.25		4.2					1.2	0.9		
3	8,400	0.25		3.6					1.2	0.9		
4	12,200	0.25		2.5					1.2	0.9		
5												
6	12,200	0.25		2.5					1.2	0.9		
7	16,500	0.25		1.8					1.2	0.9		
8	—	—		—					1.2	0.9		
9	5,400	0.25		5.6					1.2	0.9		
10	4,600	0.25		6.5					1.2	0.9		
11												
12	8,200	0.25		3.7					1.2	0.8		
13	6,300	0.25		4.8					1.2	0.8	4	Exercise well 1
14	12,200	0.25		2.5					1.2	0.8		Flushed Lines
15	20,700	0.50		2.9					1.2	0.8		
16	15,000	0.25		2.0					1.2	0.8		
17	25,400	0.50		2.4					1.2	0.8		
18												
19												
20	63,300	1.25		2.4					1.0	0.8	1	Flushed lines
21	31,400	0.50		1.9					1.0	0.8	1	Flushed lines
22	31,500	0.50		1.9					1.0	0.8		
23	33,000	0.50		1.8					1.0	0.8		
24	28,400	0.50		2.1					1.0	0.8		
25	41,600	0.75		2.2					1.0	0.8		
26												
27	57,000	1.00		2.1					1.2	0.8		
28	24,900	0.50		2.4					1.2	1.0		Flushed Lines
29	38,800	0.75		2.3					1.2	1.0		
30	37,800	0.75		2.4					1.2	1.0		
31												

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

2060446321

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3351484 PWS Name Western Shores Location:City or S/D Leesburg

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 320 No of People at End of Month 1120.0

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

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

I certify this report is correct Arnold J. Cavey B 2463

(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 Tota	580,500	11.25		67.1				0.4	29.8	22.1	6	
Average:	18,726	0.36		2.2					1.1	0.9		
Maximum:	47,350	0.75		6.8					1.2	1.0		
Minimum:	0	0		0					1.0	0.8		
1	39,900	0.75		2.3					1.2	1.0		
2	37,300	0.75		2.4					1.0	0.9		
3												
4	94,700	1.50		1.9					1.0	0.8		
5	32,400	0.50		1.9					1.0	0.8		
6	30,100	0.50		2.0					1.0	0.8		
7	6,100	0.25		4.9					1.0	0.8		
8	0	0		0					1.0	0.8		Ran air compressor
9	9,000	0.25		3.3					1.2	0.8		
10												
11	9,600	0.25		3.1					1.2	0.9	4	Flushed well #1
12	15,500	0.25		1.9					1.2	0.9		
13	18,000	0.25		1.9					1.2	0.9		
14	24,100	0.50		2.5					1.2	0.9		Ran air compressor
15	21,800	0.50		2.8					1.2	0.9		
16												
17	7,400	0.25		4.1				0.4	1.2	0.9		
18	4,400	0.25		6.8					1.2	0.9		
19	13,700	0.25		2.2					1.2	0.9		
20	13,700	0.25		2.2					1.2	0.9		
21	20,600	0.50		2.9					1.2	0.9		
22	13,600	0.25		2.2					1.2	0.9		
23	18,500	0.50		3.2					1.2			
24												
25	37,100	0.75		2.4					1.0	0.8		VOC/NO2/NO3 sample
26	25,400	0.50		2.4					1.2	1.0		hydrant repaired
27	27,800	0.50		2.2					1.2	0.9		Ran air compressor
28	28,500	0.50		2.1					1.2	0.9	1	Lot 42 line ext
29	17,400	0.25		1.7					1.2	0.9	1	Lot 42 line ext
30	15,900	0.25		1.9					1.2	1.0		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores 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 ____ No of People at End of Month ____
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-5625 / Lance Shreffler C-6587 / Dennis Moro C-6497 / William Foutaine C-6813
I certify this report is correct Brian Heath C-5625
(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	305,400	5.75		49.3					28.1	19.5	4	
Average	10,180	0.19		1.6					1.1	0.9		
Maximum	27,500	0.50		5.0					1.2	0.9		
Minimum	1,100	0.25		1.5					0.9	0.6		
1	6,200								1.2	0.9		
2	2,600								1.2	0.9		
3	3,100	0.25		2.5					1.2	0.8		
4	13,000	0.25		2.3					1.2	0.9		
5	2,900								1.2	0.9		
6	13,700	0.25		1.8					1.2	0.9		
7												
8	16,000	0.25		1.7					1.0	0.8		Flushed line
9	11,500	0.25		2.6					1.0	0.8		
10	9,700	0.25		3.1					1.0	0.8	4	Compliance smaples
11	7,100	0.25		4.2					1.0	0.8		
12	6,000	0.25		5.0					1.0	0.8		
13												
14	16,800	0.25		1.8					1.2	0.9		
15	19,400	0.25		1.5					1.2	0.9		
16	18,700	0.25		1.6					1.0	0.8		
17	20,300	0.50		3.0					1.2	0.9		
18	27,400	0.50		2.2					1.2	0.9		
19	27,500	0.50		2.2					1.2	0.9		
20	5,900								1.0			
21												
22	12,100	0.25		1.7					0.9	0.6		
23	10,600	0.25		2.8					1.0	0.8		
24	13,900	0.25		2.2					1.2	0.9		
25												
26	10,000	0.25		3.0					1.2	0.9		
27	1,100								1.2			
28												
29	12,000	0.25		2.3					1.2	0.9		
30	15,900	0.25		1.9					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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351464 PWS Name Western Shores Location:City or S/D Leesburg

Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month December 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 321 No of People at End of Month 1123.5

Design Flow #1 215/#2 215 GPM Remarks (Use Reverse Side)

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

3 HEATHC-5825/L SHREFFLER C-6587/D MORO C-6497/W FONTAINE 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	271,400	5.50		49.4					31.1	20.3	4	
Average:	8,755	0.18		1.6					1.2	0.9		
Maximum:	19,900	0.50		5.3					1.3	1.0		
Minimum:	1,000	0.25		1.5					1.0	0.8		
1	2,400								1.0	0.8		
2	15,100	0.25		1.7					1.0	0.8		
3	5,800								1.2	0.9		ADD AIR HPT
4												
5	22,000	0.50		2.2					1.0			
6	19,900	0.25		1.5					1.2	0.9		
7	15,000	0.25		2.0					1.2	0.9	4	COMPLIANCE SMAPL
8	14,100	0.25		2.1					1.2	0.9		FLUSHED LINE 7TH
9	12,700	0.25		2.4					1.2	0.9		
10	7,000	0.25		4.3					1.2	0.9		ADD AIR HPT
11	5,700	0.25		5.3					1.2			
12												
13	14,400	0.50		4.2					1.2	0.9		
14	5,500								1.2	0.9		
15	1,000								1.2	0.9		
16	7,100	0.25		2.2					1.2	0.9		
17	9,100	0.25		3.3					1.0	0.8		NEW CL2 SCALE
18	14,100								1.0			ADD AIR HPT
19												
20	14,900	0.50		2.1					1.2	1.0		
21									1.3	1.0		
22	12,100	0.25		2.5					1.2	0.9		
23	4,300								1.3	1.0		
24	0								1.2	0.8		
25												
26	0								1.3			
27	26,800	0.50		1.9					1.2	1.0		
28	14,500	0.25		2.1					1.0	0.8		
29	8,700	0.25		3.4					1.0	0.8		
30	8,700	0.25		3.4					1.0	0.8		
31	10,500	0.25		2.9					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. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks

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

Plant Effluent pH (Avg) 7.8 No of Services at End of Mont 35 No of People at End of Month 85

Design Flow .072 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. Sou B-8521

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	156,600		3.74	62							3	
Average:	5,058								1.4	1.0		
Maximum:	9,600		0.28	7					3.5	3.0		
Minimum:	2,200		0.13	1					0.2	0.2		
1												
2												
3	13,700		0.13	1					3.5	3.0		
4	4,300		0.13	4					1.5	1.0	3	ALL A
5	3,000		0.07	3					2.0	1.5		
6	4,800		0.07	2					1.0	0.6		
7	2,200		0.13	7					2.4	2.0		
8												
9												
10	15,700		0.13	1					0.2	0.2		
11	4,300		0.13	4					2.6	2.0		
12	3,800		0.13	4					0.5	0.2		
13	3,800		0.13	4					1.2	0.4		
14												
15	9,200		0.28	3					1.5	1.0		
16												
17												
18	10,100		0.13	2					1.3	0.9		
19	3,800		0.13	4					1.3	0.9		
20	9,600		0.13	2					2.4	2.0		
21	9,600		0.13	2					1.4	1.0		
22	12,700		0.13	2					1.1	0.8		
23												
24	13,400		0.13	1					1.2	0.8		
25	5,000		0.13	3					1.2	0.8		
26	5,600		0.13	3					1.0	0.6		
27	3,600		0.13	5					0.5	0.2		
28	4,000		0.13	4					0.2	0.2		
29									0.3	0.2		
30												
31	14,600		0.13	1					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 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 PWS Name Silver Lake Oaks Location:City or S/D 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 .072 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	126,400	3.00		67					28.2	19.9	3	
Average:	4,514	0.11		3					1.4	1.0		
Maximum:	7,300	0.13		6					3.5	3.5		
Minimum:	2,600	0.13		2					0.5	0.2		
1	3,300	0.13		5					1.4	1.0		
2	2,600	0.13		6					1.0	0.8		
3	4,600	0.13		3					1.3	0.8		
4												
5	9,500	0.13		2					0.8	0.4		
6												
7	6,800	0.13		2					0.7	0.3		
8	5,400	0.13		3					0.8	0.2	3	ALL A
9	6,900	0.13		2					1.0	0.8		
10	3,100	0.13		5					0.8	0.4		
11	4,200	0.13		4					2.0	1.0		
12												
13												
14	13,400	0.39		3					1.0	0.8		
15	3,200	0.13		5					1.3	0.8		
16	5,600	0.13		3					3.5	3.5		
17	4,200	0.13		4					2.5	2.0		
18												
19	8,700	0.13		2					2.5	2.0		
20												
21	9,000	0.13		2					1.6	1.4		
22	7,200	0.13		2					1.0	0.8		
23	3,000	0.13		5					0.5	0.3		
24	7,300	0.13		2					1.5	1.0		
25	3,400	0.13		5					1.7	1.2		
26												
27												
28	14,800	0.26		2					1.3	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. 2544256 PWS Name Silver Lake Oaks Location:City or S/D Palatka

Owned By Southern States Utilities Phone Number: 904-649-8573 Reporting Month March 1994

Plant Effluent pH (Avg) 8.0 No of Services at End of Month 33 No of People at End of Month 83

Design Flow .072 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 the 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	157,200	3.13		63					25.4	15.7	3	
Average	5.071	0.10		3					1.1	0.7		
Maximum	7,900	0.22		6					2.8	2.5		
Minimum	2,700	0.04		1					0.2	0.2		
1	3,600	0.13		4					1.2	0.8		
2												
3	8,300	0.13		2					1.5	1.0		
4	5,400	0.13		3					1.6	1.0		
5	7,900	0.13		2					0.2	0.2		
6												
7	7,700	0.26		4					2.8	2.5		
8												
9	9,300	0.13		2					1.2	0.8	3	ALL A
10	5,100	0.22		5					0.3	0.2		
11	5,100	0.04		1					1.3	0.8		
12	5,000	0.13		3					2.5	2.0		
13												
14	10,800	0.13		1					1.3	0.4		
15	5,600	0.06		1					1.1	0.4		
16	5,800	0.07		1					1.0	0.4		
17	6,800	0.13		2					0.6	0.3		
18	3,900	0.13		4					1.4	0.8		
19												
20												
21	13,200	0.26		2					1.0	0.6		
22	5,900	0.13		3					1.0	0.5		
23	5,700	0.13		3					0.6	0.4		
24	4,400	0.13		4					1.0	0.6		
25	5,400	0.13		3					1.2	0.8		
26												
27												
28	17,500	0.13		1					0.2	0.2		
29	2,700	0.13		6					1.0	0.4		
30	4,800	0.13		3					0.2	0.2		
31	7,300	0.13		2					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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Palatka

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

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 33 No of People at End of Month 83

Design Flow .072 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	151,200	5.88		123					23.7	12.1	3	
Average	5,040	0.20		6					1.1	0.8		
Maximum	9,200	0.65		16					3.5	2.0		
Minimum	1,100	0.13		1					0.2	0.2		
1	3,200	0.13		5					1.0	0.4		
2												
3												
4	15,400	0.13		1					0.3	0.2		
5	1,100	0.13		14					1.2	0.7		
6	5,300	0.13		3					1.3	0.9		
7	5,600	0.13		3					1.1	0.6	3	ALL A
8												
9	7,700	0.13		2					1.0	0.5		
10												
11	7,500	0.26		4					1.0	0.3		
12	5,900	0.26		5					0.3	0.2		
13	5,900	0.13		3					0.6	0.3		
14	9,200	0.65		8					3.5	2.0		
15	5,400	0.26		6					2.0	1.0		
16												
17												
18	15,500	0.52		4					2.3	1.0		
19	8,000	0.39		9					1.8	0.8		
20	4,700	0.13		3					2.0	1.1		
21	6,600	0.13		2					0.2	0.2		
22	3,000	0.13		5					0.3	0.3		
23												
24												
25	18,500	0.52		3					0.2	0.2		
26	6,700	0.13		2					0.4	0.2		
27	3,400	0.13		5					0.6	0.2		
28	4,800	0.26		7					1.0	0.2		
29	3,900	0.52		18					0.4	0.6		
30	6,900	0.65		11					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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544256 PWS Name Silver Lake Oaks Location:City or S/D Palatka

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 83 No of People at End of Month 83

Design Flow .075 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) 5-7251 (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	189,800	16.03		248					23.8	11.9	3	
Average	6,477	0.52		11					1.1	0.5		
Maximum	7,600	1.04		32					3.5	3.0		
Minimum	5,800	0.13		4					0.2	0.2		
1												
2	6,900	0.13		2					0.8	0.4		
3	5,800	1.04		22					3.5	3.0		
4	4,100	0.52		15					0.4	0.3	3	ALL A
5	7,200	0.26		4					0.2	0.2		
6	5,300	0.26		6					0.2	0.2		
7												
8												
9	15,200	2.09		19					1.0	0.2		
10	6,400	0.26		5					0.4	0.2		
11	6,500	0.78		14					1.0	0.2		
12	5,800	0.52		11					0.8	0.4		
13	5,800	0.52		11					0.6	0.2		
14												
15												
16	17,400	1.30		9					1.0	0.3		
17	7,000	0.65		11					1.0	0.3		
18	6,700	0.91		16					1.4	0.4		
19	5,900	0.13		4					1.0	0.3		
20	6,400	0.91		17					1.2	0.4		
21												
22												
23	15,400	1.30		10					1.3	0.4		
24	4,800	0.52		13					1.4	0.5		
25	7,900	0.91		14					1.5	0.6		
26	6,800	0.52		9					1.0	0.4		
27												
28	12,500	1.17		11					3.5	2.5		
29												
30	6,200	0.78		15					0.4	0.2		
31	6,500	0.52		10					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)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2544256 PWS Name Silver Lake Oaks Location:City or S/D Palatka

Owned By Southern States Utilities Phone Number 904-849-8573 Reporting Month June 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 33 No of People at End of Month 83

Design Flow .072 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) (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	166,700	14.33		251					25 8	9.9	3	
Average	5,623	0.48		9					1.2	0 4		
Maximum	11,400								2 2	1.0		
Minimum	3,000								0 2	0.2		
1	7,800	0.52		8					1.0	0 3		
2	4,700	0.52		13					1 0	0 3		
3												
4	10,500	1.04		12					1.0	0.3		
5												
6	12,700	1.56		15					1.3	0.4		
7	6,500	0.52		10					1.2	0 4	3	
8	5,500	0.52		11					1.2	0 4		
9	5,100	0.52		12					1.0	0 4		
10	7,900	0.76		12					1.2	0 4		
11												
12												
13	12,900	0.65		6					0.9	0.2		
14	6,100	0.65		13					1 0	0.5		
15	6,100	0.91		16					1.2	0.5		
16	11,400	0.39		4					1.0	0 4		
17	3,800	0.78		25					0 6	0.2		
18												
19												
20	14,800	1.04		9					2.0	1.0		
21	7,200	0.52		9					1.0	0.3		
22	9,100	0.26		3					1.0	0 3		
23	6,100	0.26		5					0.6	0.2		
24	3,300	0.52		19					1.6	0.4		
25												
26												
27	16,400	0.78		6					0.2	0.2		
28	4,800	0.52		14					1.6	0.6		
29	3,000	0.52		21					2.0	1.0		
30	3,800	0.52		18					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. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Palatka
Owned By Southern States Utilities Phone Number: 904-648-8873 Reporting Month July 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .072 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 8418
I certify this report is correct [signature] A 8418 (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	132,900	12.38		280					34.8	14.6	3	
Average:	4,287	0.40		8					1.8	0.7		
Maximum:									2.4	1.2		
Minimum:									0.8	0.2		
1	3,700	0.26		8					2.0	0.8		
2												
3												
4	10,400	0.52		6					1.2	0.4		
5	3,600	0.52		18					0.8	0.2		
6	5,300	0.52		12					1.0	0.2		
7	3,100	0.78		30					2.0	0.4	3	
8	4,100	0.52		15					2.4	1.0		
9												
10												
11	12,400	1.82		18					1.6	0.6		
12	3,500	0.52		18					1.6	0.8		
13	3,600	0.52		17					2.0	1.0		
14	4,500	0.52		14					1.6	0.8		
15	3,200	0.13		5					1.8	1.0		
16												
17												
18	17,300	2.09		14					2.0	1.0		
19	4,100	0.52		15					2.0	1.0		
20	4,100	0.52		15					2.0	1.2		
21	4,300	0.26		7					1.8	0.6		
22	6,700	0.26		5					2.0	1.0		
23												
24												
25	12,300	0.52		5					1.8	1.0		
26	3,300	0.26		9					0.8	0.2		
27	3,800	0.26		8					1.0	0.4		
28	6,100	0.52		10					1.2	0.8		
29	5,300	0.26		6					1.0	0.3		
30												
31	8,000	0.26		4					1.2	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. 2544255 PWS Name Silver Lake Oaks Location:City or S/D Palatka

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 33 No of People at End of Month 83

Design Flow .072 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	128,000	7.30		189					22.2	8.4	3	
Average	4,129	0.24		6					1.0	0.3		
Maximum	8,100	0.52		25					1.4	0.4		
Minimum	2,500	0.13		3					0.4	0.2		
1	2,500	0.52		25					0.6	0.2		
2												
3	7,000	0.78		13					1.0	0.2		
4	6,100	0.13		3					0.4	0.2		
5	4,800	0.13		3					0.8	0.3		
6												
7												
8	14,400	0.26		2					1.2	0.4		
9	6,000	0.26		5					1.0	0.3	3	ALL A
10	4,400	0.26		7					1.2	0.3		
11	4,000	0.26		8					1.0	0.4		
12	4,800	0.13		3					1.0	0.2		
13												
14												
15	13,200	0.65		6					1.2	0.3		
16	4,600	0.26		7					0.6	0.2		
17	3,600	0.13		4					1.0	0.2		
18	3,900	0.13		4					1.4	0.4		
19	3,200	0.13		5					1.0	0.2		
20												
21												
22	10,700	0.91		10					1.4	0.4		
23	3,800	0.26		8					1.3	0.4		
24	3,500	0.26		9					1.3	0.3		
25	3,200	0.26		10					1.4	0.3		
26	3,500	0.26		9					1.2	0.4		
27												
28												
29	12,500	0.52		5					0.5	0.4		
30	3,700	0.26		8					0.7	0.2		
31	4,800	0.52		13					0.8	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. 2544258 PWS Name Silver Lake Oaks Location: City or S/D Palatka
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 33 No of People at End of Month 83
Design Flow .072 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 Gallons	Chlorine						Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	149,500	8.47		194					21.9	8.5	3	
Average	4,983	0.28		7					1.0	0.3		
Maximum	7,700	0.65		15					1.4	0.4		
Minimum	2,500	0.13		3					0.7	0.2		
1	2,500	0.26		13					1.0	0.3		
2	3,700	0.26		8					1.1	0.3		
3												
4												
5	18,200	0.91		6					1.0	0.4		
6	7,400	0.26		4					1.2	0.4		
7	5,000	0.65		13					0.8	0.4		
8	5,900	0.26		5					0.8	0.3		
9	4,900	0.13		3					0.9	0.3		
10												
11												
12	18,300	0.65		4					0.9	0.3		
13	7,700	0.65		10					0.8	0.3	3	ALL A
14	3,400	0.13		5					0.8	0.3		
15	4,300	0.52		16					0.7	0.3		
16	5,400	0.39		9					1.2	0.4		
17												
18												
19	16,600	0.91		7					1.4	0.4		
20	4,000	0.13		4					1.2	0.3		
21	3,800	0.26		9					1.2	0.2		
22	5,100	0.26		6					1.0	0.2		
23	4,100	0.13		4					1.0	0.2		
24												
25												
26	11,400	0.52		5					0.9	0.2		
27	4,900	0.39		10					1.0	0.2		
28	4,900	0.13		3					1.2	0.4		
29	3,700	0.26		8					0.9	0.2		
30	3,500	0.39		13					0.8	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. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Palatka

Owned By Southern States Utilities Phone Number: 904-648-8673 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 .072 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	184,500	9.77		149					32.1	12.4	3	
Average	5,952	0.32		5					1.5	0.8		
Maximum	19,300	1.56							2.5	1.1		
Minimum	4,100	0.13							0.7	0.2		
1												
2												
3	14,100	0.52		4					0.7	0.2		
4	4,400	0.13		4					2.0	1.0		
5	5,200	0.39		9					1.5	0.7	3	
6	6,200	0.26		5					1.5	0.9		
7	8,600	1.04		19					1.5	0.8		
8												
9												
10	19,300	0.39		2					1.2	0.4		
11	6,700	0.26		5					0.9	0.2		
12	5,700	0.13		2					0.7	0.2		
13	4,500	0.91		24					2.5	1.0		
14	9,600	0.26		5					2.2	1.1		
15												
16												
17	19,000	1.56		10					2.5	1.0		
18	9,500	0.13		2					2.0	0.8		
19	4,300	0.26		7					1.4	0.8		
20	4,100	0.26		8					1.4	0.5		
21	4,400	0.26		7					1.8	0.4		
22												
23												
24	15,600	0.65		5					1.4	0.4		
25	7,000	0.39		7					1.6	0.6		
26	8,200	0.39		6					1.5	0.6		
27	10,400	0.78		8					1.5	0.4		
28	6,900	0.26		5					1.2	0.4		
29												
30												
31	15,600	0.65		5					1.2	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. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Palatka

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 .072 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-7275 (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	181,800	10.82		167					30.5	10.0	3	
Average:	6,383	0.39		6					1.4	0.5		
Maximum:	21,700								2.5	1.2		
Minimum:	4,000								1.0	0.3		
1	6,000	0.26		5								
2	6,200	0.38		8					1.4	0.4		
3	6,000	0.13		3					1.1	0.4		
4	6,000	0.38		9					1.3	0.3		
5												
6												
7	21,700	1.04		6					1.8	0.5		
8	6,000	0.38		8					1.4	0.4	3	
9	5,700	1.82		38					1.2	0.4		
10	6,200	0.26		5					2.5	1.2		
11	6,300	0.39		7					2.0	0.8		
12												
13												
14	16,200	0.78		6					1.5	0.5		
15	4,000	0.39		12					1.4	0.5		
16	5,600	0.26		6					1.3	0.3		
17	5,500	0.26		6					1.4	0.3		
18	4,600	0.26		7					1.6	0.6		
19												
20												
21	16,700	0.78		6					1.9	0.4		
22	7,300	0.39		6					1.3	0.4		
23	6,800	0.26		5					1.3	0.4		
24	7,300	0.52		9					1.4	0.6		
25	5,700	0.26		5					1.0	0.3		
26												
27												
28	21,300	1.04		6					1.4	0.4		
29	6,300	0.26		4					1.6	0.4		
30	13,500	0.26		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. 3344258 PWS Name Silver Lake Oaks Location:City or S/D Palatka

Owned By Southern States Utilities Phone Number: 904-648-8873 Reporting Month December 1994

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

Design Flow .072 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-6416, Paul Thompson C-7291

I certify this report is correct [signature] AC6415

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

Days of Month	Total Water Treated in in Gallons	Chlorine						Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) leachwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	184,100	13.29		330					32.8	12.7	3	
Average	6,939	0.43		11					1.5	0.6		
Maximum:	28,900								2.5	1.5		
Minimum:	2,800								0.8	0.3		
1											3	
2	3,400	0.26		8					1.0	0.4		
3												
4												
5	13,900	0.82		4					1.2	0.4		
6	8,500	0.26		4					1.2	0.3		
7	12,600	0.82		8					2.5	1.5		
8	8,500	0.26		4					1.5	0.5		
9	10,300	0.26		3					1.6	0.6		
10												
11												
12	28,900	0.78		3					1.6	0.6		
13	8,200	0.26		8					2.0	0.4		
14	3,100								2.4	0.6		
15	15,700	0.26		2					2.2	1.0		
16	8,200	0.13		3					2.0	1.0		
17												
18												
19	13,100	0.26		2					1.2	0.4		
20	2,800	0.13		6					1.2	0.4		
21	4,200	0.13		4					1.2	0.8		
22	3,900	7.43		247					1.0	0.6		
23	6,900	0.13		2					2.5	0.8		
24												
25												
26	11,000	0.91		10					1.4	0.6		
27	4,300	0.26		7					1.2	0.4		
28	5,600	0.13		3					1.0	0.4		
29	4,800	0.13		3					1.1	0.4		
30	5,700	0.13		3					1.0	0.4		
31	4,600	0.13		3					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. 2544268 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks

Owned By Southern States Utilities Phone: 904-548-9873 Reporting Month January 1993

Plant Effluent pH (Avg) 7.8 No of Services at End of Mont 30 No of People at End of Month

Design Flow .072 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-6821

I certify this report is correct Original signed by Michael J. 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	92.2		5.38	116.0	5.33	191			46.0	35.5	5	All OK
Average:	3.0		0.15	5.0	0.24	9			2.0	1.8	5	
Maximum:	4.2		0.31	16.0	4.22	160			3.5	3.5	5	
Minimum:	1.7		0.08	1.0					0.4	0.2	5	
1	2.9		0.16	6	0.47	16			3.5	3.0		
2												
3												
4	10.9		0.16	2	0.16	2			0.9	0.4		
5	2.2		0.14	4	0.16	7			1.0	0.5	3	2TNTC
6	3.8		0.18	4					1.0	0.4		
7	2.2		0.18	7					1.1	0.5		
8	2.4		0.16	7					0.8	0.3		
9												
10												
11	10.9		0.16	2					0.7	0.5		
12	1.9		0.09	4					0.4	0.2		
13	3.0		0.09	3					1.5	1.0	2	All OK
14	2.6		0.18	16	4.22	160			3.5	3.5		
15	2.7		0.18	8					3.5	3.5		
16												
17												
18												
19	11.9		0.18	1	0.16	1			0.8	0.5		
20	3.3		0.16	5	0.16	5			3.0	1.5		
21	1.7		0.16	9					3.5	3.0		
22	2.4		0.18	7					3.0	2.5		
23	3.1		0.18	6					3.0	2.5		
24												
25	7.5		0.31	4					2.5	2.5		
26	2.2		0.18	7					3.0	2.5		
27	4.2		0.18	7					2.5	2.0		
28	2.0		0.08	4					2.5	2.0		
29	1.9		0.08	4					2.0	1.5		
30												
31	6.5		0.18	2					2.0	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 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks

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

Plant Effluent pH (Avg) 7.8 No of Services at End of Mont 30 No of People at End of Month

Design Flow .072 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 Boo C-8521

I certify this report is correct Original signed by Michael J. Boo

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

Days of 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	86.6		2.33	59					34.8	27.2	3	All OK
Average:	3.0		0.12	3					1.9	1.5	3	
Maximum:	4.3		0.31	8					3.5	3.0	3	
Minimum:	1.8		0.06	1					0.8	0.4	3	
1	4.5		0.06	2					1.8	1.4		
2	3.1		0.06	3					2.0	1.8		
3	3.0		0.06	3					1.0	0.8		
4	1.7		0.06	5					0.8	0.4		
5	3.6		0.06	2					3.5	3.0		
6												
7												
8	10.6		0.08	1					2.3	2.0		
9	2.4		0.08	3					2.0	2.0	3	All OK
10												
11	6.9		0.24	3					2.5	2.0		
12												
13	10.6											
14			0.18	2					1.7	1.5		
15	6.1											
16	2.6		0.31	8					1.8	1.8		
17	2.8		0.16	6					2.0	1.7		
18	2.8		0.16	6					2.3	2.0		
19			0.18	6					2.4	2.0		
20												
21												
22												
23	11.0		0.16	1					1.5	0.8		
24	3.9		0.06	2					1.7	0.8		
25	2.7		0.06	3					2.2	1.8		
26	1.5		0.06	5					1.8	1.5		
27												
28	6.8		0.06	1					1.1	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 17.655910(2)

Effective 11/1/1989

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks

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

Plant Effluent pH (Avg) 7.8 No of Services at End of Mont 30 No of People at End of Month

Design Flow .072 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 Booe C-6521

I certify this report is correct Original signed by Michael J. 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	103.5		3.09	77	0	0			26.6	16.2	3	All OK
Average:	3.3		0.14	4	0	0			1.2	0.7		
Maximum:	6.4		0.31	9	0	0			3.0	2.0		
Minimum:	1.1		0.08	1	0	0			0.2	0.2		
1	3.0		0.08	3	0	0			1.5	1.0		
2	2.7		0.08	3	0	0			1.4	1.0		
3	4.2		0.08	2	0	0			1.8	1.3		
4	4.2		0.08	2	0	0			0.8	0.4		
5	3.1		0.08	3	0	0			1.5	1.0		
6					0	0						
7					0	0						
8	11.2		0.08	1	0	0			1.0	0.5	3	All OK
9	3.2		0.08	2	0	0			0.8	0.4		
10	6.4		0.08	1	0	0			1.0	0.5		
11	1.1		0.08	7	0	0			1.0	0.4		
12	3.0		0.08	3	0	0			1.2	0.3		
13					0	0						
14					0	0						
15	13.0		0.24	2	0	0			0.5	0.2		
16	3.0		0.08	3	0	0			3.0	2.0		
17					0	0						
18	6.8		0.16	5	0	0			2.0	1.5		
19	3.0		0.08	3	0	0			1.4	1.0		
20					0	0						
21					0	0						
22	9.8		0.24	2	0	0			1.1	0.8		
23	3.3		0.08	2	0	0			1.0	0.5		
24	2.6		0.08	3	0	0			0.5	0.2		
25	3.8		0.15	4	0	0			2.4	2.0		
26	2.2		0.08	4	0	0			0.5	0.2		
27					0	0						
28					0	0						
29	9.0		0.62	7	0	0			1.0	0.4		
30	3.4		0.31	9	0	0			1.0	0.4		
31	2.5		0.16	6	0	0			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. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks

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

Plant Effluent pH (Avg) 7.8 No of Services at End of Mont 35 No of People at End of Month

Design Flow .072 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 Booe C-8521

I certify this report is correct Original signed by Michael J. Bou

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

Days of Month	Total Water Treated in In Gallons	Post Chlorine			Pre 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	151.2		4.79		0	0			37.3	29.0	3	All OK
Average:	5.0		0.22		0	0			1.7	1.3	3	
Maximum:	14.1		0.58		0	0			3.5	3.5	3	
Minimum:	3.6		0.08		0	0			0.2	0.2	3	
1	4200.0		0.08		0	0			0.2	0.2		
2					0	0						
3	5,000		0.24		0	0			0.2	0.2		
4					0	0						
5	11,100		0.31		0	0			3.5	3.5		
6	4,400		0.18		0	0			0.3	0.3		
7	4,000		0.16		0	0			0.2	0.2		
8	4,000		0.16		0	0			2.2	1.0		
9	4,000		0.16		0	0			3.0	2.2		
10					0	0						
11					0	0						
12	18,900		0.08		0	0			0.2	0.2		
13	4,800		0.08		0	0			1.0	0.5	3	All OK
14	3,600		0.18		0	0			3.0	2.0		
15	4,100		0.08		0	0			2.6	2.0		
16	4,900		0.16		0	0			2.4	2.0		
17					0	0						
18					0	0						
19	15,600		0.54		0	0			2.2	1.8		
20	5,400		0.18		0	0			2.5	2.0		
21	14,100		0.48		0	0			2.5	2.0		
22					0	0						
23	9,100		0.40		0	0			2.1	1.9		
24	4,800		0.24		0	0			1.9	1.5		
25					0	0						
26	10,200		0.32		0	0			1.8	1.4		
27	6,200		0.16		0	0			1.4	1.0		
28	4,200		0.16		0	0			1.5	1.0		
29	6,400		0.16		0	0			1.0	0.5		
30	5,400		0.32		0	0			1.5	1.4		
31					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 17-555810(2)

Effective 11-1-1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2644256 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks

Owned By Southern States Utilities Phone: 904-849-6673 Reporting Month May 1993

Plant Effluent pH (Avg) 6.2 No of Services at End of Mont 35 No of People at End of Month

Design Flow .072 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 Boos C-6521

I certify this report is correct Original signed by Michael J. 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	140.0		5.06	87					30.0	19.4	3	All OK
Average:	4.5		0.24	4					1.4	0.9	3	
Maximum:	5.3		0.75	8					3.0	2.5	3	
Minimum:	2.9		0.06	2					0.2	0.2	3	
1												
2												
3	15.0		0.62	4					1.2	0.8		
4	4.0		0.18	4					1.4	1.0		
5	3.8		0.16	4					1.2	0.8		
6	3.8		0.16	4					0.8	0.5		
7	4.9		0.32	5					3.0	2.5		
8												
9												
10	15.2		0.76	5					1.5	1.0		
11	4.7		0.16	3					2.9	2.0	3	All OK
12	3.7		0.32	8					3.0	2.5		
13	5.1		0.16	3					1.5	1.0		
14	6.5		0.52	3					3.0	2.5		
15												
16												
17	15.6		0.24	2					0.4	0.2		
18	4.8		0.08	2					0.2	0.2		
19	4.0		0.08	2					0.4	0.2		
20	3.9		0.24	6					1.2	0.9		
21	3.5		0.18	6					1.2	0.5		
22												
23												
24	12.5		0.16	2					1.0	0.4		
25	4.8		0.08	2					0.5	0.2		
26	4.2		0.24	6					1.6	1.0		
27	4.7		0.18	3					1.3	0.4		
28	2.9		0.16	6					1.5	0.8		
29												
30												
31	13.3		0.32	2					1.1	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 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks
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 .072 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) 6526 (Cert. No)

Days of 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	125,800	5.24		104.0							3	
Average:	4,193	0.17		3.5					1.4	0.9		
Maximum:												
Minimum:												
1	4,500	0.26		7.0					0.9	0.5		
2	4,500	0.26		7.0					1.5	1.0		
3	4,000	0.13		3.0					1.5	1.0		
4	3,100	0.20		8.0					1.3	0.9		
5												
6												
7	12,400	0.73		7.0					0.8	0.2		
8	3,100	0.13		4.0					1.2	0.8	3	
9	4,000	0.26		8.0					0.8	0.4		
10	4,100	0.33		8.0					0.8	0.4		
11	4,100	0.13		3.0					1.0	0.8		
12												
13												
14	15,300	0.25		1.0					2.0	0.8		
15	8,200	0.13		2.0					0.2	0.2		
16	2,900	0.26		11.0					3.0	2.0		
17	5,100	0.26		6.0					3.0	2.0		
18	3,800	0.13		3.0					1.1	0.8		
19												
20												
21	14,600	0.88		4.0					3.2	2.0		
22	2,600	0.07		3.0					1.1	0.8		
23	3,500	0.07		2.0					1.1	0.7		
24	4,000	0.13		3.0					1.4	1.0		
25												
26	9,000	0.20		3.0					1.2	0.8		
27												
28	8,000	0.26		4.0					0.6	0.2		
29	4,800	0.13		3.0					1.5	1.0		
30	2,100	0.07		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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks
Owned By Southern States Utilities Phone: 904-849-8673 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 .072 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) 0522B (Cert. No)

Days of 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	177,400	7.46		86							3	
Average:	5,723	0.24		3					1.4	1.0		
Maximum:	11,000	0.33		1					3.0	2.5		
Minimum:	3,200	0.07		7					0.2	0.2		
1	3,500	0.13		5					1.8	1.0		
2	3,800	0.07		2					1.3	1.0		
3												
4												
5	15,600	0.50		2					1.0	0.4		
6	11,000	0.26		3					0.8	0.4		
7	5,200	0.26		6					1.2	0.6		
8	3,700	0.20		7					0.7	0.3		
9	8,000	0.33		7					1.5	1.0		
10												
11												
12	13,900	1.00		5					0.8	0.4		
13	5,700	0.26		5					1.0	0.4	3	
14	3,900	0.20		7					0.7	0.3		
15	5,900	0.33		7					1.5	1.0		
16	6,200	0.20		4					0.5	0.3		
17												
18												
19	22,600	1.86		3					0.2	0.2		
20	4,700	0.07		2					3.0	2.5		
21	6,100	0.20		7					2.7	2.3		
22	3,200	0.07		3					2.6	2.4		
23	5,600	0.07		1					2.0	1.5		
24												
25												
26	15,400	0.50		3					1.2	0.8		
27	4,800	0.20		5					2.0	1.5		
28	5,100	0.13		3					1.8	1.4		
29	7,800	0.26		4					1.3	0.9		
30	6,900	0.20		4					1.5	1.0		
31	10,000	0.20		2					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 17-555(10)(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544256 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks
Owned By Southern States Utilities Phone: 904-649-8673 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 Flow .072 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 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	161,900		5.05	91							3	
Average:	5,223		0.16	3					0.9	0.5		
Maximum:	7,800		0.26	8					3.0	1.0		
Minimum:	3,400		0.07	2					0.3	0.2		
1												
2	25,500		0.91	4					0.6	0.2		
3	3,700		0.13	4					1.4	1.0		
4	3,900		0.07	2					1.5	1.0		
5	7,000		0.26	5					0.4	0.2		
6	3,500		0.20	7					0.6	0.2		
7												
8												
9	19,000		0.26	2					0.4	0.2		
10	6,400		0.26	5					0.4	0.2	3	
11	3,800		0.20	6					1.1	0.8		
12	3,700		0.13	4					1.1	0.8		
13												
14	9,400		0.47	6					0.7	0.3		
15												
16	7,200		0.40	7					0.9	0.4		
17	5,000		0.26	6					1.0	0.4		
18	4,400		0.13	4					3.0	2.0		
19	5,000		0.13	3					0.2	0.2		
20	7,600		0.07	1					0.3	0.2		
21												
22												
23	13,100		0.26	2					0.3	0.2		
24	4,800		0.13	3					1.0	0.4		
25	4,100		0.13	4					0.6	0.2		
26	4,800		0.13	4					0.6	0.2		
27	3,400		0.13	5					1.5	1.0		
28												
29												
30	10,200		0.26	3					1.0	0.6		
31	3,500		0.13	4					0.6	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 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544256 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks

Owned By Southern States Utilities Phone: 904-549-8873 Reporting Month September 1993

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

Design Flow .072 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	116,300	3.857		95.0							3	
Average:	3.877	0.100		3.0					1.0	0.6		
Maximum:	4.800	0.130		7.0					2.3	1.8		
Minimum:	2.100	0.130		2.0					0.4	0.2		
1	3,900	0.130		4.0					0.6	0.2		
2	4,000	0.130		4.0					2.3	1.8		
3	3,300	0.130		5.0					2.0	1.5		
4												
5												
6	12,300	0.500		5.0					1.1	0.8		
7	4,800	0.130		3.0					0.6	0.2		
8	2,700	0.130		6.0					1.1	0.8		
9	3,500	0.130		4.0					0.8	0.4		
10												
11	10,400	0.130		2.0					1.0	0.4		
12												
13	9,500	0.260		3.0					0.9	0.4		
14	3,900	0.130		4.0					0.7	0.3	3	
15	3,200	0.130		5.0					1.7	1.2		
16	3,800	0.130		4.0					1.2	0.8		
17												
18	7,500	0.260		4.0					0.8	0.4		
19												
20	7,400	0.130		2.0					0.7	0.3		
21	3,400	0.130		5.0					1.2	0.8		
22	2,600	0.130		6.0					1.3	0.8		
23	4,500	0.130		3.0					1.0	0.6		
24	2,800	0.130		6.0					0.8	0.4		
25												
26												
27	13,200	0.500		5.0					0.4	0.2		
28	2,100	0.130		7.0					0.6	0.2		
29	3,100	0.130		5.0					0.7	0.3		
30	4,400	0.130		4.0					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 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks

Owned By Southern States Utilities Phone: 904-849-8673 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 .072 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-7151

(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 frequen main line breaks meter calibrations)
Monthly Total	106,800		2.93	110								
Average:	3,445								1.2	0.7		
Maximum:	5,200		0.26	11					1.8	1.2		
Minimum:	700		0.07	2					0.2	0.2		
1	2,900		0.13	6					0.2	0.2		
2												
3												
4	9,800		0.26	5					1.0	0.8		
5	2,300		0.13	7					1.0	0.6		
6	3,300		0.13	5					0.8	0.4		
7	3,100		0.07	3					1.8	1.2	3	
8	3,400		0.13	5					1.8	1.2		
9												
10												
11	5,600		0.13	2					1.5	1.0		
12	2,800		0.07	3					1.8	1.2		
13	3,400		0.07	2					1.8	1.2		
14	2,700		0.07	3					1.8	1.2		
15	2,700		0.13	6					1.5	1.0		
16												
17												
18	10,900		0.20	2					1.0	0.6		
19	4,400		0.13	4					0.8	0.4		
20	5,200		0.07	3					0.8	0.4		
21	700		0.07	3					1.1	0.4		
22	2,100		0.13	7					1.2	0.6		
23												
24												
25	9,800		0.26	5					1.1	0.4		
26	2,800		0.13	11					1.0	0.4		
27	2,600		0.13	11					1.3	0.4		
28	2,800		0.07	6					0.6	0.3		
29	3,600		0.13	7					1.0	0.3		
30												
31	15,900		0.33	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(3)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2644256 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks

Owned By Southern States Utilities Phone: 904-848-8873 Reporting Month November 1993

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

Design Flow .072 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) 6312 (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	129,100	5.02		116.0								
Average:	4,303	0.20		4.0					0.9	0.5		
Maximum:	7,600	0.26		11.0					3.0	2.0		
Minimum:	2,000	0.04		1.0					0.5	0.2		
1												
2	5,100	0.26		6.0					0.8	0.3	3	
3	2,700	0.13		5.0					1.0	0.6		
4	4,400	0.07		2.0					0.8	0.3		
5	2,000	0.07		4.0					0.5	0.2		
6	4,100	0.04		1.0					0.8	0.3		
7												
8	8,300	0.35		5.0					0.8	0.2		
9	2,900	0.26		11.0					0.5	0.2		
10	3,500	0.07		2.0					0.8	0.2		
11	5,900	0.20		4.0					1.0	0.3		
12	6,100	0.17		4.0					0.9	0.3		
13												
14												
15	11,900	0.98		10.0					0.5	0.2		
16	3,500	0.20		7.0					0.9	0.3		
17	3,000	0.20		8.0					0.5	0.3		
18	3,500	0.26		9.0					0.7	0.3		
19	3,100	0.13		5.0					0.7	0.3		
20												
21												
22	16,400	1.09		8.0					3.0	2.0		
23	4,700	0.13		3.0					1.0	0.6		
24												
25	13,700	0.52		5.0					1.0	0.5		
26	3,600	0.26		9.0					1.3	0.8		
27	7,600	0.26		4.0					1.4	0.8		
28												
29	8,200	0.26		4.0					1.0	0.5		
30	4,900	0.13		3.0					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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2544258 PWS Name Silver Lake Oaks Location:City or S/D Silver Lake Oaks
Owned By Southern States Utilities Phone: 904-848-8873 Reporting Month December 1993
Plant Effluent pH (Avg) _____ No of Services at End of Month _____ No of People at End of Month _____
Design Flow .072 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) 6521-B (Cert. No)
Michael Scott

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	140,000		4.95	123								
Average:	4,516		0.16						1.3	0.8		
Maximum:	18,500		0.39	10					3.5	3.0		
Minimum:	2,900		0.13	1					0.2	0.2		
1	3,200		0.26	10					0.9	0.5		
2	8,000		0.39	5					1.0	0.4		
3	3,200		0.13	9					0.8	0.5		
4												
5												
6	11,100		0.26	3					0.8	0.4		
7	3,100		0.26	10					0.6	0.2		
8	3,700		0.13	7					1.8	0.8	3	ALL A
9	4,100		0.24	8					2.0	1.5		
10	4,200		0.26	7					1.2	0.8		
11												
12												
13	10,700		0.52	6					1.0	0.8		
14	4,000		0.13	4					0.8	0.4		
15	4,500		0.13	4					0.5	0.4		
16	3,500		0.26	9					0.8	0.4		
17	2,900		0.13	6					1.0	0.6		
18												
19												
20	14,400		0.78	7					0.7	0.3	1	A
21	6,200		0.26	5					1.4	1.0	1	A
22	3,100		0.13	5					3.5	3.0		
23	4,300		0.07	2					2.5	2.0		
24	5,500		0.07	2					3.5	3.0		
25												
26												
27	9,500		0.13	2					1.3	0.8		
28	3,100		0.13	5					1.2	0.7		
29	18,500		0.13	1					1.1	0.7		
30	9,500		0.13	2					0.2	0.2		
31	9,800		0.13	4					0.4	0.2		

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 555910(2)
Effective 11/9/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 123 No of People at End of Month 430.5

Design Flow 175 GPM Remarks (Use Reverse Side)

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

B. Heath # C-5825,L. Shreffler # C-6587,Dennis Moro #C-6497,W.Fontaine # C-6873

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 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	813,700	23.25		96.6					31.1	20.0	8	
Average	26,248	0.75		3.1					1.2	0.9		
Maximum	126,500	3.75		7.0					1.5	1.2		
Minimum	13,200	0.25		1.2					1.0	0.7		
1												
2	78,700	1.50		2.3					1.0			
3	36,100	0.75		2.4					1.0	0.8		
4	26,100	0.50		2.4					1.0	0.8		Ex. well #2
5	18,300	0.50		3.3					1.0	0.7		
6	19,800	0.50		3.0					1.0	0.7		
7	19,900	0.75		4.5					1.2	0.8		
8	15,400	0.50		3.9					1.2			
9												
10	42,400	1.25		3.5					1.2	0.9		
11	20,100	0.50		3.0					1.2	0.9		
12	30,300	0.75		3.2					1.2	1.0	4	Line flushing
13	18,700	0.50		3.4					1.2	1.0		Ex. well #2
14	126,500	3.75		3.7					1.5	1.2		outage main brk
15												
16	33,900	0.75		2.7					1.5	1.0		Pint freez protec
17	26,000	1.00		4.6					1.2	0.9	2	outage smpls
18	13,700	0.50		4.4					1.2	1.0	2	outage smpls
19	16,500	0.75		5.5					1.2	0.9		
20	18,200	1.00		7.0					1.2	1.0		Ex. well #2
21	16,700	0.75		5.4					1.0	0.8		
22	14,800	0.50		4.1					1.2			
23												
24	39,800	1.25		3.8					1.2	1.0		
25	22,400	0.75		4.2					1.0	0.8		
26	21,000	0.50		3.0					1.5	1.0		Ex. well #2
27	25,000	1.00		4.8					1.2	1.0		
28	31,200	1.00		3.8					1.0	0.8		
29	13,200	0.25		2.3					1.5			
30												
31	67,000	1.50		2.7					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. 3351205 PWS Name Skyoreat Location:City or S/D Skyoreat

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

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 123 No of People at End of Month 430.5

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/L. Shreffler C-8587/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	572,800	16.00		84.4					26.5	18.9	6	
Average	20,457	0.57		3.0					1.1	0.9		
Maximum:	34,700	1.00		7.7					1.5	1.2		
Minimum	14,500	0.50		2.0					0.8	0.5		
1	18,900	0.50		3.2					0.8	0.5		
2	30,700	0.50		2.0					0.8	0.5		Exer w-2/lin fish
3	29,000	0.75		3.1					1.0	0.7		
4	28,000	0.75		3.2					1.0	0.8		
5	19,300	0.50		3.1					1.0			Exer w-2
6												
7	44,800	1.00		2.7					1.0	0.6		
8	11,700	0.75		7.7					1.2	0.9		
9	18,800	0.50		3.2					1.0	0.7		Line Flush
10	16,200	0.75		5.6					1.2	0.9		
11	19,800	0.50		3.0					1.2	1.0		
12	18,000	0.50		3.3					1.2	1.0		Rebit inj w-2
13												Clean CL2 inj -
14	34,300	1.00		3.5					1.0	0.6		exer w-2
15	17,300	0.50		3.5					1.2	0.9		
16	22,500	0.75		4.0					1.2	1.0	4	
17	14,500	0.25		2.1					1.2	0.9		
18	17,900	0.50		3.5					1.0	0.6		
19	21,300	0.75		4.2					1.2			
20												
21	46,200	1.25		3.2					1.0	0.9		
22	17,100	0.50		3.5					1.2	1.0		
23	24,800	0.50		2.4					1.0	0.7		
24	18,100	0.50		3.3					0.9	0.7		
25	17,800	0.75		5.1					1.5	1.2		
26	21,000	0.50		2.9					1.5	1.2		Fish/2" main -
27												break
28	45,600	1.25		3.3					1.2	1.0	2	Exer w-2
29												
30												
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 123 No of People at End of Month 430.5

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-8587/Brian 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	769,400	21.25		91.9					25.3	17.5	8	
Average	25,465	0.69		3.0					0.9	0.7		
Maximum	36,350	1.00		5.3					1.2	0.9		
Minimum	11,900	0.50		1.3					0.8	0.5		
1	22,000	0.75		4.1					1.2	0.8		
2	11,900	0.50		5.0					1.2	0.9	2	Ex w-2-out;
3	19,200	0.50		3.1					0.9	0.8	2	samples
4	17,900	0.25		1.7					0.9	0.6		Line flush
5	21,200	0.50		2.8					1.0			
6												
7	70,600	1.75		3.0					0.9	0.7		Ex w-2
8	26,200	1.00		4.6					0.9	0.7	4	
9	22,600	0.75		4.0					0.9	0.6		
10	17,000	0.75		5.3					1.0	0.8		Ex w-2/grease
11	20,000	0.50		3.0					0.8	0.6		-bearings
12												
13	42,500	1.00		2.8					1.0	0.9		
14	32,500	0.75		2.8					1.0	0.8		Ex w-2
15	17,000	0.50		3.5					0.9	0.7		
16	25,900	0.75		3.5					0.9	0.7		
17	22,600	0.50		2.7					0.9	0.8		Ex w-2
18	16,000	0.50		3.7					1.0	0.7		
19												
20	72,700	1.75		2.9					0.9	0.7		
21	34,100	0.75		2.6					0.9	0.6		
22	22,000	1.00		5.5					1.0	0.8		Ex w-2
23	27,200	0.75		3.3					0.8	0.8		
24	34,900	1.00		3.4					0.9	0.7		
25	32,000	1.00		3.7					0.8	0.5		
26	23,000	0.50		2.6					0.8			
27												
28	69,900	1.50		2.6					0.8	0.6		Ex w-2
29	18,000	0.75		5.0					1.0	0.8		
30	25,800	0.50		2.3					1.0	0.8		
31	24,700	0.50		2.4					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. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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 123 No of People at End of Month 430.5

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-6625/D. Mora C-6497/W. Fontaine C-6813

I certify this report is correct Donald R. Cooler B 8403

(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	949,900	24.25		82.3					21.4	12.6	4	
Average	31,663	0.81		2.7					0.6	0.6		
Maximum	41,400	1.75		4.3					1.1	0.8		
Minimum	19,000	0.50		1.1					0.6	0.4		
1	23,400	0.75		3.8					0.9	0.7		Exer W-2
2	24,200	0.75		3.7					1.0			
3												
4	67,700	1.25		2.2					0.8	0.6		Exer W-2
5	33,700	0.75		2.7					0.7	0.5		Line flushing
6	30,900	0.75		2.9					0.7	0.5	4	Exer W-2/comp
7	19,000	0.50		3.2					0.7	0.5		
8	21,600	0.50		2.8					0.7	0.5		
9												
10	62,600	2.00		2.9					0.8			
11	27,400	0.50		2.2					0.7	0.5		Exer W-2
12	28,000	1.00		4.3					1.0	0.8		
13	32,800	0.75		2.7					0.7	0.5		Exer W-2
14	25,000	0.75		3.6					0.8	0.6		
15	34,800	0.50		1.7					0.6	0.4		
16												
17	78,800	1.75		2.7					0.8			
18	41,300	0.75		2.2					0.7	0.5		Exer W-2
19	40,500	1.25		3.7					0.7	0.5		Exer W-2
20	39,800	1.75		5.3					0.8	0.6		Exer W-2
21	30,000	1.00		4.0					0.9	0.7		
22	19,200	0.50		3.1					0.9	0.7		Exer W-2
23	32,000	0.75		2.8					0.9			
24												
25	61,700	1.25		2.4					0.9	0.6		
26	24,600	0.75		3.7					0.8	0.7		
27	38,600	1.25		3.9					1.0	0.8		Exer W-2
28	28,400	1.00		4.2					1.0	0.8		Exer W-2/fin fish
29	31,000	0.75		2.9					0.8	0.8		Exer W-2
30	33,000	0.75		2.7					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. 3351205 PWS Name Skycrest Location: City or S/D Skycrest

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 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

B. Heath C-5825/L. Shreffler C-6557/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	1,140,000	30.50		81.6					20.9	13.6	4	
Average	36,774	0.98		2.6					0.6	0.6		
Maximum	61,700	3.00		4.6					1.0	0.8		
Minimum	23,500	0.50		2.0					0.6	0.4		
1												
2	60,700	1.75		2.6					0.7	0.5		
3	33,000	1.00		3.6					0.7	0.5		Ex W-2
4	24,600	0.50		2.4					0.7	0.5		
5	41,000	1.25		3.7					0.8	0.4		Ex W-2
6	40,600	1.25		3.7					0.8	0.6		
7	39,400	1.50		4.6					0.8			
8												
9	86,400	2.75		3.6					0.7	0.5		Ex W-2
10	33,000	1.25		4.5					1.0	0.8		
11	39,900	1.00		3.0					0.7	0.5	4	Ex W-2/Compliance
12	30,000	1.00		4.0					0.9	0.7		
13	41,000	1.25		3.7					0.8	0.6		Ex W-2
14	23,500	0.75		3.8					0.8			
15												
16	114,500	3.00		3.1					0.7	0.5		Ex W-2
17	31,000	1.00		3.9					0.9	0.7		
18	27,100	0.75		3.3					1.0	0.8		W-2 off line/-
19	24,100	0.50		2.5					0.7	0.5		hit by lightning
20	26,800	0.75		3.4					0.9	0.7		On line
21												
22												
23	82,500	2.00		2.9					1.0	0.7		Ex W-2
24	55,700	1.25		2.7					1.0	0.8		
25	59,700	1.25		2.5					0.7	0.5		Ex W-2
26	43,800	1.50		4.1					0.9	0.7		
27	61,700	1.25		2.4					0.6	0.6		Ex W-2
28	32,400	0.75		2.8					1.0			
29												
30	43,900	0.75		2.0					1.0	0.7		
31	23,900	0.50		2.5					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. 3361205 PWS Name Skyoraet Location:City or S/D Skyoraet
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 125 No of People at End of Month 437.5
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/L. Streiffer C-6567/D. More C-6497
I certify the report is correct Brian T 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	770,700	23.50		64.6					24.9	16.7	4	
Average:	25,690	0.78		3.2					1.0	0.8		
Maximum:	40,900	3.75		9.9					1.5	0.9		
Minimum:	13,000	0.50		2.2					0.8	0.8		
1	35,400	0.75		2.5					1.0	0.8		
2	27,000	0.75		3.3					1.2	0.8		Ex well #2
3	40,900	0.75		2.2					1.0	0.8		
4	20,000	0.50		3.0					1.0			
5												
6	66,800	2.50		4.5					1.0	0.8		Ex well #3
7	32,900	1.50		5.5					0.9	0.8		Ex well #2
8	16,300	0.75		5.5					0.9	0.7		Ex well #2
9	18,000	0.50		3.3					1.0	0.8		
10	26,800	0.50		2.2					1.0	0.7		
11												
12												
13	87,900	1.50		2.0					1.0	0.8	4	Compliance
14	21,800	0.50		2.8					1.2	0.9		
15	34,400	0.75		2.6					1.0	0.9		Ex well #2
16	26,800	0.75		3.4					1.0	0.7		
17												
18	33,900	0.75		2.7					1.0			
19												
20	45,200	3.75		9.9					1.0	0.8		Ex well #2/lead &
21	17,000	1.25		8.8					1.0	0.8		oop POE
22	14,900	0.75		6.0					1.2	0.9		Ex well #2
23	13,000	0.50		4.6					1.2	0.9		
24	25,200	0.75		3.6					1.5	0.9		
25	20,800	0.50		2.9					1.2			
26												
27	56,200								1.0	0.8		Ex well #2
28	28,000	0.75		3.2					0.9	0.7		
29	35,600	1.25		4.2					0.8	0.8		Ex well #2-line
30	26,000	1.25		5.8					0.9	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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location: City or S/D Skycrest

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 125 No of People at End of Month 437.5

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/L. 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 in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	598,500	17.25		83.5					28.0	16.3	4	
Average	19,306	0.56		3.0					1.0	0.8		
Maximum	29,400	1.00		4.7					1.2	1.0		
Minimum	8,500	0.25		1.1					0.7	0.5		
1	29,300	1.00		4.1					0.8	0.6		
2	29,400	0.75		3.1					0.7			
3												
4	40,400	1.00		3.0					1.0	0.8		
5	19,800	0.50		3.0					0.7	0.5		Ex W-2
6	21,000	0.75		4.3					1.0	0.7		
7	22,500	0.75		4.0					0.9	0.6		
8	22,300	0.75		4.0					0.8	0.6		
9												
10	50,500	1.25		3.0					1.0			
11	14,500	0.50		4.1					0.9	0.7	4	Ex W-2/compliance
12	16,000	0.50		3.7					1.0	0.8		
13	15,500	0.50		3.9					1.2	1.0		
14	15,300	0.50		3.9					1.0	0.8		Ex W-2
15	19,000	0.75		4.7					1.2	1.0		
16	19,200	0.50		3.1					1.2			
17												
18	39,800	0.75		2.3					1.0	0.8		Ex W-2
19	23,000	0.75		3.9					1.0	0.8		
20	27,900	1.00		4.3					0.8	0.6		Ex W-2/line flushing
21	19,000	0.50		3.2					1.2	1.0		
22	18,400	0.50		3.3					1.2	0.8		
23	10,000	0.25		3.0					1.2			
24												
25	41,800	0.75		2.2					1.0	0.8		Ex W-2
26	23,000	0.75		3.9					1.2	1.0		
27	17,500	0.50		3.4					1.2	0.9		
28	18,100	0.50		3.3					0.9	0.7		Ex W-2
29	16,700	0.75		5.4					1.0	0.8		
30	8,500	0.25		3.5					0.9			
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 125 No of People at End of Month 437.5

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-8587/B Heath C-5825/W Fontaine C-6813

I certify this report is correct Bruce Heath C-5825

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	582,200	18.25		86.1					23.0	16.0	4	
Average	18,781	0.52		2.8					0.9	0.7		
Maximum	27,450	1.50		7.5					1.2	1.0		
Minimum	10,900	0.25		1.9					0.6	0.4		
1	54,900	1.50		3.3					0.8	0.6		
2	17,000	0.50		3.5					0.9	0.7		
3												
4	38,500	0.75		2.3					0.9	0.7		Ex W-2
5	15,000	0.75		6.0					1.0	0.8		
6	20,100	0.50		3.0					0.6			
7	17,100	0.50		3.5					0.6	0.4		
8	16,200	0.25		1.9					0.6	0.4		Ex W-2
9	14,000								0.8	0.6		
10	19,100	0.75		4.7					1.2	1.0	4	Ex W-2/compliance
11	16,000	1.00		7.5					1.0	0.8		
12	17,200	0.75		5.2					1.2	1.0		
13	14,100	0.25		2.1					1.0			
14												
15	36,500	1.00		3.3					0.9	0.7		E gen s/up-o/line
16	17,300	0.75		5.2					0.9	0.7		
17	15,200	0.25		2.0					0.9	0.7		
18	18,600	0.50		3.2					0.9	0.7		Line flushing
19	18,700	0.50		3.2					0.9	0.7		
20	10,300	0.25		2.9					0.8			
21												
22	46,300	1.25		3.2					0.9	0.7		Sched e gen run
23	15,000	0.25		2.0					1.0	0.8		
24	17,700	0.50		3.4					0.9	0.7		
25	18,800	0.50		3.6					0.8	0.6		
26	18,400	0.50		3.3					0.9	0.7		Ex W-2
27												
28												
29	55,500	1.50		3.2					0.9	0.7		Sched e gen run
30	18,000	0.50		3.3					0.8	0.6		
31	18,700	0.50		3.2					0.9	0.7		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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 125 No of People at End of Month 437.5

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. More C-6497/W. Fontaine C-6813

I certify this report is correct Brian Heath (Lead Operator's Signature) C (Cert. Level) 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	549,900	17.25		96.2					24.3	16.2	6	
Average	18,330	0.58		3.2					0.8	0.7		
Maximum	26,150	1.50		5.3					1.2	1.0		
Minimum	9,700	0.25		1.7					0.7	0.5		
1	18,700	0.50		3.2					0.9	0.7		
2	20,300	0.50		3.0					0.9	0.7		
3	9,700	0.25		3.1					0.8			
4												
5	52,300	1.50		3.4					0.9	0.8		E. gen running
6	23,500	0.50		2.6					1.0	0.8		
7	14,700	0.50		4.1					0.9	0.7	4	
8	22,700	0.75		4.0					0.9	0.7		Exer e.gen line flushing
9	19,300	0.50		3.1					0.9	0.7		
10	16,400	0.50		3.7					0.9			
11												
12	38,600	1.25		4.1					1.0	0.8		Sched e.gen run
13	15,500	0.25		1.9					0.9	0.7		Ex W-2
14	15,000	0.25		2.0					0.9	0.7		Ex W-2
15	11,100	0.25		2.7					1.0	0.7		
16	19,400	0.75		4.6					1.0	0.8		Ex W-2
17	11,100	0.25		2.7					1.0			
18												
19	44,000	1.50		4.1					1.2	1.0		Sched e. gen run
20	17,000	0.75		5.3					1.2	1.0		
21	15,000	0.50		4.0					1.0	0.8		
22	19,000	0.75		4.7					0.8	0.6		Ran air comp
23	16,000	0.50		3.7					1.0	0.8		Ran air comp
24	21,000	0.75		4.3					1.0			
25												
26	32,000	1.00		3.7					1.0	0.8		Rep pmp&mtr W-1
27	17,000	0.75		5.3					0.9	0.7		Sampled W-1
28	14,000	0.50		4.3					0.7	0.5	1	Flushed W-1
29	26,000	1.00		4.6					0.9	0.7	1	Flushed W-1
30	22,600	0.75		4.0					0.7	0.5		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 125 No of People at End of Month 437.5

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/W.Fontaine C-6813/D.Moro C-6497/B. Heath C-5825

I certify this report is correct Brian Heath 1 - 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	615,500	19.00		89.6					21.1	12.9	4	
Average	19,855	0.61		2.9					0.8	0.6		
Maximum	28,900	1.00		4.9					1.2	1.0		
Minimum:	15,200	0.25		1.3					0.5	0.4		
1	18,100	0.50		3.3					0.5			
2												
3	36,500	0.75		2.5					0.6	0.4		Sched e.gen run
4	17,000	0.50		3.5					0.7	0.5		Ex W-2
5	18,400	0.25		1.6					0.6	0.4	4	Compliance
6	17,000	0.25		1.8					0.6	0.4		Ex W-2/Cl2 alm inst
7	19,700	0.25		1.5					1.0	0.7		Ex W-2
8												
9	51,000	2.00		4.7					1.0			Line flushing
10	28,900	1.00		4.1					1.0	0.8		Sched e.gen run
11	18,200	0.75		4.9					1.2	1.0		
12	20,000	0.50		3.0					1.2	1.0		
13	20,000	0.75		4.5					0.8	0.6		
14	17,600	0.50		3.4					0.8	0.6		
15	19,100	0.50		3.1					0.8			
16												
17	36,100	1.25		4.2					0.8	0.6		Sched e.gen run
18												Ex W-2
19	36,100	1.00		3.3					0.8	0.6		
20	26,900	0.75		3.3					0.9	0.7		
21	15,200	0.50		3.9					0.8	0.6		
22	15,500	0.50		3.9					0.8			
23												
24	44,900	1.75		4.7					0.9	0.7		Sched e.gen run
25	20,500	0.75		4.4					0.8	0.6		
26	24,700	0.75		3.6					0.9	0.7		Line flushing
27	15,500	0.50		3.9					0.8	0.6		
28	18,200	0.75		4.9					0.9	0.7		
29												
30	36,200	1.50		5.0					1.0			
31	24,200	0.50		2.5					0.9	0.7		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.

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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 125 No of People at End of Month 437.5

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-6567/B, Heath C-5825/D, Moro C-6497

I certify this report is correct Mike Fontaine (Lead Operator's Signature) C (Cert. Level) 6567 (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	589,000	16.25		53.8					22.6	13.9	4	
Average	19,633	0.54		2.8					0.9	0.7		
Maximum	30,000	1.50		4.4					1.0	0.8		
Minimum	14,300	0.25		1.8					0.8	0.6		
1	14,300	0.50		4.2					0.8	0.6		
2	20,800	0.50		2.9					0.9	0.7		
3												
4	41,700	1.50		4.3					0.9	0.7		
5	20,800	0.50		2.9					0.8			
6	30,000	0.75		3.0					1.0	0.8		
7	17,200	0.50		3.5					1.0	0.8		Sched e gen run
8	23,000	0.75		3.9					0.9	0.7		
9	16,800	0.50		3.5					0.9	0.7	4	Compliance-ex W-2
10	18,400	0.50		3.3					1.0	0.7		Cl2 ev
11	18,800	0.50		3.2					0.9	0.7		Ex W-2
12	12,300	0.25		2.4					0.9			
13												
14	43,800	1.50		4.1					0.9	0.7		Sched e gen run
15	16,600	0.50		3.6					0.9	0.6		
16	16,000	0.50		3.7					0.9	0.7		
17	16,300	0.50		3.7					0.8	0.6		
18	16,400	0.50		3.7					0.9	0.6		Ex W-2 Chg flc
19	22,300	0.75		4.0					1.0			- mat s
20												
21	35,700	1.00		3.0					0.8	0.6		Sched e gen run
22	20,400	0.75		4.4					0.8	0.8		chem anyl pulled
23	20,200	0.50		3.0					1.0	0.8		Line flushing
24												
25	34,200	0.50		1.8					0.8			
26	20,000	0.50		3.0					0.8			
27												
28	51,000	1.00		2.4					1.0	0.8		E. gen exercised
29	16,800	0.50		3.6					0.9	0.7		
30	21,000	0.50		2.9					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 3351205 PWS Name Skyerest Location:City or S/D Skyerest

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 125 No of People at End of Month 437.5

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-6887/B. Heath C-6825/W. Fontaine C-6813

I certify this report is correct Allen 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	594,100	17.50		94.1					23.3	14.7	4	
Average	19,165	0.56		3.0					0.9	0.7		
Maximum	28,700	1.13		5.3					1.0	0.9		
Minimum	14,100	0.25		2.1					0.7	0.5		
1	21,000	0.50		2.9					0.9	0.7		
2	18,000	0.50		3.3					0.9	0.6		
3	17,300	0.50		3.5					0.9			
4												
5	44,400	2.25		6.1					0.6	0.6		Sched e.gen.run
6	17,000	0.75		5.3					0.9	0.6	4	Comp./ex w-2/fish
7	17,700	0.50		3.4					0.9	0.7		Ex w-2
8	18,700	0.50		3.2					0.6	0.6		
9	14,100	0.25		2.1					1.0	0.8		
10	26,800	0.50		2.2					0.8			
11												
12	34,800	1.00		3.4					0.7	0.6		Sched e.gen.run
13	28,700	0.75		3.1					0.8	0.6		
14	19,100	0.75		4.7					0.6	0.6		Flushing
15	17,400	0.50		3.4					0.8	0.6		
16	18,300	0.50		3.3					0.8	0.6		Ex w-2
17	18,000	0.50		3.3					0.8			
18												
19	42,400	1.00		2.8					0.7	0.5		Sched e.gen.run-
20	20,000	0.50		3.0					0.9	0.7		ex w-2
21	17,800	0.50		3.4					1.0	0.8		
22	19,000	0.50		3.2					1.0	0.8		
23	18,300	0.50		3.7					1.0	0.9		
24	21,100	0.50		2.8					0.9			
25												
26	32,900	0.75		2.7					0.9	0.8		E. gen. exer.
27	21,400	0.75		4.2					0.8	0.7		Ex w-2/bleed air-
28	18,200	0.60		3.3					0.8	0.7		from HPT
29	19,200	0.75		4.7					0.8	0.6		Sfty insp/flush
30	18,700	0.50		3.2					0.9	0.7		
31	15,800	0.50		3.8					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. 3351205 PWS Name Skycrest Location: City or S/D Skycrest
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 123 No of People at End of Month 431.0
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 / Dennis W. Moro C-6497 / Lance D. Shreffler C-6587
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	617.8	14.25		72.3					33.1	25.3	4	
Average	19.9	0.46		2.9					1.3	1.0		
Maximum:	24.6	0.50		3.7					1.8	1.5		
Minimum:	11.2	0.38		2.2					1.0	0.8		
1												
2	22.3	0.50		2.7					1.8	1.5		
3												
4	48.9	1.00		2.5					1.5	1.0		
5	19.9	0.50		3.0					1.5	1.2		
6	21.0	0.50		2.9					1.0	0.8		
7	21.6	0.50		2.8					1.2	0.9		
8	21.1	0.50		2.8					1.2	0.9		
9												
10	38.1	0.75		2.4					1.2	1.0		
11	16.9	0.50		3.5					1.5	1.2	4	
12	20.3	0.50		3.0					1.5	1.2		
13	19.6	0.50		3.1					1.2	1.0		
14	18.8	0.50		3.2					1.2	1.0		
15	20.2	0.50		3.0					1.2	0.9		
16	18.3	0.50		3.3					1.2	0.9		
17												
18	45.4	1.00		2.6					1.2	1.0		
19	20.8	0.50		2.9					1.5	1.0		
20	19.0	0.50		3.2					1.5	0.8		
21	24.6	0.50		2.4					1.2	0.9		
22	19.8	0.50		3.0					1.2	1.0		
23	27.1	0.50		2.2					1.2	1.0		
24												
25	41.3	0.75		2.2					1.5	1.2		
26	18.1	0.50		3.3					1.5	1.2		
27	16.4	0.50		3.7					1.5	1.0		
28	17.8	0.50		3.4					1.2	1.0		
29	20.6	0.50		2.9					1.2	0.8		
30												
31	39.7	0.75		2.3					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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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 123 No of People at End of Month 431.0

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	530.7	12.75		71.2					29.5	21.6	4	
Average	19.7	0.47		3.0					1.2	0.9		
Maximum	30.2	0.75		3.6					1.5	1.0		
Minimum	12.0	0.25		2.2					1.0	0.7		
1	22.2	0.50		2.7					1.2	0.9		
2	14.9	0.25		2.0					1.2	0.8		
3	16.8	0.50		3.6					1.2	0.9		
4	19.6	0.50		3.1					1.2	1.0		
5	17.1	0.50		3.5					1.2	0.9		
6												
7	39.7	0.75		2.3					1.2	0.9		
8	19.6	0.50		3.1					1.0	0.8		
9	20.5	0.50		2.9					1.2	0.9	4	
10	16.9	0.50		3.5					1.2	0.9		
11	20.5	0.50		2.9					1.5	1.0		
12	19.0	0.50		3.2					1.5	1.0		
13	19.0	0.50		3.2					1.2	0.7		
14												
15	41.7	0.75		2.2					1.2	1.0		
16	19.1	0.50		3.1					1.2	0.7		
17	30.2	0.75		3.0					1.2	0.8		
18	21.0	0.50		2.9					1.2	1.0		
19	19.4	0.50		3.1					1.2	1.0		
20	19.8	0.50		3.0					1.2	0.8		
21												
22	48.2	1.00		2.5					1.2	0.9		
23	19.3	0.50		3.1					1.2	0.9		
24	17.8	0.50		3.4					1.2	0.9		
25	19.1	0.50		3.1					1.5	1.0		
26	17.2	0.50		3.4					1.2	1.0		
27	12.0	0.25		2.4					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. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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 123 No of People at End of Month 430.0

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 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	750.2	16.75		74.5					35.4	24.3	4	
Average	23.4	0.50		2.8					1.3	0.9		
Maximum:	49.3	1.00		3.5					1.5	1.2		
Minimum:	16.9	0.25		2.3					0.1	0.6		
1	45.5	1.00		2.6					1.5	1.0		
2	27.7	0.75		3.2					1.5	1.0		
3	18.9	0.50		3.2					1.5	1.0		
4	20.0	0.50		3.0					1.5	0.9		
5	21.4	0.50		2.8					1.2	0.9		
6												
7	51.5	1.00		2.3					1.2	0.9		
8	25.2	0.50		2.4					1.0	0.7		
9	26.8	0.50		2.2					1.0	0.6		
10	21.6	0.50		2.8					0.9	0.6	4	
11	19.9	0.50		3.0					1.5	1.2		
12	19.2	0.50		3.1					1.0	0.5		
13												
14	52.8	1.00		2.3					1.2	0.8		
15	24.9	0.50		2.4					1.2	0.8		
16	24.5	0.50		2.4					1.5	1.0		
17	21.4	0.50		2.8					1.5	1.0		
18	25.3	0.50		2.4					1.5	1.0		
19	19.7	0.50		3.0					1.5	1.0		
20	15.5	0.25		1.9					1.2	0.9		
21												
22	47.1	1.00		2.5					1.5	1.0		
23	49.3	1.00		2.4					1.5	1.0		
24	18.6	0.50		3.2					1.2	1.0		
25	17.7	0.50		3.4					1.2	0.8		
26	19.1	0.50		3.1					1.2	0.8		
27	19.6	0.50		3.1					1.2	0.9		
28												
29	59.9	1.25		2.5					1.5	1.0		
30	20.2	0.50		3.0					1.5	1.0		
31	16.9	0.50		3.5					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 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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 111 No of People at End of Month 388.5

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 ; Dennis Moro C-6497

I certify this report is correct (Original signed by Brian E. Heath C5625)

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1003.9	20.25		64.6					33.3	24.2	4	
Average	33.5	0.68		2.5					1.3	0.9		
Maximum	54.3	1.00		3.3					1.5	1.2		
Minimum	14.1	0.25		2.0					1.2	0.8		
1	35.2	0.75		2.6					1.2	0.9		
2	20.1	0.50		3.0					1.2	1.0		2" Main break flushing
3												
4	58.8	1.00		2.0					1.5	1.0		
5	32.5	0.75		2.8					1.2	0.8		
6	27.6	0.75		3.3					1.2	1.0		
7	19.2	0.50		3.1					1.5	1.0	4	
8	22.7	0.50		2.6					1.5	1.0		
9	14.1	0.25		2.1					1.2	0.8		
10	15.0	0.25		2.0					1.2	0.8		
11												
12	89.9	1.50		2.0					1.2	1.0		
13	54.3	1.00		2.2					1.2	0.9		Flushing
14	29.9	0.75		3.0					1.2	1.0		
15	36.5	0.75		2.5					1.2	0.8		
16	37.1	0.75		2.4					1.2	0.8		
17	39.2	0.75		2.3					1.2	0.9		
18												
19	101.8	2.00		2.4					1.5	1.0		
20	53.1	1.00		2.3					1.2	0.8		
21	32.6	0.75		2.8					1.2	1.0		
22	26.3	0.50		2.3					1.2	0.9		
23	22.2	0.50		2.7					1.2	0.9		
24	24.0	0.50		2.5					1.5	0.9		
25												
26	71.5	1.50		2.5					1.5	1.2		
27	27.2	0.50		2.2					1.5	1.0		
28	36.1	0.75		2.5					1.2	0.9		
29	38.9	0.75		2.3					1.2	0.9		
30	38.1	0.75		2.4					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. 3351205 PWS Name Skycrest Location:City or S/D Skycrest
Owned By Southern States Utilities Phone Number: 407-660-0056 Reporting Month May 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 111 No of People at End of Month 389.0
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 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	1087.8	24.75		70.6					32.8	23.3	4	
Average	35.1	0.80		2.7					1.3	0.9		
Maximum	48.8	1.375		3.7					1.5	1.0		
Minimum	22.5	0.50		2.0					1.0	0.5		
1												
2	63.4	1.25		2.4					1.2	0.9		
3	60.1	1.25		2.5					1.5	1.0		
4	22.5	0.50		2.7					1.5	0.9		
5	26.9	0.50		2.2					1.2	0.9		
6	27.6	0.50		2.2					1.2	0.8		
7	29.9	0.50		2.0					1.2	0.8		
8	31.2	0.75		2.9					1.2	0.8		
9												
10	90.2	2.00		2.7					1.5	1.0		
11	38.9	0.75		2.3					1.2	1.0	4	
12	29.3	0.50		2.0					1.2	0.8		
13	24.6	0.50		2.4					1.2	1.0		
14	30.1	0.75		3.0					1.2	0.9		
15												
16	95.6	2.75		3.4					1.5	1.0		
17	27.0	0.75		3.3					1.0	0.5		
18	28.6	0.75		3.1					1.5	1.0		
19	32.5	1.00		3.7					1.2	0.8		
20	38.9	1.00		3.1					1.2	0.8		
21	37.6	1.00		3.2					1.2	0.9		
22	36.3	1.00		3.3					1.2	0.9		
23												
24	97.6	2.00		2.5					1.2	1.0		
25	36.1	0.75		2.5					1.2	0.9		
26	33.6	0.75		2.7					1.2	1.0		
27	35.9	0.75		2.5					1.5	1.0		
28	31.2	0.75		2.9					1.2	0.9		
29	34.9	0.75		2.6					1.2	0.8		
30												
31	47.1	1.00		2.5					1.2	1.0		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest
Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month June 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 123 No of People at End of Month 431.0
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
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	728.1	15.00		65.2					31.7	22.2	4	New pressure tank under construction
Average	24.3	0.50		2.5					1.2	0.9		
Maximum	45.6	1.00		3.4					1.5	1.2		
Minimum	14.7	0.25		1.8					1.0	0.5		
1	21.9	0.50		2.7					1.2	1.0		
2	23.3	0.50		2.6					1.2	0.9		
3	24.6	0.50		2.4					1.5	0.9		
4	21.1	0.50		2.8					1.2	0.8		
5	25.3	0.50		2.4					1.0	0.7		
6												
7	91.1	2.00		2.6					1.2	0.8		
8	22.3	0.50		2.7					1.2	0.9		
9	18.7	0.50		3.2					1.0	0.9	4	
10	19.6	0.50		3.1					1.2	0.9		
11	18.2	0.50		3.3					1.2	1.0		
12	15.9	0.25		1.9					1.2	0.8		
13												
14	62.7	1.25		2.4					1.2	0.5		
15	21.0	0.50		2.9					1.2	0.8		Flushing
16	16.8	0.25		1.8					1.0	0.8		
17	14.9	0.25		2.0					1.0	0.7		
18	15.1	0.25		2.0					1.0	0.7		
19	17.8	0.50		3.4					1.2	0.7		
20												
21	71.8	1.25		2.1					1.2	0.7		
22	29.6	0.50		2.0					1.5	1.0		
23	24.1	0.50		2.5					1.5	1.2		
24	24.4	0.50		2.5					1.2	1.0		
25	19.5	0.50		3.1					1.2	0.8		
26												
27	56.2	1.00		2.1					1.5	1.0		
28	22.5	0.50		2.7					1.5	1.0		
29	14.7	0.25		2.0					1.2	0.9		
30	15.0	0.25		2.0					1.2	0.8		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest
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 123 No of People at End of Month 430.0
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) 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	767.8	15.75		71.0					29.0	22.1	4	
Average	24.8	0.50		2.6					1.1	0.8		
Maximum	46.4	0.75		3.5					1.2	1.0		
Minimum	12.5	0.25		1.3					1.0	0.7		
1	13.3	0.25		2.2					1.2	0.9		
2	12.5	0.25		2.4					1.2	1.0		
3	24.6	0.50		2.4					1.0	0.8		
4												
5												
6	101.1	2.00		2.4					1.0	0.8		
7	16.4	0.50		3.3					1.0	0.7	4	Line flushing
8	14.6	0.25		2.0					1.0	0.8		
9	15.7	0.25		1.9					1.0	0.7		Line flushing
10	46.4	0.75		1.9					1.0	0.7		
11	29.2	0.75		3.1					1.0	0.8		
12	21.0	0.50		2.9					1.0	0.8		
13	16.9	0.50		3.5					1.2	0.9		
14	17.5	0.50		3.4					1.2	0.9		
15	18.1	0.50		3.3					1.2	0.9		
16	19.9	0.50		3.0					1.2	0.8		
17												
18	81.2	1.25		1.8					1.0	0.8		
19	27.7	0.50		2.2					1.0	0.7		
20	17.9	0.50		3.3					1.2	0.7		
21	19.1	0.50		3.1					1.2	0.9		
22	18.4	0.50		3.3					1.0	0.9		
23	19.5	0.50		3.1					1.0	0.8		
24	21.2	0.50		2.8					1.0	0.8		
25												
26	56.0	1.00		2.1					1.2	0.8		
27	23.9	0.50		2.5					1.2	0.9		
28	22.8	0.50		2.6					1.0	0.9		
29	25.0	0.50		2.4					1.0	0.8		
30	21.2	0.50		2.8					1.0	0.8		
31	44.5	0.50		1.3					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 11/1/1988

General Offices
1000 Color Place
Apopka, FL 32703
(407) 880-0058

January 11, 1994

State of Florida
Department of Environmental Protection
3319 Maguire Boulevard
Suite 232
Orlando, Florida 32803-3767
Attn: Mr. Joseph McNamara

Subject: Skycrest / PWS ID # 3351205

Dear Mr. McNamara:

Enclosed is a **corrected** copy of the **August 1993** Monthly Operating Report for the above system.

The report sent to you for this month has incorrect **total flow**.

The **total flow** reported should have been **1,026,700**. The daily flow on the report is correct.

Please replace the original with the resubmitted copy in your file.

Sincerely,

Donald B. Corder

Donald B. Corder
Area Supervisor

c: St. Johns Water Management District (CUP # 20690465N)
Clara S. Dozier
Operations File

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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 123 No of People at End of Month 431.0

Design Flow 175 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 / Dennis Moro C-6497

I certify this report is correct (Original signed by Brian Heath C-5825) Brian D. Heath 3 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	1,026,700	20.75		65.4					31.7	23.0	12	
Average:	33,119	0.67		2.5					1.2	0.9		
Maximum:	49,900	1.00		3.8					1.5	1.0		
Minimum:	15,800	0.50		2.1					1.0	0.7		
1												
2	58,000	1.25		2.6					1.2	0.9	2	
3	28,700	0.50		2.1					1.0	0.7	6	
4	21,100	0.50		2.8					1.0	0.7		
5	19,600	0.50		3.1					1.2	0.8		New HPT delivered
6	35,900	0.75		2.5					1.2	0.9		
7												
8	72,100	1.50		2.5					1.2	0.8		
9	43,600	0.75		2.1					1.0	0.7		
10	34,300	0.75		2.6					1.0	0.8		
11	35,200	0.75		2.6					1.0	0.8		Flushing
12	40,600	0.75		2.2					1.2	0.8		
13	30,900	0.75		2.9					1.2	0.9		
14	35,000	0.75		2.6					1.2	0.9		
15									1.5	1.0		
16	64,700	1.25		2.3					1.2	1.0		Flushing
17	24,000	0.50		2.5					1.2	0.9		Flushing
18	41,900	0.75		2.1					1.2	0.8		Flushing
19	49,900	1.00		2.4					1.2	0.9		
20	28,800	0.50		2.1					1.2	0.8		
21												
22	65,800	1.25		2.3					1.2	0.8		
23	43,000	0.75		2.1					1.2	0.9		Flushing
24	35,900	0.75		2.5					1.2	0.9		Flushing
25												
26	82,700	1.50		2.2					1.2	0.9	2	
27	48,600	1.00		2.5					1.2	0.8	2	
28	29,900	0.50		2.0					1.2	0.9		
29	15,800	0.50		3.8					1.2	0.9		
30	18,900	0.50		3.2					1.2	0.8		Flushing
31	21,800	0.50		2.8					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 3351205 PWS Name Skyforest Location:City or SID Skyforest

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 133 No of People at End of Month 465.5

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 E. Heath C-5825 / Lance D. Shreffler C-6587

I certify this report is correct [signature] C 5825

(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)
Monthly Total	973,500	21.75		77.7					32.4	23.0	3	
Average	32,450	0.73		2.8					1.2	0.9		
Maximum	79,450	1.50		3.1					1.5	1.0		
Minimum	14,800	0.25		2.0					1.0	0.7		
1	28,900	0.75		3.1					1.2	0.8		
2	32,000	0.75		2.8					1.5	0.7		
3	51,100	1.00		2.3					1.2	0.9		
4	14,800	0.25		2.0					1.2	0.9		Outage/Patch HPT
5												
6	46,600	1.00		2.6					1.2	1.0		
7	19,300	1.50		9.3					1.2	1.0		Flushed
8	18,700	0.50		3.2					1.2	0.8		
9	17,100	0.50		3.5					1.2	0.8		
10	20,500	0.50		2.9					1.2	0.9		
11												
12	60,400	1.25		2.5					1.0	0.8		
13	25,600	0.50		2.3					1.0	0.9	3	Compliance
14	18,700	0.50		3.2					1.0	0.8		
15	24,800	0.50		2.4					1.2	0.9		
16	27,700	0.50		2.2					1.2	0.8		
17	22,100	0.50		2.7					1.2	0.9		
18												
19	95,800	2.00		2.5					1.2	1.0		
20	40,100	0.75		2.2					1.5	0.9		
21	32,500	0.75		2.8					1.5	0.8		
22	26,300	0.50		2.3					1.5	1.0		
23	28,500	0.75		3.2					1.5	1.0		
24	20,900	0.50		2.9					1.5	1.0		
25	27,700	0.75		3.2					1.2	0.9		
26												
27	158,900	3.00		2.3					1.2	0.8		
28	59,100	1.00		2.0					1.2	0.8		
29	14,100	0.50		5.0					1.2	0.9		
30	41,300	0.75		2.2					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

2069.465A

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest

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 133 No of People at End of Month 455.5

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 E. Heath C-5825 / Lance D. Shreffler C-6587

I certify this report is correct [signature] B 2404

(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	945,200	19.75		67.5					29.3	22.0	18	
Average	30,490	0.64		2.2					1.1	0.8		
Maximum	59,000	1.13		3.1					1.2	1.0		
Minimum	14,400	0.25		2.1					0.9	0.6		
1	17,400	0.50		3.4					1.2	0.8		
2	26,500	0.50		2.3					1.2	0.8		
3												
4	62,900	1.25		2.4					1.0	0.9	7	Capital project -
5	30,700	0.75		3.1					1.2	1.0	7	Samples
6	22,800	0.50		2.6					1.2	0.9		
7	19,900	0.50		3.0					1.0	0.9		
8	23,000	0.50		2.6					1.0	0.9		
9												
10	60,700	1.25		2.5					1.0	0.8		
11	36,200	0.75		2.6					1.2	0.8	4	Compliance samples
12	23,100	0.50		2.6					1.2	1.0		
13	27,600	0.75		3.3					1.0	0.8		
14	25,500	0.50		2.4					1.0	0.7		
15	24,700	0.50		2.4					1.2	0.7		
16	21,000	0.50		2.5					1.2	0.9		
17												
18	118,000	2.25		2.3					1.0	0.8		
19	36,900	1.00		3.2					0.9	0.6		
20	52,200	1.00		2.3					1.2	0.8		
21	39,800	0.75		2.3					1.2	0.9		
22	56,300	1.00		2.1					1.2	0.9		
23												
24	64,100	1.25		2.3					1.2	0.8		
25	27,900	0.75		3.2					1.2	0.7		
26	24,600	0.50		2.4					1.2	0.9		
27	25,800	0.50		2.3					1.2	1.0		
28	14,400	0.25		2					1.2	1.0		
29	26,700	0.50		2.2					1.2	0.9		
30												
31	34,500	0.75		2.6					1.0	0.8		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351205 PWS Name Skycrest Location:City or S/D Skycrest
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 123 No of People at End of Month 430.5
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 E. Heath C-5825 / Lance D. Shreffler C-6587 / Dennis W. Moro C-6497 / William Fontaine C-6613
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	614,800	13.50		65.7					25.6	19.3	4	
Average	20,493	0.45		2.2					1.1	0.8		
Maximum	33,400	0.75		3.6					1.2	1.0		
Minimum	13,100	0.25		1.9					1.0	0.7		
1	23,500	0.50		2.6					1.0	0.8		
2	16,800	0.50		3.6					1.0	0.8		
3												
4	44,500	0.75		2.0					1.0	0.8		
5	22,800	0.50		2.6					1.0	0.8		
6	13,100	0.25		2.3					1.0	0.8		
7												
8	54,900	1.00		2.2					1.0	0.7		
9	23,200	0.50		2.6					1.0	0.8	4	Flush new HPT
10	17,900	0.50		3.3					1.0	0.7		HPT flush & fill
11	18,200	0.50		3.3					1.0	0.8		HPT flush & fill
12	19,200	0.50		3.1					1.0	0.8		HPT flush & fill
13												
14	43,700	0.75		2.1					1.0	0.8		
15	15,400	0.25		1.9					1.0	0.7		
16	21,900	0.50		2.7					1.2	0.9		
17	20,000	0.50		3.0					1.2	0.8		
18	16,800	0.50		3.6					1.2	0.9		
19	21,300	0.50		2.6					1.2	1.0		
20	33,400	0.75		2.7					1.2	1.0		
21												
22	33,800	0.75		2.7					1.0	0.8		Flush lines
23	18,200	0.50		3.3					1.0	0.7		
24	20,100	0.50		3.0					1.2	0.8		
25												
26	48,900	1.00		2.4					1.2	0.7		
27	19,900	0.50		3.0					1.2	0.8		
28												
29	32,600	0.75		2.7					1.0	0.8		
30	13,500	0.25		2.2					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. 3351205 PWS Name Skycrest Location:City or S/D Skycrest
Owned By Southern States Utilities Phone Number: 407-860-0058 Reporting Month December 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 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-8587/DENNIS MOBO C-8497/WILLIAM FONTAINE C-8613
I certify this report is correct Brian B. Cooley (Lead Operator's Signature) B (Cert. Level) 2483 (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 calorations)
Monthly Total	627.400	17.00		94.6					33.1	19.0	12	
Average:	20.239	0.55		3.1					1.3	1.0		
Maximum	37.400	1.50		15.0					1.8	1.5		
Minimum	10.500	0.25		2.1					1.0	0.7		
1	10.500	0.25		2.9					1.0	0.8		
2	22.800	0.50		2.6					1.2	0.9		
3	16.400	0.50		3.7					1.0	0.7		
4												
5	43.100	0.75		2.1					1.0			
6	37.400	1.00		3.4					1.8	1.5		PRESS TNK ON LINE
7	14.600	0.25		2.1					1.5	1.0	4	NEW CL2 SCALE #2
8	15.500	0.50		3.9					1.8	1.2	8	OUTAGE SAMPLES
9	27.400	0.75		3.5					1.8	1.0		VOC/NO3/NO2 SAMPL
10	20.300	0.50		3.0					1.5	0.9		
11	17.100	1.25		8.8					1.5			
12												
13	41.800	0.75		2.2					1.5	1.0		
14	18.400	0.50		3.4					1.5	1.0		
15	22.000	1.25		15.0					1.8	1.2		
16	16.100	0.75		5.6					1.5	1.0		
17	18.700	0.75		4.8					1.5	1.0		
18												
19												
20	55.800	1.50		3.2					1.2	0.9		
21	21.800	0.50		2.8					1.2	0.9		
22	18.900	0.50		3.2					1.2	0.9		
23	19.500	0.50		3.1					1.2	0.9		WINTERIZE PIPES
24												
25												
26	54.800	1.25		2.7					1.2			
27	13.200	0.25		2.3					1.2			
28	21.000	0.50		2.9					1.0	0.8		
29	23.000	0.50		2.6					1.0	0.7		
30	31.600	0.75		2.8					1.0	0.7		
31	25.700	0.50		2.3					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 11/1/1988

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FEB 16 1994

Department of Environmental Protection
SOUTHWEST DISTRICT

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6092199 Name of Drinking Water System SPRING GARDENS

Location City or S/D HOMOSASSA SPRINGS County CITRUS

Owned by [illegible] Reporting Month January 19 94

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

Design Flow Remarks (Use reverse side) Phone No.: 904) 447-3368

I certify this report is correct [signature] C.6690
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	641,408	5gal.						11.0	5.4		
Average	20,691							.4	.2		
Maximum	27,900							1.5	1.0		
Minimum	15,900							.4	.2		
1	18600										
2	18600	1/2gal						.5	.2		
3	19600										
4	19600							.5	.2	(4)	ALL 4 A's (SAMPLES)
5	21400							.6	.3		
6	18000	2gal.						.4	.2		FILLED BARREL
7	19200										
8	17200										
9	17200							.8	.4		
10	24050										
11	24050	1/2gal.						.4	.2		
12	19700							.5	.2		
13	17300							.5	.2		
14	16900	1/2gal.						.4	.2		
15	20833										
16	20833										
17	20833							.4	.2		
18	15900							.5	.2		
19	19200							.5	.2		1-20-94
20	20300							.5	.2		WORKING ON WELL & CLEANED INJECTOR INTO MAIN LINE
21	25133										
22	25133										
23	25133	1gal.						.4	.2		
24	23700							.4	.2		
25	19900							.4	.2		
26	19900	1/2gal.						.4	.2		REPAIRED CH2 PUMP
27	27900							.4	.2		
28	18110							1.0	.5		
29	22400										
30	22400										
31	22400							1.5	1.0		

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

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

Page 1 of 4

Gulfcoast water s/w
17413 Harmony DR.
Hudson, Fla. 34667
904) 447-3368

State of Florida
Department of Environmental Regulation

D.E.P
MAR 16 1994

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 6092199 PWS Name Spring Gardens Location: City or S/D Citrus
Owned by Lake Utilities, Ltd Phone No (407)889-9755 Reporting Month February 1994
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 130 No of People Served at End of Month 185
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month
William Casler C-6690

I certify this report is correct William Casler C 6690
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gals	Chlorine lbs used	Chlorine gas used	Chlorine mg/l	Lime lbs used	Lime 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)
Monthly Total	626,000		8gal.						13.10	6.0	6	
Average	22,357								.7	.3		
Maximum	29100								1.4	.7		
Minimum	16600								.5	.2		
1	18200								1.4	.7	1	
2	16600		3gal.						.5	.2	1	Filled Barrel
3	22700								1.0	.5		
4	24400								1.0	.5		
5	22667											
6	22667											
7	22667								.5	.2		
8	25000		1gal.						.8	.4		
9	19700		1gal.						1.0	.5		Filled Barrel
10	29100								.8	.4		
11	20300								.8	.4	(4)	Samples NO violations
12	22033											
13	22033											
14	22033								.8	.4		
15	20200								.5	.2		
16	24200								.5	.2		
17	21700		1gal.						.5	.2		Filled Barrel
18	19700											
19	26300											
20	26300											
21	26300		2gal.						.5	.2		Cl2 pump NOT
22	21300								.5	.2		Plugged in.
23	25800								.5	.2		Cl2 pump NOT
24	21400								.5	.2		working.
25	20675								.5	.2		Replaced >
26	20675											faulty wiring
27	20675											in elec. outlet
28	20675								.5	.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 17-555.900(2)
Effective 10/1/86

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APR 18 1994
Department of Environmental Protection
SOUTHWEST DISTRICT

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation-Summary

PWS ID No. 6092199 PWS Name Spring Gardens Location: City or S/D Citrus
Owned by Lake Utilities, Ltd Phone No. (407)889-9755 Reporting Month MARCH 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 130 No. of People Served at End of Month 185
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month _____
William Casler C-6690

I certify this report is correct _____ C 6690
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Pumped or Gals	Hrs used	Chlorine gals used	Chlorine lbs	Hrs used	mgd	Hrs used	mgd	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples taken	Plant Operation and Maintenance Information (ie backwash frequency, main line breaks, meter calibrations)
Monthly total	875,011		6½gal						14.5	7.6		
Average	28,226								.6	.3		
Maximum	40,600								1.0	.5		
Minimum	15,100								.5	.3		3-1-94
1	21,700		2gal						.8	.4		Running alt. pump
2	19,600		1gal						.6	.3		manually. Not
3	22,300								.5	.3		working properly
4	15,100								.5	.3		worked on elec.
5	26,333											wiring got it
6	26,333											working 3-4-94
7	26,333								.6	.3		
8	26,800								.6	.3		
9	29,500								.8	.4		
10	32,100								.8	.4		
11	19,400								.8	.4		
12	21,033											
13	27,033											
14	27,033		1gal						.6	.3	(1)	No Violations
15	29,900								.5	.3		
16	21,100								.5	.3		
17	36,600								1.0	.5		
18	25,500								.6	.3		
19	35,633											
20	35,633											
21	35,633								.8	.4		
22	27,900								.6	.3		
23	35,000								.6	.3		
24	33,000								.6	.3		
25	33,600		2½gal						.5	.3		
26	31,900											
27	31,900											
28	31,900								.5	.3		
29	17,100								.5	.3		
30	40,600								.6	.3		
31	36,000								.6	.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(22)
Effective 10/85

D.E.P

MAY 17 1994

TAMPA

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 6092199 PWS Name Spring Gardens Location: City or S/D Citrus

Owned by _____ Phone No: (407)889-9755 Reporting Month April 1994

Plant Effluent pH (Avg) 7.5 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 _____

William Casler C-6690

I certify this report is correct William Casler C 6690
(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	942'800		11gal						16.1	9.9	4	
Average	31427								.8	.5		
Maximum	49900								1.2	.8		
Minimum	22000								.5	.3		
1	26700		1gal						.5	.3		
2	32400											
3	32400											
4	33400								.6	.3		
5	31600								1.2	.8	(4)	No Violations
6	29700								.6	.3		
7	27700		4gal						.5	.3		filled Barrel
8	23300								.8	.4		
9	34100											
10	34100											
11	34100								.8	.4		
12	36300								.7	.4		
13	34100								.7	.4		
14	32100								.8	.5		
15	29100								.8	.5		
16	35300											
17	35300											
18	35300		2gal						.8	.6		
19	34000								.8	.6		
20	49900								1.0	.6		
21	27200								1.0	.5		
22	24700		2gal						.9	.5		filled Barrel
23	22000											
24	22000											
25	22000								.7	.5		
26	35000								.8	.5		
27	31250								.8	.5		
28	31250								.7	.5		
29	31250		2gal						.6	.5		
30	31250											
31												

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

DER Form 17-555.912(2)
Effective (date)

State of Florida
Department of Environmental Regulation

D.E.P

Drinking Water Treatment Plant Daily Operation Summary

SOUTHWEST DISTRICT

PWS ID No 6092199 PWS Name Spring Gardens Location City of S/D Citrus
Owned by _____ Phone No (407)889-9755 Reporting Month May 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 130 No of People Served at End of Month 185
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
William Casler C-6690

I certify this report is correct William Casler C 6690
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gals	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	Alum lbs used	Alum mg/l	Polymer lbs used	Polymer 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	1,121,948		9gal						13.7	7.5	4	
Average	36192								.6	.3		
Maximum	55050								.6	.3		
Minimum	17500								.5	.3		
1	31250								.6	.3		
2	31250								.6	.3		
3	39800		2gal						.6	.3		filled Lassel
4	26800								.6	.3		
5	39100								.6	.3		
6	24000											
7	55050											
8	55050								.6	.3		
9	55050								.6	.3	4	No Violations
10	38100								.6	.3		
11	41900								.6	.3		
12	34900								.6	.3		
13	24500											
14	37866											
15	37866								.5	.3		
16	37866		2½gal						.6	.3		filled Basel
17	34900								.6	.3		
18	40600								.6	.3		
19	39100								.6	.3		
20	17500											
21	38367											
22	38367								.6	.3		
23	38367								.6	.3		
24	35500		2½gal						.6	.3		Topped Lassel
25	40500								.6	.3		
26	35800								.6	.3		
27	24200											
28	33933											
29	33933								.6	.3		
30	33933								.6	.3		
31	35600		2gal						.6	.3		Topped Lassel

This form must be completed 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 10/1/88

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092199 PWS Name Spring Gardens Location: City or S/D Citrus
Owned by _____ Phone No. (407)889-9755 Reporting Month June 1994
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 130 No. of People Served at End of Month 185
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
William Casler C-6690

I certify this report is correct William Casler C 6690
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals	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)
Monthly Total	789000		9½gal.						12.9	6.3	4	
Average	26300								.6	.3		
Maximum	31400								.6	.3		
Minimum	15900								.5	.2		
1	36900								.6	.3		
2	25400								.6	.3		
3	20900		2½gal						.6	.3		
4	29933											
5	29933											
6	29933								.5	.2		
7	22200		2gal.						.6	.3		
8	26300								.6	.3		
9	16400								.6	.3		
10	20500								.6	.3		
11	25467											
12	25467											
13	25467								.6	.3		
14	32200		2½gal.						.5	.2		filled Barrel
15	24600								.6	.3		
16	16000								.6	.3	4	
17	15900								.6	.3		
18	24600											
19	24600											
20	24600								.6	.3		
21	26200								.6	.3		
22	27700								.6	.3		
23	23300								.6	.3		
24	24600		2½gal.						.6	.3		filled Tower
25	29500											
26	29500											
27	29500								.6	.3		
28	31200								.6	.3		
29	45300								.6	.3		
30	24900								.5	.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

DEP Form 17-555.910(2)
Effective 11/2/88

RECEIVED
AUG 17 1994
Department of Environmental Protection
SOUTHWEST DISTRICT

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092199 PWS Name Spring Gardens Location: City or S/D Citrus
Owned by Bhc Utilities Phone No. (407)889-9755 Reporting Month July 1994
Plant Effluent pH (Avg) 7.5 No. of Services at End of Month 130 No. of People Served at End of Month 185
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
William Casler C-6690
I certify this report is correct William Casler C '6690
(Lead Operator's Signature) (Cert. Level) (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	6535946		12½						11.9	5.9	5	
Average	21082								.6	.3		
Maximum	27000								.6	.3		
Minimum	15300								.5	.2		
1	26600								.5	.3		
2	23900											
3	23900											
4	23900								.6	.3		
5	26000		4gal						.6	.3		Topped tanks
6	26700								.6	.3		
7	19500								.6	.3		
8	20100								.6	.3		
9	27000											
10	27000											
11	27000								.5	.2		
12	19500								.5	.3		
13	20500		2½gal						.5	.3		
14	20600								.6	.3		
15	17900								.6	.3		
16	17833											
17	17833											
18	17833								.6	.3		
19	22500		3gal						.6	.3	4	Topped tanks
20	20400								.6	.3		
21	15400								.5	.2		
22	15300								.6	.3		
23	21367											
24	21367											
25	21367								.6	.3		
26	21000								.6	.3		
27	21000								.5	.2		
28	17000								.5	.2	1	
29	16000		3gal						.6	.3		filled tanks
30	18633											
31	18633											

This form must be completed 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(7)
Effective 5/1/84

DEP

SEP 15 1994

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 6092199 PWS Name Spring Gardens Location City or S/D Citrus
Owned by _____ Phone No. (407)1889-9755 Reporting Month August 94
Plant Effluent pH (Avg) 7.1e No of Services at End of Month 130 No of People Served at End of Month 195
Design Flow _____ Remarks (Use reverse side)
Provide Name(s) and Operator Certification No (s) for all Certified Operators working at this plant for month _____
William Casler C-6690

I certify this report is correct William Casler C 6690
(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 (ie backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	559334		14½						16.3	8.4	4	
Average	18043								.7	.4		
Maximum	29200								1.0	.5		
Minimum	12600								.5	.3		
1	18433								.5	.3		
2	17500		4gal						.5	.3		filled transmit
3	20100								1.0	.5		
4	18000								.8	.4		
5	16500								1.0	.5		
6	29200											
7	29200											
8	29200								1.0	.5		
9	18500								1.0	.5		
10	21600								1.0	.5		
11	13600								1.0	.5		
12	15400								.8	.4		
13	17500											
14	17500											
15	17500		4gal						.8	.4		filled transmit
16	13300								.5	.3		
17	12600								.4	.3		
18	19000								.6	.3		
19	21400								.6	.3	4	
20	18500											
21	18500											
22	18500								.5	.3		
23	14400								.5	.3		
24	17000								.6	.3		
25	14900								.6	.3		
26	13500		4gal						.6	.3		filled transmit
27	16067											
28	16067											
29	16067								.6	.3		
30	13200								.6	.3		
31	15900		2½gal						.6	.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 17-555.900(2)
Effective 11/1/88

D.E.P.
OCT 13 1994
SOUTHWEST DISTRICT
TAMPA

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092199 PWS Name Spring Gardens Location: City or S/D Citrus
Owned by _____ Phone No: (407)889-9755 Reporting Month Sept. 94
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 180 No. of People Served at End of Month 185
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
William Casler C-6690

I certify this report is correct William Casler C 6490
(Lead Operator's Signature) (Cert. Level) (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 blanks, meter calibrations)
Monthly Total	500701		17½						13.3	6.3	4	
Average	16690								.6	.3		
Maximum	21500								.8	.4		
Minimum	13200								.5	.2		
1	15300								.6	.3		
2	14600		2½						.5	.2		
3	19800											
4	19800											
5	19800								.6	.3		
6	17100								.6	.3		
7	18500								.5	.2		
8	21500								.6	.3		
9	17500		5gal.						.5	.2		
10	14300											
11	14300											
12	14300								.5	.2		
13	14900								.5	.2		
14	15600		2½						.5	.2		
15	16600								.5	.2		
16	13200		2½						.6	.3	4	
17	15867											
18	15867											
19	15867								.6	.3		
20	14400								.8	.4		
21	15400								.8	.4		
22	15400								.8	.4		
23	14200								.6	.3		
24	18900											
25	18900											
26	18900								.6	.3		
27	16400								.8	.4		
28	17100								.6	.3		
29	19000		5gal.						.6	.3		
30	17400								.6	.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 17-555.910(2)
Effective 10/1/88

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092199 PWS Name Spring Gardens Location City or S/D Citrus
Owned by _____ Phone No (407)889-9755 Reporting Month Oct. 94
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 130 No of People Served at End of Month 185
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No (s) for all Certified Operators working at the plant for month _____
William Casler C-6690

I certify this report is correct William Casler (Lead Operator's Signature) S (Cert Level) 6690 (Cert No)

Days of Month	Total Water Treated in Gals	Chlorine lbs used	Chlorine gas used	Chlorine mg/l	Lime lbs used	Lime mg/l	Alum lbs used	Alum mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (ie backwash frequency, main line breaks, meter calibrations)
Monthly Total	556097		9gal.						15.5	7.8	3	
Average	17939								.7	.4		
Maximum	22233								1.5	1.0		
Minimum	13600								.5	.2		
1	18700											
2	18700				DEP							
3	18700								.5	.2		
4	16700		2½						.5	.2		
5	16400				NOV 14 1994				.5	.2		
6	18400								.5	.2		
7	14900								.5	.2		
8	20733											
9	20733											
10	20733								.5	.2		
11	13800								.5	.2		
12	14500		1gal.						.5	.2		
13	14000								.5	.2		
14	13600								.5	.2		
15	17166											
16	17166											
17	17166								.5	.2		
18	17000								.5	.2		
19	19000								.5	.2		
20	16400		3gal.						.5	.2	(3)	Installed new Cl2
21	20300								1.0	.5		no violations
22	22233											
23	22233											
24	22233								1.5	1.0		
25	18800								1.5	1.0		
26	21000		2½						1.5	1.0		
27	15700								1.0	.5		
28	15200								1.0	.5		
29	17967											
30	17967											
31	17967								1.0	.5		

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

DEP Form 17 5559107
Effective 12/1/87

D.E.P

DEC 16 199

State of Florida
Department of Environmental Regulation

TAMPA

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 6092199 PWS Name Spring Gardens Location: City or S/D Citrus
Owned by _____ Phone No (407)889-9755 Reporting Month Nov. 94
Plant Effluent pH (Avg) 7.6 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 _____
William Casler C-6690

I certify this report is correct _____ C _____ C-6690
(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	578899		10gal						24.5	13.5	4	
Average	19297								1.1	.6		
Maximum	25900								1.5	1.0		
Minimum	13600								1.0	.5		
1	16600								1.0	.5		
2	18000								1.0	.5		
3	17500								1.0	.5		
4	13600								1.0	.5		
5	20967											
6	20967											
7	20967								1.0	.5		
8	13900		5gal.						1.0	.5		filled barrel
9	25900								1.5	1.0		
10	21500								1.5	1.0		
11	21300								1.5	1.0		
12	18333											
13	18333											
14	18333								1.0	.5		
15	14600								1.0	.5		
16	16700								1.0	.5		
17	15000								1.0	.5		
18	16500		25gal						1.0	.5		
19	19333											
20	19333											
21	19333								1.0	.5	(4)	NO violations
22	19100								1.0	.5		
23	24500								1.0	.5		
24	16700								1.0	.5		
25	19600								1.0	.5		
26	22200											
27	22200											
28	22200								1.5	1.0		
29	23200		25gal						1.5	1.0		filled barrel
30	16200								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

DEP Form 17-555(10)(c)
Effective Nov 86

D.E.P.

JAN 17 1995

TAMPA

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092199 PWS Name Spring Gardens Location: City or S/D Citrus

Owned by _____ Phone No: (407)889-9755 Reporting Month DEC. 1994

Plant Effluent pH (Avg) 7.6 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 _____

William Cagler C-6690 / Gary Loggins C-7508

I certify this report is correct Gary Loggins C 7508
(Lead Operator's Signature) (Cert. Level) (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	5672400		10						21.8	11.0	4	Bacteria
Average	18299								1.0	.5		
Maximum	23000								1.2	.7		
Minimum	13700								.8	.4		
1	15600								.8	.4		
2	16000		2½						1.0	.5		
3	20567											
4	20967											
5	20967								1.0	.5		
6	13700								1.0	.5		
7	17400								1.0	.5		
8	17300								1.0	.5		
9	17200								1.0	.5		
10	17933											
11	17933											
12	17933		2½						1.0	.5		
13	17500								.8	.4		
14	15900								1.0	.5	4	No Violations
15	19200								1.0	.5		
16	17300								1.0	.5		
17	18900											
18	19900											
19	18900								1.0	.5		
20	14700								1.0	.5		
21	20300		2½						1.0	.5		
22	19300								1.0	.5		
23	20100								1.0	.5		
24	18533											
25	18533											
26	18633								1.0	.5		
27	16700								1.0	.5		
28	23000		2½	2					1.0	.5		
29	22900								1.2	.7		
30	16900								1.0	.5		
31	17267											

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

DER Form 17-555.902(2)
Effective 10/1/88

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6092199 Name of Drinking Water System SPRING GARDENES

Location: City or S/D HOMOSASSA SPRINGS County CITRUS

Owned by Southeast Utilities, inc. Reporting Month Jan. 1993

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 20

Design Flow _____ Remarks (Use reverse side) Phone No.: (904) 447-3368

I certify this report is correct Michael T. Putch B-5365
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	617	15						19.9	9.2	4	No violation
Average	21							1.0	.5		
Maximum	28							1.0	.6		
Minimum	13							.7	.4		
1	28										
2	28										
3	28										
4	18							1.0	.6		
5	16							1.0	.6		
6	18							.9	.5	4	No violation
7	21							.9	.5		
8	17	5						.9	.5		
9	17										
10	17										
11	19							.9	.5		
12	19							.8	.5		
13	20							.8	.5		
14	15							.8	.5		
15	19							.8	.5		
16	19										
17	19										
18	22	5						.7	.4		
19	21							.8	.4		
20	21							.7	.4		
21	20							.7	.4		
22	21							.7	.4		
23	21										
24	21										
25	19							.7	.4		
26	17	5						.7	.4		
27	18							.7	.4		
28	18							.7	.4		
29	20							.7	.4		
30	20										
31	20										

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

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

MICHAEL T. PUTCH
78 Hwy. 44 West
INGLIS, FL 32649

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6092199 Name of Drinking Water System SPRING GARDENS

Location: City or S/D HOMOSASSA SPRINGS County CITRUS

Owned by _____ Reporting Month Feb 19 93

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 20

Design Flow _____ Remarks (Use reverse side) Phone No. (904) 447-3368

I certify this report is correct Michael T. Futch B-5371
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Date of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	lbs Used	lbs mg/l	lbs Used	lbs mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	621							14.0	8.0	4	NO VIOLATIONS
Average	22							.7	.4		
Maximum	31							.8	.4		
Minimum	12							.6	.4		
1	30							.7	.4		
2	30							.8	.4		
3	30							.8	.4		
4	19							.7	.4		
5	20							.7	.4		
6	20										
7	20										
8	31							.6	.4		
9	13							.6	.4		
10	18							.6	.4	4	NO VIOLATION
11	21							.7	.4		
12	22							.7	.4		
13	25										
14	22										
15	17							.8	.4		
16	32							.7	.4		
17	19							.7	.4		
18	19							.7	.4		
19	21							.7	.4		
20	21										
21	21										
22	21							.7	.4		
23	12							.7	.4		
24	26							.7	.4		
25	18							.7	.4		
26	25							.7	.4		
27	22										
28	22										
29											
30											
31											

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

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

MICHAEL T. PUTCH
78 Hwy. 10 West
INGLIS, FL 32649
(904)447-3368

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 6092199 PWS Name Spring Gardens Location: City or S/D Homosassa Spring
Owned by Century Companies Phone No (904)447-3368 Reporting Month March 1993
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 23 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

I certify this report is correct Michael T. Putch B-5365
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated or Sale	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 (ie. backwash frequency, main line breaks, meter calibrations)
Monthly Total	627,500		20						16.1	9.2	4	
Average	20,200								.7	.4		
Maximum	25,700								.8	.4		
Minimum	14,400								.6	.4		
1	25,700								.6	.4		
2	20,300		5						.6	.4		
3	19,600								.8	.4		
4	18,100								.8	.4		
5	19,000								.8	.4		
6	19,000											
7	19,000											
8	21,200								.7	.4		
9	24,200								.7	.4		
10	19,600		5						.7	.4		
11	20,100								.7	.4		
12	20,600								.7	.4		
13	20,600											
14	20,600											
15	24,200								.7	.4	4	
16	23,100								.6	.4		
17	19,300								.7	.4		
18	15,400								.7	.4		
19	20,600		5						.7	.4		
20	20,600											
21	20,600											
22	16,900								.7	.4		
23	19,200								.7	.4		
24	23,300								.7	.4		
25	16,400								.7	.4		
26	23,000		5						.7	.4		
27	23,000											
28	23,000											
29	18,500								.7	.4		
30	24,200								.7	.4		
31	15,700								.7	.4		

D.E.R.
APR 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 11/1/88

D.E.R.

MAY 17 1993

SOUTHWEST DISTRICT TAMPA

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6092199 Name of Drinking Water System SPRING GARDENS

Location: City or S/D HOMOSASSA SPRINGS County CITRUS

Owned by _____ Reporting Month April

Plant Effluent pH 7.6 (Avg) No. of Services at End of Month 22

Design Flow _____ Remarks (Use reverse side) Phone No.: _____

I certify this report is correct Michael T. Letch B-5965
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	723,100	10						15.0	7.7	4	
Average	24,103							.7	.4		
Maximum	31,700							.8	.6		
Minimum	16,600							.5	.3		
1	18,900							.6	.4		
2	21,200							.5	.4		
3	21,200										
4	21,200										
5	18,900	5						.7	.4		
6	21,800							.6	.4		
7	24,900							.6	.3		
8	25,600							.7	.3		
9	24,000							.7	.3		
10	22,000										
11	24,000										
12	28,600							.7	.3		
13	24,900							.7	.3	4	
14	23,100							.7	.3		
15	16,600							.7	.3		
16	18,000							.6	.3		
17	18,000										
18	18,000										
19	23,900							.5	.3		
20	26,900							.5	.3		
21	21,000							.6	.3		
22	19,100							.6	.3		
23	22,600	5						.6	.3		
24	27,600										
25	27,600										
26	26,800							.8	.5		
27	17,600							.8	.6		
28	30,100							.8	.6		
29	29,100							.8	.6		
30	29,000							.7	.4		
31											

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

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

D.E.R.

JUN 17 1993

JUN 17 1993

SOUTHWEST DISTRICT

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6092199 Name of Drinking Water System SPRING GARDENES

Location: City or S/D HOMOSASSA SPRINGS County CITRUS

Owned by Century Realty Funds Reporting Month May 19 93

Plant Effluent pH 7.8 (Avg) No. of Services at End of Month 21

Design Flow _____ Remarks (Use reverse side) Phone No.: (904) 447-3368

I certify this report is correct Michael T. Futch B-5365

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

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs Used	Chlorine mg/l	Use	mg/l	Use	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly total	934,600	15						14.2	7.2		4
Average	30,100							.7	.3		
Maximum	39,400							.8	.4		
Minimum	18,400							.6	.3		
1	29,000										
2	29,000										
3	30,200							.6	.3		
4	31,000							.8	.4		4
5	29,800							.8	.4		
6	28,000	6						.8	.4		
7	28,000							.8	.4		
8	28,000										
9	25,000										
10	29,600							.6	.3		
11	31,600							.6	.3		
12	30,900							.6	.3		
13	28,400							.6	.3		
14	24,000							.6	.3		
15	24,000										
16	24,000										
17	31,200	5						.8	.4		
18	28,400							.6	.4		
19	30,100							.7	.4		
20	34,200							.7	.4		
21	32,000							.7	.4		
22	28,200										
23	28,000										
24	27,700							.6	.3		
25	32,000							.6	.3		
26	30,600	5						.6	.3		
27	32,400							.7	.3		
28	32,400							.6	.3		
29	30,400										
30	25,400										
31	20,000							.6	.3		

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

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

Page 1 of 4

D.E.R.

JUL 15 1993

SOUTHWEST DISTRICT
TAMPA

State of Florida
Department of Environmental Regulation

MICHAEL T. PUTCH
78 Hwy. 40 West
INGLIS, FL 32649
(904)447-3368

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 6092199 PWS Name Spring Gardens Location, City or S/D Homosassa Springs
Owned by Century Companies Phone No (904)447-3368 Reporting Month June 93
Plant Effluent pH (Avg) 7.16 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 _____

I certify this report is correct Michael T. Putch (Lead Operator's Signature) B-5365 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	Lime lbs used	Lime mg/l	Alum lbs used	Alum 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	781,700		10						15.7	7.3	4	
Average	26,000		.5						.7	.3		
Maximum	33,900		5						3.5	1.6		
Minimum	13,800		5						.6	.3		
1	15,900								.6	.3		
2	18,200								.7	.3		
3	22,600								.7	.3		
4	26,800								.7	.3		
5	26,900								2.8	1.2		
6	26,900											
7	29,900								.7	.3	4	
8	33,100		5						.7	.3		
9	29,200								.7	.3		
10	24,800								.6	.3		
11	31,000								.7	.3		
12	31,000								3.4	1.5		
13	31,000											
14	13,800								.7	.3		
15	18,600								.7	.3		
16	26,800								.7	.3		
17	27,400								.7	.3		
18	30,600								.7	.3		
19	30,600								3.5	1.5		
20	30,600											
21	33,900		5						.6	.3		
22	30,600								.6	.3		
23	29,200								.6	.3		
24	26,100								.6	.3		
25	26,100								.6	.3		
26	26,100								3.0	1.5		
27	26,100								2.5	1.6		
28	19,900								.6	.4		
29	23,800								.6	.4		
30	27,800								.7	.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 17-555.910(2)
Effective 1/1/88

D.E.R.

AUG 0 9 1993

SOUTHWEST DISTRICT
TAMPA

State of Florida
Department of Environmental Regulation

(904)[illegible]-3365
MICHAEL T. PUTCH
260 Marjorie St.
INGLIS, FL 34449

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092199 PWS Name Spring Gardens Location: City or S/D Homosassa Spring
Owned by Century Companies Phone No.: (904) 447-3368 Reporting Month July 1993
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 218 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 July 93

I certify the report is correct Michael T. Putch (Lead Operator's Signature) B-5365 (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, valves tag blanks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote tap		
Monthly Total	643,200								13.7	8.5		4
Average	21,300								.6	.4		
Maximum	34,000								.7	.4		
Minimum	11,700								.5	.2		
1	16,200								.6	.4		
2	18,900								.6	.4		
3	19,800											
4	18,900											
5	25,000								.6	.4		
6	24,400		5						.6	.4		
7	23,000								.7	.4		
8	16,900								.7	.4		
9	17,200								.7	.4		
10	17,900											
11	17,700											
12	28,000								.7	.4		4
13	14,200								.7	.4		
14	19,900								.6	.4		
15	16,200								.6	.4		
16	21,100								.6	.4		
17	21,100											
18	21,100											
19	22,300								.6	.4		
20	11,700								.6	.4		
21	21,700								.5	.2		
22	29,000								.6	.4		
23	24,000								.7	.4		
24	20,400		5									
25	25,400											
26	16,500								.6	.3		
27	22,800								.6	.3		
28	19,300								.6	.3		
29	12,400								.6	.3		
30	34,000								.6	.4		
31	34,000											

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 17-555(9-82)
Effective 10/1/85

SEP 17 1993

MICHAEL T. PUTCH
260 Marjorie St.
INGLIS, FL 34449

RECEIVED
SEP 17 1993
FLA. DEP. / NWEST DISTRICT

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6092199 Name of Drinking Water System SPRING GARDENS

Location: City or S/D HOMOSASSA SPRINGS County CITRUS

Owned by Century Realty Funds Reporting Month Aug. 19 93

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

Design Flow Remarks (Use reverse side) Phone No.: 813-647-1581

I certify this report is correct Peter Manchino C 7274
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine Gals. or lbs. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	788,300	10						12.6	8.1	4	
Average	25,400							.8	.3		
Maximum	41,700							1.5	.9		
Minimum	16,500							.5	.2		
1	24,000							.6	.4		
2	31,000							.6	.4		
3	29,300							.6	.4		
4	24,500							.6	.4		
5	32,000							.6	.4		
6	32,600	5						.6	.3		
7	32,000										
8	32,600										
9	32,300							.5	.2	4	
10	32,400							.6	.2		
11	31,800							.6	.2		
12	33,400							.7	.3		
13	31,100							.7	.3		
14	32,600										
15	29,300										
16	15,300							.6	.3		
17	26,500							.7	.3		
18	18,200							.7	.3		
19	23,600	5						.5	.3		
20	33,600							.5	.3		
21	33,600										
22	25,500										
23	20,300							1	.3		
24	33,700							.6	.3		
25	33,500							1.2	.3		
26	17,600							.9	.3		
27	28,500							1.2	.9		
28	26,300										
29	35,300										
30	16,900							1.6	.5		
31	19,600							.5	.6		

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

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

D.E.P.

OCT 18 1993

SOUTHWEST DISTRICT
TAMPA

Citrus County

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 6092199 PWS Name Spring Gardens Location: City or S/D Homosassa Springs
Owned by Century Realty Funds Phone No: 813-647-1581 Reporting Month September
Plant Effluent pH (Avg) 7.6 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 _____

I certify this report is correct Peter Manbeck C- 7274
(Lead Operator's Signature) (Cert. Level) (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	505,700		16						17.8	10.9	4	
Average	16,856		.5						.6	.3		
Maximum	22,800		5						1.2	.9		
Minimum	13,400		1						.6	.3		
1	15,000								.7	.2		
2	16,600								.7	.3		
3	15,300								1.5	.9		
4	15,000											
5	15,000											
6	15,000								1.0	.7		
7	17,700								1.0	.7	4	No Violations
8	15,300								1.0	.7		
9	14,500								1.0	.7		
10	15,700								1.0	.5		
11	17,400											
12	17,400											
13	17,400								1.0	.6		
14	16,500								1.2	.6		
15	19,800								1.2	.6		
16	22,800								1.5	.6		
17	15,300								1.0	.6		
18	15,400											
19	15,400											
20	13,400								.7	.3		
21	15,300								1.0	.4		
22	13,400								1.0	.4		
23	16,000								.8	.3		
24	17,700								1.0	.4		
25	15,400											
26	15,400											
27	15,400								1.0	.5		
28	14,600								.7	.3		
29	21,300								.7	.3		
30	17,300								.6	.3		
31												

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

DEP Form 17-555.910-2
Effective 11/1/88

* Flow in thousand gallons

D.E.P.

NOV 15 1993

SOUTHWEST DISTRICT

TAMPA

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6092199 Name of Drinking Water System SPRING GARDENES

County CITRUS

Location: City or S/D HOMOSASSA SPRINGS

Reporting Month Oct. 1993

Owned by

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

Design Flow Remarks (Use reverse side) Phone No.: (904) 447-3368

I certify this report is correct (Lead Operator's Signature) C-6690 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Thousands of Gallons	Chlorine gals. or lbs. Used	Chlorine mg/l					Residual Chlorine mg/l		Number of Samples Taken	Bacteriological MCL Violations
				lbs Used	mg/l	lbs Used	mg/l	Plant Effluent	Remote Tap		
Monthly total	594760	8gal						14.7	7.5	4	
Average	19186							.4	.4		
Maximum	33900							1.0	.8		
Minimum	10900							.4	.2		
1	27100							1.0	.4		
2	21066										
3	21066							.9	.4		
4	21066							.6	.4		
5	30500							.8	.4		
6	20800							.8	.4		
7	19600							.5	.2		
8	18900										
9	16533										
10	16533							.7	.3	4	
11	16533							.8	.4		
12	10900							.5	.2		
13	26500							.5	.3		
14	15300							.4	.4		
15	17800										
16	16533										
17	16533							.4	.2		
18	16533							.8	.4		
19	12100							.8	.4		
20	32400							.8	.4		
21	21700							.8	.4		
22	18300										
23	21400										
24	21400							.8	.4		
25	21400							.8	.4		
26	14600							.6	.3		
27	33900							.5	.2		
28	17400							.5	.3		
29	23400										
30	17733										
31	17733										

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

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

Page 1 of 4

MICHAEL T. PUTCH

MICHAEL T. PUTCH
78 Hwy. 40 West
INGLIS, FL 32649
(904)447-3368

RECEIVED
DEC 17 1993
Florida Department of Environmental Protection
SOUTHWEST DISTRICT

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 6092199 PWS Name Spring Gardens Location: City or S/D Homosassa Spring
Owned by Century Companies Phone No.: (904)447-3368 Reporting Month Nov. 93
Plant Effluent pH (Avg) 7.6 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
William Casler C6690

I certify this report is correct William Casler C 6690
(Lead Operator's Signature) (Cert. Level) (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	611200		690						14.2	8.0	4	
Average	20374								0.5	0.3		
Maximum	29100								2.0	1.3		
Minimum	15300								1.5	.2		
1	17733								.5	.2		
2	18000								.5	.2		
3	19100								1.0	.5		
4	17300								.8	.4		
5	17600								.5	.2		
6	18900											
7	18900											
8	18800								.5	.2		
9	15300								.5	.2		
10	21300								.5	.2	4	
11	18500								.5	.2		
12	24300								.5	.2		
13	22633											
14	22633											
15	22633								.6	.3		
16	21000								.5	.2		
17	20700								.5	.2		
18	24700								.6	.3		
19	20800								.5	.2		
20	21600											
21	21600											
22	21600								2.0	1.3		
23	16700								1.5	1.0		
24	25700								.6	.3		
25	19800								.5	.2		
26	19850											
27	20033											
28	20033								.6	.3		
29	20033								.5	.2		
30	23600											
31												

This form must be completed 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 10/1/93

D.E.P.

JAN 18 1994

SOUTHWEST DISTRICT TAMPA

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6092199 Name of Drinking Water System SPRING GARDENS

Location: City or S/D HOMOSASSA SPRINGS County CITRUS

Owned by Century Realty Funds Reporting Month Dec 1993

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

Design Flow Remarks (Use reverse side) Phone No.:

I certify this report is correct William Cooler C.6690
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gallons	Chlorine gals. Used	Chlorine mg/l	lbs Used	mg/l	lbs Used	mg/l	Residual Chlorine mg/l Plant Effluent	Residual Chlorine mg/l Remote Tap	Number of Samples Taken	Bacteriological MCL Violations
Monthly Total	691901	6gal						12.1	5.6	4	
Average	22319							.4	.2		
Maximum	32400							.6	.3		
Minimum	14500							.5	.2		
1	19400							.6	.3		
2	23000							.6	.3		
3	23100							.5	.2		
4	22133										
5	22133										
6	22133							.5	.2		
7	14700							.5	.2	4	
8	30100							.5	.2		
9	23300							.5	.2		
10	30100							.5	.2		
11	20467										
12	20467										
13	20467							.5	.2		
14	24700							.6	.3		
15	14500							.6	.3		
16	15100							.6	.3		
17	23167										
18	23167										
19	23167							.5	.2		
20	24750							.6	.4		
21	24750							.6	.3		
22	19000							.6	.3		
23	21200							.5	.2		
24	19800										
25	21600							.5	.2		
26	21600										
27	22950										
28	22950							.6	.3		
29	32900							.6	.3		
30	18300							.5	.2		
31	24600							.6	.3		

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

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

Page 1 of 4

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 PWS Name St Johns Highlands Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo 98 No of People at End of Month 215

Design Flow .072 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-8521

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

Days of 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	322,000	20.00		155					36.2	16.7	3	
Average:	10,387	0.65		5					1.7	0.7		
Maximum:	11,000	1.00		12					3.0	1.5		
Minimum:	7,000	0.50		4					0.8	0.2		
1												
2												
3	26,000	1.75		7					0.9	0.2		
4	8,000	0.50		7					0.8	0.2	3	ALL A
5	10,000	0.75		9					2.6	1.0		
6	9,000	0.50		7					2.4	1.0		
7	8,000	0.50		7					1.3	0.5		
8												
9												
10	26,000	1.75		8					1.3	0.5		
11	10,000	0.50		6					3.0	1.5		
12	10,000	0.50		6					1.4	0.5		
13	10,000	1.00		12					1.2	0.5		
14												
15	20,000	0.75		4					1.5	0.5		
16												
17												
18	33,000	2.25		8					2.3	1.0		
19	10,000	0.50		6					2.1	1.0		
20	7,000	0.50		9					2.0	1.0		
21	11,000	0.50		6					1.5	0.5		
22	10,000	0.50		6					1.5	0.7		
23												
24	28,000	2.00		9					1.5	0.7		
25	10,000	0.50		6					1.5	0.7		
26	17,000	1.00		7					1.5	0.7		
27	10,000	1.00		12					2.3	1.0		
28												
29												
30	33,000	2.25		8					1.5	0.7		
31	13,000	0.50		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 17-555010(3)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 PWS Name St. Johns Highlands Location:City or S/D Satsuma
Owned By Southern States Utilities Phone Number: 904-649-8873 Reporting Month February 1994
Plant Effluent pH (Avg) 7.6 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .072 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) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	298,000	18.25		145					30.3	12.8	3	
Average	10,643	0.65		7					1.5	0.6		
Maximum	22,000	1.50		10					2.8	1.5		
Minimum	6,000	0.25		5					0.8	0.2		
1	11,000	0.50		5					1.7	0.6		
2	6,000	0.25		5					1.8	0.6		
3	14,000	1.00		9					1.5	0.7		
4												
5	21,000	1.25		7					1.0	0.3		
6												
7	14,000	1.00		9					2.6	1.2		
8	12,000	0.75		7					1.7	0.7	3	ALL A
9	13,000	1.00		9					1.0	0.3		
10	11,000	0.50		5					1.2	0.6		
11	6,000	0.50		10					1.7	0.7		
12												
13												
14	31,000	1.75		7					1.8	0.7		
15	9,000	0.50		7					1.7	0.7		
16	10,000	0.50		8					0.8	0.2		
17	10,000	0.75		9					0.8	0.2		
18												
19	18,000	1.00		7					2.4	1.0		
20												
21	20,000	1.50		9					0.8	0.3		
22	11,000	0.50		5					1.5	0.7		
23	13,000	0.75		7					0.8	0.3		
24	22,000	1.50		8					2.0	1.0		
25	13,000	0.50		5					2.5	1.5		
26												
27												
28	35,000	2.25		8					1.0	0.3		
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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 PWS Name St. Johns Highlands Location:City or S/D Satsuma

Owned By Southern States Utilities Phone Number: 904-649-6673 Reporting Month March 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 86 No of People at End of Month 215

Design Flow .072 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	468,600	33.00		194					35.9	14.7	3	
Average	15,116	1.06		8					1.8	0.7		
Maximum:	37,000	2.50		15					2.7	1.2		
Minimum:	6,000	0.25		4					0.5	0.2		
1	8,000	0.75		11					0.5	0.2		
2												
3	13,000	1.25		12					2.0	1.0		
4	6,000	0.50		7					2.1	1.0		
5												
6												
7	33,000	2.00		7					1.0	0.3		
8	6,000	0.25		4					1.3	0.5	3	ALL A
9	8,000	0.50		7					1.0	0.3		
10	14,000	1.00		8					2.0	1.0		
11	23,000	1.75		9					2.2	1.1		
12												
13												
14	43,000	3.00		8					2.3	1.0		
15	19,000	1.00		6					2.7	1.2		
16	21,000	1.00		6					1.8	0.6		
17	32,000	2.50		9					1.3	0.4		
18	37,000	2.00		6					1.5	0.5		
19												
20												
21	77,000	5.00		8					2.0	1.0		
22	20,000	1.00		6					2.4	1.2		
23	12,000	0.50		5					1.8	0.7		
24	8,000	1.00		15					0.8	0.3		
25	10,800	1.00		11					1.4	0.5		
26												
27												
28	37,500	3.75		12					1.5	0.5		
29	16,200	1.00		7					1.5	0.5		
30	9,000	1.00		13					1.5	0.5		
31	11,100	1.25		14					1.3	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 record.

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2540489 PWS Name St Johns Highlands Location:City or S/D Satsuma
Owned By Southern States Utilities Phone Number: 904-648-8673 Reporting Month April 1994
Plant Effluent pH (Avg) 7.8 No of Services at End of Month 86 No of People at End of Month 215
Design Flow .072 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 R. [illegible] 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	650,400	43.00		183					31.8	10.8	3	
Average	21,680	1.43		8					1.4	0.5		
Maximum	42,600	3.00		12					2.5	1.2		
Minimum	11,200	0.75		2					0.2	0.2		
1	19,600	1.50		9					1.5	0.5		
2												
3												
4	80,600	4.75		7					0.2	0.2		
5	18,400	1.50		11					1.0	0.3		
6	37,200	0.75		2					1.0	0.3		
7	12,600	1.25		12					2.5	1.2	3	ALL A
8												
9	57,600	4.50		9					1.6	0.8		
10												
11	42,600	2.25		6					1.0	0.5		
12	11,200	1.00		11					2.0	0.5		
13	19,200	1.00		6					1.2	0.2		
14	19,600	2.00		12					1.0	0.3		
15	21,600	1.00		6					2.1	1.1		
16												
17												
18	67,200	5.00		9					1.5	0.3		
19	16,400	1.50		11					1.5	0.4		
20	21,200	1.50		8					1.5	0.8		
21	21,200	1.50		8					1.5	0.5		
22	16,000	1.50		11					2.5	1.0		
23												
24												
25	46,400	3.00		7					1.8	0.4		
26	21,200	0.75		4					1.2	0.4		
27	16,000	1.00		7					1.5	0.4		
28	20,400	1.25		7					1.2	0.3		
29	20,800	1.50		9					1.5	0.3		
30	42,800	3.00		8					1.0	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. 2540459 PWS Name St. Johns Highlands Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 98 No of People at End of Month 215

Design Flow .072 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 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	648,400	45 50		160					29 2	8 7	3	
Average	20,916	1 47		6					1 3	0 4		
Maximum	34,000	2 50		14					2 5	0 9		
Minimum	6,400	0 75		4					0 8	0 2		
1												
2	38,400	2 50		8					1 0	0 2		
3	20,400	1 50		9					0 7	0 2		
4	16,000	1 00		7					1 5	0 4	3	ALL A
5	21,200	1 25		7					1 0	0 4		
6	13,200	0 75		7					2 5	0 4		
7												
8												
9	48 800	3 25		8					1 0	0 2		
10	26,400	1 25		6					1 1	0 4		
11	13,200	1 00		9					1 8	0 4		
12	19,200	1 25		8					0 7	0 4		
13	20,400	0 75		4					0 5	0 2		
14												
15												
16	84 000	6 00		8					1 0	0 2		
17	22,800	2 50		13					2 0	0 9		
18	31,800	2 50		9					1 8	0 7		
19	17,800	1 50		10					1 5	0 7		
20	15 600	0 75		6					1 8	0 4		
21												
22												
23	79 800	5 78		8					1 2	0 2		
24	26 000	2 00		8					1 1	0 4		
25	20 800	2 00		12					1 8	0 4		
26	34,000	2 50		8					1 5	0 5		
27	12 000	1 00		10					1 5	0 3		
28												
29												
30	60 800	3 50		7					1 0	0 3		
31	6 400	1 00		14					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 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 PWS Name St Johns Highlands Location:City or S/D Satsuma

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 86 No of People at End of Month 215

Design Flow .072 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-8415

I certify this report is correct (Lead Operator's Signature) (Cert. Level) A6815 (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	627,480	23.50		134.7					31.7	9.9	3	
Average	20,916	0.78		4.5					1.4	0.5		
Maximum	20,916								3.0	1.5		
Minimum	20,916								0.2	0.2		
1	20,916	0.25		1.4					1.0	0.3		
2	20,916	0.25		1.4					1.0	0.3		
3	20,916	0.50		2.9					0.7	0.2		
4	20,916											
5	20,916											
6	20,916	1.00		5.7					1.0	0.2		
7	20,916	0.50		2.9					1.4	0.4	3	
8	20,916								1.0	0.2		
9	20,916	0.75		4.3					1.3	0.3		
10	20,916	0.25		1.4					1.3	0.2		
11	20,916											
12	20,916											
13	20,916	3.00		17.2					1.3	0.2		
14	20,916	1.00		5.7					3.0	1.5		
15	20,916	2.00		11.5					2.5	1.2		
16	20,916	1.50		8.6					2.0	0.4		
17	20,916	3.50		20.1					0.8	0.2		
18	20,916											
19	20,916											
20	20,916								0.2	0.2		
21	20,916	1.00		5.7					1.0	0.2		
22	20,916	2.00		11.5					2.0	0.4		
23	20,916	1.00		5.7					1.4	0.4		
24	20,916	0.50		2.9					1.2	0.2		
25	20,916											
26	20,916											
27	20,916	1.50		8.6					1.0	0.2		
28	20,916	0.75		4.3					2.0	0.9		
29	20,916	0.75		4.3					2.5	1.0		
30	20,916	1.50		8.6					2.0	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. 2540489 PWS Name St. Johns Highlands Location:City or S/D Satsuma

Owned By Southern States Utilities Phone Number: 904-648-8873 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 .072 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

I certify this report is correct (Lead Operator's Signature) (Cert. Level) #6415 (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	465,000	30.50		243.6					47.6	17.7	3	
Average	15,000	0.98		7.9					2.2	0.6		
Maximum									3.0	1.0		
Minimum									1.6	0.3		
1	15,000	1.00		8.0					2.0	0.8		
2	15,000											
3	15,000											
4	15,000	3.00		24.0					2.0	0.8		
5	15,000	1.00		8.0					2.0	0.3		
6	15,000	0.50		4.0					2.4	0.6		
7	15,000	0.50		4.0					2.0	0.8	3	
8	15,000	1.00		8.0					2.2	1.0		
9	15,000											
10	15,000											
11	15,000	3.00		24.0					1.6	0.8		
12	15,000	2.00		16.0					2.2	0.8		
13	15,000	1.00		8.0					2.2	1.0		
14	15,000	1.00		8.0					2.2	1.0		
15	15,000	1.00		8.0					2.0	0.8		
16	15,000											
17	15,000											
18	15,000	3.00		24.0					2.0	0.8		
19	15,000	1.00		8.0					2.0	0.8		
20	15,000	1.00		8.0					2.4	0.6		
21	15,000	1.00		8.0					3.0	1.0		
22	15,000	1.00		8.0					2.4	0.6		
23	15,000											
24	15,000											
25	15,000	2.00		16.0					1.6	1.0		
26	15,000	1.00		8.0					2.0	0.8		
27	15,000	2.00		16.0					2.4	0.6		
28	15,000	2.00		16.0					2.2	1.0		
29	15,000	0.50		4.0					2.2	0.8		
30	15,000											
31	15,000	1.00		8.0					2.2	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. 2540489 PWS Name St. Johns Highlands Location:City or S/D Satsuma

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 86 No of People at End of Month 215

Design Flow .072 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	401,600	25.50		207					30.6	7.3	7	
Average:	12,955	0.82		9					1.3	0.3		
Maximum:	22,400	1.50		23					3.5	1.2		
Minimum:	5,200	0.25		1					0.4	0.2		
1	10,800	0.50		6					1.4	0.2		
2	12,800	1.00		9					1.0	0.2		
3	12,400	1.00		10					1.2	0.2		
4	14,800	1.00		8					1.7	0.2		
5	10,800	1.50		17					2.0	0.6		
6												
7												
8	34,400	2.50		9					1.6	0.4		
9	7,800	1.00		16					1.2	0.3	3	ALL A
10	8,400	1.00		14					1.0	0.3		
11	9,800	0.25		3					1.6	0.3		
12	8,800	0.50		9					1.6	0.3		
13												
14												
15	17,200	0.76		5					1.2	0.4		
16	8,000	0.50		7					1.6	0.4		
17	22,000	0.50		3					2.2	0.5		
18	22,400	0.50		3					0.4	0.2		
19	13,800	0.50		4					0.8	0.2		
20												
21											2	ALL A
22	48,000	0.50		1					0.6	0.2	2	ALL A
23	22,400	1.00		5					1.0	0.2		
24	5,200	1.00		23					1.0	0.2		
25	8,000	0.50		7					1.0	0.2		
26	10,000	1.50		18					3.5	1.2		
27												
28												
29	59,200	5.00		10					0.8	0.2		
30	20,800	1.50		9					1.0	0.2		
31	16,400	1.50		11					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. 2540489 PWS Name St. Johns Highlands Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 86 No of People at End of Month 215

Design Flow .072 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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	211,100	27.50		383					39.6	13.2	3	
Average	7,037	0.92		17					1.6	0.6		
Maximum	11,700	1.00		33					3.0	2.0		
Minimum	2,700	0.50		7					0.8	0.2		
1	5,700	1.00		14					3.0	1.0		
2	8,400	0.50		7					2.2	1.0		
3												
4												
5	19,500	2.50		15					2.0	0.6		
6	8,400	1.00		14					0.8	0.6		
7	7,300	1.00		16					0.8	0.2		
8	8,900	1.00		13					1.6	0.4		
9	7,700	1.00		16					1.5	0.4		
10												
11												
12	18,700	3.00		19					1.8	0.4		
13	5,700	1.00		21					1.6	0.3	3	ALL A
14	6,000	1.00		20					1.7	0.3		
15	7,800	1.00		15					1.6	0.3		
16	8,600	1.00		14					1.6	0.3		
17												
18												
19	18,000	2.00		13					0.9	0.2		
20	5,400	1.00		22					2.4	2.0		
21	9,300	1.00		13					1.8	0.3		
22	11,700	1.00		10					1.7	0.3		
23	6,000	1.00		20					1.7	0.4		
24												
25												
26	21,600	3.00		17					2.5	1.0		
27	8,700	1.00		14					2.2	1.0		
28	5,700	0.75		18					2.5	1.0		
29	6,300	1.00		18					1.9	0.8		
30	2,700	0.75		33					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. 2540489 PWS Name St. Johns Highlands Location:City or S/D Satsuma

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 .072 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	218,147	28.50		485.6					39.3	11.7	3	
Average:	7,037	0.92		15.7					1.9	0.6		
Maximum:	7,037	3.00							2.4	1.2		
Minimum	7,037	0.25							1.5	0.3		
1	7,037											
2	7,037											
3	7,037	2.50		42.8					1.8	0.4		
4	7,037	1.00		17.0					1.8	0.4		
5	7,037	0.50		8.5					1.6	0.5	3	
6	7,037	1.00		17.0					1.8	0.3		
7	7,037	0.50		8.5					1.8	0.4		
8	7,037											
9	7,037											
10	7,037	3.00		51.1					1.8	0.8		
11	7,037	1.00		17.0					1.8	0.6		
12	7,037	1.00		17.0					2.0	0.8		
13	7,037	0.75		12.8					1.5	0.4		
14	7,037	0.25		4.3					2.4	1.0		
15	7,037											
16	7,037											
17	7,037	2.00		34.1					1.8	0.4		
18	7,037	1.00		17.0					1.8	0.4		
19	7,037	1.00		17.0					1.7	0.4		
20	7,037	1.00		17.0					1.8	0.4		
21	7,037	0.50		8.5					1.8	0.5		
22	7,037											
23	7,037											
24	7,037	2.50		42.6					1.9	0.4		
25	7,037	1.50		25.6					2.0	0.4		
26	7,037	1.50		25.6					2.2	0.8		
27	7,037	1.00		17.0					1.8	0.4		
28	7,037	2.00		34.1					2.4	1.0		
29	7,037											
30	7,037											
31	7,037	3.00		51.1					2.2	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. 2540469 PWS Name St Johns Highlands Location:City or S/D Satsuma

Owned By Southern States Utilities Phone Number: 904-949-5873 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 .072 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 (Last Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	300,000	25 50		305.6					35.5	12.2	3	
Average:	10,000	0 85		10.2					1 9	0 6		
Maximum:	10,000								3.5	1 2		
Minimum:	10,000								1.0	0 3		
1	10,000	1.00		12.0					1.6	0 4		
2	10,000	1.00		12 0					3 5	1 0		
3	10,000	1.00		12.0					2.2	0.4		
4	10,000	1.00		12.0					2.0	0 7		
5	10,000											
6	10,000											
7	10,000	4 50		54.0					2.4	1.2		
8	10,000	2 00		24 0					2.0	0 8	3	
9	10,000	1 00		12 0					1.8	0 6		
10	10,000	1 00		12.0					2.0	0 5		
11	10,000	1 00		12.0					1 0	0 5		
12	10,000											
13	10,000											
14	10,000	2 50		30 0					2 4	0 5		
15	10,000	1.00		12.0					2 0	0 4		
16	10,000	0 75		9.0					1.4	0.3		
17	10,000	0 75		9.0					1.5	0.5		
18	10,000	1 00		12.0					1.4	0 4		
19	10,000											
20	10,000											
21	10,000								2.3	1 0		
22	10,000	1 00		12.0					1.3	0 4		
23	10,000	1.00		12 0					1 8	0 3		
24	10,000											
25	10,000	2 00		24.0					1.5	0 4		
26	10,000	1.00		12.0					1 4	0 4		
27	10,000											
28	10,000	1 00		12.0						0.4		
29	10,000									0.4		
30	10,000									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

FWS ID No. 2340489 PWS Name St. Johns Highlands Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 6.8 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .072 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-9416, Paul Thompson C-7251

I certify this report is correct _____ A-9413

(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	310,000	32.50		389.7					43.7	19.2	3	
Average	10,000	1.05		12.6					2.2	1.0		
Maximum									3.0	2.1		
Minimum									1.4	0.2		
1	10,000										3	
2	10,000	1.50		18.0					1.8	0.4		
3	10,000	1.00		12.0								
4	10,000											
5	10,000											
6	10,000	6.50		77.9					2.2	0.6		
7	10,000	2.00		24.0					2.2	0.6		
8	10,000	1.00		12.0					2.2	0.6		
9	10,000	1.00		12.0					2.0	0.4		
10	10,000											
11	10,000											
12	10,000	4.00		48.0					1.6	0.2		
13	10,000	1.00		12.0					2.0	0.4		
14	10,000	1.00		12.0					1.4	0.4		
15	10,000	0.50		6.0					1.4	0.4		
16	10,000	0.75		9.0					1.8	0.4		
17	10,000											
18	10,000											
19	10,000	0.75		9.0					2.0	1.0		
20	10,000	0.50		6.0					3.0	1.4		
21	10,000	1.00		12.0					2.6	1.2		
22	10,000	2.00		24.0					2.4	1.2		
23	10,000	0.50		6.0					2.0	1.0		
24	10,000											
25	10,000											
26	10,000	4.00		48.0					2.0	1.1		
27	10,000	0.75		9.0					3.0	2.1		
28	10,000	0.75		9.0					3.0	2.0		
29	10,000	1.00		12.0					2.6	2.0		
30	10,000	0.50		6.0					2.5	1.8		
31	10,000	0.50		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 17.555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2640459 PWS Name St Johns Highlands Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 7.8 No of Services at End of Mo 81 No of People at End of Month

Design Flow .072 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 CS571

I certify this report is correct Original signed by Michael J. Bou

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

Days of 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	44.0	13.0		221					7.4	4.6	5	All OK
Average:	11.0	3.0		55					1.8	1.1		
Maximum:	14.5	10.0		200					3.5	3.0		
Minimum:	6.0	1.0		8					0.4	0.4		
1	O											
2	O											
3	O											
4	O											
5	O										3	All OK
6	O											
7	O											
8	O											
9	O											
10	O											
11	O											
12	O											
13	O											
14	O											
15	O											
16	O											
17	O											
18	O											
19	O										1	All OK
20	O										1	All OK
21	O											
22	O											
23	O											
24	O											
25	O											
26	O											
27	O											
28	6.0	10		2					3.5	1.1		
29	9.0	1		13					0.4	0.4		
30												
31	29.0	2		8					3.5	3.0		

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

Plant went On-line per DER on 1-28-93
Serves St. Johns Highlands only.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2640489 PWS Name St Johns Highlands Location:City or S/D Satsuma

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 Month 81 No of People at End of Month

Design Flo .072 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 Sooe C-6521

I certify this report is correct Original signed by Michael J. Sou

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

Days of 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	412.0	22.50		136.00					19.9	11.5	6	All OK
Average:	14.7			7.0					1.0	1.2	6	
Maximum:	23.0			11.0					1.6	0.2	6	
Minimum:	8.0			4.0					0.4		6	
1	17.0	1.00		7.0					0.8	0.5		
2	16.0	3.00		6.0					0.8	0.5		
3	20.0	1.00		8.0					1.2	0.8		
4	12.0	1.00		7.0					1.2	0.5		
5	12.0	0.75		7.0					1.2	0.6		
6												
7												
8	40.0	2.00		5.0					0.6	0.3		
9	20.0	0.50		6.0					0.4	0.7	3	All OK
10	22.0	1.25		7.0					0.8	0.5		
11	17.0	1.00		7.0					1.4	1.0		
12	14.0	0.75		6.0					1.5	1.0		
13												
14												
15												
16	49.0	2.75		7.0					1.3	0.8		
17	18.0	1.00		5.0					1.8	1.2		
18	23.0	0.75		4.0					1.5	0.7		
19	26.0	0.25		7.0					1.1	0.6		
20	9.0	0.50		7.0					1.0	0.5		
21												
22												
23	36.0	1.50		5.0					0.6	0.2	3	All OK
24	8.0	0.50		7.0					0.5	0.2		
25	11.0	1.00		11.0					0.7	0.3		
26	14.0	0.75		6.0					0.7	0.3		
27												
28	25.0	1.25		6.0					0.8	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. 2540469 PWS Name St Johns Highlands Location:City or S/D Batsuma
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month March 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Mo 91 No of People at End of Month
Design Flow .072 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 Boos C6521
I certify this report is correct Original signed by Michael J. Bou
(Lead Operator's Signatur (Cert. Level) (Cert. No)

Days of 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	281.0	15.00		120					18.8	17.5	10	All OK
Average:	9.0	0.8		7					1.1	1.0	10	
Maximum:	26.0	2.50		15					1.8	1.5	10	
Minimum:										0.3	10	
1	9.0	0.50		7					1.8	1.2		
2	14.0	0.50		4					0.9	0.4		
3	16.0	1.25		9					1.4	0.8		
4	14.0	0.75		6					1.5	0.8		
5	12.0	0.75		7					0.7	0.3		
6												
7												
8	46.0	2.50		7					0.8	0.3	6	All OK
9	8.0	0.25		4					1.3	0.7		
10	26.0	1.75		8					0.8	0.3		
11	13.0	0.75		7					1.5	0.5		
12	14.0	1.00		9					1.8	0.5		
13												
14											2	All OK
15	10.0	0.25		3						1.0	2	All OK
16										1.5		
17										1.5		
18												
19										1.5		
20												
21										1.0		
22										0.7		
23	2.0	0.25		15					0.3	1.0		
24	11.0	0.50		5					1.1	0.6		
25	9.0	0.50		7					1.3	0.7		
26	9.0	0.50		7					1.7	1.0		
27												
28												
29	36.0	1.75		6					1.0	0.4		
30	17.0	0.75		5					1.1	0.4		
31	15.0	0.50		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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 PWS Name St Johns Highlands Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Mo 66 No of People at End of Month

Design Flo .072 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 Booe C-8521

I certify this report is correct Original signed by Michael J. Bou

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

Days of 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	505.0	28.50		150					28.9	11.4	3	All OK
Average:	16.8	1.3		7					1.3	0.5	3	
Maximum:	27.0	4.0		9					2.4	1.5	3	
Minimum:	11.0	0.5		3					0.6	0.2	3	
1	13.0	0.75		7					1.1	0.4		
2												
3	20.0	1.50		9					1.0	0.4		
4												
5	36.0	1.50		5					1.5	0.3		
6	13.0	0.75		7					1.3	0.5		
7	15.0	1.00		8					1.1	0.4		
8	11.0	0.50		5					1.0	0.4		
9	12.0	0.50		4					1.1	0.3		
10												
11												
12	22.0	1.50		8					1.2	0.5	3	All OK
13	20.0	1.25		8					1.0	0.4		
14	21.0	0.50		3					2.1	1.0		
15	18.0	1.00		8					1.8	0.8		
16	15.0	0.75		6					2.0	1.0		
17												
18												
19	65.0	4.00		7					1.6	0.8		
20	25.0	1.25		6					1.3	0.6		
21	27.0	1.50		7					1.1	0.5		
22	14.0	1.00		8					1.4	0.2		
23	26.0	1.25		6					1.5	0.2		
24												
25												
26	51.0	3.25		8					2.4	1.6		
27	22.0	1.25		7					0.9	0.2		
28	16.0	0.75		6					1.0	0.3		
29	21.0	1.50		9					1.1	0.4		
30	23.0	1.25		7					0.8	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. 2540489 PWS Name St Johns Highlands Location:City or S/D Satsuma

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 Mo 86 No of People at End of Month

Design Flow .072 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 Booe C-8521

I certify this report is correct Original signed by Michael J. Bou

(Lead Operator's Signatur (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	657.0	45.25		195					30.3	13.9	3	All OK
Average:	21.2	2.00		9					1.4	0.7	3	
Maximum:	32.0	10.25		56					3.5	3.0	3	
Minimum:	8.0	0.50		3					0.2	0.2	3	
1												
2												
3	65.0	1.50		3					0.2	0.2		
4	8.0	0.50		7					1.3	0.5		
5	12.0	1.00		10					1.5	0.6		
6	16.0	0.50		4					0.8	0.3		
7	22.0	10.25		56					3.5	3.0		
8												
9												
10	68.0	4.00		7					1.1	0.4		
11	26.0	1.75		8					1.0	0.4		
12	27.0	1.25		6					1.0	0.4	3	All OK
13	19.0	1.25		9					1.5	0.5		
14	9.0	0.50		7					2.3	1.0		
15												
16												
17	70.0	4.00		7					1.0	0.3		
18	27.0	1.50		7					0.5	0.3		
19	23.0	1.25		7					0.5	0.2		
20	18.0	1.25		8					1.1	0.2		
21	20.0	1.00		6					2.5	1.0		
22												
23												
24	84.0	5.00		7					1.2	0.4		
25	30.0	2.00		8					1.4	0.5		
26	24.0	1.25		6					1.8	0.7		
27	32.0	2.00		8					1.7	0.3		
28	23.0	1.50		8					1.5	0.7		
29												
30												
31	34.0	2.00		7					3.0	2.0		

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(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 PWS Name St Johns Highlands Location:City or S/D Batauma

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 Flo .072 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 C6571

I certify this report is correct Original signed by Michael J. Bou

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

Days of 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	489,000	40.25		253					36.6	18.3	3	
Average:	16,300	1.83		8.4					1.7	0.8		
Maximum:												
Minimum:												
1	13,000	0.50		4.6					2.0	1.0		
2	11,000	0.75		8.2					0.6	0.2		
3	18,000	1.00		6.7					1.1	0.5		
4	11,000	0.75		8.2					1.6	0.7		
5												
6												
7	56,000	3.25		7.0					0.7	0.3	3	
8	23,000	1.50		7.8					1.0	0.3		
9	14,000	0.50		4.3					1.2	0.4		
10	17,000	1.00		7.1					1.0	0.2		
11	9,000	1.00		13.3					1.0	0.3		
12												
13												
14	47,000	2.50		6.4					1.1	0.4		
15	25,000	1.00		4.8					0.7	0.2		
16	17,000	1.25		8.8					2.3	1.0		
17	21,000	1.25		7.1					2.2	1.0		
18	28,000	1.50		6.4					1.2	0.4		
19												
20												
21	54,000	3.50		7.8					0.8	0.3		
22	19,000	0.75		4.7					1.4	0.6		
23	14,000	3.00		25.7					3.0	1.5		
24	16,000	4.75		35.6					3.5	3.0		
25												
26	38,000	6.00		18.9					3.5	3.0		
27												
28	23,000	1.25		6.5					0.2	0.2		
29	8,000	1.25		18.7					3.0	0.8		
30	7,000	2.00		34.3					3.5	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 11/1/1989

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 PWS Name St Johns Highlands Location:City or S/D Satsuma

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

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

Design Flow .072 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 C5571

I certify this report is correct Original signed by Michael J. Bou

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

Days of 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	338,000	20.00		161					31.0	12.4	3	
Average:	10,903	0.67		5					1.3	0.5		
Maximum:	30,000	2.00		12					3.5	2.0		
Minimum:	4,000	0.25		3					0.8	0.2		
1	9,000	0.25		3					3.5	2.0		
2	8,000	0.50		7					0.8	0.3		
3												
4												
5	35,000	1.75		6					0.7	0.3		
6	10,000	0.75		9					1.0	0.4		
7	5,000	0.25		6					1.3	0.4		
8	12,000	0.75		7					0.8	0.3		
9	14,000	0.50		4					0.9	0.3		
10												
11												
12	21,000	1.50		9					0.6	0.2		
13	12,000	0.75		7					1.7	0.7	3	
14	5,000	0.50		12					1.5	0.6		
15	5,000	0.25		6					1.3	0.5		
16	5,000	0.25		6					1.0	0.3		
17												
18												
19	27,000	1.50		7					1.2	0.4		
20	17,000	1.00		7					3.0	1.0		
21	19,000	1.25		8					1.5	0.6		
22	4,000	0.25		7					1.7	0.6		
23	12,000	0.50		5					1.0	0.4		
24												
25												
26	21,000	2.00		11					0.8	0.4		
27	18,000	0.75		5					1.2	0.4		
28	11,000	0.50		5					2.4	1.0		
29	11,000	0.50		5					0.9	0.4		
30	27,000	1.75		6					1.2	0.5		
31	30,000	2.00		8					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(3)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 PWS Name St Johns Highlands Location:City or S/D Satsuma

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 .072 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 Signatur (Cert. Level) (Cert. No)

Days of 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	541,000	32.00		168					32.9	11.7	6	
Average:	17,452	1.45		5					1.5	0.5		
Maximum:												
Minimum:												
1												
2	32,000	1.75		7					1.4	0.4		
3	26,000	1.50		6					1.9	0.8		
4	31,000	1.75		7					0.7	0.2		
5	20,000	1.25		7					1.3	0.4		
6	22,000	1.25		7					1.8	0.6		
7												
8												
9	76,000	4.50		7					1.3	0.4		
10	27,000	1.75		8					1.5	0.5	3	
11	27,000	1.50		7					1.2	0.4		
12	17,000	1.00		7					1.2	0.4		
13												
14	37,000	2.25		7					0.7	0.2		
15												
16	37,000	2.00		6					1.1	0.4		
17	27,000	2.00		9					1.3	0.4		
18	20,000	1.00		6					2.6	1.0		
19	34,000	1.75		6					1.1	0.3		
20	18,000	1.00		7					1.5	0.6	2	
21												
22												
23	29,000	2.00		8					1.0	0.3		
24	5,000	0.50		12					1.7	0.6		
25	11,000	0.50		5					1.3	0.4		
26	11,000	0.50		5					2.2	1.0		
27	6,000	0.50		10					1.5	0.6		
28												
29												
30	20,000	1.25		7					2.6	1.5	1	
31	4,000	0.50		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 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 PWS Name St Johns Highlands Location:City or S/D Satsuma

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

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

Design Flo .072 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 C7251

I certify this report is correct Original signed by Michael J. Bou

(Lead Operator's Signatur (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	328,000	19.75		******					33.2	12.9	3	
Average:	10,933	0.90		6.3					1.5	0.6		
Maximum:												
Minimum:												
1	8,000	0.50		7.5					1.3	0.4		
2	16,000	0.75		5.6					1.8	0.6		
3	17,000	1.00		7.1					2.5	1.5		
4												
5												
6	43,000	3.25		9.1					1.8	0.6		
7	6,000	0.50		10.0					1.5	0.6		
8	11,000	0.50		5.5					0.5	0.2		
9	6,000	0.50		10.0					2.8	1.0		
10												
11	15,000	0.75		6.0					1.5	0.6		
12												
13	12,000	1.00		10.0					1.0	0.3		
14	6,000	0.50		12.0					2.0	0.6	3	
15	6,000	0.25		5.0					1.0	0.3		
16	6,000	0.25		5.0					1.6	0.6		
17	10,000	0.75		9.0					1.9	1.0		
18												
19												
20	42,000	2.75		7.9					1.8	1.0		
21	16,000	0.50		3.7					0.2	0.2		
22	9,000	0.25		3.3					2.2	0.6		
23	8,000	0.25		3.7					1.6	0.4		
24	6,000	0.50		10.0					1.2	0.5		
25												
26												
27	37,000	2.25		7.3					1.0	0.5		
28	20,000	1.25		7.5					1.0	0.4		
29	13,000	0.75		6.9					1.3	0.4		
30	16,000	0.75		5.6					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 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540469 PWS Name St Johns Highlands Location:City or S/D Batsuma

Owned By Southern States Utilities Phone: 904-849-8873 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 .072 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 Signatur] (Cert. Level) C-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 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	328,000	21.50		186					33.0	13.8		
Average:	10,581	0.98		6					1.5	0.6		
Maximum:	27,000	2.00		15					3.0	1.5		
Minimum:	5,000	0.25		4					0.3	0.2		
1	27,000	2.00		9					1.7	0.5		
2												
3												
4	55,000	3.00		7					1.6	0.6		
5	14,000	0.75		6					1.2	0.6		
6	8,000	0.50		7					1.3	0.6		
7	6,000	0.50		10					1.0	0.5	3	
8	7,000	0.50		9					2.4	1.0		
9												
10												
11	24,000	1.50		7					1.2	0.5		
12	7,000	0.25		4					1.1	0.4		
13	7,000	0.50		9					3.0	1.5		
14	8,000	0.50		7					3.0	1.5		
15	10,000	0.50		6					0.8	0.2		
16												
17												
18	25,000	1.50		7					1.9	0.6		
19	12,000	1.50		15					1.0	0.4		
20	13,000	1.25		12					0.8	0.2		
21	6,000	0.50		12					1.2	0.5		
22	12,000	0.75		7					1.0	0.5		
23												
24												
25	34,000	1.50		5					0.3	0.8		
26	10,000	1.00		12					1.9	0.7		
27	8,000	0.50		10					2.6	1.3		
28	11,000	1.00		11					1.0	0.5		
29	11,000	0.50		5					1.5	0.3		
30												
31	15,000	1.00		8					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. 2540469 PWS Name St Johns Highlands Location:City or S/D Satsuma

Owned By Southern States Utilities Phone: 904-649-8573 Reporting Month November 1993

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

Design Flo .072 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 Signatur _____ (Cert. Level) _____ (Cert. No)

Days of 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	455,000	27.00		164					35.7	13.3	3	
Average:	15,167	1.23		6					1.6	0.6		
Maximum:	42,000	3.00		22					3.0	1.5		
Minimum:	5,000	0.25		3					0.3	0.2		
1	8,000	0.25		4					2.1	1.0		
2	6,000	0.25		5					1.5	0.6	3	
3	8,000	0.50		7					2.0	1.0		
4	7,000	0.50		9					1.2	0.5		
5	9,000	0.50		7					2.2	0.5		
6												
7												
8	29,000	1.00		4					1.8	0.5		
9	11,000	2.00		22					1.4	0.4		
10	5,000	0.50		12					1.6	0.3		
11	8,000	0.25		4					1.4	0.4		
12	7,000	0.25		4					0.8	0.3		
13												
14												
15	49,000	2.50		6					1.3	0.5		
16	18,000	0.50		3					1.8	0.7		
17	12,000	1.00		10					1.6	0.6		
18	13,000	1.00		9					1.8	0.7		
19	19,000	0.75		5					2.4	1.0		
20												
21												
22	41,000	2.50		7					0.9	0.3		
23	13,000	0.75		7					0.3	0.2		
24	16,000	1.00		7					2.3	1.0		
25	31,000	2.00		8					1.8	0.2		
26	42,000	3.00		9					0.8	0.3		
27												
28												
29	86,000	5.00		7					2.0	0.8		
30	18,000	1.00		8					2.0	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 17-555810(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2540489 PWS Name St Johns Highlands Location:City or S/D Satsuma

Owned By Southern States Utilities Phone: 904-849-8873 Reporting Month December 1993

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

Design Flow .072 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] [signature] [signature]

Mike Israel S-Bo (Lead Operator's Signatur (Cert. Level) (Cert. No)

Days of 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	385,000	23.25		176					42.3	18.2		
Average:	12,419	1.01		8					1.8	0.8		
Maximum:	23,000	1.50		15					3.0	1.5		
Minimum:	4,000	0.50		5					0.5	0.2		
1	23,000	1.50		8					2.3	1.0		
2	15,000	1.00		8					2.0	1.0		
3	17,000	1.50		11					2.0	1.0		
4												
5												
6	35,000	1.75		6					0.6	0.2		
7	19,000	0.75		5					2.9	1.5		
8	13,000	0.50		5					1.8	0.3	3	ALL A
9	15,000	1.25		10					1.5	0.6		
10	16,000	1.00		7					1.6	0.6		
11												
12												
13	23,000	1.75		9					0.6	0.2		
14	11,000	0.50		5					1.8	0.6		
15	7,000	0.50		9					2.1	1.0		
16	10,000	0.50		6					0.8	0.2		
17	4,000	0.50		15					1.9	0.8		
18												
19												
20	41,000	2.00		6					1.5	0.5		
21	14,000	1.00		9					1.9	0.5		
22	8,000	0.50		7					2.5	1.0		
23	9,000	0.75		10					2.0	1.0		
24	15,000	0.75		6					2.5	1.2		
25												
26												
27	41,000	2.50		7					1.5	0.7		
28	12,000	0.50		5					3.0	1.5		
29	13,000	0.75		7					1.9	1.0		
30	14,000	0.75		6					2.0	1.0		
31	10,000	0.75		9					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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 10 No of People at End of Month 35.0

Design Flow 30.6 GPM Remarks (Use Reverse Side)

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

Dennis Moro #C-6497/Lance Shreffler #C-6587

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	207,161	4.75		42.9					16.3	13.5	3	
Average	6.683	0.32		1.4					0.8	0.6		
Maximum	14.045	0.50		4.3					1.0	0.8		
Minimum	1.663	0.25		0.9					0.6	0.5		
1												
2												
3	21.067	0.50		2.8					0.8	0.7		Drained sght glass
4	3.881								0.8	0.7		
5	7.392	0.25		2.7					0.8	0.7		
6	12.012	0.25		2.5					0.8	0.7		Fill sght glass
7	7.022	0.25		4.3					0.6	0.5		1/2 fil HTH
8												
9												
10	22.546	0.50		2.7					0.7	0.6		
11	10.903	0.25		2.9					0.7	0.5		
12	5.174								0.7	0.6		
13	3.881								0.7	0.6	3	Compliance
14	1.848	0.25		2.7					0.7	0.6		Drain sght glass
15												
16												Line Flush
17	21.622	0.50		2.8					0.6	0.5		
18	4.250								0.6	0.5		
19	6.283	0.25		2.8					0.6	0.5		
20	11.273	0.25		2.7					0.6	0.5		
21	7.577	0.25		4.0					0.6	0.5		
22												
23												
24	23.470	0.50		2.6					1.0	0.8		Fill sght glass
25	14.045	0.25		2.1					1.0	0.8		
26	2.402								1.0	0.8		
27	9.240								1.0	0.8		
28	1.663	0.25		2.3					1.0	0.8		
29												
30												
31	9.610	0.25		3.1					1.0	0.8		Filled HTH barrel

This form must be completed in full and sent to 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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 10 No of People at End of Month 35.0

Design Flow 50.8 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

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	147,840	3.00		25.0					22.1	17.5	3	
Average	5,280	0.27		0.9					1.1	0.9		
Maximum	16,632	0.25		4.1					1.5	1.2		
Minimum	2,033	0.25		0.3					0.8	0.6		
1	4,990								1.0	0.8		
2	7,207	0.25		0.3					1.0	0.8		
3	8,316								1.0	0.8		
4	3,661	0.25		0.3					1.0	0.8		
5												
6												
7	8,870	0.25		3.4					0.8	0.6		
8	2,218								1.2	1.0		
9	2,587								1.2	0.9		
10	3,511								1.2	0.9	3	Complaince
11	8,501	0.25		1.8					1.0	0.8		
12												
13												
14	10,349	0.25		2.9					1.0	0.8		Flushed lines
15	5,359								1.0	0.8		Air to HPT
16	2,033	0.25		4.1					1.0	0.8		Air Comp off line
17	4,435								1.0	0.8		
18	3,328	0.25		3.9					1.2	0.9		
19												
20												
21	11,088	0.25		2.7					1.2	1.0		
22	16,632	0.25		1.8					1.2	1.0		
23	4,805								1.2	0.9		
24	12,566	0.25		1.7					1.2	0.9		
25	4,066								1.5	1.2		
26												
27												
28	23,100	0.50		2.2					1.2	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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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 10 No of People at End of Month 35.0

Design Flow 30.8 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-6567/W. Fontaine C-6613

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	243,566	3.75		37.9					24.6	20.8	7	
Average	7,857	0.29		1.2					1.1	0.9		
Maximum	22,546	0.25		3.6					1.5	1.2		
Minimum	3,681	0.50		1.6					0.8	0.6		
1	9,794	0.25		3.1					1.2	1.0		
2	4,435								1.2	1.0		
3	3,696								1.2	1.0	2	Out/flushed
4	5,359	0.25		2.6					1.2	1.0	2	Outage
5												
6												
7	17,371	0.25		2.8					0.8	0.7		Rmve a/relse valv
8	8,686								0.8	0.7		Filled HTH
9	7,022	0.25		3.0					1.0	0.9		
10	9,794								1.0	0.9	3	Compliance
11	7,946	0.25		2.7					1.0	0.9		Air comp off line
12												
13												
14	25,872	0.50		3.4					1.0	0.9		
15	7,022								1.0	0.9		
16	7,946	0.25		3.0					1.0	0.9		Reset air HP
17	5,174								1.0	0.9		
18	7,022	0.25		3.3					1.0	0.9		
19												
20												
21	32,710	0.50		3.1					1.0	0.9		
22	8,501								0.9	0.7		
23	8,283	0.25		3.0					0.8	0.7		
24	7,207								1.5	1.2		
25	22,546	0.25		1.6					1.5	1.2		
26												
27												
28	16,078	0.25		2.7					1.2	1.0		
29	8,653								1.2	1.0		Inst a/c on auto
30	3,681								0.8	0.6		
31	12,566	0.25		3.6					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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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 10 No of People at End of Month 35.0

Design Flow 30 8 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-8497/L. Shreffler C-8567

I certify this report is correct Donald B. Carder B 4403

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	345,206	4.50		40.4					21.2	17.2	3	
Average:	11,507	0.30		1.3					1.0	0.8		
Maximum:	24,384	0.50		3.9					2.0	1.8		
Minimum:	3,326	0.25		2.0					0.8	0.6		
1	3,326								2.0	1.8		
2												
3												
4	25,133	0.50		2.9					1.0	0.8		
5	6,838								1.0	0.8		
6	10,903	0.25		2.9					1.0	0.8		
7	12,936								1.0	0.8	3	Compliance
8	7,762	0.25		2.2					0.9	0.8		
9												
10												
11	10,903	0.25		3.9					0.9	0.8		
12	14,969	0.25		3.0					0.8	0.8		
13	9,794								0.8	0.8		
14	13,675	0.25		2.0					0.8	0.6		Add HTH barrel
15	11,458								1.0	0.8		
16												
17												
18	38,069	0.50		2.0					1.0	0.8		
19	19,219	0.25		2.6					1.0	0.8		Instl release valve
20	16,480	0.25		3.1					1.0	0.8		
21	12,586								1.0	0.8		
22	8,670	0.25		2.8					1.0	0.8		Add HTH barrel-
23												flushed lines
24												
25	32,155	0.50		3.4					1.0	0.8		
26	19,480	0.25		2.2					1.0	0.8		
27	21,437	0.25		2.7					1.0	0.8		
28	23,839	0.25		2.3					1.0	0.8		
29	24,394	0.25		2.2					1.0	0.8		Add HTH barrel
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

WS ID No. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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 10 No of People at End of Month 35.0

Design Flow 30.8 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-8587

I certify this report is correct Brian Heath C-5835

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	377,500	7.75		60.0					23.0	19.5	3	
Average	12,177	0.35		1.9					1.0	0.8		
Maximum	24,600	0.25		4.2					1.5	1.2		
Minimum	7,400	0.75		1.0					0.7	0.6		
1												
2	41,600	0.75		2.2					1.5	1.2		A/C for air HPT
3	22,300	0.50		2.7					1.2	1.0		
4	7,900	0.25		3.8					1.0	0.8		
5	12,200	0.25		2.5					1.0	0.8		A/C for air HPT-
6	11,100	0.25		2.7					1.2	0.9		- Compliance -
7												- A/C off line
8												
9	39,500	0.75		2.3					1.2	0.9		
10	7,800	0.25		3.6					1.2	0.9		Compliance -
11	4,800	0.25		6.2					1.2	1.0	3	- A/C for air HPT
12	7,400	0.25		4.1					1.2	1.0		A/C off line
13	12,100	0.25		2.5					0.9	0.8		
14												
15												
16	21,300	0.50		2.8					1.0	0.8		
17	17,500	0.25		1.7					1.0	0.9		
18	10,300	0.25		2.9					0.8	0.8		
19	14,000	0.25		2.1					0.9	0.8		A/C for air HPT
20	11,300	0.25		2.7					0.8	0.6		
21												
22												
23	21,000	0.50		2.9					1.2	1.0		
24	14,300	0.25		2.1					1.0	0.8		
25	24,600	0.50		2.4					0.7	0.6		
26	17,700	0.25		1.7					1.0	0.8		Flushing
27	18,000	0.25		1.7					1.0	0.8		
28												
29												
30	24,600	0.50		2.4					1.0	0.8		
31	16,200	0.25		1.9					1.0	0.8		A/C for 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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 10 No of People at End of Month 35.0

Design Flow 30.8 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-8497/Lance Sheffler C-8587

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	311,100	6.50		52.3					19.3	16.1	3	
Average:	10,370	0.34		1.7					1.0	0.8		
Maximum:	21,100	0.75		4.3					1.2	1.0		
Minimum:	5,300	0.25		1.7					0.5	0.4		
1	9,400	0.25		3.2					1.2	1.0		
2	13,200	0.25		2.3					1.2	1.0		Flushed lines
3	9,400	0.25		3.2					0.9	0.8		
4												
5												
6	38,800	0.75		2.3					0.9	0.8		
7												
8	17,900	0.25		1.7					0.9	0.8		Air to HPT
9	11,300	0.25		2.7					0.9	0.8		
10	5,300	0.25		5.7					1.0	0.9	3	Compliance
11												
12												
13	20,400	0.50		2.9					1.0	0.9		
14	21,100	0.50		2.8					1.0	0.8		
15	3,500								1.0	0.8		
16	12,400	0.25		1.9					1.0	0.8		
17	12,700	0.25		2.4					1.0	0.8		
18												
19												
20	22,500	0.50		2.7					1.2	1.0		POE LAC samples
21	12,000	0.25		2.5					1.2	1.0		
22	9,100	0.25		3.3					1.2	1.0		
23												
24	21,400	0.50		2.8					1.0	0.8		
25												
26												
27	34,200	0.80		1.8					0.6	0.5		Air to HPT
28	18,200	0.25		1.9					0.5	0.4		
29	13,500	0.25		2.2					0.8	0.8		
30	7,000	0.25		4.3					0.8	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. 3351282 PWS Name Stone Mountain Location: City or S/D Yalaha

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 10 No of People at End of Month 35.0

Design Flow 30.8 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/

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	273,300	5.50		45.6					11.6	9.2	3	
Average:	8,816	0.34		1.5					0.7	0.5		
Maximum:	13,700	0.75		4.9					1.0	0.8		
Minimum:	3,350	0.25		1.6					0.5	0.4		
1	9,400	0.25		3.2					0.8	0.6		
2												
3												
4												
5	32,200	0.50		1.9					0.5	0.4		Ran A/C-air HPT
6	7,900	0.25		3.8					0.5	0.4		
7												
8	21,800	0.50		2.8					0.5	0.4		
9												
10												
11	30,600	0.50		2.0					0.5	0.4		
12	13,100	0.25		2.3					0.5	0.4	3	Compliance
13	6,100	0.25		4.9					0.5	0.4		
14	6,300	0.25		4.8					0.5	0.4		
15	13,700	0.25		2.2					1.0	0.8		
16												
17												
18	26,600	0.50		2.3					0.9	0.7		
19	12,700	0.25		2.4					0.9	0.7		
20	13,300	0.25		2.3					0.9	0.7		Ran A/C-air HPT
21	11,800	0.25		2.5					0.9	0.7		A/C off line
22	5,200								0.9	0.7		
23												
24												
25	37,600	0.75		2.4					0.6	0.5		
26												
27	18,300	0.25		1.6					0.6	0.5		
28												
29	8,700	0.25		4.5					0.6	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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 10 No of People at End of Month 35.0

Design Flow 30.8 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-8497

I certify this report is correct Brian Heath C-5823

(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	206,900	4.75		56.7					10.7	8.4	3	
Average:	6,674	0.26		1.8					0.5	0.4		
Maximum:	12,400	0.50		4.7					0.5	0.4		
Minimum	1,200	0.25		1.8					0.4	0.3		
1	11,500	0.25		2.8					0.5	0.4		
2	10,800	0.25		2.8					0.5	0.4		
3	12,400	0.25		2.4					0.5	0.4		
4	8,200	0.25		3.7					0.5	0.4		
5	1,900								0.5	0.4		
6												
7												
8	11,500	0.25		2.6					0.5	0.4		
9	7,400	0.25		4.1					0.5	0.4		
10	8,300	0.25		3.6					0.5	0.4		
11	10,900	0.25		2.8					0.5	0.4		
12	5,100	0.25		5.9					0.5	0.4	3	Compliance
13												
14												
15	13,400	0.25		2.2					0.5	0.4		
16	5,300	0.25		5.7					0.5	0.4		
17	8,400	0.25		4.7					0.5	0.4		
18	9,600								0.5	0.4		
19	4,200	0.25		2.2					0.5	0.4		
20												
21												
22	12,700	0.25		2.4					0.4	0.3		
23	1,300								0.4	0.3		
24	1,200								0.4	0.3		
25	7,300								0.4	0.3		
26	7,300	0.25		1.8					0.4	0.3		
27												
28												
29	27,100	0.50		2.2					0.4	0.3		
30	11,400	0.25		2.6					0.4	0.3		Flushed lines
31	11,700	0.25		2.6					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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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 10 No of People at End of Month 35.0

Design Flow 30.6 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-8587

I certify this report is correct Brian Hall C-5826

(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	279,300	5.75		53.2					8.8	8.6	3	
Average	9,310	0.34		1.8					0.4	0.3		
Maximum	19,300	0.25		4.0					0.4	0.3		
Minimum	1,400	0.13		0.8					0.4	0.3		
1	19,300	0.25		1.5					0.4	0.3		H20 to HTH barrel
2	9,700	0.25		3.1					0.4	0.3		ac add air HPT
3												
4												
5	37,700	0.75		2.4					0.4	0.3		
6	12,400	0.25		2.4					0.4	0.3		
7	12,100	0.25		2.5					0.4	0.3		
8	17,900	0.25		1.7					0.4	0.3		AC air to HPT
9	4,800								0.4	0.3		AC air to HPT
10												
11												
12	33,900	0.75		2.7					0.4	0.3		
13	7,900	0.25		3.8					0.4	0.3		
14	5,800								0.4	0.3	3	Compliance
15	11,700	0.25		2.6					0.4	0.3		AC air to HPT
16	1,400								0.4	0.3		
17												
18												
19	20,200	0.50		3.0					0.4	0.3		
20	14,400	0.25		2.1					0.4	0.3		
21	8,500	0.25		3.5					0.4	0.3		
22	3,500								0.4	0.3		
23	3,400	0.25		8.8					0.4	0.3		
24												
25												
26	24,200	0.50		2.5					0.4	0.3		
27	8,700	0.25		3.4					0.4	0.3		Flushed lines
28	5,100								0.4	0.3		
29	9,200	0.25		3.3					0.4	0.3		
30	7,500	0.25		4.0					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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 10 No of People at End of Month 35.0

Design Flow 30.8 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 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	212,700	4.00		34.5					14.0	10.9	3	
Average	6,861	0.40		1.1					0.7	0.6		
Maximum	10,333	0.19		1.9					1.2	1.0		
Minimum	1,700	0.08		0.5					0.4	0.2		
1												
2												
3	28,800	0.50		2.1					0.5	0.4		
4	7,700								0.5	0.4		
5												
6												
7	22,800	0.50		2.6					0.5	0.4		
8												
9												
10	30,100	0.50		2.0					0.5	0.4		
11	5,000								0.5	0.3		
12	4,800								0.7	0.4	3	Compliance
13	5,400	0.25		5.6					0.5	0.3		
14												
15												
16	15,400	0.25		1.9					0.6	0.4		
17	1,700								0.8	0.6		
18	5,500								0.9	0.7		Hk up a/c & run
19	3,400								0.4	0.2		Rmv a/c/c/n valves
20	5,600	0.25		5.4					1.0	0.8		
21	4,100								1.1	0.9		Add H20 barrel
22												
23												
24	30,100	0.75		3.0					0.5	0.3		
25	8,200	0.25		3.7					1.2	1.0		
26	1,900								1.0	0.9		
27	3,800								1.0	0.9		
28	5,200	0.25		5.8					1.0	0.9		
29												
30												
31	23,200	0.50		2.6					0.6	0.7		Fill HTH barrel

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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 10 No of People at End of Month 35.0

Design Flow 30.8 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 Mora 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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	146,100	3.45		37.1					13.7	9.4	3	
Average	4,870	0.29		1.2					0.6	0.5		
Maximum	11,500	0.50		4.6					1.0	0.8		
Minimum	2,300	0.25		1.9					0.5	0.3		
1	3,000								0.7	0.5		
2	4,200	0.25		4.2					0.7	0.5		
3	5,500								0.7	0.5		
4	2,500	0.25		3.7					0.7	0.5		
5												
6												
7	24,900	0.50		2.4					1.0	0.8		
8	11,500	0.25		2.6					1.0	0.8		H20 to HTH barrel
9	6,400								0.5	0.4		
10	5,700								0.5	0.4	3	Compliance
11	9,500	0.45		2.8					0.5	0.4		Filled HTH barrel
12												
13												
14	11,400	0.25		2.6					0.5	0.4		
15	3,200								0.5	0.4		
16	2,300								0.5	0.4		
17	7,300								0.5	0.4		
18	2,600	0.25		1.9					0.5	0.4		
19												
20												
21	10,500	0.25		2.9					0.5	0.3		VOCs pulled
22	3,500								0.6	0.4		Ran a/c
23	3,000	0.25		4.6					0.6	0.4		Add air HPT
24												
25	6,700								0.6			
26	3,900	0.25		2.8					0.5			
27												
28	6,400								0.7	0.5		Add air HPT
29	4,100	0.25		2.9					0.7	0.5		Add air HPT
30	6,000	0.25		3.7					0.7	0.5		Add air HPT/flshd
31												

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 PWS Name Stone Mountain Location:City or S/D Yatahe

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 10 No of People at End of Month 35.0

Design Flow 30.8 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

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:	94,200	2.00		21.5					21.8	17.4	3	
Average:	3,039	0.25		2.7					1.0	0.8		
Maximum:	7,700	0.25		4.2					1.2	1.0		
Minimum:	800	0.25		2.1					0.4	0.3		
1	7,700								0.7	0.5		Ran A/C + Air HPT
2	1,700	0.25		3.2					0.7	0.5		Ran A/C + Air HPT
3												
4												
5	12,100	0.25		2.5					0.4	0.3		Cind hypo-chl inj
6	1,900								1.2	1.0		Ran A/C + Air HPT
7	900								1.2	1.0	3	Compliance
8	1,700								1.2	0.9		
9	1,300								1.0	0.8		
10												
11												
12	7,500	0.25		2.3					1.2	1.0		Ran A/C + Air HPT
13	800								1.2	1.0		Ran A/C + Air HPT
14	3,100								1.2	1.0		
15	3,700								1.2	0.9		
16	4,900	0.25		2.4					1.2	1.0		
17												
18												
19	7,100	0.25		4.2					1.2	1.0		
20	2,300								1.2	1.0		
21	2,000								1.2	1.0		
22	1,800								1.2	1.0		Filled HTH barrel
23	1,500								1.0	0.8		
24												
25												
26	7,000	0.25		2.1					0.8	0.6		
27	7,500								0.7	0.5		
28	5,700	0.25		2.3					0.8	0.6		Ran A/C + Air HPT
29	7,200								0.8	0.6		Line flushed
30	4,700	0.25		2.5					0.5	0.4		Filled HTH barrel
31												

This form must be completed in full and sent to 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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

Owned By Southern States Utilities Phone Number: 407-660-0058 Reporting Month January 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 7 No of People at End of Month 24.50

Design Flow 30.6 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-6487 / 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 Gallons	HTH Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	104.7	2.75		33.3					16.6	12.6	3	
Average:	3.4	0.09		3.3					1.1	0.9		
Maximum:	8.0	0.25		5.5					1.2	0.9		
Minimum:	1.7	0.04		1.9					1.0	0.8		
1												
2												
3												
4	17.0	0.50		3.5					1.0	0.8		
5	5.9	0.25		5.1					1.0	0.8		
6												
7												
8	4.6	0.25		3.1					1.2	0.8		
9	7.6	0.25		3.9					1.0	0.8		
10												
11	3.9	--		--					1.2	0.9	3	
12	2.0	--		--					1.2	0.9		
13	3.3	--		--					1.2	0.9		
14												
15	4.7	0.25		2.2					1.2	0.9		
16												
17												
18	13.5	0.25		2.2					1.2	0.9		
19												
20	5.9	--		--					1.2	0.9		
21												
22	3.3	0.25		3.3					1.2	0.9		
23												
24												
25	8.2	--		--					1.0	0.8		
26	3.3	0.25		2.6					1.0	0.9		
27												
28	16.0	0.25		1.9					1.0	0.8		
29	5.5	0.25		5.5					1.0	0.8		
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. 3351282 PWS Name Stone Mountain Location: City or S/D Yalaha

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 No of People at End of Month

Design Flow 30 8 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-8825

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	109 1	2 50		72.2					15.6	12.2	3	
Average	4.2	0.10		3.0					1.0	0 8		
Maximum	8.5	0.25		4.8					1.2	1.0		
Minimum	2.0	0 8		1 5					0.6	0.5		
1	8 5								1.2	1.0		
2	5 3	0.25		2.2					1.0	0.8		
3	7.0	–		–					1.0	0.8		
4												
5	12 8	0 25		1.5					1.0	0.8		
6												
7												
8	9 9	0 25		3.0					1.0	0.8		
9	4 2	–		–					1.0	0.8		
10	3 4	–		–					1.0	0.8	3	
11	2 7	–		–					1 0	0 8		
12	2 4	0.25		2.4					1.0	0.8		
13												
14												
15	11 8	0 25		2.5					1 0	0.7		
16	3.2	–		–					1.0	0.8		
17	2 0	–		–					1.0	0 7		
18												
19	6 8	0.25		2.5					1.0	0 7		
20												
21												
22	16 4	0.50		3.7					0.8	0 6		
23												
24	6.2	0.25		4.8					0.6	0.5		
25												
26	6.5	0.25		4.6					1.0	0.8		
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 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 PWS Name Stone Mountain Location: City or S/D Yalaha

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 10 No of People at End of Month 35

Design Flow 30.6 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

I certify this report is correct (Original signed by Dennis W. Moro C-6497) (Cert. Level) (Cert. No)

(Lead Operator's Signature)

Days of Month	Total Water Treated in in Gallons	HTH Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	132.1	2.50		24.8					20.0	16.0		
Average	4.3	0.08		2.5					1.0	0.8		
Maximum:	11.6	0.13		4.3					1.0	0.8		
Minimum:	1.7	0.05		1.5					1.0	0.8		
1	11.6	0.25		2.6					1.0	0.8		
2	4.0	--		--					1.0	0.8		
3	2.0	--		--					1.0	0.8		
4	1.9	--		--					1.0	0.8		
5	2.1	0.25		3.0					1.0	0.8		
6												
7												
8	15.3	0.25		2.0					1.0	0.8		
9												
10	4.8	--		--					1.0	0.8		
11	7.0	--		--					1.0	0.8		
12	1.9	0.25		2.2					1.0	0.8		
13												
14												
15	19.4	0.25		1.5					1.0	0.8		
16	6.2	--		--					1.0	0.8		
17	4.4	0.25		2.8					1.0	0.8		
18	2.9	--		--					1.0	0.8		
19	1.7	--		--					1.0	0.8		
20												
21												
22	11.0	0.25		1.9					1.0	0.8		
23	2.5	--		--					1.0	0.8		
24	1.8	--		--					1.0	0.8		
25												
26	6.5	0.25		2.8					1.0	0.8		
27												
28												
29	7.0	0.25		4.3					1.0	0.8		
30												
31	18.0	0.25		1.7					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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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 7 No of People at End of Month 24.50

Design Flow 30.8 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

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 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	186.8	3.75		39.5					22.0	17.6	3	
Average	62.3	0.13		2.6					1.0	0.8		
Maximum	15.3	0.25		5.0					1.0	0.8		
Minimum	1.6	0.08		2.0					1.0	0.8		
1	4.4	--		--					1.0	0.8		
2	4.4	0.25		3.4					1.0	0.8		
3												
4												
5	13.1	0.25		2.3					1.0	0.8		
6	1.6	--		--					1.0	0.8		
7	8.3	0.25		3.0					1.0	0.8		
8	3.8	--		--					1.0	0.8	3	
9	4.7	0.25		3.5					1.0	0.8		
10												
11												
12	15.2	0.25		2.0					1.0	0.8		
13	11.4	0.25		2.6					1.0	0.8		
14	2.5	--		--					1.0	0.8		
15	4.6	0.25		4.1					1.0	0.8		
16												
17	10.6	0.25		2.8					1.0	0.8		
18												
19	15.7	0.25		2.0					1.0	0.8		
20	5.7	--		--					1.0	0.8		
21	8.0	0.25		2.3					1.0	0.8		
22	4.6	--		--					1.0	0.8		
23	15.3	0.25		5.0					1.0	0.8		
24												
25												
26	24.7	0.50		2.4					1.0	0.8		
27	14.6	0.25		2.1					1.0	0.8		
28	5.0	--		--					1.0	0.8		
29	6.3	--		--					1.0	0.8		flushing
30	1.9	0.25		2.0					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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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

Plant Effluent pH (Avg) 8.0 No of Services at End of Month 7 No of People at End of Month 24.5

Design Flow 30.8 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-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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	324.8	6.75		55.0					20.7	16.6	3	
Average	10.5	0.22		2.8					1.0	0.8		
Maximum	22.7	0.50		5.6					1.0	0.8		
Minimum	2.8	0.08		1.7					0.7	0.6		
1												
2												
3	30.4	0.50		2.0					1.0	0.8		
4	7.7	0.25		3.9					1.0	0.8		
5	5.4	0.25		5.6					1.0	0.8		
6	7.7	0.25		3.9					1.0	0.8		
7	9.8	0.25		3.1					1.0	0.8		
8												
9												
10	24.6	0.50		2.4					1.0	0.8		
11	14.2	0.25		2.1					1.0	0.8	3	
12	7.4	0.25		4.1					1.0	0.8		
13	2.6	–		–					1.0	0.8		
14	11.1	0.25		2.2					1.0	0.8		
15												
16												
17	28.1	0.50		2.1					0.7	0.6		
18	16.4	0.25		1.8					1.0	0.8		
19	10.7	0.25		2.8					1.0	0.8		
20	17.6	0.25		1.7					1.0	0.8		
21	20.1	0.50		3.0					1.0	0.8		
22												
23												
24	36.0	0.75		2.5					1.0	0.8		
25	11.9	0.25		2.5					1.0	0.8		
26	14.0	0.25		2.1					1.0	0.8		
27	15.5	0.25		1.9					1.0	0.8		
28	22.7	0.50		2.6					1.0	0.8		flushed lines
29												
30												
31	10.5	0.25		2.8					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. 3351282 PWS Name Stone Mountain Location: City or S/D Yalaha

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 7 No of People at End of Month 24

Design Flow 30.8 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

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	402 4	7.75		59.5					21.3	16.9	3	
Average	13 4	0 26		2.7					1.0	0 5		
Maximum	27 7	0.50		6 8					1.0	0.8		
Minimum	4.4	0.06		1.5					0.7	0.5		
1	14.6	0 25		2.1					1.0	0.8		
2	9 2	0.25		3.2					1.0	0.8		
3	11.5	0.25		2.6					1.0	0.8		
4	19 2	0.25		1.6					1.0	0.8		
5												
6												
7	45.6	0.75		2.0					1.0	0.8		
8	27.7	0.50		2.2					1.0	0.8		
9	12.2	0.25		2.5					1.0	0.8		
10	21.3	0.50		2.8					1.0	0.8		
11	25 7	0.50		2.3					1.0	0.8	3	
12												
13												
14	54 7	1.00		2.2					1.0	0.8		
15	11.6	0.25		2.6					1.0	0 8		
16	16.3	0.25		1.8					1.0	0.8		
17	8.1	0.25		3.7					1.0	0.8		
18	6.3	0.25		4.8					1.0	0.8		
19												
20												
21	28.8	0.50		2.1					1.0	0 8		
22	16.4	0.25		1.8					1.0	0 8		
23	14.6	0.25		1.8					1.0	0.8		
24	8.7	0.25		3.7					1.0	0.8		
25	10.2	0.25		3.4					1.0	0.8		
26												
27												
28	19.8	0.25		1.5					0.8	0.6		
29	15.5	0.25		1.9					0.8	0.6		
30	4.4	0.25		6.8					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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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 7 No of People at End of Month 24.5

Design Flow 30.8 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 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	353.6	8.00		65.4					20.3	16.4	3	
Average:	11.8	0.27		3.1					0.9	0.7		
Maximum:	21.6	0.50		10.1					1.0	0.8		
Minimum:	1.7	0.25		1.7					0.7	0.5		
1	7.4	0.25		4.6					0.8	0.6		
2	1.7	–		–					0.7	0.5		
3												
4												
5												
6	58.8	1.00		2.0					1.0	0.8		
7	15.3	0.25		2.0					1.0	0.8		
8	6.1	0.25		4.9					1.0	0.8		
9	8.1	0.25		3.7					1.0	0.8	3	
10	15.2	0.25		2.0					1.0	0.8		
11												
12	14.6	0.25		2.1					0.8	0.6		
13	16.6	0.25		1.8					1.0	0.8		
14	12.2	0.25		2.5					1.0	0.8		
15	10.9	0.25		2.7					1.0	0.8		
16	8.7	0.25		3.5					1.0	0.8		
17												
18												
19	40.5	0.75		2.2					1.0	0.8		
20	21.6	0.50		2.8					1.0	0.8		
21	12.0	0.25		2.5					1.0	0.8		
22	8.7	0.25		3.5					1.0	0.8		
23	3.0	0.25		10.1					1.0	0.8		
24												
25												
26	34.7	0.50		1.7					0.8	0.7		
27	8.0	0.25		3.8					0.8	0.7		
28	15.0	0.25		2.0					0.8	0.7		
29	20.5	0.50		2.9					0.8	0.7		
30	14.2	0.25		2.1					0.8	0.7		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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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 7 No of People at End of Month 25

Design Flow 30.8 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

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	HTH Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	463.5	8.50		53.1					16.0	15.6	3	
Average	14.5	0.27		2.4					0.8	0.7		
Maximum	25.3	0.50		4.8					1.0	0.8		
Minimum	6.3	0.17		1.5					0.8	0.7		
1												
2	37.9	0.75		2.4					0.8	0.7		
3	19.6	0.25		1.5					0.8	0.7		
4	16.6	0.25		1.8					0.8	0.7		
5	20.9	0.50		2.9					0.8	0.7		
6	16.8	0.25		1.8					0.8	0.7		
7												
8												
9	62.3	1.00		1.9					0.8	0.7		
10	19.4	0.25		1.5					0.8	0.7		
11	9.8	0.25		3.1					0.8	0.7	3	
12	25.3	0.50		2.4					0.8	0.7		
13	6.3	0.25		4.8					0.8	0.7		
14												flushed lines
15												
16	39.5	0.75		2.3					0.8	0.7		
17	11.8	0.25		2.5					0.8	0.7		
18	14.6	0.25		2.1					0.8	0.7		
19	18.3	0.25		1.6					0.8	0.7		
20	9.1	0.25		3.6					0.8	0.7		flushed lines
21												
22												
23	43.2	0.75		2.1					0.8	0.7		
24	11.8	0.25		2.5					0.8	0.7		
25	15.5	0.25		1.9					0.8	0.7		
26	10.2	0.25		2.9					0.8	0.7		flushed lines
27	8.9	0.25		3.4					0.8	0.7		flushed lines
28												
29												
30	32.0	0.50		1.9					1.0	0.8		
31	13.7	0.25		2.2					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

General Offices
1000 Color Place
Apopka, FL 32703
(407) 880-0058

January 11, 1994

State of Florida
Department of Environmental Protection
3319 Maguire Boulevard
Suite 232
Orlando, Florida 32803-3767
Attn: Mr. Joseph McNamara

Subject: Stone Mountain / PWS# 3351282

Dear Mr. McNamara:

Enclosed are **corrected** copies of the **September, October and November 1993** Monthly Operating Reports for the above system. When the reports were originally sent to you the **PWS ID number** was incorrect.

Please replace the originals with the resubmitted copies in your files.

Sincerely,

Donald B. Corder

Donald B. Corder
Area Supervisor

cc: St. Johns Water Management District (CUP # 20690455N)
Clara S. Dozier
Operations File

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 PWS Name Stone Mountain Location: City or S/D Yalaha

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 7 No of People at End of Month 24.5

Design Flow 30.8 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

I certify this report is correct (Original signed by Brian Hearn C-5825) Brian B Hearn 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	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	430,030	8.00		54.6					19.2	16.8	3	
Average:	14,334	0.36		1.8					0.9	0.8		
Maximum:	30,300	0.50		5.1					1.0	0.9		
Minimum:	5,900	0.17		1.5					0.6	0.5		
1	11,458	0.25		2.6					1.0	0.9		
2	11,642	0.25		2.6					1.0	0.9		
3	9,610	0.25		3.1					1.0	0.9		
4												
5												
6	22,915	0.50		2.6					1.0	0.9		
7	30,307	0.50		2.0					1.0	0.9		
8	12,751	0.25		2.4					1.0	0.9		
9	5,914	0.25		5.1					1.0	0.9		
10	15,708	0.25		1.9					0.6	0.5		
11												
12												
13	34,742	0.50		1.7					0.8	0.7		
14	13,306	0.25		2.3					0.8	0.7	3	Compliance
15	12,012	0.25		2.5					0.8	0.7		
16	15,708	0.25		1.9					0.8	0.7		
17	23,285	0.50		2.6					0.8	0.7		
18												
19												
20	34,003	0.50		1.8					0.8	0.7		
21	16,078	0.25		1.9					0.8	0.7		
22	19,034	0.25		1.6					0.8	0.7		
23	20,882	0.50		2.9					1.0	0.8		
24	29,198	0.50		2.1					1.0	0.8		
25												
26												
27	55,440	1.00		2.2					0.8	0.7		
28	13,860	0.25		2.2					0.8	0.7		
29	18,262	0.25		1.8					0.8	0.7		
30	5,914	0.25		5.1					0.8	0.7		
31												Flushed Line

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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 7 No of People at End of Month 24.5

Design Flow 30.8 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

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 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	296.234	6.50		77.5					16.8	14.7	3	
Average:	9.556	0.31		2.5					0.8	0.7		
Maximum:	16.078	0.75		12.5					0.9	0.8		
Minimum:	2.402	0.25		1.5					0.7	0.6		
1	2.402	0.25		12.5					0.8	0.7		
2												
3												
4	37.145	0.50		1.6					0.8	0.7		
5	16.078	0.25		1.9					0.8	0.7		
6	12.012	0.25		2.5					0.8	0.7		
7	6.838	0.25		4.4					0.7	0.6		
8	8.316	0.25		3.6					0.7	0.6		
9												
10												
11	16.282	0.25		1.8					0.9	0.8		
12	9.610	0.25		3.1					0.9	0.8	3	Compliance samples
13	9.979	0.25		3.0					0.8	0.7		
14	14.045	0.25		2.1					0.8	0.7		
15	5.914	0.25		5.1					0.8	0.7		
16												
17												
18	20.143	0.50		3.0					0.8	0.7		
19	18.480	0.50		3.2					0.8	0.7		
20	14.599	0.25		2.1					0.8	0.7		
21	11.456	0.25		2.6					0.8	0.7		
22	19.774	0.25		1.5					0.8	0.7		
23												
24												
25	43.798	0.75		2.1					0.8	0.7		VOV/NO2/NO3 sample
26	5.359	0.25		5.6					0.8	0.7		
27	11.068	0.25		2.7					0.8	0.7		
28	9.979	0.25		3.0					0.8	0.7		Flushed lines
29	2.957	0.25		10.1					0.8	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: 3351282 PWS Name: Stone Mountain Location: City or S/D: Yalaha

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: 9 No of People at End of Month: 31.5

Design Flow: 30.8 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-6587

I certify this report is correct: Dennis W. Moro (Lead Operator's Signature) B (Cert. Level) 2403 (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	190,159	4.75		54.4					16.4	12.9	3	
Average:	6,339	0.28		1.8					0.8	0.6		
Maximum:	12,751	0.25		3.2					1.0	0.8		
Minimum:	1,663	0.08		2.0					0.6	0.4		
1	8,316	0.25		3.6					0.8	0.7		
2	6,468	0.25		4.6					0.8	0.7		
3	6,653	0.25		4.5					0.8	0.7		
4	5,729	0.25		5.2					0.8	0.7		
5	1,663								0.8	0.7		
6												
7												
8	17,926	0.50		3.1					1.0	0.8		
9	8,870	0.25		3.4					1.0	0.8		
10	2,957								0.8	0.6	3	Compliance samples
11	5,729								0.8	0.6		
12	2,033	0.25		2.8					0.8	0.6		
13												
14												
15	15,154	0.25		2.0					0.7	0.5		
16	12,566	0.25		2.4					0.7	0.5		
17	9,794	0.25		3.1					0.7	0.5		
18	11,642	0.25		2.6					0.7	0.5		
19	12,751	0.25		2.4					0.6	0.4		
20												
21												
22	12,012	0.25		2.5					1.0	0.8		
23												
24	11,642	0.25		2.6					0.8	0.6		
25												
26	9,425	0.25		3.2					0.8	0.6		
27												
28												
29	20,698	0.50		2.9					1.0	0.8		
30	8,131	0.25		3.7					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. 3351282 PWS Name Stone Mountain Location: City or S/D Yalaha

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 7 No of People at End of Month 24.5

Design Flow 30.8 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

I certify this report is correct (Original signed by Brian Heath C-5825) Kenneth B Erwin 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	430,030	8.00		54.6					19.2	16.8	3	
Average:	14,334	0.36		1.8					0.9	0.8		
Maximum:	30,300	0.50		5.1					1.0	0.9		
Minimum:	5,900	0.17		1.5					0.6	0.5		
1	11,458	0.25		2.6					1.0	0.9		
2	11,642	0.25		2.6					1.0	0.9		
3	9,610	0.25		3.1					1.0	0.9		
4												
5												
6	22,915	0.50		2.6					1.0	0.9		
7	30,307	0.50		2.0					1.0	0.9		
8	12,751	0.25		2.4					1.0	0.9		
9	5,914	0.25		5.1					1.0	0.9		
10	15,708	0.25		1.9					0.6	0.5		
11												
12												
13	34,742	0.50		1.7					0.8	0.7		
14	13,306	0.25		2.3					0.8	0.7	3	Compliance
15	12,012	0.25		2.5					0.8	0.7		
16	15,708	0.25		1.9					0.8	0.7		
17	23,285	0.50		2.6					0.8	0.7		
18												
19												
20	34,003	0.50		1.8					0.8	0.7		
21	16,078	0.25		1.9					0.8	0.7		
22	19,034	0.25		1.6					0.8	0.7		
23	20,882	0.50		2.9					1.0	0.8		
24	29,198	0.50		2.1					1.0	0.8		
25												
26												
27	55,440	1.00		2.2					0.8	0.7		
28	13,860	0.25		2.2					0.8	0.7		
29	16,262	0.25		1.8					0.8	0.7		
30	5,914	0.25		5.1					0.8	0.7		
31												Flushed Line

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

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 7 No of People at End of Month 24.5

Design Flow 30.8 GPM Remarks (Use Reverse Side) **Resubmitted January 1994**

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

Dennis W. Moro C-6497

certify this report is correct (Original signed by Dennis W. Moro C-6497) Dennis W. Moro A 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	296,234	6.50		77.5					16.8	14.7	3	
Average:	9,556	0.31		2.5					0.8	0.7		
Maximum:	16,078	0.75		12.5					0.9	0.8		
Minimum:	2,402	0.25		1.5					0.7	0.6		
1	2,402	0.25		12.5					0.8	0.7		
2												
3												
4	37,145	0.50		1.6					0.8	0.7		
5	16,078	0.25		1.9					0.8	0.7		
6	12,012	0.25		2.5					0.8	0.7		
7	6,838	0.25		4.4					0.7	0.6		
8	8,316	0.25		3.6					0.7	0.6		
9												
10												
11	16,262	0.25		1.8					0.9	0.8		
12	9,610	0.25		3.1					0.9	0.8	3	Compliance samples
13	9,979	0.25		3.0					0.8	0.7		
14	14,045	0.25		2.1					0.8	0.7		
15	5,914	0.25		5.1					0.8	0.7		
16												
17												
18	20,143	0.50		3.0					0.8	0.7		
19	18,480	0.50		3.2					0.8	0.7		
20	14,599	0.25		2.1					0.8	0.7		
21	11,458	0.25		2.6					0.8	0.7		
22	19,774	0.25		1.5					0.8	0.7		
23												
24												
25	43,796	0.75		2.1					0.8	0.7		VOV/NO2/NO3 sample
26	5,359	0.25		5.6					0.8	0.7		
27	11,068	0.25		2.7					0.8	0.7		
28	9,979	0.25		3.0					0.8	0.7		Flushed lines
29	2,957	0.25		10.1					0.8	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. 3351282 PWS Name Stone Mountain Location:City or S/D Yalaha

Owned By Southern States Utilities Phone Number: 407-860-0058 Reporting Month November 1993

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 9 No of People at End of Month 31.5

Design Flow 30.8 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-6587

I certify this report is correct Donald B. Powell 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	190,159	4.75		54.4					16.4	12.9	3	
Average:	6,339	0.28		1.8					0.8	0.6		
Maximum:	12,751	0.25		5.2					1.0	0.8		
Minimum:	1,663	0.08		2.0					0.6	0.4		
1	8,316	0.25		3.6					0.8	0.7		
2	6,468	0.25		4.6					0.8	0.7		
3	6,653	0.25		4.5					0.8	0.7		
4	5,729	0.25		5.2					0.8	0.7		
5	1,663								0.8	0.7		
6												
7												
8	17,926	0.50		3.1					1.0	0.8		
9	8,870	0.25		3.4					1.0	0.8		
10	2,957								0.8	0.6	3	Compliance samples
11	5,729								0.8	0.6		
12	2,033	0.25		2.8					0.8	0.6		
13												
14												
15	15,154	0.25		2.0					0.7	0.5		
16	12,566	0.25		2.4					0.7	0.5		
17	9,794	0.25		3.1					0.7	0.5		
18	11,642	0.25		2.6					0.7	0.5		
19	12,751	0.25		2.4					0.6	0.4		
20												
21												
22	12,012	0.25		2.5					1.0	0.8		
23												
24	11,642	0.25		2.6					0.8	0.6		
25												
26	9,425	0.25		3.2					0.8	0.6		
27												
28												
29	20,698	0.50		2.9					1.0	0.8		
30	8,131	0.25		3.7					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. 3351282 PWS Name Stone Mountain Location: City or S/D Yalaha

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 10 No of People at End of Month 35.0

Design Flow 30.8 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 Donald B. Ford 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	223.238	5.50		62.7					22.7	17.7	3	
Average	7.201	0.31		2.0					1.0	0.8		
Maximum	13.395	0.50		5.4					1.2	1.0		
Minimum	3.325	0.25		1.9					0.8	0.6		
1	5.174								0.8	0.7		
2	2.218								0.8	0.7		
3	2.033	0.25		3.2					0.8	0.7		
4												
5												
6	26.796	0.50		2.2					0.8	0.7		
7	7.022	0.25		4.3					0.8	0.7		
8	2.402								1.0	0.8		HTH ADDED
9	7.392								1.0	0.8	3	COMPLIANCE SAMPL
10	6.099	0.25		1.9					1.0	0.8		
11												
12												
13	21.252	0.50		2.8					1.2	1.0		
14	7.392	0.25		4.1					1.2	1.0		
15	8.870	0.25		3.4					1.2	1.0		
16	6.653	0.25		4.5					1.2	0.9		
17	7.946	0.25		3.8					1.2	1.0		HTH ADDED
18												
19												
20	26.426	0.50		2.3					1.0	0.8		
21	3.326								0.9	0.7		
22	7.762	0.25		2.7					0.8	0.6		
23	6.653	0.25		4.5					1.0	0.8		DRAIN SITE GLASS
24	11.086	0.25		2.7					1.0	0.8		
25												
26												
27	30.307	0.50		2.0					1.0	0.8		
28	6.099	0.25		4.9					1.0	0.8		
29	5.544	0.25		5.4					1.0	0.8		
30	7.022	0.25		4.3					1.0	0.8		
31	7.762	0.25		3.9					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

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

Simple Mill Creek Utility Plant — ID # 3441299 — January 1994

LEAD OPERATOR SIGNATURE: Diane Smith
HOW MANY OTHER OPERATORS? 1
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Bobby Taylor — CERTIFICATION NO: B-4499
Joe Smith — B-7588

DESIGN FLOW: 500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 625

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	FLUORIDE CHEMICIE	OTHERS: POLYMERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE As F	OTHER			
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	7	0	910 000					0	0	3						0	0	35					
2	7	149 000	700 000					300	13	3						245	90	35					
3	8	900 000	910 000				60 000	300	34	3						86	90	35					
4	0	0	720 000					0	0	3						0	0	20					
5	8	140 000	90 000					300	13	3						240	90	35					
6	8	240 000	140 000					800	16	3						270	90	35					
7	0	0	100 000					0	0	2						0	0	35					
8	2	0	100 000					0	0	2						0	0	20					
9	7	190 000	180 000					350	17	3						200	95	20					
10	8	190 300	170 000					300	20	3						195	95	20					
11	8	110 300	170 000					150	2	3						135	90	20					
12	0	0	110 000					0	0	2						0	0	20					
13	8	204 000	90 000					400	18	3						181	90	35					
14	8	321 300	190 000					400	40	3						90	110	35					
15	2	0	100 000					0	0	2						0	0	20					
16	2	0	110 000					0	0	2						0	0	20					
17	8	0	110 000					0	0	2						0	0	20					
18	8	207 000	100 000					300	12	3						131	90	35					
19	8	144 000	110 000	300			30 000	300	12	3						240	90	35					
20	7	120 000	120 000					250	10	3						240	90	35					
21	8	92 000	100 000					150	7	3						185	60	10					
22	4	162 000	120 000					250	10	3						250	70	35					
23	0	0	110 000					0	0	2						0	0	20					
24	8	300 000	110 000	120			80 000	350	12	3						140	110	20					
25	8	110 000	80 000					300	10	2						301	100	35					
26	8	231 000	130 000	60			30 000	300	32	3						200	110	20					
27	8	140 000	110 000					200	11	3						170	90	35					
28	8	411 000	140 000					250	18	3						72	130	35					
29	3	0	140 000					0	0	3						0	0	35					
30	1	0	90 000					0	0	3						0	0	35					
31	8	71 000	100 000	130			30 000	200	10	2						256	100	35					
TOTAL	197.0	6 963 000	5 400 000	877			210 000	8 150	384	82		11				4735	1700	815					
MAX	8	321 300	910 000	300			60 000	800	40	3						300	110	3					
MIN	2	0	80 000	60			30 000		0	2						0	0	1					
AVG	8	142 000	111 613	180			42 300	311	9	3						180	7	2					

(REV FORM 17-1.200(6)) EFFECTIVE NOVEMBER 30, 1992

397

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
MEUSY COMPANY: Southern States Utilities
MONTH: January
TELEPHONE NUMBER: 904-627-6319

COUNTY: Volusia
I.D. NO: 5641296
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW M.O ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO2 CALC	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY	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	FINISHED FLUORIDE As F	FINISHED TURBIDITY (NTU)	CL2 M RT	IRON As Fe
1	24	25	75	57	75	29	30	31	32	33	16	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
2																7.8	0	100	100	100	1.5				1.0	
3	7.6	310	320	310	10		0	0.5	0.5		8.7	0	70	160	170	8.0	0	90	150	100	1.8				1.0	
4																7.7	0	60	140	90	1.3				1.0	
5																8.2	0	60	140	80	1.3	0		0.2	1.0	0
6																8.2	0	60	140	80	1.3				1.0	
7																8.8	10	30	130	80	1.2				1.0	
8																8.8	10	30	130	80	1.2				1.0	
9																8.6	10	30	130	80	1.3				1.0	
10																8.6	10	30	130	80	1.2				1.0	
11																8.6	10	30	130	80	1.3				1.0	
12	7.7	310	330	320	10		0	0.5	0.5							8.5	10	30	130	80	1.0				1.0	
13										8.4	10	60	150	100	8.4	10	70	140	100	1.0				0.0	
14																8.4	5	60	150	120	1.2	0		0.3	1.0	0
15																8.0	0	110	210	100	1.2				0.0	
16																8.0	0	110	210	100	1.2				1.0	
17																8.0	0	110	210	100	1.0				1.0	
18	7.3	320	330	310	20		0	0.5	0.5							7.8	0	140	210	100	1.0				1.0	
19										8.2	0	70	160	130	7.9	0	140	200	100	1.0				0.0	
20																7.9	0	90	190	120	1.0	0		0.3	0.0	0
21																8.0	0	110	190	120	1.0				0.0	
22																8.2	0	90	120	80	1.0				0.0	
23																8.6	20	60	120	80	1.0				0.0	
24																8.0	0	100	250	200	1.0				0.0	
25																8.0	0	140	230	100	1.5				0.0	
26																8.2	0	110	210	100	1.5				1.0	
27	7.5	310	330	300	20		0	0.5	0.5							8.2	0	80	150	120	1.5				1.0	
28										8.4	10	20	110	70	8.4	5	70	140	110	1.2				1.0	
29																8.4	5	70	140	100	1.2	0		0.3	1.0	0
30																8.4	5	70	140	120	1.2				1.0	
31																8.4	5	70	140	120	1.2				1.0	
TOTAL	293	1230	1310	1240	70		0	2.0	2.0	333	70	320	580	420	256.2	115	2480	5050	3710	30.5	0		1.0	29.2	0
MAX	7.7	320	330	320	30		0	0.5	0.5	8.4	10	70	160	130	8.0	20	180	250	240	1.5	0		0.2	1.0	0
MIN	7.2	310	320	300	10		0	0.5	0.5	8.2	0	70	110	70	7.8	0	30	120	80	1.0	0		0.2	0.0	0
AVG	7.3	313	324	310	17.5		0	0.5	0.5	8.3	5	55	145	105	7.9	5	80	163	170	1.2	0		0.2	0.0	0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD PLANT OPERATOR'S SIGNATURE
HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAME(S)
Jim Smith
Randy Cotton

CERTIFICATION NO.
B-2 [illegible]
B-0 [illegible]

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: February
Telephone Number: 407-427-8319

COUNTY: Volusia
I.D. NO: 3641[illegible]
YEAR: 1993

DESIGN FLOW: 500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 625

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTERS IN SERVICE BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	ALUM OR PRE-CHLORINE	CHLORINE POST	FLUORIDE CHEMICAL	POLYMER	OTHER				DOSAGE (mg/l): LIME	CHLORINE PRE-	CHLORINE POST	OTHER: FLUORIDE AS F				
COLUMNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		16	17	18	19	20	21	22	
1	8	122,200	110,000					300	10	2							294	9.8	2.2					
2	8	129,800	100,000					350	8	2							323	7.4	2.4					
3	8	268,600	120,000	72			40,000	450	12	3							201	5.4	3.0					
4	8	193,500	100,000					200	38	3							124	23.5	3.6					
5	2		120,000					0		2									2.0					
6	2		130,000					0		2									1.6					
7	8	171,200	140,000					300	16	2														
8	8	206,200	100,000					500	12	3							210	11.2	1.7					
9	8	155,400	110,000					300	18	3							291	7.0	3.6					
10	8	132,600	100,000					300	14	2							231	13.9	3.3					
11	8	104,400	150,000					300	10	2							271	12.7	2.4					
12	2		110,000							2							345	11.5	1.3					
13	3	137,500	80,000	240			40,000	300	20	2									2.2					
14	8	55,000	120,000	24			20,000	300	8	2							262	17.4	3.0					
15	8	195,300	110,000					150	6	2							654	17.4	2.0					
16	8	214,500	120,000					300	8	2							92	3.7	2.2					
17	8	147,100	110,000	72			30,000	300	15	2							168	4.5	2.6					
18	8	145,800	150,000					300	15	2							245	12.2	2.2					
19	2		110,000							2							247	12.3	1.6					
20	3	303,100	160,000	72			30,000			2									2.2					
21	8	131,300	90,000					500	20	2							198	7.9	1.3					
22	8	149,200	90,000					300	15	2							274	13.7	2.7					
23	8	134,000	90,000					300	17	2							241	13.7	2.7					
24	8	245,800	140,000					250	10	2							224	8.9	2.7					
25	8	216,800	140,000					400	16	2							195	4.8	1.7					
26	2		160,000					350	22	2							193	12.2	1.7					
27	3		70,000							2									1.5					
28	2	156,800	120,000							2									3.4					
29								300	20	2							229	15.3	2.0					
30																								
31																								
TOTAL	173	3,716,100	3,310,000	480			160,000	7,050	354	60		3,106.23					5512	246.5	64.2					
MAX	8	303,100	190,000	240			40,000	500	38	3							654	23.5	3.6					
MIN	2		70,000	24			20,000			2									1.3					
AVG	6	132,718	118,214	96			32,000	344	12	2							197	8.8	2.3					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: February
COUNTY: Volusia
YEAR: 1994
TELEPHONE NUMBER: 904-427-8319

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO2 CALC	RAW IRON	RAW COLOR	RAW TURBIDITY	SETTLED pH	SETTLED CL2	SETTLED ANC ALK	SETTLED ANC TOTAL HDNS	SETTLED ANC CA HDNS	FINISHED pH	FINISHED F ACK	FINISHED SI ALK	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED TURBIDITY	FINISHED FLUORIDE ASF	FINISHED TURBIDITY (NTU)	FINISHED FLUORIDE (MG/L)	FINISHED IRON (MG/L)
1															8.3	0	90	160	130	2.5					0.8	
2															8.3	0	90	160	120	3.0					0.8	
3	7.4	310	320	300	20		0	0.5	0.5	8.2	0	60	140	110	8.2	0	80	140	100	1.5	0.5			0.4	1.2	0.10
4															8.2	0	80	140	100	1.5					1.2	
5															8.2	0	80	140	100	1.5					1.2	
6															8.2	0	80	140	100	1.5					1.5	
7	7.4	300	320	310	20		0	0.5	0.5	8.5	1.0	60	130	90	8.5	5	60	130	90	1.5					1.2	
8															8.5	5	60	130	90	1.5	0.5			0.5	1.2	0.10
9															8.5	5	40	130	90	1.5					1.2	
10															8.5	5	50	110	80	1.8					1.5	
11															8.5	5	50	110	80	1.8					1.5	
12															8.5	5	50	110	80	1.8					1.5	
13															8.8	20	40	100	90	1.8					1.5	
14															8.8	10	40	110	80	1.5					1.0	
15															8.6	10	50	140	90	1.5					1.0	
16	7.2	310	310	300	10		0	0.5	0.5	8.2	0	70	130	90	8.2	0	70	140	90	1.5	0.5			0.5	1.0	0.10
17															8.2	0	80	140	90	1.5					1.0	
18															8.2	0	80	140	80	1.5					1.0	
19															8.2	0	80	140	80	1.5					1.0	
20															8.2	0	90	130	90	1.5					1.0	
21															8.2	0	90	130	90	1.5					1.0	
22															8.2	0	90	140	100	1.5					1.0	
23															8.2	0	70	140	100	1.5					1.0	
24	7.5	310	320	300	30		0	0.5	0.5	8.2	1.0	70	140	100	8.2	0	70	140	100	1.5	0.5			0.5	1.0	0.10
25															8.2	0	70	150	100	1.5					1.0	
26															8.2	0	70	150	100	1.5					1.0	
27															8.2	0	70	150	100	1.5					1.0	
28																										
29																										
TOTAL	29.5	1240	1290	1210	80		0	2	2	33.1	1.0	260.0	530.0	390.0	233.2	70	1040	1780	2610	42.7	2		1.9		30.8	1.0
MAX	7.5	320	330	310	30			0.5	0.5	8.5	1.0	70	140	100	8.8	20	90	160	130	2.5	0.5			0.5	1.5	0.10
MIN	7.2	300	310	300				0.5	0.5	8.2		60	130	90	8.2		40	100	80	1.5	0.5			0.4	1.0	0.10
AVG	7.4	310	323	303	29			0.5	0.5	8.3	0.5	65	133	98	8.3	3	79	135	98	1.5	0.5			0.5	1.2	0.10

400

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Randy Cornell
HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAMES	CERTIFICATION NO
Randy Cornell	B 6136
Jim Smith	B 7508

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: March
Telephone Number: 407-627-8319

COUNTY: Volusia
I.D. NO. 3641296
YEAR 1994

DESIGN FLOW .500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 636

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	FLUORIDE CHEMICAL	OTHERS: POLYMERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE: As F				
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	8	107,600	90,000	192			40,000	300	10	2						334	11.1	2.2					
2	8	160,900	100,000					300	14	2						224	10.4	2.4					
3	8	410,000	160,000					600	36	4						175	10.5	4.0					
4	8	114,400	130,000					300	9	4						314	9.4	3.7					
5	3	0	110,000							3								3.9					
6	2	0	120,000							3								3.0					
7	8	187,200	170,000					100	7	2						72	9.8	1.4					
8	8	219,400	80,000	168			40,000	300	6	2						164	3.3	3.8					
9	8	169,000	110,000					600	17	3						426	12.1	2.3					
10	8	148,900	110,000					300	13	3						242	10.5	2.3					
11	8	156,100	120,000					300	11	2						223	8.2	2.0					
12	2	0	120,000							2								2.0					
13	2	501,800	130,000					600	11	2						143	2.8	1.8					
14	8	72,500	140,000					100	5	2						165	9.3	1.7					
15	8	0	120,000							4								4.0					
16	8	0	110,000							2								2.2					
17	8	173,200	130,000					300	10	2						208	8.9	1.9					
18	8	204,400	110,000					350	15	2						205	8.8	2.2					
19	2	0	130,000							2								1.8					
20	2	0	140,000							2								1.7					
21	8	283,100	140,000	312			40,000	300	14	2						123	5.7	1.7					
22	8	308,900	110,000	24			40,000	500	30	2						185	11.7	2.2					
23	8	161,800	120,000					300	10	2						223	7.4	2.8					
24	8	145,400	110,000					450	14	2						371	11.5	2.2					
25	8	157,000	130,000					450	14	2						344	10.7	1.8					
26	2	0	110,000							2								2.2					
27	2	0	130,000							2								1.8					
28	8	445,500	150,000					600	22	3						161	5.9	2.4					
29	8	121,300	110,000					300	16	2						297	15.6	2.2					
30	8	218,600	170,000					250	20	2						137	11.8	1.4					
31	8	99,100	90,000					300	20	3						926	61.3	4.0					
TOTAL	201	4,498,900	3,858,000	696			160,000	7,900	324	74		10				5886	248.3	74.2					
MAX	8	501,800	170,000	312			40,000	600	36	4						926	61.3	4.0					
MIN	2	0	80,000	24			40,000	0	0	2						0	0	1.4					
AVG	8	145,128	122,581	174			40,000	255	10	2						183	8.0	2.4					

401

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: March
COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1994

TELEPHONE NUMBER: 407-427-6319

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW M.O. ALK.	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO2 CALC.	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY	SETTLED pH	SETTLED F ALK.	SETTLED M ALK.	SETTLED TOTAL HRNS	SETTLED CA HRNS	FINISHED pH	FINISHED F ALK.	FINISHED M ALK.	FINISHED TOTAL HRNS	FINISHED CALCIUM HRNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED FLUORIDE As F	FINISHED TURBIDITY (NTU)	FINISHED CO2 as MT	FINISHED IRON As FE
column #	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	7.2	300	320	300	20		0	0.5	0.4		8.3	0	80	140	90	6.3	0	80	150	100	1.3	0.5		0.5	1.2	0
2																8.3	0	80	140	100	1.5				1.2	
3																8.3	0	75	140	100	1.4				1.0	
4																8.3	0	75	140	100	1.5				1.0	
5																8.3	0	75	140	100	1.5				1.0	
6																8.3	0	75	140	100	1.5				1.0	
7																8.3	0	80	170	110	2.0				1.0	
8																8.4	0	80	180	110	1.5				1.0	
9																8.4	0	80	180	110	2.0				1.0	
10																8.2	0	100	180	110	1.8				1.0	
11																8.3	0	100	180	120	1.5				1.0	
12	7.2	310	320	310	10		0	0.5	0.5		8.2	0	90	130	90	8.1	0	100	200	120	1.8	0.5		0.5	0.8	0
13																8.1	0	100	200	120	1.8				0.8	
14																8.1	0	100	200	120	1.8				0.8	
15																8.2	0	70	120	80	1.5				1.0	
16																8.2	0	70	120	80	1.5				1.2	
17																8.2	0	70	130	80	1.2				1.0	
18																8.1	0	60	120	90	1.2				1.0	
19																8.1	0	60	110	80	1.2				1.0	
20																8.1	0	60	110	80	1.2				1.0	
21	7.2	320	310	300	10		0	0.5	0.5		8.8	20	40	100	90	8.1	0	80	110	80	1.2	0.5		0.5	1.0	0
22																8.4	10	30	120	80	1.2				1.0	
23																8.4	10	30	120	80	1.2				1.0	
24																8.4	10	30	120	80	1.8				1.0	
25																8.4	10	30	120	80	1.5				1.0	
26																8.4	10	30	120	80	1.5				1.0	
27																8.4	10	30	120	80	1.5				1.0	
28																8.2	0	50	100	70	1.8				1.2	
29	7.2	310	320	300	20		0	0.5	0.4		8.4	10	30	120	90	8.3	0	40	95	70	1.2				1.0	
30																8.2	0	50	120	80	2.5	0.5		0.5	2.0	0
31																8.2	0	40	120	80	2.0				1.5	
TOTAL	288	1240	1270	1210	80		0	2.0	1.8		33.7	30	240	490	360	256.0	60	2020	4315	2800	43.8	2.0		2.0	30.2	0
MAX	7.2	320	320	310	20		0	0.5	0.5		8.8	20	90	140	90	8.4	10	100	200	120	2.5	0.5		0.5	2.0	0
MIN	7.2	300	310	300	0		0	0.5	0.4		8.2	0	30	100	90	8.1	0	30	95	70	1.0	0.5		0.5	0.8	0
AVG	7.2	310	318	303	15		0	0.5	0.5		8.4	5	60	123	90	8.3	2	65	139	94	1.5	0.5		0.5	1.1	0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE _____
HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAMES: Randy Cornell; Jim Smith
CERTIFICATION NO: B 6136; B 7506

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: April
Telephone Number: 407-427-8319

COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1994

DESIGN FLOW: 500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 626

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: TIME	CHLORINE PRE	CHLORINE POST	FLUORIDE CHEMICAL	OTHERS: POLYMERS				TIME	CHLORINE PRE	CHLORINE POST	FLUORIDE As F	OTHER			
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	8	129,200	150,000					300	14	2						278	13.0	1.8					
2	2	0	90,000							2								2.7					
3	2	0	190,000							2								1.5					
4	8	491,300	100,000	312			40,000	600	16	2						179	4.8	2.4					
5	8	135,900	170,000					300	20	2						231	16.4	1.4					
6	8	940,300	140,000					300	12	2						156	4.2	1.7					
7	8	173,100	160,000					300	28	2						208	19.4	1.3					
8	8	0	100,000							2								2.4					
9	2	0	140,000							2								1.7					
10	3	0	70,000							2								3.4					
11	8	388,800	160,000					450	20	2						140	6.2	2.4					
12	8	184,000	100,000					200	52	2						148	36.8	2.4					
13	8	88,700	150,000					300	20	2						324	34.9	1.6					
14	8	103,100	110,000					300	26	2						348	23.3	2.2					
15	8	228,160	110,000					300	10	2						156	5.9	2.2					
16	2	0	120,000							2								2.0					
17	2	0	100,000							2								2.4					
18	8	388,200	140,000	336			30,000	600	51	2						203	17.2	1.7					
19	8	85,800	130,000					300	11	2						423	15.5	1.8					
20	8	120,000	120,000					300	10	3						300	10.0	3.0					
21	8	156,300	130,000					300	16	5						227	12.1	4.8					
22	8	201,600	150,000	96			40,000	250	19	2						149	11.3	1.8					
23	2	0	100,000							2								2.4					
24	2	0	50,000							2								4.8					
25	8	117,100	100,000					150	11	2						154	11.3	2.4					
26	8	116,100	100,000					250	12	2						272	13.1	2.4					
27	8	92,000	100,000					200		2						261		2.4					
28	8	149,000	100,000					300	20	2						241	18.1	2.4					
29	8	413,700	120,000					600	38	2						174	11.0	2.0					
30	2	0	130,000							2								1.8					
31		0																					
TOTAL	167	3,952,300	3,570,000	744			110,000	6,600	400	64		6				4721	282.0	66.7					
MAX	8	413,700	190,000	336			40,000	600	52	5						524	36.8	4.8					
MIN	2	0	50,000	96			30,000	0	0	2						0	0	1.3					
AVG	8	131,743	119,000	248			36,667	220	13	2						157	9.4	2.3					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: April
TELEPHONE NUMBER: 407-427-8319

COUNTY: Volusia
I.D. NO: 3641295
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW M-ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW H2S GAS	RAW IRON As Fe	RAW COLOR UNITS	RAW TURBIDITY	SETTLED pH	SETTLED P-ALK	SETTLED M-ALK	SETTLED TOTAL HDNS	SETTLED CA HDNS	TREATED pH	TREATED P-ALK	TREATED M-ALK	TREATED TOTAL HDNS	TREATED CALCIUM HDNS	TREATED RESIDUAL CHLORINE	TREATED COLOR	TREATED IRON	TREATED TURBIDITY	TREATED H2S	TREATED IRON
column #	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
1															8.6	10	50	100	100	1.5				1.0	
2															8.6	10	50	100	100	1.5				1.0	
3															8.6	10	50	100	100	1.5				1.0	
4	7.4	310	330	300	30		0.0	0.5	0.5	8.6	15	50	110	80	8.6	10	50	100	100	1.5				1.0	
5															8.5	20	40	100	80	1.5	0.5		0.2	1.0	0.0
6															8.3	20	70	120	90	1.5				1.0	
7															8.3	0	70	120	90	1.5				1.0	
8															8.3	0	70	120	90	2.0				1.0	
9															8.5	10	70	120	90	2.0				1.5	
10															8.4	0	70	130	100	2.0				1.5	
11	7.5	320	330	310	20		0.0	0.5	0.5	8.4	5	10	80	100	8.4	0	80	130	100	2.0				1.5	
12															8.2	0	90	140	100	1.5	0.5		0.2	1.2	0.0
13															8.2	0	90	140	100	1.5				1.4	
14															8.2	0	90	140	100	1.5				1.4	
15															8.2	0	90	140	100	1.5				1.2	
16															8.2	0	90	140	100	1.5				1.2	
17															8.2	0	90	140	100	1.5				1.2	
18															8.3	0	80	140	100	1.2				1.2	
19															8.3	0	80	140	90	1.4				1.0	
20	7.6	340	400	320	80		0.0	0.5	0.4	8.5	15	50	140	80	8.5	0	80	140	80	1.8				1.2	
21															8.5	10	40	140	80	1.2	0.5		0.3	1.0	0.0
22															8.5	10	40	140	80	1.6				1.0	
23															8.4	10	40	140	80	1.2				0.8	
24	7.6	340	390	320	70		0.0	0.5	0.5	8.4	10	40	120	80	8.4	10	40	120	80	1.5				1.0	
25															8.3	0	70	90	70	1.5				1.0	
26															8.3	0	70	90	70	1.5				1.0	
27															8.4	10	40	80	70	1.5	0.5		0.2	1.0	0.0
28															8.4	10	40	80	70	1.5				1.0	
29															8.3	0	40	80	70	1.5				1.0	
30																0								1.0	
31																									
TOTAL	30.1	1310	1450	1250	200		0.0	2.0	1.9	34.0	35	180	450	340	251.2	150	1900	3620	2670	45.8	2.0		0.9	33.3	0.0
MAX	7.6	340	400	320	80		0.0	0.5	0.5	8.6	15	70	140	100	8.6	20	90	160	100	2.0	0.5		0.3	1.5	0.0
MIN	7.4	310	330	300	20		0.0	0.5	0.4	8.4	0	10	80	80	8.2	0	40	80	70	1.0	0.5		0.2	0.6	0.0
AVG.	7.5	328	363	313	50		0.0	0.5	0.5	8.5	9	45	113	85	8.4	5	63	121	89	1.5	0.5		0.2	1.1	0.0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Randy Cornell
HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAMES: Randy Cornell; Jim Smith
CERTIFICATION NO: B 6136; B 7508

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: May
Telephone Number: 407 427-8319

COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1994

DESIGN FLOW: 500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 828

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT 00 GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER 00 GALLONS	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE CHEMICAL	OTHERS: POLYMERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE As F				
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	2	0	110,000					0		2								22					
2	8	132,400	100,000					300	30	1						230	23 8	12					
3	8	0	100,000					0		1								12					
4	8	407,700	120,000					600	19	1						178	9 8	10					
5	8	85,800	200,000					300	14	2						375	17 5	12					
6	8	213,000	110,000					30	9	2						17	5 1	22					
7	2	0	100,000					0		2								24					
8	2	0	100,000					0		2								24					
9	8	137,900	100,000					300	14	2						261	12 2	24					
10	8	135,300	120,000					300	11	1						205	8 7	10					
11	8	371,800	100,000					300	28	2						97	9 0	24					
12	8	118,800	140,000					300	8	4						300	8 2	34					
13	8	98,300	70,000					300	8	4						373	7 3	68					
14	2	0	80,000					0		2								30					
15	2	0	80,000					0		2								30					
16	8	93,600	70,000					0		4								34					
17	8	196,000	100,000					250	8	2						153	3 7	24					
18	8	142,700	90,000					200		5						188		87					
19	8	147,000	100,000					200		3						183		80					
20	8	88,000	100,000					200	7	6						245	8 6	72					
21	2	0	80,000					0		6								60					
22	2	0	80,000					0		6								60					
23	8	521,600	80,000					400	13	3						82	3 0	40					
24	8	0	100,000					0		2								24					
25	8	0	70,000	792			30,000	0		2								34					
26	8	115,800	80,000					300	9	3						311	9 3	40					
27	8	170,800	90,000					250	11	2						178	7 7	27					
28	2	0	100,000					0		6								48					
29	2	0	100,000					0		1								48					
30	8	185,100	90,000	120			60,000	300	16	2						184	8 8	37					
31	8	183,400	80,000					300	26	3						188	17 0	40					
TOTAL	192	3,552,700	3,080,000	912			70,000	5,130	227	87		7				3797	197 9	1112					
MAX	8	521,600	200,000	792			40,000	600	30	6						375	23 6	80					
MIN	2	0	70,000	120			30,000	0	0	1						0	0	10					
AVG	6	114,603	99,355	456			35,000	165	7	3						122	5 1	36					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 2 OF 2

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: May
COUNTY: Volusia
I.D. NO: 3641194
YEAR: 1994

TELEPHONE NUMBER: 407 427 8319

CHEMICAL AND PHYSICAL RESULTS

DATE	RAW: PH	RAW: ALK	RAW: HARDNESS TOTAL	RAW: HARDNESS CALCIUM	RAW: HARDNESS MAGNESIUM	RAW: COD CALC.	RAW: IRON As FE	RAW: COLOR UNITS	RAW: TURBIDITY	SETTLED: PH	SETTLED: ALK	SETTLED: M ALK	SETTLED: TOTAL IRON	SETTLED: FE IRON	FINISHED: PH	FINISHED: P ALK	FINISHED: M ALK	FINISHED: TOTAL HDNS	FINISHED: CALCIUM HDNS	FINISHED: RESIDUAL CHLORINE	FINISHED: COLOR	FINISHED: FLUORIDE As F	FINISHED: TURBIDITY	FINISHED: CL2 RETT	FINISHED: PO4
(1)	(24)	(25)	(26)	(27)	(28)	(29)	(7)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(40)	(41)	(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)
1															9.5	10	80	140	90	1.0				1.0	
2															9.5	10	80	140	90	1.0				1.0	
3															8.2	0	70	140	100	1.5				1.2	
4															8.3	0	70	140	100	1.5				1.2	
5															8.3	0	70	140	100	2.0				1.5	
6															8.3	0	70	140	100	2.0				1.5	
7															8.3	0	80	140	100	1.5				1.2	
8															8.3	0	80	140	100	1.5				1.2	
9															8.4	10	80	150	100	1.5				1.3	
10	7.4	300	340	310	10		0.0	0.5	3.3	8.9	10	40	95	100	8.5	10	70	130	100	1.2	0.5		0.2	1.0	0.0
11															8.5	10	70	130	100	1.5				1.0	
12															8.5	10	70	130	100	2.0				1.5	
13															8.4	10	70	130	100	1.2				1.0	
14															8.4	5	70	135	100	1.5				1.0	
15															8.4	5	70	135	100	1.5				1.0	
16															7.9	0	80	120	100	1.5				1.0	
17	7.4	290	330	310	20		0.0	0.5	3.6	8.4	5	10	90	100	8.0	0	75	140	100	1.2	0.5		0.2	1.0	0.0
18															7.9	0	80	140	90	1.0				0.8	
19															7.9	0	80	140	90	1.0				0.8	
20	7.4	300	320	310	10		0.0	0.5	3.5	8.5	5	10	110	110	7.7	0	75	140	100	1.0	0.5		0.3	0.8	0.0
21															7.7	0	75	140	100	1.0				0.8	
22															7.7	0	100	160	120	1.2				1.0	
23															7.7	0	90	170	100	1.4				1.0	
24															7.7	0	100	170	100	1.5				1.0	
25															7.6	0	90	150	110	2.0				1.5	
26															7.6	0	90	150	110	2.0				1.5	
27															7.6	0	100	160	120	1.5				1.0	
28															7.8	0	100	160	120	1.5				1.2	
29															7.8	0	100	160	120	1.5				1.2	
30															8.1	0	100	155	120	1.0				0.8	
31	7.3	270	370	300	70		0.0	0.5	0.4	9.3	30	30	120	70	8.2	0	100	150	110	1.2	0.5		0.3	1.0	0.0
TOTAL	29.5	1160	1330	1220	110		0.0	2.0	2.0	35.1	80	90	415	365	31.4	80	2440	4485	3150	4.8	2.0		1.1	33.7	0.0
MAX	7.4	300	370	310	70		0.0	0.5	0.8	9.3	30	40	120	115	8.5	10	100	170	120	2.0	0.5		0.3	1.5	0.0
MIN	7.3	270	310	300	10		0.0	0.5	0.4	8.4	5	10	90	70	7.7	0	80	120	90	1.0	0.5		0.2	0.8	0.0
AVG	7.4	290	333	305	28		0.0	0.5	0.5	8.8	15	23	104	91	8.1	2	78	144	102	1.4	0.5		0.3	1.1	0.0

4085

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE
HOW MANY OTHER OPERATORS?

OPERATOR'S NAME(S)
Randy Cornell
Jim Smith

CERTIFICATION NO.
R 6136
R 7505

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: June
Telephone Number: 407 427 8319

COUNTY: Volusia
I.D. NO: 3641295
YEAR: 1994

DESIGN FLOW: 500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 626

DAY	HOURS IN PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	CHLORIDE (RESID. CL2 LEAVING PLANT AFTER BACKWASH) TOTAL	CHLORIDE (RESID. CL2 LEAVING PLANT AFTER BACKWASH) MAXIMUM	CHLORIDE (RESID. CL2 LEAVING PLANT AFTER BACKWASH) MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHEMICALS: CHLORINE PRE	CHEMICALS: CHLORINE POST	CHEMICALS: FLUORIDE (As F)	CHEMICALS: OTHER	CHEMICALS: OTHER	CHEMICALS: OTHER	CHEMICALS: OTHER	DOSAGES (mg/l): LIME	DOSAGES (mg/l): CHLORINE PRE	DOSAGES (mg/l): CHLORINE POST	DOSAGES (mg/l): OTHER: FLUORIDE As F	DOSAGES (mg/l): OTHER	DOSAGES (mg/l): OTHER	DOSAGES (mg/l): OTHER	DOSAGES (mg/l): OTHER
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	8	89,700	100,000					250	10	1						320	12.8	1.2					
2	8	80,800	100,000					250	18	5						330	21.1	6.0					
3	8	165,100	90,000					250	2	2						182	1.5	3.6					
4	2	0	90,000					0		1								1.3					
5	2	0	90,000					0		1								1.9					
6	8	180,700	80,000					100	8	5						83	3.0	7.5					
7	8	149,400	100,000					150	10	2						120	8.0	2.4					
8	8	0	80,000					0		2								3.0					
9	8	0	70,000					0		2								3.4					
10	8	261,300	80,000					150	14	2						99	8.4	3.0					
11	2	0	80,000					0		2								2.7					
12	2	0	90,000					0		3								6.7					
13	8	102,800	90,000					250	8	3						292	9.3	6.7					
14	8	152,200	90,000					250	4	3						197	3.2	4.0					
15	8	151,200	100,000					250	7	5						189	5.8	6.0					
16	8	136,000	90,000					250	8	2						220	7.1	2.7					
17	8	108,300	110,000					250	8	3						274	8.8	3.3					
18	7	0	100,000					0		2								2.4					
19	2	0	90,000					0		2								2.7					
20	8	112,500	100,000					250	8	3						286	9.5	3.6					
21	8	108,200	90,000	528			40,000	250	8	4						277	8.9	5.3					
22	8	101,100	80,000					250	8	3						298	9.5	4.5					
23	8	98,300	100,000					250	6	3						311	7.5	3.6					
24	8	283,200	80,000					250	8	3						114	3.6	3.5					
25	2	0	90,000					0		5								6.7					
26	2	0	120,000					0		5								5.0					
27	8	200,800	80,000					200	3	5						118	1.8	8.7					
28	8	97,900	100,000					200	9	5						245	11.0	8.0					
29	8	149,100	110,000					250	4	5						201	3.2	5.3					
30	8	137,000	100,000	516			70,000	200	12	5						175	10.5	6.0					
31		0																					
TOTAL	192	2,968,600	2,780,000	744			110,000	4,500	157	98						4271	144.8	127.2					
MAX	8	283,200	120,000	528			70,000	250	18	5						330	21.1	7.5					
MIN	2	0	70,000	216			40,000	0	0	1						0	0	1.2					
AVG	8	95,820	92,667	372			55,000	150	5	3						142	5.0	4.2					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: June
COUNTY: Volusia
I.D. NO: 3641256
YEAR: 1998

TELEPHONE NUMBER: 407-422-8519

DAY	RAW WATER								FINISHED																				
1	7.5	290	320	310	30		0.0	0.5	0.6	8.4	5	40	350	110	82	0	100	150	110	1.2					1.0				
2															83	0	100	150	110	1.2					0.5				
3															84	0	100	150	110	1.8	0.5			0.5	0.5	0.0				
4															85	0	100	145	105	1.0					0.8				
5															82	0	100	145	105	1.0					0.8				
6															82	0	100	150	105	1.0					0.6				
7															80	0	100	150	100	1.0					0.8				
8															80	0	100	150	100	1.2					1.0				
9	7.5	290	320	290	30		0.0	0.5	0.4	9.0	10	50	340	70	80	0	100	150	100	1.2	0.5			0.8	1.0	0.0				
10															82	0	100	150	100	1.4					1.0				
11															80	0	100	150	100	1.4					1.0				
12															81	0	100	150	100	1.8					1.2				
13															8	0	80	150	100	1.8					1.2				
14															82	0	70	110	85	1.3					1.2				
15	7.4	290	320	290	30		0.0	0.5	0.4	9.0	10	50	330	70	82	0	70	110	85	1.8	0.5			0.8	1.2	0.0				
16															82	0	70	110	85	1.5					1.2				
17															82	0	70	110	85	1.5					1.2				
18															83	0	70	110	85	1.5					1.2				
19															84	10	10	90	85	1.5					1.2				
20															84	10	10	90	85	1.5					1.3				
21															81	0	40	110	90	1.5					1.3				
22															83	0	40	110	90	1.5					1.2				
23															83	0	40	110	90	1.5					1.2				
24															83	0	40	120	90	1.5					1.2				
25															83	0	40	120	90	1.5					1.2				
26															84	0	80	140	90	1.5					1.2				
27															84	0	40	140	90	1.5					1.2				
28	7.4	290	330	300	30		0.0	0.5	0.7	8.7	5	60	320	70	84	0	60	145	100	1.5	0.5			0.2	1.2	0.0				
29																0														
30																0														
31																0														
TOTAL	59.5	1160	1290	1190	100		0.0	2.0	2.1	35.1	10	200	440	310	2473	20	2150	3930	2855	42.3	2.0			2.1	31.8	0.0				
MAX	7.4	290	330	310	30		0.0	0.5	0.7	9.0	10	60	120	100	86	10	100	150	110	1.8	0.5			0.8	1.2	0.0				
MIN	7.3	290	320	290	10		0.0	0.5	0.4	8.4	5	40	100	70	80	0	10	90	80	1.0	0.5			0.2	0.5	0.0				
AVG	7.4	290	323	298	25		0.0	0.5	0.5	8.8	8	50	110	78	82	1	72	131	95	1.4	0.5			0.8	1.1	0.0				

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Randy Cornell
HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAMES: Randy Cornell; Jim Smith
CERTIFICATION NO: B 6135; B 7508

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: July
Telephone Number: 407 427-8318

COUNTY: Volusia
ID NO: 3641295
YEAR: 1994

DESIGN FLOW: 500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 826

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	FLUORIDE CHEMICAL	OTHERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE As F				
												POLYMERS											
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	8	285,200	100,000					450	10	3						200	4.9	3.6					
2	8	0	90,000					0	0	6								8.0					
3	8	0	80,000					0	0	2								3.0					
4	8	140,800	110,000					250	20	2						213	17.6	2.2					
5	8	150,500	100,000					250	8	2						0	0	2.6					
6	8	0	90,000					0	0	4							0	5.3					
7	8	152,200	70,000					300	10	4						238	7.8	8.9					
8	8	188,800	100,000					250	12	3						177	9.5	3.6					
9	8	0	110,000					0	0	4								4.4					
10	2	0	100,000					0	0	8								7.2					
11	8	187,600	90,000					250	12	5						192	7.3	8.7					
12	8	143,900	100,000					250	12	5						210	10.1	6.0					
13	8	147,000	90,000					200	10	5						163	8.2	6.7					
14	8	88,400	90,000					300	5	5						402	6.7	6.7					
15	8	170,400	100,000					150	10	5						106	7.0	6.0					
16	8	0	70,000					0	0	2								3.4					
17	8	0	80,000					0	0	2								3.0					
18	8	198,200	100,000					150	18	4						87	11.9	4.6					
19	8	137,300	90,000					250	10	2						218	8.7	2.7					
20	8	78,700	90,000					200	10	5						313	15.6	8.7					
21	8	180,300	90,000					250	10	5						198	8.7	7.5					
22	8	131,700	80,000					250	8	4						229	9.5	6.0					
23	2	0	80,000					0	0	3								7.9					
24	2	0	60,000					0	0	2								3.0					
25	8	221,300	90,000	600			60,000	250	10	4						195	9.4	5.3					
26	8	138,500	100,000					250	8	4						216	8.0	4.8					
27	8	0	70,000					0	0	3								9.1					
28	8	227,900	100,000					250	10	4						132	9.3	4.8					
29	8	5,400	80,000					250	8	3						5551	133.2	4.6					
30	2	0	100,000					0	0	3						0		3.8					
31	2	0	90,000					0	0	3						0	0.0	4.5					
TOTAL	218	2,943,000	2,770,000	600			60,000	4,750	196	118		3				9812	278.0	157.1					
MAX	8	285,200	110,000	600			60,000	450	20	6						5551	133.2	8.9					
MIN	2	0	60,000	600			60,000	0	0	2						0	0	2.2					
AVG	7	94,935	89,355	600			60,000	153	6	4						297	8.9	5.1					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: July
COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1994
TELEPHONE NUMBER: 407-427-8319

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW M.O. ALK.	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO2 CALC.	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY	SETTLED pH	SETTLED AS CaCO3 F ALK.	SETTLED AS CaCO3 M ALK.	SETTLED AS CaCO3 TOTAL HDNS.	SETTLED AS CaCO3 CA HDNS.	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS.	FINISHED CALCIUM HDNS.	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED FLUORIDE As F	FINISHED TURBIDITY (NTU)	CL2 WAT.	SPEC. ALES
column #	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																8.0	0	80	145	100	1.5				3.0	
2																8.2	0	80	150	100	1.2				2.8	
3																8.2	0	80	150	100	1.4				3	
4																8.2	0	80	150	100	1.3				3.0	
5	7.4	300	290	230	0		0	0.5	0.4		9.7	40	10	80	80	8.0	0	70	145	100	1.5	0.5		0.4	1.0	0.0
6																8.2	0	70	100	80	1.3				1.0	
7																8.2	0	70	100	80	1.5				1.2	
8																8.6	10	30	100	70	1.5				1.3	
9																8.6	10	30	100	70	1.5				1.0	
10																8.8	10	30	100	70	1.1				1.2	
11	7.4	310	370	280	90		0	0.5	0.5		8.6	10	20	30	90	8.0	10	30	110	70	1.0	0.5		0.2	1.0	0.0
12																8.5	20	30	110	80	1.5				1.2	
13																8.2	0	70	140	100	2.0				1.5	
14																8.2	0	70	140	100	2.0				1.5	
15																8.2	0	70	140	100	2.0				1.5	
16																8.2	0	70	140	100	2.0				1.5	
17																8.2	0	70	130	90	2.0				1.5	
18	7.2	300	370	260	30		0	0.5	0.6		8.2.0	0	50	120	100	8.2	0	70	130	80	1.5	0.5		0.2	1.2	0.0
19																8.2	0	70	140	80	1.5				1.2	
20																8.3	0	70	130	80	2.0				1.5	
21																8.5	10	20	90	70	1.5				1.0	
22																8.5	10	20	90	70	1.5				1.0	
23																8.5	10	20	90	70	1.5				1.0	
24																8.5	10	20	90	70	1.5				1.0	
25	7.4	300	340	290	50		0.0	0.5	0.4		8.5	10	40	80	90	8.4	5	40	100	70	1.5	0.5		0.2	1.0	0.0
26																8.4	5	30	100	70	1.5				1.0	
27																8.4	5	30	100	75	1.5				1.0	
28																8.5	20	40	80	60	1.5				1.0	
29																8.3	5	20	85	70	1.5				1.1	
30																8.2	5	30	80	70	1.5				1.0	
31																8.2	0	30	85	75	1.5				1.0	
TOTAL	29.6	1210	1320	1150	170		0.0	2.0	1.9		108.8	80	120	370	360	258.3	145	1480	3550	2560	49.0	2.0		1.8	38.1	0.0
MAX	7.4	310	370	280	90		0.0	0.5	0.6		8.2.0	40	50	120	100	8.8	20	70	150	100	2.0	0.5		0.4	1.5	0.0
MIN	7.2	300	290	230	0		0.0	0.5	0.4		8.5	0	10	80	80	8.0	0	20	80	60	1.1	0.5		0.2	1.0	0.0
AVG	7.4	303	330	288	43		0.0	0.5	0.5		27.2	15	30	93	90	8.3	5	47	115	83	1.6	0.5		0.3	1.1	0.0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Randy Cornell
HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAMES: Randy Cornell; Jim Smith
CERTIFICATION NO: B 6138; B 7506

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: August
Telephone Number: 407 427-8318

COUNTY: Volusia
I.D. NO.: 3641296
YEAR: 1994

DESIGN FLOW: 500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 678

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	FLUORIDE CHEMICAL	OTHERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE As F	OTHER			
												POLYMERS											
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	8	136,500	99,000					300	10	4						230	7.7	5.3					
2	8	145,200	100,000					300	9	3						246	7.4	3.8					
3	8	133,200	90,000					250	7	3						225	6.3	4.0					
4	8	125,200	90,000					200	0	3						192		4.3					
5	0	0	100,000					0	0	2								2.4					
6	2	0	100,000					0	0	2								0.8					
7	2	0	70,000					0	0	4								4.3					
8	8	151,200	80,000				80,000	250	10	3						198	7.9	4.8					
9	8	157,700	80,000					250	5	3						190	9.8	2.7					
10	8	173,800	80,000					250	8	2						173	4.1	0.8					
11	8	136,500	100,000					250	7	4						230	8.4	4.8					
12	8	162,800	80,000					300	10	1						221	7.4	1.5					
13	2	0	80,000					0	0	1								1.3					
14	2	0	80,000						0	1								1.3					
15	8	166,800	80,000					300	10	5						218	7.8	6.7					
16	8	143,000	80,000					300	10	5						252	8.4	7.5					
17	8	135,300	100,000				80,000	200	10	5						177	8.9	6.0					
18	8	102,300	90,000					200	10	5						234	11.7	6.7					
19	8	53,900	100,000					0	10	5							22.2	6.0					
20	2	0	90,000					0	0	5								6.7					
21	2	0	100,000					0	0	2								2.4					
22	8	131,000	80,000					300	10	3						275	9.3	4.5					
23	8	0	90,000					0	0	5								7.5					
24	8	167,900	80,000					300	10	1						214	7.1	1.5					
25	8	173,400	100,000					300	8	2						207	9.5	2.4					
26	8	134,400	110,000					300	10	2						266	8.8	2.2					
27	2	0	70,000					0	0	1								1.7					
28	2	0	110,000					0	0	1								1.1					
29	8	142,400	80,000					300	8	2						253	8.7	3.6					
30	8	167,000	90,000					300	10	2						183	8.1	2.7					
31	8	165,000	100,000					300	10	4						218	7.3	4.8					
TOTAL	200	3,048,400	2,790,000				120,000	5,450	180	91		7				4402	160.3	122.5					
MAX	8	187,000	110,000				80,000	300	10	5						275	22.2	7.5					
MIN	2	0	70,000				80,000	0	0	1						0	0	1.1					
AVG	8	98,335	90,000				80,000	176	6	3						142	5.2	4.0					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: August
COUNTY: Volusia
I.D. NO.: 3641276
YEAR: 1994

TELEPHONE NUMBER: 407-427-8319

CHEMICAL AND PHYSICAL RESULTS (mg/l)

	RAW									SETTLED						FINISHED										
			HARDNESS								AS CaCO3						AS CaCO3									
DATE	pH	M.O ALK.	TOTAL	CALCIUM	MAGNESIUM	COD CALC	IRON As FE	COLOR UNITS	TURBIDITY		PH	P ALK	M ALK	TOTAL HDNS	CA HDNS	pH	P ALK	M ALK	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	FLUOR. ION As F	TURBIDITY (NTU)	CL2 as FE	IRON As FE
Column #	25	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																8.2	0	20	150	100	1.5				1.0	
2																8.1	0	20	10	100	1.5				1.0	
3																8.4	0	24	140	100	1.5				1.0	
4	7.2	300	310	300	10		0	0.5	0.5		8.2	0	110	150	100	8.3	0	110	140	110	1.5	0.5		0.4	1.0	0
5																8.1	0	110	130	110	1.5				1.0	
6																8.1	0	110	200	110	1.5				1.0	
7																8.1	0	110	200	110	1.5				1.0	
8																8.3	0	100	150	100	1.5				1.0	
9																8.5	10	20	120	90	1.0				0.9	
10	7.4	310	320	300	20		0	0.5	0.5		8.5	20	40	65	65	8.3	20	40	70	70	1.0	0.5		0.7	0.9	0
11																8.5	10	50	90	70	1.0				1.0	
12																8.5	20	40	80	70	1.5				1.0	
13																8.5	10	40	110	115	1.5				1.0	
14																8.5	10	40	110	110	1.5				1.0	
15																8.5	0	60	90	90	1.5				2.0	
16																8.3	14	20	100	70	1.5				1.8	
17																8.8	10	40	100	70	1.5				1.0	
18																8.8	10	40	110	70	1.5				1.0	
19																8.5	5	20	120	100	1.5				1.0	
20																8.2	0	40	120	110	1.5				1.0	
21																8.2	0	40	120	110	1.5				1.0	
22	7.5	320	320	310	10		0	0.5	0.4		8.5	5	10	100	70	8.2	0	40	100	70	1.5	0.5		0.2	1.0	0
23																8.5	5	30	100	80	1.5				1.0	
24																8.5	10	20	80	80	1.2				1.0	
25																8.3	0	30	110	70	1.5				1.0	
26																8.3	0	40	100	80	1.3				1.0	
27																8.3	0	40	100	80	1.3				1.2	
28																8.3	0	40	100	80	1.3				1.2	
29																8.3	0	40	100	80	1.3				1.0	
30	7.3	310	320	300	20		0	0.5	0.5		8.6	10	30	80	70	8.5	5	15	90	70	1.4	0.5		0.2	1.0	0
31																8.5	5	15	90	70	1.3				1.0	
TOTAL	29.2	1240	1270	1210	80		0.0	2.0	1.9		111.2	35	190	395	305	258.6	144	1404	3480	2740	44.8	2.0		1.9	32.6	0.0
MAX	7.4	320	320	310	20		0.0	0.5	0.5		8.6	20	110	150	100	8.8	20	110	200	115	1.5	0.5		0.4	2.0	0.0
MIN	7.2	300	310	300	10		0.0	0.5	0.4		8.2	0	10	65	65	8.1	0	15	10	70	1.0	0.5		0.2	0.8	0.0
AVG	7.3	310	318	303	15		0.0	0.5	0.5		27.8	9	48	99	76	8.4	5	45	112	88	1.4	0.5		0.3	1.0	0.0

SSU
Southern States Utilities • 255 Enterprise Rd. • Deltona, FL 32725 • 407/574-6680 • DELTONA OFFICE

March 3, 1995

Mr. Ray Van Loon, P.E.
Environmental Health Engineer
Volusia County Public Health Unit
P.O. Box 9190
Daytona Beach, FL 32120-9190

RE: CORRECTIONS TO THE SUGAR MILL COUNTRY CLUB'S SEPTEMBER AND NOVEMBER 1994 WATER MORS

Dear Mr. Van Loon:

Please find enclosed the revised copies of the 1994 Monthly Operating Reports for the above-named months.

Please note on the originals of these reports that the wrong "next month" beginning readings were used to calculate the last day of the month flows.

We apologize for any inconvenience this may have caused.

Sincerely,

Randall L. Cornell
Operator III
Sugar Mill Country Club

RLC:kj

Enclosures

cc: Mr. Alex Alexander, State of Florida, Department of Environmental Protection
Ms. Gloria Lewis, St. John's River Water Management District
Ms. Clara Dozier, SSU, Inc./Apopka
Ms. Chris Arcand, SSU, Inc./Apopka

REVISED

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

REVISED

LEAD OPERATOR SIGNATURE: Jim Smith
HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAMES: Randy Comeau; Jim Smith
CERTIFICATION NO.: B-6138; B-7506

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: September
Telephone Number: 407-427-3318

COUNTY: Volusia
I.D. NO.: 3641298
YEAR: 1994

DESIGN FLOW: .500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 826

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	FLUORIDE CHEMICAL	OTHERS: POLYMERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE As F				
column #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	2	20	21	22	23
1	8	0	100,000					0	0	0													
2	8	177,100	90,000					300	3	3						203	2.0	4.0					
3	2	0	90,000					0	0	3								4.0					
4	2	0	100,000					0	0	3								3.8					
5	8	0	90,000					0	0	3								4.0					
6	5	135,400	100,000					300	0	1						184		1.2					
7	8	252,000	100,000					600	10	2						285	4.5	2.4					
8	8	115,500	90,000					300	10	2						311	10.4	2.7					
9	8	131,500	90,000					300	10	1						274	9.1	1.3					
10	2	0	100,000					0	0	1								1.2					
11	2	0	90,000					0	0	2								2.7					
12	8	0	90,000					0	0	3								4.0					
13	8	0	80,000					0	0	2								3.0					
14	8	307,900	70,000					300	10	2						317	3.9	3.4					
15	8	162,000	100,000	695			30,000	300	10	3						222	7.4	3.8					
16	8	153,900	90,000					300	10	2						234	7.8	2.7					
17	2	0	100,000					0	0	3								3.8					
18	8	95,000	80,000					200	0	2						242		3.0					
19	8	107,600	100,000					300	10	3						334	11.1	3.8					
20	8	154,600	90,000					300	10	1						233	7.8	1.3					
21	8	0	80,000					0	0	1								1.5					
22	8	195,500	90,000					250	0	1						153		1.3					
23	8	109,700	120,000					300	10	1						328	10.9	1.0					
24	2	0	80,000					0	0	2								3.0					
25	2	0	80,000					0	0	2								3.0					
26	8	182,700	100,000					300	0	2						221		2.4					
27	8	0	90,000					0	0	2								2.7					
28	8	375,800	20,000	312			60,000	300	0	2						96		2.7					
29	8	146,400	100,000					300	10	3						246	8.2	3.8					
30	8	0	80,000					0	0	3								4.5					
31		0																					
TOTAL	196	2,846,600	2,750,000	1008			90,000	4,950	103	61		5				3683	83.4	80.9					
MAX	8	375,800	120,000	695			60,000	600	10	3						334	11.1	4.5					
MIN	2	0	70,000				30,000	0	0	0						0	0	0					
AVG	7	94,887	91,667	336			45,000	165	3	2						123	2.8	2.7					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: September
COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1994

TELEPHONE NUMBER: 407-427-8519

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO2 CALC	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY	SETTLED	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	FINISHED FLUORIDE As F	FINISHED TURBIDITY (NTU)	CL2 at RT	IRON As FE
column #	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																8.5	5	15	90	70	1.2				1.0	
2	7.4	325	320	310	10		0	0.5	0.5		8.6	20	40	90	80	8.5	5	15	90	80	1.5	0.8		0.2	1.0	0
3																8.3	0	40	100	90	1.5				1.0	
4																8.3	0	40	100	90	1.5				1.0	
5																8.2	0	80	110	10	1.5				1.0	
6																8.2	0	80	120	110	1.2				1.0	
7																8.2	0	80	135	120	1.0				0.8	
8																8.2	0	80	130	120	1.0				0.8	
9																8.2	0	80	130	120	1.2				1.0	
10																8.2	0	80	130	110	1.2				1.0	
11																8.2	0	80	130	110	1.5				1.0	
12																8.3	0	80	135	105	1.3				1.0	
13	7.2	310	330	320	10		0	0.5	0.5		8.3	0	40	90	70	8.3	0	50	110	70	1.4	0.5		0.3	1.0	0
14																8.4	5	50	110	70	1.4				1.0	
15																8.3	0	40	100	80	1.5				1.0	
16																8.3	0	50	100	100	1.5				1.0	
17																8.3	0	80	110	100	1.5				1.0	
18																8.2	0	60	110	80	1.5				1.0	
19																8.2	0	60	110	80	1.5				1.0	
20	7.3	315	320	310	10		0	0.5	0.5		82.0	0	40	100	90	8.2	0	80	110	100	1.5	0.5		0.3	1.0	0
21																8.5	20	40	110	80	1.5				1.2	
22																8.5	10	20	110	80	1.0				1.0	
23																8.2	0	80	100	110	1.0				1.0	
24																8.2	0	60	100	110	1.0				1.0	
25																8.2	0	80	100	110	1.2				1.0	
26																8.3	0	80	120	140	1.2				1.0	
27																8.3	0	80	120	140	1.4				1.0	
28	7.4	320	300	290	10		0	0.5	0.5		8.3	0	60	100	90	8.3	0	80	120	140	1.4	0.5		0.2	1.0	0
29																8.3	0	80	120	110	1.5				1.0	
30																8.2	0	70	130	90	1.5				1.0	
31																	0									
TOTAL	29.3	1265	1270	1230	40		0.0	2.0	2.0		107.2	20	180	380	330	248.5	45	1750	3390	2930	40.1	2.0		1.0	29.8	0.0
MAX	7.4	325	330	320	10		0.0	0.5	0.5		82.0	20	60	100	90	8.5	20	80	135	140	1.5	0.5		0.3	1.2	0.0
MIN					0		0.0					0				8.2	0	15	90	10	1.0				0.6	0.0
AVG	5.9	253	254	246	10		0.0	0.4	0.4		21.4	4	36	76	66	8.3	2	56	113	98	1.3	0.4		0.2	1.0	0.0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

LEAD OPERATOR SIGNATURE
HOW MANY OTHER OPERATORS?

OPERATOR'S NAME(S)
Randy Connell
Joe Poole

CERTIFICATION NO.
B 6346
A 7566

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: September
Telephone Number: 407 427 8319

COUNTY: Volusia
I.D. NO.: 3641296
YEAR: 1994

DESIGN FLOW: 500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 636

DATE	HOURS TP WAS IN OPERATION	TOTAL RAW WATER PUMPED (GALLONS)	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: BACKWASH INTERVALS BETWEEN WASHINGS (HRS) TOTAL	MINIMUM	MAXIMUM	TOTAL WATER USED FOR BACKWASH (GALLONS)	H2	ALUM DOSE	A. PH	FINAL PH	TOTAL HOURS			LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE	OTHER			
															DOSAGES (mg/l)							
1	8	0	100 000					0	0								6.0					
2	8	177,100	90 000					300	30						203	2.0	6.0					
3	2	0	90 000					0	0								6.0					
4	0	0	100,000					0	0								3.6					
5	0	0	90 000					0	0								6.0					
6	8	165,400	100 000					300	0						184		7.2					
7	8	252 000	100 000					600	10						269	4.6	9.4					
8	8	215 500	90 000					300	10						311	10.4	9.7					
9	8	131 500	90 000					300	10						276	9.1	11.5					
10	2	0	100 000					0	0								7.2					
11	0	0	90 000					0	0								9.7					
12	5	0	90 000					0	0								6.0					
13	8	0	80 000					0	0								9.0					
14	8	307,900	70 000					300	10						215	3.9	9.4					
15	8	182,000	100 000	696			200	300	0						222	7.4	9.6					
16	8	153 900	90 000					300	10						234	7.8	9.7					
17	2	0	100 000					0	0								9.6					
18	8	99 000	80,000					200	0						242		9.0					
19	8	187,600	100 000					300	10						324	11.1	9.4					
20	8	154,600	90 000					300	10						233	7.8	9.3					
21	0	0	80 000					0	0								9.6					
22	8	165,500	90 000					250	10						153		9.3					
23	8	109,700	120 000					300	10						328	10.9	9.0					
24	2	0	80 000					0	0								9.0					
25	2	0	80 000					0	0								9.0					
26	8	182,700	100,000					250	10						221		9.4					
27	8	0	90 000					0	0								9.7					
28	8	375 800	90 000	512			60 000	300	0						98		9.7					
29	8	148 400	100,000					300	10						246	8.2	9.6					
30	8	0	270 000					0									9.3					
31		0																				
TOTAL	196	2 848 800	2 948 000	1208			90,000	4 950	103	6		5			3883	83.4	77.7					
MAX	8	375 800	270 000	696			60 000	600	10	3					334	11.1	9.0					
MIN	0	0	70 000				30 000	0	0	0					0	0	0					
AVG	7	84 847	98 000	336			45 000	165	3	2					121	2.8	2.6					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: September
COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1994

TELEPHONE NUMBER: 407 427 8319

CHEMICAL AND PHYSICAL REPORTS (mg/l)

	RAW									SETTLED						FINISHED										CL2 RESI	HOM As FE
			HARDNESS									P ALK	M ALK	TOTAL HARD	CA HARD		P ALK	M ALK	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	FLUORIDE As F	TURBIDITY (NTU)		
DATE	pH	M O ALK	TOTAL	CALCIUM	MAGNESIUM	CO2 CALC	IRON As FE	COLOR UNITS	TURBIDITY		PH					pH										
Form #	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																8.5	5	15	90	75	1.2				1.0	
2	7.4	325	320	310	10		0	0.5	0.5		8.6	20	40	90	80	8.5	5	15	90	80	1.5	0.5		0.2	1.0	0
3																8.3	0	40	100	90	1.5				1.0	
4																8.3	0	40	100	90	1.5				1.0	
5																8.2	0	60	110	10	1.5				1.0	
6																8.2	0	80	120	110	1.2				1.0	
7																8.2	0	80	135	120	1.0				0.8	
8																8.2	0	80	130	120	1.0				0.8	
9																8.2	0	60	130	120	1.2				1.0	
10																8.2	0	60	130	110	1.2				1.0	
11																8.2	0	60	130	110	1.5				1.0	
12																8.3	0	60	135	105	1.5				1.0	
13	7.2	310	330	320	10		0	0.5	0.5		8.3	0	40	90	70	8.3	0	50	110	70	1.4	0.5		0.3	1.0	0
14																8.4	5	50	110	70	1.4				1.0	
15																8.3	0	40	100	80	1.5				1.0	
16																8.3	0	50	100	100	1.5				1.0	
17																8.3	0	60	110	100	1.5				1.0	
18																8.2	0	60	110	80	1.5				1.0	
19																8.2	0	80	110	80	1.5				1.0	
20	7.3	310	320	310	10		0	0.5	0.5		8.2.0	0	40	100	90	8.2	0	80	110	100	1.5	0.5		0.3	1.0	0
21																8.5	20	40	110	80	1.5				1.2	
22																8.5	10	20	110	80	1.0				1.0	
23																8.2	0	80	100	110	1.0				1.0	
24																8.2	0	80	100	110	1.0				1.0	
25																8.2	0	80	100	110	1.2				1.0	
26																8.3	0	80	120	140	1.2				1.0	
27																8.3	0	80	120	140	1.4				1.0	
28	7.4	320	300	290	10		0	0.5	0.5		8.3	0	60	100	90	8.3	0	80	120	140	1.4	0.5		0.2	1.0	0
29																8.3	0	80	120	110	1.5				1.0	
30																8.2	0	70	130	90	1.5				1.0	
31																	0									
TOTAL	29.3	1285	1270	1230	40		0.0	2.0	2.0		107.2	20	180	380	330	248.5	65	1750	3300	2930	40.1	2.0		1.0	29.9	0.0
MAX	7.4	325	330	320	10		0.0	0.5	0.5		8.2.0	20	60	100	90	8.5	20	80	135	140	1.5	0.5		0.3	1.2	0.0
MIN					0		0.0					0				8.2	0	15	90	10	1.0				0.8	0.0
AVG	5.9	253	254	246	10		0.0	0.4	0.4		21.4	4	36	76	66	8.3	2	56	113	98	1.3	0.4		0.2	1.0	0.0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Randy Cornell
HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAME(S): Randy Cornell; Jim Smith
CERTIFICATION NO: 6 6136; 6 7406

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: October
Telephone Number: 407 427 8519

COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1994

DESIGN FLOW: 500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 625

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	FLUORIDE CHEMICAL	OTHERS: POLYMER				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE AS F				
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	2	0	90,000					0	0														
2	2	0	100,000					0	0	2								2.4					
3	8	157,400	120,000					300	10	2						228	7.6	2.0					
4	8	0	90,000					0	0	4								3.3					
5	2	40,400	100,000					200	10	3						384	29.7	3.8					
6	8	372,600	100,000					600	10	3						193	3.2	3.6					
7	6	0	100,000					0	0	2								2.4					
8	2	0	150,000					0	0	11								8.8					
9	2	55,100	40,000					200	10	3						153	7.7	9.0					
10	8	162,800	100,000					300	10	2						187	6.8	2.4					
11	8	134,100	110,000					300	10	2						204	6.8	2.2					
12	3	86,000	90,000					200	10	3						250	12.5	1.3					
13	8	0	110,000					0	0	1								1.1					
14	8	258,200	90,000	384			35,000	300	10	2						140	4.7	2.7					
15	8	0	100,000					0		2								2.4					
16	6	0	110,000					0	0	2								2.2					
17	8	257,400	100,000					500	10	2						140	4.7	2.4					
18	4	133,000	100,000					300	10	1						270	9.0	1.2					
19	8	220,200	100,000					300	10	2						163	3.4	2.4					
20	8	140,200	110,000					300	10	1						257	6.6	1.1					
21	8	314,200	100,000	188			31,000	300	10	2						114	3.8	2.4					
22	2	0	120,000					0	0	1								2.0					
23	2	0	100,000					0	0	1								1.2					
24	8	149,900	120,000					300	10	1						240	8.0	1.0					
25	6	142,100	100,000					300	10	2						253	8.4	2.4					
26	5	308,400	110,000					600	10	2						233	9.9	2.2					
27	8	18,500	110,000					300	10	1						1844	64.9	1.1					
28	8	0	110,000	188			30,000	0	0	1								1.1					
29	2	0	110,000					0	0	2								2.2					
30	2	0	140,000					0	0	2								1.7					
31	8	0	100,000					0	0	2								2.4					
TOTAL	200	3,090,300	3,210,000	720			95,000	5,400	170	66		5				5837	197.4	78.5					
MAX	8	372,600	150,000	384			35,000	600	10	11						1844	64.9	9.0					
MIN	2	0	40,000	188			30,000	0	0	0						0	0	0					
AVG	6	99,365	103,548	240			31,667	174	5	2						182	6.4	2.5					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: October
COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1994

TELEPHONE NUMBER: 407-427-6319

CHEMICAL AND PHYSICAL RESULTS (mg/l)

	RAW									SETTLED						FINISHED											
			HARDNESS									AS CaCO3														CL2	IRON
DATE	pH	M O ALK	TOTAL	CALCIUM	MAGNESIUM	CO2 CALC	IRON As FE	COLOR UNITS	TURBIDITY		PH	P ALK	M ALK	TOTAL HDNS	CA HDNS	pH	P ALK	M ALK	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	FLUORIDE As F	TURBIDITY (NTU)	at RT	As FE
column #	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																8.2	0	70	120	110	1.4				1.0	
2																8.2	0	70	120	110	1.4				1.0	
3																8.2	0	70	130	90	1.4				1.0	
4																8.2	0	70	125	90	1.5				1.0	
5																8.2	0	70	130	90	1.4				1.2	
6	7.4	280	300	290	10		0	0.5	0.5		8.4	0	30	130	120	8.2	0	70	130	90	1.5	0.5		0.5	1.2	0
7																8.2	0	70	130	90	1.3				1.0	
8																8.2	0	70	130	90	1.4				1.0	
9																8.2	0	70	130	90	1.4				1.0	
10																8.0	0	160	180	170	1.5				1.0	
11																8.0	0	160	180	160	1.5				1.0	
12																8.2	0	140	160	160	1.5				1.0	
13																8.2	0	140	170	140	1.3				1.2	
14																8.5	5	90	170	120	1.5				1.2	
15																8.4	0	80	155	90	1.0				0.8	
16																8.4	0	90	155	90	1.0				0.8	
17	7.4	280	280	270	10		0	0.5	0.5		9.3	20	30	120	100	8.4	0	90	155	80	1.0	0.5		0.2	0.8	0
18																8.2	0	85	150	85	1.2				1.0	
19																8.4	0	85	150	85	1.5				1.2	
20																8.4	0	95	145	85	1.4				1.2	
21																8.3	0	85	140	85	1.2				1.0	
22																8.5	10	40	110	40	1.2				1.0	
23																8.5	10	40	110	40	1.2				1.0	
24																8.5	10	40	110	40	1.2				1.0	
25	7.5	320	300	280	20		0	0.5	0.4		8.8	10	10	100	95	8.5	10	70	110	70	1.4	0.5		0.4	1.2	0
26																8.5	10	70	110	70	1.5				1.2	
27																8.5	10	70	110	70	1.5				1.2	
28	7.4	300	290	280	10		0	0.5	0.4		8.8	10	20	80	75	8.2	0	70	110	70	1.8	0.5		0.3	1.0	0
29																8.2	0	70	110	70	1.5				1.3	
30																8.2	0	70	120	70	1.5				1.2	
31																8.2	0	70	110	70	0.8				0.5	
TOTAL	29.7	1160	1170	1120	50		0.0	2.0	1.8		35.3	40	110	430	390	257.0	85	2360	4185	2770	41.7	2.0		1.8	32.1	0.0
MAX	7.5	320	300	290	20		0.0	0.5	0.5		9.5	20	50	130	120	8.5	10	160	180	170	1.5	0.5		0.4	1.2	0.0
MIN	7.4	280	280	270	10		0.0	0.5	0.4		8.4	0	10	80	75	8.0	0	40	110	40	0.8	0.5		0.2	0.5	0.0
AVG	7.4	290	293	280	13		0.0	0.5	0.5		8.8	10	28	108	98	8.3	2	83	135	99	1.3	0.5		0.9	1.0	0.0

SSU
Southern States Utilities • 255 Enterprise Rd. • Deltona, FL 32725 • 407/574-6680 • DELTONA OFFICE

March 3, 1995

Mr. Ray Van Loon, P.E.
Environmental Health Engineer
Volusia County Public Health Unit
P.O. Box 9190
Daytona Beach, FL 32120-9190

RE: CORRECTIONS TO THE SUGAR MILL COUNTRY CLUB'S SEPTEMBER AND NOVEMBER 1994 WATER MORS

Dear Mr. Van Loon:

Please find enclosed the revised copies of the 1994 Monthly Operating Reports for the above-named months.

Please note on the originals of these reports that the wrong "next month" beginning readings were used to calculate the last day of the month flows.

We apologize for any inconvenience this may have caused.

Sincerely,

Randall L. Cornell
Operator III
Sugar Mill Country Club

RLC:kj

Enclosures

cc: Mr. Alex Alexander, State of Florida, Department of Environmental Protection
Ms. Gloria Lewis, St. John's River Water Management District
Ms. Clara Dozier, SSU, Inc./Apopka
Ms. Chris Arcand, SSU, Inc./Apopka

REVISED

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

REVISED

LEAD OPERATOR SIGNATURE: Jim Smith
HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAMES: Randy Cornell; Jim Smith
CERTIFICATION NO.: B-6136; B-7506

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: November
Telephone Number: 407-427-8319

COUNTY: Volusia
I.D. NO. 3641296
YEAR 1994

DESIGN FLOW: .500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 626

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	FLUORIDE CHEMICAL	OTHERS: POLYMERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE As F				
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	8	301,400	110,000					300	10	2						119	4.0	2.2					
2	8	118,600	100,000					300	10	2						303	10.1	2.4					
3	8	0	130,000					0	0	2								1.8					
4	8	55,100	100,000					300	5	2						853	10.8	2.4					
5	2	0	140,000					0	0	2								1.7					
6	2	0	100,000					0	0	2								2.4					
7	8	280,000	120,000					300	10	2						128	4.3	2.0					
8	8	78,500	100,000					300	10	2						458	15.3	2.4					
9	8	179,100	120,000					300	10	2						201	6.7	2.0					
10	8	128,300	100,000					300	10	2						280	9.3	2.4					
11	8	166,100	110,000					300	10	2						217	7.2	2.2					
12	2	0	110,000					0	0	2								2.2					
13	2	178,900	110,000	312			60,000	300	10	3						204	6.8	3.3					
14	8	165,500	110,000					300	10	2						217	7.2	2.2					
15	8	198,600	90,000					300	15	3						183	9.1	4.0					
16	8	118,600	110,000					300	15	2						303	15.2	2.2					
17	8	81,500	90,000					300	9	3						441	7.4	4.0					
18	8	51,900	100,000					300	3	3						693	6.9	3.8					
19	2	0	120,000					0	0	2								2.0					
20	2	0	110,000					0	0	2								2.2					
21	8	179,700	100,000					300	10	2						200	6.7	2.4					
22	8	144,700	110,000	216			30,000	300	10	2						249	8.3	2.2					
23	8	190,200	110,000					300	10	2						189	6.3	2.2					
24	8	287,000	100,000					300	10	2						125	4.2	2.4					
25	0	0	120,000					0	0	2								2.0					
26	2	0	120,000					0	0	2								2.0					
27	2	25,500	110,000					5	0	2						24		2.2					
28	8	419,400	100,000					300	0	2						86		2.4					
29	8	185,000	100,000					300	10	2						191	6.4	2.4					
30	8	0	100,000					0	0	2								2.4					
31		0																					
TOTAL	188	3,532,000	3,250,000	528			90,000	8,005	183	64		7				5466	152.2	72.0					
MAX	8	419,400	140,000	312			60,000	300	15	3						693	15.3	4.0					
MIN	2	0	90,000	216			30,000	0	0	2						0	0	1.7					
AVG	6	117,733	108,333	264			45,000	200	6	2						182	5.1	2.4					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: November

COUNTY: Volusia
I.D. NO: 3641256
YEAR: 1994

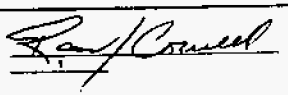
TELEPHONE NUMBER: 407-427-8319

CHEMICAL AND PHYSICAL RESULTS (mg/l)

	RAW									SETTLED						FINISHED										
			HARDNESS									AS CACO3													CL2	IRON
DATE	pH	M.O. ALK.	TOTAL	CALCIUM	MAGNESIUM	CO2 CALC	IRON As FE	COLOR UNITS	TURBIDITY		PH	P ALK	M ALK	TOTAL HDNS	CA HDNS	pH	P ALK.	M ALK.	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	FLUORIDE As F	TURBIDITY (NTU)	at RT	As FE
column #	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																6.3	O	100	140	110	1.5				1.0	
2	7.4	310	330	300	30		O	0.5	0.5		8.3	O	70	140	115	6.3	O	100	140	110	1.4	O		0.2	1.0	O
3																8.3	O	100	140	110	1.5				1.0	
4																8.2	O	110	150	115	1.5				1.0	
5																8.3	O	100	140	110	1.2				1.0	
6																6.3	O	100	140	110	1.2				1.0	
7	7.2	310	320	310	10		O	0.5	0.5		8.2	O	90	130	90	8.3	O	100	140	110	1.0	O			1.0	
8																8.3	O	110	130	130	1.5			0.1	1.0	O
9																8.1	O	140	180	120	1.8				1.0	
10																8.1	O	100	140	110	1.5				1.0	
11																8.5	40	120	130	110	1.5				1.0	
12																8.3	O	80	100	100	1.5				1.0	
13																8.4	20	400	100	90	1.5				1.0	
14																8.5	40	50	120	90	1.0			0.8	0.8	
15																8.7	40	40	80	80	1.5				1.0	
16																8.4	10	40	140	130	1.5				1.0	
17	7.2	310	320	310	10		O	0.5	0.5		8.2	O	90	130	80	8.4	10	50	140	130	1.5	O		0.4	1.0	O
18																8.4	10	50	140	130	1.5				1.0	
19																8.3	O	60	130	120	1.5				1.0	
20																8.3	O	60	130	120	1.2				1.0	
21																8.4	10	60	140	120	1.5				1.0	
22																8.5	20	60	140	120	1.5				1.0	
23																8.5	20	40	100	90	1.5				1.0	
24																8.1	O	100	190	140	1.2				1.0	
25																8.3	O	100	140	110	1.5				1.0	
26																8.3	O	100	120	110	1.5				1.0	
27																8.4	O	100	140	120	1.5				1.0	
28	7.2	300	320	300	20		O									8.3	O	100	160	120	1.5				1.0	
29								0.5	0.5		8.3	O	60	140	90	7.9	O	100	180	120	1.2	O			1.0	
30																7.9	O	100	180	120	1.2			0.3	1.0	O
31																	O									
TOTAL	29.0	1230	1290	1220	70		0.0	2.0	2.0		33.0		330	540	375	249.3	220	2870	4120	3405	41.0			1.8	29.8	0.0
MAX	7.4	310	330	310	30		0.0	0.5	0.5		8.3		90	140	115	8.7	40	400	190	140	1.5			0.8	1.0	0.0
MIN	7.2	300	320	300	10		0.0	0.5	0.5		8.2	O	70	130	80	7.9	O	40	80	80	1.0			0.1	0.8	0.0
AVG	7.3	308	323	305	18		0.0	0.5	0.5		8.3		83	135	94	8.3	7	96	137	114	1.4			0.4	1.0	0.0

422

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: 
HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAMES: Randy Cornell; Jim Smith
CERTIFICATION NO: 8.6136; 8-7508

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: November
Telephone Number: 407 427-6319

COUNTY: Volusia
I D NO: 3641294
YEAR: 1994

DESIGN FLOW: .500 MGD
TOTAL METERED SERVICES AT END OF MONTH: 628

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	FLUORIDE CHEMICAL	OTHERS: POLYMERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE As F	OTHER			
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	8	301,400	110,000					300	10	2						119	4.0	2.2					
2	8	119,800	100,000					300	10	2						303	10.1	2.4					
3	8	0	130,000					0	0	2								1.8					
4	8	33,100	100,000					300	5	2						953	10.9	2.4					
5	2	0	140,000					0	0	2								1.7					
6	2	0	100,000					0	0	2								2.4					
7	8	288,000	120,000					300	10	2						128	4.3	2.0					
8	8	78,500	100,000					300	10	2						458	15.3	2.4					
9	8	178,100	120,000					300	10	2						201	6.7	2.0					
10	8	128,300	100,000					300	10	2						280	9.3	2.4					
11	8	198,100	110,000					300	10	2						217	7.2	2.2					
12	2	0	110,000					0	0	2								2.2					
13	2	178,300	110,000	312			60,000	300	10	3						204	6.8	3.3					
14	8	165,300	110,000					300	10	2						217	7.2	2.2					
15	8	198,600	90,000					300	15	3						183	9.1	4.0					
16	8	118,800	110,000					300	15	2						303	15.2	2.2					
17	8	81,300	90,000					300	5	3						441	7.4	4.0					
18	8	51,800	100,000					300	5	3						893	8.8	3.8					
19	2	0	120,000					0	0	2								2.0					
20	2	0	110,000					0	0	2								2.2					
21	8	178,700	100,000					300	10	2						200	8.7	2.4					
22	8	144,700	110,000	216			30,000	300	10	2						248	9.3	2.2					
23	8	199,200	110,000					300	10	2						199	8.5	2.2					
24	8	287,000	100,000					300	10	2						125	4.2	2.4					
25	8	0	120,000					0	0	2								2.0					
26	2	0	120,000					0	0	2								2.0					
27	2	25,500	110,000					5	0	2						24		2.2					
28	8	419,400	100,000					300	0	2						80		2.4					
29	8	188,000	100,000					300	10	2						191	6.4	2.4					
30	8	0	310,000					0	0	2								0.9					
31		0																					
TOTAL	186	3,392,800	3,660,000	528			90,000	6,005	183	64		7				5886	182.8	79.1					
MAX	8	419,400	310,000	312			60,000	300	15	3						893	15.3	4.0					
MIN	2	0	90,000	216			30,000	0	0	2						0	0	0.9					
AVG	8	117,733	122,000	264			45,000	200	6	2						182	6.1	2.5					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: November
COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1994

TELEPHONE NUMBER: 407-427-8319

CHEMICAL AND PHYSICAL RESULTS (mg/l)

	RAW									SETTLED						FINISHED										
			HARDNESS								AS CaCO3															
DATE	pH	M.O ALK	TOTAL	CALCIUM	MAGNESIUM	COD CALC	IRON As FE	COLOR UNITS	TURBIDITY	pH	P ALK	M ALK	TOTAL HDNS	CA HDNS	pH	P ALK	M ALK	TOTAL HDNS	CALCIUM HDNS	RESIDUAL CHLORINE	COLOR	FLUORIDE As F	TURBIDITY (NTU)	CL2 as Cl	IRON As FE
column #	24	25	26	27	28	29	30	31	32	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1															8.3	0	100	140	110	1.5				1.0	
2	7.4	310	330	300	30		0	0.5	0.5	8.3	0	70	140	115	8.3	0	100	140	110	1.4	0		0.2	1.0	0
3															8.3	0	100	140	110	1.3				1.0	
4															8.2	0	110	150	115	1.5				1.0	
5															8.3	0	100	140	110	1.3				1.0	
6															8.3	0	100	140	110	1.2				1.0	
7	7.3	310	320	310	10		0	0.5	0.5	8.3	0	90	130	90	8.2	0	100	140	110	1.0	0			1.0	
8															8.3	0	110	130	130	1.5			0.6	1.0	0
9															8.1	0	140	160	120	1.3				1.0	
10															8.1	0	100	140	110	1.3				1.0	
11															8.3	40	120	130	110	1.5				1.0	
12															8.3	0	80	100	100	1.3				1.0	
13															8.4	20	400	100	80	1.3				1.0	
14															8.5	40	50	120	90	1.0			0.6	0.8	
15															8.7	40	40	80	80	1.3				1.0	
16															8.4	10	40	140	130	1.5				1.0	
17	7.2	310	320	310	10		0	0.5	0.5	8.2	0	90	130	80	8.4	10	50	140	130	1.5	0		0.4	1.0	0
18															8.4	10	50	140	130	1.5				1.0	
19															8.3	0	80	130	120	1.5				1.0	
20															8.3	0	90	130	120	1.2				1.0	
21															8.4	10	40	140	120	1.5				1.0	
22															8.5	20	80	140	120	1.5				1.0	
23															8.5	20	40	100	80	1.5				1.0	
24															8.1	0	100	190	140	1.2				1.0	
25															8.3	0	100	140	110	1.5				1.0	
26															8.3	0	100	120	110	1.5				1.0	
27															8.4	0	100	140	120	1.3				1.0	
28	7.2	300	320	300	20		0								8.3	0	100	180	120	1.3				1.0	
29								0.5	0.5	8.3	0	90	140	90	7.9	0	100	180	120	1.2	0			1.0	
30															7.9	0	100	180	120	1.2			0.3	1.0	0
31																0									
TOTAL	36.9	1550	1590	1530	70		0.0	2.0	2.0	33.0		330	540	375	249.3	220	2870	4130	3405	41.9			1.8	29.8	0.0
MAX	7.4	310	330	310	30		0.0	0.5	0.5	8.3		90	140	115	8.7	40	400	190	140	1.5			0.6	1.0	0.0
MIN	7.2	300	320	300	10		0.0	0.5	0.5	8.2	0	70	130	80	7.9	0	40	80	80	1.0			0.1	0.8	0.0
AVG	7.3	308	323	305	19		0.0	0.5	0.5	8.3		83	135	94	8.3	7	95	137	114	1.4			0.4	1.0	0.0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

LEAD OPERATOR SIGNATURE: Randy Cornell
HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAMES: Randy Cornell; Jim Smith
CERTIFICATION NO: B 6136; B 7505

Name of Plant: Sugar Mill Country Club
Utility Company: Southern States Utilities
Month: December
Telephone Number: 407-427-8319

COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1994

DESIGN FLOW: 500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 826

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT MI GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE CHEMICAL	OTHERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE As F				
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	0	0	910,000					0	0	2								2.2					
2	8	198,800	980,000					300	10	2						180	6.0	2.4					
3	2	0	100,000					0		1								1.2					
4	2	180,200	100,000					0		2								2.4					
5	8	0	100,000					0		3								3.6					
6	8	0	100,000					0		2								2.4					
7	8	155,600	120,000				30,000	300	10	2						231	7.7	2.9					
8	8	45,100	100,000	192		192	80,000	300	10	2						798	26.6	2.4					
9	8	243,000	110,000					300-300	20	2							9.9	2.2					
10	2	120,400	90,000					300	10	2						299	10.0	2.7					
11	2	0	100,000					0		2								2.4					
12	8	181,800	90,000					300	10	2						198	6.6	2.7					
13	8	167,300	130,000					300	10	2						223	7.4	1.8					
14	8	0	100,000					0		1								1.2					
15	8	482,800	100,000	168		168	80,000	300	10	3						75	2.5	3.6					
16	8	0	120,000					0		2								2.0					
17	2	0	100,000					0		2								2.4					
18	2	0	100,000					0		2								2.4					
19	8	170,100	140,000					300	10	2						211	7.0	1.7					
20	8	181,000	120,000					300	10	2						198	6.6	2.0					
21	8	199,800	120,000					300	10	2						225	7.5	2.0					
22	8	198,500	120,000					300	10	2						336	11.3	2.0					
23	8	174,100	100,000					300	10	2						207	6.9	2.4					
24	2	0	120,000					0		2								2.0					
25	2	0	120,000					0		2								2.0					
26	8	338,000	110,000	264			60,000	300	10	2						108	3.5	2.2					
27	8	170,400	130,000					300	10	2						211	7.0	1.8					
28	8	174,300	140,000					300	10	2						205	6.9	1.7					
29	8	158,200	120,000					300	10	2						230	7.7	2.0					
30	8	206,200	140,000					300-300	10	2							5.8	1.7					
31	2	0	130,000					0		1								0.8					
TOTAL	190	3,607,800	3,500,000	624		360	210,000	4,800	190	61		6				3938	148.8	68.3					
MAX	8	482,800	150,000	264		192	80,000	300	20	3						798	26.6	3.6					
MIN	2	0	90,000	168		168	30,000	0	0	1						0	0	0.8					
AVG	6	116,374	112,903	208		180	92,500	155	6	2						127	4.7	2.1					

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: December
TELEPHONE NUMBER: 407-427-8318

COUNTY: Volusia
I.D. NO: 3641294
YEAR: 1994

CHEMICAL AND PHYSICAL RESULTS (mg/L)

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO_2 CALC	RAW IRON Aa F-2	RAW COLOR UNITS	RAW TURBIDITY	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	FINISHED FLUORIDE Aa F	FINISHED TURBIDITY (NTU)	CL_2 in WT	IRON Aa F-2
column #	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1															7.9	0	90	180	160	1.8					1.0	
2															7.9	0	100	160	160	1.2					1.0	
3															7.9	0	100	180	160	1.2					1.0	
4															7.9	0	120	180	160	1.4					1.0	
5															7.9	0	100	180	160	1.2					1.0	
6															8.0	0	90	170	160	1.5					1.2	
7	7.3	290	320	310	10		0	0.5	0.5		8.2	0	70	155	140	8.0	0	90	160	140	1.5	0.5		0.3	1.2	0
8															8.2	0	70	150	130	1.5					1.2	
9															8.3	0	60	140	100	1.5					1.2	
10															8.3	0	60	140	100	1.5					1.2	
11															8.3	0	40	140	100	1.5					1.2	
12															8.3	0	40	140	100	1.8					1.2	
13	7.4	290	320	290	30		0	0.5	0.6		8.3	5	60	140	100	8.4	5	50	140	100	1.8				1.0	
14															8.4	5	50	140	100	1.5	0.5		0.4	1.0	0
15															8.4	5	50	140	100	1.5				1.0		
16															8.4	5	50	140	100	1.5				1.0		
17															8.3	0	60	140	100	1.5				1.0		
18															8.3	0	60	150	100	1.4				1.0		
19															8.3	0	60	150	100	1.4				1.2		
20	7.2	290	310	300	10		0	0.5	0.5		8.0	5	60	135	100	8.2	0	50	140	90	1.5	3.0		0.3	1.0	0
21															8.6	10	30	120	70	1.5				1.2		
22															8.6	10	30	120	70	1.5				1.2		
23															8.6	10	30	110	60	1.4				1.0		
24															8.6	10	30	110	60	1.5				1.0		
25															8.6	10	30	110	60	1.3				1.0		
26															8.6	10	30	110	70	1.5				1.0		
27															8.6	10	30	130	70	1.5				1.0		
28															8.6	10	40	140	70	1.5				1.0		
29															8.4	15	15	150	100	1.8				1.0		
30															8.3	5	70	150	100	1.5				1.0		
31															8.5	5	70	140	100	1.5				1.5		
TOTAL	21.9	870	950	900	50		0.0	1.5	1.6		24.8	10	190	430	340	256.2	125	1765	4490	3250	44.8	5.0		1.0	33.1	0.0
MAX	7.4	290	320	310	30		0.0	0.5	0.6		8.3	5	70	155	140	8.6	10	100	180	160	1.5	3.0		0.4	1.5	0.0
MIN	7.2	290	310	290	10		0.0	0.5	0.5		8.2	0	60	135	100	7.9	0	15	110	80	1.2	0.5		0.3	1.0	0.0
AVG	7.3	290	317	300	13		0.0	0.5	0.5		8.3	3	63	143	113	8.3	4	57	145	105	1.4	2.0		0.3	1.1	0.0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

Sugar Mill Country Club

January

LEAD OPERATOR SIGNATURE: Original signed by Bret A. Ziglar
DRINKING WATER OPERATOR#: 1
NOTE: GIVE REMARKS OR PLANT OPERATION ON REVERSE SIDE.

OPERATOR'S NAME: Bret A. Ziglar — CERTIFICATION NO: B-4488
Jim Smith — B-7999

DESIGN FLOW: 500 MGD

TOTAL METERED SERVICES AT END OF MONTH: 672

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED	TOTAL WATER TREATED LEAVING PLANT	FILTER DATA: HOURS FILTER RUN BETWEEN WASHINGS			TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE CHEMICAL	OTHERS				RESIDUES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE as F	OTHER			
		GALLONS	IN GALLONS	TOTAL	MAXIMUM	MINIMUM	GALLONS					POLYMER											
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	4	100,000	110,000	24			30,000	100	5	6						93	6.0	4.5					
2	3	121,000	100,000					150	10	4						140	9.0	5.0					
3	0	0	120,000							4						0		4.0					
4	6	101,000	110,000					250	15	3						155	7.0	5.0					
5	9	207,000	100,000					230	15	3						145	6.5	3.0					
6	8	110,000	110,000					250	15	3						200	9.0	3.0					
7	6	0	110,000							4						0		5.0					
8	6	80,000	110,000					150	2	2						200	6.5	3.0					
9	5	120,000	100,000					130	2	5						145	3.5	5.0					
10	3	100,000	100,000					100	2	6						107	7.5	5.0					
11	12	23,000	100,000					200	3	4						210	8.5	6.0					
12	9	74,000	100,000	264			30,000	100	2	3						160	9.0	2.5					
13	8	94,000	100,000					130	3	3						101	4.0	2.5					
14	8	102,000	100,000					130	3	2						130	4.5	2.0					
15	8	102,000	100,000					130	3	2						111	3.0	2.0					
16	1	220,000	100,000					170	10	6						70	5.0	5.5					
17	1	0	100,000							6						0		5.5					
18	8	210,000	110,000					450	20	3						611	9.0	7.0					
19	8	203,000	110,000	105			30,000	300	10	6						81	4.0	5.0					
20	8	101,000	110,000	24			30,000	200	10	7						201	11.0	7.0					
21	4	217,000	110,000					130	10	6						240	5.0	6.0					
22	9	30,000	100,000	48			30,000	200	10	6						205	13.0	6.0					
23	1	90,000	100,000					200	10	7						405	24.0	7.0					
24	1	0	100,000							7						0		3.0					
25	0	0	110,000							8						0		4.0					
26	8	110,000	110,000					200	5	5						201	9.0	4.0					
27	8	77,000	110,000					200	4	3						211	7.0	2.0					
28	0	0	100,000							7						0		2.0					
29	8	201,000	110,000					200	15	1						91	2.0	1.0					
30	1	100,000	110,000					200	20	2						120	12.0	3.5					
31	1	110,000	110,000					150	10	2						153	14.0	2.5					
TOTAL	183.5	3,500,000	3,340,000	526			150,000	4,830	201	127		27				4755	194	130					
MAR	12	215,000	110,000	264			30,000	450	20	5						600	24	0					
MIN	1	0	100,000	24			30,000	100	0	1						0	0	1					
AVG	8	105,000	100,000	105			30,000	150	8	5						190	7	0					

DER FORM 17-7.900(5) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: January
TELEPHONE NUMBER: 904-427-8315

COUNTY: Volusia
I.D. NO: 2641288
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW P ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COT Cu-C	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY	SETTLED pH	SETTLED AS CACO3 P ALK	SETTLED AS CACO3 M ALK	SETTLED AS CACO3 TOTAL HDNS	SETTLED AS CACO3 CA HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED FLUORIDE As F	FINISHED TURBIDITY (NTU)	CL2 at RT	IRON As FE
	25	25	29	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																8	5	100	100	100	1.2				1	
2																8	5	90	150	120	1.2				1	
3																8	5	80	140	100	1.2				1	
4	7.6	305	350	310	40		0.4	0.5	0.8	9.2	90	50	110	80	7.8	5	80	140	100	1.6			0.4	1.2	
5																7.5		100	160	140	2				1	
6																7.8	10	100	160	140	1.8				1.1	
7																8.6	10	70	130	110	1.8				1	
8																8		70	120	100	1.6				1.2	
9																8		100	120	100	1.8				1.3	
10																7.8		70	120	100	2				1.8	
11																8		100	160	100	1.9				1.2	
12																8		100	160	100	1.6				1	
13																7.9		100	160	100	2				1.8	
14	7.7	300	370	330	40		0.2	0.5	0.3	9	20	40	130	60	7.8		100	160	100	2			0.3	1.8	
15																7.8		110	150	120	1.8				1.2	
16																7.8		110	130	120	2				1.8	
17																7.6		100	120	100	2				1.6	
18																8		100	120	100	2				1.8	
19																8.3		90	140	120	1.8				1	
20																8.1		100	160	140	1.2				1	
21																8.2		100	160	140	1				1	
22	7.9	310	350	320	30		0.2	0.5	0.2	9.6	30	40	130	90	8.6	10	30	100	80	2			0.2	1.8	
23																8.7		90	120	100	1.6				2	
24																7.7		100	200	160	1.8				1	
25																7.7		100	200	160	1.8				1	
26																7.7		100	200	160	1.8				1	
27																7.7		100	200	160	1.8				1.2	
28																8		120	160	140	1				1.8	
29	7.6	310	340	300	30		0.4	0.5	0.2	9.7	30	60	130	90	8.7		110	160	140	2			0.4	1.6	
30																8.8		90	170	140	1.6				1.2	
31																8.1		90	170	170	1.8				1.2	
TOTAL	77.9	1240	1410	1260	130		1.2	2.5	1.3	36.1	130	190	600	340	247.3	50	3210	5100	4630	61.1	0		1.3	48.5	
MAX	7.9	310	370	330	40		0.4	0.5	0.8	9.6	90	60	130	90	8.6	10	100	200	160	2.5	0		0.4	2.0	
MIN	7.7	300	340	310	30		0.2	0.5	0.2	9.1	30	40	110	60	7.5		30	100	80	1.6	0		0.2	1.0	
AVG	7.8	310	353	320	32.5		0.3	0.5	0.3	9.6	33	44	133	85	7.9	2	103	165	149	1.8	0		0.3	1.3	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

Sugar Mill Country Club

February

LEAD OPERATOR SIGNATURE: Original signed by Brad A. Pigler

HOW MANY OTHER OPERATORS? 1

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Brad A. Pigler, Joe Smith

CERTIFICATION NO: B-4488, B-7588

DESIGN FLOW: 500 GPD

TOTAL METERED SERVICES AT END OF MONTH: 621

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	FLUORIDE CHEMICAL	OTHERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE As F				
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	0	123,000	130,000					700	10	4						100	2	0					
2	0	0	140,000					0	0	1						0	0	1					
3	0	0	100,000					0	0	1						0	0	1					
4	0	0	110,000					0	0	1						0	0	1					
5	0	0	110,000					0	0	1						0	0	1					
6	1	0	110,000					0	0	1						0	0	1					
7	1	0	100,000					0	0	1						0	0	1					
8	0	0	130,000					0	0	1						0	0	1					
9	0	0	100,000	432			100,000	0	0	1						0	0	1					
10	0	300,000	130,000					600	10	2						133	4	1					
11	0	240,000	100,000					300	15	1						104	7	1					
12	0	200,000	200,000					200	20	3						80	8	2					
13	1		130,000	96			30,000	0	0	3						0	0	3					
14	2	222,000	190,000	24			30,000	450	20	5						243	10	4					
15	0	130,000	110,000	24			20,000	200	15	3						226	4	0					
16	0	240,000	190,000	24			20,000	200	10	3						114	3	4					
17	0	240,000	110,000	24			15,000	300	15	3						264	7	3					
18	0	200,000	150,000	24			15,000	200	15	3						210	6	2					
19	0	200,000	130,000					200	10	1						127	10	1					
20	1	0	130,000					0	0	4						0	0	3					
21	1	95,000	100,000					100	3	2						126	3	2					
22	0	130,000	140,000					250	10	1						215	5	1					
23	0	250,000	130,000					600	10	4						234	4	1					
24	0	200,000	130,000					250	10	1						143	5	1					
25	0	200,000	90,000					250	10	1						113	5	4					
26	0	111,000	70,000					240	10	1						142	3	2					
27	1	0	140,000					0	0	3						0	0	3					
28	2	300,000	130,000	240			30,000	300	20	3						101	6	3					
29																							
30																							
31																							
TOTAL	170	4,436,000	3,660,000	888			330,000	5,950	240	71		50				3011	90	61					
MAX	2	423,000	700,000	432			100,000	700	30	5						264	10	4					
MIN	1	0	90,000	24			15,000	0	0	1						0	0	1					
AVG	0	230,000	130,000	111			25,000	350	14	3						191	6	2					

DEP FORM 17-1.210(3) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: February
COUNTY: Volusia
I.D. NO.: 3641296
YEAR: 1993
TELEPHONE NUMBER: 904-427-6319

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COD CALC	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY		SETTLED pH	SETTLED AS CACO3 P ALK	SETTLED AS CACO3 M ALK	SETTLED AS CACO3 TOTAL HDNS	SETTLED AS CACO3 CA HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED FLUORIDE As F	FINISHED TURBIDITY (NTU)	CL2 at RT	IRON As FE
	34	35	36	37	38	39	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	7.4	330	380	340	38		0.2	0.5	0.4		7.8	50	40	130	90	7.8	0	170	200	180	2.0	0		0.3	1.5	0
2																7.9	0	170	180	170	2.0				1.5	0
3																7.7	0	170	180	170	1.9				1.5	0
4																7.9	0	170	180	170	1.9				1.5	0
5																7.9	0	170	180	170	2.0				1.5	0
6																7.9	0	170	180	170	2.0				1.5	0
7																7.9	0	170	180	170	1.9				1.5	0
8																7.8	0	170	180	170	1.8				0.5	0
10	7.4	310	380	320	30		0.4	0.5	0.6		7.9	30	30	100	100	7.9	0	160	220	180	2.0	0		0.3	1.5	0
11																8.0	0	160	210	180	1.8				0.5	0
12																8.0	0	160	190	160	1.5				1.0	0
13																8.0	0	170	190	160	1.8				1.0	0
14																8.0	0	170	190	160	1.8				1.0	0
15																8.1	0	130	170	150	1.6				1.0	0
16																8.1	30	70	130	120	1.8				1.0	0
17	7.1	340	350	320	30		0.4	0.5	0.5		8.0	40	30	150	135	8.0	20	50	130	120	1.5	0		0.4	1.0	0
18																8.0	30	50	130	120	1.5				1.0	0
19																8.0	0	120	160	160	2.0				2.0	0
20																8.0	0	110	160	160	2.0				1.5	0
21																8.0	0	200	160	170	1.5				1.2	0
22																8.0	0	200	160	170	1.5				1.2	0
23																8.0	0	200	160	160	1.5				1.2	0
24																8.0	0	170	200	200	1.2				1.0	0
25																8.1	20	120	160	160	1.2				1.0	0
26																8.1	20	120	160	160	1.2				1.0	0
27	7.2	300	370	330	40		0.3	0.5	0.3		8.0	30	40	150	140	8.1	10	90	170	170	2.0	0		0.2	1.5	0
28																8.1	10	90	170	170	2.0				1.0	0
29																										0
30																										0
31																										0
TOTAL	29.1	1280	1470	1310	120		1.3	2.0	1.8		31.8	150	100	580	465	220.3	160	4130	5810	4730	43.4			1.3	33.0	0
MAX	7.4	340	370	340	40		0.4	0.5	0.4		10.0	40	40	150	140	9.0	30	200	220	200	2.0			0.4	2.0	0
MIN	7.1	300	350	320	30		0.3	0.5	0.3		9.8	10	30	130	90	7.8	0	50	130	120	1.5			0.2	0.5	0
AVG	7.3	320	368	328	30		0.3	0.5	0.5		9.9	15	25	145	116	7.9	5	145	170	160	1.5			0.3	1.1	0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

Sugar Mill Country Club

March

LEAD OPERATOR SIGNATURE: Original signed by Bret A. Pighin

HOW MANY OTHER OPERATORS? 1

OPERATOR'S NAMES: Bret A. Pighin CERTIFICATION NO: B-4488
Jim Smith B-7568

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

DESIGN FLOW: 150,000

TOTAL METERED SERVICES AT END OF MONTH: 601

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	HOURS FILTER RUNS BETWEEN WASHINGS MAXIMUM	HOURS FILTER RUNS BETWEEN WASHINGS MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE CHEMICAL	OTHERS				RESIDUALS (mg/l): LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE As F	OTHERS			
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	0	150,000	150,000					250	18	2						98	2.4	1.8					
2	0	167,000	98,000					250	18	2						152	0.1	2.7					
3	0	0	150,000							1						0	0	0.6					
4	0	212,000	150,000	96			30,000	250	18	1						101	0.1	0.6					
5	0	270,000	150,000					250	18	2						197	0.3	2.1					
6	1	0	150,000							2						0	0	0.4					
7	1	0	150,000							2						0	0	1.8					
8	0	180,000	150,000	96			30,000	250	18	2						197	0.3	1.8					
9	0	210,000	150,000					250	18	1						198	0.6	0.9					
10	0	207,000	90,000					210	18	2						78	0.5	2.0					
11	0	180,000	150,000	72			30,000	250	18	2						198	0.3	2.0					
12	0	200,000	170,000					300	18	3						120	0.9	0.1					
13	0	0	150,000							1						0	0	1.9					
14	0	0	140,000							1						0	0	0.6					
15	0	200,000	110,000					300	20	2						137	0.5	0.3					
16	0	230,000	120,000					250	18	2						178	0.6	2.2					
17	0	234,000	150,000					210	18	2						101	0.7	1.8					
18	0	240,000	150,000					250	18	2						156	0.3	1.8					
19	0	0	170,000							2						0	0	1.0					
20	0	203,000	110,000	216			30,000	235	18	2						144	0.6	2.0					
21	0	0	120,000							2							0	2.0					
22	0	205,000	110,000	96			30,000	400	10	2						190	0.6	2.3					
23	0	0	150,000							2						0	0	1.9					
24	0	205,000	100,000	96			30,000	250	10	2						98	0.9	2.0					
25	0	0	150,000							2						0	0	2.0					
26	0	270,000	170,000					310	10	2						111	0.2	2.0					
27	1	0	140,000							2						0	0	1.7					
28	1	0	150,000							2						0	0	1.8					
29	0	400,000	130,000	120			30,000	250	30	1						73	0.9	0.9					
30	0	211,000	100,000					250	30	2						99	0.9	1.9					
31	0	0	150,000							1						0	0	1.0					
TOTAL	105	5,310,000	4,040,000	944			210,000	5,600	345	58		20				2937	105	55					
MAX	0	400,000	150,000	216			30,000	400	30	3						197	11	3					
MIN	1	0	90,000	48			30,000	0	0	1						0	0	1					
AVG	4	270,000	130,000	96			30,000	245	15	1.8						134	6	2					

(REVISED 11-1-2004) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: March
TELEPHONE NUMBER: 904-427-8315

COUNTY: Volusia
I.D. NO: 3641268
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO2 CALC	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY		SETTLED pH	SETTLED P ALK	SETTLED M ALK	SETTLED AS CACO3 TOTAL HDNS	SETTLED AS CACO3 CA HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED FLUORIDE As F	FINISHED TURBIDITY (NTU)		CL2 wt RT	SPEC As FE
	24	25	25	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	
1	7.6	310	390	310	80		0.2	0.5	0.2		8.5	17	60	160	130	7.0	0	120	170	140	1.5					1.0	0
2																7.7	0	170	180	160	2.0					1.5	0
3																7.8	0	170	180	160	2.0					1.5	0
4																8.0	0	170	180	160	2.0					1.5	0
5																8.1	0	170	170	160	2.0					1.5	0
6																8.0	0	160	150	170	1.5					1.5	0
7																8.0	0	160	160	140	1.5					1.5	0
8																8.0	0	160	160	140	1.5					1.5	0
9																8.0	0	160	160	140	1.5					1.5	0
10	7.5	290	340	340	10		0.1	0.1	0.4		8		100	180	170	7.8	0	150	180	170	1.5					1.5	0
11																7.8	0	170	190	170	2.0					1.5	0
12																7.9	0	180	190	170	2.0					1.5	0
13																7.8	0	70	180	160	2.0					1.5	0
14																7.8	0	70	170	160	2.0					2.0	0
15																7.9	0	70	170	160	1.8					2.0	0
16																8.4	30	70	160	160	1.8					0.5	0
17																8.4	30	70	160	160	1.8					0.5	0
18																8.4	0	60	160	170	1.8					1.0	0
19	7.4	300	470	470	10		0.2	0.1	0.2		8	0	140	210	210	8.4	0	90	160	170	1.5					1.0	0
20																7.7	0	180	250	240	1.0					1.0	0
21																7.7	0	180	220	200	1.0					0.5	0
22																8.0	0	140	220	200	2.0					1.5	0
23																8.0	0	140	220	200	1.8					1.5	0
24	7.5	310	350	360	50		0.3	0.4	0.3		8	0	150	190	190	7.5	0	140	200	180	1.5					1.5	0
25																7.8	0	140	200	180	1.6					1.0	0
26																7.7	0	200	260	240	1.8					1.0	0
27																7.6	0	200	260	240	1.8					0.8	0
28																7.5	0	200	260	240	1.8					0.8	0
29																7.8	0	200	260	240	1.8					1.0	0
30																7.8	0	200	260	240	1.8					1.0	0
31																7.6	0	180	250	220	1.6					1.0	0
TOTAL	29.5	1200	1550	1380	150		0.8	1.1	1.1		32.5	18	550	720	700	243.6	60	4110	5450	5030	47.4					34.8	0
MAX	7.6	310	540	470	80		0.3	0.5	0.4		8.5	18	160	210	210	8.4	30	200	260	240	2.0					1.8	0
MIN	7.4	240	350	300	10		0.1	0.1	0.2		8.0	0	60	160	130	7.5	0	70	150	140	1.5					0.5	0
AVG	7.5	300	390	340	27		0.2	0.4	0.2		8.1	2.5	110	180	175	7.8	9	133	200	180	1.8					1.1	0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 1

Sugar Mill Country Club

April

LEAD OPERATOR SIGNATURE [illegible] Original signed by Brad A. Ziglar

HOW MANY OTHER OPERATORS? 1

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME'S Brad A. Ziglar CERTIFICATION NO. B-4886
Jim Smith B-7566

DESIGN FLOW 100,000

TOTAL METERED SERVICES AT END OF MONTH 481

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS PLANT RUNS BETWEEN WASHINGS TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICAL: LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE CHEMICAL	OTHERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE as F				
FOR MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	S	327,000	130,000					270	10	2						30	37	1.6					
2	S	0	130,000					0	0	2						0	0	1.6					
3	1	300,000	140,000	120			30,000	300	20	2						130	80	1.9					
4	1	0	140,000					0	0	1						0	0	0.7					
5	0	230,000	110,000					200	20	1						100	90.2	1.1					
6	S	201,000	110,000					220	20	2						100	90	2.2					
7	S	0	100,000					0	0	2						0	0	1.9					
8	2	137,000	90,000	120			30,000	200	15	2						210	101	0.7					
9	2	420,000	120,000	24			30,000	300	18	2						114	90	0.0					
10	1	0	120,000					0	0	1						0	0	0.7					
11	1	0	130,000					0	0	1						0	0	0.0					
12	0	325,000	100,000	72			30,000	250	20	4						170	84	0.0					
13	0	301,000	130,000					200	10	2						140	0.2	1.6					
14	0	0	100,000					0	0	2						0	0	1.3					
15	2	270,000	110,000	72			30,000	300	20	2						130	0.0	0.2					
16	2	0	100,000					0	0	2						0	0	1.9					
17	1	301,000	120,000					220	10	2						92	93	0.4					
18	2	0	130,000					0	0	2						0	0	1.9					
19	0	0	100,000					0	0	2						0	0	1.6					
20	0	200,000	110,000	120			30,000	420	10	2						100	0.2	0.0					
21	0	204,000	110,000					420	10	2						104	0.1	2.0					
22	0	0	110,000					0	0	1						0	0	0.0					
23	0	270,000	120,000					420	20	2						104	0.0	2.0					
24	1	0	120,000					0	0	1						0	0	1.6					
25	2	200,000	70,000	120			30,000	200	20	2						100	0.0	2.4					
26	0	0	120,000					100	5	2						204	0.0	1.6					
27	0	200,000	100,000					200	10	1						100	0.0	1.2					
28	0	200,000	110,000					400	10	3						100	0.0	2.0					
29	0	0	110,000					0	0	2						0	0	2.2					
30	0	200,000	120,000	120			30,000	400	20	2						100	0.0	1.0					
31																							
TOTAL	16x	6,000,000	3,370,000	900			210,000	6,100	302	50		93				2010	101	32					
MAX	2	420,000	140,000	120			30,000	300	20	4						204	93	3					
MIN	1	0	70,000	24			30,000	0	0	1						0	0	1					
AVG	1.4	270,000	130,000	90			30,000	330	13	2						100	7	2					

DESIGN FLOW IF 7 DAYS/WK EFFECTIVE NOVEMBER 30, 1990

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: April
TELEPHONE NUMBER: 904-627-8319

COUNTY: Volusia
I.D. NO.: 3641290
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW COD C.M.C.	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY	SETTLED	SETTLED PH	SETTLED AS CaCO3 P ALK	SETTLED AS CaCO3 M ALK	SETTLED AS CaCO3 TOTAL HDNS	SETTLED AS CaCO3 CA HDNS	FINISHED pH	FINISHED P ALK.	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED FLUORIDE As F	FINISHED TURBIDITY (NTU)	CLI ed RT	IRON As FE
	26	28	29	27	29	32	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																7.6	0	200	210	190	1.2				1.6	
2																7.6	0	200	210	190	1.2				1.6	
3																7.6	0	200	210	190	1.2				1.6	
4																7.6	0	200	210	190	1.2				1.6	
5	7.0	290	360	300	0		0	0.5	0.5		8.0	10	50	150	120	7.8	0	220	300	200	1.0				0.7	
6																7.8	0	220	300	200	1.0	0		0.9	1.0	0
7																8.0	0	200	300	270	1.0				0.5	
8																8.0	0	150	210	170	1.0				0.5	
9	7.2	290	320	300	20		0.1	0.5	2.0		9.0	20	60	140	120	8.2	0	140	210	170	1.0				1.0	
10																8.2	0	140	210	170	1.0	0		0.8	1.0	0
11																8.3	0	180	240	200	1.0				0.8	
12																8.2	0	180	240	200	1.0				1.0	
13																8.0	0	220	300	250	1.0				0.5	
14																8.0	0	140	230	180	2.0				1.0	
15																8.0	0	140	170	140	2.5				2.0	
16																8.0	0	100	180	160	2.0				1.0	
17																7.8	0	200	300	200	1.0				0.5	
18																7.8	0	200	300	200	1.0				1.0	
19																7.8	0	160	260	240	1.5				1.0	
20	7.7	290	330	300	30		0.1	0.5	0.7		9.2	30	80	180	110	7.8	0	200	310	250	2.0				2.0	
21																7.8	0	200	310	200	2.0	0		0.4	1.5	0
22																8.0	0	180	260	190	1.5				1.0	
23																7.8	0	180	190	180	2.0				0.5	
24																8.0	0	120	180	150	1.0				0.5	
25																8.2	0	80	170	140	1.2				1.0	
26																8.2	0	80	170	140	2.0				1.5	
27																8.1	0	100	180	150	1.0				1.0	
28																8.2	0	100	180	160	1.0				1.0	
29																8.2	0	80	170	120	1.5				1.0	
30	7.7	240	350	300	70		0.1	0.5	0.8		9.3	20	50	110	100	8.3	0	110	180	140	1.0				1.0	
31																7.7	0	110	180	140	1.0	0		0.5	1.0	0
																	0									
TOTAL	74.8	1160	1360	1190	170		0.3	2.0	4.2		36.3	80	240	560	450	238.2		4690	6720	5725	44.1	0		2.1	29.8	
MAX	7.7	290	360	300	70		0.1	0.5	2.4		9.3	30	90	180	123	8.3		220	310	250	2.5	0		0.9	2.0	0
MIN	7.0	240	300	280	0		0	0.5	0.5		8.0	10	50	110	100	7.7		80	170	120	1.0	0		0.4	0.8	0
AVG	7.1	274	325	295	30		0.1	0.5	1.0		9.0	20	60	140	113	7.8		155	224	193	1.3	0		0.5	0.9	0

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL REGULATION

WATER TREATMENT PLANT OPERATION REPORT

Tiger Hill Country Club

May

FIELD OPERATOR SIGNATURE: Original signed by Brad A. Taylor

HAVE MANY OTHER OPERATORS? 1

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME: Brad A. Taylor / Jim Smith — CERTIFICATION NO: B-0458 / B-7200

DESIGN FLOW: 500 GPD

TOTAL METERED SERVICES AT END OF MONTH: 600

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RANG BETWEEN BACKWASH TOTAL			TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE CHEMICAL	OTHERS: POLYMERS				REMARKS page2: LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE (as F)				
COLUMN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
1	1	0	170,000					0	0	2						0	0	1.4					
2	1	71,000	99,000	16			30,000	500	5	2						100	9.4	0.7					
3	0	200,000	99,000					600	10	3						120	8.3	0.7					
4	0	137,000	140,000	40			30,000	300	10	2						170	8.0	0.3					
5	0	240,000	140,000					400	10	2						272	9.9	0.8					
6	0	220,000	140,000					400	12	2						300	7.7	0.4					
7	0	0	140,000					0	0	2						0	0	1.2					
8	1	0	140,000					0	0	2						0	0	2.1					
9	1	240,000	140,000					300	10	2						114	8.7	2.1					
10	0	333,000	140,000					600	20	3						323	7.4	2.4					
11	0	90,000	140,000					200	5	1						223	9.0	2.4					
12	0	0	140,000					0	0	2						0	0	2.0					
13	0	191,000	140,000	310			30,000	300	10	2						133	7.0	2.4					
14	0	180,000	240,000					230	12	2						222	10.0	1.8					
15	1	313,000	135,000					300	21	1						110	10.1	1.6					
16	1	0	90,000					0	0	2						0	0	2.7					
17	0	123,000	140,000	90			30,000	300	11	1						270	13.1	1.2					
18	0	134,000	140,000	24			30,000	250	11	1						213	10.3	0.8					
19	0	60,000	110,000					100	5	2						105	8.7	2.1					
20	0	130,000	110,000					200	11	2						173	10.6	2.0					
21	0	152,000	70,000	72			30,000	200	11	2						150	13.4	0.1					
22	1	0	90,000					0	0	2						0	0	3.0					
23	1	240,000	120,000					200	20	2						47	8.7	1.6					
24	0	0	110,000					0	0	2						0	0	2.2					
25	0	110,000	140,000					350	10	2						374	10.0	2.0					
26	0	233,000	100,000					200	20	2						93	8.0	2.0					
27	0	0	100,000	100			30,000	0	0	2						0	0	2.4					
28	0	300,000	100,000					530	24	2						210	9.5	2.1					
29	1	197,000	140,000					230	10	2						302	7.0	2.2					
30	1	0	110,000					0	0	2						0	0	2.2					
31	1	210,000	70,000	90			30,000	150	13	2						310	8.0	2.4					
TOTAL	173	4,230,000	3,440,000	746			330,000	6,130	322	89						4480	260	69					
MAX	6	367,000	280,000	310			30,000	600	27	3						374	15	3					
MIN	0	0	70,000	24			30,000	0	0	1						0	0	1					
AVG	5	136,000	111,000	83			33,000	207	13.9	1.9						263.6	9	2					

DEP FORM 17-1.20(6)(b) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 1

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: May
TELEPHONE NUMBER: 904 437 8319

COUNTY: Volusia
I.D. NO: 3641286
YEAR: 1990

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO2 CALC	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY		SETTLED pH	SETTLED AS CACO3 P ALK	SETTLED AS CACO3 M ALK	SETTLED AS CACO3 TOTAL HDNS	SETTLED AS CACO3 CA HDNS	FINISHED pH	FINISHED AS CACO3 P ALK	FINISHED AS CACO3 M ALK	FINISHED AS CACO3 TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED FLUORIDE As F	FINISHED TURBIDITY (NTU)	CL2 of RT	IRON As FE
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																6.8	0	200	150	140	1.0				0.2	0
2																6.9	0	190	130	100	1.2				1.0	0
3																6.9	0	190	103	140	1.0				1.0	0
4																6.8	20	70	100	30	1.0				0.9	0
5																6.9	10	90	140	100	1.0				1.2	0
6	7.2	300	340	340	0		0	0.4	0.5		6.7	30	50	140	100	6.8	0	70	140	100	1.0			0.8	1.0	0
7																7.0	0	60	140	140	2.0				1.0	0
8																7.0	2	80	140	110	1.5				1.0	0
9																6.9	0	70	150	90	2.0				1.5	0
10	7.2	350	370	280	0		0	0.5	0.6		6.7	30	50	120	110	6.9	0	70	150	90	2.0			0.2	1.5	0
11																7.0	0	80	160	100	2.0				2.0	0
12																7.0	0	80	160	110	1.4				1.4	0
13																7.0	0	80	160	110	1.4				1.0	0
14																7.0	0	100	160	140	2.0				1.0	0
15																7.0	0	140	200	100	2.0				1.0	0
16																7.0	0	100	140	90	1.0				1.0	0
17	7.2	310	300	340	0		0	0.5	0.6		6.4	40	40	130	100	7.0	0	150	190	140	1.0			0.2	1.0	0
18																7.0	0	140	180	130	1.0				1.0	0
19																7.0	0	130	190	100	1.0				1.0	0
20																7.0	0	130	170	100	1.3				1.0	0
21																7.0	0	100	200	100	1.0				1.0	0
22																7.0	0	100	200	100	1.0				1.0	0
23																7.0	0	100	200	100	1.0				1.0	0
24																7.0	0	100	200	100	1.0				1.0	0
25																7.0	0	100	210	100	1.0				1.0	0
26	7.4	300	310	300	10		0	0.4	0.4		6.7	20	60	140	100	7.0	0	150	220	100	1.0			0.2	1.0	0
27																7.0	0	150	220	100	1.0				1.0	0
28																6.9	0	100	200	170	1.5				1.0	0
29																6.9	0	110	180	110	1.5				0.8	0
30																6.9	0	110	180	110	0.8				0.8	0
31																6.9	0	90	160	120	1.0			0.6	0.8	0
TOTAL	290	1160	1320	1260	10		0	1.8	1.9		37.0	120	210	530	410	245.5	30	3420	5390	4360	41.5			2.0	34.2	0
MAX	7.4	310	370	350	10		0	0.5	0.6		6.7	40	60	140	110	6.9	20	150	220	140	2.0			0.2	2.0	0
MIN	7.2	250	300	280	0		0	0.4	0.4		6.7	20	40	120	100	7.0	0	60	140	90	0.8			0.2	0.8	0
AVG	7.2	290	330	320	2.5		0	0.5	0.4		6.7	30	53	133	103	7.0	1	110	173	141	1.3			0.2	1.1	0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

Sugar Mill Country Club

June

LEAD OPERATOR SIGNATURE: Original signed by Bret A. Ziglar
HOW MANY OTHER OPERATORS? 1
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Bret A. Ziglar, Jim Smith
CERTIFICATION NO: G-[illegible], G-7[illegible]

DESIGN FLOW: 500 MGD

TOTAL SERVICES AT END OF MONTH: 921

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	FLUORIDE CHEMICAL	OTHERS: POLYMERS				Residuals (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE Δ or F				
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	0	113,000	110,000	16			30,000	250	66	2						241	10.6	2.2					
2	0	140,000	80,000	24			30,000	200	70	2						171	6.0	2.0					
3	0	130,000	100,000					200	76	2						200	10.0	2.0					
4	0	300,000	70,000					200	76	2						60	3.3	2.4					
5	1	0	90,000					0	0	1						0	0	2.0					
6	1	0	80,000					0	0	1						0	0	2.0					
7	0	100,000	110,000					200	8	2						222	10.0	2.2					
8	0	340,000	90,000					600	27	6						200	9.0	2.0					
9	0	0	120,000					0	0	1						0	0	2.0					
10	0	0	100,000					0	0	1						0	0	2.4					
11	0	130,000	110,000	210			30,000	200	76	2						184	17.0	2.2					
12	1	307,000	90,000					450	18	3						170	9.2	4.0					
13	1	0	100,000					0	0	2						0	0	2.4					
14	0	100,000	90,000					200	8	2						230	9.2	2.0					
15	0	100,000	100,000					225	12	2						180	9.0	2.4					
16	0	0	80,000					0	0	2						0	0	2.0					
17	0	113,000	90,000					225	12	4						230	12.7	2.0					
18	0	250,000	100,000					200	10	2						110	5.5	2.2					
19	1	0	110,000					0	0	2						0	0	2.2					
20	1	0	70,000					0	0	2						0	0	2.4					
21	0	300,000	100,000					400	20	2						182	9.0	2.4					
22	0	0	100,000					0	0	2						0	0	2.4					
23	0	0	100,000					0	0	2						0	0	2.4					
24	0	130,000	90,000	312			30,000	200	10	2						215	9.0	2.0					
25	0	400,000	70,000					600	28	3						165	7.4	2.4					
26	1	0	90,000					0	0	3						0	0	2.0					
27	1	110,000	80,000					200	10	2						215	10.3	2.0					
28	0	0	80,000					0	0	2						0	0	2.0					
29	0	0	80,000					0	0	2						0	0	2.0					
30	0	103,000	80,000	104			30,000	210	10	2						207	13.0	2.0					
31																							
TOTAL	100	3,457,000	2,730,000	720			120,000	4,850	250	67		12				3371	165	70					
MAX	0	400,000	120,000	312			30,000	600	28	3						215	10	0					
MIN	1	0	70,000	24			30,000	0	0	2						0	0	2					
AVG	4	200,000	91,000	100			30,000	201	10	3						140	6	2					

DER FORM 17-1.30(6b) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Eagle Hill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: June
COUNTY: Volusia
I.D. NO: 3641298
YEAR: 1999
TELEPHONE NUMBER: 904-427-8319

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW M.O. ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO2 CALC	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY		SETTLED pH	SETTLED P ALK	SETTLED M ALK	SETTLED AS CACO3 TOTAL HDNS	SETTLED AS CACO3 CA HDNS	FINISHED pH	FINISHED F ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED FLUORIDE As F	FINISHED TURBIDITY (NTU)	CL2 at FT	IRON As FE
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1																5.6	0	60	150	120	1.0				1.0	
2																5.7	0	70	140	100	1.0				9.2	
3	7.4	300	330	300	30		0.2	0.5	0.4		6.6	40	60	120	70	6.7	0	80	120	100	1.4	0		0.5	8.0	
4																6.3	0	70	100	110	1.0				9.0	
5																6.3	0	70	100	120	1.0				9.0	
6																6.2	0	70	110	110	1.0				9.0	
7																6.1	0	90	130	120	0.8				9.0	
8																6.1	0	90	170	130	1.0				9.0	
9																6.1	0	90	170	130	1.0				9.0	
10																6.0	0	90	170	130	1.0				9.0	
11																7.9	0	90	180	140	1.0				9.0	
12																8.0	0	90	150	120	0.8				9.0	
13																8.0	0	80	170	130	1.0				9.0	
14																7.8	0	100	170	130	1.0				9.0	
15	7.4	290	330	300	30		0.1	0.5	0.7		6.7	30	110	140	120	7.8	0	100	170	130	1.0	0		0.4	9.0	
16																7.8	0	100	170	130	0.8				1.0	
17																7.9	0	90	160	120	1.0				1.0	
18																7.8	0	80	150	110	1.0				1.0	
19																7.6	0	80	150	110	1.0				1.0	
20																7.7	0	80	150	110	1.0				1.0	
21																8.0	0	80	135	110	1.0				1.0	
22																8.0	0	80	135	110	1.0				1.0	
23																8.0	0	80	135	110	1.0				1.0	
24	7.2	240	320	300	20		0.1	0.5	0.6		6.6	30	120	130	120	8.0	0	80	160	110	0.8	0		0.5	1.0	
25																8.0	0	90	160	140	0.8				0.5	
26																8.0	0	100	180	160	0.8				0.5	
27																8.0	0	100	200	160	0.8				0.5	
28																8.0	0	100	200	160	1.0				1.0	
29																8.0	0	100	200	160	1.0				0.5	
30	7.2	300	310	310	0		0.1	0.5	0.6		6.7		140	190	160	8.0	0	150	210	140	1.0	0		0.4	1.0	
31																	0									
TOTAL	29.2	1170	1310	1230	80		0.5	2.0	2.5		25.1	80	530	590	470	241.1	00	2065	4705	3830	33.2	0		1.9	29.0	
MAX	7.4	300	330	320	30		0.2	0.5	0.7		6.7	40	140	190	160	8.0	0	150	210	160	1.4	0		0.5	9.2	
MIN	7.2	240	310	300	0		0.1	0.5	0.4		6.2	0	60	120	70	7.7	0	80	120	100	0.8	0		0.4	8.0	
AVG	7.3	293	328	308	20		0.1	0.5	0.6		6.4	20	106	148	118	8.0	0	87	159	121	1.1	0		0.5	9.0	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

Sugar Mill Country Club

July

LEAD OPERATOR SIGNATURE: Original signed by Bret A. Ryder
HAVE MANY OTHER OPERATORS? 1
NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAME: Bret A. Ryder, Jim Smith
CERTIFICATION NO: B-0000, B-7000

DESIGN FLOW: 000 0000

TOTAL METERED SERVICES AT END OF MONTH: 000

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	FLUORIDE CHEMICAL	OTHERS: POLYMERS				RESIDUES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE Ref F				
CYLINDER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	2	000,000	00,000					000	00	2						000	0.0	3.7					
2	2	000,000	00,000					000	00	2						000	0.0	3.6					
3	0	0	00,000					0	0	0						0	0	3.0					
4	1	0	00,000					0	0	0						0	0	3.7					
5	2	000,000	00,000					000	00	3						000	0.0	3.0					
6	0	0	00,000					0	0	3						0	0	3.0					
7	2	000,000	00,000					000	00	3						000	0.0	3.6					
8	2	000,000	00,000					000	0	3						000	0.0	3.6					
9	0	0	00,000					0	0	2						0	0	3.7					
10	1	0	00,000					0	0	3						0	0	3.6					
11	1	0	00,000					0	0	3						0	0	3.0					
12	0	000,000	00,000					000	00	3						000	0.0	4.0					
13	2	000,000	00,000					000	00	2						000	0.0	3.0					
14	0	0	00,000					0	0	2						0	0	3.0					
15	0	000,000	00,000					000	00	2						000	0.0	3.3					
16	0	000,000	00,000					000	00	3						000	0.0	3.6					
17	1	0	00,000					0	0	2						0	0	4.0					
18	1	0	00,000					0	0	2						0	0	3.4					
19	0	00,000	00,000					000	0	2						000	0.0	3.4					
20	0	0	00,000					0	0	2						0	0	3.6					
21	0	000,000	00,000					000	00	2						000	0.0	3.0					
22	0	000,000	00,000					000	00	2						000	0.0	3.0					
23	0	000,000	00,000	000			00,000	000	00	2						000	0.0	3.0					
24	1	0	00,000					0	0	2						0	0	3.4					
25	1	000,000	00,000					000	00	2						000	0.0	3.0					
26	0	000,000	00,000					000	0	2						000	0.0	3.7					
27	0	000,000	00,000					000	00	2						000	0.0	3.6					
28	0	000,000	00,000					000	00	2						000	0.0	3.4					
29	0	00,000	00,000					000	0	2						000	0.0	3.7					
30	0	000,000	00,000					000	0	2						000	0.0	3.7					
31	0	0	00,000					0	0	2						0	0	3.6					
TOTAL	000	0,000,000	0,000,000	000			00,000	0,000	000	00		0				0000	000	00					
MAX	0	000,000	000,000	000			00,000	000	00	0						000	00	0					
MIN	0	0	00,000	000			00,000	0	0	0						0	0	0					
AVG	0	000,000	00,000	000			00,000	000	00	0						000	0	0					

(REVISED 11-1-2000) EFFECTIVE NOVEMBER 30 1993

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: July
TELEPHONE NUMBER: 904-427-8110

COUNTY: Volusia
I.D. NO.: 3641296
YEAR: 1985

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW M.O. ALK.	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO2 CALC	RAW IRON As Fe	RAW COLOR UNITS	RAW TURBIDITY		SETTLED pH	SETTLED CaCO3 P ALK.	SETTLED CaCO3 M ALK.	SETTLED CaCO3 TOTAL HDNS	SETTLED CaCO3 CA HDNS	FINISHED pH	FINISHED P ALK.	FINISHED M ALK.	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED FLUORIDE As F	FINISHED TURBIDITY (JTU)		FINISHED ORTHO PHOS as PO4	FINISHED IRON As Fe	
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47		48	49	
1	7.3	310	320	310	10		0.1	0.2	0.4		10.2	40	10	140	120	7.9	0	110	130	100	1.2					1.0		
2																8.0	0	110	130	100	1.0			0.6		1.0		
3																8.0	0	110	130	100	1.0					1.0		
4																8.2	0	80	100	100	1.0					1.0		
5																8.2	0	80	100	100	1.0					1.0		
6																8.2	0	80	100	100	1.0					1.0		
7																8.1	0	70	100	100	1.2					1.0		
8																8.0	0	80	100	100	1.0					0.8		
9																8.0	0	80	100	100	1.0					0.8		
10																7.9	0	80	100	100	1.0					0.8		
11																7.9	0	80	100	100	1.0					0.8		
12																8.0	0	80	100	100	1.0					0.8		
13	7.2	290	320	300	20		0.1	0.3	0.4		8.7	20	115	135	115	8.0	0	80	100	100	1.0			0.2		1.0		
14																8.0	0	110	130	100	1.0					1.0		
15																8.2	0	70	130	80	1.2					1.0		
16																8.3	0	60	100	80	1.2					1.0		
17																8.3	0	60	100	80	1.2					1.0		
18																8.3	0	60	100	80	1.2					1.0		
19																8.3	0	60	100	80	1.2					1.0		
20																8.2	0	60	100	80	1.2					0.4		
21																8.0	0	80	120	90	1.0					0.6		
22	7.4	300	310	300	10		0.2	0.3	0.6		8.3	0	80	120	100	8.0	0	80	120	90	1.0					1.0		
23																8.0	0	80	120	90	1.0			0.4		1.0		
24																8.0	0	60	110	80	1.0					1.0		
25																8.1	20	90	110	80	1.4					1.0		
26																8.0	0	50	100	100	1.0					1.0		
27																8.0	0	80	100	110	1.0					1.0		
28																8.0	0	80	100	110	1.0					1.0		
29																8.0	0	80	100	110	1.0					1.0		
30	7.2	300	330	310	20		0.1	0.6	0.2		8.0	30	90	130	105	8.0	0	80	100	110	1.0					1.0		
31																8.0	0	80	100	110	1.0			0.6		0.8		
																8.0	0	80	100	110	1.0					0.8		
TOTAL	29.0	1200	1280	1220	60		0.5	2.0	1.8		26.0	90	255	530	420	250.3	20	2270	4340	3200	46.0	0		1.0		32.1		0
MAX	7.4	310	330	310	20		0.2	0.6	0.6		10.2	40	115	140	120	8.2	20	110	130	100	2.0	0		0.6		2.0		0
MIN	7.2	290	310	300	10		0.1	0.3	0.2		8.0	0	80	120	100	7.9	0	60	110	80	1.0	0		0.2		0.8		0
AVG	7.3	300	320	305	15		0.1	0.5	0.4		8.8	77	64	135	110	8.0	0.8	73	140	106	1.3	0		0.4		1.0		0

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL REGULATION

WATER TREATMENT PLANT OPERATION REPORT

Sugar Mill Country Club — August

LEAD OPERATOR SIGNATURE: Original signed by Bret A. Zigler

HOW MANY OTHER OPERATORS? 1

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

OPERATOR'S NAMES: Bret A Zigler; Jim Smith

CERTIFICATION NO: B-6488; B 7366

IN SIGN FLOW: 300 GPD

TOTAL METERED SERVICES AT END OF MONTH: 619

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED GALLONS	TOTAL WATER TREATED LEAVING PLANT IN GALLONS	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHING TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE CHEMICAL	OTHERS: POLYMERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE As F	OTHER			
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	7	0	90,000					0	0	7						0	0	3					
2	0	0	90,000					0	0	8						0	0	3					
3	9	114,000	90,000					0	10	3						0	11	3					
4	8	207,000	110,000					0	8	2						0	3	8					
5	8	194,000	100,000					0	13	3						0	12	7					
6	8	184,000	90,000					230	6	3						138	4	4					
7	7	190,000	90,000					330	10	3						231	09	3					
8	2	0	100,000					0	0	3						0	0	3					
9	0	0	70,000					0	0	8						0	0	3					
10	9	190,000	100,000					230	10	3						230	10	3					
11	0	0	90,000					0	0	3						0	0	3					
12	8	190,000	70,000					260	10	3						180	6	3					
13	6	200,000	90,000					300	10	2						177	9	3					
14	0	0	80,000					0	0	2						0	0	3					
15	0	0	90,000					0	0	2						0	0	3					
16	9	200,000	100,000					200	10	3						120	6	3					
17	0	0	90,000					0	0	2						0	0	3					
18	0	0	80,000					0	0	2						0	0	3					
19	9	173,000	100,000					300	20	3						200	13	3					
20	9	173,000	90,000					300	8	3						200	8	3					
21	0	0	90,000					0	0	2						0	0	3					
22	5	0	100,000					0	0	2						0	0	3					
23	9	325,000	70,000					300	20	3						121	10	3					
24	8	134,000	70,000					200	12	3						200	10	3					
25	0	0	70,000					0	0	2						0	0	3					
26	8	135,000	80,000					200	8	2						154	6	3					
27	8	180,000	70,000					100	10	3						110	11	3					
28	2	0	70,000					0	0	3						0	0	3					
29	3	0	70,000					0	0	3						0	0	3					
30	8	143,000	90,000	613			30,000	200	12	2						231	10	3					
31	8	150,000	80,000					200	12	3						220	9	3					
TOTAL	195	3,197,000	2,810,000	613			30,000	4,050	206	82						2,760	154	91					
MAX	9	313,000	110,000	613			30,000	330	20	7						260	13	8					
MIN	1	0	80,000	613			30,000	0	0	2						0	0	1					
AVG	6	103,129	84,000	613			30,000	200	12	3						103	7	3					

(REVERSE) (7-1-78)

EFFECTIVE NOVEMBER 30, 1977

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: August
TELEPHONE NUMBER: 904-427-8319

COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO2 CALC	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY	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	FINISHED FLUORIDE As F	FINISHED TURBIDITY (NTU)	CL2 cl RT	IRON As FE
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1															7.6	0	80	140	100	1.2				1.0	0
2															7.5	0	90	160	100	1.0				1.0	0
3															7.6	0	170	300	180	1.5				1.0	0
4															7.6	0	160	220	180	1.0				1.0	0
5															7.6	0	150	220	180	1.2				1.0	0
6	7.1	240	350	240	110		0.1	0.5	0.6	7.5	20	30	120	90	7.6	0	140	180	170	1.0	0		0.3	1.0	0
7															7.6	0	130	170	160	1.0				1.0	0
8															7.6	0	90	170	120	1.2				1.0	0
9															7.6	0	90	170	120	1.2				1.0	0
10															7.6	0	90	140	120	1.0				1.0	0
11															7.6	0	90	140	120	1.0				1.0	0
12															7.6	0	90	140	110	1.0				1.0	0
13	7.2	310	370	300	70		0.1	0.5	0.6	7.6	10	30	110	80	7.6	0	90	160	100	1.0	0		0.2	1.0	0
14															7.6	0	70	120	100	1.2				1.0	0
15															7.6	0	70	120	100	1.0				1.0	0
16															7.6	0	90	140	100	1.0				1.0	0
17															7.6	0	90	140	100	1.0				1.0	0
18															7.6	0	90	130	90	1.0				1.0	0
19															7.6	0	80	140	90	1.0				1.0	0
20															7.6	0	80	140	90	1.0				1.0	0
21															7.6	0	80	140	90	1.2				1.0	0
22															7.6	0	80	140	90	1.0				1.0	0
23	7.2	250	360	290	80		0.1	0.1	0.4	6.5	10	70	140	100	7.6	0	90	150	100	1.0	0		0.2	1.0	0
24															7.6	0	90	160	100	1.0				1.0	0
25															7.6	0	90	160	100	1.0				1.0	0
26															7.6	0	80	150	100	1.0				1.0	0
27															7.6	0	70	150	100	1.0				1.0	0
28															7.6	0	70	150	100	1.0				1.0	0
29															7.6	0	70	150	100	1.0				1.0	0
30															7.6	0	70	150	100	1.0				1.0	0
31	7.1	290	360	280	70		0.1	0.5	0.5	6.6	20	30	100	100	6.6	10	80	160	110	1.0				1.0	0
TOTAL	28.6	1090	1350	1110	330		0.4	2.0	1.9	35.1	60	160	470	380	204.6	20	2610	4865	3490	30.1	0		0.8	31.0	0
MAX	7.4	310	380	300	110		0.1	0.5	0.6	9.6	20	70	140	100	6.6	10	180	220	180	1.5	0		0.3	1.0	0
MIN	7.1	240	300	240	70		0.1	0.5	0.4	6.5	10	30	100	90	7.6	0	70	120	90	1.0	0		0.2	1.0	0
AVG	7.2	272	337	277	82		0.1	0.5	0.4	8.7	15	40	117	95	7.6	1	90	155	112	1.2	0		0.2	1.0	0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

Sugar Mill Country Club — September

LEAD OPERATOR SIGNATURE: Original signed by Brad A. Ziglar — OPERATOR'S NAME: Brad A. Ziglar — CERTIFICATION NO: B-7888
HOW MANY OTHER OPERATORS? 1 — Jim Smith — B-7889
NOTE: WRITE REMARKS ON PLANT OPERATION ON REVERSE SIDE

DESIGN FLOW: 300 GPM — TOTAL METERED SERVICES AT END OF MONTH: 840

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED IN 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	FLUORIDE CHEMICAL	OTHERS: POLYMERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE as F	OTHER			
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	8	200,000	70,000					300	10	2						175	10	3					
2	8	0	80,000					0	0	3						0	0	2					
3	8	100,000	80,000					300	20	2						180	10	2					
4	2	0	100,000					0	0	3						0	0	2					
5	2	0	80,000					0	0	3						0	0	2					
6	6	172,000	80,000					300	10	2						300	12	2					
7	8	104,000	80,000					300	8	2						180	8	2					
8	8	0	80,000					0	0	3						0	0	2					
9	8	172,000	80,000					300	8	3						297	8	3					
10	8	107,000	80,000					300	8	2						230	8	3					
11	2	0	80,000					0	0	3						0	0	4					
12	2	0	80,000					0	0	3						0	0	4					
13	8	180,000	100,000					300	10	2						181	8	3					
14	8	104,000	70,000					300	11	2						240	8	3					
15	8	0	80,000					0	0	3						0	0	2					
16	8	115,000	80,000					200	8	2						200	8	2					
17	6	173,000	101,000					130	10	2						180	8	2					
18	3	0	100,000					0	0	2						0	0	2					
19	1	0	80,000					0	0	2						0	0	1					
20	4	300,000	100,000					300	20	2						140	14	2					
21	0	0	80,000					0	0	2						0	0	2					
22	8	101,000	80,000	592			40,000	300	6	2						230	4	2					
23	8	103,000	80,000					250	10	1						180	11	1					
24	8	101,000	80,000					300	8	1						190	8	1					
25	2	0	100,000					0	0	1						0	0	1					
26	2	0	100,000					0	0	1						0	0	1					
27	8	104,000	110,000					300	10	1						240	9	1					
28	8	110,000	100,000					300	10	1						227	9	1					
29	8	130,000	80,000					200	8	1						184	7	1					
30	8	100,000	100,000					300	10	1						243	8	1					
31																							
TOTAL	183	3,041,000	2,941,000	592			40,000	5,900	230	52						3000	180	66					
MAX	8	300,000	111,000	592			40,000	300	20	3						300	14						
MIN	1	0	80,000	592			40,000	0	0	1						0	0						
AVG	6	102,000	98,000	592			40,000	270	10.9	2						210	8	2					

DEP FORM 17-1.209(5) EFFECTIVE September 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 2 OF 2

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: September

COUNTY: Volusia
I.D. NO: 3641280
YEAR: 1993

TELEPHONE NUMBER: 904-427-8319

CHEMICAL AND PHYSICAL RESULTS (mg/l)

DATE	RAW pH	RAW ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW CO2 CALC	RAW IRON As FE	RAW COLOR UNITS	RAW TURBIDITY		SETTLED pH	SETTLED P ALK	SETTLED M ALK	SETTLED AS CACO3 TOTAL HDNS	SETTLED AS CACO3 CA HDNS	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED TOTAL HDNS	FINISHED CALCIUM HDNS	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED FLUORIDE As F	FINISHED TURBIDITY NTU	CL2 at RT	IRON As FE
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	7.7	300	370	360	20		0.1	0.9	0.4		8.7	10	30	170	90	8.0	0	90	180	150	1.0	0		0.2	1.0	
2																8.0	0	90	185	140	2.0				1.0	
3																7.9	0	70	140	120	1.0				1.0	
4																7.9	0	70	140	110	0.5				1.0	
5																7.9	0	70	140	110	0.8				1.0	
6																8.2	8	50	140	100	1.0				1.0	
7																8.2	8	40	120	90	1.0				1.0	
8																8.2	8	50	140	90	1.0				1.0	
9	7.4	290	300	290	20		0.1	0.5	0.5		8.6	20	25	100	100	8.4	10	40	130	90	1.0	0		0.2	1.0	
10																8.2	8	50	170	90	1.0				1.0	
11																8.2	8	50	170	90	1.0				1.0	
12																8.2	8	50	170	90	1.0				1.0	
13																8.2	0	80	140	90	1.0				1.0	
14																8.2	0	80	140	90	1.0				1.0	
15																8.2	0	80	140	90	1.0				1.0	
16																8.2	0	80	140	90	1.0				1.0	
17	7.2	310	370	360	20		0.1	0.5	0.5		8.8	10	30	110	90	8.2	0	70	130	70	1.0	0		0.2	1.0	
18																8.2	0	70	130	70	1.0				1.0	
19																8.2	0	70	130	70	1.0				1.0	
20																8.2	0	90	200	120	1.0				1.0	
21																8.2	0	90	200	120	1.0				1.0	
22																8.4	10	90	170	100	1.0				1.0	
23																8.2	0	80	160	100	1.0				1.0	
24																8.2	0	90	170	100	1.0				1.0	
25																8.2	0	90	170	100	1.0				1.0	
26																8.2	0	70	170	100	1.0				1.0	
27	7.2	290	300	290	10		0.1	0.5	0.4		8.6	20	40	100	90	8.2	10	40	130	90	1.0	0		0.2	1.0	
28																8.4	20	40	130	100	0.8				1.0	
29																8.0	20	40	130	100	0.5				1.0	
30																8.1	10	60	120	90	1.0				1.0	
31																										
TOTAL	99	1180	1240	1170	70		0.4	2.9	1.8		34.0	70	125	430	370	248.3	100	1000	4300	2700	30.1	0		1.0	30.0	
MAX	7.4	310	370	360	20		0.1	0.9	0.5		8.8	20	40	120	100	8.4	10	90	200	120	2.0	0		0.2	1.0	
MIN	7.2	290	300	290	10		0.1	0.5	0.4		8.6	10	25	100	90	7.9	0	40	120	70	1.0	0		0.2	1.0	
AVG	7.2	295	310	293	18		0.1	0.6	0.4		8.6	18	31	108	93	8.2	2	66	145	83	1.3	0		0.2	1.0	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

[illegible] County, Fla.

October

LEAD OPERATOR SIGNATURE: Original signed by Brad A. Zigler

OPERATOR'S NAMES: Brad A. Zigler — CERTIFICATION NO: [illegible]
Joe Smith — [illegible]

NEW MANY OTHER OPERATORS? 1

NOTE: GIVE REMARKS ON PLANT OPERATION ON REVERSE SIDE

DESIGN FLOW: 500,000

TOTAL METERED SERVICES AT END OF MONTH: 621

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: LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE CHEMICAL	OTHERS: POLYMERS	OTHERS	OTHERS	OTHERS	DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE as F	OTHER	OTHER	OTHER	OTHER
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	9	144,000	110,000					300	22	1						140	30	3					
2	3	0	80,000					0	0	1								3					
3	3	0	80,000					0	0	1								3					
4	6	200,000	160,000					200	9	1						130	2	3					
5	9	90,000	80,000					300	16	1						207	12	3					
6	5	80,000	70,000					240	9	1						200	10	3					
7	6	100,000	90,000					200	8	1						131	4	3					
8	7	0	80,000					0	0	2								3					
9	3	0	80,000					0	0	1								3					
10	2	0	80,000					0	0	1								3					
11	9	220,000	90,000					200	22	1						100	13	3					
12	8	97,000	100,000	400			40,000	200	2	2						272	8	3					
13	8	120,000	90,000					200	8	1						132	3	3					
14	8	130,000	80,000					200	10	1						220	7	3					
15	8	160,000	120,000					250	12	2						200	13	3					
16	2	0	110,000					0	0	1								3					
17	3	0	90,000					0	0	2								3					
18	8	177,000	100,000	144			30,000	250	12	2						140	8	3					
19	8	170,000	100,000					200	14	1						220	9	3					
20	8	150,000	60,000	48			20,000	200	20	2						80	10	3					
21	9	0	100,000					0	0	2								3					
22	9	200,000	140,000					300	12	2						174	7	3					
23	3	0	100,000					0	0	1								3					
24	3	0	110,000					0	0	2								3					
25	9	0	90,000					0	0	2								3					
26	9	100,000	100,000					250	46	2						190	11	3					
27	9	0	90,000					0	0	2								3					
28	9	0	70,000					0	0	2								3					
29	9	172,000	140,000					250	30	2						80	9	3					
30	3	0	90,000					0	0	2								3					
31	2	0	80,000					0	0	2								3					
TOTAL	195	2,000,000	2,000,000	672			100,000	4,000	350	52		0.3				3110	143	90					
MAX	9	400,000	160,000	400			40,000	350	46	3						300	13	3					
MIN	2	0	80,000	48			20,000	0	0	1						80	0	3					
AVG	7.8	130,000	95,000	224			33,000	300	17.5	1.9						104	8.0	3.0					

(FPD Form 17-3 2000) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT: Sugar Mill Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: October
TELEPHONE NUMBER: 904-437-8319

COUNTY: Volusia
I.D. NO: 3641296
YEAR: 1993

CHEMICAL AND PHYSICAL RESULTS (mg/L)

DATE	RAW										DETTLED						FINISHED										
	pH	M.O. ALK	HARDNESS TOTAL	HARDNESS CALCIUM	HARDNESS MAGNESIUM	COR CALC.	IRON As FE	COLOR UNITS	TURBIDITY		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	FLUORIDE As F	TURBIDITY (NTU)	CL2 of FI	IRON As FE
	34	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	7.2	230	300	320	10		0.1	0.5	0.6		6.7	20	40	110	80	6.6	20	30	120	80	0.0	0		0.60	3.0	0
2																6.4	30	30	120	80	1.0				1.0	0
3																6.2		30	140	150	2.0				1.0	0
4																6.2		30	140	140	1.0				1.0	0
5																6.2		30	130	100	1.0				1.0	0
6																6.4	20	30	120	70	1.0				1.0	0
7	7.4	210	290	300	20		0.1	0.5	0.3		6.6	20	40	100	60	6.4	20	30	110	80	1.0	0		0.50	1.0	0
8																6		100	140	100	1.0				1.0	0
9																6		100	140	100	1.0				1.0	0
10																7		100	200	120	0.0				0.5	0
11																6		110	200	200	0.0				0.5	0
12																5		120	130	100	1.0				1.0	0
13																6		100	100	110	1.0				1.0	0
14																6		70	100	110	1.0				1.0	0
15	7.2	200	330	310	20		0.1	0.5	0.5		6.2	0	80	180	130	6		90	100	140	1.0	0		0.60	1.0	0
16																6		90	100	140	1.0				0.6	0
17																6		70	100	100	1.0				1.0	0
18																6.4	10	80	140	100	1.0				1.0	0
19																6.4	10	90	120	70	1.0				1.0	0
20																6.4	8	80	120	70	1.0				1.0	0
21																6.6	8	80	120	70	1.0				0.9	0
22	7.2	210	300	290	10		0.1	0.5	0.5		6.6	10	20	110	120	6.4	8	90	120	70	1.0	0		0.80	1.0	0
23																6.6	8	80	120	70	1.0				1.0	0
24																6.6	8	80	120	70	1.0				1.0	0
25																6.6	6	90	120	70	1.0				1.0	0
26																6.6	6	80	100	80	1.0				1.0	0
27																6.4	6	80	100	80	1.0				1.0	0
28																6.4	6	80	100	80	1.0				1.0	0
29																6.2		100	150	110	1.0				1.0	0
30																6.2		100	100	120	1.0				1.0	0
31																6		110	200	140	1.0				1.0	0
TOTAL	28.8	1220	1280	1220	80		0.4	2.0	1.7		24.2	50	180	600	420	204	140	2300	4400	3040	42.0	0		9.1	32.7	0
MAX	7.4	320	330	320	20		0.1	0.5	0.5		6.6	20	80	180	130	6.4	20	100	200	200	2.0	0		0.80	1.0	0
MIN	7.2	200	300	290	10		0.1	0.5	0.3		6.2	0	20	100	80	6.0	0	30	100	70	0.0	0		0.50	0.6	0
AVG.	7.2	305	320	305	10		0.1	0.5	0.4		6.1	12.5	40	150	105	6.1	8	76	145	105	1.3	0		0.65	1.0	0

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

Sugar Mill Country Club

LEAD OPERATOR SIGNATURE: Original signed by Bret A. Zigler
HOW MANY OTHER OPERATORS? 1
OPERATORS NAME: Bret A. Zigler — CERTIFICATION NO: 0 4488
Jim Smith — 0 7566
NOTE ANY REMARKS ON PLANT OPERATION ON REVERSE SIDE

DESIGN FLOW: 500 MGD
TOTAL METERED SERVICES AT END OF MONTH: 493

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED	TOTAL WATER TREATED LEAVING PLANT	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS TOTAL	HOURS FILTER RUNS BETWEEN WASHINGS MAXIMUM	HOURS FILTER RUNS BETWEEN WASHINGS MINIMUM	TOTAL WASH WATER IN GALLONS	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE CHEMICAL	OTHERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	OTHER: FLUORIDE				
												POLYMERS											
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		6	173,000	190,000					250	18	3						243	11.1	22					
2		0		110,000					0	0	3						0	0	22					
3		6	167,000	190,000					300	16	3						245	8.8	24					
4		6	475,000	110,000					250	36	3						88	9.0	23					
5		0		130,000					0	0	3						0	0	0					
6		0		130,000					0	0	1						0	0	0.0					
7		7	497,000	70,000					350	48	3						94	9.7	17					
8		0		110,000					0	0	3						0	0	22					
9		0		110,000					0	0	2						0	0	22					
10		0		120,000					0	0	2						0	0	20					
11		0		80,000					0	0	2						0	0	27					
12		6	420,000	190,000	504			50,000	250	31	3						240	8.7	24					
13		0		110,000					0	0	3						0	0	22					
14		0		110,000					0	0	3						0	0	22					
15		6	249,000	130,000					250	22	2						126	11.1	18					
16		6	883,000	100,000					250	36	1						74	7.7	13					
17		0		110,000	120			60,000	0	0	1						0	0	11					
18		6	164,000	150,000					300	14	2						185	8.7	23					
19		5	121,000	80,000					300	14	2						206	8.6	25					
20		0		100,000					0	0	2						0	0	18					
21		7	264,000	190,000	72			30,000	300	18	3						143	4.1	24					
22		0		110,000					0	0	2						0	0	22					
23		6	180,000	190,000					300	12	3						233	6.0	13					
24		6	169,000	130,000					350	16	3						248	11.4	20					
25		0		130,000					0	0	2						0	0	23					
26		6	441,000	190,000					600	33	2						163	9.9	16					
27		0		120,000					0	0	3						0	0	28					
28		0		80,000					0	0	2						0	0	28					
29		6	167,000	120,000					350	15	3						251	10.8	28					
30		0		120,000					0	0	3						0	0	25					
31																							
TOTAL	121	3,993,000	3,480,000	696.0			120,000	1,700	299	59.0		18.6				3492	139.6	81.0					
MAX	6	497,000	190,000	504.0			50,000	250	48	3.0						251	11.8	3.0					
MIN	0	0	70,000	72.0			30,000	0	0	1.0						0	0	1.0					
AVG	6	133,100	112,000	232.0			40,000	171	21.0	2						178.0	6.8	2.0					

DER FORM 17-1.200(8) EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

NAME OF PLANT:
UTILITY COMPANY:
MONTH:
TELEPHONE NUMBER:

COUNTY:
PERMIT:
YEAR:

CHEMICAL AND PHYSICAL TESTS (mg/l)

DATE	RAW HARDNESS								SETTLED						FINISHED										
	RAW ALK.	RAW TOTAL	RAW CALCIUM	RAW MAGNESIUM	RAW CHLORIDES	RAW IRON	RAW COLOR UNITS	RAW TURBIDITY	SETTLED ALK.	SETTLED TOTAL IRON	SETTLED FE AES	SETTLED MN AES	SETTLED TOTAL HARD	SETTLED CA HARD	FINISHED pH	FINISHED F AES	FINISHED ALK.	FINISHED TOTAL HARD	FINISHED CALCIUM HARD	FINISHED RESIDUAL CHLORINE	FINISHED COLOR	FINISHED FLUORIDE	FINISHED TURBIDITY	STEP 40 CFR	STEP 40 CFR
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1															7.2	0	100	100	120	2				1.5	
2															8.2	0	100	100	120	2				1.5	
3															8.1	0	90	170	120	1.5				1.3	
4															8	0	70	170	120	1.5	15		0.05	1.2	1
5	7.8	260	260	120	40		10	0.5	8	20	20	110	70		8	0	70	170	120	1.5	5			1.2	1
6															8	0	70	170	120	1.5	5			1.2	1
7															7.9	0	100	170	120	0.8				0.6	
8															7.8	0	100	170	120	0.8				0.6	
9															7.8	0	100	170	120	1				1	
10															7.9	0	100	170	120	1				1	
11															7.8	0	100	170	120	1				1	
12	7.6	280	280	120	40		10	0.5	0.07	0.2	10	70	100	140	8.1	0	120	200	160	0.8	10		0.01	0.6	10
13															8.2	0	120	200	160	0.8				0.6	
14															8	0	80	190	90	2				1.9	
15															8	0	70	190	70	2				1.5	
16															8	0	90	120	70	1.5				1	
17															8	0	90	170	70	0.2				1	
18	7.8	220	290	220	90		15	0.5	0.8	0.2	10	30	110	70	8	0	90	120	70	0.2	15		0.01	1	15
19															8	0	90	120	70	1.5				1	
20															8	0	90	120	70	1				1	
21															8.2	0	70	190	90	1				1	
22															8	0	100	100	120	1				1	
23															8	0	100	100	120	2				1.5	
24	7.1	190	330	310	20		10	0.5	0.03	0.2	10	60	140	170	8	0	100	160	120	1	10		0.04	0.8	10
25															8	0	100	200	120	0				0.8	
26															8	0	140	200	120	0.8				0.6	
27															8	0	140	160	110	1				0.8	
28															8	0	90	160	120	1.2				1	
29															8	0	70	150	110	1				1	
30															8	0	90	150	110	1				1	
31																									
TOTAL	29.2	1670.0	1300.0	1170.0	340.0		45	2.0	0.4	0.8	50.0	370.0	460.0	380.0	248.1	0	2760.0	4910.0	3390.0	56.0	45		1.3	30.1	45
MEAN	7.3	556.9	433.3	390.0	113.3		15	0.7	0.1	0.3	16.7	123.3	153.3	126.7	8.3	0	92.0	163.7	113.0	1.9	15		0.04	1.0	15
MIN.	7.1	220.0	290.0	220.0	90.0		10	0.5	0.07	0.2	10.0	60.0	110.0	70.0	7.8	0	70.0	120.0	70.0	0.8	5		0.01	0.6	10
MAX.	7.8	260.0	329.9	311.0	113.0		15	0.7	0.2	0.3	16.7	123.3	153.3	126.7	8.2	0	92.0	163.7	113.0	1.9	15		0.04	1.0	15

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

Sugar Mill Country Club — December

LEAD OPERATOR SIGNATURE: Original signed by Bert A. Zigler — OPERATOR'S NAME: Bert A. Zigler — CERTIFICATION NO: B-4488
OTHER MAN-HOUR OPERATIONS: 1 — Jon Smith — B-7308
NOTE: TIME REMARKS ON PLANT OPERATION ON REVERSE SIDE

DESIGNATION: 500,000 — TOTAL METERED SERVICES AT END OF MONTH: 621

DATE	HOURS OF PLANT OPERATION	TOTAL RAW WATER PUMPED (IN GALLONS)	TOTAL WATER TREATED LEAVING PLANT (IN GALLONS)	FILTER DATA: HOURS FILTER RUNS BETWEEN WASHINGS — TOTAL	MAXIMUM	MINIMUM	TOTAL WASH WATER USE (IN GALLONS)	CHEMICALS: LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE CHEMICAL	OTHERS: POLYMERS				DOSAGES (mg/l): LIME	CHLORINE PRE	CHLORINE POST	FLUORIDE As F	OTHER			
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	9	491,000	110,000	216			30,000	250	36	3						182	8	22					
2	9	0	110,000					0	0	2						0	0	22					
3	8	310,000	100,000					250	28	3						184	14	26					
4	2	0	110,000					0	0	3						0	0	22					
5	2	0	100,000					0	0	3						0	0	24					
6	8	150,000	120,000					200	16	2						220	7	20					
7	8	200,000	110,000	144			30,000	200	15	2						174	9	22					
8	8	0	110,000					0	0	2						0	0	22					
9	8	201,000	110,000					200	22	2						126	8	22					
10	8	171,000	150,000					200	7	2						210	8	18					
11	2	0	120,000					0	0	2						0	0	20					
12	2	0	90,000					0	0	2						0	0	27					
13	9	121,000	100,000	144			50,000	200	17	2						218	12	24					
14	9	140,000	120,000					200	20	2						186	8	22					
15	9	0	110,000					0	0	2						0	0	22					
16	9	127,000	100,000					200	4	2						200	3	24					
17	8	100,000	100,000					196	10	2						100	20	24					
18	2	0	100,000					0	0	2						0	0	24					
19	2	0	90,000					0	0	2						0	0	20					
20	8	132,000	110,000					200	10	2						210	8	22					
21	8	320,000	90,000	196			40,000	200	20	2						88	8	40					
22	8	0	100,000	24			30,000	0	0	2						0	0	24					
23	8	171,000	120,000					150	10	2						185	7	20					
24	3	201,000	120,000					150	4	2						80	2	20					
25	3	0	90,000					0	0	2						0	0	27					
26	3	127,000	100,000					200	20	2						113	7	40					
27	3	0	110,000					0	0	2						0	0	22					
28	8	271,000	100,000					150	20	2						155	17	24					
29	8	0	120,000					0	0	2						0	0	20					
30	8	140,000	140,000					200	10	2						182	18	17					
31	4	0	110,000					0	0	2						0	0	22					
TOTAL	196	4,298,000	3,330,000	772			200,000	3,550	399	64		0				2992	152	66					
MAX	9	491,000	140,000	216			50,000	250	36	4						310	20	4					
MIN	2	0	90,000	24			30,000	0	0	2						0	0	2					
AVG	6	254,000	201,000	144			40,000	112	10	2						170	8	3					

(PAGE FROM 12-1-2000) — EFFECTIVE NOVEMBER 30, 1982

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
WATER TREATMENT PLANT OPERATION REPORT

PAGE 1 OF 2

NAME OF PLANT: Super Mini Country Club
UTILITY COMPANY: Southern States Utilities
MONTH: December
TELEPHONE NUMBER: 904 427 8429

COUNTY: Volusia
I.D. NO: 5641396
YEAR: 1995

PHYSICAL AND CHEMICAL RESULTS (mg/l)

DATE	RAW pH	RAW ALK	RAW HARDNESS TOTAL	RAW HARDNESS CALCIUM	RAW HARDNESS MAGNESIUM	RAW IRON	RAW IRON ACID	RAW COLOR UNITS	RAW TURBIDITY	SETTLED pH	SETTLED P ALK	SETTLED M ALK	SETTLED HARDNESS TOTAL	SETTLED HARDNESS CALCIUM	FINISHED pH	FINISHED P ALK	FINISHED M ALK	FINISHED HARDNESS TOTAL	FINISHED HARDNESS CALCIUM	FINISHED HARDNESS RESIDUAL	FINISHED CHLORIDE	FINISHED FLUORIDE As F	FINISHED TURBIDITY	CO2 as RT	IRON As FE
1	7.6	100	120	100	20		0.1	0.5	0.4	8.1	0	90	170	130	8.1	0	90	160	110	1.0	0.10		0.03	1	0.1
2															8.1	0	90	160	120	1.2				1	
3															7.8	0	90	160	100	1.5				1	
4															7.8	0	90	160	100	2.0				1	
5															7.8	0	90	160	100	1.5				1	
6															7.9	0	80	140	100	1.5				1	
7	7.6	110	120	110	10		0.1	0.5	0.5	8.2	0	90	160	120	8.1	0	80	140	100	1.5	0.10		0.02	1	0.1
8															8	0	80	140	110	1.8				1.3	
9															8.1	0	80	140	100	1.5				1	
10															8.2	0	80	140	90	1				0.8	
11															8.2	0	80	140	90	1				0.8	
12															7.8	0	100	160	100	0.8				0.8	
13															7.8	0	120	160	100	1.2				1	
14															8.2	0	60	120	90	1				0.8	
15															8.2	0	70	140	100	1.2				1	
16	7.5	100	110	110	10		0.1	0.5	0.5	8.4	0	70	130	100	8.2	0	70	120	100	1.2	0.10		0.03	1	0.1
17															8.2	0	70	120	100	1.2				1	
18															8.2	0	70	120	100	1.2				1	
19															8.1	0	70	120	100	1.5				1.2	
20															8.2	0	70	120	100	1.5				1.2	
21															8.1	0	120	150	110	0.8				0.5	
22	7.5	110	110	110	10		0.1	0.5	0.5	8.3	0	90	160	130	8	0	120	160	120	1.5	0.10		0.04	1	0.1
23															7.8	0	160	210	180	1.8				1	
24															7.9	0	160	210	180	1				0.8	
25															7.8	0	180	240	200	1.5				1	
26															7.8	0	180	240	220	1.2				1	
27															7.8	0	160	210	190	0.5				1	
28															7.8	0	120	160	140	1.5				1	
29															8	0	100	140	120	1.8				1	
30															8	0	100	140	120	1.8				1	
TOTAL	7.5	1210	1390	1230	160	0	1.2	6.0	5.9	12.9	0	230	480	370	240	0	2110	1950	1590	40.8	1.10		0.14	30.1	1.2
MAX	7.6	130	140	130	20	0	0.1	0.5	0.5	8.4	0	90	170	130	8.2	0	190	250	220	1.8	0.10		0.04	1.2	0.1
MIN	7.4	100	110	100	10	0	0.1	0.5	0.4	8.1	0	70	130	100	7.8	0	60	120	90	0.8	0.10		0.02	0.8	0.1
AVG	7.5	101	116	103	13	0	0.1	0.5	0.5	8.2	0	77	160	123	8	0	176	163	133	3.4	0.10		0.01	2.5	0.1

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month January 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Mont 7500

Design Flow 3.456 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seeger C-2928

I certify this report is correct Original signed by Jerald Porter C 6100

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8,618,000		60.0						21.8	15		
Average	278,000		1.9						0.7	0.5		
Maximum	390,000		2.5						0.8	0.5		
Minimum	186,000		1.0						0.6	0.3		
1	319,000		2.0						0.7	0.3		
2	272,000		2.0						0.7	0.4		
3	224,000		2.0						0.6	0.4		
4	273,000		2.0						0.7	0.5		
5	268,000		2.0						0.7	0.5		
6	260,000		1.5						0.6	0.4		
7	269,000		2.0						0.6	0.5		
8	271,000		2.0						0.7	0.5		
9	286,000		2.0						0.6	0.5		
10	254,000		2.0						0.7	0.5		
11	309,000		2.0						0.8	0.5		
12	320,000		2.0						0.7	0.5		
13	239,000		1.5						0.7	0.5		
14	276,000		1.5						0.8	0.5		
15	257,000		1.5						0.8	0.5		
16	259,000		2.0						0.8	0.5		
17	232,000		2.0						0.8	0.5		
18	249,000		2.5						0.7	0.5		
19	231,000		2.0						0.8	0.5		
20	222,000		2.0						0.7	0.5		
21	388,000		2.5						0.8	0.5		
22	390,000		2.0						0.6	0.5		
23	361,000		2.0						0.6	0.5		
24	232,000		1.5						0.7	0.5		
25	313,000		2.0						0.6	0.5		
26	355,000		2.5						0.7	0.5		
27	286,000		2.5						0.7	0.5		
28	284,000		1.5						0.7	0.5		
29	324,000		2.0						0.7	0.5		
30	186,000		1.0						0.8	0.5		
31	207,000		2.0						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 17-555[illegible]

Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 382-2500 Reporting Month January 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Mont 7500

Design Flow 3.456 MGD Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2828

I certify this report is correct Original signed by Jerald Porter C 6100

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	11,912,000	63							21.3	15.2		
Average	384,258	2							0.7	0.5		
Maximum	674,000	4							0.8	0.5		
Minimum	194,000	1							0.5	0.4		
1	463,000	2							0.8	0.4		
2	486,000	3							0.7	0.4		
3	403,000	2							0.7	0.5		
4	437,000	2							0.7	0.5		
5	539,000	2							0.7	0.5		
6	410,000	2							0.7	0.5		
7	497,000	3							0.7	0.5		
8	491,000	2							0.8	0.5		
9	674,000	3							0.7	0.5		
10	473,000	2							0.7	0.5		
11	463,000	2							0.7	0.5		
12	341,000	2							0.6	0.5		
13	201,000	1							0.7	0.5		
14	265,000	3							0.7	0.5		
15	266,000	1							0.7	0.5		
16	228,000	1							0.7	0.5		
17	210,000	1							0.6	0.5		
18	194,000	1							0.6	0.5		
19	261,000	2							0.5	0.5		
20	241,000	1							0.6	0.5		
21	414,000	2							0.6	0.5		
22	434,000	2							0.7	0.5		
23	417,000	2							0.6	0.5		
24	438,000	3							0.7	0.5		
25	535,000	4							0.7	0.5		
26	543,000	3							0.7	0.5		
27	418,000	2							0.7	0.5		
28	351,000	2							0.7	0.5		
29	295,000	2							0.7	0.5		
30	328,000	2							0.8	0.4		
31	195,000	1							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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa
Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month January 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Mont 7500
Design Flow 3.456 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jerald Porter C-6100 Tom Seager C-2928
I certify this report is correct Original signed by Gerald Porter C 6100
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6,386,000	45.0							22.7	15.5		
Average	205,355	1.5							0.7	0.5		
Maximum	288,000	2.0							0.8	0.6		
Minimum	31,000								0.7	0.4		
1	206,000	1.0							0.8	0.5		
2	193,000	1.0							0.8	0.4		
3	229,000	1.0							0.8	0.5		
4	265,000	2.0							0.8	0.5		
5	159,000	2.0							0.8	0.6		
6	31,000								0.8	0.6		
7	89,000	1.0							0.8	0.5		
8	90,000								0.8	0.5		
9	81,000	1.0							0.7	0.5		
10	171,000	1.0							0.7	0.5		
11	238,000	2.0							0.7	0.5		
12	279,000	2.0							0.7	0.5		
13	204,000	1.0							0.7	0.5		
14	272,000	2.0							0.7	0.5		
15	234,000	2.0							0.7	0.5		
16	189,000	1.0							0.7	0.5		
17	238,000	2.0							0.7	0.5		
18	255,000	2.0							0.8	0.5		
19	226,000	2.0							0.8	0.5		
20	243,000	1.0							0.7	0.5		
21	288,000	2.0							0.7	0.5		
22	186,000	1.0							0.7	0.5		
23	242,000	2.0							0.7	0.5		
24	208,000	1.0							0.7	0.5		
25	282,000	2.0							0.7	0.5		
26	273,000	2.0							0.7	0.5		
27	235,000	1.0							0.7	0.5		
28	177,000	2.0							0.7	0.5		
29	214,000	2.0							0.7	0.5		
30	137,000	1.0							0.7	0.4		
31	232,000	2.0							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 17-555(10)(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 5091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa
Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month February 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Mont 7500
Design Flow 3.456 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jerald Porter C-6100 Tom Seager C-2928
I certify this report is correct Original signed by Jerald Porter C 6100
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8,086,000		121						19.2	13.4	12	
Average	288,464		4						0.7	0.5		
Maximum	401,000		6						0.8	0.6		
Minimum	216,000		2						0.5	0.4		
1	277,000		5						0.7	0.5	1	Raw
2	254,000		5						0.8	0.5	7	Dist
3	258,000		4						0.8	0.6		
4	302,000		4						0.7	0.5		
5	285,000		3						0.7	0.5		
6	250,000		4						0.7	0.5		
7	309,000		5						0.7	0.5		
8	305,000		5						0.7	0.5		
9	296,000		5						0.8	0.5		
10	272,000		3						0.6	0.5		
11	307,000		3						0.7	0.5		
12	279,000		3						0.7	0.4		
13	239,000		4						0.6	0.4		
14	245,000		4						0.6	0.4	1	Raw
15	252,000		5						0.6	0.4	1	Raw
16	262,000		5						0.7	0.4	2	Raw
17	352,000		5						0.5	0.5		
18	383,000		6						0.7	0.4		
19	305,000		5						0.7	0.5		
20	292,000		5						0.6	0.5		
21	336,000		6						0.8	0.5		
22	401,000		6						0.7	0.5		
23	282,000		3						0.6	0.5		
24	216,000		2						0.7	0.5		
25	276,000		3						0.7	0.5		
26	325,000		4						0.7	0.5		
27	231,000		4						0.7	0.5		
28	295,000		5						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 17-555/1012
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 382-2500 Reporting Month February 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Mont 7500

Design Flow 3.456 MGD Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	13,185,000	58							18.9	13.5	10	
Average	470,893	2							0.7	0.5		
Maximum	685,000	3							0.8	0.6		
Minimum	260,000	1							0.3	0.4		
1	273,000	2							0.7	0.5		
2	329,000								0.7	0.5		
3	290,000	1							0.8	0.6	7	Dist
4	443,000	2							0.7	0.5		
5	510,000	2							0.6	0.5		
6	421,000	2							0.6	0.5		
7	449,000	2							0.7	0.5		
8	553,000	2							0.7	0.5		
9	493,000	2							0.7	0.5		
10	555,000	3							0.6	0.5		
11	660,000	2							0.7	0.4		
12	536,000	2							0.8	0.4		
13	317,000	1							0.7	0.4		
14	515,000	2							0.6	0.5		
15	614,000	2							0.7	0.5		
16	310,000	1							0.7	0.5	3	Raw
17	434,000	3							0.7	0.5		
18	590,000	2							0.8	0.5		
19	618,000	2							0.7	0.5		
20	653,000	3							0.6	0.4		
21	507,000	3							0.7	0.4		
22	685,000	3							0.7	0.5		
23	488,000	2							0.6	0.5		
24	260,000	1							0.7	0.5		
25	357,000	3							0.7	0.5		
26	490,000	2							0.7	0.5		
27	421,000	1							0.7	0.5		
28	414,000	2							0.3	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 6091735 PWS Name Sugar Mill Woods # 3 Location: City or S/D Homosassa
Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month February 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Mont 7500
Design Flow 3.456 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jerald Porter C-6100 Tom Seager C-2928
I certify this report is correct Original signed by Jerald Porter C-6100
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	5,585,000	35							20.7	14.6	9	
Average	199,464	1							0.7	0.5		
Maximum	339,000	2							0.9	0.6		
Minimum	58,000								0.5	0.4		
1	203,000	2							0.8	0.5		
2	181,000	2							0.8	0.6	7	Dist
3	179,000	2							0.9	0.6		
4	215,000	2							0.8	0.6		
5	220,000	1							0.5	0.5		
6	214,000								0.6	0.5		
7	188,000	1							0.7	0.5		
8	265,000	1							0.7	0.5		
9	187,000	1							0.7	0.5		
10	187,000	1							0.7	0.5		
11	159,000	1							0.7	0.5		
12	101,000	1							0.8	0.4		
13	58,000	1							0.8	0.4		
14	88,000	1							0.7	0.5		
15	213,000	1							0.7	0.5		
16	177,000	1							0.7	0.5	2	Raw
17	257,000	1							0.7	0.5		
18	339,000	2							0.7	0.5		
19	235,000	2							0.7	0.5		
20	223,000	1							0.7	0.5		
21	263,000	2							0.7	0.5		
22	263,000	2							0.7	0.5		
23	235,000	1							0.8	0.5		
24	173,000	1							0.8	0.6		
25	198,000	1							0.8	0.6		
26	195,000	2							0.9	0.6		
27	182,000	1							0.8	0.6		
28	186,000	1							0.8	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 17-5581012
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8081735 PWS Name Sugar Mill Woods # 1 Location: City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month March 1994

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

Design Flow 3.456 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928.

I certify this report is correct [signature] (Lead Operator's Signature) CLEVEL (Cert. Level) CO-6100 (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	10,739,000		146.0						20.4	13.5		
Average	346,419		4.7						0.7	0.5		
Maximum:	567,000		6.0						0.8	0.6		
Minimum:			3.0						0.5	0.4		
1	261,000		4.0						0.7	0.5		
2	237,000		5.0						0.6	0.5		
3	243,000		4.0						0.8	0.6		
4	355,000		6.0						0.7	0.5		
5	221,000		4.0						0.7	0.5		
6	303,000		6.0						0.7	0.5		
7	252,000		4.0						0.6	0.6		
8	347,000		6.0						0.7	0.5		
9	349,000		5.0						0.7	0.5		
10	164,000		3.0						0.5	0.5		
11	248,000		3.0						0.6	0.5		
12	258,000		3.0						0.7			
13	567,000		6.0						0.7			
14	337,000		4.0						0.7	0.5		
15	436,000		5.0						0.7	0.5		
16	464,000		5.0						0.7	0.5		
17	458,000		6.0						0.6	0.5		
18	535,000		6.0						0.7	0.5		
19	447,000		4.0						0.5	0.4		
20	369,000		4.0						0.6	0.5		
21	372,000		5.0						0.7	0.5		
22	429,000		6.0						0.7	0.5		
23	443,000		5.0						0.7	0.5		
24	390,000		5.0						0.5	0.4		
25	349,000		3.0						0.6	0.5		
26	375,000		4.0						0.6			
27	363,000		4.0						0.6			
28	351,000		5.0						0.5	0.5		
29	386,000		5.0						0.7	0.5		
30	432,000		6.0						0.7	0.5		
31			5.0						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 17-555(10/2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 382-2500 Reporting Month March 1994

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

Design Flow 3.456 MGD Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2928

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C-6100 (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	19,875,000	92		20.8					19.8	13.3	7	
Average	641,129	3		0.7					0.6	0.5		
Maximum	1,237,000	5		2.5					0.9	0.6		
Minimum	48,000	1		0.2					0.2	0.3		
1	395,000	2		0.6					0.7	0.5		
2	295,000	2		0.8					0.7	0.5	7	
3	302,000	2		0.8					0.8	0.5		
4	474,000	2		0.5					0.6	0.6		
5	471,000	2		0.5					0.7	0.5		
6	541,000	1		0.2					0.6	0.5		
7	595,000	3		0.6					0.3	0.3		
8	1,198,000	3		0.3					0.7	0.5		
9	686,000	2		0.3					0.3	0.3		
10	478,000	2		0.5					0.6	0.5		
11	490,000	2		0.5					0.7	0.5		
12	349,000	1		0.3					0.8			
13	1,237,000	3		0.3					0.8			
14	582,000	2		0.4					0.3	0.3		
15	881,000	3		0.4					0.5	0.4		
16	732,000	2		0.3					0.5	0.5		
17	213,000	4		2.3					0.2	0.4		
18	1,037,000	4		0.5					0.9	0.6		
19	983,000	4		0.5					0.5	0.4		
20	704,000	2		0.3					0.6	0.5		
21	571,000	3		0.6					0.3	0.4		
22	1,028,000	5		0.6					0.6	0.5		
23	748,000	4		0.6					0.7	0.5		
24	637,000	4		0.8					0.7	0.5		
25	48,000	1		2.5					0.8	0.5		
26	784,000	5		0.8					0.8	0.5		
27	796,000	5		0.8					0.9			
28	584,000	4		0.8					0.8	0.5		
29	685,000	5		0.9					0.8	0.6		
30	714,000	4		0.7					0.7	0.5		
31	633,000	4		0.8					0.7	0.5		

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(10)(c)
Effective 11/3/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6081735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No 904-382-2500 Reporting Month March 1994

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

Design Flow 3.456 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct (Lead Operator's Signature) C. Level (Cert. Level) 66-6(W) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	7,592,000	43.0							22.2	14.4		
Average	244,903	1.4		0.7					0.7	0.5		
Maximum	593,000	3.0		2.0					0.8	0.6		
Minimum										0.5		
1	152,000	1.0		0.6					0.7	0.5		
2	167,000	1.0		0.7					0.7	0.5		
3	176,000	1.0		0.7					0.7	0.5	7	
4	257,000	2.0		0.9					0.7	0.5		
5	176,000	2.0		1.4					0.7	0.5		
6	168,000	1.0		0.7					0.8	0.5		
7	236,000	2.0		1.0					0.7	0.5		
8	31,000								0.8	0.5		
9	61,000	1.0		2.0						0.5		
10	124,000	1.0		1.0					0.8	0.6		
11	230,000	1.0		0.5					0.7	0.5		
12	111,000								0.8			
13	356,000	2.0		0.7					0.8			
14	206,000	1.0		0.6					0.7	0.5		
15	343,000	2.0		0.7					0.8	0.5		
16	270,000	2.0		0.9					0.6	0.6		
17	474,000	3.0		0.8					0.8	0.6		
18	269,000	1.0		0.4					0.7	0.5		
19	322,000	2.0		0.7					0.7	0.5		
20	102,000	1.0		1.2					0.7	0.5		
21	258,000	1.0		0.5					0.7	0.5		
22	285,000	2.0		0.8					0.7	0.5		
23	403,000	2.0		0.6					0.7	0.5		
24	281,000	1.0		0.4					0.7	0.5		
25	593,000								0.7	0.5		
26	327,000	2.0		0.7					0.6	0.5		
27	234,000	1.0		0.5					0.8			
28	279,000	1.0		0.4					0.8	0.6		
29	324,000	2.0		0.7					0.7	0.5		
30	314,000	2.0		0.6					0.7	0.5		
31		2.0							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 17-555(10) [illegible]

Effective [illegible]

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 8091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No 904-382-2500 Reporting Month April 1994

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

Design Flow 3.456 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct (Lead Operator's Signature) C-LEVEL (Cert. Level) CU-6100 (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	9,789,000		115.0						19.4	12.9	8	
Average	326,300		3.8						0.6	0.5		
Maximum	457,000		6.0						0.8	0.5		
Minimum									0.4	0.4		
1	372,000		5.0						0.7	0.5		
2	449,000		5.0						0.8	0.5		
3	402,000		5.0						0.6	0.5		
4	378,000		4.0						0.7	0.5		
5	392,000		5.0						0.7	0.5		
6	433,000		5.0						0.7	0.5	8	
7	291,000		3.0						0.7	0.5		
8	300,000		3.0						0.6	0.5		
9	457,000		4.0						0.7			
10	365,000		4.0						0.7			
11	388,000		4.0						0.6	0.5		
12	398,000		5.0						0.6	0.5		
13	375,000		4.0						0.7	0.5		
14	426,000		5.0						0.7	0.5		
15	442,000		5.0						0.6	0.5		
16	401,000		5.0						0.7	0.5		
17	373,000		4.0						0.7	0.5		
18	422,000		6.0						0.6	0.5		
19	451,000		5.0						0.7	0.5		
20	366,000		4.0						0.5	0.4	2	
21	251,000		4.0						0.6	0.5		
22	320,000		4.0						0.7	0.5		
23	285,000		3.0						0.7			
24	286,000		3.0						0.6			
25	311,000		4.0						0.7	0.5		
26	358,000		5.0						0.6	0.5		
27	97,000		2.0						0.7	0.5		
28									0.6	0.5		
29									0.5	0.5		
30									0.4	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 17-555(910)2

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No 382-2500 Reporting Month April 1994

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

Design Flow 3.456 MGD Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2928

I certify this report is correct (Lead Operator's Signature) C-Level (Cert. Level) Co. 6101 (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	24,495,000	105		18.1					20.4	13.1	8	
Average	816,500	4		0.6					0.7	0.5		
Maximum	1,828,000	6		2.4					0.8	0.6		
Minimum	149,000	2		0.3					0.5	0.5		
1	891,000	4		0.5					0.7	0.5		
2	1,124,000	6		0.6					0.7	0.5		
3	610,000	4		0.8					0.7	0.5		
4	865,000	5		0.7					0.7	0.5		
5	1,250,000	5		0.5					0.7	0.5		
6	841,000	4		0.7					0.6	0.5	8	
7	382,000	2		0.6					0.8	0.5		
8	749,000	3		0.5					0.7	0.5		
9	797,000	2		0.3					0.8			
10	1,377,000	3		0.3					0.8			
11	959,000	3		0.4					0.6	0.5		
12	1,049,000	3		0.3					0.6	0.5		
13	856,000	3		0.4					0.5	0.5		
14	744,000	3		0.5					0.6	0.5		
15	1,337,000	4		0.4					0.7	0.5		
16	982,000	3		0.4					0.7	0.5		
17	771,000	3		0.5					0.5	0.5		
18	933,000	4		0.5					0.7	0.5		
19	1,828,000	5		0.3					0.5	0.5		
20	149,000	3		2.4					0.6	0.5	3	
21	289,000	2		0.8					0.7	0.5		
22	507,000	3		0.7					0.8	0.6		
23	433,000	2		0.6					0.8			
24	446,000	2		0.5					0.8			
25	527,000	3		0.7					0.7	0.5		
26	537,000	3		0.7					0.7	0.5		
27	739,000	4		0.6					0.7	0.5		
28	744,000	4		0.6					0.7	0.5		
29	926,000	5		0.6					0.7	0.5		
30	1,053,000	5		0.6					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 17-555(10)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No 904-382-2500 Reporting Month April 1994

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

Design Flow 3.456 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct [signature] C. Lopez CU-6100

(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	mg/l	lbs	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	9,100,000	48.0							21.5	13.3		
Average	303,333	1.6		0.6					0.7	0.5		
Maximum	527,000	3.0		1.2					0.8	0.6		
Minimum	103,000								0.6	0.5		
1	347,000	2.0		0.7					0.8	0.6		
2	453,000	2.0		0.5					0.7	0.5		
3	268,000	1.0		0.4					0.7	0.5		
4	258,000	1.0		0.5					0.7	0.5		
5	396,000	2.0		0.6					0.7	0.5		
6	303,000	2.0		0.8					0.7	0.5		
7	290,000	1.0		0.4					0.7	0.5		
8	342,000	2.0		0.7					0.7	0.5		
9	299,000	3.0		1.2					0.7			
10	298,000	2.0		0.8					0.7			
11	278,000	2.0		0.9					0.7	0.5		
12	434,000	2.0		0.6					0.8	0.5		
13	271,000	2.0		0.9					0.6	0.5		
14	226,000	1.0		0.5					0.8	0.6		
15	423,000	3.0		0.9					0.7	0.5		
16	471,000	3.0		0.8					0.7	0.5		
17	294,000	2.0		0.8					0.7	0.5		
18	350,000	2.0		0.7					0.8	0.5		
19	527,000	3.0		0.7					0.7	0.5		
20	370,000	1.0		0.3					0.7	0.6	2	
21	137,000								0.7	0.5		
22	283,000	1.0		0.4					0.7	0.5		
23	229,000	1.0		0.5					0.7			
24	184,000	1.0		0.7					0.7			
25	237,000	2.0		1.0					0.8	0.5		
26	273,000	1.0		0.4					0.8	0.5		
27	196,000	1.0		0.6					0.7	0.5		
28	103,000								0.7	0.5		
29	286,000	1.0		0.4					0.7	0.5		
30	274,000	1.0		0.4					0.7	0.5		
31												

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

DEP Form 17-555(5)(c)

Effective 11-1-85

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8094905 PWS Name Sugar Mill Woods # 1 Location:City or S/D Inverness

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month May 1994

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

Design Flow .020 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

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	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	11,455,000		127.0	4.00					19.3	13.2		
Average	369,516		4.1	0.13					0.6	0.5		
Maximum	483,000		5.0	0.18					0.8	0.6		
Minimum									0.3	0.4		
1									0.4	0.5		
2	262,000		4.0	0.18					0.4	0.5		
3	412,000		5.0	0.15					0.8	0.5		
4	331,000		4.0	0.14					0.6	0.5		
5	360,000		4.0	0.13					0.6	0.5		
6	411,000		4.0	0.12					0.5	0.5		
7	442,000		4.0	0.11					0.5			
8	333,000		4.0	0.14					0.5			
9	341,000		3.0	0.11					0.6	0.4		
10	400,000		5.0	0.15					0.5	0.4		
11	404,000		4.0	0.12					0.5	0.4		
12	356,000		4.0	0.13					0.7	0.5		
13	352,000		4.0	0.14					0.8	0.6		
14	483,000		5.0	0.12					0.3	0.4		
15	376,000		4.0	0.13					0.7	0.5		
16	368,000		4.0	0.13					0.7	0.5		
17	416,000		4.0	0.12					0.7	0.5		
18	425,000		5.0	0.14					0.8	0.5		
19	376,000		4.0	0.13					0.7	0.5		
20	417,000		4.0	0.12					0.7	0.5		
21	430,000		4.0	0.11					0.7			
22	369,000		4.0	0.13					0.7			
23	387,000		5.0	0.15					0.7	0.5		
24	428,000		5.0	0.14					0.7	0.5		
25	404,000		5.0	0.15					0.8	0.5		
26	418,000		5.0	0.14					0.8	0.5		
27	375,000		5.0	0.16					0.7	0.5		
28	465,000		5.0	0.13					0.8	0.5		
29	312,000		3.0	0.12					0.7	0.5		
30	228,000		2.0	0.11					0.7	0.5		
31	376,000		5.0	0.16					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 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6260333 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month May 1994

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

Design Flow .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

Jerry Porter C-6100 Tom Seager C-2926

I certify the report is correct J. Porter C-Level 02-6100

(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	26,585,100	126		19.2					20.9	13.3	8	
Average	922,100	4		0.6					0.7	0.5		
Maximum	1,705,000	8		2.8					0.8	0.5		
Minimum	43,000	1		0.3					0.3	0.4		
1	935,100	5		0.6					0.6	0.5		
2	879,000	4		0.7					0.7	0.5		
3	948,000	4		0.5					0.7	0.5	8	
4	719,000	4		0.7					0.6	0.5		
5	474,000	3		0.8					0.7	0.5		
6	872,000	4		0.8					0.8	0.5		
7	1,106,000	5		0.5					0.8			
8	849,000	3		0.4					0.8			
9	889,000	4		0.5					0.6	0.4		
10	1,026,000	5		0.6					0.5	0.4		
11	986,000	4		0.5					0.6	0.5		
12	660,000	4		0.7					0.6	0.5		
13	654,000	4		0.7					0.7	0.5		
14	1,705,000	8		0.4					0.7	0.5		
15	814,000	4		0.6					0.7	0.5		
16	986,000	5		0.6					0.6	0.5		
17	1,487,000	8		0.5					0.6	0.5		
18	831,000	4		0.6					0.6	0.5		
19	562,000	3		0.6					0.7	0.5		
20	956,000	4		0.5					0.7	0.5		
21	1,321,000	5		0.5					0.8			
22	1,137,000	5		0.5					0.8			
23	939,000	4		0.5					0.8	0.5		
24	1,366,000	6		0.5					0.6	0.5		
25	959,000	4		0.5					0.6	0.5		
26	674,000	3		0.5					0.7	0.5		
27	959,000	4		0.5					0.7	0.5		
28	1,494,000	4		0.3					0.7	0.5		
29	43,000	1		2.8					0.7	0.5		
30	489,000	2		0.5					0.3	0.5		
31	886,000	3		0.4					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 17-555(10)(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Sugar Mill Woods # 3 Location:City or S/D Inverness
Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month May 1994
Plant Effluent pH (Avg) No of Services at End of Month No of People at End of Month
Design Flow .820 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jerald Porter C-6100 Tom Seeger C-2926
I certify the report is correct (Lead Operator's Signature) C-GW-4 (Cert. Level) C-6100 (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	11,389,200		44	1.4					21.7	13.4	5	
Average	386,748		1	0.0					0.7	0.5		
Maximum	572,000		3	0.1					0.8	0.5		
Minimum	185,000								0.6	0.4		
1	223,000		1	0.1					0.7	0.5		
2	230,000		1	0.1					0.7	0.5		
3	345,000		2	0.1					0.7	0.5	5	
4	298,000		1	0.0					0.7	0.5		
5	212,000		1	0.1					0.7	0.5		
6	361,000		1	0.0					0.7	0.5		
7	437,000		1	0.0					0.8			
8	292,000		1	0.0					0.7			
9	325,000		2	0.1					0.7	0.5		
10	543,000		3	0.1					0.7	0.5		
11	440,000		2	0.1					0.6	0.4		
12	329,000		1	0.0					0.7	0.5		
13	304,000		1	0.0					0.7	0.5		
14	531,000		2	0.0					0.7	0.5		
15	262,000		1	0.0					0.7	0.5		
16	334,000		1	0.0					0.7	0.5		
17	479,000		2	0.1					0.7	0.5		
18	445,000		1	0.0					0.7	0.5		
19	185,000								0.7	0.5		
20	433,000		1	0.0					0.7	0.5		
21	491,000		2	0.0					0.7			
22	281,000		1	0.0					0.7			
23	370,000		1	0.0					0.7	0.5		
24	529,000		2	0.0					0.7	0.5		
25	474,000		2	0.1					0.7	0.5		
26	272,000		1	0.0					0.7	0.5		
27	232,200		2	0.1					0.7	0.5		
28	572,000		3	0.1					0.7	0.5		
29	418,000		2	0.1					0.7	0.5		
30	321,000		1	0.0					0.7	0.5		
31	401,000		1	0.0					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 17-555(10)(2)
Effective 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6094905 PWS Name Sugar Mill Woods # 1 Location:City or S/D Inverness

Owned By Southern States Utilities Phone No. 904-382-2500 Reporting Month June 1994

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

Design Flow .620 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct [signature] C Level CO 6107

(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	6 874 000		98 0	3 70					18.5	13		
Average	295 800		3.3	0.12					0.6	0.5		
Maximum	626 000		5 0	0 22					0.7	0.5		
Minimum									0.5	0.5		
1	380 000		4 0	0.13					0.6	0.5		
2	277.000		3 0	0.13					0.6	0 5		
3	311.000		3 0	0 12					0.7	0.5		
4	397.000		4 0	0 12					0.7			
5	322.000		4.0	0.15					0.6			
6	318.000		4.0	0 15					0.5	0.5		
7	324.000		4.0	0 15					0.7	0.5		
8	262 000		3 0	0 14					0.7	0.5		
9	55 000		1.0	0 22					0.6	0 5		
10	65 000		1.0	0.18					0.6	0.5		
11	139.000		1.0	0.09					0.5	0.5		
12	9 000								0.5	0.5		
13	374.000		3 0	0.10					0.5	0.5		
14	337.000		4 0	0 14					0.6	0.5		
15	275.000		3 0	0.13					0.6	0.5		
16	207.000		2 0	0 12					0.6	0.5		
17	626 000		3 0	0 06					0.6	0.5		
18			4.0						0.6			
19	176 000		2.0	0.14					0.6			
20	348 000		4.0	0 14					0.5	0 5		
21	383.000		5 0	0.16					0 7	0.5		
22	355.000		5.0	0.17					0.6	0.5		
23	316.000		3.0	0.11					0 7	0 5		
24	328.000		4.0	0.15					0.7	0.5		
25	422.000		5 0	0.14					0.7	0.5		
26	440.000		5.0	0.14					0.7	0.5		
27	390.000		4 0	0.12					0 6	0.5		
28	445.000		5 0	0.13					0.6	0 5		
29	352 000		3 0	0.10					0 6	0 5		
30	240.000		2 0	0.10					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)

Effective 11-1-1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 629-0333 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month June 1994

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

Design Flow .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

Jerry Porter C-6100 Tom Seager C-2028

I certify this report is correct [signature] C-Level Co-6200

(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	23,236,000	108		18.0					21.0	13.1		
Average	774,533	4		0.6					0.7	0.5		
Maximum	1,629,000	6		1.0					0.8	0.6		
Minimum	297,000	2		0.4					0.5	0.4		
1	624,000	4		0.8					0.7	0.5		
2	298,000	2		0.8					0.8	0.5		
3	781,000	3		0.5					0.8	0.5		
4	1,068,000	4		0.4					0.8			
5	794,000	4		0.6					0.8			
6	603,000	2		0.4					0.7	0.5		
7	439,000	2		0.5					0.7	0.5		
8	297,000	2		0.8					0.8	0.5		
9	500,000	3		0.7					0.8	0.8		
10	851,000	3		0.4					0.7	0.5		
11	1,203,000	5		0.5					0.6	0.5		
12	882,000	4		0.5					0.7	0.5		
13	969,000	5		0.6					0.7	0.5		
14	833,000	4		0.6					0.7	0.5		
15	349,000	2		0.7					0.7	0.5		
16	457,000	3		0.8					0.7	0.5		
17	494,000	4		1.0					0.7	0.5		
18	760,000	3		0.5					0.8			
19	434,000	2		0.6					0.7			
20	707,000	4		0.7					0.7	0.5		
21	1,015,000	5		0.6					0.7	0.5		
22	873,000	5		0.7					0.6	0.5		
23	678,000	3		0.5					0.6	0.5		
24	931,000	4		0.5					0.7	0.5		
25	1,597,000	5		0.4					0.6	0.5		
26	1,293,000	5		0.5					0.5	0.5		
27	1,053,000	5		0.6					0.5	0.4		
28	1,629,000	6		0.4					0.6	0.5		
29	475,000	3		0.8					0.6	0.5		
30	341,000	2		0.7					0.6	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 17-555(10)2

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6094905 PWS Name Sugar Mill Woods # 3 Location:City or S/D Inverness
Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month June 1994
Plant Effluent pH (Avg) No of Services at End of Month No of People at End of Month
Design Flow .620 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No (s) for all certified operators working at the plant for the month
Jerald Porter C-6100 Tom Seager C-2930
I certify this report is correct (Lead Operator's Signature) C-Less C (Cert. Level) C0-6700 (Cert. No)

Days of Month	Total Water Treated in th 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	6,222,200		26	1.0					18.0	13.1	8	
Average	207,407		1	0.0					0.6	0.5		
Maximum	1,591,000		2	0.1					0.8	0.6		
Minimum									0.4	0.4		
1	308,000		1	0.0					0.5	0.5		
2	1,591,000		1	0.0					0.7	0.5	8	
3	432,000		2	0.1					0.7	0.5		
4	263,200		2	0.1					0.8			
5	303,000		1	0.0					0.8			
6	399,000		2	0.1					0.7	0.5		
7	286,000		1	0.0					0.7	0.5		
8	290,000		2	0.1					0.8	0.5		
9	6,000								0.8	0.6		
10	341,000		2	0.1					0.7	0.5		
11	352,000		2	0.1					0.7	0.5		
12	236,000		2	0.1					0.8	0.5		
13	340,000		2	0.1					0.8	0.6		
14	335,000		2	0.1					0.7	0.5		
15	80,000								0.7	0.5		
16									0.7	0.5		
17									0.6	0.5		
18												
19												
20									0.5	0.5		
21									0.5	0.5		
22									0.5	0.5		
23									0.5	0.5		
24									0.5	0.5		
25									0.4	0.4		
26									0.5	0.5		
27									0.4	0.4		
28	273,000		2	0.1					0.5	0.5		
29	177,000		1	0.1					0.6	0.5		
30	208,000		1	0.1					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 11/1/1982

6091785

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. ~~6091785~~ 6064008 PWS Name Sugar Mill Woods # 1 Location: City or S/D ~~INVERNESS~~ HERNANDO

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month July 1994

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

Design Flow .620 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 / Tom Seaper C-2928

I certify this report is correct Jerald Porter C-6100 C4 6/03

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8,836,000		104	9.0					19.2	12.0		
Average	285,032		3	0.3					0.6	0.5		
Maximum			6						0.8	0.6		
Minimum			1						0.3	0.2		
1	334,000		3	0.2					0.6	0.5		
2	360,000		3	0.2					0.7			
3	229,000		3	0.3					0.7			
4	305,000		4	0.3					0.7	0.3		
5	313,000		1	0.1					0.7	0.4		
6	267,000		1	0.1					0.6	0.3		
7	260,000		2	0.2					0.3	0.2		
8	335,000		6	0.4					0.4	0.3		
9	301,000		5	0.4					0.6	0.5		
10	221,000		3	0.3					0.6	0.5		
11	262,000		4	0.4					0.6	0.5		
12	304,000		3	0.2					0.7	0.5		
13	252,000		4	0.4					0.7	0.5		
14	203,000		3	0.4					0.7	0.5		
15	288,000		3	0.3					0.6	0.4		
16	346,000		4	0.3					0.6	0.5		
17	229,000		3	0.3					0.6			
18	295,000		4	0.3					0.7	0.5		
19	343,000		4	0.3					0.6	0.5		
20	303,000		4	0.3					0.7	0.5		
21	274,000		3	0.3					0.7	0.5		
22	307,000		4	0.3					0.6	0.5		
23	320,000		4	0.3					0.6	0.5		
24	238,000		3	0.3					0.6	0.5		
25	281,000		3	0.3					0.6	0.5		
26	486,000		4	0.2					0.6	0.5		
27	127,000		3	0.6					0.6	0.5		
28	219,000		3	0.3					0.6	0.6		
29	276,000		3	0.3					0.6	0.5		
30	344,000		3	0.2					0.6			
31	254,000		4	0.4					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 17-555(10)(2)

Effective 11/1/1985

6091735

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

6091735

PWS ID No. ~~530-8333~~ PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month July 1994

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

Design Flow .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

Jerry Porter C-6100 Tom Seager C-2928,

I certify this report is correct [signature] C-LEVEL C-6701
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	12,206,000	79		24.6					22.4	12.7		
Average	393,806	3		0.8					0.7	0.5		
Maximum	631,000	4		1.4					0.8	0.5		
Minimum	115,000	1		0.4					0.6	0.4		
1	498,000	4		1.0					0.7	0.5		
2	631,000	4		0.8					0.7			
3	335,000	3		1.1					0.7			
4	460,000	4		1.0					0.8	0.5		
5	402,000	3		0.9					0.8	0.5		
6	253,000	2		0.9					0.8	0.4		
7	280,000	1		0.4					0.8	0.5		
8	502,000	2		0.5					0.7	0.4		
9	485,000	2		0.5					0.7	0.5		
10	311,000	1		0.4					0.7	0.5		
11	358,000	2		0.7					0.7	0.5		
12	456,000	2		0.5					0.7	0.5		
13	478,000	3		0.8					0.7	0.5		
14	259,000	3		1.4					0.7	0.5		
15	401,000	3		0.9					0.8	0.5		
16	587,000	3		0.6					0.8	0.4		
17	477,000	3		0.8					0.8			
18	445,000	3		0.8					0.6	0.5		
19	819,000	4		0.8					0.7	0.5		
20	115,000	1		1.0					0.6	0.5		
21	240,000	1		0.5					0.7	0.5		
22	556,000	4		0.9					0.7	0.5		
23	628,000	4		0.8					0.7	0.5		
24	232,000	2		1.0					0.7	0.5		
25	222,000	2		1.1					0.8	0.5		
26	363,000	2		0.7					0.7	0.5		
27	210,000	1		0.6					0.8	0.5		
28	268,000	2		0.9					0.7	0.5		
29	437,000	3		0.8					0.7	0.5		
30	329,000	2		0.7					0.7			
31	371,000	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 17-555(10/2)
Effective 11/1/1988

6091735

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. ~~6094905~~ 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D ~~Inverness~~ Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month July 1994

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

Design Flow .820 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jerald Porter C-6100 / Tom Seager C-2928

I certify this report is correct [signature] C-6100 C-6100
(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	6,473,000		EBR 36	18.1					20.9	12.1		
Average:	208,806		1	0.6					0.7	0.5		
Maximum:	364,000		2	1.5					0.8	0.5		
Minimum:	64,000		0						0.5	0.4		
1	207,000		1	0.6					0.7	0.5		
2	254,000								0.7			
3	155,000		1	0.8					0.8			
4	204,000		1	0.6					0.7	0.4		
5	253,000		1	0.5					0.7	0.4		
6	227,000		1	0.5					0.8	0.4		
7	187,000		1	0.6					0.7	0.5		
8	254,000		1	0.5					0.7	0.4		
9	225,000		1	0.5					0.8	0.4		
10	138,000		1	0.9					0.7	0.4		
11	180,000		1	0.7					0.7	0.5		
12	180,000		1	0.7					0.6	0.4		
13	136,000		1	0.9					0.7	0.4		
14	82,000		1	1.5					0.7	0.5		
15	204,000		1	0.6					0.8	0.5		
16	287,000		1	0.4					0.7	0.4		
17	64,000								0.7			
18	188,000		1	0.7					0.5	0.5		
19	131,000		1	0.9					0.7	0.5		
20	344,000		2	0.7					0.7	0.5		
21	176,000		1	0.7					0.7	0.5		
22	241,000		1	0.5					0.7	0.5		
23	325,000		2	0.7					0.7	0.5		
24	219,000		1	0.5					0.7	0.5		
25	312,000		1	0.4					0.7	0.5		
26	330,000		1	0.4					0.7	0.5		
27	364,000		1	0.3					0.6	0.5		
28	165,000								0.6	0.5		
29	208,000		2	1.2					0.6	0.5		
30	122,000								0.6			
31	131,000		1	0.9					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 11/1/1987

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month August 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2251 No of People at End of Month ____

Design Flow .820 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 / Tom Seager C-2928

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6100 (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	8,112,000		109	4.7					19.9	13.4	15	
Average	261,677		4	0.2					0.6	0.5		
Maximum	374,000		8	0.2					0.8	0.5		
Minimum	1,000								0.5	0.4		
1	1,000								0.6	0.5		
2	2,000								0.5	0.5		
3	284,000		4	0.2					0.8	0.5	8	
4	254,000		4	0.2					0.7	0.5	8	D.S.T
5	374,000		8	0.2					0.6	0.5		
6	287,000		4	0.2					0.7	0.5		
7	259,000		4	0.2					0.7	0.5		
8	280,000		4	0.2					0.7	0.5		
9	308,000		5	0.2					0.6	0.5		
10	280,000		4	0.2					0.6	0.5		
11	243,000		3	0.1					0.6	0.5		
12	297,000		5	0.1					0.5	0.4		
13	314,000		4	0.2					0.6			
14	209,000		4	0.2					0.6			
15	259,000		4	0.2					0.6	0.5		
16	271,000		3	0.1					0.6	0.5		
17	229,000		3	0.2					0.6	0.5	7	RAW
18	237,000		3	0.2					0.7	0.5		
19	368,000		8	0.2					0.6	0.5		
20	337,000		4	0.1					0.7	0.5		
21	333,000		3	0.1					0.7	0.5		
22	251,000		3	0.1					0.6	0.5		
23	250,000		3	0.1					0.7	0.5		
24	288,000		4	0.2					0.7	0.5		
25	191,000		3	0.2					0.7	0.5		
26	368,000		4	0.1					0.7	0.5		
27	220,000		3	0.2					0.7			
28	176,000		3	0.2					0.6			
29	248,000		4	0.2					0.6	0.8		
30	315,000		4	0.2					0.7	0.5		
31	369,000		4	0.1					0.6	0.5		

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(10/2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6081735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa
Owned By Southern States Utilities Phone No: 904-382-2900 Reporting Month August 1994
Plant Effluent pH (Avg) ____ No of Services at End of Month 2251 No of People at End of Month ____
Design Flow .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
Jerald Porter C-6100 Tom Seager C-2928
I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	10,798,000	82		29.1					23.3	14.1	15 BP	
Average	348,323	3		0.9					0.8	0.5		
Maximum	883,000	5		1.8					0.8	0.6		
Minimum	92,000	1		0.8					0.7	0.5		
1	619,000	5		1.0					0.7	0.5		
2	883,000	5		0.7					0.8	0.5		
3	347,000	3		1.0					0.7	0.5		
4	203,000	3		1.8					0.7	0.5	3 #	Dist
5	343,000	2		0.7					0.8	0.5		
6	206,000	1		0.6					0.7	0.5		
7	157,000	1		0.8					0.7	0.5		
8	175,000	1		0.7					0.8	0.5		
9	214,000	1		0.6					0.7	0.5		
10	120,000	1		1.0					0.7	0.5		
11	92,000	1		1.3					0.8	0.5		
12	459,000	5		1.3					0.8	0.5		
13	389,000	3		0.9					0.8			
14	378,000	3		1.0					0.8			
15	256,000	2		0.9					0.8	0.6		
16	418,000	3		0.9					0.7	0.5		
17	224,000	2		1.1					0.8	0.5	7	RAW
18	322,000	2		0.7					0.8	0.8		
19	530,000	5		1.1					0.7	0.5		
20	688,000	5		0.9					0.8	0.6		
21	615,000	4		0.8					0.8	0.6		
22	134,000	1		0.9					0.7	0.5		
23	370,000	2		0.6					0.8	0.5		
24	374,000	3		1.0					0.7	0.5		
25	120,000	1		1.0					0.7	0.5		
26	509,000	4		0.9					0.7	0.8		
27	351,000	3		1.0					0.8			
28	182,000	2		1.3					0.7			
29	283,000	2		0.9					0.8	0.8		
30	500,000	3		0.7					0.8	0.8		
31	354,000	3		1.0					0.7	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)(b)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month August 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2251 No of People at End of Month ____

Design Flow .820 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seeger C-2928

I certify this report is correct [signature] C 6100

(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	6,827,000	34		19.7					21.1	13.6	15	
Average	220,226	34		0.8					0.7	0.5		
Maximum	436,000	2		1.3					0.8	0.8		
Minimum	73,000								0.5	0.4		
1	186,000	1		0.6					0.8	0.5		
2	285,000	1		0.4					0.7	0.5		
3	313,000	1		0.4					0.6	0.5		
4	436,000	1		0.3					0.7	0.5	S &	D.S.T.
5	403,000	2		0.6					0.5	0.4		
6	333,000	1		0.4					0.7	0.5		
7	292,000	1		0.4					0.8	0.5		
8	307,000	2		0.8					0.7	0.5		
9	260,000	1		0.5					0.8	0.5		
10	324,000	2		0.7					0.7	0.5		
11	330,000	1		0.4					0.6	0.5		
12	129,000								0.6	0.5		
13	108,000								0.6			
14	101,000	1		1.2					0.7			
15	235,000	2		1.0					0.7	0.5		
16	73,000								0.7	0.5		
17	238,000	2		1.0					0.7	0.5	7	R &
18	92,000	1		1.3					0.7	0.5		
19	188,000	2		1.3					0.7	0.5		
20	221,000	1		0.8					0.8	0.8		
21	126,000	1		1.0					0.7	0.8		
22	331,000	1		0.4					0.7	0.5		
23	176,000	1		0.7					0.8	0.5		
24	173,000	1		0.7					0.7	0.5		
25	181,000	1		0.7					0.7	0.5		
26	199,000	1		0.6					0.7	0.5		
27	112,000	1		1.1					0.7			
28	143,000	1		0.8					0.7			
29	180,000	1		0.7					0.8	0.5		
30	179,000	1		0.7					0.8	0.8		
31	175,000	1		0.7					0.6	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 11-1-88

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8081735 PWS Name Sugar Mill Woods # 1 Location: City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month September 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2258 No of People at End of Month ____

Design Flow .820 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 / Tom Seager C-2928

I certify this report is correct _____ C 6100

(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	8,312,000		114	4.9					19.3	15.0		
Average	277,067		4	0.2					0.6	0.5		
Maximum	447,000		5	0.2					0.7	0.5		
Minimum	174,000		2	0.1					0.6	0.5		
1	238,000		3	0.2					0.6	0.5	8 D/ 1 R	
2	347,000		5	0.2					0.7	0.5		
3	389,000		4	0.1					0.6	0.5		
4	219,000		3	0.2					0.7	0.5		
5	303,000		5	0.2					0.7	0.5		
6	358,000		5	0.2					0.7	0.5		
7	358,000		5	0.2					0.6	0.5		
8	230,000		3	0.2					0.6	0.5		
9	280,000		3	0.1					0.6	0.5		
10	357,000		4	0.1					0.6	0.5		
11	237,000		3	0.2					0.6	0.5		
12	265,000		4	0.2					0.7	0.5		
13	316,000		5	0.2					0.6	0.5		
14	237,000		3	0.2					0.6	0.5		
15	178,000		2	0.1					0.6	0.5	BAC	
16	266,000		4	0.2					0.7	0.5		
17	236,000		3	0.2					0.6	0.5		
18	174,000		2	0.1					0.6	0.5		
19	217,000		3	0.2					0.6	0.5		
20	266,000		4	0.2					0.7	0.5		
21	272,000		4	0.2					0.7	0.5		
22	285,000		4	0.2					0.7	0.5		
23	355,000		4	0.1					0.6	0.5		
24	367,000		6	0.2					0.6	0.5		
25	227,000		3	0.2					0.6	0.5		
26	248,000		4	0.2					0.7	0.5		
27	305,000		5	0.2					0.7	0.5		
28	289,000		4	0.2					0.7	0.5		
29	237,000		4	0.2					0.6	0.5		
30	256,000		4	0.2					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 11/11/82

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 9091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No 904-382-2500 Reporting Month September 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2258 No of People at End of Month ____

Design Flow 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

Jerald Porter C-6100 Tom Seeger C-2928

I certify the report is correct [signature] C 6100

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	11,309,000	76		24.8					20.9	15.5		
Average	376,967	3		0.8					0.7	0.5		
Maximum	839,000	5		1.3					0.8	0.6		
Minimum	153,000	1		0.5					0.5	0.5		
1	324,000	3		1.1					0.7	0.5	9/1/R	
2	605,000	4		0.8					0.7	0.5		
3	854,000	4		0.7					0.6	0.5		
4	507,000	3		0.7					0.7	0.5		
5	519,000	4		0.9					0.6	0.5		
6	839,000	5		0.7					0.6	0.5		
7	619,000	4		0.8					0.5	0.5		
8	153,000	1		0.6					0.7	0.5		
9	452,000	3		0.8					0.8	0.5		
10	595,000	3		0.6					0.8	0.5		
11	484,000	4		1.0					0.8	0.5		
12	384,000	3		0.9					0.7	0.5		
13	844,000	4		0.7					0.7	0.5		
14	189,000	2		1.3					0.7	0.5		
15	394,000	2		0.6					0.8	0.5	Raw C 9/15	
16	303,000	2		1.2					0.7	0.5		
17	270,000	2		0.9					0.7	0.5		
18	245,000	1		0.5					0.7	0.5		
19	238,000	2		1.0					0.7	0.5		
20	280,000	2		0.9					0.7	0.5		
21	170,000	1		0.7					0.7	0.5		
22	202,000	2		1.2					0.7	0.5		
23	358,000	2		0.7					0.7	0.5		
24	555,000	4		0.9					0.7	0.5		
25	261,000	2		0.9					0.7	0.5		
26	187,000	1		0.6					0.7	0.6		
27	308,000	2		0.8					0.7	0.6		
28	199,000	1		0.6					0.7	0.6		
29	154,000	1		0.8					0.7	0.6		
30	339,000	2		0.7					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 17-555(10)2
Effective 11/1/82

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 3 Location: City or S/D Homosassa
Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month September 1994
Plant Effluent pH (Avg) ____ No of Services at End of Month 2258 No of People at End of Month ____
Design Flow .020 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jerald Porter C-6100 Tom Seager C-2928
I certify this report is correct C 6100
(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	6,799,000	190		99.9					21.0	16.5		
Average	226,633	190		3.3					0.7	0.6		
Maximum	369,000	131		70.4					1.4	1.2		
Minimum	70,000								0.2	0.4		
1	157,000	1		0.8					0.7	0.6	8 D / 1 R	
2	235,000	1		0.5					0.8	0.6		
3	256,000	1		0.5					0.7	0.6		
4	134,000	1		0.9					0.7	0.5		
5	178,000	1		0.7					0.6	0.5		
6	292,000	1		0.4					0.7	0.5		
7	221,000	1		0.5					0.6	0.5		
8	161,000								0.7	0.5		
9	219,000	1		0.6					0.7	0.5		
10	223,000	1		0.5					0.7	0.5		
11	116,000								0.7	0.5		
12	300,000	1		0.4					0.8	0.5		
13	369,000	2		0.6					0.6	0.5		
14	206,000								0.7	0.5		
15	70,000								0.2	0.4	RAN OUT	
16	249,000	1		0.5					0.6	0.5		
17	205,000	1		0.6					0.6	0.5		
18	261,000	1		0.5					0.7	0.5		
19	288,000	1		0.4					0.6	0.5		
20	228,000	1		0.5					0.5	0.4		
21	223,000	131		70.4					0.5	0.4		
22	243,000	21		10.4					0.4	0.4		
23	199,000	2		1.2					0.6	0.5		
24	327,000	3		1.1					0.8	0.6		
25	272,000	4		1.8					0.8	0.6		
26	236,000	2		1.0					1.0	0.8		
27	206,000	2		1.2					0.8	0.6		
28	236,000	4		2.0					0.8	0.6		
29	241,000	2		1.0					1.4	1.2		
30	265,000	2		0.9					0.8	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 11/17/82

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month October 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2268 No of People at End of Month ____

Design Flow .820 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Bruce Batten C-6805 Ricky Leach A4803

I certify this report is correct Bruce Batten C 6805
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in 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	7,997,000		107	5.0					20.3	15.5	15	
Average:	257,968		3	0.2					0.7	0.5		
Maximum:			6	0.3					0.7	0.5		
Minimum:			2	0.1					0.5	0.5		
1	237,000		3	0.2					0.7	0.5		
2	167,000		2	0.1					0.7	0.5		
3	178,000		2	0.1					0.7	0.5		
4	198,000		3	0.2					0.7	0.5	8	Compliance
5	231,000		4	0.2					0.6	0.5		
6	215,000		3	0.2					0.7	0.5		
7	312,000		3	0.1					0.6	0.5		
8	380,000		4	0.1					0.6	0.5		
9	222,000		3	0.2					0.6	0.5		
10	240,000		3	0.1					0.5	0.5		
11	203,000		3	0.2					0.7	0.5		
12	184,000		2	0.1					0.7	0.5		
13	170,000		2	0.1					0.7	0.5		
14	285,000		4	0.2					0.7	0.5		
15	281,000		3	0.1					0.6	0.5		
16	214,000		3	0.2					0.6	0.5		
17	237,000		3	0.2					0.6	0.5	7	Compliance
18	326,000		4	0.1					0.7	0.5		
19	307,000		3	0.1					0.7	0.5		
20	279,000		3	0.1					0.6	0.5		
21	313,000		3	0.1					0.7	0.5		
22	469,000		5	0.1					0.7	0.5		
23	199,000		2	0.1					0.7	0.5		
24	333,000		5	0.2					0.6	0.5		
25	384,000		6	0.2					0.7	0.5		
26	246,000		4	0.2					0.6	0.5		
27	217,000		4	0.2					0.7	0.5		
28	254,000		4	0.2					0.7	0.5		
29	310,000		6	0.2					0.6	0.5		
30	161,000		4	0.3					0.6	0.5		
31	243,000		4	0.2					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 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month October 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2258 No of People at End of Month ____

Design Flow .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

Jerald Porter C-6100 Bruce Batten C6505 Ricky Leach A-4803

I certify this report is correct Bruce Batten (Lead Operator's Signature) C (Cert. Level) 6505 (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	14,661,000	94		24.0					21.9	16.5	15	
Average	472,935	3		0.8					0.7	0.5		
Maximum	1,097,000	6		1.1					0.8	0.7		
Minimum	229,000	1		0.4					0.7	0.5		
1	370,000	3		1.0					0.7	0.6		
2	229,000	1		0.5					0.7	0.8		
3	340,000	2		0.7					0.7	0.5		
4	334,000	2		0.7					0.7	0.5	8	Compliance
5	275,000	2		0.9					0.7	0.5		
6	331,000	3		1.1					0.7	0.5		
7	534,000	2		0.4					0.7	0.5		
8	840,000	6		0.9					0.7	0.6		
9	513,000	4		0.9					0.7	0.6		
10	378,000	2		0.6					0.7	0.5		
11	288,000	2		0.8					0.7	0.8		
12	314,000	2		0.8					0.7	0.5		
13	280,000	2		0.9					0.7	0.5		
14	260,000	2		0.9					0.7	0.5		
15	570,000	3		0.6					0.7	0.5		
16	462,000	3		0.8					0.7	0.5		
17	574,000	4		0.8					0.7	0.5	7	Compliance
18	699,000	5		0.9					0.7	0.5		
19	567,000	4		0.8					0.7	0.5		
20	393,000	2		0.6					0.7	0.5		
21	708,000	5		0.8					0.7	0.5		
22	1,097,000	5		0.5					0.7	0.7		
23	620,000	4		0.8					0.7	0.7		
24	648,000	5		0.9					0.7	0.5		
25	929,000	5		0.6					0.7	0.5		
26	308,000	2		0.8					0.7	0.5		
27	310,000	2		0.8					0.8	0.5		
28	315,000	2		0.8					0.8	0.6		
29	548,000	4		0.9					0.7	0.5		
30	256,000	1		0.5					0.7	0.5		
31	377,000	3		1.0					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 review

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6081735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month October 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2258 No of People at End of Month ____

Design Flow .620 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Bruce Batten C-6805 Ricky Leach A-4803

I certify this report is correct Bruce Batten C 6805

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6,620,000	40		22.6					22.4	16.4		
Average	213,548	1.3		0.7					0.7	0.5		
Maximum:	410,000	2		1.2					0.8	0.7		
Minimum:	137,000	1		0.4					0.7	0.5		
1	202,000	2		1.2					0.7	0.5		
2	165,000	1		0.7					0.8	0.5		
3	207,000	1		0.6					0.7	0.5		
4	194,000	1		0.6					0.7	0.5	8	compliance
5	197,000	1		0.6					0.7	0.5		
6	149,000	1		0.8					0.7	0.5		
7	260,000	2		0.9					0.7	0.5		
8	250,000	2		1.0					0.7	0.5		
9	209,000	1		0.6					0.7	0.5		
10	183,000	1		0.7					0.7	0.5		
11	182,000	1		0.7					0.7	0.6		
12	168,000	1		0.7					0.8	0.6		
13	181,000	1		0.7					0.8	0.6		
14	206,000	1		0.6					0.8	0.6		
15	215,000	1		0.6					0.7	0.5		
16	137,000	1		0.9					0.7	0.5		
17	191,000	1		0.6					0.8	0.6	7	compliance
18	243,000	2		1.0					0.7	0.5		
19	192,000	1		0.6					0.7	0.5		
20	165,000	1		0.6					0.7	0.5		
21	287,000	1		0.4					0.7	0.5		
22	410,000	2		0.6					0.7	0.5		
23	213,000	2		1.1					0.7	0.7		
24	275,000	2		0.9					0.8	0.6		
25	317,000	2		0.8					0.7	0.5		
26	214,000	1		0.6					0.7	0.5		
27	208,000	1		0.6					0.7	0.5		
28	210,000	1		0.6					0.7	0.5		
29	190,000	1		0.6					0.7	0.5		
30	202,000	1		0.6					0.8	0.6		
31	196,000	2		1.2					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 17-555810(2)

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month November 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2283 No of People at End of Month ____

Design Flow .620 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Bruce Batten C-6805

I certify this report is correct [signature] C 6805

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8,419,000		125	5.2					19.4	14.8	15	
Average:	280,633		4	0.3					0.6	0.5		
Maximum:			7	3.3					1.0	0.5		
Minimum:			2	0.1					0.5	0.4		
1	11,000		3	3.3					0.8	0.5		
2	280,000		5	0.2					0.7	0.5		
3	316,000		5	0.2					0.7	0.5	8	Compliance
4	351,000		6	0.2					1.0	0.5		
5	420,000		6	0.2					0.6	0.5		
6	269,000		5	0.2					0.7	0.5		
7	381,000		7	0.2					0.6	0.5		
8	325,000		5	0.2					0.8	0.5		
9	338,000		6	0.2					0.6	0.5		
10	253,000		3	0.1					0.8	0.5		
11	255,000		4	0.2					0.7	0.5		
12	339,000		6	0.2					0.8	0.5		
13	305,000		4	0.2					0.8	0.5		
14	224,000		3	0.2					0.8	0.5		
15	228,000		3	0.2					0.7	0.5		
16	175,000		2	0.1					0.7	0.5		
17	225,000		3	0.2					0.7	0.5	7	Compliance
18	305,000		4	0.2					0.6	0.5		
19	333,000		5	0.2					0.5	0.4		
20	290,000		3	0.1					0.7	0.5		
21	280,000		4	0.2					0.5	0.5		
22	307,000		6	0.2					0.5	0.4		
23	154,000		2	0.2					0.7	0.5		
24	295,000		3	0.1					0.6	0.5		
25	301,000		3	0.1					0.6	0.5		
26	306,000		4	0.2					0.6	0.5		
27	354,000		5	0.2					0.5	0.5		
28	316,000		4	0.2					0.6	0.5		
29	315,000		4	0.2					0.7	0.5		
30	168,000		2	0.1					0.6	0.5		
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 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month November 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2283 No of People at End of Month ____

Design Flow .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

Jerald Porter C-6100 Bruce Batten C-6805

I certify this report is correct [signature] C 6805

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	13,655,000	217		70.4					21.8	15.2	15	
Average	461,833	7		2.3					0.7	0.5		
Maximum	1,019,000	142		49.8					0.8	0.6		
Minimum	77,000								0.6	0.4		
1	497,000								0.7	0.5		
2	342,000	142		49.8					0.7	0.5		
3	317,000	2		0.8					0.7	0.5	8	Compliance
4	701,000	3		0.5					0.7	0.6		
5	994,000	6		0.7					0.7	0.5		
6	371,000	2		0.6					0.7	0.5		
7	746,000	2		0.3					0.7	0.5		
8	1,019,000	5		0.6					0.7	0.5		
9	476,000	3		0.8					0.7	0.5		
10	135,000	1		0.9					0.8	0.5		
11	323,000	3		1.1					0.8	0.5		
12	496,000	3		0.7					0.7	0.5		
13	570,000	4		0.6					0.7	0.5		
14	517,000	3		0.7					0.8	0.6		
15	368,000	2		0.7					0.7	0.5		
16	77,000	1		1.6					0.7	0.5		
17	260,000	2		0.9					0.8	0.5	7	compliance
18	245,000	1		0.5					0.8	0.6		
19	569,000	4		0.8					0.8	0.5		
20	303,000	2		0.8					0.8	0.5		
21	398,000	2		0.6					0.8	0.5		
22	594,000	3		0.6					0.8	0.4		
23	217,000	2		1.1					0.7	0.5		
24	272,000	2		0.9					0.8	0.5		
25	467,000	3		0.8					0.7	0.5		
26	780,000	4		0.6					0.7	0.5		
27	541,000	3		0.7					0.8	0.5		
28	543,000	5		1.1					0.6	0.5		
29	613,000	2		0.4					0.7	0.5		
30	122,000								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 11/1/1984

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month November 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2283 No of People at End of Month ____

Design Flow .820 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Bruce Batten C-6805

I certify this report is correct [signature] C 6805

(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	7,358,000	48		23.6					22.4	15.6	15	
Average	245,267	48		0.8					0.7	0.5		
Maximum	331,000	4		2.0					0.8	0.6		
Minimum	61,000								0.7	0.5		
1	194,000	1		0.6					0.7	0.5		
2	207,000	1		0.6					0.7	0.5		
3	193,000	1		0.6					0.7	0.5	8	Compliance
4	301,000	1		0.4					0.7	0.5		
5	319,000	2		0.8					0.7	0.5		
6	223,000	3		1.6					0.7	0.5		
7	265,000	1		0.4					0.7	0.5		
8	321,000	2		0.7					0.7	0.5		
9	236,000	1		0.5					0.7	0.5		
10	212,000	1		0.6					0.8	0.6		
11	229,000	1		0.5					0.8	0.5		
12	231,000	1		0.5					0.7	0.5		
13	132,000	1		0.9					0.7	0.5		
14	73,000								0.8	0.6		
15	61,000	1		2.0					0.8	0.6		
16	257,000	2		0.9					0.7	0.5		
17	310,000	3		1.2					0.7	0.5	7	Compliance
18	267,000	1		0.4					0.8	0.5		
19	243,000	2		1.0					0.8	0.5		
20	273,000	1		0.4					0.8	0.5		
21	300,000	2		0.8					0.8	0.5		
22	274,000	2		0.9					0.7	0.5		
23	227,000	1		0.5					0.8	0.5		
24	294,000	2		0.8					0.7	0.5		
25	331,000	2		0.7					0.8	0.5		
26	227,000	1		0.5					0.8	0.6		
27	297,000	2		0.8					0.8	0.6		
28	303,000	4		1.6					0.8	0.5		
29	232,000	2		1.0					0.8	0.6		
30	306,000	3		1.2					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 11/1/1984

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month December 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2267 No of People at End of Month ____

Design Flow .820 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 / Bruce Batten C-6805

I certify this report is correct Bruce Batten C 6805

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8,019,000		100	4.7					19.3	15.6	14	
Average	258,677		3	0.2					0.6	0.5		
Maximum			6	0.2					0.8	0.6		
Minimum			1	0.1					0.3	0.4		
1	207,000		2	0.1					0.6	0.5		
2	353,000		3	0.1					0.6	0.5		
3	331,000		5	0.2					0.6	0.5		
4	167,000		2	0.1					0.5	0.5		
5	222,000		1	0.1					0.6	0.5		
6	281,000		3	0.1					0.3	0.4		
7	216,000		3	0.2					0.6	0.5		
8	256,000		2	0.1					0.7	0.5	8	
9	268,000		2	0.1					0.7	0.5		
10	328,000		4	0.1					0.3	0.4		
11	245,000		3	0.1					0.6	0.5		
12	169,000		2	0.1					0.6	0.5		
13	375,000		4	0.1					0.6	0.5		
14	257,000		4	0.2					0.6	0.5		
15	219,000		3	0.2					0.6	0.6	6	
16	418,000		4	0.1					0.7	0.5		
17	159,000		2	0.2					0.6	0.5		
18	310,000		4	0.2					0.7	0.4		
19	323,000		6	0.2					0.7	0.6		
20	248,000		3	0.1					0.6	0.6		
21	156,000		3	0.2					0.7	0.6		
22	159,000		3	0.2					0.7	0.6		
23	301,000		4	0.2					0.7	0.6		
24	240,000		3	0.1					0.6	0.5		
25	238,000		4	0.2					0.6	0.5		
26	261,000		4	0.2					0.6	0.5		
27	256,000		4	0.2					0.7	0.5		
28	267,000		4	0.2					0.7	0.5		
29	199,000		3	0.2					0.6	0.4		
30	336,000		3	0.1					0.6	0.5		
31	230,000		3	0.2					0.6	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 17-555[illegible]

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month December 1994

Plant Effluent pH (Avg) ____ No of Services at End of Month 2287 No of People at End of Month ____

Design Flow .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

Jerald Porter C-6100 / Bruce Batten C-6805

I certify this report is correct Bruce Batten C 6805

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	13,680,000	92		27.2					23.0	20.3	14	
Average	441,290	3		0.9					0.7	0.7		
Maximum:	772,000	5		2.9					1.4	3.2		
Minimum:	114,000	1		0.4					0.6	0.5		
1	204,000	1		0.6					0.7	0.5		
2	580,000	2		0.4					0.8	0.5		
3	548,000	4		0.9					0.8	0.5		
4	114,000	1		1.1					0.6	0.5		
5	166,000	4		2.9					0.6	0.5		
6	840,000	3		0.7					1.4	3.2		
7	587,000	4		0.8					0.7	0.7		
8	271,000	2		0.9					0.7	0.6	8	
9	596,000	4		0.8					0.7	0.5		
10	637,000	5		0.9					0.7	0.6		
11	283,000	2		0.8					0.8	0.6		
12	401,000	3		0.9					0.8	0.6		
13	545,000	4		0.9					0.7	0.5		
14	365,000	3		1.0					0.8	0.6		
15	456,000	3		0.8					0.8	0.5	6	
16	772,000	4		0.6					0.8	0.6		
17	547,000	3		0.7					0.7	0.6		
18	334,000	3		1.1					0.8	0.6		
19	617,000	3		0.6					0.7	0.6		
20	456,000	3		0.8					0.8	0.6		
21	260,000	2		0.9					0.7	0.6		
22	193,000	2		1.2					0.7	0.6		
23	562,000	4		0.9					0.7	0.6		
24	339,000	2		0.7					0.7	0.6		
25	322,000	2		0.7					0.7	0.6		
26	498,000	4		1.0					0.7	0.6		
27	611,000	4		0.8					0.7	0.6		
28	466,000	3		0.8					0.7	0.6		
29	246,000	2		1.0					0.6	0.5		
30	713,000	4		0.7					0.6	0.6		
31	490,000	2		0.5					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 17-555.910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone No: 904-382-2500 Reporting Month December 1994

Plant Effluent pH (Avg) _____ No of Services at End of Month 2257 No of People at End of Month _____

Design Flow 620 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Bruce Batten C-6805

I certify the report is correct Bruce Batten C 6806

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	7,104,000	39		20.1					22.9	17.6	14	
Average	229,161	39		0.6					0.7	0.6		
Maximum	407,000	3		1.5					1.0	0.7		
Minimum	100,000								0.6	0.4		
1	290,000	2		0.8					0.7	0.5		
2	315,000	2		0.6					0.7	0.5		
3	291,000	3		1.2					1.0	0.7		
4	241,000	3		1.5					0.7	0.5		
5	407,000	2		0.6					0.7	0.5		
6	363,000	1		0.3					0.7	0.5		
7	170,000	1		0.7					0.7	0.5		
8	100,000								0.7	0.5	8	
9	212,000								0.9	0.6		
10	212,000	1		0.6					0.8	0.6		
11	174,000	1		0.7					0.7	0.6		
12	186,000	1		0.6					0.8	0.6		
13	168,000								0.7	0.6		
14	164,000	1		0.7					0.7	0.6		
15	149,000	1		0.8					0.6	0.4	6	
16	286,000	1		0.4					0.8	0.6		
17	197,000	1		0.6					0.8	0.7		
18	177,000	1		0.7					0.8	0.8		
19	264,000	1		0.5					0.8	0.8		
20	225,000	2		1.1					0.8	0.8		
21	169,000	1		0.7					0.8	0.8		
22	259,000	1		0.5					0.9	0.7		
23	289,000	2		0.8					0.8	0.6		
24	181,000	1		0.7					0.6	0.5		
25	244,000	1		0.5					0.6	0.5		
26	229,000	2		1.0					0.7	0.5		
27	244,000	1		0.5					0.7	0.6		
28	211,000	1		0.6					0.7	0.6		
29	171,000	1		0.7					0.7	0.6		
30	273,000	1		0.4					0.7	0.6		
31	223,000	2		1.1					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 report

DER Form 17-555(10)(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month January 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2300 No of People at End of Month 5000

Design Flow .620 MGD Remarks (Use Reverse Side)

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

Jerold Porter C-6100 Tom Seager C-2828

I certify this report is correct Original signed by Jerold Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	5,510,000		53.0						21.2	15.2		
Average	177,742		1.7						0.7	0.5		
Maximum	309,000		3.0						0.8	0.6		
Minimum	44,000		1.0						0.4	0.3		
1	137,000		2.0						0.8	0.5		
2	220,000		2.0						0.6	0.4		
3	204,000		1.5						0.7	0.5		
4	123,000		1.0						0.5	0.5		
5	107,000		1.0						0.6	0.5		
6	116,000		1.5						0.7	0.5		
7	82,000		1.0						0.7	0.5		
8	152,000		2.0						0.7	0.5		
9	44,000		2.0						0.8	0.5		
10	251,000		2.0						0.5	0.4		
11	309,000		2.5						0.6	0.4		
12	194,000		2.0						0.6	0.4		
13	302,000		3.0						0.8	0.5		
14	277,000		2.0						0.8	0.5		
15	199,000		1.5						0.8	0.5		
16	90,000		1.0						0.8	0.5		
17	147,000		1.0						0.8	0.5		
18	87,000		2.0						0.5	0.3		
19	114,000		1.5						0.6	0.5		
20	184,000		2.0						0.6	0.5		
21	155,000		1.5						0.7	0.5		
22	238,000		2.0						0.4	0.5		
23	189,000		1.5						0.7	0.5		
24	285,000		2.5						0.6	0.5		
25	235,000		2.0						0.8	0.5		
26	145,000		1.5						0.7	0.5		
27	188,000		2.0						0.7	0.5		
28	136,000		1.5						0.7	0.5		
29	119,000		1.5						0.8	0.6		
30	208,000		1.0						0.8	0.6		
31	273,000		1.5						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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month January 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2300 No of People at End of Month 8000

Design Flow .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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) C-6100 (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	23,026,000		142						21.6	15.7		
Average	742,774		5						0.7	0.5		
Maximum	1,249,000		8						0.8	0.6		
Minimum	352,000		2						0.5	0.4		
1	917,000		4						0.7	0.5		
2	1,249,000		8						0.7	0.5		
3	1,054,000		5						0.7	0.5		
4	838,000		6						0.7	0.5		
5	791,000		4						0.6	0.5		
6	1,034,000		8						0.7	0.5		
7	782,000		5						0.7	0.5		
8	859,000		6						0.6	0.5		
9	606,000		4						0.7	0.5		
10	569,000		4						0.7	0.5		
11	352,000		2						0.5	0.4		
12	797,000		4						0.6	0.4		
13	1,089,000		6						0.8	0.5		
14	758,000		4						0.6	0.5		
15	589,000		4						0.7	0.5		
16	542,000		4						0.7	0.5		
17	652,000		3						0.7	0.5		
18	488,000		5						0.7	0.5		
19	569,000		5						0.8	0.5		
20	718,000		5						0.7	0.5		
21	708,000		5						0.7	0.5		
22	730,000		5						0.7	0.5		
23	787,000		5						0.6	0.6		
24	834,000		5						0.7	0.5		
25	780,000		4						0.7	0.5		
26	613,000		4						0.7	0.5		
27	659,000		5						0.8	0.5		
28	572,000		3						0.7	0.5		
29	676,000		4						0.8	0.6		
30	731,000		4						0.8	0.6		
31	693,000		4						0.6	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. 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month January 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2300 No of People at End of Month 6000

Design Flow .620 MGD Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) C-6100 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,412,000		7.0						21.4	15.5		
Average	45,548		0.2						0.7	0.5		
Maximum	154,000		1.0						0.8	0.6		
Minimum									0.6	0.4		
1	84,000								0.7	0.5		
2	153,000								0.7	0.4		
3	123,000								0.7	0.5		
4	106,000		1.0						0.8	0.5		
5	23,000								0.8	0.5		
6	36,000								0.7	0.5		
7	40,000								0.6	0.5		
8	54,000		1.0						0.8	0.5		
9									0.7	0.5		
10									0.6	0.5		
11	154,000		1.0						0.7	0.5		
12	111,000								0.7	0.5		
13	122,000		1.0						0.6	0.5		
14									0.8	0.5		
15	3,000								0.7	0.5		
16									0.7	0.5		
17									0.7	0.5		
18									0.6	0.5		
19	58,000		1.0						0.8	0.6		
20									0.7	0.5		
21	33,000								0.8	0.5		
22	78,000		1.0						0.7	0.5		
23	61,000								0.7	0.5		
24	121,000		1.0						0.7	0.5		
25									0.7	0.5		
26									0.7	0.5		
27									0.6	0.5		
28									0.6	0.5		
29	2,000								0.6	0.5		
30									0.6	0.5		
31	50,000								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. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month February 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month @2000 No of People at End of Month @7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	8,451,000		55.0						19	13.9	14	
Average	230,393		1.9						0.7	0.5		
Maximum	327,000		4.0						0.8	0.6		
Minimum	125,000		1.0						0.5	0.4		
1	240,000		2.0						0.7	0.5		
2	298,000		1.5						0.7	0.5		
3	283,000		2.0						0.6	0.5		
4	327,000		2.5						0.6	0.6		
5	257,000		2.0						0.7	0.6		
6	214,000		1.5						0.7	0.5		
7	313,000		2.5						0.7	0.5		
8	152,000		1.0						0.6	0.5		
9	172,000		1.5						0.7	0.5		
10	250,000		2.5						0.8	0.6		
11	237,000		2.0						0.8	0.5		
12	172,000		1.5						0.7	0.5		
13	167,000		1.0						0.6	0.4		
14	193,000		1.5						0.6	0.4		
15	207,000		1.0						0.6	0.4	7	ok
16	258,000		2.5						0.6	0.4		
17	227,000		4.0						0.5	0.4		
18	205,000		2.5						0.6	0.5		
19	247,000		2.9						0.7	0.5		
20	220,000		2.0						0.7	0.5		
21	252,000		2.5						0.7	0.5		
22	300,000		2.5						0.8	0.6		
23	185,000		1.5						0.6	0.5		
24	259,000		2.5						0.7	0.5		
25	125,000		1.0						0.7	0.5		
26	246,000		2.0						0.7	0.5		
27	176,000		1.5						0.7	0.5		
28	251,000		2.0						0.7	0.5	7	ok
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. 6091735 PWS Name Sugar Mill Woods #2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month February 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month @2000 No of People at End of Month @7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	20,386,000		128						20.8	14.7		
Average	728,071		5						0.7	0.5		
Maximum	952,000		8						0.8	0.6		
Minimum	563,000		2						0.7	0.5		
1	792,000		5						0.8	0.5		
2	783,000		5						0.8	0.5		
3	815,000		5						0.7	0.6		
4	855,000		5						0.8	0.6		
5	731,000		5						0.7	0.6		
6	764,000		4						0.8	0.5		
7	890,000		6						0.8	0.5		
8	603,000		4						0.8	0.6		
9	686,000		5						0.8	0.6		
10	784,000		5						0.7	0.6		
11	744,000		4						0.8	0.5		
12	563,000		3						0.8	0.5		
13	587,000		4						0.8	0.5		
14	681,000		3						0.7	0.5		
15	714,000		2						0.7	0.5		
16	830,000		6						0.7	0.5		
17	689,000		5						0.7	0.5		
18	627,000		4						0.7	0.5		
19	738,000		5						0.7	0.5		
20	669,000		4						0.7	0.5		
21	721,000		5						0.8	0.6		
22	952,000		6						0.7	0.5		
23	562,000		4						0.7	0.5		
24	742,000		5						0.7	0.5		
25	661,000		5						0.7	0.5		
26	701,000		5						0.7	0.5		
27	697,000		3						0.7	0.5		
28	783,000		4						0.7	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. 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month February 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month @2000 No of People at End of Month @7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,277,000		7.0						20	14.5		
Average	45,607		0.25						0.7	0.5		
Maximum:	118,000		1.0						0.8	0.6		
Minimum:									0.7	0.5		
1	75,000								0.7	0.5		
2	103,000		1.0						0.7	0.5		
3	72,000								0.7	0.5		
4	107,000		1.0						0.7	0.6		
5	118,000								0.8	0.6		
6	79,000								0.7	0.5		
7	39,000		1.0						0.8	0.5		
8	2,000								0.7	0.5		
9	51,000								0.8	0.6		
10	55,000								0.7	0.6		
11	53,000								0.7	0.5		
12	38,000								0.7	0.5		
13	50,000		1.0						0.7	0.5		
14									0.7	0.5		
15	12,000		1.0						0.7	0.5		
16	114,000								0.7	0.5		
17	55,000								0.7	0.5		
18	11,000								0.7	0.5		
19	65,000		1.0						0.7	0.5		
20	17,000								0.7	0.5		
21	49,000								0.7	0.5		
22	65,000		1.0						0.8	0.6		
23									0.7	0.5		
24	9,000								0.7	0.5		
25	4,000								0.7	0.5		
26	8,000								0.7	0.5		
27									0.7	0.5		
28	28,000								0.7	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. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month March 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2000 No of People at End of Month 7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter C-6100

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	7,614,000		122						21.9	16.3		
Average	245,613		4						0.7	0.5		
Maximum	444,000		6.0						0.9	0.6		
Minimum	137,000		2.0						0.6	0.5		
1	165,000		4.0						0.6	0.5		
2	276,000		6.0						0.9	0.6		
3	272,000		3.0						0.7	0.5		
4	204,000		2.0						0.7	0.5		
5	203,000		4.0						0.7	0.5		
6	184,000		3.0						0.7	0.5		
7	354,000		5.0						0.7	0.5		
8	199,000		3.0						0.6	0.5		
9	297,000		5.0						0.6	0.5		
10	436,000		6.0						0.8	0.6		
11	444,000		6.0						0.7	0.6		
12	226,000		3.0						0.7	0.5		
13	201,000		3.0						0.7	0.5		
14	269,000		4.0						0.7	0.5		
15	139,000		3.0						0.7	0.5		
16	201,000		4.0						0.8	0.5		
17	243,000		4.0						0.7	0.5		
18	171,000		3.0						0.6	0.5		
19	179,000		3.0						0.7	0.5		
20	147,000		3.0						0.8	0.6		
21	252,000		4.0						0.7	0.6		
22	137,000		3.0						0.8	0.6		
23	227,000		4.0						0.7	0.5		
24	233,000		4.0						0.7	0.5		
25	220,000		3.0						0.7	0.5		
26	259,000		4.0						0.6	0.5		
27	213,000		4.0						0.7	0.5		
28	254,000		4.0						0.7	0.5		
29	279,000		4.0						0.6	0.5		
30	344,000		5.0						0.7	0.6		
31	386,000		6.0						0.7	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. 6091735 PWS Name Sugar Mill Woods #2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month March 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2000 No of People at End of Month 7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	22,214,000		141						22.8	16.8		
Average	716,580		4.5						0.7	0.5		
Maximum	944,000		7						0.8	0.6		
Minimum	66,000		1						0.7	0.5		
1	624,000		5						0.8	0.5		
2	896,000		7						0.8	0.6		
3	721,000		5						0.7	0.5		
4	725,000		3						0.7	0.5		
5	598,000		4						0.8	0.5		
6	597,000		4						0.7	0.5		
7	889,000		6						0.7	0.5		
8	663,000		5						0.8	0.5		
9	944,000		7						0.8	0.5		
10	904,000		6						0.8	0.6		
11	940,000		6						0.7	0.6		
12	763,000		5						0.7	0.5		
13	630,000		3						0.7	0.5		
14	629,000		3						0.7	0.5		
15	631,000		3						0.7	0.5		
16	617,000		4						0.7	0.5		
17	802,000		5						0.7	0.5		
18	802,000		4						0.7	0.5		
19	722,000		4						0.7	0.5		
20	589,000		4						0.8	0.6		
21	744,000		5						0.8	0.6		
22	636,000		4						0.7	0.6		
23	788,000		5						0.7	0.5		
24	672,000		4						0.7	0.5		
25	891,000		6						0.8	0.6		
26	66,000		1						0.7	0.6		
27	648,000		3						0.7	0.6		
28	793,000		3						0.7	0.6		
29	887,000		6						0.8	0.6		
30	674,000		6						0.8	0.6		
31	731,000		5						0.7	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. 6091735 PWS Name Sugar Mill Woods # 3 Location: City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month March 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2000 No of People at End of Month 7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter C-6100

(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	1,819,000		13.0						22.1	16.9		
Average	58,677		0.4						0.7	0.5		
Maximum	509,000		4.0						0.8	0.6		
Minimum									0.6	0.5		
1	39,000								0.7	0.5		
2	51,000		1.0						0.7	0.6		
3	81,000		1.0						0.7	0.5		
4									0.7	0.5		
5	14,000								0.7	0.5		
6	2,000								0.7	0.5		
7	61,000								0.7	0.5		
8	3,000								0.7	0.5		
9	68,000		1.0						0.8	0.6		
10	200,000		1.0						0.8	0.6		
11	126,000								0.7	0.5		
12	78,000		1.0						0.7	0.5		
13									0.7	0.5		
14	49,000		1.0						0.7	0.5		
15									0.7	0.5		
16									0.6	0.5		
17									0.6	0.5		
18									0.6	0.5		
19	16,000								0.7	0.6		
20	41,000								0.7	0.6		
21	10,000								0.7	0.6		
22									0.6	0.6		
23	12,000								0.7	0.5		
24	33,000		1.0						0.7	0.5		
25	36,000								0.7	0.6		
26	509,000		4.0						0.6	0.6		
27	21,000								0.6	0.6		
28	20,000								0.6	0.6		
29	60,000		1.0						0.6	0.6		
30	93,000								0.6	0.6		
31	194,000		1.0						0.6	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. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month April 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2000 No of People at End of Month 7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) C-6100 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	9,512,000		70.5						19.3	15.1		
Average	317,067		2.3						0.6	0.5		
Maximum	505,000		3.5						0.8	0.6		
Minimum	194,000		1.0						0.2	0.4		
1	224,000		2.0						0.7	0.8		
2	202,000		2.0						0.7	0.8		
3	215,000		2.0						0.7	0.5		
4	290,000		2.5						0.6	0.5		
5	237,000		2.0						0.6	0.5		
6	205,000		2.0						0.7	0.5		
7	276,000		2.5						0.7	0.5		
8	250,000		2.0						0.7	0.5		
9	277,000		2.0						0.6	0.5		
10	195,000		1.0						0.6	0.5		
11	278,000		2.0						0.6	0.5		
12	282,000		2.0						0.6	0.5		
13	360,000		3.0						0.6	0.5		
14	452,000		3.0						0.7	0.5		
15	400,000		3.0						0.7	0.5		
16	194,000		2.0						0.8	0.5		
17	242,000		2.5						0.7	0.5		
18	204,000		2.0						0.6	0.5		
19	307,000		2.5						0.6	0.5		
20	302,000		2.5						0.7	0.5		
21	317,000		2.0						0.6	0.5		
22	291,000		2.0						0.7	0.5		
23	432,000		3.0						0.7	0.5		
24	505,000		2.5						0.7	0.5		
25	386,000		1.5						0.7	0.5		
26	398,000		3.5						0.2	0.4		PRIME Cl2 PUMP
27	444,000		3.0						0.6	0.5		
28	464,000		3.0						0.6	0.5		
29	453,000		3.0						0.7	0.5		
30	432,000		2.5						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 8091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month April 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2000 No of People at End of Month 7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2925

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	26,628,000		170						20.8	15.3		
Average	887,600		5.6						0.7	0.5		
Maximum:	1,102,000		7						0.8	0.6		
Minimum:	648,000		4						0.6	0.5		
1	883,000		5						0.7	0.6		
2	764,000		4						0.7	0.6		
3	712,000		4						0.7	0.6		
4	812,000		5						0.7	0.5		
5	821,000		5						0.7	0.5		
6	835,000		6						0.7	0.5		
7	820,000		6						0.7	0.5		
8	696,000		4						0.7	0.5		
9	785,000		6						0.7	0.5		
10	792,000		5						0.7	0.5		
11	862,000		5						0.8	0.5		
12	922,000		7						0.7	0.5		
13	944,000		7						0.7	0.5		
14	935,000		7						0.7	0.5		
15	1,008,000		7						0.7	0.5		
16	680,000		4						0.7	0.5		
17	837,000		5						0.7	0.5		
18	648,000		4						0.7	0.5		
19	936,000		7						0.7	0.5		
20	830,000		6						0.7	0.5		
21	901,000		6						0.7	0.5		
22	1,012,000		7						0.7	0.5		
23	1,014,000		6						0.7	0.5		
24	996,000		6						0.7	0.5		
25	1,019,000		5						0.7	0.5		
26	983,000		7						0.7	0.5		
27	1,018,000		7						0.7	0.5		
28	1,037,000		6						0.8	0.5		
29	1,102,000		6						0.8	0.5		
30	1,004,000		5						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. 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month April 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2000 No of People at End of Month 7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) C-6100 (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	4,088,000		21.0						21.9	15.5		
Average	136,267		0.7						0.7	0.5		
Maximum	279,000		2.0						0.8	0.7		
Minimum	3,000								0.7	0.5		
1	194,000		2.0						0.8	0.7		
2	28,000								0.7	0.6		
3	24,000								0.7	0.6		
4	120,000		1.0						0.8	0.6		
5	3,000								0.7	0.5		
6	27,000								0.8	0.5		
7	126,000		1.0						0.7	0.5		
8	135,000								0.8	0.5		
9	54,000								0.7	0.5		
10	60,000								0.7	0.5		
11	153,000		1.0						0.7	0.5		
12	140,000								0.8	0.5		
13	208,000		1.0						0.7	0.5		
14	244,000		1.0						0.7	0.5		
15	195,000		1.0						0.7	0.5		
16	9,000								0.7	0.5		
17	71,000								0.7	0.5		
18	29,000		1.0						0.7	0.5		
19	98,000		1.0						0.8	0.5		
20	193,000		1.0						0.7	0.5		
21	169,000								0.7	0.5		
22	128,000		1.0						0.7	0.5		
23	160,000		1.0						0.8	0.5		
24	251,000		1.0						0.8	0.5		
25	233,000		1.0						0.8	0.5		
26	169,000		1.0						0.7	0.5		
27	198,000		1.0						0.7	0.5		
28	279,000		2.0						0.7	0.5		
29	181,000		1.0						0.7	0.5		
30	210,000		1.0						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 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phon 904-382-2500 Reporting Month May 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month @2000 No of People at End of Mont @7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter C-6100

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	13,269,000		69.0						20.4	16		
Average	428,032		2.2						0.7	0.5		
Maximum	671,000		3.5						0.8	0.6		
Minimum	11,000		0.5						0.5	0.4		
1	480,000		3.0						0.6	0.5		
2	553,000		3.5						0.6	0.5		
3	468,000		2.5						0.6	0.5		
4	324,000		2.5						0.7	0.5		
5	571,000		3.5						0.7	0.6		
6	469,000		2.5						0.7	0.5		
7	431,000		2.0						0.7	0.5		
8	600,000		2.0						0.7	0.5		
9	611,000		1.5						0.8	0.5		
10	410,000		2.5						0.8	0.6		
11	586,000		2.5						0.6	0.5		
12	597,000		2.5						0.6	0.5		
13	558,000		2.5						0.6	0.5		
14	400,000		2.0						0.7	0.5		
15	448,000		2.5						0.7	0.5		
16	467,000		2.0						0.6	0.5		
17	449,000		2.0						0.6	0.5		
18	504,000		2.5						0.5	0.5		
19	611,000		3.0						0.6	0.5		
20	579,000		3.5						0.6	0.5		
21	527,000		3.0						0.6	0.5		
22	671,000		2.5						0.6	0.5		
23	631,000		2.5						0.7	0.5		
24	185,000		1.5						0.7	0.5		
25	244,000		2.0						0.7	0.5		
26	296,000		2.0						0.6	0.4		
27	302,000		2.0						0.7	0.5		
28	217,000		1.5						0.7	0.5		
29	26,000		0.5						0.7	0.5		
30	43,000		0.5						0.7	0.5		
31	11,000		0.5						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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month May 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2000 No of People at End of Month 7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerold Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	34,578,000		192						22.3	16.0		
Average	1,115,419		6						0.7	0.5		
Maximum	1,594,000		8						0.8	0.6		
Minimum	738,000		5						0.6	0.4		
1	891,000		6						0.7	0.9		
2	1,179,000		8						0.6	0.5		
3	918,000		6						0.7	0.5		
4	738,000		5						0.7	0.5		
5	1,290,000		7						0.7	0.5		
6	978,000		6						0.7	0.5		
7	824,000		6						0.8	0.5		
8	936,000		6						0.8	0.5		
9	1,367,000		6						0.6	0.5		
10	876,000		6						0.7	0.6		
11	1,103,000		6						0.6	0.5		
12	1,357,000		7						0.7	0.5		
13	963,000		6						0.7	0.5		
14	892,000		5						0.7	0.5		
15	1,101,000		6						0.7	0.5		
16	1,116,000		6						0.7	0.5		
17	1,016,000		6						0.7	0.5		
18	1,022,000		7						0.7	0.5		
19	1,284,000		8						0.7	0.5		
20	1,078,000		7						0.7	0.5		
21	1,077,000		7						0.7	0.5		
22	957,000		7						0.7	0.5		
23	988,000		6						0.8	0.5		
24	1,923,000		5						0.7	0.5		
25	1,455,000		6						0.6	0.5		
26	1,594,000		6						0.6	0.4		
27	1,494,000		7						0.7	0.5		
28	1,357,000		5						0.7	0.5		
29	1,162,000		6						0.7	0.5		
30	1,017,000		7						0.7	0.6		
31	945,000		6						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. 8091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month May 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month @2000 No of People at End of Month @7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-8100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-8100 (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	8,930,000		57.0						22.3	15.9	14	
Average	288,000		2						0.7	0.5		
Maximum	431,000		4.0						0.8	0.6		
Minimum	75,000								0.6	0.5		
1	344,000		2.0						0.8	0.5		
2	369,000		2.0						0.7	0.5		
3	189,000		1.0						0.6	0.5		
4	250,000		1.0						0.7	0.5		
5	364,000		2.0						0.8	0.6		
6	262,000		2.0						0.8	0.6		
7	75,000		1.0						0.7	0.5		
8	306,000		1.0						0.7	0.5		
9	379,000		2.0						0.7	0.5		
10	241,000		1.0						0.6	0.5		
11	295,000		2.0						0.7	0.5		
12	336,000		2.0						0.7	0.5		
13	247,000		2.0						0.8	0.5		
14	159,000		1.0						0.7	0.5		
15	265,000		2.0						0.7	0.5		
16	295,000		2.0						0.7	0.5	7	OK
17	250,000		2.0						0.7	0.5		
18	324,000		2.0						0.7	0.5		
19	382,000		3.0						0.7	0.5		
20	295,000		2.0						0.7	0.5		
21	258,000		1.0						0.7	0.5		
22	372,000		2.0						0.7	0.5		
23	315,000		2.0						0.8	0.5		
24	375,000		3.0						0.7	0.5		
25	393,000		3.0						0.7	0.5		
26	431,000		4.0						0.7	0.5	7	OK
27	401,000		3.0						0.7	0.5		
28	383,000		2.0						0.7	0.5		
29	192,000		1.0						0.7	0.5		
30	105,000								0.8	0.6		
31	98,000		1.0						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 6091735 PWS Name Sugar Mill Woods # 1 Location City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month June 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month @2000 No of People at End of Month @7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) C-6100 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6,724,000		89 0						20 6	15 1	14	
Average	224 133		3.0						0.7	0.5		
Maximum	567,000		7.0						0 8	0.6		
Minimum	28,000								0 4	0 4		
1	41,000		0 5						0 8	0 6		
2	61,000		0.5						0 8	0 6		
3	61,000		1 0						0 8	0 6		
4	142 000		2.0						0 7	0 6		
5	586,000		3.0						0.7	0 6		
6	567,000		3.0						0.7	0.5		
7	438 000		6 0						0 4	0 5		
8	460 000		7 0						0.6	0 5		
9	365,000		5 0						0 7	0 5		
10	267,000		3.0						0 6	0 4		
11	346,000		4.0						0.6	0.5		
12	233,000		3.0						0.7	0 5		
13	296,000		5.0						0 7	0 5		
14	92,000		2.0						0 7	0 5	7	OK
15	59,000		1 0						0 8	0 5		
16	135,000		2 0						0 7	0 5		
17	148,000		3.0						0 7	0 5	7	OK
18	224,000		4.0						0 7	0 5		
19	276,000		5 0						0.7	0 4		
20	321 000		5.0						0 8	0 4		
21	203,000		4.0						0 5	0 4		
22	264,000		5 0						0.6	0 5		
23	353,000		5.0						0 7	0.5		
24	225 000		3.0						0.7	0 5		
25	128 000		2.0						0 8	0 5		
26	130 000		2.0						0 7	0 5		
27	96,000		1.0						0 7	0 5		
28	28,000		1.0						0 7	0 5		
29	81,000		1.0						0 6	0 5		
30	77,000								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. 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month June 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month @2000 No of People at End of Month @7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2926

I certify this report is correct Original signed by Jerold Porter (Lead Operator's Signature) (Cert. Level) C-6100 (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	36,216,000		172						20.1	15.6		
Average	1,207,200		6						0.7	0.5		
Maximum	1,860,000		7						0.8	0.6		
Minimum	868,000		4						0.5	0.5		
1	891,000		6						0.8	0.6		
2	1,091,000		5						0.6	0.6		
3	1,108,000		6						0.7	0.6		
4	1,276,000		7						0.7	0.6		
5	1,112,000		5						0.7	0.6		
6	1,860,000		7						0.7	0.6		
7	1,161,000		6						0.7	0.5		
8	1,221,000		5						0.5	0.5		
9	1,658,000		7						0.6	0.5		
10	1,336,000		6						0.6	0.5		
11	1,334,000		6						0.6	0.5		
12	1,128,000		6						0.7	0.5		
13	1,400,000		7						0.7	0.5		
14	1,021,000		5						0.7	0.5		
15	1,030,000		6						0.7	0.5		
16	1,249,000		5						0.8	0.5		
17	1,141,000		5						0.6	0.5		
18	1,186,000		6						0.5	0.5		
19	1,105,000		5						0.6	0.5		
20	1,211,000		5						0.7	0.5		
21	1,623,000		4						0.6	0.5		
22	1,294,000		5						0.7	0.5		
23	1,448,000		6						0.7	0.5		
24	1,232,000		6						0.6	0.5		
25	1,149,000		6						0.7	0.5		
26	1,049,000		6						0.7	0.5		
27	946,000		6						0.8	0.5		
28	868,000		5						0.7	0.5		
29	900,000		6						0.7	0.5		
30	1,095,000		6						0.7	0.5		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month June 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month @2000 No of People at End of Month @7000

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter C-6100

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6,672,000		26						21.2	15.1		
Average	222,400		1						0.7	0.5		
Maximum	397,000		2						0.8	0.6		
Minimum	65,000								0.6	0.4		
1	92,000		1						0.7	0.5		
2	142,000								0.7	0.6		
3	208,000		1						0.8	0.6		
4	256,000		2						0.7	0.6		
5	285,000		2						0.7	0.5		
6	222,000		2						0.7	0.5		
7	215,000		1						0.7	0.5		
8	285,000		1						0.7	0.5		
9	397,000		1						0.7	0.5		
10	311,000		1						0.7	0.5		
11	337,000		1						0.6	0.5		
12	301,000		1						0.7	0.5		
13	362,000		1						0.7	0.5		
14	144,000		1						0.7	0.6		
15	119,000		1						0.8	0.5		
16	154,000								0.7	0.5		
17	218,000		1						0.7	0.5		
18	201,000								0.7	0.5		
19	391,000								0.8	0.4		
20	329,000		1						0.8	0.4		
21	234,000		1						0.7	0.5		
22	258,000		1						0.7	0.5		
23	350,000		1						0.6	0.5		
24	245,000		1						0.7	0.6		
25	125,000								0.7	0.5		
26	116,000		1						0.7	0.5		
27	92,000								0.7	0.5		
28	65,000		1						0.7	0.5		
29	107,000								0.7	0.5		
30	108,000		1						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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month July 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month @2000 No of People at End of Month @7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2926

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main 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		14.0						19.4	14.6		
Average	58,871		0.5						0.6	0.5		
Maximum	150,000		1.5						0.7	0.5		
Minimum									0.3	0.2		
1	44,000								0.6	0.5		
2	68,000		0.5						0.7	0.5		
3	140,000								0.7	0.5		
4	40,000		0.5						0.5	0.2		
5	88,000		1.0						0.7	0.5		
6	150,000		1.5						0.6	0.5		
7	59,000		0.5						0.7	0.5		
8	52,000		1.0						0.6	0.5		
9	59,000		1.0						0.6	0.5		
10	145,000		0.5						0.7	0.5		
11	16,000		1.5						0.7	0.5		
12	20,000								0.6	0.5		
13	37,000		0.5						0.7	0.5		
14	13,000								0.6	0.5		
15	37,000								0.6	0.5		
16	90,000		0.5						0.7	0.5		
17	72,000		1.0						0.7	0.5		
18	48,000		0.5						0.7	0.5		
19	143,000		0.5						0.6	0.5		
20	85,000		1.0						0.6	0.5		
21	29,000		0.5						0.6	0.4		
22	24,000								0.6	0.5		
23	15,000								0.6	0.5		
24	34,000								0.6	0.5		
25	24,000		0.5						0.7	0.5		
26	48,000								0.6	0.5		
27	20,000		0.5						0.7	0.5		
28									0.6	0.5		
29									0.6	0.5		
30	97,000		0.5						0.6	0.5		
31	120,000								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 record

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month July 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month @2000 No of People at End of Month @7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) C-6100 (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	28,551,000		161						21	15.3		
Average	921,000		5						0.7	0.5		
Maximum	1,283,000		7						0.8	0.6		
Minimum	100,000								0.5	0.2		
1	795,000		5						0.7	0.5		
2	991,000		4						0.7	0.5		
3	100,000		6						0.8	0.5		
4	1,008,000								0.5	0.2		
5	1,108,000		5						0.8	0.5		
6	961,000		6						0.7	0.5		
7	806,000		5						0.6	0.5		
8	883,000		6						0.7	0.5		
9	875,000		6						0.6	0.5		
10	937,000		7						0.7	0.5		
11	782,000		5						0.7	0.5		
12	834,000		5						0.6	0.5		
13	737,000		5						0.7	0.5		
14	886,000		5						0.7	0.5		
15	934,000		5						0.7	0.5		
16	1,122,000		5						0.8	0.5		
17	955,000		6						0.6	0.5		
18	972,000		5						0.7	0.5		
19	1,234,000		5						0.6	0.5		
20	807,000		6						0.6	0.5		
21	1,018,000		5						0.8	0.6		
22	769,000		6						0.7	0.5		
23	672,000		5						0.8	0.5		
24	686,000		4						0.7	0.5		
25	794,000		5						0.7	0.5		
26	982,000		5						0.7	0.5		
27	1,140,000		6						0.7	0.5		
28	984,000		5						0.7	0.5		
29	1,214,000		6						0.6	0.5		
30	1,283,000		7						0.6	0.5		
31	1,262,000		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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month July 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month @2000 No of People at End of Month @7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	4,658,000		17.0						21.2	15.5		
Average	150,258		0.5						0.7	0.5		
Maximum	508,000		1.0						0.8	0.5		
Minimum:	29,000								0.6	0.5		
1	68,000								0.7	0.5		
2	86,000		1.0						0.7	0.5		
3	508,000		1.0						0.8	0.5		
4	91,000		1.0						0.8	0.5		
5	101,000								0.7	0.5		
6	225,000		1.0						0.7	0.5		
7	73,000								0.6	0.5		
8	78,000								0.7	0.5		
9	83,000								0.6	0.5		
10	116,000		1.0						0.7	0.5		
11	40,000								0.6	0.5		
12	76,000								0.6	0.5		
13	117,000		1.0						0.7	0.5		
14	29,000								0.7	0.5		
15	35,000								0.6	0.5		
16	171,000								0.7	0.5		
17	137,000		1.0						0.7	0.5		
18	157,000								0.7	0.5		
19	264,000		1.0						0.8	0.5		
20	141,000		1.0						0.7	0.5		
21	88,000								0.7	0.5		
22	80,000								0.6	0.5		
23	106,000		1.0						0.7	0.5		
24	129,000		1.0						0.7	0.5		
25	159,000		1.0						0.8	0.5		
26	222,000		1.0						0.7	0.5		
27	237,000		1.0						0.7	0.5		
28	179,000								0.6	0.5		
29	212,000		1.0						0.7	0.5		
30	334,000		1.0						0.7	0.5		
31	312,000		1.0						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. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month August 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2926

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	9,696,000		81.5						1.8	1.4.1	13	
Average	312,774		2.0						0.6	0.5		
Maximum	444,000		3.5						0.7	0.5		
Minimum.	53,000								0.3	0.2		
1	83,000								0.5	0.3		
2	53,000		0.5						0.5	0.4		
3	382,000		2.5						0.6	0.4		
4	353,000		2.0						0.7	0.5		
5	370,000		2.5						0.7	0.5		
6	444,000		3.0						0.6	0.5		
7	437,000		2.5						0.6	0.5		
8	367,000		2.0						0.7	0.5		
9	83,000		0.5						0.6	0.5		
10	355,000		2.5						0.6	0.5		
11	395,000								0.7	0.5	7	DIST
12	388,000		3.5						0.4	0.4		
13	400,000		3.5						0.6	0.5		
14	202,000		2.0						0.6	0.5		
15	363,000		1.5						0.7	0.5		
16	276,000		2.5						0.6	0.5		
17	329,000		2.5						0.3	0.2		
18	326,000		2.5						0.3	0.2		
19	358,000		2.5						0.5	0.4		
20	426,000		3.0						0.6	0.5		
21	320,000		2.0						0.5	0.5		
22	382,000		2.5						0.6	0.5		
23	325,000		2.0						0.6	0.5		
24	320,000		2.0						0.6	0.5		
25	334,000		2.0						0.6	0.5		
26	259,000		1.5						0.4	0.3	6	RAW
27	354,000		2.0						0.6	0.5		
28	284,000		1.5						0.7	0.5		
29	249,000		1.5						0.7	0.5		
30	233,000		1.5						0.6	0.5		
31	256,000		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 6091735 PWS Name Sugar Mill Woods #2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month August 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter C-6100

(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	28,768,000		135						21	15	13	
Average	928,000		4						0.7	0.5		
Maximum	1,407,000		7						0.8	0.5		
Minimum	483,000		2						0.5	0.3		
1	1,386,000		6						0.7	0.5		
2	1,407,000		5						0.6	0.5		
3	858,000		5						0.6	0.5		
4	969,000		5						0.7	0.5		
5	1,092,000		5						0.7	0.5		
6	1,183,000		6						0.7	0.5		
7	1,103,000		5						0.7	0.5		
8	1,184,000		4						0.8	0.5		
9	1,240,000		6						0.6	0.5		
10	845,000		5						0.7	0.5		
11	1,192,000		5						0.7	0.5	7	DIST
12	1,059,000		2+						0.7	0.5		
13	1,365,000		7						0.6	0.5		
14	851,000		4						0.7	0.5		
15	670,000		3						0.5	0.5		
16	683,000		4						0.5	0.5		
17	915,000		3						0.7	0.3		
18	910,000		5						0.7	0.3		
19	831,000		5						0.7	0.5		
20	1,240,000		5						0.7	0.5		
21	940,000		4						0.7	0.5		
22	1,196,000		4						0.7	0.5		
23	825,000		4						0.6	0.5		
24	814,000		4						0.7	0.5		
25	726,000		2						0.6	0.5		
26	604,000		4						0.7	0.4	6	RAW
27	794,000		4						0.8	0.5		
28	551,000		3						0.8	0.5		
29	487,000		4						0.7	0.5		
30	483,000		3						0.7	0.5		
31	563,000		4						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. 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month August 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter C-6100

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	7,291,000		37						22 2	15 9	13	
Average	235,000		1						0.7	0 5		
Maximum	513,000		3						0.8	0 6		
Minimum	39,000								0 6	0 5		
1	305,000		1						0 7	0.5		
2	397,000		2						0.7	0.6		
3	153,000								0 8	0 6		
4	308,000		1						0 7	0 5		
5	306,000		2						0 7	0 5		
6	513,000		2						0 8	0 5		
7	343,000		2						0 7	0 5		
8	343,000		2						0 7	0 5		
9	241,000		1						0 8	0 5		
10	195,000		1						0 7	0 5		
11	307,000		2						0.7	0 5	7	DIST
12	283,000		2						0.8	0 5		
13	398,000		3						0 7	0.6		
14	222,000		1						0 8	0 6		
15	189,000		2						0.7	0 5		
16	127,000								0.6	0.5		
17	231,000		1						0.7	0 5		
18	231,000		1						0 7	0 5		
19	189,000		1						0 7	0 5		
20	361,000		2						0 7	0 5		
21	276,000		2						0.7	0.5		
22	309,000		3						0.7	0.5		
23	187,000		1						0 7	0 5		
24	121,000								0 7	0 5		
25	173,000		1						0 7	0 5		
26	159 000								0 6	0 5	6	RAW
27	132,000								0.7	0.5		
28	74,000								0.8	0.5		
29	49,000								0 8	0 5		
30	39,000		1						0.7	0.5		
31	128,000								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. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month September 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	10,527,000		51.0						15.7	12.9	13	
Average:	3,509,000		1.7						0.5	0.4		
Maximum:	507,000		2.5						0.7	0.5		
Minimum	222,000		0.5						0.2			
1	270,000		1.5						0.6	0.5		
2	278,000		2.0						0.5	0.4		
3	248,000		1.5						0.6	0.4		
4	302,000		2.0						0.6	0.4		
5	423,000		2.5						0.5	0.4		
6	222,000		1.5						0.6	0.4		
7	305,000		2.0						0.5	0.4		
8	285,000		1.5						0.6	0.4	7	
9	304,000		2.0						0.6	0.5		
10	336,000		2.0						0.6	0.5		
11	422,000		2.0						0.6	0.5		
12	245,000		2.0						0.7	0.5		
13	447,000		2.0						0.7	0.5		
14	478,000		0.5						0.6	0.5		
15	350,000		1.5						0.2	0.3		PRIME CL2 PUMP
16	264,000		1.5						0.5	0.4		
17	365,000		2.0						0.6	0.5		
18	432,000		2.5						0.5	0.5		
19	399,000		2.5						0.5	0.5		
20	299,000		1.5						0.6	0.5		
21	370,000		1.5						0.5	0.4	6	
22	319,000		0.5						0.3	0.2		PRIME CL2 PUMP
23	277,000		1.5						0.4	0.4		
24	376,000		1.0						0.4	0.2		
25	356,000		1.0						0.5	0.3		
26	384,000		1.5						0.6	0.4		
27	384,000		1.5						0.6	0.5		
28	488,000		2.0						0.6	0.5		
29	492,000		1.5						0.6	0.5		
30	507,000		2.5						0.5	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. 6901735 PWS Name Sugar Mill Woods #2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month September 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	19,466,000		106						21	15.7	13	
Average	648,867		3.5						0.7	0.5		
Maximum:	1,078,000		6						0.9	0.6		
Minimum	286,000		2						0.5	0.5		
1	544,000		4						0.7	0.5		
2	511,000		3						0.7	0.5		
3	478,000		3						0.7	0.5		
4	650,000		4						0.7	0.5		
5	1,079,000		6						0.7	0.5		
6	444,000		3						0.6	0.5		
7	853,000		4						0.7	0.5		
8	450,000		3						0.7	0.5	7	
9	364,000		3						0.8	0.5		
10	389,000		2						0.8	0.6		
11	681,000		5						0.8	0.6		
12	535,000		2						0.6	0.6		
13	837,000		4						0.6	0.5		
14	774,000		3						0.6	0.5		
15	755,000		3						0.6	0.5		
16	680,000		3						0.7	0.5		
17	529,000		3						0.7	0.5		
18	829,000		3						0.7	0.5		
19	668,000		3						0.5	0.5		
20	629,000		3						0.6	0.5		
21	286,000		4						0.7	0.5	6	
22	539,000		2						0.7	0.5		
23	493,000		2						0.7	0.5		
24	873,000		4						0.8	0.6		
25	722,000		5						0.8	0.6		
26	686,000		4						0.7	0.6		
27	853,000		5						0.7	0.5		
28	982,000		5						0.8	0.6		
29	920,000		4						0.5	0.5		
30	633,000		4						0.5	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. 8091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month September 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2926

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6,311,000		37.0						20.7	15.1		
Average	210,367		1.2						0.7	0.5		
Maximum	386,000		7.0						0.8	0.6		
Minimum	29,000								0.5	0.5		
1	29,000								0.7	0.5		
2	71,000								0.7	0.5		
3	138,000								0.7	0.5		
4	183,000								0.7	0.5		
5	261,000		1.0						0.7	0.5		
6	183,000								0.7	0.5		
7	232,000		1.0						0.7	0.5		
8	89,000								0.7	0.5		
9	148,000								0.7	0.5		
10	256,000		2.0						0.7	0.5		
11	351,000		2.0						0.7	0.5		
12	150,000		1.0						0.8	0.5		
13	103,000								0.7	0.5		
14	146,000		1.0						0.7	0.5		
15	98,000								0.6	0.5		
16	76,000		1.0						0.6	0.5		
17	231,000		2.0						0.7	0.5		
18	226,000		1.0						0.7	0.5		
19	220,000		2.0						0.7	0.5		
20	255,000		2.0						0.8	0.5		
21	328,000		2.0						0.7	0.5		
22	233,000		1.0						0.8	0.5		
23	386,000		3.0						0.7	0.5		
24	329,000		2.0						0.7	0.6		
25	269,000		7.0						0.7	0.5		
26	245,000		1.0						0.7	0.5		
27	253,000		2.0						0.5	0.5		
28	255,000		1.0						0.8	0.6		
29	254,000		1.0						0.6	0.5		
30	293,000		1.0						0.5	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. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month October 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerold Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerold Porter C-6100

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i e) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	10,547,000		51.0						18.1	13.1	13	
Average	340,225		1.6						0.6	0.4		
Maximum	666,000		2.5						0.8	0.5		
Minimum	59,000								0.3	0.2		
1	387,000		2.0						0.5	0.4		
2	666,000		2.0						0.6	0.5		
3	464,000		2.0						0.4	0.3		
4	563,000		2.5						0.5	0.4		
5	474,000		2.5						0.5	0.3		
6	367,000		2.0						0.6	0.4	7	Dist
7	307,000		2.0						0.6	0.4		
8	290,000		1.5						0.7	0.5		
9	292,000		2.0						0.6	0.4		
10	283,000		1.5						0.6	0.4		
11	318,000		2.0						0.6	0.4		
12	66,000		1.0						0.6	0.4		
13	315,000		2.0						0.6	0.4		
14	359,000		2.5						0.7	0.5		
15	362,000		1.5						0.7	0.5		
16	241,000		1.0						0.6	0.4		
17	287,000		1.0						0.7	0.5		
18	325,000		1.5						0.6	0.5		
19	277,000		1.5						0.6	0.4		
20	335,000		2.0						0.6	0.5		
21	350,000		2.0						0.7	0.5	6	Raw
22	432,000		1.0						0.6	0.5		
23	318,000								0.5	0.3		
24	249,000		1.0						0.3	0.2		
25	379,000		2.0						0.3	0.2		
26	59,000		0.5						0.6	0.5		
27	356,000		1.5						0.8	0.5		
28	470,000		2.0						0.7	0.5		
29	435,000		2.5						0.5	0.4		
30	270,000		1.5						0.6	0.5		
31	251,000		1.0						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. 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month October 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2926

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (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	23,812,000		139						21.7	15.4	13	
Average	768,129		4.5						0.7	0.5		
Maximum	1,400,000		7						0.8	0.6		
Minimum	159,000		1						0.5	0.4		
1	771,000		4						0.7	0.5		
2	1,400,000		7						0.6	0.5		
3	887,000		4						0.7	0.5		
4	1,125,000		5						0.6	0.5		
5	1,012,000		6						0.5	0.4		
6	672,000		4						0.7	0.4	7	Dist Bact's
7	603,000		5						0.8	0.5		
8	689,000		5						0.8	0.6		
9	720,000		3						0.8	0.5		
10	689,000		4						0.8	0.5		
11	832,000		5						0.7	0.5		
12	1,154,000		6						0.7	0.5		
13	951,000		5						0.6	0.5		
14	815,000		5						0.7	0.5		
15	716,000		4						0.7	0.5		
16	503,000		4						0.7	0.5		
17	525,000		4						0.8	0.5		
18	682,000		4						0.7	0.5		
19	530,000		4						0.6	0.5		
20	811,000		5						0.7	0.5		
21	808,000		5						0.7	0.5	6	Raw Bact's
22	796,000		5						0.7	0.5		
23	617,000		5						0.7	0.5		
24	681,000		4						0.8	0.5		
25	897,000		4						0.6	0.5		
26	1,139,000		6						0.7	0.5		
27	804,000		5						0.7	0.5		
28	823,000		4						0.7	0.5		
29	738,000		5						0.7	0.5		
30	163,000		2						0.7	0.5		
31	159,000		1						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 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month October 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerold Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerold Porter C-6100

(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	6,180,000		19.0						20.1	15	13	
Average	199,355		0.6						0.6	0.5		
Maximum	523,000		2.0						0.9	0.6		
Minimum									0.2	0.3		
1	181,000		1.0						0.3	0.4		Cl2 Ejector
2	335,000		1.0						0.4	0.4		Problems
3	192,000		1.0						0.2	0.3		Replaced
4	64,000								0.6	0.5		Cl2 Ejector
5	4,000								0.3	0.4		Problem Replaced
6									0.4	0.4	7	Dist
7	37,000								0.4	0.3		
8	131,000								0.9	0.6		
9	112,000								0.8	0.6		
10	73,000		1.0						0.8	0.5		
11	147,000		1.0						0.7	0.5		
12	282,000		1.0						0.7	0.5		
13	162,000								0.6	0.5		
14	158,000		1.0						0.8	0.5		
15	82,000								0.7	0.5		
16	62,000								0.7	0.5		
17	63,000		1.0						0.7	0.5		
18	243,000								0.7	0.5		
19	215,000		1.0						0.7	0.5		
20	270,000								0.7	0.5		
21	273,000								0.7	0.5	6	Raw
22	425,000								0.7	0.5		
23	523,000								0.8	0.5		
24	260,000								0.7	0.5		
25	244,000		1.0						0.7	0.5		
26	312,000		2.0						0.8	0.5		
27	234,000		1.0						0.8	0.6		
28	217,000		2.0						0.7	0.5		
29	286,000		1.0						0.8	0.5		
30	231,000		1.0						0.7	0.5		
31	362,000		2.0						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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month November 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerold Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerold Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	11,194,000		119						20.6	14.6	13	
Average	373,133		3.97						0.7	0.5		
Maximum	600,000		6.0						0.9	0.6		
Minimum	259,000		1.0						0.4	0.2		
1	276,000		2.0						0.6	0.5		
2	397,000		4.0						0.5	0.4		
3	325,000		4.0						0.7	0.5		
4	327,000		5.0						0.8	0.5	7	Dist
5	420,000		3.0						0.7	0.5		
6	313,000		2.0						0.7	0.4		
7	259,000		2.0						0.7	0.5		
8	354,000		4.0						0.5	0.4		
9	321,000		5.0						0.7	0.5		
10	317,000		5.0						0.9	0.6		
11	401,000		5.0						0.8	0.6		
12	600,000		6.0						0.7	0.5		
13	357,000		4.0						0.6	0.5		
14	343,000		5.0						0.7	0.5		
15	451,000		6.0						0.6	0.5		
16	406,000		5.0						0.7	0.5		
17	447,000		6.0						0.7	0.5	6	Raw
18	486,000		4.0						0.7	0.5		
19	383,000		4.0						0.6	0.5		
20	359,000		1.0						0.6	0.5		
21	330,000		3.0						0.4	0.2		
22	324,000		5.0						0.6	0.5		
23	439,000		6.0						0.7	0.5		
24	363,000		3.0						0.7	0.5		
25	422,000		4.0						0.8	0.5		
26	395,000		3.0						0.8	0.5		
27	352,000		3.0						0.7	0.5		
28	331,000		4.0						0.7	0.5		
29	327,000		3.0						0.6	0.5		
30	389,000		3.0						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 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6091735 PWS Name Sugar Mill Woods #2 Location: City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month November 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2925

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) C-6100 (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	20,954,000		111						21.6	15.1	13	
Average	698,467		3.7						0.7	0.5		
Maximum	1,038,000		5.0						0.9	0.6		
Minimum	233,000		2.0						0.4	0.4		
1	233,000		2.0						0.7	0.5		
2	981,000		2.0						0.8	0.5		
3	717,000		4.0						0.4	0.4		
4	746,000		4.0						0.6	0.5	7	Dist
5	714,000		4.0						0.6	0.6		
6	624,000		3.0						0.8	0.5		
7	593,000		3.0						0.8	0.6		
8	783,000		4.0						0.7	0.5		
9	659,000		3.0						0.6	0.5		
10	875,000		3.0						0.7	0.5		
11	801,000		4.0						0.7	0.5		
12	1,038,000		5.0						0.7	0.5		
13	563,000		2.0						0.7	0.5		
14	717,000		4.0						0.7	0.5		
15	737,000		4.0						0.7	0.5		
16	752,000		5.0						0.7	0.5		
17	684,000		3.0						0.7	0.5	6	Raw
18	717,000		5.0						0.4	0.4		
19	794,000		5.0						0.7	0.5		
20	597,000		4.0						0.8	0.5		
21	644,000		3.0						0.8	0.5		
22	704,000		4.0						0.7	0.5		
23	701,000		4.0						0.7	0.5		
24	705,000		4.0						0.7	0.5		
25	713,000		5.0						0.9	0.6		
26	617,000		4.0						0.8	0.5		
27	709,000		4.0						0.8	0.5		
28	830,000		3.0						0.7	0.5		
29	593,000		3.0						0.7	0.5		
30	793,000		4.0						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 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 8091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month November 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Jerald Porter (Lead Operator's Signature) (Cert. Level) C-6100 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6,339,000		33.0						22.5	15.6	13	
Average	211,300		1.1						0.8	0.5		
Maximum	405,000		3.0						0.9	0.6		
Minimum	134,000											
1	405,000		3.0						0.8	0.5		
2	262,000		1.0						0.8	0.6		
3	180,000		1.0						0.8	0.5		
4	200,000		1.0						0.7	0.5	7	Dist
5	193,000		1.0						0.8	0.5		
6	161,000		1.0						0.8	0.6		
7	201,000		1.0						0.9	0.6		
8	155,000		1.0						0.8	0.6		
9	189,000								0.8	0.6		
10	230,000		1.0						0.7	0.6		
11	302,000		1.0						0.7	0.6		
12	396,000		2.0						0.7	0.5		
13	167,000		1.0						0.7	0.5		
14	234,000		1.0						0.8	0.5		
15	232,000		1.0						0.7	0.5		
16	215,000		1.0						0.7	0.5		
17	218,000		1.0						0.7	0.5	6	Raw
18	231,000		1.0						0.7	0.5		
19	211,000		1.0						0.7	0.5		
20	134,000		1.0						0.9	0.5		
21	149,000		1.0						0.8	0.5		
22	176,000		2.0						0.8	0.5		
23	180,000		1.0						0.8	0.6		
24	241,000		2.0						0.7	0.5		
25	155,000								0.7	0.4		
26	168,000		1.0						0.7	0.4		
27	173,000		1.0						0.7	0.5		
28	163,000		1.0						0.7	0.5		
29	190,000		1.0						0.7	0.5		
30	248,000		1.0						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 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 6091735 PWS Name Sugar Mill Woods # 1 Location:City or S/D Homosassa
Owned By Southern States Utilities Phone 904-489-2452 Reporting Month December 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month @2500 No of People at End of Month @7500
Design Flow 3,456,000 Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Gerald Porter C-6100 Tom Seager C-2928
I certify this report is correct Original signed by Gerald Porter
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i e) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	10,824,000		104						18.9	13.0	7	
Average	349,161		3.5						0.6	0.4		
Maximum	477,000		5.0						0.8	0.5		
Minimum	242,000								0.3	0.2		
1	477,000		3.0						0.6	0.4		
2	445,000		3.0						0.4	0.4	7	Dist Bact's
3	385,000								0.5	0.4		
4	475,000		0.5						0.3	0.2		Replaced CL2 Feed
5	245,000		2.5						0.3	0.2		Ejector & Pump
6	396,000		4.0						0.4	0.3		
7	386,000		4.0						0.5	0.4		
8	417,000		5.0						0.5	0.4		
9	372,000		4.0						0.7	0.5		
10	441,000		5.0						0.6	0.5		
11	389,000		4.0						0.6	0.5		
12	304,000		4.0						0.7	0.5		
13	340,000		5.0						0.7	0.5		
14	294,000		4.0						0.7	0.5		VOC s & Nitrate
15	428,000		3.0						0.6	0.5		Nitrite & Rain
16	409,000		3.0						0.6	0.4		Bact s
17	352,000		3.0						0.7	0.4		
18	441,000		4.0						0.7	0.4		
19	302,000		3.0						0.6	0.4		
20	320,000		3.0						0.7	0.3		
21	284,000		3.0						0.6	0.4		
22	254,000		4.0						0.6	0.4		
23	261,000		3.0						0.7	0.5		
24	254,000		4.0						0.7	0.5		
25	274,000		4.0						0.7	0.5		
26	293,000		3.0						0.7	0.5		
27	242,000		3.0						0.6	0.5		
28	379,000		4.0						0.6	0.4		
29	369,000		3.0						0.8	0.4		
30	278,000		3.0						0.8	0.4		
31	338,000		3.0						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 6091735 PWS Name Sugar Mill Woods # 2 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 914-382-2500 Reporting Month December 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month @2500 No of People at End of Month @7500

Design Flow 3.456.000 Remarks (Use Reverse Side)

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

Jerry Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Gerald Porter

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	19.629.000		97						23.3	14.9	7	
Average	633.194		3						0.8	0.5		
Maximum	1.019.000		6						0.8	0.6		
Minimum	409.000		2						0.7	0.3		
1	666.000		3						0.7	0.5		
2	735.000		4						0.7	0.5	7	Dist Bact's
3	681.000		5						0.8	0.5		
4	847.000		4						0.8	0.5		
5	505.000		3						0.8	0.5		
6	882.000		4						0.8	0.6		
7	744.000		5						0.7	0.5		
8	669.000		4						0.8	0.6		
9	899.000		6						0.7	0.5		
10	628.000		3						0.8	0.5		
11	648.000		3						0.7	0.5		
12	617.000		3						0.7	0.5		
13	602.000		3						0.7	0.5		
14	708.000		4						0.7	0.5		VOC's & Nitrate
15	718.000		3						0.7	0.5		Nitrite & Raw
16	703.000		2						0.7	0.4		Bact's
17	671.000		3						0.8	0.4		
18	804.000		4						0.8	0.5		
19	561.000		4						0.8	0.5		
20	551.000		2						0.8	0.4		
21	472.000		2						0.8	0.4		
22	423.000		2						0.8	0.5		
23	414.000		2						0.7	0.5		
24	504.000		2						0.8	0.5		
25	436.000		2						0.7	0.5		
26	557.000		3						0.7	0.5		
27	460.000		2						0.8	0.5		
28	1.019.000		3						0.7	0.5		
29	409.000		2						0.8	0.4		
30	614.000		2						0.8	0.3		
31	460.000		3						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. 6091735 PWS Name Sugar Mill Woods # 3 Location:City or S/D Homosassa

Owned By Southern States Utilities Phone 904-382-2500 Reporting Month December 1993

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 2500 No of People at End of Month 7500

Design Flow 3,456,000 Remarks (Use Reverse Side)

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

Jerald Porter C-6100 Tom Seager C-2928

I certify this report is correct Original signed by Gerald Porter

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6,393,000		45.0						24.0	15.5	7	
Average	206,226		1.5						0.8	0.5		
Maximum	338,000		3.0						0.9	0.6		
Minimum	87,000								0.7	0.3		
1	207,000		1.0						0.7	0.5		
2	205,000		1.0						0.7	0.5	7	Dist Bact s
3	336,000		2.0						0.7	0.5		
4	275,000		2.0						0.8	0.5		
5	157,000		1.0						0.8	0.5		
6	201,000		1.0						0.8	0.5		
7	253,000		2.0						0.7	0.5		
8	248,000		1.0						0.8	0.5		
9	202,000		2.0						0.8	0.5		
10	276,000		2.0						0.7	0.5		
11	207,000		2.0						0.7	0.5		
12	180,000		1.0						0.8	0.5		
13	202,000		1.0						0.7	0.5		
14	204,000								0.7	0.5		VOC's & Nitrate
15	316,000		2.0						0.7	0.5		Nitrite & Rain
16	255,000		1.0						0.8	0.5		Bact s
17	198,000		2.0						0.8	0.5		
18	338,000		3.0						0.9	0.5		
19	205,000		1.0						0.8	0.3		
20	191,000		2.0						0.6	0.4		
21	193,000		2.0						0.6	0.4		
22	175,000		2.0						0.9	0.6		
23	107,000		2.0						0.8	0.6		
24	87,000		1.0						0.9	0.6		
25	140,000		1.0						0.8	0.6		
26	150,000		1.0						0.8	0.5		
27	147,000		1.0						0.7	0.5		
28	186,000		1.0						0.7	0.5		
29	136,000		1.0						0.8	0.5		
30	188,000		2.0						0.8	0.4		
31	229,000		1.0						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 11/1/1986

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DATE: January 1994

ID NO: 1670647

METERED SERVICES:

OPERATOR SIGNATURE: Original signed by Harold Register

OPERATOR NAME: Harold Register

CERTIFICATE NUMBER: A-1913

DATE	WELL No. 1 UNIT 19 TRACT A GABLES / BABCOCK					WELL No 4 UNIT 8 TRACT F VALIANT DR.					WELL No 5 UNIT 10 TRACT H ELCKAM / CLAREMONT					PLANT EFFLUENT Avg Ph	NUMBER of SAMPLES TAKEN	TOTAL GALLONS PER DAY
	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.			
01/01/1994							6.0	116,000					1,000					119,000
01/02/1994					0.5		7.0	129,000	2	0.7			1,000		0.7			130,000
01/03/1994					0.5		6.0	125,000		0.8		1	4,000		0.7			129,000
01/04/1994					0.5		6.0	116,000	2	0.8			3,000		0.7			121,000
01/05/1994					0.5		7.0	120,000	2	0.8			3,000		0.7			123,000
01/06/1994					0.5		6.0	116,000		0.7		1	3,000		0.7			119,000
01/07/1994					0.5		6.0	114,000	1	0.7			4,000		0.7			118,000
01/08/1994							6.0	114,000					2,000					116,000
01/09/1994					0.5		7.0	123,000		0.7		1	1,000		0.7			124,000
01/10/1994					0.5		6.0	112,000	1	0.7					0.7			112,000
01/11/1994					0.5		5.0	110,000	2	0.7			1,000		0.7			111,000
01/12/1994					0.5		5.0	118,000		0.7					0.8			118,000
01/13/1994					0.5		8.5	117,000	5	0.6			1,000		0.7			118,000
01/14/1994					0.5		5.0	105,000		0.6			1,000		0.8			106,000
01/15/1994							6.0	105,000	1									105,000
01/16/1994					0.5		8.0	118,000		0.6			1,000		0.8			119,000
01/17/1994					0.5		9.0	169,000	1	0.6			1,000		0.8			170,000
01/18/1994					0.6		7.0	125,000	3	0.6			1,000		0.8			126,000
01/19/1994					0.5		8.0	124,000	2	0.6			1,000		0.8			125,000
01/20/1994					0.5		7.0	121,000	3	0.8		1	2,000		0.8			123,000
01/21/1994					0.5		8.0	123,000		0.6			1,000		0.8			124,000
01/22/1994							7.0	124,000	3				1,000					125,000
01/23/1994					0.5		6.0	127,000		0.6			1,000		0.8			126,000
01/24/1994					0.5		7.0	127,000	5	0.7			1,000		0.8			128,000
01/25/1994					0.5		7.0	119,000	1	0.7			1,000		0.8			120,000
01/26/1994		4.0	62,000	3	0.5		5.0	127,000	1	0.6			1,000		0.8			210,000
01/27/1994		8.0	133,000	6	0.6		2.0	26,000		0.6			1,000		0.8			160,000
01/28/1994		6.0	118,000	5	0.5					0.6		1	1,000		0.8			119,000
01/29/1994		7.0	118,000	4									1,000					119,000
01/30/1994		8.0	143,000	6	0.6		1.0	12,000		0.6			1,000		0.8			156,000
01/31/1994		2.0	30,000	2	0.5		6.0	109,000	1	0.6					0.8			139,000
MONTH TOTA		35.0	624,000	26	13.3		174.0	3,293,000	36	17.1		5.0	41,000		16.5			3,958,000
YEAR TO DAT		35.0	624,000	26			174.0	3,293,000	36	17.1		5.0	41,000		16.5			3,958,000
AVERAGE		5.0	104,000	4	0.5		6.0	106,000	1	0.7		0.18	1,000		0.6			128,000
MAXIMUM		8.0	143,000	6	0.6		8.0	169,000	5	0.8		1.0	4,000		0.7			210,000
MINIMUM		2.0	30,000	2	0.5		1.0	12,000	1	0.6		1.0	1,000		0.5			105,000

DATE February 1994

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

ID NO 1670067

SUBORDINATE SERVICES 111

OPERATOR SIGNATURE: Harold Register

OPERATOR'S NAME Harold Register

CERTIFICATE NUMBER 4 1913

DATE	WELL No. 1 UNIT 19 TRACT A GABLES / BABYTEX							WELL No. 4 UNIT 8 TRACT F SALVATERRA							WELL No. 5 UNIT 10 TRACT D BUCKAM / CLAREMONT							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										5768	6.0	111	1	0.5			1381					
02/02/1994										5766	6.0	134	1	0.5			1381		1		0.5	115
02/03/1994										5772	8.0	138	1	0.5			1381		1		0.5	125
02/04/1994										5780	7.0	150	1	0.5			1381		1		0.5	130
02/05/1994											7.0	150	1						1		0.5	131
02/06/1994										5791	7.0	120	1	0.5			1381		2		0.5	132
02/07/1994										5801	7.0	117	1	0.5			1381	1	2		0.5	130
02/08/1994										5808	7.0	138	1	0.5			1382		1		0.5	129
02/09/1994										5815	6.0	119	1	0.5			1382		2		0.5	130
02/10/1994										5821	7.0	131	2	0.5			1382		2		0.5	133
02/11/1994										5828	8.0	155		0.5			1382		3		0.5	137
02/12/1994											9.0	156	1					3	3			150
02/13/1994										5845	9.0	186	1	0.5			1383		3		0.5	159
02/14/1994										5859	10.0	178	1	0.5			1383	3	3		0.5	169
02/15/1994										5866	10.0	107	1	0.5			1386		3		0.5	205
02/16/1994										5874	9.0	180	1	0.5			1386				0.5	197
02/17/1994										5881	8.0	192	1	0.5			1386		1		0.5	180
02/18/1994										5891	8.0	176		0.5			1386				0.5	181
02/19/1994											8.0	177	1						1			176
02/20/1994										5903	8.0	199	1	0.5			1386				0.5	179
02/21/1994										5913	6.0	141		0.5			1386		1		0.5	156
02/22/1994										5921	6.0	154	1	0.5			1386		1		0.5	242
02/23/1994										5931	9.0	113		0.5			1386		1		0.5	152
02/24/1994										5938	6.0	110		0.5			1386	1	1		0.5	214
02/25/1994										5946	9.0	117		0.5			1387				0.5	151
02/26/1994											9.0	117									0.5	157
02/27/1994										5958	6.0	117	1	0.5			1387		1		0.5	167
02/28/1994										5966	7.0	161	1	0.5			1387				0.5	166
																						163
MONTH TOTAL																						
YEAR TO DATE				35	624	26					201.0	4,032	27.0	11.0				6.0	54		12.0	4,086
AVERAGE											375.0	7,325	63.0					11.0	99			8,044
MAXIMUM											9.0	144	3	0.5				0.21	3		0.5	146
MINIMUM											10.0	192	3	0.5				3.0	25		0.5	203
											5.0	110	1	0.5				1.0	4		0.5	131

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DATE: March 1994

I.D. NO: 1670647

METERED SERVICES:

OPERATOR SIGNATURE: Harold Register

OPERATOR NAME: Harold Register

CERTIFICATE NUMBER: A-1813

DATE	WELL No. 1 UNIT 18 TRACT A GABLES / BABCOCK					WELL No. 4 UNIT 9 TRACT E VALIANT OR					WELL No. 5 UNIT 10 TRACT H ELCKAM / CLAREMONT					PLANT EFFLUENT Avg Ph	NUMBER of SAMPLES TAKEN	TOTAL GALLONS PER DAY
	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES			
03/01/1994	6366				0.4	5981	7.0	738,000	1	0.5	1387				0.5			138,000
03/02/1994	6366				0.4	5988	1.0	107,000		0.5	1387		1,000		0.5			108,000
03/03/1994	6366				0.4	5973	5.0	113,000	1	0.8	1387		1,000		0.5			114,000
03/04/1994	6366				0.4	5978	5.5	120,000		0.5	1387		500		0.5			120,500
03/05/1994	6366						5.5	120,000	1				500					120,500
03/06/1994	6366				0.4	5988	6.6	134,000	1	0.5	1387				0.5			134,000
03/07/1994	6366				0.4	5995	7.0	141,000	1	0.5	1387		1,000		0.5			142,000
03/08/1994	6366				0.4	6002	6.0	140,000	1	0.5	1387		1,000		0.5			141,000
03/09/1994	6366				0.4	6006	6.0	117,000	1	0.5	1387		1,000		0.5			118,000
03/10/1994	6366				0.4	6014	5.0	116,000	1	0.5	1387				0.5			116,000
03/11/1994	6366				0.4	6019	5.5	124,000	1	0.5	1387		500		0.5			124,500
03/12/1994	6366						5.5	124,000	1				500					124,500
03/13/1994	6366				0.4	6030	7.0	147,000	1	0.5	1387	1	2,000		0.5			149,000
03/14/1994	6366				0.4	6037	7.0	132,000	2	0.5	1388		1,000		0.5			133,000
03/15/1994	6366				0.4	6044	7.0	183,000	2	0.5	1386		2,000		0.5			185,000
03/16/1994	6366				0.4	6051	7.0	154,000	1	0.5	1388		3,000		0.5			157,000
03/17/1994	6366				0.4	6058	8.0	184,000	1	0.5	1388		1,000		0.5			185,000
03/18/1994	6366				0.4	6066	8.5	183,000	1	0.5	1388	0.5	2,000		0.5			185,000
03/19/1994	6366						8.5	183,000	1			0.5	2,000					185,000
03/20/1994	6366				0.4	6083	10.0	220,000	1	0.5	1388		2,000		0.5			222,000
03/21/1994	6366				0.4	6093	7.0	187,000	1	0.5	1388		1,000		0.5			188,000
03/22/1994	6366				0.4	6100	9.0	201,000	1	0.5	1388		1,000		0.5			202,000
03/23/1994	6366				0.4	6108	8.0	183,000	1	0.5	1388		2,000		0.5			185,000
03/24/1994	6366				0.4	6117	5.0	115,000	1	0.5	1388	1	3,000		0.5			116,000
03/25/1994	6366				0.4	6122	6.0	130,000	1	0.5	1390		2,000		0.5			132,000
03/26/1994	6366						6.0	130,000	1				2,000					132,000
03/27/1994	6366				0.4	6134	6.0	133,000	1	0.5	1390		1,000		0.5			134,000
03/28/1994	6366				0.4	6140	5.0	106,000	1	0.5	1390	1	3,000		0.5			108,000
03/29/1994	6366				0.4	6145	6.0	126,000	1	0.5	1391		1,500		0.5			127,500
03/30/1994	6366				0.4	6151	7.0	145,000	1	0.5			1,500		0.5			146,500
03/31/1994	6366				0.4	6158	7.0	146,000	1	0.5	1391				0.5			146,000
MONTH TOTAL					10.8		204.0	4,458,000	31	13.6		4.0	40,000		13.5			4,498,000
YEAR TO DATE		35.0	924,000	26			579.0	11,783,000	84	13.6		15.0	135,000		13.5			12,542,009
AVERAGE					0.4		6.6	143,806	1	0.5		0.1	1,290		0.4			145,067
MAXIMUM					0.4		10.0	220,000	2	0.8		1.0	3,000		0.5			223,000
MINIMUM					0.4		5.0	106,000	1	0.5					0.5			108,000

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DATE: April 1994

ID NO: 1870847

METERED SERVICES: 445

OPERATOR SIGNATURE: Harold Register

OPERATOR NAME: Harold Register

CERTIFICATE NUMBER: A-1813

DATE	WELL No. 1 UNIT 10 TRACT A GABLES / BABCOCK					WELL No. 4 UNIT 8 TRACT E VALIANT DR					WELL No. 5 UNIT 10 TRACT H ELCKAM / CLAREMONT					PLANT EFFLUENT Avg Ph	NUMBER of SAMPLES TAKEN	TOTAL GALLONS PER DAY
	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES			
04/01/1994	6288				0.3	8185	8.0	188,000	1	0.5	1391		3,000		0.5			172,000
04/02/1994	6388						8.0	188,000	1				3,000					172,000
04/03/1994	6388				0.4	8181	7.0	155,000	1	0.5	1391	1	1,000		0.8			156,000
04/04/1994	6388				0.4	8188	8.0	136,000	1	0.8	1392		1,000		0.9			137,000
04/05/1994	6388				0.4	8194	7.0	148,000	1	0.5	1392	1	4,000		0.8			152,000
04/06/1994	6388				0.4	8201	7.0	152,000	1	0.5	1393				0.8			152,000
04/07/1994	6388				0.4	8208	7.0	154,000	1	0.5	1393		3,000		0.4			157,000
04/08/1994	6388				0.4	8215	8.0	203,000	1	0.5	1393		2,000		0.6			205,000
04/09/1994	6388				0.4		9.0	203,000	1				2,000					205,000
04/10/1994	6388					8233	10.0	210,000	1	0.5	1393	1	3,000		0.8			213,000
04/11/1994	6388				0.5	8243	9.0	193,000		0.7	1394		3,000		0.8			196,000
04/12/1994	6388				0.5	8252	5.0	124,000	2	0.7	1394		3,000		0.9			127,000
04/13/1994	6388				0.8	8257	6.0	121,000	1	0.8	1394		2,000		0.8			123,000
04/14/1994	6388				0.5	8263	7.0	156,000	1	0.8	1394	1	2,000		0.6			158,000
04/15/1994	6388				0.5	8270	8.0	128,500	1	0.8	1395		500		0.6			127,000
04/16/1994	6388						8.0	128,500					500					127,000
04/17/1994	6388				0.5	8282	7.0	157,000	2	0.7	1395		3,000		0.8			160,000
04/18/1994	6388				0.5	8288	10.0	209,000	1	0.6	1395		3,000		0.6			212,000
04/19/1994	6388				0.5	8298	10.0	225,000		0.6	1395		3,000		0.6			228,000
04/20/1994	6388				0.5	8308	6.0	134,000	2	0.8	1395		3,000		0.6			137,000
04/21/1994	6388				0.4	8315	8.0	123,000	1	0.6	1395	1	2,000		0.6			125,000
04/22/1994	6388				0.5	8321	5.5	122,000	1	0.5	1396	0.5	1,000		0.8			123,000
04/23/1994	6388						5.5	122,000	1			0.5	1,000					123,000
04/24/1994	6388				0.4	8332	8.0	168,000	1	0.5	1397		1,000		0.5			170,000
04/25/1994	6388				0.5	8340	7.0	144,000	1	0.5	1397		4,000		0.5			148,000
04/26/1994	6388				0.5	8347	6.0	139,000	1	0.8	1397		3,000		0.5			142,000
04/27/1994	6388				0.4	8353	9.0	180,000	1	0.8	1397	1	4,000		0.5			184,000
04/28/1994	6388				0.4	8362	9.0	210,000		0.8	1398		8,000		0.5			218,000
04/29/1994	6388				0.4	8371	14.5	311,500	2	0.8	1398	0.5	1,000		0.5			312,500
04/30/1994	6388						14.5	311,500	1			0.5	1,000					312,500
MONTH TOTAL					11.6		235.0	5,133,000	30			8.0	68,000					5,202,000
YEAR TO DATE		35.0	824,000	28			235.0	5,133,000	30			8.0	68,000					5,836,000
AVERAGE					0.4		7.8	171,100	1	0.8		0.3	2,300		0.8			172,400
MAXIMUM					0.5		14.5	311,500	2	0.8		1.0	8,000		0.8			317,500
MINIMUM					0.3		5.0	121,000	1	0.5					0.3			121,000

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DATE May 1994

ID NO 1670947

METERED SERVICES 445

OPERATOR SIGNATURE Harold Register

OPERATOR NAME Harold Register

CERTIFICATE NUMBER A-1913

DATE	WELL No 1 UNIT 19 TRACT A GABLES / BABCOCK					WELL No 4 UNIT 8 TRACT E VALIANT DR					WELL No 5 UNIT 19 TRACT H ELCKAM / CLAREMONT					PLANT EFFLUENT Avg Ph	NUMBER of SAMPLES TAKEN	TOTAL GALLONS PER DAY
	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.			
05/01/1994	6398				0.4	6381	9.0	198,000	1	0.5	1399		1,000		0.8			187,000
05/02/1994	6398				0.4	6400	7.0	153,000	1	0.8	1399		1,000		0.8			154,000
05/03/1994	6398				0.5	6407	6.0	146,000	1	0.8	1399		2,000		0.6			148,000
05/04/1994	6398				0.5	6413	8.0	174,000	1	0.6	1398		2,000		0.6			176,000
05/05/1994	6398				0.5	6421	10.0	215,000		0.7	1399		2,000		0.8			217,000
05/06/1994	6398				0.5	6431	9.5	213,000	3	0.7	1399	1	5,000		0.8			218,000
05/07/1994							9.5	213,000				1	5,000					218,000
05/08/1994	6398				0.5	6456	9.0	197,000	3	0.7	1401		2,000		0.6			199,000
05/09/1994	6398				0.5	6459	10.0	220,000	2	0.8	1401		4,000		0.6			224,000
05/10/1994	6398				0.5	6469	11.0	223,000	2	0.8	1401	1	4,000		0.6			227,000
05/11/1994	6398				0.8	6480	11.0	250,000	2	0.8	1402		4,000		0.5			254,000
05/12/1994	6398				0.6	6491	12.0	257,000	2	0.7	1402	1	4,000		0.8			261,000
05/13/1994	6398				0.5	6503	8.0	196,500		0.7	1403		3,000		0.8			199,500
05/14/1994							9.0	196,500	3				3,000					199,500
05/15/1994	6398				0.5	6521	8.0	184,000		0.7	1403	1	4,000		0.6			188,000
05/16/1994	6398				0.5	6536	10.0	228,000	3	0.7	1404		3,000		0.8			231,000
05/17/1994	6398				0.5	6539	12.0	253,000	2	0.8	1406		4,000		0.8			257,000
05/18/1994	6398				0.5	6551	13.0	296,000	2	0.8	1404	1	4,000		0.8			300,000
05/19/1994	6398				0.5	6564	12.0	282,000	2	0.8	1405	1	8,000		0.6			286,000
05/20/1994	6398				0.5	6578	11.5	295,000	2	0.8	1406		4,000		0.6			299,000
05/21/1994							11.5	255,000					4,000					259,000
05/22/1994	6398				0.5	6589	13.0	281,000	4	0.8	1406		4,000		0.8			285,000
05/23/1994	6398				0.5	6612	12.0	281,000	2	0.8	1406	1	4,000		0.8			285,000
05/24/1994	6398	4.0	88,000		0.5	6624	11.5	251,500	2	0.9	1407	1	7,000		0.6			336,500
05/25/1994	6402				0.5		11.5	251,500	2	0.8	1408	1	5,000		0.5			256,500
05/26/1994	6402				0.6	6647	11.0	228,000		0.8	1408		5,000		0.5			233,000
05/27/1994	6402				0.5	6658	8.5	163,000	3	0.8	1409		3,000		0.5			166,000
05/28/1994							8.5	163,000					3,000					166,000
05/29/1994	6402				0.5	6675	9.0	169,000	3	0.8	1409	1	8,000		0.5			172,000
05/30/1994	6402				0.8	6694	9.0	150,000		0.8	1410	1	5,000		0.5			155,000
05/31/1994	6402				0.5	6699	7.0	137,000	2	0.8	1411		3,000		0.5			140,000
MONTH TOTAL		4.0	88,000		13.7		305.0	6,855,000	50	20.7		12.0	116,000		19.9			6,851,000
YEAR TO DATE		4.0	88,000				305.0	6,855,000	50	20.7		12.0	116,000		19.9			6,851,000
AVERAGE		0.1	2,381		0.5		9.8	214,877	2	0.8		0.4	3,742		0.8			221,000
MAXIMUM		4.0	88,000		0.8		13.0	296,000	4	0.9		1.0	7,000		0.8			336,500
MINIMUM					0.4		5.0	137,000	1	0.5			1,000		0.5			140,000

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DATE June 1994

I.D. NO. 1670647

METERED SERVICES 448

OPERATOR SIGNATURE Harold Register

OPERATOR NAME Harold Register

CERTIFICATE NUMBER A-1913

DATE	WELL No 1 UNIT 19 TRACT A GABLES / BABCOCK					WELL No 4 UNIT 8 TRACT E VALIANT DR					WELL No 5 UNIT 19 TRACT H ELCKAM / CLAREMONT					PLANT EFFLUENT Avg Ph	NUMBER of SAMPLES TAKEN	TOTAL GALLONS PER DAY
	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES			
06/01/1994	6402				0.5	6696	7.0	139,000		0.8	1411	1	4,000		0.5			143,000
06/02/1994	6402				0.5	6703	7.0	149,000	2	0.8	1412		3,000		0.5			152,000
06/03/1994	6402				0.5	6710	7.0	155,000		0.8	1412	2.5	27,500		0.5			182,500
06/04/1994	6402						7.0	155,000	3			2.5	27,500					182,500
06/05/1994	6402				0.5	6724	8.0	170,000		0.8	1417	1			0.5			170,000
06/06/1994	6402				0.6	6732	7.0	154,000	3	0.6	1418		1,000		0.5			155,000
06/07/1994	6402				0.3	6739	8.0	157,000		0.6	1418	3	18,000		0.5			176,000
06/08/1994	6402				0.5	6747	7.0	144,000	3	0.8	1421		2,000		0.6			146,000
06/09/1994	6402				0.5	6754	9.0	195,000	2	0.7	1421		2,000		0.6			197,000
06/10/1994	6402				0.5	6763	7.0	149,000		0.7	1421	0.5	5,500		0.7			154,500
06/11/1994	6402						7.0	149,000	5			0.5	5,500					154,500
06/12/1994	6402				0.6	6777	8.0	172,000		0.8	1422				0.7			172,000
06/13/1994	6402				0.7	6785	8.0	172,000	3	0.6	1422		2,000		0.7			174,000
06/14/1994	6402				0.7	6793	8.0	191,000	2	0.8	1422		4,000		0.7			195,000
06/15/1994	6402				0.7	6802	8.0	172,000		0.8	1422	1	5,000		0.7			177,000
06/16/1994	6402				0.7	6810	8.0	187,000	3	0.9	1423		1,000		0.7			188,000
06/17/1994	6402				0.6	6818	7.0	155,500		0.9	1423		1,500		0.7			157,000
06/18/1994	6402						7.0	155,500	3				1,500					157,000
06/19/1994	6402				0.5	6832	8.0	181,000		0.9	1423		2,000		0.7			183,000
06/20/1994	6402				0.5	6840	7.0	148,000	3	0.8	1423	1	3,000		0.8			151,000
06/21/1994	6402				0.6	6847	8.0	168,000		0.8	1424		2,000		0.7			170,000
06/22/1994	6402				0.5		8.0	168,000	3	0.8	1424	1	4,000		0.7			172,000
06/23/1994	6402				0.5	6863	7.0	154,000	2	0.8	1425		5,000		0.7			159,000
06/24/1994	6402				0.6	6870	7.0	151,000	3	0.8	1425	0.5	2,500		0.7			153,500
06/25/1994	6402						7.0	151,000				0.5	2,500					153,500
06/26/1994	6402				0.6	6884	8.0	168,000	3	0.8	1426		2,000		0.7			170,000
06/27/1994	6402				0.6	6892	7.0	146,000		0.7	1426		2,000		0.7			148,000
06/28/1994	6402				0.6	6899	8.0	169,000	3	0.7	1426	1	3,000		0.7			172,000
06/29/1994	6402				0.5	6907	10.0	219,000		0.7	1427		7,000		0.7			226,000
06/30/1994	6402				0.5	6917	9.0	188,000	3	0.7	1427	1	4,000		0.7			193,000
06/31/1994	6402					6928					1428				0.7			
MONTH TOTAL					14.6		230.0	4,883,000	47	20.7		17.0	151,000		16.7			5,044,000
YEAR TO DATE		39.0	704,000				1349.0	28,464,000	221	20.7		52.0	471,000		16.7			29,639,000
AVERAGE					0.6		7.7	163,100	3	0.8		0.6	5,035		0.6			168,133
MAXIMUM					0.7		10.0	219,000	3	0.9		3.0	27,500		0.7			226,000
MINIMUM					0.5		7.0	139,000	2	0.7					0.5			143,000

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DATE July 1994

ID NO 1670847

METERED SERVICES -

OPERATOR SIGNATURE Harold Register

OPERATOR NAME Harold Register

CERTIFICATE NUMBER: A-1913

DATE	WELL No 1 UNIT 19 TRACT A GABLES / BABCOCK					WELL No 4 UNIT 8 TRACT E VALIANT DR					WELL No 5 UNIT 10 TRACT H ELCKAM / CLAREMONT					PLANT EFFLUENT Avg Ph	NUMBER of SAMPLES TAKEN	TOTAL GALLONS PER DAY
	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES			
07/01/1994	8402				0.5	6826	9.0	200,000		0.7	1428	0.5	500		0.7			200,500
07/02/1994	8402						9.0	200,000	3			0.5	500					200,500
07/03/1994	8402				0.6	6944	7.0	151,000	1	0.7	1429	1	8,000		0.7			157,000
07/04/1994	8402				0.5	6951	7.0	153,000	1	0.7	1430		10,000		0.7			163,000
07/05/1994	8402				0.8	6958	8.0	169,000	1	0.7	1430	1	8,000		0.7			172,000
07/06/1994	8402				0.5	6966	7.0	149,000	1	0.7	1431		2,000		0.7			151,000
07/07/1994	8402				0.5	6973	8.0	180,000	1	0.7	1431		5,000		0.7			185,000
07/08/1994	8402				0.5	6981	7.0	154,500	1	0.7	1431	0.5	2,000		0.7			156,500
07/08/1994	8402						7.0	154,500				0.5	2,000					156,500
07/10/1994	8402				0.5	6995	9.0	197,000	3	0.7	1432	1	11,000		0.7			208,000
07/11/1994	8402				0.6	7004	8.0	173,000	1	0.7	1433		5,000		0.7			178,000
07/12/1994	8402				0.7	7012	11.0	240,000	2	0.8	1433	1	9,000		0.7			251,000
07/13/1994	8402				0.6	7023	14.0	298,000	2	0.8	1434	1	5,000		0.7			303,000
07/14/1994	8402				0.8	7037	16.0	233,000	2	0.8	1435		5,000		0.7			238,000
07/15/1994	8402				0.6	7047	8.5	181,500		0.8	1435		4,000		0.7			185,500
07/16/1994	8402						8.5	181,500	3				4,000					185,500
07/17/1994	8402				0.6	7064	8.0	181,000		0.8			6,000		0.7			187,000
07/18/1994	8402				0.5	7072	10.0	211,000	3	0.8		2	5,000		0.7			216,000
07/19/1994	8402				0.5	7082	8.0	174,000		0.8	1437	1	2,000		0.7			176,000
07/20/1994	8402				0.5	7090	8.0	174,000	3	0.8	1438		4,000		0.7			178,000
07/21/1994	8402				0.5	7098	8.0	174,000		0.8	1438		2,000		0.7			176,000
07/22/1994	8402				0.5	7108	8.5	171,500	3	0.8	1438	0.5	3,000		0.7			174,500
07/23/1994	8402						8.5	171,500				0.5	3,000					174,500
07/24/1994	8402				0.5	7123	8.0	186,000		0.8	1439		5,000		0.7			191,000
07/25/1994	8402				0.5	7131	8.0	173,000	4	0.8	1439		3,000		0.7			176,000
07/26/1994	8402				0.5	7139	7.5	155,500		0.8	1439	1	2,000		0.7			157,500
07/27/1994	8402				0.5		7.5	155,500	1	0.6	1440		4,000		0.7			159,500
07/28/1994	8402				0.5	7154	7.0	154,000		0.8	1440		3,000		0.7			157,000
07/29/1994	8402				0.5	7161	8.0	174,000	4	0.8	1440	0.5	4,000		0.7			178,000
07/30/1994	8402						8.0	174,000				0.5	4,000					178,000
07/31/1994	8402				0.5	7177	7.0	165,000	3	0.8	1441		5,000		0.7			170,000
MONTH TOTAL					13.9		258.0	5,585,000	43	20.1		13.0	120,000		18.2			5,724,000
YEAR TO DATE		36.0	784,000				1907.0	34,959,000	264	20.1		65.0	800,000		18.2			35,365,000
AVERAGE					0.5		8.3	180,484	2	0.8		0.4	4,161		0.7			184,845
MAXIMUM					0.7		14.0	298,000	4	0.8		2.0	11,000		0.7			303,000
MINIMUM					0.5		7.0	149,000	1	0.7			500		0.7			151,000

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DATE August 1994

ID NO 1670647

METERED SERVICES --

OPERATOR SIGNATURE Harold Register

OPERATOR NAME Harold Register

CERTIFICATE NUMBER A-1813

DATE	WELL No 1 UNIT 18 TRACT A GABLES / BABCOCK					WELL No 4 UNIT 8 TRACT E VALIANT DR					WELL No 9 UNIT 10 TRACT H ELCKAM / CLAREMONT					PLANT EFFLUENT Avg Ph	NUMBER of SAMPLES TAKEN	TOTAL GALLONS PER DAY
	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES			
08/01/1994	8402				0.5	7184	8.0	187,000		0.8	1441		4,000		0.7			171,000
08/02/1994	8402				0.5	7192	9.0	179,000	3	0.7	1441		2,000		0.7			176,000
08/03/1994	8402				0.6	7200	9.0	133,000		0.7	1441	1	2,000		0.7			135,000
08/04/1994	8402				0.6	7208	7.0	140,000	2	0.7	1442		1,000		0.7			141,000
08/05/1994	8402				0.6	7213	7.0	145,500	1	0.7	1442		11,000		0.7			156,500
08/06/1994	8402						7.6	145,500	1		1442	0.5	1,500		0.6			147,000
08/07/1994	8402				0.5	7227	8.0	128,000		0.7		0.5	1,500					137,500
08/08/1994	8402	10.0	192,000	6	0.5	7233	7.0	143,000	2	0.7	1443		1,000		0.7			308,000
08/09/1994	8412				0.5	7240	7.0	165,000		0.7	1443	1	2,000		0.7			187,000
08/10/1994	8412				0.6	7247	9.0	165,000	3	0.7	1444	1	6,000		0.7			191,000
08/11/1994	8412				0.6	7254	7.0	144,000		0.7	1445		5,000		0.6			149,000
08/12/1994	8412				0.6	7263	8.0	135,000	2	0.7	1445	1	6,000		0.6			141,000
08/13/1994	8412						8.0	135,000			1446		7,000					142,000
08/14/1994	8412				0.5	7275	7.0	138,000	2	0.7	1446	0.5	3,500					142,500
08/15/1994	8412				0.5	7282	5.0	116,000		0.7		0.5	3,500					119,500
08/16/1994	8412				0.5	7287	7.0	131,000	2	0.7	1447	1	2,000					133,000
08/17/1994	8412				0.6	7294	8.0	142,000		0.7	1448		2,000		0.6			144,000
08/18/1994	8412				0.5	7300	8.0	126,000	2	0.7	1448		6,000		0.6			132,000
08/19/1994	8412				0.5	7308	8.0	129,000		0.7	1448	0.5	2,500		0.6			131,500
08/20/1994	8412						8.0	129,000				0.5	2,500					131,500
08/21/1994	8412				0.5	7316	7.0	139,000	3	0.7	1448		3,000		0.6			142,000
08/22/1994	8412				0.5	7323	6.0	134,000		0.7	1449	1	2,000		0.6			136,000
08/23/1994	8412				0.5	7331	8.0	130,000	2	0.7	1450		5,000		0.6			135,000
08/24/1994	8412				0.5	7337	6.0	180,000		0.7	1450	1	9,000		0.6			189,000
08/25/1994	8412				0.5	7345	7.0	153,000	2	0.7	1451		5,000		0.6			158,000
08/26/1994	8412				0.5	7352	7.0	152,000		0.7	1451	0.5	5,000		0.6			157,000
08/27/1994	8412						7.0	152,000	2			0.5	5,000					157,000
08/28/1994	8412				0.5	7366	12.0	257,000	2	0.7	1452		2,000		0.6			259,000
08/29/1994	8412				0.5	7378	13.0	290,000	2	0.7	1452	1	5,000		0.6			295,000
08/30/1994	8412					7391	13.0	294,000	2	0.7	1453		5,000		0.6			299,000
08/31/1994	8412				0.5	7404	9.0	208,000	2	0.7	1453	1	5,000		0.6			214,000
MONTH TOTAL		10.0	192,000	6	13.7		229.0	4,822,000	37	19.0		13.0	117,000		18.4			5,201,000
YEAR TO DATE		49.0	888,000	6			1536.0	38,991,000	301	19.0		74.0	717,000		18.4			40,564,900
AVERAGE		0.3	5,226	6	0.5		7.4	158,774	2	0.7		0.4	3,774		0.6			167,774
MAXIMUM		10.0	192,000	6	0.6		13.0	290,000	3	0.8		1.0	11,000		0.8			308,000
MINIMUM				6	0.5		5.0	116,000	1	0.7			1,000		0.6			119,500

530

SUNNY HILLS UTILITIES M' ILY WATER REPORT

DATE: September 1994

ID NO: 1870647

METERED SERVICES: --

OPERATOR SIGNATURE: Harold Register

OPERATOR NAME: Harold Register

CERTIFICATE NUMBER: A-1813

DATE	WELL No. 1 UNIT 19 TRACT A GABLES / BANCOCK					WELL No. 4 UNIT 8 TRACT E VALIANT DR					WELL No. 5 UNIT 10 TRACT H ELCKAM / CLAREMONT					PLANT EFFLUENT Avg Ph	NUMBER of SAMPLES TAKEN	TOTAL GALLONS PER DAY
	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES			
09/01/1994	8412				0.5	7413	7.0	148,000	1	0.7	1454	1	2,000		0.8			150,000
09/02/1994	8412				0.5	7420	9.0	186,500		0.7	1454	1	2,500		0.5			187,000
09/03/1994	8412						9.0	194,500	3			1	2,500					197,000
09/04/1994	8412				0.6	7438	7.0	148,000	1	0.7	1458		10,000		0.8			158,000
09/05/1994	8412				0.6	7445	10.0	202,000		0.6	1458		5,000		0.6			207,000
09/06/1994	8412				0.5	7459	9.0	189,000	3	0.7	1458	1	8,000		0.6			197,000
09/07/1994	8412				0.5	7464	7.0	139,000		0.7	1457	1	4,000		0.8			143,000
09/08/1994	8412				0.5	7471	6.6	137,000	2	0.7	1458		5,000		0.6			142,000
09/09/1994	8412				0.5	7477	6.5	134,000		0.7	1458	0.5	4,500		0.8			138,500
09/10/1994	8412						6.5	134,000	2			0.5	4,500					138,500
09/11/1994	8412				0.5	7490	7.0	147,000		0.7	1458		5,000		0.7			152,000
09/12/1994	8412				0.6	7497	7.0	139,000	2	0.7	1459	1	5,000		0.7			144,000
09/13/1994	8412				0.6	7504	7.0	158,000		0.7	1460		5,000		0.7			161,000
09/14/1994	8412				0.6	7511	7.0	136,000	2	0.8	1460	1	5,000		0.7			141,000
09/15/1994	8412				0.5	7518	6.0	130,000		0.6	1461	1	2,000		0.7			132,000
09/16/1994	8412				0.5	7524	6.5	134,000		0.8	1462	0.5	6,500		0.7			140,500
09/17/1994	8412						6.5	134,000				0.5	6,500					140,500
09/18/1994	8412				0.5	7537	7.0	152,000	2	0.8	1463	1	4,000		0.7			156,000
09/19/1994	8412				0.5	7544	6.0	136,000		0.8	1464		4,000		0.7			140,000
09/20/1994	8412				0.5	7550	7.0	142,000	2	0.7	1464	1	6,000		0.7			148,000
09/21/1994	8412				0.5	7557	7.0	140,000		0.7	1465		5,000		0.7			145,000
09/22/1994	8412				0.5	7564	6.0	142,000	2	0.7	1465	1	3,000		0.7			145,000
09/23/1994	8412				0.6	7570	6.5	137,000		0.7	1466		5,000		0.7			142,000
09/24/1994	8412				0.6		6.5	137,000	2				5,000					142,000
09/25/1994	8412				0.6	7583	7.0	146,000		0.7	1466	1	6,000		0.7			152,000
09/26/1994	8412				0.6	7590	8.0	183,000	2	0.7	1467		3,000		0.7			186,000
09/27/1994	8412				0.6	7598	7.0	153,000		0.7	1467	1	2,000		0.7			155,000
09/28/1994	8412				0.8	7605	8.0	183,000	2	0.7	1468		2,000		0.7			185,000
09/29/1994	8412				0.6	7613	7.0	151,000		0.7	1468		3,000		0.7			154,000
09/30/1994	8412				0.6	7620	7.0	130,000	2	0.7	1468	1	3,000		0.7			133,000
09/31/1994	8412					7627					1469							
MONTH TOTAL					14.8		214.0	4,564,000	30	18.8		15.0	132,000		17.3			4,836,000
YEAR TO DATE		49.0	866,000	8			2050.0	43,485,000	331	18.8		83.0	849,000		17.3			45,200,000
AVERAGE					0.5		7.1	150,133	2	0.7		0.5	4,400		0.7			154,533
MAXIMUM					0.6		10.0	202,000	3	0.8		1.0	10,000		0.7			207,000
MINIMUM					0.5		6.0	130,000	1	0.7			2,000		0.5			133,000

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DATE: October 1994

ID NO 1670647

METERED SERVICES —

OPERATOR SIGNATURE Harold Register

OPERATOR NAME: Harold Register

CERTIFICATE NUMBER A-1913

DATE	WELL No. 1 UNIT 18 TRACT A GABLES / BABCOCK					WELL No 4 UNIT 6 TRACT E VALIANT DR					WELL No 5 UNIT 10 TRACT H ELCKAM / CLAREMONT					PLANT EFFLUENT Avg Ph	NUMBER of SAMPLES TAKEN	TOTAL GALLONS PER DAY
	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES.			
10/01/1994	8412				0.5	7827	6.0	130,000			1468		3,000					133,000
10/02/1994	8412				0.5	7833	6.0	133,000		0.7	1468		2,000		0.6			135,000
10/03/1994	8412				0.5	7839	6.0	129,000		0.7	1469		2,000		0.6			127,000
10/04/1994	8412				0.5	7845	6.0	125,000	3	0.7	1469	1	2,000		0.7			127,000
10/05/1994	8412				0.5	7851	7.0	136,000		0.7	1470		2,000		0.7			138,000
10/06/1994	8412				0.6	7858	6.0	133,000		0.7	1470		2,000		0.6			135,000
10/07/1994	8412				0.5	7864	7.0	137,000		0.7	1470	0.5	2,500		0.6			139,500
10/08/1994	8412						7.0	137,000				0.5	2,500					139,500
10/09/1994	8412				0.5	7870	6.0	127,000	4	0.7	1471		2,000		0.6			129,000
10/10/1994	8412				0.5	7876	5.0	129,000		0.7	1471		2,000		0.6			129,000
10/11/1994	8412				0.5	7882	6.0	117,000		0.7	1471		1,900		0.6			116,900
10/12/1994	8412				0.6	7893	5.0	110,000		0.7	1471		2,000		0.6			112,000
10/13/1994	8412				0.5	7700	7.0	136,000	3	0.7	1471	1	3,000		0.6			139,000
10/14/1994	8412				0.5	7707	5.0	122,500		0.7	1472		1,000		0.6			123,500
10/15/1994	8412						6.0	122,500					1,000					123,500
10/16/1994	8412				0.5	7719	6.0	134,000		0.7	1472		4,000		0.6			138,000
10/17/1994	8412				0.5	7725	6.0	172,000		0.7	1472		2,000		0.6			174,000
10/18/1994	8412				0.5	7733	8.0	166,000	5	0.7	1472	1	3,000		0.6			171,000
10/19/1994	8412				0.5	7741	8.0	123,000		0.7	1473		3,000		0.7			126,000
10/20/1994	8412				0.5	7747	8.0	154,000	2	0.7	1473		3,000		0.6			157,000
10/21/1994	8412				0.5	7755	8.0	130,500		0.7	1473	0.5	2,000		0.6			132,500
10/22/1994	8412						8.0	150,500				0.5	3,000					153,500
10/23/1994	8412				0.6	7767	8.0	126,000		0.7	1474		2,000		0.6			128,000
10/24/1994	8412				0.5	7773	7.0	125,000	3	0.7	1474		4,000		0.6			129,000
10/25/1994	8412				0.5	7780	8.0	136,000		0.7	1474	1	2,000		0.7			140,000
10/26/1994	8412				0.5	7786	7.0	137,000		0.7	1475		2,000		0.6			139,000
10/27/1994	8412				0.6	7793	8.0	132,000	3	0.7	1475		2,000		0.6			134,000
10/28/1994	8412				0.5	7799	8.5	132,500		0.7	1475	0.5	3,000		0.6			135,500
10/29/1994	8412						8.5	132,500				0.5	3,000					135,500
10/30/1994	8412				0.6	7812	8.0	158,000		0.7	1476		1,000		0.6			159,000
10/31/1994	8412				0.5	7820	8.0	131,000	4	0.7	1476		1,000		0.6			132,000
MONTH TOTAL					13.9		186.5	4,141,000	27	16.2		7.0	88,000		16.8			4,210,000
YEAR TO DATE		48.0	968,000	6			2248.0	47,626,000	359	182		100.0	918,000		186			48,610,000
AVERAGE					0.5		6.4	133,561	3	0.7		0.2	2,226		0.6			135,886
MAXIMUM					0.6		8.0	172,000	5	0.7		1.0	4,000		0.7			174,000
MINIMUM					0.5		5.0	110,000	2	0.7			1,000		0.6			112,000

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DATE: November 1994

ID NO 1670647

METERED SERVICES 445

OPERATOR SIGNATURE: Harold Register

OPERATOR NAME: Harold Register

CERTIFICATE NUMBER: 6-1913

DATE	WELL No. 1 UNIT 1B TRACT A GABLES / BABCOCK					WELL No 4 UNIT 8 TRACT E VALIANT DR					WELL No 5 UNIT 1D TRACT H ELCKAM / CLAREMONT					PLANT EFFLUENT Avg Ph	NUMBER of SAMPLES TAKEN	TOTAL GALLONS PER DAY
	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES			
11/01/1994	8412				0.5	7826	7.0	144,000	1	0.7	1476		2,000		0.6			148,000
11/02/1994	8412				0.5	7833	7.0	158,000	1	0.7	1476		2,000		0.3			160,000
11/03/1994	8412				0.5	7840	6.0	178,000	1	0.7	1476	1	2,000		0.5			179,000
11/04/1994	8412				0.5	7848	8.0	170,000	1	0.7	1477		5,000		0.5			173,000
11/05/1994	8412						8.0	170,000					3,000					170,000
11/06/1994	8412				0.5	7865	8.0	176,000	2	0.7	1477		2,000		0.8			180,000
11/07/1994	8412				0.8	7873	9.0	178,000		0.7	1477		2,000		0.8			183,000
11/08/1994	8412				0.5	7882	9.0	181,000		0.7	1477		2,000		0.6			183,000
11/09/1994	8412				0.5	7891	8.0	181,000	4	0.7	1477	1	2,000		0.7			180,000
11/10/1994	8412				0.8	7899	9.0	186,000		0.7	1478		3,000		0.8			180,500
11/11/1994	8412				0.5	7908	8.5	178,000	2	0.7	1478		2,500		0.6			182,500
11/12/1994	8412	1.0	2,000	2			8.5	178,000					2,500					210,000
11/13/1994	8413				0.5	7925	8.0	208,000	3	0.7	1478	1	2,000		0.8			133,000
11/14/1994	8413				0.5	7934	7.0	131,000		0.7	1479		2,000		0.8			134,000
11/15/1994	8413				0.5	7941	8.0	132,000		0.7	1479		2,000		0.6			141,000
11/16/1994	8413				0.5	7947	7.0	139,000	3	0.7	1479		2,000		0.6			143,000
11/17/1994	8413				0.6	7954	8.0	164,000		0.7	1479	1	2,000		0.8			148,000
11/18/1994	8413				0.5	7962	7.0	145,500		0.7	1480	0.5	2,500		0.6			148,000
11/19/1994	8413						7.0	145,500				0.5	2,500					175,000
11/20/1994	8413				0.5	7976	8.0	170,000	5	0.7	1481		3,000		0.8			138,000
11/21/1994	8413				0.5	7984	8.0	139,000		0.7	1481		2,000		0.6			154,000
11/22/1994	8413				0.5	7990	6.0	151,000	2	0.7	1481		3,000		0.6			143,000
11/23/1994	8413				0.5	7998	7.0	141,000	1	0.7	1481		2,000		0.6			158,000
11/24/1994	8413				0.5	8005	7.0	154,000	1	0.7	1481		4,000		0.8			150,500
11/25/1994	8413				0.5	8012	7.0	148,500		0.7	1481		2,000		0.8			150,500
11/26/1994	8413						7.0	148,500					2,000					161,000
11/27/1994	8413				0.5	8026	9.0	178,000	3	0.7	1481		2,000		0.5			171,000
11/28/1994	8413				0.5	8035	8.0	169,000		0.7	1481		2,000		0.5			168,000
11/29/1994	8413				0.5	8043	8.0	163,000		0.7	1481		3,000		0.5			163,000
11/30/1994	8413				0.5	8051	9.0	181,000	3	0.7	1481		2,000		0.5			
11/31/1994	8413					8059					1481							4,855,000
MONTH TOTAL		1.0	2,000	2	13.3		233.0	4,881,000	33	19.2		3.0	70,000		19.0			54,383,000
YEAR TO DATE		90.0	998,000	8			2492.0	52,507,000	301	18.2		105.0	696,000		19.0			185,100
AVERAGE		0.0	67	2	0.9		7.8	162,700	2	0.7		0.2	2,333		0.6			210,000
MAXIMUM		1.0	2,000	2	0.8		8.0	208,000	5	0.7		1.0	4,000		0.7			133,000
MINIMUM				2	0.5		8.0	131,000	1	0.7			2,000		0.5			

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

DATE December 1994

I.D. NO 167/647

METERED SERVICES 411

OPERATOR SIGNATURE Harold Register

OPERATOR NAME Harold Register

CERTIFICATE NUMBER A-1913

DATE	WELL No. 1 UNIT 19 TRACT A GABLES / BABCOCK					WELL No. 4 UNIT 4 TRACT E VALIANT DR					WELL No. 5 UNIT 10 TRACT H ELCKAM / CLAREMONT					PLANT EFFLUENT Avg Ph	NUMBER of SAMPLES TAKEN	TOTAL GALLONS PER DAY
	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS CL 2	CL2 RES	METER READING	HOURS	GALLONS	LBS. CL 2	CL2 RES			
12/01/1994	8413				0.3	8059	11.0	230,000		0.7	1481		3,000					233,000
12/02/1994	8413				0.4	8070	6.0	116,500		0.7	1481		3,000					119,500
12/03/1994	8413						6.0	116,500	3				3,000					119,500
12/04/1994	8413				0.4	8082	6.0	114,000		0.7	1481		3,000					117,000
12/05/1994	8413				0.4	8088	5.0	113,000		0.7	1481		3,000					116,000
12/06/1994	8413				0.4	8093	7.0	144,000	3	0.7	1481		4,000					148,000
12/07/1994	8413				0.4	8100	7.0	131,000		0.7	1481	1	2,000					133,000
12/08/1994	8413				0.4	8107	5.0	114,000		0.7	1482		3,000					117,000
12/09/1994	8413				0.4	8112	6.0	117,000		0.7	1482	0.5	4,000					121,000
12/10/1994	8413						6.0	117,000	3			0.5	4,000					121,000
12/11/1994	8413				0.3	8124	6.0	119,000		0.7	1483		3,000					122,000
12/12/1994	8413				0.4	8130	7.0	147,000		0.7	1483		2,000					149,000
12/13/1994	8413				0.5	8137	6.0	127,000		0.7	1483		3,000					130,000
12/14/1994	8413				0.4	8143	6.0	120,000	4	0.7	1483	1	3,000					123,000
12/15/1994	8413				0.4	8149	6.0	118,000		0.7	1484		3,000					121,000
12/16/1994	8413				0.4	8155	5.5	110,500		0.7	1484	0.5	3,000					113,500
12/17/1994	8413						5.5	110,500				0.5	3,000					113,500
12/18/1994	8413				0.4	8166	6.0	120,000	3	0.7	1485		3,000					123,000
12/19/1994	8413				0.5	8172	6.0	118,000		0.7	1485	1	4,000					120,000
12/20/1994	8413				0.3	8178	5.0	108,000		0.7	1486		3,000					111,000
12/21/1994	8413				0.4	8183	6.0	119,000		0.7	1486	1	10,000					129,000
12/22/1994	8413				0.5	8189	7.0	138,000	3	0.7	1487		6,000					144,000
12/23/1994	8413				0.5	8196	6.0	116,500		0.7	1487	0.5	3,000					119,500
12/24/1994	8413						6.0	116,500				0.5	3,000					119,500
12/25/1994	8413				0.5	8206	6.0	132,000		0.7	1488	1	3,000					135,000
12/26/1994	8413				0.4	8214	7.0	128,000	3	0.7	1488		3,000					131,000
12/27/1994	8413				0.5	8221	6.0	119,000		0.7	1489		3,000					122,000
12/28/1994	8413				0.5	8227	6.0	124,000		0.7	1489	1	3,000					127,000
12/29/1994	8413				0.5	8233	6.0	131,000		0.7	1490		3,000					134,000
12/30/1994	8413				0.4	8239	6.0	114,000		0.7	1490	0.5	3,500					117,500
12/31/1994	8413						6.0	114,000	4			0.5	3,500					117,500
MONTH TOTAL					10.9		192.0	3,881,000	28	16.2		10.0	108,000					3,989,000
YEAR TO DATE		360	864,000	3			2674.0	58,394,000	417	183		115.0	1,090,000					58,332,000
AVERAGE					0.4		8.2	124,548	3	0.7		0.3	3,484					128,032
MAXIMUM					0.5		11.0	230,000	4	0.7		1.0	10,000					233,000
MINIMUM					0.3		5.0	108,000	3	0.7			2,000					111,000

DATE January 1993

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

I.D. NO 1870647

METERED SERVICES 439

OPERATOR SIGNATURE: Original signed by Harold Register

OPERATOR NAME: Harold register

CERTIFICATE NUMBER: A-1913

DATE	WELL No. 1 UNIT 10 TRACT A GARLER / BABCOCK							WELL No. 4 UNIT 8 TRACT E VALIANT DR.							WELL No. 5 UNIT 10 TRACT H ELCHAM / CLAREMONT								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							0.5			2578	6	124		0.8			1293		1				125
01/02/1993											7	126	2										126
01/03/1993							0.8			2591	6	120		0.8			1293		2				122
01/04/1993							0.8			2597	6	116	2	0.8			1293		3				117
01/05/1993							0.8			2603	6	118		0.8			1293	1	1				119
01/06/1993							0.5			2609	6	116	2	0.8			1294		1				118
01/07/1993							0.5			2615	6	114		0.8			1294						114
01/08/1993							0.5			2621	6	113	2	0.8			1294		1				114
01/09/1993											6	113											113
01/10/1993							0.6			2633	6	124	2	0.8			1294						124
01/11/1993							0.5			2639	6	116		0.8			1294		3				119
01/12/1993							0.4			2645	7	128	2	0.8			1294						128
01/13/1993							0.5			2652	6	130	1	0.7			1294		1				131
01/14/1993							0.4			2658	6	100		0.7			1294						100
01/15/1993							0.4			2667	8	162	2	0.7			1294	1	1				163
01/16/1993											8	163	1										163
01/17/1993							0.5			2684	7	143	1	0.7			1295		3				146
01/18/1993							0.5			2691	6	167	1	0.8			1296		1				168
01/19/1993							0.5			2709	7	132	1	0.8			1295						132
01/20/1993							0.5			2707	6	156		0.8			1295		1				157
01/21/1993							0.5			2715	7	136	2	0.9			1295						136
01/22/1993							0.5			2722	7	138		0.8			1295		1				139
01/23/1993											7	139	2										139
01/24/1993							0.5			2736	7	145		0.8			1295						145
01/25/1993							0.6			2743	7	161	2	0.8			1296						141
01/26/1993							0.5				8	142		0.8			1296						142
01/27/1993							0.5			2758	7	148	2	0.8			1296		1				149
01/28/1993							0.5			2765	8	148		0.8			1296		1				149
01/29/1993							0.5			2773	7	148	2	0.8			1296		1				149
01/30/1993											8	149					1296		1				150
01/31/1993							0.5			2788	8	166	2	0.7			1296						168
MONTH TOTAL							13.0				218	4,253	31	24.8				2.0	23				4,278
YEAR TO DATE											218	4,253	31					2.0	23				4,278
AVERAGE							0.5				7	137	1	0.8				0.1	0.74				138
MAXIMUM							0.8				8	166	2	0.8				2.0	3				168
MINIMUM							0.4				6	113	1	0.7				0.0	1				113

DATE: February 1993

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

I.D. NO (470047)

METERED SERVICES 448

OPERATOR SIGNATURE Original signed by Harold Register

OPERATOR NAME Harold register

CERTIFICATE NUMBER A-1013

DATE	WELL No. 1 UNIT 18 TRACT A GABLES / BABCOCK							WELL No. 4 UNIT 8 TRACT E VALIANT DR							WELL No. 5 UNIT 18 TRACT H ELCRAM / CLAREMONT							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			3981				0.8			2798	6	151	7	0.7			1295				0.7	451
02/02/1993							0.9			2804	8	156	1	0.7			1295		1		0.7	157
02/03/1993							0.5			2812	8	153	1	0.7			1295		1		0.7	154
02/04/1993							0.5			2820	8	160	1	0.7			1295				0.7	160
02/05/1993							0.5			2828	8	158	1	0.7			1295		2		0.7	158
02/06/1993											8	158					1295	1				158
02/07/1993							0.5			2844	8	168	3	0.7					1		0.7	161
02/08/1993							0.5			2852	8	159		0.6			1298		1		0.7	160
02/09/1993							0.5			2860	8	157	2	0.8			1298		1		0.7	158
02/10/1993							0.5			2868	8	163		0.8			1298				0.7	163
02/11/1993							0.5			2876	8	166	3	0.8			1298		1		0.7	167
02/12/1993							0.5			2884	8	161		0.6			1298		1		0.7	162
02/13/1993											8	161					1298					161
02/14/1993							0.5			2901	9	173	4	0.6					2		0.7	175
02/15/1993							0.9			2910	9	170		0.8			1298		2		0.7	170
02/16/1993							0.8			2918	8	157	2	1.0			1298		2		0.7	160
02/17/1993							0.5			2926	8	160		0.6			1298		2		0.7	171
02/18/1993							0.5			2934	8	165	2	0.6			1298		2		0.7	167
02/19/1993							0.5			2942	8	163		0.6			1298	1	2		0.7	165
02/20/1993											8	166	3						4			166
02/21/1993							0.5			2950	8	165		0.8			1297		4		0.7	167
02/22/1993							0.9			2957	7	153	2	0.8			1297		1		0.7	154
02/23/1993							0.5			2974	7	134		0.6			1297	1	1		0.7	135
02/24/1993							0.5			2981	4	104	2	0.8			1298		1		0.7	110
02/25/1993							0.5			2987	4	110	1	0.8			1298				0.7	110
02/26/1993							0.5			2993	4	115	1	0.8			1298		1		0.7	116
02/27/1993											6	115										116
02/28/1993			3981				0.5			3005	7	130	3	0.6			1298		1		0.7	131
02/29/1993																						
02/30/1993																						
02/31/1993																						
MONTH TOTAL							12.1				216	4,248	31	18.9				38	36		16.8	4,291
YEAR TO DATE											436	8,469	62									8,547
AVERAGE							0.5				8	157	1	0.8				0.9	1		0.7	183
MAXIMUM							0.9				9	176	4	1.0				1.0	4		0.7	175
MINIMUM							0.5				8	116	1	0.7							0.7	116

DATE: March 1993

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

ID NO 1670647
METERED SERVICES 440

OPERATOR SIGNATURE: Original signed by Harold Register
OPERATOR NAME: Harold register
CERTIFICATE NUMBER: A-7815

DATE	WELL No. 6 UNIT 1B TRACT A GABLES / BABCOCK							WELL No. 4 UNIT 6 TRACT E VALIANT DR							WELL No. 5 UNIT 1B TRACT H ELCAMI / CLAREMONT								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							0.5			3013	6	130	1	0.8					3				133
03/02/1993							0.5			3019	7	128	1	0.7					6				128
03/03/1993							0.5			3025	6	121	1	0.8									121
03/04/1993							0.8			3031	8	176	1	0.8					1				127
03/05/1993							0.5			3037	7	135	1	0.6									135
03/06/1993											7	135	1						1				136
03/07/1993							0.6			3051	7	130	1	0.6					1				130
03/08/1993							0.6			3058	6	147	1	0.6									147
03/09/1993							0.6			3066	7	135	1	0.8					1				136
03/10/1993							0.7			3073	7	140	1	0.8					1				142
03/11/1993							0.8			3080	7	140	1	0.8					1				141
03/12/1993							0.8			3087	7	145	1	0.8					1				146
03/13/1993											8	166	1						1				167
03/14/1993							0.7			3103	7	157	1	0.8					1				156
03/15/1993							0.7			3110	8	145	1	0.8					1				144
03/16/1993							0.8			3117	8	157	1	0.8									157
03/17/1993							0.8				8	157	1	0.8					1				156
03/18/1993							0.8			3133	9	159	1	0.8									159
03/19/1993							0.7			3142	9	151	1	0.8					1				152
03/20/1993											7	151	1										151
03/21/1993							0.8			3157	9	159		0.8									159
03/22/1993							0.8			3166	9	209	2	0.8					1				210
03/23/1993							0.8			3175	11	270	2	0.8					1				221
03/24/1993							0.7			3186	10	190		0.8									195
03/25/1993							0.8			3196	7	139	3	0.8									139
03/26/1993							0.8			3203	7	140	1	0.8					1				141
03/27/1993											7	140	1										140
03/28/1993							0.6			3217	9	174		0.8									174
03/29/1993							0.6			3226	8	156	3	0.8					1				157
03/30/1993							0.6			3234	7	140		0.8									140
03/31/1993							0.6			3241	6	105	2	0.7					1				106
MONTH TOTAL							16.3				237	4,697	35	21.4					31				4,710
YEAR TO DATE											671	13,196	97						78				13,278
AVERAGE							0.6				8	152	1	0.8					1				152
MAXIMUM							0.7				11	270	3	0.8					3				271
MINIMUM							0.5				6	121	1	0.7					1				121

DATE: April 1993

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

TO NO 1678647
METERED SERVICES 440

OPERATOR SIGNATURE: Original signed by Harold Register
OPERATOR NAME: Harold register
CERTIFICATE NUMBER: A-1913

DATE	WELL No 1 UNIT 19 TRACT A GABLES / BABCOCK							WELL No. 8 UNIT 8 TRACT E VARIANDR							WELL No. 5 UNIT 19 TRACT H ELCAM / CLAREMONT							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.	
04/01/1993							0.8			3249	7	175	1	0.0			1300				0.6	126
04/02/1993			3681				0.5			3256	7	133		0.6			1300				0.8	133
04/03/1993											6	133										
04/04/1993							0.0			3269	7	136	3	0.0			1300		1			134
04/05/1993							0.0			3276	8	139	2	0.0			1301		1		0.8	137
04/06/1993							0.0			3284	9	173	2	0.0			1301				0.6	140
04/07/1993							0.0			3292	8	158	1	0.0			1301	2	19		0.6	173
04/08/1993							0.0			3300	8	142	1	0.0			1303		1		0.8	177
04/09/1993							0.0			3308	7	155		0.0			1303					143
04/10/1993											8	155										156
04/11/1993							0.5			3323	8	168	6	0.0			1303		1		0.6	168
04/12/1993							0.0			3332	10	193		0.0			1303		1		0.8	189
04/13/1993							0.5			3342	9	183	5	0.0			1303		1		0.5	184
04/14/1993							0.5			3351	10	191		0.0			1303		1		0.6	184
04/15/1993							0.5			3361	10	210		0.0			1303		1		0.6	198
04/16/1993							0.5			3371	8	157	5	0.0			1303		1		0.6	216
04/17/1993											9	157						1	1			166
04/18/1993							0.5			3387	10	183	4	0.0			1304		1		0.6	156
04/19/1993							0.6			3397	9	190	2	0.0			1304		1		0.4	184
04/20/1993							0.6			3408	9	177		0.0			1304		1		0.6	193
04/21/1993							0.6			3415	5	151	3	0.0			1304				0.8	176
04/22/1993							0.0			3423	9	170		0.0			1304		1		0.8	191
04/23/1993							0.0			3432	9	191		0.0			1304				0.0	171
04/24/1993											10	191							1			191
04/25/1993							0.6			3451	10	178		0.0			1304		1		0.6	181
04/26/1993							0.6			3461	7	136	10	0.0			1304				0.8	179
04/27/1993			9981		15		0.5			3468	9	161		0.0			1304		1		0.8	138
04/28/1993			9989				0.4			3478	6	108	3	0.0			1304				0.8	137
04/29/1993			9981				0.5			3485	11	201		0.0			1304		1		0.6	186
04/30/1993							0.5			3496	6	146	3	0.0			1304		1		0.6	208
05/01/1993																						149
MONTH TOTAL					15		10.3				285	4,991	60	2.4				3	30		19.4	
YEAR TO DATE					15						402	10,187						12	117			8,060
AVERAGE					0.5		0.6				8.5	166	3	0.0				0.1	1		0.6	10,310
MAXIMUM					15		0.6				11	216	10	0.0				3	19		0.8	186
MINIMUM					15		0.5				6	126	1	0.0				1	1		0.5	210
																						126

DATE: May 1993

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

ID NO. 1670447

METERED SERVICES

OPERATOR SIGNATURE: Original signed by Harold Register

OPERATOR NAME: Harold register

CERTIFICATE NUMBER: A-1913

DATE	WELL No. 1 UNIT 10 TRACT A GABLES / BABCOCK							WELL No. 4 UNIT 8 TRACT F VALIANT DR							WELL No. 5 UNIT 10 TRACT H ELCRAN / CLAREMONT								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.		
05/01/1993											7	147	1										147
05/02/1993							0.5			3511	9	175		0.8			1305		1		0.8		176
05/03/1993							0.8			3520	9	140	3	0.8			1304				0.7		140
05/04/1993							0.5			3529	10	189		0.8			1304	1	1		0.7		286
05/05/1993							0.6			3539	11	222	4	0.8			1305				0.8		223
05/06/1993							0.6			3549	12	230	3	0.5			1305		1		0.7		299
05/07/1993							0.6			3561	11	230	3	0.8			1305		1		0.7		231
05/08/1993											11	231	2										231
05/09/1993							0.6			3583	10	194		0.7			1305		1		0.7		195
05/10/1993							0.6			3593	11	206	3	0.8			1305		1		0.7		207
05/11/1993							0.5			3604	9	184	1	0.7			1305		1		0.7		185
05/12/1993							0.8			3613	9	189		0.7			1305		1		0.7		189
05/13/1993							0.8			3673	11	212	4	0.7			1305				0.7		212
05/14/1993							0.5			3635	12	241	3	0.7			1305		1		0.7		242
05/15/1993											12	241	3						1				242
05/16/1993							0.5			3650	15	296		0.7			1305		1		0.7		297
05/17/1993			5903				0.5			3673	16	317	6	0.7			1305	1	1		0.7		318
05/18/1993			5983	8	80	2	0.7			3689	12	239	3	0.7			1305		1		0.7		295
05/19/1993			6080				0.5			3701	11	208		0.7			1305		1		0.7		304
05/20/1993							0.6			3712	11	221	4	0.7			1305		2		0.7		323
05/21/1993							0.6			3723	13	255	3	0.7			3100		1		0.7		256
05/22/1993											14	255	3						1				256
05/23/1993							0.6			3750	15	289		0.7			1306	1	1		0.7		290
05/24/1993							0.6			3765	10	192	4	0.7			1307		1		0.7		193
05/25/1993							0.6			3775	17	273	3	0.7			1307	1	2		0.7		274
05/26/1993			6980	3	10	1	0.6				16	272	3	0.7			1308	1	2		0.7		275
05/27/1993			6991				0.5			3800	5	189		0.7			1309		3		0.7		192
05/28/1993							0.6			3813	13	251	4	0.7			1309		3		0.7		255
05/29/1993											14	251	3						3				255
05/30/1993							0.6			3840	12	206	3	0.7			1308		3		0.7		201
05/31/1993							0.6			3852	14	272	3	0.7			1308	1	3		0.7		274
MONTH TOTAL				8	84	3	12.5				382	7,018	88	19.9				4	68		19.6		7,106
YEAR TO DATE				8	99	3					854	15,903	217					98	101				15,483
AVERAGE				0	3	0	0.5				12	229	3	0.7				0.13	1		0.7		229
MAXIMUM					80		0.7				17	317	6	0.8				1	5		0.8		318
MINIMUM					10		0.5				5	140	1	0.7				1	1		0.7		140

DATE: June 1993

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

I.D. NO. 1870647
METERED SERVICES 440

OPERATOR SIGNATURE: Original signed by Harold Hughston
OPERATOR NAME: Harold Hughston
CERTIFICATE NUMBER: A-1913

DATE	WELL No. 1 UNIT 19 TRACT A GABLES / BABCOCK							WELL No. 4 UNIT 8 TRACT E VALIANT DR.							WELL No. 5 UNIT 19 TRACT H BLCKAM / CLAREMONT								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			9991				0.5			3686	13	358		0.6			1310		4		0.4		294
06/02/1993			9991				0.5			3879	10	310		0.5			1240		2		0.8		276
06/03/1993			9991				0.5			3895	17	326		0.5			1310	1	1		0.4		327
06/04/1993			9991				0.5			3912	14	288		0.6			1311		6		0.4		290
06/05/1993											15	288	12						1				289
06/06/1993			9991				0.6			3941	16	378		0.5			1311	1	4		0.6		332
06/07/1993			9991				0.6			3957	15	361		0.6			1312	1	5		0.8		283
06/08/1993			9998	16	294		0.8			3973	5	102		0.6			1313		4		0.4		300
06/09/1993			0014	16	180	12	0.5			3977	11	280		0.5			1313		2		0.4		300
06/10/1993			0029	12	148	4	0.5			3988	11	232	30	0.4			1313		0		0.4		300
06/11/1993			0038	4	75		0.5			3949	4	101	2	0.5			1315	2	4		0.4		306
06/12/1993				0	75	3					10	101							6				308
06/13/1993			0046	8	87		0.5			4010	16	186		0.5			1314		1		0.4		264
06/14/1993			0053	1	35	7	0.5			4028	8	179		0.4			1314		0		0.4		284
06/15/1993			0054	0	155	3	0.5			4037	9	172	2	0.4			1316	1			0.4		297
06/16/1993			0065	12	201	2	0.5			4046	7	130	2	0.4			1315		3		0.4		340
06/17/1993			0075	12	204	3	0.5			4053	7	139	2	0.4			1315	1	2		0.4		348
06/18/1993			0087	13	230		0.5			4065	10	186	1	0.4			1316		2		0.8		426
06/19/1993				16	230						10	189	4						2				421
06/20/1993			0119	13	224	20	0.4			4080	10	164	2	0.4			1318	1	4		0.6		412
06/21/1993			0127	12	200	9	0.4			4090	7	175	2	0.4			1317		2		0.8		334
06/22/1993			0139	12	206	9	0.5			4097	7	146	2	0.4			1317		2		0.8		386
06/23/1993			0151	12	206	7	0.4			4104	7	118	1	0.4			1317		0		0.8		332
06/24/1993			0161	7	132	8	0.4			4111	6	110	2	0.4			1317	1	2		0.8		253
06/25/1993			0170	8	148	6	0.6			4117	7	126		0.4			1318		0		0.8		276
06/26/1993				9	148	12					7	137	3						1				277
06/27/1993			0187	8	97	5	0.5			4131	5	106	2	0.4			1318		3		0.6		208
06/28/1993			0193	6	99	3	0.5			4136	6	140	2	0.6			1320		2		0.6		241
06/29/1993			0198	8	100	8	0.6			4144	9	167	2	0.5			1316	6	1		0.8		268
06/30/1993			0204	10	210	7	0.5			4153	10	196	2	0.5			1318		88		0.8		484
06/31/1993																							
MONTH TOTAL				223	3,839	122	12.6				247	6,700	82	12.1				16	139		11.1		9,483
YEAR TO DATE				331	3,134	128					1781	30,912	270					38	289				34,809
AVERAGE				10	185	8	0.6				10	199	2	0.6				0.88	5		0.8		315
MAXIMUM				16	294	9	0.6				17	326	4	0.6				6	88		0.8		484
MINIMUM				0	29	2	0.4				0	100	2	0.4				1	1		0.4		224

DATE: July 1993

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

ID NO. 1070647
METERED SERVICES 442

OPERATOR SIGNATURE: Original signed by Harold Register
OPERATOR NAME: Harold register
CERTIFICATE NUMBER: A-1913

DATE	WELL No 1 UNIT 19 TRACT A GARLES / BABCOCK							WELL No 4 UNIT 8 TRACT E VALIANT DR							WELL No 5 UNIT 18 TRACT H ELCAMI / CLAREMONT							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			6217	7	196	4	0.5			4161	4	71		0.8			1324		3		0.7		194
07/02/1993			6234	8	157	3	0.5			4167	3	59		0.8			1374				0.7		201
07/03/1993				9	157						3	57					1324		1				205
07/04/1993			6241		18	6	0.5			4173	11	217	3	0.8			1324				0.7		227
07/05/1993			6241				0.5			4184	11	217	2	0.8			1324		1		0.7		218
07/06/1993			6241				0.6			4195	13	240	2	0.7			1324				0.7		240
07/07/1993			6241				0.6			4205	10	194	2	0.7			1324		1		0.7		195
07/08/1993			6241				0.6			4216	10	179	2	0.7			1324				0.7		179
07/09/1993			6241				0.6			4220	7	158		0.7			1324				0.7		158
07/10/1993											9	151	3						1				152
07/11/1993			6241				0.5			4243	7	136		0.7			1324				0.7		136
07/12/1993			6241				0.6			4256	8	154	3	0.7			1324		1		0.7		155
07/13/1993			6241				0.6			4256	8	138		0.7			1324				0.7		138
07/14/1993			6241				0.7			4268	8	144	3	0.7			1326	1	1		0.7		146
07/15/1993			6241				0.6			4274	7	139		0.7			1325		1		0.7		140
07/16/1993			6241				0.6			4281	8	163	4	0.7			1329		4		0.7		164
07/17/1993											8	163											163
07/18/1993			6241				0.8			4288	8	140	4	0.7			1325		1		0.7		186
07/19/1993			6241				0.8			4300	8	196		0.7			1328		2		0.7		192
07/20/1993			6241				0.8			4314	2	70	3	0.7			1328		2		0.7		72
07/21/1993			6241	7	125		0.8			4318				0.7			1328		2		0.7		127
07/22/1993			6248	5	100	3	0.5			4318				0.7			1328		1		0.7		101
07/23/1993			6258	7	141	4	0.5			4318				0.7			1328		1		0.7		142
07/24/1993			6263	7	101	4												1	1				102
07/25/1993				9	220	5	0.5			4318				0.7			1336		2		0.7		222
07/26/1993			6279				0.7			4318	11	223	2	0.8			1336		3		0.7		225
07/27/1993			6279				0.8				12	226	2	0.8			1336	1	4		0.7		229
07/28/1993			6279				0.8			4329	11	211		0.8			1337				0.7		213
07/29/1993			6279				0.8			4350	8	162	3	0.8			1337		5		0.7		167
07/30/1993			6278				0.8			4360	11	214	2	0.7			1337		2		0.7		217
07/31/1993											12	215	2				1337		2				217
MONTH TOTAL				62	1,247	36	18.8				278	4,178	45	19.9				3.0	39		16.3		5,494
YEAR TO DATE				393	4,881	181					1369	39,998	321					38.8	339				46,919
AVERAGE				8	139	4	0.8				8	161	2	0.7					1		0.7		178
MAXIMUM				9	220	6	0.7				13	240	4	0.8					6		0.7		229
MINIMUM				7	18	4	0.5				2	62	2	0.7					1		0.7		72

DATE: August 1993

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

I.D. NO. 1670643
METERED SERVICES 483

OPERATOR SIGNATURE: Original signed by Harold Register
OPERATOR NAME: Harold register
CERTIFICATE NUMBER: A-1813

DATE	WELL No. 1 UNIT 19 TRACT 8, GABLES / BABCOCK							WELL No. 4 UNIT 8 TRACT 8 VALIANT DR.							WELL No. 5 UNIT 19 TRACT H ELCAM / CLAREMONT							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							0.8			4361	13	251		0.7			1328		1		0.7	252
08/02/1993							0.8			4296	10	199		0.7			1329		0		0.8	201
08/03/1993							0.5			4404	13	247	3	0.7			1328		0		0.7	251
08/04/1993							0.5			4417	11	225	2	0.8			1328		2		0.7	227
08/05/1993							0.8			4428	12	227	2	0.8			1329	1	2		0.7	229
08/06/1993							0.8	200'6"	200'8"	4448	8	148		0.8			1330		5		0.5	154
08/07/1993											9	149						1	0			150
08/08/1993							0.8			4458	7	183		0.7			1330		2		0.8	186
08/09/1993							0.5			4483	8	189	4	0.7			1330				0.8	188
08/10/1993							0.8			4472	8	184	1	0.7			1330		5		0.8	187
08/11/1993							0.6			4488	9	171	3	0.7			1330	1	2		0.8	173
08/12/1993							0.5			4480	12	227	4	0.7			1331		3		0.6	230
08/13/1993							0.6	200'3"	200'10"	4501	9	172		0.7			1331				0.8	172
08/14/1993											8	172	3						2			174
08/15/1993							0.6			4519	9	157	1	0.7			1331		2		0.5	159
08/16/1993							0.6			4538	7	149		0.7			1331	1	0		0.8	151
08/17/1993							0.6			4535	8	159	4	0.7			1332		2		0.8	161
08/18/1993							0.5			4554	9	186	3	0.7			1332		3		0.6	189
08/19/1993							0.6			4553	9	184		0.7			1332				0.8	184
08/20/1993							0.6	200'6"	200'10"	4567	9	181		0.7			1332		3		0.5	186
08/21/1993											10	193						1	0			193
08/22/1993							0.6			4581	11	218	3	0.7			1333		1		0.8	211
08/23/1993							0.6			4592	9	178		0.8			1333		1		0.6	179
08/24/1993							0.5			4601	10	194	5	0.7			1333		2		0.8	196
08/25/1993							0.5			4611	10	198		0.7			1333		2		0.8	198
08/26/1993							0.6			4621	11	198		0.7			1333		3		0.4	198
08/27/1993							0.6	200'6"	200'10"	4632	8	194		0.7			1333				0.8	194
08/28/1993											7	164							2			166
08/29/1993							0.5			4649	8	182	5	0.7			1333	1	1		0.4	183
08/30/1993							0.6			4656	5	158		0.7			1334		1		0.6	160
08/31/1993							0.6			4668	9	169	3	0.7			1334		2		0.4	169
MONTH TOTAL							19.0				296	5,615	53	19.3				6	61		14.0	5,679
YEAR TO DATE				293	4,981						1663	40,700	324					41	490			40,699
AVERAGE							0.7				9	181	3	0.7				0.15	2		0.5	183
MAXIMUM							0.8				13	254	5	0.8				1	5		0.7	255
MINIMUM							0.5				7	149	1	0.7					1		0.4	164

DATE: September 1993

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

I.D. NO. 1870047

METERED SERVICES 462

OPERATOR SIGNATURE: Original signed by Harold Register

OPERATOR NAME: Harold register

CERTIFICATE NUMBER: A-1913

DATE	WELL No. 1 UNIT 1B TRACT A GABLES / BABCOCK							WELL No. 4 UNIT 4 TRACT E VALIANT DR.							WELL No. 5 UNIT 1B TRACT H ELCHAM / CLAREMONT								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							0.8			4675	6	152		0.7			1338		2		0.6		155
09/02/1993							0.8			4681	6	130	2	0.7			1339		1		0.7		131
09/03/1993							0.6			4689	7	123		0.7			1339	1	2		0.6		125
09/04/1993											7	124	2						2				126
09/05/1993							0.6			4703	8	132	3	0.7			1335		2		0.6		135
09/06/1993							0.6			4710	7	135		0.7			1338		1		0.6		136
09/07/1993							0.6			4718	8	129	2	0.7			1335		2		0.6		131
09/08/1993							0.7			4724	7	135		0.7			1338		2		0.6		137
09/09/1993							0.6			4731	7	124	3	0.8			1335	1	2		0.6		126
09/10/1993							0.6			4738	7	143	3	0.6			1336		1		0.6		146
09/11/1993											8	146							1				147
09/12/1993							0.6			4753	9	161	2	0.7			1336		2		0.6		163
09/13/1993							0.6			4762	7	141		0.7			1338		1		0.6		144
09/14/1993							0.6			4769	8	162	4	0.7			1336		1		0.6		163
09/15/1993							0.7			4777	9	166		0.7			1338		2		0.7		168
09/16/1993							0.6			4786	9	179	4	0.6			1338		2		0.6		181
09/17/1993							0.6			4795	9	179		0.8			1338	1	2		0.6		181
09/18/1993											10	178							2				181
09/19/1993							0.6			4814	9	178	5	0.8			1337		2		0.8		179
09/20/1993							0.6			4823	10	180		0.8			1337		2		0.8		182
09/21/1993							0.6			4832	7	169	3	0.8			1337	1	2		0.8		171
09/22/1993							0.6			4846	12	232		0.8			1338		2		0.6		234
09/23/1993							0.6			4857	14	257	5	0.8			1336	3	22		0.6		279
09/24/1993							0.6			4866	13	268	2	0.8			1341		4		0.6		272
09/25/1993											14	299							5				274
09/26/1993							0.6			4892	11	209	4	0.8			1343		2		0.8		211
09/27/1993							0.6			4904	9	184		0.8			1343	1	2		0.8		186
09/28/1993							0.6			4915	11	211	4	0.8			1342		2		0.8		213
09/29/1993							0.5			4926	11	210	2	0.8			1342		1		0.8		212
09/30/1993							0.6			4938	12	226	3	0.8			1342		1		0.8		227
09/31/1993																							
MONTH TOTAL							15.7				272	5,258	51	19.7				5	77		19.8		5,335
YEAR TO DATE				2[illegible]	4,881						1835	35,985	425					45	472				51,424
AVERAGE							0.6				9	175	2	0.8				0.26	16		0.8		178
MAXIMUM							0.7				14	268	5	0.8				3	22		0.7		279
MINIMUM							0.5				6	123	2	0.7				1	1		0.6		126

DATE: October 1993

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

I.D. NO: 1870042

METERED SERVICES: 442

OPERATOR SIGNATURE: Original signed by Harold Register

OPERATOR NAME: Harold register

CERTIFICATE NUMBER: A-1915

DATE	WELL No. 1 UNIT #8 TRACT A GABLE / BABCOCK							WELL No. 4 UNIT 8 TRACT E VALIANT DR							WELL No. 5 UNIT 10 TRACT H ELCAM / CLAREMONT							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							0.5			4947	12.0	231		0.0			1349	1	3		0.7	235
10/02/1993										4959	13.0	232							3			235
10/03/1993							0.0			4972	13.0	269		0.0			1343		3		0.7	264
10/04/1993							0.5			4985	13.0	238	12	0.0			1343		2		0.0	236
10/05/1993							0.5			4998	13.0	260	2	0.0			1343		1		0.0	261
10/06/1993							0.5			5011	11.0	200	3	0.0			1343	1	1		0.0	201
10/07/1993							0.5			5022	8.0	161	2	0.0			1344		4		0.0	165
10/08/1993							0.5			5030	8.0	179		0.0			1344	1	1		0.0	180
10/09/1993											10.0	179	5						1			180
10/10/1993							0.0			5049	11.0	190	2	0.0			1345		7		0.0	197
10/11/1993							0.0			5060	10.0	200	2	0.0			1345		4		0.0	204
10/12/1993							0.5			5070	11.0	197	2	0.0			1346	1	6		0.0	203
10/13/1993							0.0			5081	11.0	203	3	0.0			1346	1	6		0.0	209
10/14/1993							0.0			5092	11.0	200	2	0.0			1347	15	148		0.7	294
10/15/1993							0.5			5103	8.0	180		0.0			1349	1	2		0.7	182
10/16/1993											9.0	161	5						1			162
10/17/1993							0.5			5120	10.0	207	2	0.0			1353		6		0.7	211
10/18/1993							0.0			5130	12.0	226	2	0.0			1353		1		0.7	227
10/19/1993							0.5			5140	10.0	337		1.0			1353		2		0.7	339
10/20/1993							0.5			5150	13.0	250	3	1.0			1353		1		0.7	251
10/21/1993							0.0			5173	10.0	187	2	1.0			1353	1	3		0.7	191
10/22/1993							0.5			5183	11.0	206		1.0			1354		2		0.7	209
10/23/1993											11.0	207	4						2			209
10/24/1993							0.0			5205	10.0	192	2	1.0			1354				0.7	192
10/25/1993							0.0			5215	9.0	170	2	1.0			1354		3		0.7	174
10/26/1993							0.0			5226	8.0	172	3	1.1			1356	1	2		0.7	176
10/27/1993							0.0			5233	11.0	190	2	1.0			1365		1		0.7	191
10/28/1993							0.5			5244	8.0	157	2	1.0			1365		1		0.7	159
10/29/1993							0.0			5255	8.0	110		0.0			1365		1		0.7	111
10/30/1993											9.0	110							2			110
10/31/1993							0.5			5264	9.0	100	3	1.0			1365		3		0.7	111
MONTH TOTAL							14.5				325.0	6,093	84	23.0				23.0	210		17.3	6,320
YEAR TO DATE				899	41,991						2,150.0	52,050	466					23.0	865			57,725
AVERAGE							0.0				10.0	197	2	0.0				0.74	7		0.7	206
MAXIMUM							0.0				10.0	337	12	1.1				15.0	148		0.7	334
MINIMUM							0.0				8.0	100	2	0.0				1.0	1		0.0	111

DATE: November 1993

SUNNY HILLS UTILITIES MONTHLY WATER REPORT

I.D. NO: 1870047

METERED SERVICES: 443

OPERATOR SIGNATURE: Original signed by Harold Register

OPERATOR NAME: Harold register

CERTIFICATE NUMBER: A-1913

DATE	WELL No. 7 UNIT 1B TRACT A OAKES / BABCOCK							WELL No. 4 UNIT 8 TRACT E VALIANT DR.							WELL No. 5 UNIT 1B TRACT H ELCKAM / CLAREMONT								TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	TRS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	TRS. CL 2	CL2 RES.	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	TRS. CL 2	CL2 RES.		
11/01/1993										5270	7.0	120	1	0.8			1365				0.7		120
11/02/1993										5277	6.0	119		0.8			1365		1		0.7		120
11/03/1993										5283	7.0	125		0.8			1365	1	2		0.7		127
11/04/1993										5290	6.0	114		0.9			1366		4		0.7		118
11/05/1993										5296	8.0	123		1.0			1366		2		0.7		125
11/06/1993											7.0	123	5					1	2				125
11/07/1993										5309	5.0	97		0.9			1367				0.7		97
11/08/1993										5318	8.0	113		0.8			1367		3		0.7		116
11/09/1993										5330	7.0	118	3	0.8			1367				0.7		118
11/10/1993										5337	6.0	113		0.8			1367		1		0.7		113
11/11/1993										5333	6.0	117		0.8			1367		2		0.7		119
11/12/1993										5350	6.0	120	3	0.8			1367		4		0.7		124
11/13/1993											7.0	120	1						4				124
11/14/1993										5352	7.0	123	1	0.8			1367	1	4		0.7		127
11/15/1993										5359	6.0	120	1	0.8			1368		1		0.7		121
11/16/1993										5365	7.0	127	1	0.8			1368		1		0.7		128
11/17/1993										5372	6.0	106		0.7			1368		1		0.7		109
11/18/1993										5378	7.0	120	2	0.8			1368	1	4		0.7		124
11/19/1993										5385	6.0	110		0.7			1368		2		0.7		112
11/20/1993											8.0	117	2						1				118
11/21/1993										5397	7.0	120	1	0.8			1369		3		0.7		124
11/22/1993										5404	8.0	141	1	0.7			1369		2		0.7		143
11/23/1993										5417	7.0	134	1	0.8			1369		2		0.7		136
11/24/1993										5418	7.0	125	1	0.8			1369	1	2		0.7		127
11/25/1993										5429	7.0	134		0.8			1370		3		0.7		137
11/26/1993										5433	6.0	118	2	0.8			1370		2		0.7		121
11/27/1993											7.0	120	1					1	2				122
11/28/1993										5448	8.0	129	1	0.8			1371		2		0.7		131
11/29/1993			6242	3	79					5454	6.0	129	1	0.7			1371		1		0.7		215
11/30/1993			6245							5462	7.0	130	1	0.7			1371		2		0.7		161
11/31/1993																							
MONTH TOTAL				3	79						199.0	3,648	30	28.0				8.0	86		18.2		3,780
YEAR TO DATE				298	5,098						2697.0	98,787	519					78.0	788				91,810
AVERAGE				3	79						7.0	122	1	0.8				0.2	3		0.7		130
MAXIMUM				3	79						8.0	141	5	1.0				1.0	4		0.7		215
MINIMUM				3	79						5.0	97	1	0.7				1.0	1		0.7		97

DATE: December __, 1993

SUNNY HILLS CHLORINATION MONTHLY WATER REPORT

LIC NO: 157867

SUBDIVISION NO'S: ____

OPERATOR SIGNATURE: Original signed by Harold Register

OPERATOR NAME: Harold register

CERTIFICATE NUMBER: A 1951

DATE	WELL No 1 UNIT 1 STRUCTA GARDEN - BARCOA							WELL No 2 UNIT 1 STRUCTA VALVE 1 DR							WELL No 3 UNIT 1 DR DISC FLETCRAM CUT ARRANGEMENT						TOTAL GALLONS PER DAY
	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL 2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL 2 RES	STATIC LEVEL	PUMPING LEVEL	METER READING	HOURS	GALLONS	LBS CL 2	CL 2 RES	
12/01/1993			6235				1.0			5469	7.0	127		0.8			1376				0.7	127
12/02/1993			6245	1.0	12		0.8			5476	7.0	124		0.7			1377		1		0.7	117
12/03/1993			6246				1.0			5481	4.6	119		0.7			1379		2		0.7	121
12/04/1993			6246								7.0	120	1.0	0.7				1.00	1		0.7	111
12/05/1993			6236				0.5			5496	4.0	116					1377		2		0.7	110
12/06/1993			6246				0.7			5501	9.0	166		0.7			1379		2		0.7	169
12/07/1993			6246	2.0	35	2.0	0.7			5501	6.9	116		0.7			1377		2		0.7	153
12/08/1993			6249	8.0	190	6.0	0.7			5517	2.0	30	1.0	0.9			1391		1		0.7	190
12/09/1993			6256	7.0	111	4.9	0.7			5519				0.8			1377		1		0.7	111
12/10/1993			6265	7.0	128	5.0	2.0			5519				0.4								
12/11/1993				7.0	129	5.0								0.4								
12/12/1993			6277	12.0	198	9.0	0.9			5519				0.8								
12/13/1993			6289	10.0	162	7.0	0.9			5519				0.9			1372	1.00	6		0.7	392
12/14/1993			6298	7.0	127		0.8			5519	1.0	24		0.5			1373		2		0.7	164
12/15/1993			6305	7.0	127		0.8			5520	1.0	6		0.8			1373		2		0.7	153
12/16/1993			6312	8.0	120	17.0	0.8			5527		4		0.9			1373		1		0.7	134
12/17/1993			6320	7.0	125		0.8			5521				0.9			1373	1.00	2		0.7	134
12/18/1993				7.0	125		0.8										1374		1		0.7	126
12/19/1993			6332	6.0	150		0.9														0.7	125
12/20/1993			6338	7.0	118	14.0	0.8			5521				0.5			1374		2		0.7	120
12/21/1993			6347	8.0	107		0.5			5521				0.4			1374		3		0.7	120
12/22/1993			6355	7.0	127	7.0	0.9			5521				0.5			1374		1		0.7	109
12/23/1993			6362	1.0	13		0.9			5521	6.0	116		0.5			1374	1.00	2		0.7	229
12/24/1993			6363				0.7			5523	7.4	144	1.0	0.6			1375		1		0.7	148
12/25/1993											7.0	135					1375		2		0.7	136
12/26/1993			6363				0.5			5531	7.4	141	2.0	0.8					1		0.7	136
12/27/1993			6363				0.7			5539	8.0	149		0.8			1375				0.7	143
12/28/1993			6363				0.5			5546	6.0	135	2.0	0.8			1375				0.7	108
12/29/1993			6363				0.5			5563	7.0	150		0.8			1376	3.00	4		0.7	135
12/30/1993			6363				0.5			5573	9.0	162		0.8			1376		4		0.7	150
12/31/1993			6363				0.5			5588	6.0	118	3.0	0.8			1376		2		0.7	106
MONTH TOTAL				117.0	2,000	76.0	21.0				117.0	2,229	10.0	19.1				9.00	36		10.9	4,125
YEAR TO DATE				833.0	7,996	237.0						57,936	535.0					53.00	700			65,850
AVERAGE				7.0	153	4.6	0.7				6.8	131	9.8	0.7				1.06	14		0.6	130
MAXIMUM				12.0	198	17.0	1.0				9.0	166	3.0	0.9				3.00	6		0.9	392
MINIMUM				1.0	12	1.0	0.5				1.0	6	1.0	0.4				1.00	1		0.7	106

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 19 No of People at End of Month 86.5
Design Flow 2.88 MGD 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-8497,B.. Heath C-5825,S. 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	2,160,200	36.00		61.8					39.7	22.1	4	
Average	69,684	1.16		2.0					1.3	1.0		
Maximum	98,400	1.50		2.4					1.5	1.2		
Minimum	42,500	0.75		1.8					1.2	0.9		
1	62,800	1.25		2.4					1.2			
2	88,000	1.50		2.0					1.2			
3	65,400	1.00		1.8					1.2	1.0		EmerGenRunSched
4	86,400	1.50		2.1					1.2	1.0		
5	63,700	1.00		1.9					1.2	1.0		
6	63,400	1.00		1.9					1.2	1.0		
7	63,300	1.00		1.9					1.2	0.9		
8	69,900	1.25		2.1					1.2			
9	65,400	1.00		1.8					1.2			
10	98,400	1.50		1.8					1.2	0.9		
11	64,400	1.00		1.9					1.3	0.9		EmerGenRunSched
12	64,600	1.00		1.9					1.2	0.9		
13	87,900	1.50		2.0					1.2	0.9	4	Compliance
14	64,300	1.00		1.9					1.2	0.9		Air AddHPT
15	71,300	1.25		2.1					1.2			
16	75,700	1.50		2.4					1.2			
17	63,300	1.00		1.9					1.2	0.9		
18	64,500	1.00		1.9					1.2	0.9		EmerGenRunSched
19	63,300	1.00		1.9					1.2	0.9		
20	61,900	1.00		1.9					1.2	0.9		New Fan CL2 rm
21	62,600	1.00		1.9					1.2	0.9		
22	63,800	1.50		2.1					1.4			
23	63,700	1.00		1.9					1.3			
24	42,500	0.75		2.1					1.5	1.2		
25	84,400	1.50		2.1					1.5	1.2		Lines Flushed
26	63,900	1.00		1.9					1.5	1.2		
27	85,300	1.50		2.1					1.5	1.2		
28	44,000	0.75		2.0					1.5	1.2		AddAir HPT
29	87,000	1.50		2.1					1.2			
30	69,600	1.25		2.2					1.5	1.2		
31	65,500	1.00		1.8					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. 3350691 PWS Name Sunshine Parkway 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 10 No of People at End of Month Commercial

Design Flow 2.88 MGD 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

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	1,823,900	29.00		53.3					39.1	19.8	4	
Average	65,139	1.04		1.9					1.4	1.0		
Maximum	87,700	1.50		2.3					1.5	1.0		
Minimum	44,400	0.75		1.7					1.2	0.9		
1	63,700	1.00		1.9					1.5	1.0		Sched emer gen run
2	63,600	1.00		1.9					1.5	1.0		
3	62,800	1.00		1.9					1.5	1.0		Air to HPT
4	62,300	1.00		1.9					1.5	1.0		Air to HPT
5	64,000	1.00		1.9					1.5			
6	63,700	1.00		1.9					1.5			
7	44,400	0.75		2.0					1.4	1.0		
8	64,300	1.00		1.9					1.2	0.9		Sched emer gen run
9	65,300	1.00		1.8					1.2	0.9		New CL2 cyl
10	87,700	1.50		2.1					1.2	0.9	4	Compliance
11	66,100	1.00		1.8					1.5	1.0		
12	76,300	1.25		2.0					1.2			
13	78,900	1.50		2.3					1.2			
14	65,800	1.00		1.8					1.5	1.0		
15	63,400	1.00		1.9					1.5	1.0		Line flush
16	64,600	1.00		1.9					1.5	1.0		Line flush
17	63,800	1.00		1.9					1.5	1.0		
18	65,600	1.00		1.8					1.2	0.9		Emer gen - pwer
19	69,300	1.00		1.7					1.4			outage
20	67,900	1.00		1.8					1.5			
21	44,400	0.75		2.0					1.5	1.0		
22	66,800	1.00		1.8					1.5	1.0		Sched emer gen run
23	66,300	1.00		1.8					1.5	1.0		
24	66,800	1.00		1.8					1.5	1.0		Sched emer gen run
25	63,900	1.00		1.9					1.5	1.0		
26	64,900	1.25		2.3					1.2			
27	66,300	1.00		1.8					1.2			
28	61,300	1.00		2.0					1.2	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. 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 10 No of People at End of Month Commercial

Design Flow 2.88 MGD Remarks (Use Reverse Side)

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

Dennis Mere 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:	2,186,400	37.00		62.8					43.7	26.0	4	
Average	70,529	1.19		2.0					1.4	1.1		
Maximum	130,500	2.00		2.5					1.5	1.2		
Minimum:	42,200	0.75		1.8					1.2	0.9		
1	85,900	1.50		2.1					1.2	1.0		Skd emerg gen run
2	42,500	0.75		2.1					1.2	1.0		
3	65,000	1.00		1.8					1.2	1.0		
4	51,900	1.00		1.9					1.5	1.2		Air to HPT
5	85,500	1.50		2.1					1.3			
6	52,000	1.00		1.9					1.4			
7	63,000	1.00		1.9					1.5	1.2		
8	63,800	1.00		1.9					1.5	1.2		Skd emerg gen run
9	67,400	1.00		1.8					1.5	1.2	4	Compliance
10	64,300	1.00		1.9					1.5	1.2		
11	64,300	1.00		1.9					1.5	1.2		Air to HPT
12	50,900	1.25		1.9					1.5			
13	66,000	1.25		2.3					1.5			
14	84,300	1.50		2.1					1.5	1.2		New CL2 cyl
15	42,200	0.75		2.1					1.5	1.2		Skd emerg gen run
16	85,200	1.50		2.1					1.5	1.2		
17	63,500	1.00		1.9					1.5	1.2		
18	52,600	1.00		1.9					1.5	1.2		
19	85,600	1.75		2.5					1.5			
20	42,700	0.75		2.1					1.5			
21	130,500	2.00		1.8					1.5	1.2		
22	64,600	1.00		1.9					1.5	1.2		Skd emerg gen run
23	55,700	1.00		1.8					1.5	1.2		
24	64,700	1.00		1.9					1.5	1.2		Air to HPT
25	86,500	1.25		2.3					1.5	1.2		
26	64,900	1.25		2.3					1.2			
27	72,200	1.50		2.5					1.2			
28	59,700	1.00		2.0					1.3	1.0		
29	87,800	1.50		2.0					1.2	1.0		Skd emerg gen run
30	63,600	1.00		1.9					1.3	0.9		Lines flushed
31	107,400	2.00		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 N.: 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 10 No of People at End of Month Commercial

Design Flow 2.88 MGD 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-8497/B. Heath C-5825/L. Shreffler C-8587/W. Fontaine C-8813

I certify this report is correct Donald R. 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	2,287,000	41.00		79.1					42.1	22.2	4	
Average:	76,233	1.37		2.6					1.4	1.1		
Maximum:	116,300	2.00		19.7					1.8	1.5		
Minimum	12,200	0.50		1.8					1.0	0.8		
1	85,700	1.50		2.1					1.2	1.0		
2	83,100	1.50		2.2					1.3			
3	87,100	1.50		2.1					1.3			
4	63,300	1.00		1.9					1.0	0.8		Ran air to HPT
5	64,300	1.00		1.9					1.0	0.8		Schdl emer gen run
6	85,100	1.50		2.1					1.0	0.8		
7	66,800	1.00		1.8					1.0	0.8	4	Compliance
8	108,400	2.00		2.2					1.5	1.0		
9	107,500	2.00		2.2					1.5			
10	12,200	2.00		19.7					1.5			
11	116,300	2.00		2.1					1.5	1.0		
12	85,100	1.50		2.1					1.5	1.0		Schdl emer gen run
13	90,200	1.50		2.0					1.5	1.0		
14	88,000	1.50		2.0					1.5	1.0		
15	65,300	1.00		1.8					1.5	1.0		
16	76,600	1.50		2.3					1.2			
17	76,800	1.50		2.3					1.5			
18	65,100	1.00		1.8					1.5	1.2		
19	64,100	1.00		1.9					1.5	1.2		Schdl emer gen run
20	86,500	1.50		2.1					1.5	1.2		
21	93,000	1.50		1.9					1.4	1.1		
22	59,700	1.00		2.0					1.6	1.5		
23	44,300	0.75		2.0					1.8			
24	112,900	2.00		2.1					1.5			
25	25,100	0.50		2.4					1.5	1.2		
26	45,300	0.75		2.0					1.5	1.2		Schdl emer gen run
27	88,100	1.50		2.0					1.5	1.2		
28	91,500	1.50		2.0					1.5	1.2		
29	65,800	1.00		1.8					1.2	1.0		Ran air to HPT.
30	83,800	1.50		2.1					1.4			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

WS ID No. 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 11 No of People at End of Month Commercial

Design Flow 2.88 MGD 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-8497/L, Shreffler C-6587/B, Heath C-5825/W, Fontaine C-6813

I certify this report is correct (Lead Operator's Signature) (Cert. Level) C5825 (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	2,323,300	40.75		65.3					32.2	17.9	4	
Average:	74,945	1.31		2.1					1.0	0.6		
Maximum:	112,700	2.00		2.3					1.5	0.8		
Minimum	41,100	0.75		1.8					1.0	0.5		
1	73,500	1.25		2.0					1.5			
2	112,700	2.00		2.1					1.0	0.8		Roto set change
3	66,300	1.00		1.8					1.0	0.6		Sched e.gen run
4	66,200	1.00		1.8					1.0	0.8		
5	44,300	0.75		2.0					1.0	0.8		
6	66,700	1.50		2.0					1.2	0.8		
7	66,000	1.25		2.3					1.0			
8	80,300	1.50		2.2					1.0			
9	53,500	1.00		2.2					1.0	0.5		
10	67,900	1.25		2.2					1.0	0.8		Sched e.gen run
11	67,300	1.25		2.2					1.0	0.8	4	Compliance
12	93,700	1.50		1.9					1.0	0.8		
13	82,100	1.50		2.2					1.0	0.9		Flushing
14	92,100	1.75		2.3					1.0			
15	73,000	1.25		2.1					1.0			
16	41,100	0.75		2.2					1.0	0.5		A/C for HPT
17	83,100	1.50		2.2					1.0	0.6		Sched e.gen run
18	78,100	1.50		2.3					1.0	0.8		
19	89,900	1.25		2.1					1.0	0.8		
20	68,000	1.25		2.2					1.0	0.8		
21	67,100	1.25		2.2					1.0			
22	66,300	1.25		2.3					1.0			
23	43,400	0.75		2.1					1.0	0.5		
24	111,900	2.00		2.1					1.0	0.8		Sched e.gen run
25	89,200	1.50		2.0					1.2	0.9		
26	91,900	1.50		2.0					1.0	0.8		
27	66,900	1.00		1.5					1.0	0.8		
28	90,900	1.50		2.0					1.1			
29	90,900	1.50		2.0					1.1			
30	67,300	1.25		2.2					1.1	0.9		
31	67,700	1.25		2.2					1.0	0.8		Sched e.gen run

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 11 No of People at End of Month Comm.
Design Flow 2.88 MGD 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-8497/W. Fontaine C-8813/L. Shreffler C-8587/B. Heath C-8825
I certify this report is correct Brian T. Hall 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	2,174,700	38.25		59.7					30.9	17.9	4	
Average:	72,490	1.21		2.0					1.0	0.6		
Maximum:	95,000	2.00		2.6					1.3	1.0		
Minimum:	46,200	0.75		1.7					1.0	0.6		
1	92,700	1.50		1.9					1.0	0.6		
2	88,600	1.00		1.7					1.0	0.6		
3	46,900	0.75		1.9					1.0	0.6		
4	86,400	1.00		1.6					1.0			
5	92,800	1.00		1.9					1.0			
6	77,000	1.25		1.9					1.0	0.6		Line flushed
7	69,800	1.25		2.1					1.3	1.0		Sched e gen run
8	60,100	1.25		2.2					1.0	0.6		
9	72,900	1.25		2.1					1.0	0.6		Compliance
10	69,700	1.25		2.2					1.2	0.9		
11	56,200	2.00		2.6					1.2			
12	78,400	1.75		2.6					1.0			
13	47,200	0.75		1.9					1.0	0.6		
14	70,200	1.25		2.1					1.0	0.6	4	Sched e gen run-
15	70,800	1.25		2.1					1.0	0.6		- Compliance
16	60,100	1.00		1.7					1.0	0.6		
17	57,800	1.00		1.8					1.0	0.6		
18	56,300	1.00		1.8					1.2			
19	72,800	1.25		2.1					1.0			
20	56,800	1.50		2.0					1.0	0.6		
21	60,600	1.00		1.7					1.0	0.6		Sched e gen run-
22	68,000	1.00		1.6					1.0	0.6		-POE LAC smples-
23	69,800	1.00		1.7					1.0	0.6		- Air to HPT
24	90,000	1.50		2.0					1.0	0.6		
25	93,800	1.50		1.9					1.0			
26	46,200	0.75		1.9					1.0			
27	71,100	1.25		2.1					1.0	0.6		A/C air to HPT
28	92,300	1.50		1.9					1.0	0.6		Sched e gen run-
29	85,000	1.50		1.9					1.0	0.6		-flushed lines
30	87,100	1.00		1.8					1.0	0.6		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350891 PWS Name Sunshine Parkway Location:City or S/D Clermont

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 11 No of People at End of Month Commercial

Design Flow 2.88 MGD 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-6597/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	2,395,000	42.50		65.5					31.6	15.8	10	
Average	77,387	1.37		2.1					1.0	0.8		
Maximum	112,800	2.25		3.0					1.2	1.0		
Minimum	44,100	0.75		1.7					0.8	0.6		
1	92,700	1.50		1.9					1.0	0.8		
2	88,300	1.25		2.2					1.0			
3	112,200	2.00		2.1					1.0			
4	46,700	1.00		2.5					0.8			
5	69,000	1.25		2.2					1.2	0.9		Sched e.gen.run
6	59,100	1.25		2.2					1.2	0.9		
7	93,400	1.75		2.2					1.2	1.0		
8	58,300	1.25		2.2					1.0	0.8		
9	90,600	2.00		2.6					1.2			
10	93,500	2.00		2.6					1.2			
11	69,100	1.00		1.7					1.0	0.8		
12	88,700	1.25		2.2					1.0	0.8	4	Sched e gen.run-
13	72,300	1.25		2.1					1.0	0.8		compliance
14	45,800	0.75		2.0					1.0	0.8		
15	93,900	1.50		1.9					1.2	0.9		
16	75,000	1.25		2.0					1.2			
17	55,500	1.00		2.2					1.2			
18	62,600	1.00		1.9					1.2	0.8		Line flushing & -
19	93,000	1.50		1.9					1.2	0.8		Sched e.gen.run
20	102,900	1.75		2.0					1.0	0.8	2	Outage
21	85,100	1.50		2.1					1.0	0.8	2	Outage
22	49,100	0.75		1.8					0.8	0.7		
23	90,000	1.50		2.0					0.8			
24	44,100	0.75		2.0					0.8			
25	39,600	2.25		3.0					0.6	0.6		
26	44,600	0.75		2.0					0.8	0.8	1	Outage-sched e
27	92,200	1.50		2.0					0.8	0.8	1	gen run-outage-
28	89,900	1.50		2.0					1.0	0.8		well & serv pmps tst
29	67,500	1.00		1.8					1.0	0.8		tested
30	88,800	1.50		2.0					1.0			
31	112,800	2.00		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 17-555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 11 No of People at End of Month Commercial
Design Flow 2.88 MGD 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 in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,199,500	37.00		62.2					58.2	17.8	3	
Average	70,952	1.19		2.0					2.2	0.6		
Maximum	111,000	2.00		2.3					9.0	0.9		
Minimum	43,000	0.75		1.7					1.0	0.6		
1	43,000	0.75		2.1					1.0	0.8		Fish lines/a/HPT
2	92,300	1.50		1.9					1.0	0.8		
3	66,400	1.25		2.3					1.0	0.8		
4	91,300	1.50		2.0					1.0	0.8		
5	67,100	1.25		2.2					1.0			
6	66,000	1.25		2.2					1.2			
7	105,200	2.00		2.3					1.0	0.8		
8	49,700	0.75		1.8					1.0	0.8		
9	44,800	0.75		2.0					1.0	0.8		
10	80,900	1.50		2.2					1.0	0.8		
11	55,800	1.00		2.1					1.0	0.8	3	Compliance
12	90,300	1.50		2.0					1.0	0.8		
13	64,800	1.25		2.3					1.2			
14	104,100	2.00		2.3					1.2			
15	75,300	1.25		2.0					1.0	0.8		
16	111,000	2.00		2.2					1.0	0.8		Sched e gen run
17	66,800	1.00		1.8					1.0	0.8		
18	66,500	1.05		1.9					1.0	0.8		
19	65,700	0.95		1.7					1.2	0.9		
20	65,700	1.00		1.8					1.2			
21	90,300	1.50		2.0					1.2			
22	67,600	1.00		1.8					8.0	0.6		
23	65,800	1.00		1.8					8.0	0.6		Sched e gen run
24	65,100	1.00		1.8					8.0	0.6		
25	65,400	1.00		1.8					8.0	0.6		
26	43,700	0.75		2.1					9.0	0.7		
27	78,500	1.25		1.9					1.0			
28	73,600	1.25		2.0					1.0			
29	43,000	0.75		2.1					1.0	0.8		
30	65,900	1.00		1.8					1.0	0.8		Sched e gen run
31	64,300	1.00		1.9					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.

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway Location: City or S/D Clermont

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 10 No of People at End of Month Commercial

Design Flow 2.88 MGD 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 Fontana C-6813

I certify this report is correct Burnie 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	2,293,800	38.00		59.6					33.5	19.7	4	
Average	76,460	1.27		2.0					1.1	0.9		
Maximum	113,400	2.00		2.3					2.5	1.8		
Minimum	40,300	0.75		1.7					1.0	0.8		
1	90,900	1.50		2.0					1.0	0.8		
2	88,400	1.50		2.0					1.0	0.9		New Cl2 cyl inst.
3	88,300	1.50		2.0					1.0			
4	113,000	2.00		2.1					1.0			
5	41,600	0.75		2.2					1.0	0.8		E gen running
6	67,100	1.00		1.8					1.0	0.8		Sched e.gen run
7	68,700	1.25		1.7					1.0	0.8		
8	68,700	1.00		1.7					1.0	0.8	4	Compliance
9	66,700	1.00		1.8					1.0	0.8		A/C add air HPT
10	89,000	1.50		2.0					1.1			
11	88,800	1.50		2.0					1.1			
12	44,100	0.75		2.0					1.0	0.8		
13	65,300	1.00		1.8					1.0	0.8		Sched e.gen run
14	67,800	1.00		1.8					1.0	0.8		
15	64,800	1.00		1.9					1.0	0.8		
16	68,900	1.25		2.2					1.0	0.8		
17	88,600	1.50		2.0					1.0			
18	65,600	1.00		1.8					1.0			
19	65,600	1.00		1.8					1.0	0.8		A/C add air HPT
20	88,800	1.50		2.0					1.2	0.9		Sched e.gen run
21	65,500	1.00		1.8					1.2	0.9		
22	76,000	1.25		2.0					1.2	0.9		
23	86,500	1.50		2.1					1.2	0.9		
24	108,100	1.75		1.9					1.0			
25	89,100	1.50		2.0					1.0			
26	40,300	0.75		2.2					1.0	0.8		
27	66,500	1.25		2.3					1.0	0.8		Sched e.gen run
28	113,400	2.00		2.1					1.0	0.8		
29	67,900	1.25		2.2					2.5	1.8		Beg S.T. chlorin
30	69,600	1.25		2.2					2.0	1.5		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 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont

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 11 No of People at End of Month Commercial

Design Flow 2.88 MGD 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 Brian Hutt 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	2,440,700	41.25		61.6					36.7	19.1	4	
Average:	78,732	1.33		2.0					1.2	0.9		
Maximum:	186,900	3.25		2.3					1.6	1.1		
Minimum:	40,200	0.42		0.7					1.0	0.8		
1	44,400	0.75		2.0					1.6			
2	69,200	1.25		2.2					1.5			
3	65,400	1.25		2.3					1.2	0.9		
4	66,600	1.25		2.3					1.2	0.9		Sched e.gen run
5	66,400	1.25		2.3					1.2	0.9		
6	66,800	1.25		2.2					1.2	0.9	4	Compliance
7	44,800	0.75		2.0					1.2	0.9		
8	113,000	2.00		2.1					1.2			
9												
10	112,400								1.0	0.8		
11	67,100	1.25		2.2					1.2	0.9		
12	56,700	1.25		2.2					1.0	0.8		
13	43,800	0.75		2.1					1.1	0.8		
14	89,400	1.50		2.0					1.1	0.8		
15	112,500	2.00		2.1					1.2			
16	89,500	1.50		2.0					1.2			
17	66,100	1.25		2.3					1.3	1.0		Add air HPT
18	90,200	1.75		2.3					1.3	1.0		Add air HPT
19	90,000	1.50		2.0					1.2	1.0		
20	90,100	1.75		2.3					1.3	1.1		
21	90,000	1.50		2.0					1.4	1.0		
22	89,000	1.50		2.0					1.3			
23	186,900	3.25		2.1					1.2			
24	40,200	0.75		2.2					1.2	0.9		
25	90,300	1.50		2.0					1.2	0.9		Sched e.gen.run
26	92,600	1.50		1.9					1.2	0.9		
27	77,400	1.25		1.9					1.2	0.9		
28	73,800	1.25		2.0					1.2	0.9		
29	110,900	2.00		2.2					1.2			
30	68,900	1.25		2.2					1.2			
31	56,500	1.25		2.3					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. 3350691 PWS Name Sunshine Parkway 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 11 No of People at End of Month Commercial

Design Flow 2.88 MGD 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 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	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	2,596,800	43.50		58.2					36.6	18.9	4	
Average	86,560	1.45		1.9					1.3	0.9		
Maximum	151,400	2.00		2.3					1.5	1.2		
Minimum	65,100	1.00		1.8					1.0	0.6		
1	91,200	1.50		2.0					1.2	0.8		Sched e.gen.run
2	66,000	1.00		1.8					1.2	0.8		
3	133,100	2.00		1.8					1.2	0.8		
4	89,500	1.50		2.0					1.2	0.8		
5	120,800	2.00		2.0					1.2			
6	83,700	1.50		2.1					1.2			
7	65,900	1.25		2.3					1.2	1.0		
8	86,600	1.50		2.1					1.2	0.9		Sched e.gen.run
9	115,200	2.00		2.1					1.2	0.9		
10	113,200	2.00		2.1					1.2	0.9	4	Compliance
11	91,800	1.50		2.0					1.2	0.9		
12	90,200	1.50		2.0					1.2			
13	80,700	1.50		2.0					1.2			
14	71,700	1.25		2.1					1.5	1.0		Sched e.gen.run
15	85,800	1.50		2.1					1.5	1.0		
16	67,400	1.00		1.8					1.5	1.0		
17	66,500	1.00		1.8					1.5	1.0		
18	86,500	1.50		2.1					1.2	0.9		
19	69,300	1.25		2.2					1.2			
20	111,400	2.00		2.2					1.2			
21	66,900	1.25		2.2					1.5	1.2		VOCs pulled
22	91,300	1.50		2.0					1.4	1.2		Sched e.gen.run
23	90,300	1.50		2.0					1.5	1.2		
24												
25	151,400	2.50		2.0					1.2	1.0		
26	86,000	1.50		2.1					1.2			
27	65,100	1.00		1.8					1.2			
28	89,800	1.50		2.0					1.0	0.8		Air to HPT
29	90,200	1.50		2.0					1.2	0.9		Sched e.gen.run
30	67,000	1.00		1.8					1.2	0.9		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 reoprd.

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway 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 11 No of People at End of Month Commercial

Design Flow 2.88 MGD 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 CO-6813/L, Sheffler C-6557/B, Heath C-6825

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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,430,800	40.75		62.3					35.0	19.1	4	
Average	78,413	1.31		2.0					1.1	0.6		
Maximum	107,200	2.00		2.3					1.5	1.0		
Minimum	42,300	0.75		1.8					0.6	0.6		
1	90,400	1.50		2.0					1.2	0.9		
2	85,300	1.00		1.8					1.2	0.9		
3	88,600	1.50		2.0					1.2			
4	83,400	1.25		1.8					1.3			Ran A/C-air HPT
5	72,500	1.25		2.1					1.5	1.0		Ran A/C-air HPT
6	90,800	1.50		2.0					1.5	1.0		
7	93,100	1.50		1.8					1.5	1.0	4	Compliance
8	84,800	1.00		1.8					1.5	0.9		Ran A/C-air HPT
9	89,700	1.50		2.0					1.4	0.9		Sched a.gen. run
10	88,500	1.25		2.2					1.2			
11	92,400	1.50		1.8					1.2			
12	83,900	1.00		1.9					1.2	1.0		
13	85,300	1.00		1.8					1.2	0.9		Ran A/C-air HPT
14	84,500	1.00		1.9					1.3	1.0		
15	84,700	1.50		2.1					1.2	1.0		
16	63,900	1.00		1.9					1.0	0.6		
17	88,200	1.50		2.0					1.2			
18	86,500	1.50		2.0					1.2			
19	42,300	0.75		2.1					1.0	0.6		
20	85,600	1.50		2.1					0.6	0.6		Sched a.gen. run
21	72,000	1.25		2.1					0.6	0.6		Ran A/C-air HPT
22	107,200	2.00		2.2					0.6	0.6		
23	71,800	1.25		2.1					1.0	0.7		
24	89,100	1.50		2.0					1.0			
25	88,400	1.50		2.0					1.0	0.6		
26	85,300	1.00		1.8					0.9	0.7		
27	51,100	1.00		2.3					1.0	0.6		
28	83,500	1.50		2.2					1.0	0.6		
29	89,300	1.50		2.0					1.0	0.6		
30	92,900	1.50		1.9					0.6	0.6		Flushed lines
31	73,600	1.25		2.0					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. 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month January 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 9 No of People at End of Month businesses
Design Flow 2.88 MGD(total) 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	1742.7	30.75		63.8					40.0	29.9	4	
Average	56.2	1.0		2.1					1.3	1.0		
Maximum	79.4	1.50		2.9					1.5	1.2		
Minimum	39.1	0.75		1.9					1.0	0.8		
1												
2	123.3	2.0		1.9					1.2	0.9		
3	61.0	1.0		2.0					1.5	1.0		
4	61.3	1.0		2.0					1.2	0.9		
5	41.3	0.8		2.2					1.2	0.9		
6	62.7	1.0		1.9					1.2	0.9		
7	41.7	0.8		2.2					1.5	1.0		
8	63.2	1.3		2.4					1.5	1.0		
9	55.9	1.0		2.1					1.5	0.9		
10	69.6	1.5		2.6					1.2	0.8		
11	40.8	0.8		2.2					1.2	0.9		
12	42.4	0.8		2.1					1.5	1.0		
13	63.0	1.0		1.9					1.5	1.0	4	
14	63.2	1.0		1.9					1.2	0.9		
15	40.3	0.8		2.2					1.2	0.9		
16	79.4	1.5		2.3					1.2	0.9		
17	58.6	1.0		2.0					1.2	1.0		
18	39.1	0.8		2.3					1.2	1.0		
19	59.1	1.0		2.0					1.0	0.9		
20	59.9	1.0		2.0					1.2	1.0		
21	61.1	1.0		2.0					1.2	0.9		
22	62.1	1.0		1.9					1.5	1.2		
23	60.9	1.0		2.0					1.5	1.2		
24	41.3	0.8		2.2					1.5	1.2		
25	61.9	1.0		1.9					1.5	1.2		
26	58.7	1.0		2.0					1.2	1.0		
27	57.1	1.0		2.1					1.5	1.0		
28	56.8	1.0		2.1					1.5	1.2		
29	39.2	0.8		2.3					1.5	1.2		
30	54.6	1.0		2.2					1.5	1.0		
31	63.0	1.5		2.9					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 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont

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

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 9 No of People at End of Month 31.50

Design Flow 2.88 MGD (total) 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-6825

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	1537.1	27.0		59.7					33.5	24.7	4	
Average	54.9	1.0		2.1					1.2	0.9		
Maximum:	78.8	1.25		2.5					1.5	1.0		
Minimum:	36.4	0.75		1.9					1.0	0.8		
1	58.0	1.0		2.1					1.2	0.9		
2	58.1	1.0		2.1					1.2	0.9		
3	57.9	1.0		2.1					1.0	0.8		
4	77.8	1.3		1.9					1.0	0.8		
5	59.8	1.0		2.0					1.2	0.9		
6	78.8	1.3		1.9					1.2	0.8		
7	60.1	1.0		2.0					1.2	0.9		
8	40.1	0.6		2.2					1.2	0.9		
9	59.4	1.0		2.0					1.2	0.8		
10	59.0	1.0		2.0					1.2	0.9	4	
11	59.8	1.0		2.0					1.2	0.9		
12	41.0	0.8		2.2					1.2	0.8		
13	57.6	1.0		2.1					1.2	1.0		
14	59.9	1.0		2.0					1.2	0.8		
15	58.4	1.0		2.1					1.2	0.9		
16	39.4	0.8		2.3					1.2	0.9		
17	40.6	0.8		2.2					1.2	0.9		
18	59.8	1.0		2.0					1.2	0.8		
19	57.3	1.0		2.1					1.2	0.9		
20	52.2	1.0		2.3					1.2	0.8		
21	63.1	1.0		1.9					1.2	0.9		
22	38.5	0.8		2.3					1.2	0.8		
23	56.9	1.0		2.1					1.5	1.0		
24	36.4	0.8		2.5					1.2	0.9		
25	53.8	1.0		2.2					1.2	0.9		
26	39.0	0.8		2.3					1.2	0.9		
27	66.7	1.3		2.2					1.2	1.0		
28	47.7	1.0		2.5					1.2	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. 3350691 PWS Name Sunshine Parkway Location: City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 9 No of People at End of Month Commercial
Design Flow Wells 1 & 2 tot 2.88 mgd 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-6825
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	1701.9	31.0		66.0					35.4	28.9	4	
Average	54.9	1.0		2.0					1.2	1.0		
Maximum:	54.9	1.0		2.2					1.2	1.0		
Minimum:	54.9	1.0							1.0	0.9		
1	54.9	1.0		2.2					1.2	1.0		
2	54.9	1.0		2.2					1.2	1.0		
3	54.9	1.0		2.2					1.2	0.9		
4	54.9	1.0		2.2					1.2	1.0		
5	54.9	1.0		2.2					1.2	1.0		
6	54.9	1.0		2.2					1.2	1.0		
7	54.9	1.0		2.2					1.2	1.0		
8	54.9	1.0		2.2					1.2	1.0		
9	54.9	1.0		2.2					1.2	1.0		
10	54.9	1.0		2.2					1.2	1.0	4	
11	54.9	1.0		2.2					1.2	1.0		
12	54.9	1.0		2.2					1.2	1.0		
13	54.9	1.0		2.2					1.2	1.0		
14												
15	109.8								1.2	1.0		
16	54.9	1.0		2.2					1.2	1.0		
17	54.9	1.0		2.2					1.0	0.9		
18	54.9	1.0		2.2					1.2	1.0		
19	54.9	1.0		2.2					1.2	1.0		
20	54.9	1.0		2.2					1.2	1.0		
21	54.9	1.0		2.2					1.2	0.9		
22	54.9	1.0		2.2					1.2	1.0		
23	54.9	1.0		2.2					1.0	0.9		
24	54.9	1.0		2.2					1.2	1.0		
25	54.9	1.0		2.2					1.2	0.9		
26	54.9	1.0		2.2					1.0	0.9		
27	54.9	1.0		2.2					1.2	0.9		
28	54.9	1.0		2.2					1.2	0.9		
29	54.9	1.0		2.2					1.2	0.9		
30	54.9	1.0		2.2					1.2	0.9		
31	54.9	1.0		2.2					1.2	0.9		

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

* flow meter broken - on order (est flow)

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway Location: City or S/D Clermont

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 9 No of People at End of Month 31.50

Design Flow wells 1&2 total 2.88 mgd 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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1965.0	34.0		61.6					32.4	25.8	4	
Average	66.0	1.1		2.1					1.1	0.9		
Maximum	102.0	1.75		2.3					1.2	1.0		
Minimum	36.0	0.50		1.4					1.0	0.8		
1	48.0	0.8		1.9					1.2	0.9		
2	60.0	1.0		2.0					1.0	0.8		
3	84.0	1.5		2.1					1.2	0.8		
4	42.0	0.8		2.1					1.2	1.0		
5	36.0	0.5		1.7					1.0	0.9		
6	84.0	1.5		2.1					1.2	0.9		
7	84.0	1.5		2.1					1.0	0.9		
8	84.0	1.5		2.1					1.0	0.9	4	
9	84.0	1.5		2.1					1.0	0.9		
10	72.0	1.3		2.1					1.2	1.0		
11	72.0	1.3		2.1					1.2	0.9		
12	78.0	1.5		2.3					1.0	0.9		
13	81.0	1.5		2.2					1.0	0.9		
14	42.0	0.8		2.1					1.0	0.8		
15	60.0	1.0		2.0					1.0	0.9		
16	84.0	1.0		1.4					1.2	0.8		
17	84.0	1.5		2.1					1.2	0.8		
18	36.0	0.5		1.7					1.2	0.8		
19	66.0	1.3		2.3					1.0	0.8		
20	78.0	1.5		2.3					1.2	0.9		
21	66.0	1.3		2.3					1.0	0.8		flushing
22	54.0	1.0		2.2					1.0	0.9		
23	54.0	1.0		2.2					1.0	0.9		
24	48.0	0.8		1.9					1.2	0.8		
25	102.0	1.8		2.1					1.2	0.9		
26	42.0	0.8		2.1					1.0	0.8		
27	60.0	1.0		2.0					1.0	0.8		
28	48.0	0.8		1.9					1.0	0.8		
29	60.0	1.0		2.0					1.0	0.8		
30	72.0	1.3		2.1					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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway Location: City or S/D Clermont

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

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 9 No of People at End of Month 31.5

Design Flow well 1&2 tot 2.88 mgd 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	2286.0	40.75		64.4					35.50	27.9	4	
Average	73.7	1.3		2.1					1.2	0.9		
Maximum	126.0	2.0		2.5					1.5	1.2		
Minimum	26.0	0.5		2.1					1.0	0.7		
1	84.0	1.5		2.1					1.0	0.7		
2												
3	102.0	1.8		2.1					1.0	0.8		
4	66.0	1.3		2.3					1.0	0.8		
5	84.0	1.5		2.1					1.0	0.8		
6	66.0	1.3		2.3					1.0	0.7		
7	60.0	1.0		2.0					1.2	0.9		Flushing
8	126.0	2.0		1.9					1.0	0.8		
9	60.0	1.0		2.0					1.0	0.8		
10	84.0	1.5		2.1					1.5	1.2		
11	84.0	1.5		2.1					1.5	1.2	4	
12	84.0	1.5		2.1					1.5	1.2		
13	84.0	1.5		2.1					1.5	1.2		
14	84.0	1.5		2.1					1.5	1.2		
15	36.0	0.8		2.5					1.5	1.2		
16	84.0	1.5		2.1					1.5	1.2		
17	90.0	1.5		2.0					1.0	0.8		
18	108.0	2.0		2.2					1.2	1.0		
19	78.0	1.5		2.3					1.2	1.0		
20	84.0	1.5		2.1					1.2	1.0		
21	66.0	1.0		1.8					1.2	0.9		
22	102.0	1.8		2.1					1.2	1.0		
23	48.0	1.0		2.5					1.2	0.9		
24	48.0	1.0		2.5					1.2	0.9		
25	48.0	1.0		2.5					1.2	0.8		
26	78.0	1.5		2.3					1.0	0.8		
27	60.0	1.0		2.0					1.0	0.8		
28	84.0	1.5		2.1					1.0	0.8		
29	60.0	1.0		2.0					1.0	0.8		
30	84.0	1.5		2.1					1.0	0.8		
31	60.0	1.0		2.0					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 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont

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

Plant Effluent pH (Avg) 7.7 No of Services at End of Month 9 No of People at End of Month 31

Design Flow well #1&2 tot 2.88 mgd 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-5625

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	2348.4	41.0		63.2					35.6	27.6	8	
Average	76.3	1.4		7.4					1.2	0.9		
Maximum	118.5	2.25		3.0					1.2	1.0		
Minimum	33.0	0.75		1.8					1.0	0.8		
1	72.0	1.3		2.1					1.2	0.9		
2	60.0	1.0		2.0					1.2	0.9	2	flushed lines
3	108.0	1.6		1.9					1.2	0.9	2	
4	72.0	1.3		2.1					1.0	0.8		
5	111.4	2.0		2.2					1.2	0.9		flow mtr installed
6	118.5	2.0		2.0					1.2	0.8		
7	38.3	0.8		2.3					1.0	0.8		
8	88.7	1.5		2.0					1.2	0.9		
9	113.6	2.0		2.1					1.2	0.9		
10	90.8	2.3		3.0					1.2	0.9		
11	91.3	1.5		2.0					1.2	0.9	4	
12	89.0	1.5		2.0					1.2	0.9		
13	56.6	1.0		2.1					1.2	0.9		
14	33.0	0.8		2.7					1.2	1.0		
15	69.1	1.3		2.2					1.2	1.0		
16	65.9	1.3		2.3					1.2	1.0		
17	65.9	1.3		2.3					1.2	1.0		
18	45.0	0.8		2.0					1.2	1.0		
19	89.0	1.5		2.0					1.2	1.0		
20	66.0	1.0		1.8					1.2	0.9		
21	67.2	1.0		1.8					1.2	0.9		
22	66.9	1.0		1.8					1.2	1.0		
23	90.4	1.5		2.0					1.2	1.0		
24	88.5	1.5		2.0					1.2	1.0		
25	88.8	1.5		2.0					1.2	1.0		
26	73.0	1.3		2.1					1.2	0.9		
27	83.7	1.5		2.1					1.2	0.8		
28	86.6	1.5		2.1					1.2	0.9		
29	90.8	1.5		2.0					1.2	0.9		
30	68.2	1.3		2.2					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. 3350691 PWS Name Sunshine Parkway Location: City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month July 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 9 No of People at End of Month 31.5
Design Flow well #1&2 tot 2.88 mgd 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 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	2596.4	43.0		61.8					35.8	27.68	4	
Average	83.8	1.4		2.0					1.2	0.9		
Maximum	141.3	2.5		2.3					1.2	1.0		
Minimum	44.8	1.0		1.6					1.0	0.7		
1	90.8	1.5		2.0					1.2	0.8		
2	67.7	1.3		2.2					1.0	0.8		
3	90.5	1.5		2.0					1.2	0.9		
4	75.3	1.3		2.0					1.2	1.0		
5	92.7	1.8		2.3					1.2	0.9		
6	57.9	1.0		2.1					1.2	1.0		
7	90.1	1.5		2.0					1.2	0.9		
8	67.4	1.3		2.2					1.2	1.0		
9	90.5	1.5		2.0					1.2	1.0	4	
10	92.0	1.5		2.0					1.2	1.0		
11	67.5	1.0		1.8					1.2	1.0		
12	67.5	1.0		1.8					1.2	1.0		
13	90.9	1.5		2.0					1.2	1.0		
14	89.6	1.3		1.7					1.2	1.0		
15	90.7	1.5		2.0					1.2	1.0		
16	68.9	1.3		2.2					1.0	0.8		
17	100.5	1.8		2.1					1.2	0.7		
18	103.6	1.8		2.0					1.2	0.9		
19	68.2	1.3		2.2					1.2	0.9		Flushed lines
20	115.5	2.0		2.1					1.2	1.0		
21	91.2	1.5		2.0					1.2	1.0		
22	68.5	1.3		2.2					1.2	0.9		
23	92.5	1.3		1.6					1.2	0.9		
24	44.8	0.8		2.0					1.2	1.0		
25	97.9	1.8		2.1					1.2	1.0		
26	62.6	1.0		1.9					1.2	1.0		
27	68.3	1.0		1.8					1.0	0.8		
28	68.4	1.0		1.8					1.0	0.8		
29	92.0	1.3		1.6					1.0	0.8		
30	90.9	1.5		2.0					1.0	0.8		
31	141.3	2.5		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. 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 9 No of People at End of Month 32
Design Flow wells #1&2 tot 2.88 mgd 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-6567
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	2595.4	42.5		60.7					37.4	27.5	4	
Average:	83.7	1.4		2.0					1.2	0.9		
Maximum:	114.8	2.0		2.3					1.5	1.2		
Minimum:	40.1	0.8		1.7					1.0	0.8		
1	90.0	1.5		2.0					1.0	0.8		
2	95.3	1.5		1.9					1.0	0.8		
3	90.0	1.5		2.0					1.2	1.0	4	Emer. Gen. Ran
4	106.4	1.8		2.0					1.2	1.0		
5	77.0	1.5		2.3					1.2	1.0		
6	114.8	1.8		1.8					1.2	1.0		
7	115.0	2.0		2.1					1.2	0.9		
8	111.8	1.8		1.9					1.2	0.9		
9	89.9	1.5		2.0					1.2	0.9		Emer. Gen. Ran
10	89.0	1.5		2.0					1.2	0.9		
11	89.4	1.5		2.0					1.2	0.9		
12	114.0	1.8		1.8					1.2	0.9		
13	89.8	1.5		2.0					1.2	0.9		
14	111.5	2.0		2.2					1.2	0.8		
15	43.9	0.8		2.0					1.5	1.0		
16	66.7	1.0		1.8					1.2	0.9		
17	67.3	1.0		1.8					1.2	0.9		Emer. Gen. Ran
18	89.0	1.5		2.0					1.5	1.2		
19	66.4	1.0		1.8					1.2	0.9		
20	67.4	1.0		1.8					1.2	0.9		
21	89.9	1.5		2.0					1.2	0.9		Emer. Gen. Ran
22	89.8	1.5		2.0					1.2	0.9		
23	44.9	0.8		2.0					1.2	0.9		
24	90.7	1.5		2.0					1.2	0.9		Emer. Gen. Ran
25	69.0	1.0		1.7					1.2	0.9		
26	89.8	1.5		2.0					1.2	0.9		
27	67.1	1.0		1.8					1.2	0.9		
28	94.2	1.8		2.2					1.2	1.0		
29	40.1	0.8		2.2					1.2	0.9		
30	67.9	1.0		1.8					1.2	0.9		
31	67.4	1.0		1.8					1.2	0.9		Emer. Gen. Ran

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway Location:City or SID Clermont

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

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 9 No of People at End of Month 31.5

Design Flow 2.88 MGD 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-6825

I certify this report is correct Brian Heath 10-22-25

(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	2,138,500	34.3		57.8					35.8	29.0	4	
Average	71,283	1.1		1.9					1.2	1.0		
Maximum	90,300	1.5		2.4					1.2	1.0		
Minimum	44,400	0.8		1.6					1.0	0.9		
1	90,300	1.5		2.0					1.2	0.9		
2	90,200	1.5		2.0					1.2	0.9		
3	67,300	1.0		1.8					1.2	0.9		
4	89,900	1.5		2.0					1.2	0.9		
5	89,600	1.5		2.0					1.2	0.9		
6	49,200	1.0		2.4					1.2	1.0		Ran Emerg. Gen.
7	62,100	1.0		1.9					1.2	1.0		
8	65,800	1.0		1.8					1.2	1.0		
9	44,800	0.8		2.0					1.2	1.0		
10	66,300	1.0		1.8					1.2	1.0		
11	66,800	1.3		1.7					1.2	1.0		
12	63,400	1.3		2.4					1.2	1.0		
13	51,400	1.0		2.3					1.2	1.0		
14	67,500	1.0		1.8					1.2	1.0	4	Ran Emerg. Gen
15	88,900	1.5		2.0					1.2	0.9		
16	67,400	1.0		1.8					1.2	0.9		
17	44,400	0.8		2.0					1.2	0.9		
18	78,100	1.0		1.6					1.2	0.9		
19	79,100	1.3		1.9					1.2	1.0		
20	67,500	1.0		1.8					1.2	1.0		
21	66,400	1.0		1.8					1.2	1.0		Ran Emerg. Gen
22	66,100	1.0		1.8					1.2	1.0		
23	67,400	1.0		1.8					1.2	1.0		
24	88,900	1.5		2.0					1.2	1.0		
25	88,100	1.5		2.0					1.2	1.0		
26	66,300	1.0		1.8					1.2	1.0		
27	66,300	1.0		1.8					1.2	1.0		
28	66,100	1.0		1.8					1.2	1.0		Ran Emerg. Gen
29	87,600	1.5		2.1					1.2	1.0		
30	55,300	1.0		1.8					1.0	0.9		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 11/11/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont

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

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 9 No of People at End of Month commercial

Design Flow 2.88 MGD 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 / Dennis W. Mora C-6497 / Lance D. Shreffler C-6587 / William Fontaine C-6813

I certify this report is correct Donald B. Cuellar (Lead Operator's Signature) B (Cert. Level) 2483 (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	2,450,500	42.5		62.5					37.7	27.1	4	
Average	79,048	1.4		2.0					1.2	0.9		
Maximum	225,500	4.0		2.7					1.8	1.2		
Minimum	43,600	1.0		1.3					1.0	0.8		
1	85,600	1.5		2.1					1.2	1.0		Greased motor -
2	63,900	1.3		2.3					1.2	1.0		and shafts
3	58,200	1.0		2.1					1.2	1.0		
4	110,000	1.5		1.6					1.2	0.9		
5	72,900	1.0		1.6					1.2	1.0		Ran generator 1 hr
6	87,100	1.5		2.1					1.2	0.9		
7	68,500	1.3		2.3					1.2	1.0		
8	57,400	1.3		2.2					1.2	1.0		
9									1.2	1.0		
10	225,500	4.0		2.1					1.8	1.2		
11	68,000	1.3		2.2					1.2	0.9		
12	87,700	1.5		2.1					1.2	1.0	4	Compliance samples
13	64,400	1.3		2.3					1.2	0.9		Ran generator 1 hr
14	85,600	1.5		2.1					1.2	0.9		
15	66,300	1.3		2.3					1.2	0.9		DER inspection
16	96,100	1.5		1.9					1.2	0.9		
17	82,700	1.3		1.8					1.2	0.9		
18	43,900	0.8		2.0					1.2	0.9		
19	88,200	1.5		2.0					1.2	0.9		Ran generator 1 hr
20	68,000	1.3		2.2					1.2	0.9		
21	88,600	1.5		2.0					1.2	0.9		
22	89,200	1.0		1.3					1.2	0.9		
23	91,300	2.0		2.6					1.2			
24	110,200	2.5		2.7					1.2			
25	66,400	1.3		2.3					1.0	0.8		
26	66,700	1.3		2.2					1.2	0.9		Ran generator 1 hr
27	72,600	1.0		1.7					1.0	0.8		
28	80,700	1.3		1.9					1.2	0.9		
29	65,700	1.3		2.3					1.2	0.9		Flushed lines
30	87,500	1.5		2.1					1.5	1.0		
31	43,600	0.8		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 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway Location:City or S/D Clermont

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 9 No of People at End of Month Commercial

Design Flow 2.88 MGD 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 / Dennis Moro # C-6497 / William 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 in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2,348,500	40.3		57.1					37.6	25.8	4	
Average	78,283	1.3		1.9					1.3	1.1		
Maximum:	152,600	2.75		3.3					1.5	1.2		
Minimum:	42,700	0.75		1.7					1.0	0.8		
1	61,200	1.0		2.0					1.0	0.8		
2	63,200	1.0		1.9					1.0	0.8		Ran Emerg Gen
3	42,700	0.8		2.1					1.0	0.8		
4	62,600	1.0		1.9					1.2	1.0		
5	63,800	1.0		1.9					1.2	1.0		
6	86,600	1.5		2.0					1.2	1.0		
7												
8	171,000	3.0		2.1					1.5	1.2		Ran Emerg Gen
9	87,800	1.5		2.0					1.5	1.2		
10	88,200	1.5		2.0					1.5	1.2		
11	63,000	1.0		1.9					1.5	1.2	4	Compliance samples
12	86,000	1.5		2.1					1.5	1.2		
13	87,800	1.5		2.0					1.2	1.0		
14	66,700	1.3		2.2					1.5	1.2		
15	88,000	1.5		2.0					1.5	1.2		Ran Emerg Gen
16	66,200	1.0		1.8					1.5	1.2		
17	87,500	1.3		1.7					1.5	1.2		
18	43,700	0.8		2.1					1.5	1.2		
19	88,500	1.3		1.7					1.2	1.0		
20	89,700	2.5		3.3					1.2			
21	83,900	1.3		1.8					1.2			
22	65,000	1.0		1.8					1.5	1.2		
23	86,600	1.5		2.1					1.5	1.2		Ran Emerg Gen
24	90,600	1.5		2.0					1.5	1.2		
25												
26	156,800	2.8		2.1					1.5	1.2		
27	89,900	1.5		2.0					1.4			
28	42,700	0.8		2.1					1.4			
29	152,600	2.8		2.2					1.2	0.8		
30	84,200	1.5		2.1					1.2	0.8		Ran Emerg Gen
31												

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3350691 PWS Name Sunshine Parkway 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 10 No of People at End of Month COMMERCIAL

Design Flow 2.88 MGD Remarks (Use Reverse Side)

Provide Name(s) and Operator Certificaton 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 / William Fontaine C-6813

I certify this report is correct Ronald B. Conley 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	2,832,300	49.00		62.4					36.1	19.7	4	
Average	91,365	1.58		2.0					1.2	0.9		
Maximum	147,000	2.50		2.5					1.4	1.0		
Minimum	63,300	1.00		1.6					1.0	0.8		
1	85,900	1.50		2.1					1.2	0.8		
2	84,700	1.00		1.9					1.2	0.8		
3	88,000	1.50		2.0					1.0	0.8		
4	89,000	1.50		2.0					1.2	0.9	4	Compliance samples
5	111,600	2.00		2.1					1.2	0.9		
6	106,600	1.75		2.0					1.2	0.8		
7	105,900	1.75		2.0					1.2	0.8		Emergency Gen Ran
8	84,000	1.50		2.1					1.2	0.8		
9	104,600	1.75		2.0					1.2	0.8		
10	85,400	1.50		2.1					1.2	0.8		
11	109,800	1.50		1.6					1.2			
12	88,000	1.50		2.0					1.2			
13	101,700	1.75		2.1					1.2	0.8		
14	106,600	1.75		2.0					1.2	0.9		Emergency Gen Ran
15	105,300	1.75		2.0					1.2	0.8		
16	81,900	1.50		2.2					1.2	0.8		
17	82,300	1.50		2.2					1.2	0.9		
18	72,000	1.50		2.5					1.0			
19	75,500	1.50		2.4					1.2			
20	83,700	1.50		2.1					1.2	0.8		
21	88,600	1.50		2.0					1.2	0.9		Emergency Gen Ran
22	107,600	1.75		2.0					1.2	0.8		
23	84,400	1.50		2.1					1.4	1.0		
24	103,600	1.75		2.0					1.3	1.0		
25												
26	147,000	2.50		2.0					1.4			
27	105,800	2.00		2.3					1.2			Emergency Gen Ran
28	63,300	1.00		1.9					1.2	0.9		
29	85,000	1.50		2.1					1.2	0.9		
30	108,800	2.00		2.2					1.2	1.0		
31	105,700	2.00		2.3					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 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park

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 558 No of People at End of Month 1953

Design Flow 0.144 & 0.504 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 William L 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		inches	Plant Eff	Remote Tap	Plant Effluent	Remote Tap		
							Trop PK I		Tropical Park II			
Monthly Total	2,969,200	109		122.1		3.3	8.2	20.2	34.1	18.7	8	
Average	95,781	4		3.9		0.8	0.3	0.8	1.3	0.7		
Maximum:	138,500	9.00		10.8			0.6	1.5	2.0	1.4		
Minimum	79,000	1.00		1.3			0.2	0.2	0.4	0.2		
1												
2	182,900	9		5.9			0.2	0.8	1.6	0.6		
3	121,300	6		5.9		1.0	0.2	0.8	1.8	0.9		
4	88,900	8		10.8		0.5	0.2	0.8	1.5	0.9		
5	79,000	5		7.6			0.2	1.0	2.0	1.3	4	Compliance
6	89,200	4		5.4			0.2	1.0	1.0	0.6		Changed CL2 cyl
7	91,300	4		5.3			0.2	1.5	1.0	0.8		
8												
9	195,000	6		3.7			0.2	1.5	1.3	0.9	2	CL2 outage/lin fish
10	138,500	8		8.2			0.2	1.5	1.6	1.4	2	Otge (cl2)/linfish
11	97,800	2		2.6			0.6	0.6	1.6	0.6		
12	90,300	5		6.9			0.5	0.8	1.8	0.8		
13	96,600	3		3.7			0.2	1.2	1.9	1.2		Line flush
14	87,500	4		5.6			0.4	0.7	1.3	0.7		
15												
16	186,400	4		2.6		1.2	0.5	0.5	1.4	0.5		
17	98,700	5		6.1			0.2	0.6	1.1	0.6		
18	103,800	3		3.5			0.2	0.6	1.3	0.6		
19	91,800	2		2.6			0.3	0.6	1.3	0.6		
20	86,300	7		10.0			0.5	0.6	1.0	0.6		
21	82,300	1		1.5			0.4	0.8	1.2	0.8		
22												
23	180,100	3		2.0			0.3	0.9	1.7	0.9		
24	112,000	3		3.2			0.3	0.5	1.0	0.5		Line flush
25	104,200	3		3.5			0.3	0.3	0.7	0.3		
26	101,900	3		3.5			0.4	0.6	1.0	0.6		
27	91,000	1		1.3			0.4	0.7	1.5	0.7		
28	89,500	4		5.4			0.4	0.5	1	0.5		
29							0.2					
30	178,600	3		2.0			0.3	0.2	0.4	0.2		
31	104,300	3		3.4		0.6	0.2	0.6	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. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park

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 558 No of People at End of Month 1953

Design Flow 0.144 & 0.504 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 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		inches	Plant Eff	Remote Tap	Plant Effluent	Remote Tap		
							Trop PK I		Tropical Park II			
Monthly Total	2,640,400	104		119.3		2.4	17.9	17.0	31.4	18.4	4	
Average:	94,300	4		4.3		0.6	0.8	0.6	1.3	0.8		
Maximum:	122,800	9.00		12.4			1.2	1.0	2.0	1.2		
Minimum:	54,800	1.00		1.2			0.3	0.6	0.6	0.4		
1	93,100	2		3.2			0.9	0.6	0.9	0.4		
2	88,100	3		4.2			0.9	0.6	1.4	0.6		
3	106,400	3		3.4			0.9	0.6	1.1	0.5		
4	102,000	1		1.2			0.9	0.6	1.2	0.5		
5												
6	156,500	4		3.1			0.6	0.6	1.4	0.6		
7	117,300	4		4.1			0.4	0.6	1.3	0.6	4	Compliance/Flushing
8	97,600	3		3.7			0.4	0.8	1.3	0.8		Line flushing
9	110,400	3		3.3					1.3	0.8		Line flushing
10	91,200	3		3.9			0.4	0.9	1.3	0.9		
11	96,200	2		2.5			0.4	0.6	1.2	0.6		
12												
13	185,600	5		3.2		0.6	0.4	0.9	1.3	0.9		
14	105,400	3		3.4			0.3	0.9	1.3	0.6		
15	134,100	3		2.9			0.3	0.9	1.3	0.8		
16	54,800	2		4.4			1.2	0.6	1.3	0.6		Gen. off line
17	87,200	9		12.4			1.2	0.9	1.3	0.9		Line flushing
18	92,200	6		9.4			1.2	0.6	2.0	1.2		
19	85,300	3		4.2		1.5	1.2	1.0	1.4	1.0		
20												
21	168,500	8		5.7			1.2	0.6	0.6	0.6		
22	98,000	6		7.3			1.2	0.8	1.3	0.8		
23	92,600	4		5.2			1.2	0.9	1.3	0.9		
24	92,300	7		9.1		0.3	1.0	0.9	1.5	0.9		Line flushing
25	91,300	5		6.9			0.6	0.9	1.4	0.9		
26												
27	186,000	7		5.1			0.9	0.6	1.5	0.8		
28	110,200	7		7.6					1.5	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. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park
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 859 No of People at End of Month 1957
Design Flow 0.144 & 0.504 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 Beezer 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 (Le.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	inches	Plant Eff	Remote Tap	Plant Effluent	Remote Tap		
						Trop PK I		Tropical Park II			
Monthly Total	3,243,600	121		128.5	1.0	10.1	18.7	32.8	17.6	4	
Average:	104,632	4		4.1	0.5	0.4	0.6	1.2	0.7		
Maximum	129,600	6.00		1.7		0.6	1.0	2.0	1.2		
Minimum	4,300	2.00		7.1		0.3	0.4	0.6	0.4		
1	101,300	6		7.1		0.6	0.6	1.5	0.6		
2	89,300	5		8.1		0.5	0.6	1.2	0.6		
3	88,000	4		5.5	0.7	0.5	0.8	2.0	1.2		
4	95,800	6		7.4		0.5	0.7	1.2	0.7		
5											
6	174,900	7		4.8		0.5	0.9	1.4	0.9		
7	118,300	5		5.1		0.5	0.9	1.4	0.8		
8	101,500	6		7.1		0.3	0.8	1.3	0.6	4	Compliance
9	109,500	6		6.6		0.3	0.6	1.3	0.5		Ran Trop I
10	101,000	4		4.7		0.3	0.6	1.0	0.6		
11	131,200	2		1.8		0.3	0.6	1.0	0.6		Changed Cl2
12	46,300	2		5.0		0.3	0.6	0.6	0.4		
13											
14	222,400	7		3.8		0.3	0.5	1.0	0.5		
15	109,900	3		3.3		0.3	0.4	1.2	0.4		Replced sght tube
16	105,200	5		6.2		0.6	0.9	1.3	0.9		pressure tank
17	101,500	5		5.9		0.5	0.9	1.4	0.9		
18	105,300	5		5.7				1.2	0.7		
19											
20	203,500	5		2.9		0.5	0.6	1.3	0.6		
21	123,600	4		3.9		0.5	1.0	1.3	1.0		
22	107,900	3		3.3		0.4	0.6	1.3	0.6		
23	140,800	5		4.3		0.3	0.4	1.0	0.6		
24	74,500	3		4.8		0.3	0.4	1.2	0.4		
25	105,200	3		3.4		0.3	0.4	1.0	0.4		
26											
27	221,600	8		3.3		0.3	0.5	1.1	0.5		
28	129,800	2		1.8		0.3	0.4	1.2	0.4		
29	112,500	3		3.2	0.3	0.3	0.5	1.3	0.8		
30	142,400	4		3.4		0.3	0.6	1.1	0.6		KUA ntfied/unplg a-
31	77,300	4		6.2		0.3	0.6	1.0	0.6		well not working

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park

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 559 No of People at End of Month 1957

Design Flow 0.144 & 0.504 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	Rain Inches	Residual Chlorine mg/L Plant Eff	Residual Chlorine mg/L Remote Tap	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)
						Trop PK I		Tropical Park II			
Monthly Total	2,219,200	116		98.0		21.7	15.4	1.3	1.5	3	* indicates water from
Average	73,973	4		3.3		1.4	0.8	1.3	0.5		KUA interconnect
Maximum:	160,500					2.5	0.8	1.3	0.9		"
Minimum:	92,700					1.0	0.2	1.3	0.2		
1	126,400					1.5	0.7				Ran comp.
2	109,300	12		12.6		2.0	0.6	1.3	0.9		
3											
4	250,300	23		11.0		2.5	0.5		0.2		
5	132,000	3		2.7		1.2	0.3		0.4		
6	160,500	11		7.8		1.0	0.4				
7	92,700	10		12.3		1.2	0.4				
8	92,700	8		10.3		1.0	0.5				
9	99,600	6		6.6		1.2	0.6				
10											
11	219,100	11		5.7		1.0	0.3				
12	117,100	5		5.1		1.0	0.2				
13	125,100	2		1.9		1.2	0.4				
14	97,200	2		2.5		1.5	0.6				
15	109,400	2		2.2		1.1	0.6				
16											
17	223,300	10		5.4		1.4	0.7				
18	130,600	6		5.5		1.5	0.3			3	Compliance
19	133,700	7		6.3		1.4	0.5				
20							0.6				* 106,000
21							0.6				* 114,000
22							0.6				* 101,000
23											
24							0.8				* 157,000
25							0.8				* 121,000
26							0.8				* 123,000
27							0.8				* 141,000
28							0.8				* 69,000
29							0.6				* 93,000
30							0.6				* 72,000
31											

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park

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

Plant Effluent pH (Avg) No of Services at End of Month 859 No of People at End of Month 1857

Design Flow 0.144 & 0.504 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 Trandel C-6411

I certify this report is correct William Trandel 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		inches	Plant Eff	Remote Tap *	Plant Effluent	Remote Tap		
							Trop PK I		Tropical Park II			
Monthly Total										15.6		* Indicates flow from Interconnect with K.U.A.
Average:										0.6		
Maximum:										0.6		
Minimum										0.6		
1												
2										0.6		* 265,000
3										0.6		
4										0.6		* 225,000
5										0.6		
6										0.6		* 185,000
7												
8										0.6		
9										0.6		
10										0.6		* 402,000
11										0.6		
12										0.6		
13										0.6		
14												
15										0.6		
16										0.6		* 440,000
17										0.6		?
18										0.6		
19										0.6		* 340,000
20										0.6		
21												
22										0.6		
23										0.6		
24										0.6		
25										0.6		
26										0.6		
27										0.6		
28										0.6		
29												
30										0.6		
31										0.6		* 1,241,000

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. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park

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

Plant Effluent pH (Avg) No of Services at End of Month 559 No of People at End of Month 1957

Design Flow 0.144 & 0.504 MGD Remarks (Use Reverse Side) **Plant temporarily off line**

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 [signature] 7 1-4-11

(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	Rain inches	Residual Chlorine mg/L Plant Eff	Residual Chlorine mg/L Remote Tap	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)
								Tropical Park II			
Monthly Total									15.3	2	Below flow from interconnect with K.U.A.
Average									0.6		
Maximum									0.7		
Minimum									0.5		
1	0								0.5		173,000
2	0								0.5		231,000
3	0								0.6		116,000
4	0								0.6		58,000
5	0								0.6		29,000
6	0								0.6	2	29,000
7	0								0.6		114,000
8	0								0.6		65,000
9	0								0.6		114,000
10	0								0.6		
11	0										139,000
12	0								0.6		139,000
13	0								0.6		94,000
14	0								0.6		95,000
15	0								0.6		91,000
16	0								0.6		197,000
17	0								0.6		
18	0								0.7		
19	0										197,000
20	0								0.5		94,000
21	0								0.5		95,000
22	0								0.6		109,000
23	0								0.6		61,000
24	0								0.6		
25	0										
26	0								0.6		338,000
27	0								0.6		104,000
28	0								0.6		105,000
29	0								0.6		129,000
30	0										
31	0										

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park
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 561 No of People at End of Month 1964
Design Flow 0.144 & 0.504 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
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 lbs used	Chlorine gals used	Chlorine mg/l	Rain inches	Residual Chlorine mg/L Plant Eff (Trop PK I)	Residual Chlorine mg/L Remote Tap (Trop PK I)	Residual Chlorine mg/L Plant Effluent (Tropical Park II)	Residual Chlorine mg/L Remote Tap (Tropical Park II)	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total									15.2	2	Below flow from interconnect with K.U.A.
Average									0.6		
Maximum									0.7		
Minimum									0.5		
1	0								0.6		
2	0										
3	0								0.6		155,000
4	0								0.5		
5	0								0.6		180,000
6	0								0.6		71,000
7	0								0.7		
8	0								0.6		189,000
9	0										
10	0								0.6		
11	0								0.5		346,000
12	0								0.5		
13	0								0.6		208,000
14	0								0.7	2	80,000
15	0								0.6		90,000
16	0										
17	0								0.6		
18	0								0.5		
19	0								0.5		410,000
20	0								0.6		67,000
21	0								0.6		
22	0								0.6		186,000
23	0										
24	0								0.6		
25	0								0.5		289,000
26	0								0.5		
27	0								0.6		
28	0								0.6		265,000
29	0								0.7		87,000
30	0										
31	0								0.6		141,000

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location: City or S/D Tropical Park

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 561 No of People at End of Month 1984

Design Flow 0.144 & 0.504 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 In Gallons	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	Rain inches	Residual Chlorine mg/L Plant Eff (Trop PK I)	Residual Chlorine mg/L Remot Tap (Trop PK I)	Residual Chlorine mg/L Plant Effluent (Tropical Park II)	Residual Chlorine mg/L Remote Tap (Tropical Park II)	Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequenc main line breaks meter calibrations)
Monthly Total	3,015,000						19.3		19.3	2	* indicates flow from
Average							0.7		0.7		interconnect
Maximum							1.1		1.1		with K.U.A.
Minimum							0.4		0.4		
1	226,000						0.8		0.8		
2	114,000						0.8		0.8		
3	113,000						0.8		0.8		
4	101,000						0.8		0.8		
5	71,000						0.8		0.8		
6											
7							1.0		1.0		
8	283,000						1.1		1.1	2	
9	100,000						0.9		0.9		
10	79,000						0.8		0.8		
11	82,000						0.8		0.8		
12	128,000						0.8		0.8		
13											
14							0.5		0.5		
15							0.5		0.5		
16	331,000						0.4		0.4		
17	74,000						0.5		0.5		
18							0.5		0.5		
19							0.5		0.5		
20											
21							0.6		0.6		
22							0.6		0.6		
23	598,000						0.6		0.6		
24	69,000						0.6		0.6		
25	89,000						0.6		0.6		
26	110,000						0.8		0.8		
27											
28							0.8		0.8		
29	233,000						0.8		0.8		
30	130,000						0.8		0.8		
31	86,000						0.8		0.8		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park

Owned By Southern States Utilities Phone Number: 407-650-0058 Reporting Month September 1994

Plant Effluent pH (Avg) No of Services at End of Month 561 No of People at End of Month 1964

Design Flow 0.144 & 0.504 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 William L Hurdel (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 Eff	Remot Tap	Plant Effluent	Remote Tap	Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequenc main line breaks meter calibrations)
						Trop PK I		Tropical Park II			
Monthly Total									19.0	2	* indicates flow from interconnect with K.U.A.
Average									0.7		
Maximum									1.0		
Minimum									0.6		
1	*115,000								0.8		
2	*116,000								0.8		
3											
4									0.6		
5									0.6		
6									0.6		
7									0.6		
8	*565,000								0.8		
9									0.8		
10											
11									0.6		
12									0.6	2	
13									0.6		
14									0.6		
15									0.6		
16									0.6		
17											
18									1.0		
19									1.0		
20									0.6		
21									0.8		
22									0.8		
23									0.8		
24											
25									0.8		
26									0.8		
27									0.8		
28									0.6		
29									0.8		
30	*1,976,000								0.6		
31											

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No: 3491498 PWS Name: Tropical Park I & II Location:City or S/D: Tropical Park

Owned By: Southern States Utilities Phone Number: 407-880-0056 Reporting Month: October 1994

Plant Effluent pH (Avg): 7.4 No of Services at End of Month: 561 No of People at End of Month: 1964

Design Flow: 0.144 & 0.504 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	Rain inches	Residual Chlorine mg/L Plant Eff	Residual Chlorine mg/L Remot Tap	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)
						Tropical Park I		Tropical Park II			
Monthly Total	3,291,900	163		155.7	4.2			43.9	27.3	3	* Indicates flow from interconnect with K.U.A
Average	106,190	5		5.0	1.4			1.7	1.1		
Maximum	158,400	10.00		9.3				2.0	1.4		
Minimum	68,100	3.00		3.4				1.2	0.6		
1	139,900	4		3.4				1.2	0.8		
2											
3	140,000	4		3.4	2.0			1.2	0.6		
4	91,100	3		3.9				1.5	0.8		
5	123,300	6		5.8				1.9	0.9	3	
6	123,300	7		6.8				2.0	1.0		
7	68,100	3		5.3				1.7	0.7		
8											
9	183,900	6		3.9				1.6	1.2		
10	116,100	9		9.3				1.4	0.8		
11	104,000	3		3.8				1.5	0.8		
12	88,600	5		6.8				1.8	1.2		
13	92,600	4		5.2				1.8	1.2		
14	141,900	10		8.4				2.0	1.2		
15											
16	259,500	13		6.0				1.8	1.2		
17	87,100	6		8.3				1.8	1.2		
18	95,500	6		7.5				1.6	1.4		
19	88,900	4		5.4				1.8	1.2		
20	98,600	6		7.3				1.5	1.3		
21	134,700	10		8.9				1.6	1.2		
22											
23	167,200	8		5.7				1.6	1.3		
24	135,500	10		8.8				2.0	1.3		
25	111,000	5		5.4				1.6	1.2		
26	117,900	7		7.1				1.6	1.0		
27	111,100	4		4.3				1.9	1.0		
28	140,900	4		3.4				1.7	0.8		
29					1.5						
30	172,800	8		4.2				2.0	1.2		
31	158,400	10		7.6	0.7			1.8	1.0		

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DER Form 17-555910(2)

Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location: City or S/D Tropical Park
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 561 No of People at End of Month 1964
Design Flow 0.144 & 0.504 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 6411
I certify this report is correct Bill Stuart C 4886
(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	Rain inches	Residual Chlorine mg/L Plant Eff (Trop PK I)	Residual Chlorine mg/L Remote Tap (Trop PK I)	Residual Chlorine mg/L Plant Effluent (Tropical Park II)	Residual Chlorine mg/L Remote Tap (Tropical Park II)	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	3,491,200	186		165.9		6.0			39.0	25.4	3	* indicates flow from interconnect with K.U.A.
Average	116,373	6		5.5		3.0			1.5	1.0		
Maximum	157,100	11.00		10.2					2.4	1.6		
Minimum	74,900	2.00		3.1					1.0	0.6		
1	76,800	2		3.1					2.0	1.2		
2	119,100	5		5.0					2.4	1.6		
3	114,900	5		5.2					1.8	0.8		
4	140,300	9		7.7					1.3	0.8		
5												
6	199,400	8		4.8					1.4	0.9		
7	142,300	6		5.1					1.2	0.6		
8	117,400	10		10.2					1.3	0.8		
9	113,200	6		6.4					1.2	0.9		
10	141,100	9		7.6					1.3	0.7		
11	147,900	6		4.9					1.0	0.6		
12												
13	187,700	9		5.7					1.2	0.7		
14	157,100	10		7.6					1.5	0.8	3	
15	98,600	5		6.1		1.0			1.4	1.0		
16	123,100	7		6.8		5.0			1.3	1.1		
17	111,400	7		7.5					1.5	1.0		
18	151,900	10		7.9					1.5	1.0		
19												
20	192,300	9		5.6					1.5	0.9		
21	121,100	7		6.9					1.5	1.1		
22	117,300	7		7.2					1.5	1.2		
23	151,400	11		8.7					1.5	1.2		
24	89,900	6		8.0					1.5	1.0		
25	121,100	8		5.9					1.5	1.3		
26	82,600	3		4.4					1.5	1.3		
27												
28	246,800	13		6.3					2.0	1.3		
29	151,600	6		4.7					1.8	0.9		
30	74,900	4		6.4					1.4	0.7		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park

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 561 No of People at End of Month 1964

Design Flow 0.144 & 0.504 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 the report is correct [signature] 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	Rain	Rain inches	Residual Chlorine mg/L Plant Eff	Residual Chlorine mg/L Remot Tap	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)
							Trop PK I		Tropical Park II			
Monthly Total	3,404,400	156		147.8		3.7			42.0	27.8	4	* Indicates flow from
Average:	109,819	5		4.8		1.9			1.6	1.1		interconnect
Maximum:	187,700	10.00		9.2					2.0	1.5		with K.U.A.
Minimum:	93,600	2.00		1.6					1.3	0.7		
1	147,300	2		1.6					1.6	0.9		
2	108,900	6		6.6					1.7	1.0		
3												
4	197,200	6		3.6					1.5	1.1		
5	123,900	5		4.8		2.0			1.8	1.2		
6	107,100	5		5.6					1.5	1.0		
7	117,600	5		5.1					1.5	1.0		
8	104,300	8		9.2					1.6	1.2		
9	142,000	7		5.9					1.8	1.2		
10												
11	175,100	9		6.2					1.8	1.5		
12	131,200	5		4.6					1.8	1.2	4	
13	155,400	9		6.9					1.6	0.9		
14	96,000	5		6.2					1.8	1.2		
15	102,000	6		7.1					1.8	1.2		
16	108,600	6		6.6					1.5	0.9		
17												
18	182,400	7		4.6					1.5	1.0		
19	93,600	8		7.7					1.6	1.1		
20	93,700	5		6.4					1.6	1.0		
21	187,700	10		6.4		1.7			1.8	1.2		
22	101,600	4		4.7					1.5	0.8		
23	102,000	5		5.9					1.8	1.2		
24	100,800	5		5.8					2.0	1.0		
25												
26	241,700	8		4.0					1.3	0.7		
27	103,000	4		4.7					1.4	0.9		
28	129,400	5		4.6					1.4	1.0		
29	117,100	6		6.1					1.5	1.2		
30	134,600	5		4.5					1.5	1.2		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical 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 553 No of People at End of Month 1935.5
Design Flow 0.144 & 0.504 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 lbs used	Chlorine gals used	Chlorine mg/l	Rain Inches	Residual Chlorine mg/L Plant Eff (Trop PK I)	Residual Chlorine mg/L Remote Tap (Trop PK I)	Residual Chlorine mg/L Plant Effluent (Tropical Park II)	Residual Chlorine mg/L Remote Tap (Tropical Park II)	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	2.85	116		127.5	4.3	23.5	29.2	32.3	25.6	5	
Average	0.092	4		4.1	0.9	0.9	1.1	1.2	1.0		
Maximum:	0.120	7		8.0		1.7	1.3	1.5	1.2		
Minimum:	0.068	2.5		3.6		0.3	0.9	1.0	0.5		
1	0.201	9		5.3		0.4	0.9	1.2	1.0		
2											
3	0.117	7		7.1		0.6	0.9	1.2	0.9		
4	0.096	4		5.0		0.6	0.9	1.3	0.9		
5	0.090	6		8.0		0.4	0.9	1.3	0.9		
6	0.100	3		3.6		0.9	1.0	1.3	1.0		
7	0.108	4.5		5.0		0.9	1.0	1.3	1.0	5	
8	0.155	5		3.8		0.3	1.2	1.3	1.0		
9											
10	0.096	3		3.7		0.3	1.2	1.3	1.2		
11	0.107	4		4.4	0.9	0.3	1.2	1.3	1.2		
12	0.077	3		4.7		0.3	1.2	1.2	1.0		
13	0.092	4		5.2		0.3	1.2	1.2	1.2		
14	0.084	2.5		3.6		0.5	1.1	1.2	1.1		
15	0.155	5		3.8	0.3	1.5	1.1	1.2	1.1		
16											
17	0.093	3		3.8	1.3	1.0	1.0	1.3	1.0		
18	0.118	4		4.0		1.0	1.0	1.3	1.0		
19	0.068	3		5.2		1.0	1.0	1.3	1.0		
20	0.086	3		4.1		1.0	1.0	1.3	1.0		
21	0.097	3		3.7		1.0	1.2	1.3	1.2		
22	0.184	6		3.9		1.0	1.2	1.3	1.1		
23											
24	0.120	6		5.2		1.0	1.2	1.3	0.8		
25	0.078	5		7.7		1.7	1.3	1.3	0.9		
26	0.078	3		4.6	1.1	1.5	1.3	1.5	1.2		
27	0.082	4		5.7	0.7	1.5	1.3	1.0	0.8		
28	0.093	5		6.5		1.5	1.3	1.1	0.8		
29	0.169	7		4.6		1.5	1.3	1.0	0.8		
30											
31	0.106	4		4.5		1.5	1.3	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 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park
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 553 No of People at End of Month 1935.5
Design Flow 0.144 & 0.504 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-8411)
(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		inches	Plant Eff	Remote Tap	Plant Effluent	Remote Tap		
							Trop PK I		Tropical Park II			
Monthly Total	2,403,400	110		138.5			13.6	24.1	27.7	23.3	4	
Average	85,835	4		4.9			0.6	1.0	1.1	1.0		
Maximum	107,000	5.00		10.6			1.2	1.2	1.3	1.2		
Minimum	64,000	1.00		1.6			0.2	0.6	1.0	0.8		
1	105,700	4		4.5			0.6	1.1	1.1	1.2		
2	107,100	5		5.6			0.6	1.1	1.1	1.2		
3	83,200	5		7.2			0.6	1.1	1.1	1.1		
4	79,000	4		10.6			0.6	1.0	1.1	1.0	4	
5	64,000	3		5.6			0.6	1.0	1.1	1.0		
6												
7	169,000	7		5.0			0.4	1.0	1.2	0.9		
8	93,400	4		5.2			0.4	1.0	1.2	0.9		
9	86,600	4		5.5			0.4	0.9	1.1	0.9		
10	89,100	5		6.7			0.4	0.9	1.1	0.9		
11	76,100	3		4.7			0.4	0.9	1.2	0.9		
12	78,900	5		7.6			0.5	0.9	1.2	1.0		
13	72,300	5		8.3			0.5	0.9	1.0	0.8		
14												
15	182,200	8		5.3			0.5	0.9	1.0	0.8		
16	82,400	5		7.3			0.2	0.9	1.1	0.9		
17	95,500	4		5.0			1.2	1.0	1.1	0.9		
18	73,900	1		1.6			0.9	1.1	1.2	0.9		
19	86,600	5		6.8			0.9	1.1	1.2	1.0		
20												
21	163,600	6		4.3			0.6	1.2	1.2	0.9		
22	98,900	5		6.0			0.6	0.9	1.2	1.0		
23	88,700	4		5.3			0.6	0.6	1.2	1.0		
24	90,600	5		6.5			0.6	1.0	1.2	1.1		
25	78,100	2		3.0			0.6	1.2	1.3	1.1		
26	88,800	5		6.7			0.5	1.2	1.3	1.0		
27												
28	169,700	6		4.2			0.4	1.2	1.2	0.9		
29												
30												
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location: City or S/D Tropical Park
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 553 No of People at End of Month 1935.5
Design Flow 0.144 & 0.504 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-6411

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 lbs used	Chlorine gals used	Chlorine mg/l	Rain	Rain inches	Residual Chlorine mg/L Plant Eff (Trop PK I)	Residual Chlorine mg/L Remote Tap (Trop PK I)	Residual Chlorine mg/L Plant Effluent (Tropical Park II)	Residual Chlorine mg/L Remote Tap (Tropical Park II)	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	2,876,300	154.5		170.8			16.3	23.2	36.2	20.9	4	
Average	92,783	5		5.5			0.6	0.9	1.3	0.8		
Maximum	112,000	7.25		9.1			1.0	1.2	1.5	1.2		
Minimum	71,400	3		3.4			0.2	0.6	1.0	0.3		
1	112,000	7		7.5			0.3	0.6	1.0	0.3		
2	86,700	3		4.1			0.3	1.0	1.3	0.6		
3	87,100	5		6.9			0.3	0.9	1.3	0.9		
4	92,100	6		7.8		0.8	0.3	1.2	1.5	0.4		
5	108,200	7		7.7			0.3	0.9	1.5	0.5		
6												
7	156,100	9		6.9			0.2	1.2	1.5	0.6		
8	94,000	5		6.3			0.2	0.8	1.4	0.6		
9	82,500	5		7.2			0.2	0.6	1.4	0.8		
10	103,300	7.25		3.4			0.6	0.9	1.4	0.5	4	
11	95,100	5		6.3			0.6	0.9	1.4	0.8		
12	104,900	7		8.0			0.6	0.9	1.4	0.8		
13												
14	155,000	8		6.1		1.5	0.3	0.8	1.4	0.6		
15	106,300	6		6.7			0.3	0.8	1.3	0.8		
16	92,000	7		9.1			0.5	1.1	1.3	1.0		
17	71,400	5		8.4			1.0	0.9	1.5	0.9		
18	107,300	7		7.9		2.0	1.0	0.9	1.5	1.2		
19	93,100	5		6.4			1.0	0.9	1.5	1.2		
20												
21	168,800	7		4.9			1.0	0.9	1.5	1.0		
22	101,400	3		3.5		0.2	1.0	0.9	1.3	0.6		
23	98,600	4		4.9			1.0	0.9	1.3	0.7		
24	97,300	4		4.9			1.0	0.9	1.2	0.7		
25	87,500	5		6.8		0.6	1.0	0.9	1.2	0.8		
26	84,600	5		7.0		0.3	1.0	0.9	1.2	0.8		
27												
28	177,900	7.25		4.9			0.8	1.0	1.2	0.8		
29	109,000	6		6.6			0.5	0.6	1.2	0.8		
30	105,200	4		4.6			0.5	0.9	1.2	0.8		
31	98,900	5		6.1			0.5	0.9	1.3	0.9		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical 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 553 No of People at End of Month 1935.5
Design Flow 0.144 & 0.504 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-6441)
(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	Rain inches	Residual Chlorine mg/L Plant Eff (Trop PK I)	Residual Chlorine mg/L Remote Tap (Trop PK I)	Residual Chlorine mg/L Plant Effluent (Tropical Park II)	Residual Chlorine mg/L Remote Tap (Tropical Park II)	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	2,935,000	119		121.2	3.3	31.2	25.0	35.3	25.9	4	
Average	97,830	4		4.0	1.1	1.2	1.0	1.4	1.0		
Maximum	119,700	7.00		7.1		1.4	1.1	2.0	1.2		
Minimum	73,400	2.00		2.8		1.0	0.8	0.4	0.8		
1	93,500	5		6.3	1.4	1.4	1.0	1.5	0.9		
2	102,400	4		4.7		1.4	1.0	1.5	1.0		
3											
4	168,500	6		4.3		1.4	1.0	1.5	1.0		
5	100,100	4		4.8	0.9	1.4	1.0	1.5	0.9	4	
6	86,700	2		2.8		1.2	1.0	1.5	0.9		
7	93,300	4		5.1		1.0	0.9	1.5	1.2		
8	119,700	4.5		4.5		1.2	0.8	1.5	1.1		
9	73,400	3		4.9		1.2	0.8	1.4	1.1		
10	120,800	3		2.9		1.2	0.8	1.4	1.0		
11											
12	180,100	6		4.0		1.2	0.8	1.3	1.0		
13	117,800	7		7.1		1.2	1.0	1.3	1.0		
14	108,200	3		3.3		1.2	1.0	1.3	1.0		
15	104,700	4		4.6		1.2	1.0	1.3	1.0		
16	87,800	3		4.0	1.0	1.2	1.0	1.3	1.0		
17											
18	166,000	6		3.8		1.2	1.0	1.3	1.0		
19	111,100	4		4.3		1.2	1.0	1.3	1.0		
20	95,800	3		3.9		1.2	1.0	1.4	0.9		
21	91,900	3		3.9		1.2	1.0	1.5	1.2		
22	91,600	3		3.9		1.2	1.0	1.5	1.1		
23	96,800	3		3.7		1.2	1.0	1.5	1.0		
24	81,400	3		4.4		1.0	0.9	1.5	0.8		
25											
26	212,800	10		5.6		1.0	0.9	1.3	0.9		
27	100,900	6		7.1		1.0	0.9	2.0	1.2		
28	101,100	3.5		4.2		1.2	1.1	0.4	0.9		
29	97,300	5.5		6.8		1.2	1.1	0.6	0.9		
30	111,100	6		6.4		1.2	1.0	1.0	0.9		
31											

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491496 PWS Name Tropical Park I & II Location: City or S/D Tropical 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 553 No of People at End of Month 1936
Design Flow 0.144 & 0.504 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-6614)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine					Residual Chlorine (mg/l)				Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l Rain			Plant Eff	Remote Tap	Plant Effluent	Remote Tap		
							Trop PK I		Tropical Park II			
Monthly Total	3,114,000	152		4.1			8700	26.9	29.1	23.7		
Average:	100,452	4.9		0.1			281	1.0	0.9	0.9	6	
Maximum:	140,600	8.00		2.1			3800	1.3	1.4	1.1	4	
Minimum.	80,000	2.00					0	0.9	1.0	0.6	2	
1												
2	200,200	10						1.0	1.0	0.9		
3	108,800	6						1.0	1.0	0.9		
4	92,800	5						1.0	1.0	0.9		
5	116,700	7		2.1				1.0	1.0	0.9		
6	82,000	5					800	1.0	1.0	0.9		
7	91,200	5						1.0	1.0	0.9		
8												
9	186,000	9						1.2	1.0	0.9		
10	116,100	8						1.2	1.0	0.9	4	
11	113,600	7						1.3	1.0	0.9		
12	87,600	6						1.0	1.0	0.9		
13	80,000	4						1.0	1.0	0.9		
14	95,700	4					600	1.0	1.2	0.9		
15	70,600	3							1.3	1.0		
16								1.3				
17	242,200	15						1.0	1.4	0.9		
18	100,400	6						1.0	1.4	1.0		
19	126,200	9						1.0	1.4	1.0		
20	79,100	3						1.0	1.4	1.0		
21	118,900	2					3800	1.0	1.0	0.6		
22												
23	202,300	4						1.2	1.0	0.6		
24	115,900	4						1.0	1.2	0.9		
25	114,100	5					2900	1.0	1.1	1.0	2	Water Outage
26	140,600	8						1.0	1.1	1.0	2	Water Outage
27	96,700	4						1.0	1.1	1.0		
28	103,700	4					600	0.9	1.1	1.0		
29												
30	152,400	5		2.0				0.9	1.2	1.1		
31	80,000	4						0.9	1.2	0.8		

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491496 PWS Name Tropical Park I & II Location: City or S/D Tropical Park

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 553 No of People at End of Month 1935.5

Design Flow 0.144 & 0.504 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 Trender 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	inches	Plant Eff	Remote Tap	Plant Effluent	Remote Tap		
						Trop PK I		Tropical Park II			
Monthly Total	3,026,300	116		122.9	3.3	17.0	23.6	31.0	23.2	4	
Average	101,000	4		4.1		0.7	0.9	1.2	0.9		
Maximum	125,000	8.00		11.8		1.0	1.0	1.5	1.3		
Minimum	69,000	2.00		2.1		0.6	0.9	0.8	0.5		
1	111,000	3		3.2	0.1	0.6	0.9	1.1	0.8		
2	96,000	3		3.7		0.6	0.9	1.5	1.3		
3	98,000	2		2.4		0.6	0.9	1.3	1.0		
4	98,000	4		4.8		0.6	0.9	1.3	1.0		
5						0.6	0.9				
6	200,000	6		3.6				1.2	0.9		
7	125,000	4		3.8		0.6	0.9	1.2	0.9		
8	106,000	3		3.3		0.6	0.9	1.1	0.9	4	
9	109,000	3		3.3		0.6	0.9	1.1	0.9		
10	102,000	3		3.5		0.6	0.8	1.3	1.0		
11	117,000	5		5.1		0.6	0.9	1.3	1.0		
12	111,000	2		2.1		0.6	0.9	1.2	0.8		
13											
14	230,000	7		3.6		0.6	0.9	1.2	0.8		
15	97,000	5		6.1	1.7	0.6	0.9	1.2	0.8		
16	81,000	8		11.8	1.3	0.6	0.9	1.2	0.8		
17	109,000	8		8.8		0.6	0.9	1.2	0.8		
18	69,000	4		6.9		0.6	0.9	0.9	0.5		
19											
20	190,000	5		3.1		0.6	0.9	1.3	0.9		
21	106,000	3		3.3		0.6	0.9	1.2	0.9		
22	102,000	4		4.7		0.6	0.9	1.2	0.9		
23	103,000	4		4.6		0.6	0.9	1.2	0.9		
24	98,000	4		4.8		1.0	0.9	1.2	0.9		
25	95,300	4		5.0		1.0	0.9	1.2	0.9		
26	93,000	3		3.8		1.0	0.9	1.3	1.0		
27											
28	214,000	11		6.1		0.8	1.0	1.3	1.0		
29	88,000	4		5.4	0.3	0.6	0.9	0.6	0.7		
30	78,000	4		6.1		0.6	1.0	1.0	0.9		
31											

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park
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 553 No of People at End of Month 1935.5
Design Flow 0.144 & 0.504 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	inches	Plant Eff	Remote Tap	Plant Effluent	Remote Tap		
						Trop PK I		Tropical Park II			
Monthly Total	2,922,000	2		145.5	5.0	8.9	22.5	32.0	20.3	4	
Average	94,258	4		4.7		0.3	0.9	1.2	0.8		
Maximum	114,000	9.5		11.9		0.4	1.2	1.5	1.2		
Minimum	70,000	2		8.4		0.2	0.6	0.7	0.3		
1	89,000	3		4.0		0.4	0.9	1.0	0.9		
2	88,000	4		5.4		0.4	0.9	1.0	0.9		
3											
4	192,000	8		5.0		0.4	0.9	1.1	0.6		
5	90,000	4		5.3		0.4	0.9	1.1	0.6		
6	114,000	5		5.2	0.5	0.4	0.9	1.2	0.9	4	
7	93,000	4		5.1		0.4	0.9	1.2	1.1		
8	93,000	4		5.1		0.4	0.9	1.1	1.0		
9	86,000	3		4.1	1.7	0.4	0.9	1.1	1.0		
10											
11	174,000	5		3.4		0.3	1.0	1.5	0.9		
12	103,000	5		5.8	0.1	0.3	1.1	1.0	0.6		
13	83,000	3		4.3	0.4	0.4	0.9	0.7	0.3		
14	97,000	4		4.9		0.4	0.9	1.5	1.2		
15	88,000	4		5.4	0.5	0.2	1.2	1.5	0.6		
16	97,000	5		6.1		0.2	0.9	1.3	0.6		
17											
18	191,000	19		11.9		0.2	0.9	1.4	0.7		
19	99,000	5		6.1		0.2	0.6	1.4	0.6		
20	96,000	3		5.0		0.2	0.6	1.0	0.4		
21	96,000	5		6.3		0.4	0.6	1.4	0.5		
22	100,000	4		4.8		0.4	0.6	1.4	0.8		
23	103,000	6		7.0	0.8	0.4	0.6	1.4	0.9		
24											
25	185,000	12		7.8		0.3	0.9	1.0	0.6		
26	104,000	6		6.9		0.3	0.9	0.9	0.6		
27	106,000	4		4.5		0.3	0.9	1.3	0.9		
28	108,000	4		4.4	1.0	0.3	0.9	1.3	0.6		
29	70,000	2		3.4		0.3	0.9	1.4	0.8		
30	102,000	3		3.5		0.3	0.9	1.4	0.9		
31	75,000	3		4.8		0.3	0.9	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 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park
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 558 No of People at End of Month 1953
Design Flow 0.144 & 0.504 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	inches	Plant Eff	Remote Tap	Plant Effluent	Remote Tap		
						Trop PK I		Tropical Park II			
Monthly Total	2,951,000	126		133.9	2.2	13.4	21.8	32.6	22.5	4	
Average	95,000	4		4.3	0.3	0.5	0.8	1.3	0.9		
Maximum	129,000	9		8.3		0.9	1.2	1.5	1.2		
Minimum	66,000	2		2.7		0.3	0.6	1.0	0.6		
1											
2	249,000	12		5.7	0.6	0.3	0.6	1.5	1.0		
3	66,000	4		7.2		0.3	0.9	1.5	1.0		
4	106,000	5		5.6		0.3	0.9	1.5	1.0		
5	75,000	3		4.8	0.4	0.3	0.9	1.4	0.9		
6	94,000	3		3.8		0.3	0.9	1.4	0.9		
7											
8	106,000	8		9.0		0.3	0.9	1.4	1.1		
9	100,000	5		6.0		0.3	0.9	1.5	1.2	4	
10	114,000	6		6.3		0.3	0.9	1.5	1.1		
11	97,000	4		4.9		0.3	0.9	1.1	0.9		
12	98,000	4		4.8		0.3	0.9	1.1	0.9		
13	105,000	4		4.5		0.3	0.9	1.1	0.9		
14											
15	194,000	6		3.7		0.3	0.9	1.3	1.0		
16	129,000	9		8.3	0.2	0.3	0.9	1.3	1.0		
17	76,000	2		3.0		0.3	0.9	1.2	0.8		
18	76,000	2		3.1		0.9	0.9	1.0	0.7		
19	106,000	3		3.3		0.9	0.7	1.0	0.7		
20	100,000	4		4.8		0.9	0.7	1.0	0.7		
21											
22	198,000	5		3.0		0.9	0.7	1.0	0.6		
23	114,000	4		4.2	0.2	0.9	0.7	1.1	0.6		
24	102,000	6		7.0		0.9	0.7	1.1	0.7		
25	86,000	6		8.3		0.9	0.7	1.2	0.6		
26	88,000	2		2.7		0.9	0.7	1.2	0.6		
27	91,000	5		6.5	0.1	0.9	0.7	1.1	0.6		
28											
29	184,000	7		4.6		0.5	0.9	1.3	0.8		
30	106,000	3		3.4	0.2	0.3	0.9	1.4	1.0		
31	89,000	4		5.4	0.5	0.3	1.2	1.4	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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491486 PWS Name Tropical Park I & II Location:City or S/D Tropical Park

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 553 No of People at End of Month 1935.5

Design Flow 0.144 & 0.504 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) A (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 Eff (Trop PK I)	Residual Chlorine mg/L Remote Tap (Trop PK I)	Residual Chlorine mg/L Plant Effluent (Tropical Park II)	Residual Chlorine mg/L Remote Tap (Tropical Park II)	Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency ,main line breaks ,meter calibrations)
Monthly Total	2,757,900	130		148.6	4.2	8.7	25.7	34.3	23.5	4	
Average	91,930	4		5.0	0.6	0.3	1.0	1.3	0.9		
Maximum:	110,600	6.00		7.7		0.6	1.2	1.6	1.2		
Minimum:	74,300	3.00		3.7		0.2	0.8	1.2	0.4		
1	93,900	4		5.1		0.3	1.2	1.3	0.9		Flushed Lines
2	85,000	3		4.4	0.6	0.3	1.2	1.3	0.4	4	Compliance Samples
3	88,700	3		4.1		0.3	1.1	1.3	0.6		
4											
5	178,000	7		4.7		0.6	1.1	1.3	0.6		
6	91,200	3		3.9		0.6	1.1	1.3	0.6		
7	110,600	6		6.5		0.6	1.1	1.4	0.9		Flushed Lines
8	100,500	5		6.0	2.6	0.3	0.9	1.4	1.0		
9	76,200	4		6.3		0.3	0.9	1.4	1.0		
10	79,300	4		6.0	0.2	0.3	0.9	1.4	1.0		Flushed Lines
11											
12	172,500	7		4.9	0.2	0.3	0.9	1.4	1.0		
13	93,800	6		7.7		0.3	0.9	1.4	1.0		Flushed Line
14	92,000	4		5.2	0.2	0.3	0.9	1.3	1.0		Flushed Lines
15	74,300	3		4.8		0.3	0.9	1.3	1.0		
16	101,500	5		5.9		0.3	0.9	1.3	1.0		
17	79,000	4		6.1	0.2	0.3	0.9	1.3	1.0		Flushed Lines
18											
19	180,100	9		6.0		0.3	1.0	1.3	1.0		
20	103,300	5		5.8		0.3	1.2	1.2	1.0		Flushed Lines
21	91,700	5		6.5		0.3	0.9	1.2	1.0		
22	92,900	6		7.7		0.4	0.9	1.2	1.0		Flushed Line
23	96,800	5		6.2		0.4	0.9	1.2	0.6		
24	91,600	5		6.5		0.3	0.9	1.2	0.9		
25											
26	190,700	9		5.7		0.3	1.2	1.3	0.9		
27	103,500	6		7.4	0.2	0.4	1.2	1.3	0.9		Flushed Lines
28	106,000	5		5.8		0.2	0.9	1.3	1.0		
29	88,000	4		5.5		0.2	0.9	1.4	1.0		
30	66,800	3		3.7		0.2	0.8	1.6	1.2		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. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park

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 558 No of People at End of Month 1953.0

Design Flow 0.144 & 0.504 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 the report is correct [signature] C. [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	Rain	Rain inches	Residual Chlorine mg/L Plant Eff	Residual Chlorine mg/L Remote Tap	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)
							Trop PK I		Tropical Park II			
Monthly Total	2,890,600	104		118.9		3.2	6.4	15.6	31.8	16.9	4	
Average	93,245	3		3.8		1.1	0.3	0.6	1.2	0.7		
Maximum	133,400	9.00		13.0			0.3	1.1	1.5	1.2		
Minimum	55,000	2.00		2.0			0.2	0.3	0.6	0.2		
1	112,600	4		4.3			0.3	0.6	1.1	0.6		
2												
3	175,900	4		2.7			0.3	0.9	0.6	0.4		
4	103,200	3		3.5			0.2	0.9	1.3	0.9		
5	111,600	5		5.4			0.2	0.6	1.3	0.6	4	Compliance Sample
6	102,600	3		3.5			0.2	0.6	1.3	0.9		Ran Gen. 1 hr
7	96,200	4		5.0			0.2	0.6	1.0	0.2		
8	89,200	3		4.0			0.2	0.6	1.2	0.5		
9												
10	178,700	3		2.0			0.2	0.4	1.0	0.4		
11	133,400	9		7.2			0.2	0.6	1.3	0.6		
12	76,200	2		3.1			0.3	0.6	1.3	0.6		Ran Gen. 1 hr
13	92,100	3		3.9			0.3	0.6	1.3	0.8		
14	105,700	2		2.3			0.3	0.9	1.3	0.6		
15	65,000	3		5.5			0.3	0.9	1.3	1.0		
16												
17	166,000	4		2.9		0.9	0.2	0.6	1.4	0.8		
18	122,500	4		3.9			0.2	0.6	1.4	0.6		Ran Gen. 1 hr
19	77,300	2		3.1			0.2	0.6	1.5	1.2		
20	92,100	3		3.9			0.2	0.9	1.3	0.9		
21	93,300	3		3.9			0.3	0.6	1.3	0.6		
22	101,400	4		4.7			0.3	1.1	1.4	1.1		
23												
24	163,700	5		3.7		1.8	0.3	0.9	1.3	0.9		
25	98,000	5		6.1			0.3	0.3	1.1	0.3		
26	89,300	8		8.9			0.3	0.3	1.1	0.3		Ran Gen. 1 hr
27	83,000	9		13.0			0.3	0.3	0.9	0.3		
28	93,900	4		5.1					1.3	0.7		
29	97,100	3		4.1			0.3	0.3	1.2	0.3		
30												
31	170,600	3		2.1		0.5	0.3	0.3	1.3	0.6		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park

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 556 No of People at End of Month 1953.0

Design Flow 0.144 & 0.504 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 (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	Rain inches	Residual Chlorine mg/L Plant Eff (Trop PK I)	Residual Chlorine mg/L Remote Tap (Trop PK I)	Residual Chlorine mg/L Plant Effluent (Tropical Park II)	Residual Chlorine mg/L Remote Tap (Tropical Park II)	Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	2,973,500	167		170.9		16.3	21.2	36.7	22.6	4	
Average	99,117	6		5.7		0.6	0.8	1.4	0.9		
Maximum:	123,000	10.50		10.7		1.2	1.2	1.7	1.2		
Minimum:	84,200	3.00		3.6		0.2	0.5	1.0	0.6		
1	97,100	3		3.7		0.3	0.5	1.3	0.6		
2	84,500	3		4.3		0.3	0.5	1.3	0.8		
3	97,900	3		3.7		0.3	0.5	1.7	0.8		
4	85,000	3		4.2		0.3	0.5	1.5	0.8	4	Compliance samples
5	94,600	8		10.1		0.3	0.5	1.5	0.8		
6											
7	169,900	21		14.8		0.3	0.9	1.6	0.9		
8	97,900	7		8.6		0.3	0.9	1.6	0.6		Ran plant I
9	105,000	3		4.2		0.2	0.9	1.6	0.9		
10	101,300	3		3.6		0.2	1.2	1.5	1.2		
11	86,700	5		6.8		0.2	1.0	1.0	0.6		
12	96,400	4		5.0		0.2	1.0	1.1	0.8		Change Cl2 drum
13											
14	172,000	9		6.3		0.2	0.8	1.3	0.8		
15	123,400	7		6.8		0.2	0.8	1.3	0.8		
16	92,400	6		7.8		0.2	0.8	1.0	0.6		
17	111,200	5		5.4		0.2	0.8	1.2	0.6		
18	84,200	3		4.3		1.1	0.8	1.3	0.8		
19	102,200	5		5.9		1.2	0.8	1.4	1.2		
20											
21	205,900	11		6.4		1.0	0.9	1.5	0.9		
22	99,200	5		6.0		1.1	0.6	1.7	1.2		
23	106,800	8		8.8		1.1	0.9	1.5	0.9		Ran Plant I
24	110,700	6		6.5		1.1	0.8	1.5	0.9		
25	109,100	5		5.5		1.0	0.8	1.5	0.9		
26	101,000	9		10.7		1.0	0.8	1.5	0.9		
27	96,200	5		6.2		1.0	0.8	1.5	0.9		
28											
29	238,100	13		7.0		1.0	1.2	1.4	1.2		
30	101,000	7		8.3		1.0	1.2	1.4	1.2		
31											

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491498 PWS Name Tropical Park I & II Location:City or S/D Tropical Park

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 858 No of People at End of Month 1953

Design Flow 0.144 & 0.504 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 [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	Rain	Rain Inches	Residual Chlorine mg/L Plant Eff (Trop PK I)	Residual Chlorine mg/L Remote Tap (Trop PK I)	Residual Chlorine mg/L Plant Effluent (Tropical Park II)	Residual Chlorine mg/L Remote Tap (Tropical Park II)	Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
Monthly Total	3,092,900	129		140.7			21.3	22.1	41.7	21.5	4	
Average	99,771	4		4.5			0.8	0.8	1.5	0.8		
Maximum	121,100	7.00		8.3			0.9	1.3	2.0	1.3		
Minimum	71,100	3.00		3.0			0.6	0.5	1.1	0.5		
1	86,200	6		8.3			0.8	0.8	1.5	0.8		
2	111,900	7		7.5			0.8	0.8	1.9	1.0		
3	94,200	3		3.8			0.9	1.3	2.0	1.3		
4												
5	185,400	7		4.5			0.9	0.9	1.6	0.9		
6	112,200	4		4.3			0.9	0.9	1.5	0.6		
7	105,000	5		5.7			0.9	0.9	1.8	0.6		VOC/NO3/NO2 sample
8	98,900	5		6.1			0.9	0.9	1.5	0.9		
9	84,100	4		5.7			0.8	0.6	1.5	1.0	4	Compliance samples
10	95,300	4		5.2			0.8	0.6	1.4	0.6		
11												
12	211,800	6		3.4			0.8	0.6	1.5	0.6		
13	81,000	5		7.4			0.8	0.6	1.5	0.6		
14	96,400	5		6.1			0.8	1.2	1.8	1.2		
15	108,200	4		4.4			0.8	0.9	1.4	0.9		
16	85,100	4		5.6			0.8	0.5	1.5	0.9		
17	106,200	7		7.9			0.8	0.5	1.4	0.6		
18												
19	198,100	5		3.0			0.8	0.5	1.4	0.6		
20	111,700	3		3.2			0.8	0.9	1.5	0.5		
21	111,100	4		4.3			0.8	0.9	1.5	0.5		
22	114,600	4		4.2			0.8	0.9	1.5	0.6		
23	71,100	2		3.4			0.8	0.9	1.5	0.9		
24	120,000	5		5.0			0.8	0.9	1.5	0.6		
25												
26	171,200	6		4.2			0.8	0.6	1.5	0.8		
27	121,100	3		3.0			0.8	0.6	1.1	0.6		
28	108,600	6		6.6			0.6	0.9	1.5	1.2		
29	93,900	4		5.1			0.6	0.9	1.5	1.2		
30	111,800	6		6.4			0.6	0.9	1.8	0.8		
31	94,000	5		6.4			0.6	1.2	1.6	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. 3481413 PWS Name University Shores Location:City or SID University Shores

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month January 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.152 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-7350, TOAN TRAN C-7108, ERNEST JACKSON, C-6972

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

Days of Month	Total Water Treated in in Gallons	Chlorine							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	10,581,200	840		291.8					47.3	21.9	12	
Average	249,781	27		9.4					1.5	0.7		
Maximum	567,300	57		14.10					1.8	0.8		
Minimum	126,700	8		6.27					1.2	0.5		
1	433,700	24		6.6					1.8	0.5		
2	272,300	32		14.1					1.5	0.7		
3	468,300	41		10.1					1.5	0.7		
4	291,900	22		9.0					1.4	0.8	7	
5	236,200	13		6.6					1.2	0.8		
6	253,500	18		8.5					1.2	0.7		
7	248,000	15		7.3					1.4	0.7		
8	126,700	8		7.6					1.8	0.5		
9	357,000	32		10.8					1.2	0.6		
10	565,200	53		11.3					1.7	0.8		
11	281,700	26		11.1					1.6	0.8		
12	287,300	15		6.3					1.8	0.8		
13	316,700	24		9.1					1.8	0.8		
14	219,100	20		11.0					1.6	0.7	5	
15	287,600	23		9.6					1.4	0.7		
16	229,500	22		11.5					1.5	0.8		
17	515,000	44		10.3					1.5	0.8		
18	349,700	21		7.2					1.5	0.7		
19	244,400	19		9.3					1.5	0.7		
20	245,600	18		8.8					1.5	0.7		
21	322,800	25		9.3					1.6	0.7		
22	173,500	15		10.4					1.4	0.5		
23	451,700	44		11.7					1.7	0.8		
24	567,300	30		6.3					1.3	0.8		
25	358,700	30		10.0					1.4	0.7		
26	422,700	36		10.2					1.5	0.7		
27	340,800	30		10.6					1.8	0.8		
28	363,300	21		6.9					1.6	0.5		
29	266,700	14		6.3					1.8	0.6		
30	499,800	57		13.7					1.6	0.8		
31	564,500	48		10.2					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

DEP Form 17-555910(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month January 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.872 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, TOAN TRAN C-7109

I certify this report is correct [signature] B 3807

(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	15,498,000	1358		330.8					44.4	23.1	12	
Average	499,935	44		10.7					1.4	0.7		
Maximum	657,000	76		19.83					1.6	0.8		
Minimum	351,000	13		2.99					1.3	0.6		
1	531,000	37		8.4					1.4	0.8		
2	576,000	37		7.7					1.4	0.7		
3	369,000	32		10.4					1.4	0.7		
4	531,000	60		13.6					1.4	0.8	5	
5	585,000	52		10.7					1.4	0.8		
6	513,000	39		9.1					1.4	0.7		
7	657,000	52		9.5					1.5	0.7		
8	468,000	52		13.3					1.6	0.7		
9	540,000	50		11.1					1.5	0.8		
10	468,000	47		12.1					1.5	0.8		
11	504,000	42		10.0					1.3	0.7		
12	549,000	32		7.0					1.3	0.7		
13	495,000	60		14.5					1.3	0.8		
14	576,000	28		5.8					1.4	0.7	5	
15	459,000	30		7.8					1.5	0.7		
16	612,000	67		13.1					1.5	0.8		
17	414,000	47		13.6					1.5	0.8		
18	414,000	35		10.1					1.5	0.7	2	
19	549,000	44		9.6					1.5	0.7		
20	531,000	76		17.2					1.6	0.8		
21	450,000	39		10.4					1.6	0.8		
22	513,000	37		8.7					1.5	0.6		
23	504,000	59		14.0					1.5	0.8		
24	513,000	43		10.1					1.4	0.8		
25	378,000	34		10.8					1.4	0.7		
26	522,000	13		3.0					1.3	0.7		
27	459,000	66		17.3					1.5	0.8		
28	450,000	27		7.2					1.4	0.7		
29	504,000	33		7.9					1.3	0.7		
30	513,000	30		7.0					1.3	0.8		
31	351,000	58		19.8					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. 3481413 PWS Name University Shores Location:City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month February 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500
Design Flow 1.152 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, TOAN TRAN C-7106, JEAN PITZER C-7850
I certify this report is correct (Lead Operator's Signature) B (Cert. Level) 3607 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	10,380,600	770		247.1					38.2	20.5	12	
Average	270,235	28		8.8					1.4	0.7		
Maximum	623,700	53		15.31					2.1	0.9		
Minimum	232,200	12		4.27					1.1	0.5		
1	285,300	28		11.8					2.1	0.8		
2	345,000	24		8.3					1.4	0.8		
3	292,600	20		8.2					1.4	0.7	7	
4	392,700	28		8.6					1.5	0.7		
5	430,000	41		11.4					1.3	0.6		
6	280,500	21		9.0					1.5	0.8		
7	623,700	52		10.0					1.5	0.8		
8	379,300	26		8.2					1.4	0.7		
9	337,500	30		10.7					1.4	0.9		
10	389,000	36		10.8					1.4	0.8		
11	386,000	34		10.6					1.4	0.7		
12	484,100	20		5.0					1.5	0.7		
13	266,000	20		9.0					1.4	0.7		
14	574,100	41		8.6					1.4	0.8		
15	325,900	18		6.6					1.3	0.9		
16	322,400	21		7.8					1.3	0.8	5	
17	321,300	41		15.3					1.1	0.8		
18	241,000	14		7.0					1.2	0.7		
19	420,600	27		7.7					1.3	0.7		
20	319,100	25		9.4					1.2	0.7		
21	431,000	36		10.0					1.3	0.8		
22	372,200	30		9.7					1.3	0.7		
23	342,200	20		7.0					1.2	0.6		
24	343,900	21		7.3					1.3	0.7		
25	232,200	12		6.2					1.2	0.5		
26	393,400	14		4.3					1.2	0.5		
27	308,600	17		6.6					1.3	0.8		
28	531,000	53		12.0					1.4	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.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No. 407-671-2430 Reporting Month February 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.872 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, TOAN TRAN C-7106

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	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	13,680,000	1075		294.8					38.0	21.5	12	
Average	445,357	38		10.5					1.4	0.8		
Maximum:	666,000	76		19.40					1.6	0.9		
Minimum:	360,000	14		3.33					1.1	0.7		
1	468,000	35		10.0					1.3	0.8		
2	459,000	41		10.9					1.6	0.8		
3	567,000	76		19.4					1.3	0.7	5	
4	360,000	25		10.7					1.4	0.7		
5	666,000	50		10.5					1.5	0.7		
6	369,000	37		13.5					1.3	0.8		
7	465,000	55		17.6					1.3	0.8	2	
8	468,000	36		12.0					1.3	0.7		
9	513,000	45		13.8					1.4	0.9		
10	441,000	40		12.6					1.4	0.8		
11	450,000	17		5.4					1.3	0.7		
12	531,000	24		8.2					1.5	0.7		
13	504,000	39		10.4					1.4	0.7		
14	360,000	25		9.4					1.5	0.8		
15	504,000	59		15.4					1.4	0.9		
16	531,000	44		9.1					1.3	0.8	5	
17	459,000	39		9.2					1.4	0.8		
18	513,000	50		14.3					1.5	0.8		
19	513,000	15		3.3					1.3	0.7		
20	504,000	32		8.0					1.5	0.7		
21	450,000	50		12.5					1.5	0.8		
22	540,000	20		4.5					1.2	0.8		
23	495,000	14		3.7					1.1	0.7		
24	486,000	71		15.8					1.1	0.7		
25	486,000	35		8.5					1.4	0.8		
26	468,000	45		12.3					1.4	0.8		
27	594,000	25		5.4					1.1	0.8		
28	495,000	30		8.2					1.3	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. 3481413 PWS Name University Shores Location:City or S/D University Shores

Owned By Southern States Utilities Phone No: 407-671-2450 Reporting Month March 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.152 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, TOAN TRAN C-7106

I certify this report is correct D. Richard Ellis Jr. B 3607

(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	14,146,800	1080		288.3					46.6	24.6	12	
Average:	309,445	35		9.3					1.5	0.8		
Maximum:	911,200	76		12.64					1.9	0.9		
Minimum:	193,900	7		4.33					1.0	0.6		
1	264,800	30		12.6					1.2	0.8		
2	333,300	20		7.2					1.0	0.9		
3	221,900	16		8.7					1.2	0.9	7	
4	358,000	29		9.7					1.2	0.9		
5	357,000	29		9.7					1.3	0.9		
6	343,500	30		10.5					1.5	0.8		
7	593,100	46		9.3					1.8	0.7		
8	362,700	30		9.9					1.6	0.7		
9	421,700	39		11.1					1.7	0.8		
10	296,000	24		9.7					1.7	0.7		
11	331,700	29		10.5					1.6	0.7		
12	193,900	7		4.3					1.5	0.7		
13	435,500	28		7.7					1.5	0.8		
14	517,400	45		10.4					1.8	0.9		
15	391,100	36		11.0					1.9	0.8	5	
16	417,700	35		10.1					1.8	0.9		
17	407,600	27		7.9					1.5	0.9		
18	445,700	34		9.2					1.5	0.9		
19	474,000	40		10.1					1.6	0.9		
20	357,800	29		9.7					1.3	0.8		
21	779,000	29		4.5					1.4	0.7		
22	440,800	37		10.1					1.4	0.7		
23	416,000	35		10.1					1.7	0.7		
24	410,600	42		12.3					1.3	0.8		
25	760,100	44		6.9					1.5	0.7		
26	638,400	40		7.5					1.5	0.7		
27	608,100	38		7.5					1.3	0.7		
28	911,200	76		10.0					1.0	0.6		
29	628,000	52		9.9					1.8	0.9		
30	497,200	44		10.6					1.7	0.9		
31	511,000	40		9.4					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.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No. 407-671-2430 Reporting Month March 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.872 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, TOAN TRAN C-7106, JEAN PITZER A-7605

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							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	16,191,000	1217		362.2					41.7	24.8	12	
Average:	433,548	39		11.7					1.3	0.8		
Maximum	666,000	59		26.12					1.7	1.0		
Minimum	369,000	9		3.60					0.9	0.6		
1	459,000	38		9.5					1.5	0.8		
2	477,000	30		8.0					1.5	0.9	2	
3	459,000	51		24.5					1.5	0.9	5	
4	585,000	44		14.7					1.3	0.8		
5	513,000	36		8.6					1.2	0.8		
6	540,000	56		10.7					1.4	0.6		
7	567,000	20		4.8					1.2	0.7		
8	423,000	26		13.0					1.2	0.7		
9	594,000	37		26.1					1.3	0.8		
10	513,000	28		8.8					1.4	0.8		
11	513,000	59		14.2					1.7	0.8		
12	450,000	52		14.2					1.2	0.7		
13	657,000	53		9.6					1.4	0.8		
14	396,000	31		7.9					1.2	0.9		
15	621,000	34		6.4					1.2	0.8	5	
16	567,000	36		7.4					1.2	0.9		
17	522,000	53		10.4					1.3	0.9		
18	549,000	23		8.4					1.2	0.8		
19	558,000	35		10.2					1.4	0.8		
20	666,000	53		21.2					1.5	0.8		
21	621,000	44		18.9					1.3	0.7		
22	540,000	48		11.1					0.9	0.7		
23	630,000	52		10.9					1.4	0.7		
24	594,000	49		11.8					1.4	0.8		
25	369,000	9		3.6					1.4	0.8		
26	369,000	27		8.8					1.3	0.8		
27	504,000	54		17.5					1.3	0.7		
28	513,000	37		10.1					1.3	0.6		
29	441,000	50		12.2					1.6	0.9		
30	423,000	13		4.1					1.4	0.9		
31	558,000	39		14.6					1.6	1.0		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or S/D University Shores

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month April 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.152 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, Toan Tran B-7106, Richard Doss A-6813

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							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	16,030,900	1174		264.9					44.1	22.1	12	
Average	344,463	39		8.8					1.5	0.7		
Maximum:	950,200	95		18.43					2.0	0.9		
Minimum	209,300	13		3.44					1.2	0.6		
1	507,200	17		4.0					1.5	0.6		
2	622,500	36		6.9					1.6	0.8		
3	325,200	25		9.2					1.7	0.9		
4	810,000	88		13.0					1.6	0.6		
5	515,000	35		8.2					1.6	0.8		
6	513,900	35		8.2					1.5	0.7		
7	677,400	55		9.7					1.5	0.8	7	
8	480,000	30		7.5					1.6	0.8		
9	399,100	13		3.9					1.4	0.8		
10	579,400	36		7.5					1.4	0.7		
11	950,200	88		11.1					1.2	0.8		
12	597,300	20		3.4					1.3	0.8		
13	578,900	35		7.3					1.2	0.7		
14	618,600	95		18.4					1.6	0.7		
15	485,100	34		8.4					1.4	0.7		
16	694,600	46		7.9					1.5	0.7		
17	444,800	43		11.6					1.2	0.7		
18	844,900	37		5.3					1.3	0.8		
19	771,600	39		6.1					1.3	0.7		
20	263,400	15		8.4					1.6	0.7	5	
21	457,300	46		12.1					1.6	0.7		
22	325,800	24		8.8					1.5	0.6		
23	333,500	43		15.5					1.5	0.6		
24	209,300	17		9.7					1.4	0.7		
25	528,900	46		10.9					1.6	0.8		
26	361,800	32		10.6					2.0	0.8		
27	399,700	21		6.3					1.4	0.7		
28	515,900	37		8.6					1.4	0.7		
29	535,600	42		9.4					1.4	0.8		
30	564,000	42		8.9					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.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month April 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.872 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, Toan Tran B-7106, Richard Dods [illegible]6213

I certify this report is correct [signature] B 3607

(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	18,387,000	1390		268.5					41.0	22.5	2	
Average:	232,667	46		8.9					1.4	0.8		
Maximum:	765,000	114		22.69					1.8	1.0		
Minimum	423,000	8		1.50					0.8	0.6		
1	423,000	33		9.4					1.6	0.9		
2	621,000	16		3.1					1.7	1.0		
3	612,000	85		16.7					1.2	0.9		
4	657,000	56		10.2					1.6	0.8		
5	477,000	8		2.0					1.4	0.6		
6	585,000	64		13.1					1.5	0.6		
7	621,000	45		8.7					1.5	0.8	2	
8	567,000	8		1.7					1.8	0.8		
9	576,000	86		17.9					1.6	0.8		
10	765,000	59		9.3					1.2	0.7		
11	657,000	58		10.5					1.3	0.8		
12	594,000	32		6.5					1.3	0.8		
13	729,000	50		8.2					1.3	0.7		
14	630,000	46		8.8					1.5	0.7		
15	531,000	16		3.6					1.3	0.6		
16	666,000	86		15.5					1.4	0.6		
17	693,000	62		10.7					1.2	0.7		
18	630,000	41		7.8					0.8	0.8		
19	693,000	46		8.0					1.4	0.7		
20	567,000	23		4.9					1.2	0.7		
21	639,000	8		1.5					1.4	0.7		
22	603,000	114		22.7					1.3	0.7		
23	567,000	41		8.7					1.4	0.7		
24	684,000	50		8.8					1.2	0.7		
25	531,000	36		8.1					1.2	0.8		
26	630,000	44		8.4					1.6	0.8		
27	594,000	17		3.4					1.4	0.8		
28	630,000	90		17.1					1.2	0.7		
29	702,000	51		8.7					1.2	0.8		
30	513,000	19		4.4					1.3	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 17.555910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or S/D University Shores

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month May 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.152 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, Toan Tran B-7106, Richard Doss A-6813, Kevin Burgess D-7936

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total:	16,501,200	1198		274.4					46.0	23.6	14	
Average:	350,361	39		8.9					1.5	0.8		
Maximum:	857,600	56		14.82					2.2	1.0		
Minimum:	189,400	12		4.74					1.0	0.6		
1	510,000	32		7.5					1.5	0.7		
2	486,600	38		9.4					1.6	0.8		
3	423,100	47		13.3					1.4	0.7		
4	369,800	19		6.2					1.2	0.8		
5	518,400	38		8.8					1.2	0.7	2	
6	673,900	41		7.3					1.2	0.7	7	
7	705,300	56		9.5					1.3	0.7		
8	857,600	55		7.7					1.3	0.7		
9	358,200	26		8.7					1.0	0.7		
10	506,000	42		10.0					1.6	0.7		
11	405,200	36		10.7					1.6	0.7		
12	559,200	47		10.1					1.6	0.8		
13	519,900	40		9.3					2.2	0.9		
14	601,800	47		9.4					1.8	0.9		
15	560,500	47		10.1					1.5	0.7		
16	811,100	43		6.4					1.2	0.8		
17	511,100	41		9.6					1.5	0.8	5	
18	367,000	27		8.8					1.3	0.6		
19	401,900	33		9.9					1.2	0.7		
20	293,700	19		7.8					1.6	0.9		
21	239,400	12		6.0					1.4	0.7		
22	820,900	46		6.9					2.0	1.0		
23	531,600	44		9.9					1.4	0.8		
24	511,600	38		8.9					1.4	0.7		
25	784,100	45		6.9					1.4	0.7		
26	688,900	49		8.6					1.5	0.7		
27	637,600	36		6.8					1.4	0.7		
28	708,600	28		4.7					1.5	0.7		
29	437,300	54		14.8					2.0	1.0		
30	189,400	14		8.9					1.3	0.8		
31	714,500	58		9.7					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.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3451413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month May 1994

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

Design Flow 1.872 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, TOAN TRAN B-7106, JEAN FITZER C-7805, RICHARD LOSS A-6213, KEVIN BURGESS C-7895

I certify this report is correct [signature] B 3607

(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:	20,078,000	1581		294.1					41.5	24.6	2	
Average	647,710	51		9.5					1.3	0.8		
Maximum	810,000	113		21.2					2.0	1.2		
Minimum	486,000	26		5.0					1.0	0.6		
1	540,000	40		8.9					1.5	0.8		
2	738,000	38		6.2					1.2	0.8		
3	612,000	29		5.7					1.3	0.8		
4	639,000	113		21.2					1.3	0.8		
5	657,000	58		10.6					1.3	0.7	2	
6	747,000	32		5.1					1.5	0.7		
7	540,000	42		9.3					1.4	0.7		
8	801,000	79		11.8					1.4	1.0		
9	486,000	37		9.1					1.4	0.7		
10	630,000	62		11.8					1.2	0.7		
11	531,000	42		9.5					1.1	0.7		
12	666,000	55		9.9					1.2	0.8		
13	738,000	43		7.0					1.0	0.8		
14	504,000	32		7.6					1.1	0.8		
15	594,000	50		10.1					1.2	0.9		
16	792,000	68		10.3					1.2	0.8		
17	648,000	50		9.3					1.2	0.7		
18	630,000	26		5.0					1.2	0.6		
19	603,000	67		13.3					1.2	0.7		
20	612,000	43		8.4					1.5	0.9		
21	666,000	48		8.6					1.6	0.9		
22	738,000	65		10.6					2.0	1.2		
23	495,000	39		9.5					1.4	0.8		
24	684,000	36		6.3					1.4	0.7		
25	783,000	75		11.5					1.2	0.7		
26	810,000	80		8.9					1.3	0.7		
27	603,000	45		9.0					1.4	0.7		
28	765,000	55		8.6					1.3	0.7		
29	630,000	40		7.6					1.6	1.0		
30	495,000	58		14.1					1.3	0.8		
31	702,000	53		9.1					1.2	0.8		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month June 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500
Design Flow 1.152 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, TOAN TRAN B-7106, RICHARD DOSS B-6213, JEAN PIERRE C-7605
I certify this report is correct (Lead Operator's Signature) B (Cert. Level) 3607 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	12,208,600	810		242.5					37.2	23.9	12	
Average	147,553	27		8.1					1.2	0.8		
Maximum:	678,000	49		21.43					1.9	1.0		
Minumum:	218,400	7		2.69					0.4	0.7		
1	270,000	13		5.8					1.4	0.8		
2	378,000	27		8.6					1.3	0.9		
3	352,000	23		7.6					1.2	0.9		
4	389,300	27		8.3					1.3	0.9		
5	371,600	33		10.7					1.5	1.0		
6	419,300	35		10.0					1.6	0.9	2	
7	408,700	18		5.3					0.4	0.9	5	
8	314,000	7		2.7					0.4	0.8		
9	332,000	17		6.1					0.6	0.8		
10	389,000	21		6.5					1.0	0.8		
11	458,000	27		7.1					1.1	0.8		
12	276,000	18		7.8					1.2	0.7		
13	678,000	49		8.7					1.2	0.7	5	
14	517,000	25		5.8					1.0	0.7		
15	314,000	18		6.9					1.2	0.8		
16	482,000	30		7.5					1.0	0.8		
17	356,000	23		7.8					1.0	0.8		
18	400,000	20		6.0					1.1	0.8		
19	325,000	20		7.4					1.0	0.7		
20	577,000	39		8.1					1.2	0.7		
21	338,600	28		9.9					1.4	0.7		
22	299,900	21		8.4					1.3	0.8		
23	335,300	21		7.5					1.5	0.8		
24	324,700	22		8.1					1.5	0.8		
25	606,700	33		6.5					1.5	0.7		
26	218,400	39		21.4					1.7	0.8		
27	578,300	43		8.9					1.4	0.8		
28	543,400	49		10.8					1.4	0.8		
29	515,000	33		7.7					1.9	0.7		
30	430,400	31		8.6					1.9	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.

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month June 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 3,000 No of People at End of Month 10,500

Design Flow 1.872 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-7380, TOAN TRAN B-7105, RICHARD DOSS A-6713, JEAN PITZER C-7605, KEVIN BURGESS C-7898

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	16,200,000	1268		288.7					41.7	23.7	2	
Average:	540,000	42		9.6					1.4	0.8		
Maximum:	747,000	107		19.3					1.8	1.0		
Minimum:	216,000	19		4.4					1.1	0.7		
1	657,000	47		8.6					1.4	0.8		
2	504,000	44		10.5					1.4	0.9		
3	621,000	52		10.0					1.4	0.9	2	
4	495,000	40		9.7					1.3	0.6		
5	702,000	36		6.2					1.8	1.0		
6	360,000	52		17.3					1.4	0.8		
7	459,000	20		5.2					1.5	0.9		
8	504,000	28		6.7					1.6	0.8		
9	441,000	28		7.6					1.6	0.8		
10	540,000	40		8.9					1.4	0.8		
11	522,000	77		17.7					1.3	0.8		
12	495,000	48		11.6					1.4	0.8		
13	576,000	49		10.2					1.5	0.7		
14	531,000	27		6.1					1.4	0.7		
15	468,000	30		7.7					1.4	0.8		
16	531,000	33		7.5					1.4	0.8		
17	540,000	36		8.4					1.4	0.7		
18	576,000	50		10.4					1.2	0.8		
19	585,000	51		10.5					1.1	0.8		
20	216,000	31		17.2					1.4	0.7		
21	513,000	42		9.8					1.3	0.7		
22	513,000	19		4.4					1.4	0.8		
23	594,000	29		5.9					1.5	0.8		
24	441,000	39		10.6					1.4	0.7		
25	540,000	24		5.3					1.4	0.7		
26	666,000	107		19.3					1.5	0.8		
27	603,000	52		10.3					1.3	0.8		
28	540,000	49		10.9					1.2	0.8		
29	720,000	36		6.0					1.2	0.7		
30	747,000	50		8.0					1.2	0.8		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month July 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500
Design Flow 1.152 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Jereme Hampton C-7360, Toan Tran B-7106, Jean Pitzer [illegible]
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							Residual Chlorine (mg/l)		Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	11,780,000	869		274.1					43.2	23.2	7	
Average:	245,958	28		8.8					1.4	0.7		
Maximum:	588,200	59		14.55					2.2	0.9		
Minimum:	134,100	5		1.70					1.0	0.6		
1	383,600	31		9.7					1.6	0.8		
2	260,300	20		9.2					1.1	0.8		
3	376,100	27		8.6					1.0	0.7		
4	344,900	29		10.1					1.3	0.8		
5	492,300	32		7.8					1.9	0.8	2	
6	357,600	32		10.7					1.5	0.7		
7	399,100	28		8.4					1.6	0.7		
8	388,600	32		9.9					1.6	0.9	5	
9	352,900	5		1.7					1.3	0.8		
10	296,900	36		14.6					1.3	0.8		
11	588,200	59		10.3					1.6	0.8		
12	421,000	35		10.0					2.2	0.7		
13	446,100	26		7.0					1.2	0.7		
14	392,800	31		9.5					1.2	0.8		
15	376,500	25		8.0					1.2	0.8		
16	465,100	34		8.8					1.3	0.8		
17	306,200	25		9.8					1.2	0.7		
18	649,300	40		7.4					1.3	0.8		
19	404,700	34		10.1					1.7	0.7		
20	494,800	39		9.5					1.5	0.8		
21	374,600	28		9.0					1.3	0.7		
22	330,600	23		8.3					1.4	0.7		
23	471,600	29		7.4					1.5	0.7		
24	293,600	28		11.4					1.5	0.7		
25	424,600	31		8.8					1.3	0.8		
26	344,800	25		8.7					1.4	0.8		
27	235,100	16		8.2					1.2	0.6		
28	284,500	24		10.1					1.3	0.7		
29	271,400	22		9.7					1.3	0.7		
30	328,100	17		6.2					1.2	0.7		
31	134,100	6		5.4					1.2	0.7		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location: City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-871-2430 Reporting Month July 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 3,000 No of People at End of Month 10,500

Design Flow 1.872 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, TOAN TRAN B-7106

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							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	17,811,000	1415		296.5					42.5	23.2	2	
Average	574,548	46		9.6					1.4	0.7		
Maximum	684,000	98		19.2					1.5	0.9		
Minimum	360,000	9		2.1					1.2	0.6		
1	522,000	67		15.4					1.3	0.8		
2	567,000	44		9.3					1.4	0.8		
3	603,000	49		9.8					1.3	0.7		
4	567,000	52		11.0					1.3	0.8		
5	513,000	9		2.1					1.3	0.8	2	
6	558,000	44		9.5					1.4	0.8		
7	540,000	40		8.9					1.5	0.7		
8	576,000	73		15.2					1.4	0.9		
9	648,000	48		8.9					1.5	0.9		
10	459,000	39		10.2					1.3	0.8		
11	594,000	38		7.7					1.3	0.8		
12	531,000	17		3.8					1.2	0.7		
13	639,000	24		4.5					1.3	0.7		
14	504,000	35		8.3					1.5	0.8		
15	567,000	82		17.4					1.2	0.8		
16	522,000	55		12.6					1.4	0.8		
17	576,000	53		11.0					1.2	0.7		
18	657,000	44		8.0					1.3	0.7		
19	639,000	30		5.6					1.5	0.7		
20	684,000	61		10.7					1.5	0.8		
21	558,000	80		12.9					1.5	0.7		
22	621,000	54		10.4					1.4	0.7		
23	531,000	31		7.0					1.4	0.7		
24	657,000	42		7.7					1.4	0.7		
25	675,000	34		6.0					1.4	0.8		
26	531,000	37		8.4					1.4	0.7		
27	567,000	27		5.7					1.4	0.6		
28	612,000	98		19.2					1.3	0.7		
29	639,000	48		9.0					1.4	0.7		
30	360,000	31		10.3					1.3	0.7		
31	594,000	49		9.9					1.5	0.7		

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2630 Reporting Month August 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500
Design Flow 1.152 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, Toan Tran B-7106, John Pitzer C-7605
I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7896 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	10,031,200	698		265.7					38.8	22.4	12	
Average:	132,587	23		8.6					1.3	0.7		
Maximum:	572,000	40		15.85					1.8	0.9		
Minimum:	136,700	5		1.52					0.7	0.6		
1	392,400	25		7.6					1.5	0.7		
2	346,400	24		8.3					1.5	0.8	7	
3	262,400	18		8.2					1.2	0.7		
4	305,800	24		9.4					1.2	0.7		
5	362,400	27		8.9					1.2	0.7		
6	387,800	22		6.8					1.2	0.7		
7	168,900	14		9.9					1.4	0.8		
8	420,300	26		8.0					1.3	0.8		
9	249,800	16		7.7					1.2	0.7		
10	290,600	22		9.1					1.2	0.7		
11	232,900	17		8.8					1.2	0.6		
12	241,000	19		9.5					1.4	0.8		
13	341,600	28		9.8					1.3	0.8		
14	136,700	9		7.9					1.1	0.6		
15	420,600	25		7.4					1.4	0.6		
16	253,000	20		9.5					1.3	0.6	5	
17	275,400	20		8.7					1.7	0.8		
18	327,700	26		9.5					1.4	0.7		
19	300,000	24		9.6					1.4	0.7		
20	348,100	22		7.6					1.3	0.7		
21	242,000	27		13.4					1.5	0.7		
22	499,300	40		9.6					1.8	0.8		
23	239,600	19		9.5					1.7	0.8		
24	323,500	17		6.3					0.7	0.9		
25	317,000	21		7.9					1.1	0.8		
26	348,000	18		6.2					1.0	0.8		
27	395,000	5		1.5					1.1	0.8		
28	253,000	33		15.7					0.7	0.6		
29	572,000	36		7.6					1.0	0.7		
30	378,000	21		6.7					1.0	0.6		
31	400,000	30		9.0					0.8	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 recor

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month August 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 3,000 No of People at End of Month 10,500

Design Flow 1.872 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, Toan Tran B-7106, Jean Pizzer C-7808

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7898 (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	16,596,000	1310		284.3					45.2	22.6	2	
Average	535,355	42		9.5					1.5	0.7		
Maximum	648,000	83		18.1					1.7	0.9		
Minimum	396,000	18		3.4					1.2	0.6		
1	540,000	20		4.4					1.4	0.7		
2	630,000	60		11.4					1.6	0.8	2	
3	549,000	48		10.5					1.2	0.7		
4	630,000	52		9.9					1.5	0.7		
5	576,000	49		10.2					1.4	0.7		
6	522,000	41		9.4					1.3	0.7		
7	531,000	30		6.8					1.4	0.8		
8	648,000	25		4.6					1.4	0.8		
9	522,000	39		9.0					1.4	0.7		
10	549,000	83		18.1					1.5	0.7		
11	477,000	32		8.1					1.4	0.6		
12	585,000	47		9.6					1.4	0.8		
13	432,000	38		10.6					1.3	0.8		
14	540,000	35		7.8					1.4	0.8		
15	603,000	29		5.8					1.4	0.6		
16	495,000	27		6.5					1.7	0.7		
17	504,000	45		10.7					1.7	0.6		
18	468,000	84		18.4					1.5	0.7		
19	558,000	42		9.0					1.4	0.7		
20	468,000	37		9.5					1.3	0.7		
21	558,000	54		11.6					1.4	0.7		
22	549,000	39		8.5					1.6	0.8		
23	495,000	41		9.9					1.4	0.8		
24	549,000	43		9.4					1.6	0.9		
25	495,000	29		7.0					1.6	0.6		
26	558,000	18		3.4					1.7	0.8		
27	396,000	22		6.7					1.3	0.7		
28	567,000	95		14.0					1.6	0.6		
29	531,000	62		14.0					1.6	0.7		
30	531,000	46		10.4					1.2	0.8		
31	540,000	49		10.9					1.6	0.7		

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month SEPTEMBER 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500
Design Flow 1.152 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, Toan Tran B-7106, Jeap Pitzer D-7895
I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7896 (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Sample Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	10,255,000	602		213.2					29.4	19.7	11	
Average:		20		7.1					1.0	0.7		
Maximum:	571,000	31		8.67					1.1	0.7		
Minimum:												
1	442,000	31		8.4					1.0	0.7		
2	349,000	17		5.8					0.9	0.7		
3	467,000	23		5.9					1.1	0.7		
4	197,000	14		8.5					0.8	0.6		
5	352,000	24		8.2					1.0	0.7		
6	571,000	30		6.3					0.6	0.6		
7	359,000	25		8.4					0.9	0.6	1	
8	394,000	26		7.9					1.1	0.6	5	
9	241,000	10		5.0					0.9	0.6		
10	341,000	17		6.0					1.0	0.7		
11	231,000	14		7.3					1.0	0.7		
12	511,000	31		7.3					1.0	0.7		
13	276,000	19		8.3					0.8	0.6		
14	249,000	18		8.7					0.8	0.6		
15	333,000	21		7.6					1.0	0.6		
16	334,000	22		7.9					1.1	0.6		
17	369,000	10		3.3					1.0	0.6		
18	170,000	12		8.5					1.0	0.6		
19	475,000	27		6.8					1.0	0.7	5	
20	323,000	21		7.8					1.0	0.6		
21	269,000	18		8.0					1.0	0.7		
22	294,000	21		8.6					1.1	0.7		
23	395,000	26		7.9					1.1	0.6		
24	384,000	22		6.9					1.0	0.7		
25	293,000	11		4.5					1.0	0.7		
26	454,000	26		6.9					1.1	0.7		
27	267,000	13		5.4					1.0	0.7		
28	317,000	21		7.9					1.1	0.7		
29	280,000	17		7.3					1.0	0.7		
30	298,000	15		6.0					1.0	0.7		
31												

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No. 407-671-2430 Reporting Month September 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 3,000 No of People at End of Month 10,500

Design Flow 1.872 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, Toan Tran B-7106, Jean Pitzer C-7805

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7895 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) (backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	15,795,000	1202		271.1					43.8	18.9	12	
Average	526,500	40		9.0					1.5	0.6		
Maximum	675,000	92		19.5					1.7	0.7		
Minimum	396,000	16		4.5					0.5	0.5		
1	639,000	37		6.9					1.5	0.7		
2	504,000	19		4.5					1.7	0.7		
3	486,000	18		4.6					1.3	0.7		
4	540,000	42		9.3					1.7	0.6		
5	567,000	92		19.5					1.8	0.7		
6	675,000	48		8.5					1.5	0.6		
7	513,000	40		9.4					1.6	0.6	2	
8	612,000	44		8.6					1.5	0.6	5	
9	512,000	26		5.1					1.6	0.6		
10	405,000	18		5.3					1.3	0.6		
11	576,000	68		14.2					1.6	0.7		
12	585,000	64		13.1					1.6	0.6		
13	549,000	44		9.6					1.5	0.6		
14	459,000	38		9.9					1.6	0.6		
15	495,000	23		5.6					1.3	0.6		
16	495,000	40		9.7					1.4	0.6		
17	495,000	33		8.0					1.4	0.6		
18	531,000	42		9.5					1.4	0.6		
19	558,000	67		14.4					1.6	0.7	5	
20	495,000	35		8.5					1.5	0.7		
21	603,000	30		6.0					0.5	0.5		
22	396,000	30		9.1					1.6	0.6		
23	576,000	46		9.6					1.5	0.6		
24	414,000	22		6.4					1.4	0.6		
25	522,000	35		8.0					1.5	0.7		
26	495,000	25		6.1					1.3	0.6		
27	585,000	56		11.5					1.4	0.6		
28	450,000	45		12.0					1.4	0.6		
29	522,000	45		10.3					1.4	0.7		
30	459,000	30		7.8					1.5	0.7		
31												

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DER Form 17.555910(2)
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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or S/D University Shores

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month October 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.152 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, TOAN TRAN B-7106, JEAN FITZER C-7605, RICK GILGINAS C-6515

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7856 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	11,549,000	749		244.8					32.4	18.3		
Average:	372,548	24		7.9					1.0	0.6		
Maximum:	639,000	55		11.04					1.4	0.9		
Minimum:	170,000	12		4.40					0.6	0.3		
1	222,000	19		10.3					1.0	0.6		
2	327,000	12		4.4					1.0	0.8		
3	492,000	43		10.5					0.8	0.6		
4	284,000	15		6.3					0.8	0.6		
5	294,000	19		7.8					0.6	0.8		
6	299,000	21		8.4					0.7	0.7		
7	300,000	18		7.2					0.6	0.6		
8	386,000	19		5.9					0.7	0.5		
9	308,000	19		7.4					0.8	0.6		
10	579,000	22		4.5					0.8	0.4		
11	349,000	32		11.0					0.6	0.3		
12	212,000	12		6.8					0.7	0.4		
13	294,000	18		7.3					0.8	0.6		
14	418,000	36		10.3					1.2	0.6		
15	575,000	28		5.8					1.2	0.6		
16	242,000	21		10.4					1.2	0.7		
17	516,000	32		7.4					1.2	0.7		
18	348,000	23		7.9					1.2	0.7		
19	300,000	22		8.8					1.2	0.6		
20	411,000	30		8.8					1.2	0.6		
21	390,000	23		7.1					1.4	0.7		
22	302,000	15		6.0					1.3	0.8		
23	519,000	27		6.2					1.2	0.6		
24	639,000	55		10.3					1.3	0.6		
25	387,000	28		8.7					1.4	0.6		
26	498,000	20		4.8					1.3	0.6		
27	326,000	30		11.0					1.4	0.8		
28	327,000	19		7.0					1.1	0.6		
29	381,000	26		8.2					1.2	0.8		
30	170,000	14		9.9					1.0	0.5		
31	454,000	31		8.2					1.3	0.6		

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month October 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 3,000 No of People at End of Month 10,500

Design Flow 1.872 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, Rick Gilgineo C-6515, Tean Trap C-7196

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7898 (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	16,110,000	1219		280.8					38.2	16.6	12	
Average	519,677	39		9.1					1.2	0.5		
Maximum.	693,000	75		16.1					1.6	0.8		
Minimum.	441,000	15		3.6					0.4	0.3		
1	459,000	36		9.9					1.5	0.6		
2	459,000	18		4.7					1.2	0.6		
3	630,000	36		6.9					1.5	0.7		
4	441,000	37		10.1					1.0	0.7		
5	556,000	75		16.1					1.5	0.8		
6	450,000	30		8.0					1.5	0.7	7	
7	504,000	40		9.5					1.0	0.7		
8	486,000	45		11.1					1.1	0.7		
9	459,000	17		4.4					0.4	0.3		
10	531,000	33		7.5					1.2	0.4		
11	504,000	37		8.8					1.4	0.3		
12	441,000	38		10.3					1.6	0.4		
13	522,000	45		10.3					1.4	0.4		
14	558,000	33		7.1					1.2	0.4		
15	540,000	42		9.3					1.3	0.5		
16	522,000	46		10.6					1.4	0.7		
17	513,000	42		9.8					1.2	0.6		
18	567,000	24		5.1					1.3	0.5	5	
19	486,000	18		4.4					1.2	0.5		
20	531,000	50		11.3					1.2	0.5		
21	567,000	60		12.7					1.2	0.4		
22	459,000	35		9.2					1.2	0.5		
23	513,000	40		9.4					1.0	0.6		
24	693,000	65		11.3					1.0	0.5		
25	504,000	15		3.6					1.2	0.6		
26	576,000	25		5.2					1.2	0.6		
27	585,000	50		10.3					1.4	0.6		
28	486,000	65		16.0					1.2	0.5		
29	558,000	32		6.9					1.3	0.5		
30	450,000	40		10.7					1.1	0.5		
31	558,000	48		10.3					1.3	0.5		

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3461413 PWS Name University Shores Location:City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month November 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 3,000 No of People at End of Month 10,500
Design Flow 1.152 MGD Remarks (Use Reverse Side)
Provide Name(s) and Operator Certification No.(s) for all certified operators working at the plant for the month
Rick Giginas C-6515, Jerome Hampton C-7360, Joan Tran B-7106
I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7896 (Cert. No)

Days of	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	12,441,100	720		222.7					35.8	14.5	12	
Average	414,703	24		7.4					1.2	0.5		
Maximum:	760,000	55		21.1					1.4	0.6		
Minimum:	222,000	5		1.9					0.8	0.4		
1	387,000	30		9.3					1.3	0.5		
2	356,000	20		6.7					1.4	0.6		
3	414,000	25		7.2					1.3	0.5		
4	345,000	24		8.3					1.2	0.5		
5	377,000	25		8.0					1.0	0.5		
6	430,000	36		10.0					1.2	0.5		
7	642,000	10		1.9					1.2	0.5		
8	312,000	45		17.3					1.2	0.6		
9	467,000	30		7.7					1.3	0.6	6	
10	405,000	25		7.4					1.2	0.5		
11	444,000	20		5.4					1.2	0.5		
12	366,000	11		3.6					1.3	0.6		
13	222,000	39		21.1					1.3	0.6		
14	501,000	28		6.7					1.3	0.6		
15	248,000	20		9.7					1.2	0.5		
16	297,000	17		6.9					1.2	0.4		
17	230,000	15		7.8					1.0	0.4		
18	320,000	15		5.6					1.0	0.4		
19	273,000	5		2.2					1.2	0.4		
20	537,000	55		12.3					1.4	0.4		
21	558,000	25		5.4					1.4	0.4		
22	435,000	20		5.5					0.8	0.4	6	
23	481,000	36		9.5					1.1	0.4		
24	298,000	22		8.9					1.2	0.4		
25	457,000	20		5.3					1.4	0.5		
26	575,100	10		2.1					1.2	0.5		
27	402,000	30		9.0					1.0	0.4		
28	760,000	40		6.3					1.0	0.4		
29	348,000	10		3.4					1.0	0.5		
30	554,000	10		2.2					1.9	0.5		
31												

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month November 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 3,000 No of People at End of Month 10,500

Design Flow 1.872 MGD Remarks (Use Reverse Side)

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

Rick Gilginas C-6515, Jerome Hampton C-7360, Tuan Tran B-7106

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7896 (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	14,910,000	1019		248.6					30.0	14.9	12	
Average	497,000	34		8.3					1.0	0.5		
Maximum	648,000	130		32.7					1.3	0.6		
Minimum	252,000	2		0.4					0.4	0.4		
1	445,000	20		5.4					1.3	0.5		
2	567,000	15		3.2					1.3	0.6		
3	477,000	55		13.8					1.3	0.6		
4	522,000	4		0.9					1.2	0.5		
5	531,000	36		8.1					1.2	0.5		
6	585,000	50		10.3					1.2	0.5		
7	603,000	40		8.0					1.2	0.5		
8	504,000	20		4.8					1.2	0.6		
9	603,000	32		6.4					1.3	0.6	7	
10	427,000	18		5.1					1.3	0.6		
11	612,000	2		0.4					1.0	0.5		
12	396,000	28		8.5					1.0	0.8		
13	648,000	50		9.3					1.0	0.6		
14	522,000	42		9.7					1.2	0.6		
15	481,000	28		7.0					1.2	0.5		
16	477,000	36		9.1					0.4	0.4		
17	540,000	34		7.6					0.4	0.4		
18	450,000	26		6.9					0.5	0.4		
19	585,000	30		6.2					0.4	0.4		
20	252,000	14		6.7					0.6	0.4		
21	369,000	28		9.1					0.8	0.4		
22	522,000	35		8.0					0.6	0.4	5	
23	396,000	25		7.6					0.9	0.4		
24	489,000	55		13.5					0.9	0.4		
25	531,000	45		10.2					1.2	0.5		
26	405,000	33		9.8					1.0	0.5		
27	531,000	42		9.5					1.0	0.5		
28	513,000	26		6.1					1.2	0.5		
29	450,000	20		5.3					1.0	0.5		
30	477,000	130		32.7					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. 3481413 PWS Name University Shores Location:City or S/D University Shores

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month December 1994

Plant Effluent pH (Avg) _____ No of Services at End of Month 3,000 No of People at End of Month 10,500

Design Flow 1.152 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, RICK GILGINAS C-8575

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7896 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	12,234,900	859		257.8					35.2	16.3	12	
Average	394,674	28		8.3					1.1	0.5		
Maximum:	647,000	62		15.5					1.5	0.7		
Minimum:	260,000	9		2.6					0.4	0.3		
1	387,000	50		15.5					1.2	0.5		
2	401,000	45		13.5					1.4	0.5		
3	314,000	22		8.4					1.1	0.7		
4	402,000	33		9.9					1.4	0.6		
5	564,000	55		11.7					1.2	0.6		
6	403,000	25		7.4					1.4	0.6		
7	434,000	30		8.3					1.2	0.6		
8	449,000	30		8.0					1.2	0.6	7	
9	422,000	9		2.6					1.4	0.3		
10	435,000	11		3.0					1.3	0.4		
11	538,000	62		13.8					1.3	0.4		
12	647,000	43		8.0					1.3	0.4		
13	426,000	29		8.1					1.5	0.6		
14	386,000	31		9.6					1.4	0.6		
15	335,000	20		7.2					1.4	0.5		
16	377,000	25		8.0					1.3	0.5		
17	599,000	36		7.2					1.4	0.5		
18	311,000	24		9.3					1.4	0.5		
19	508,000	35		8.3					1.0	0.4		
20	388,000	20		6.2					1.0	0.4	5	
21	324,000	20		7.4					0.4	0.4		
22	310,400	15		5.8					0.6	0.4		
23	294,000	10		4.1					0.4	0.4		
24	314,700	25		9.5					1.2	0.5		
25	326,000	25		9.2					1.2	0.5		
26	300,000	20		8.0					1.2	0.5		
27	260,000	18		8.3					1.1	0.4		
28	334,000	32		11.5					1.2	0.5		
29	322,900	15		5.6					1.0	0.5		
30	293,500	17		7.0					0.5	0.5		
31	427,400	27		7.6					0.6	0.5		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No: 3481413 PWS Name: Suncrest Location: City or S/D: Suncrest S/D

Owned By: Southern States Utilities Phone No: 407-671-2430 Reporting Month: December 1994

Plant Effluent pH (Avg): 7.2 No of Services at End of Month: 3,000 No of People at End of Month: 10,500

Design Flow: 1.872 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, RICK GILGINAS C-8715

I certify the report is correct [signature] C 7886

(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	14,112,000	1131		299.2					36.1	15.4	12	
Average:	455,226	36		9.7					1.2	0.5		
Maximum	621,000	61		16.2					1.4	0.6		
Minimum:	333,000	10		2.6					0.4	0.3		
1	432,000	39		10.6					1.3	0.5		
2	468,000	61		15.6					1.4	0.5		
3	432,000	30		8.3					1.3	0.6		
4	459,000	35		9.2					1.3	0.5		
5	441,000	35		9.5					1.3	0.6		
6	441,000	30		8.2					1.0	0.5		
7	459,000	10		2.6					0.4	0.4		
8	369,000	25		8.1					0.6	0.4	7	
9	441,000	18		4.9					1.3	0.3		
10	423,000	28		7.9					1.0	0.4		
11	459,000	59		15.4					1.2	0.4		
12	333,000	45		16.2					1.3	0.4		
13	423,000	31		8.8					1.0	0.6		
14	414,000	34		9.9					1.4	0.6		
15	477,000	40		10.1					1.4	0.5		
16	441,000	35		9.5					1.4	0.5		
17	360,000	20		6.7					1.1	0.4		
18	540,000	45		10.0					1.2	0.5		
19	405,000	40		11.9					1.1	0.4		
20	450,000	40		10.7					1.2	0.5	5	
21	576,000	45		9.4					1.0	0.4		
22	531,000	42		9.5					1.0	0.5		
23	378,000	33		10.5					1.0	0.5		
24	432,000	25		6.9					1.2	0.5		
25	486,000	25		6.2					1.2	0.6		
26	549,000	40		8.7					1.2	0.6		
27	441,000	45		12.2					1.2	0.6		
28	513,000	55		12.9					1.2	0.6		
29	567,000	40		8.5					1.2	0.5		
30	621,000	51		9.9					1.1	0.5		
31	351,000	30		10.3					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

PWS ID No. 3481413 PWS Name University Shores Location: City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month January 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 3,000 No of People at End of Month 10,500
Design Flow 1.152 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, Ernest Jackson C-6672 Toan Tran C-7106

I certify this report is correct Original signed by D. Richard Eck Jr. (Lead Operator's Signature) B (Cert. Level) 3607 (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	9,756,200	642		253.4					27.2	17.5	12	
Average	314,700	21		8.2					0.9	0.6		
Maximum	592,500	45		11.8					1.9	1.0		
Minimum	131,000	5		3.6					0.3	0.3		
1	270,100	17		7.6					1.1	0.6		
2	265,000	16		7.2					0.7	0.4		
3	283,700	27		11.4					0.7	0.4	7	
4	253,600	15		7.1					1.0	0.6		
5	245,800	15		7.3					0.8	0.5		
6	154,300	11		8.6					0.9	0.4		
7	321,100	18		6.7					0.6	0.7		
8	147,900	5		4.1					0.8	0.4		
9	193,100	19		11.8					0.4	0.4		
10	329,100	10		3.6					0.8	0.4		
11	173,600	11		7.6					0.9	0.5		
12	131,000	10		9.2					0.8	0.8		
13	309,000	12		4.7					0.4	0.6		
14	277,900	18		7.8					0.4	0.5		
15	181,200	11		7.3					0.6	0.5		
16	400,600	27		8.1					0.6	0.4		
17	300,900	25		10.0					0.7	0.5		
18	537,700	31		6.9					0.7	0.6		
19	592,500	29		5.9					0.4	0.3		
20	455,400	23		6.1					0.3	0.3		
21	485,000	29		7.2					0.3	0.6		
22	402,500	28		8.3					1.7	0.5	5	
23	392,000	30		9.2					0.5	0.3		
24	468,400	45		11.5					1.5	0.8		
25	264,200	25		11.4					1.9	1.0		
26	224,300	20		10.7					1.7	0.8		
27	384,600	29		9.0					1.5	0.8		
28	317,900	22		8.3					1.2	0.7		
29	275,000	20		8.7					1.3	0.9		
30	257,900	22		10.2					1.0	0.5		
31	460,700	37		9.6					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.

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No: 3481413 PWS Name: Suncrest Location:City or S/D: Suncrest S/D

Owned By: Southern States Utilities Phone No: 407-671-2430 Reporting Month: January 1993

Plant Effluent pH (Avg): 7.4 No of Services at End of Month: 3,000 No of People at End of Month: 10,500

Design Flow: 1.872 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 / Toan Tran C-7106 / John Coffee C-6614

I certify this report is correct (Original signed by D. Richard Eck, Jr. B-3607)

(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	14 742 000	1142		295.4					39.1	21.9	12	
Average	475,548	37		9.5					1.3	0.7		
Maximum	639 000	69		16.4					1.5	1.1		
Minimum	270 000	12		3.6					1.0	0.4		
1	549 000	32		7.0					1.2	0.7		
2	603 000	59		11.7					1.2	0.6	7	
3	567,000	47		10.0					1.4	0.6		
4	540,000	36		8.0					1.3	0.7		
5	540,000	22		4.9					1.3	0.4		
6	567,000	69		14.6					1.2	0.5		
7	567 000	52		11.0					1.2	0.6		
8	594 000	24		4.9					1.0	0.5		
9	630 000	39		7.4					1.2	0.6		
10	595,000	51		10.3					1.2	0.8		
11	639,000	38		7.1					1.2	0.9		
12	414,000	42		12.2					1.1	0.7		
13	576,000	47		9.8					1.2	0.7		
14	486,000	45		11.1					1.2	0.6		
15	567,000	36		7.6					1.1	0.5		
16	405 000	30		8.9					1.1	0.5		
17	387,000	42		13.0					1.3	0.8		
18	270 000	29		12.9					1.4	0.8		
19	423 000	23		6.5					1.5	0.8		
20	342,000	31		10.9					1.4	0.9		
21	332,000	27		9.8					1.3	0.5	5	
22	466 000	37		9.1					1.0	0.4		
23	459,000	37		9.7					1.2	0.7		
24	315,000	32		12.2					1.3	0.8		
25	513,000	30		7.0					1.4	0.8		
26	396,000	33		10.0					1.3	0.8		
27	378 000	12		3.8					1.4	0.8		
28	450,000	30		8.0					1.4	0.9		
29	378,000	37		11.8					1.5	1.1		
30	459,000	30		7.8					1.3	1.0		
31	315 000	43		16.4					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 record.

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month February 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 3,000 No of People at End of Month 10,500
Design Flow 1.152 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 Toan Tran C-7106 Ernest Jackson C-6672
I certify this report is correct Original signed by D. Richard Eck (Lead Operator's Signature) B (Cert. Level) 3607 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	12,654,500	896		232.7					36.0	22.9	12	
Average	451,900	32		8.3					1.3	0.8		
Maximum	598,400	49		13.00					2.0	1.2		
Minimum	311,900	11		3.68					0.4	0.5		
1	362,200	30		9.9					1.2	0.8		
2	411,000	19		5.5					0.4	0.6		
3	342,400	37		13.0					1.7	0.9		
4	414,500	32		9.3					1.0	0.6		
5	353,700	13		4.4					1.3	0.8		
6	423,500	35		9.9					1.0	0.5		
7	518,400	40		9.3					1.0	0.7		
8	460,700	30		7.8					1.2	0.8		
9	469,800	35		9.2					1.2	0.8		
10	401,200	38		11.4					1.5	0.9		
11	539,000	47		10.5					2.0	1.2		
12	311,900	27		10.4					1.9	0.9		
13	443,600	30		8.1					1.6	0.9		
14	532,500	43		9.7					1.3	0.8		
15	541,800	19		4.2					1.0	0.5		
16	598,400	30		6.0					1.0	0.8	5	
17	426,800	22		6.2					1.2	0.9		
18	435,800	33		9.1					1.2	0.9		
19	417,500	32		9.2					1.3	0.9		
20	524,200	36		8.2					1.4	1.0		
21	569,500	49		10.3					1.5	0.9		
22	587,900	41		8.4					1.5	0.9		
23	494,500	39		9.5					1.2	0.7		
24	368,800	20		6.5					1.1	0.7		
25	406,700	29		8.6					1.2	0.9		
26	461,100	41		10.7					1.4	0.9		
27	478,700	37		9.3					1.3	0.9		
28	358,400	11		3.7					1.4	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.

DEP Form 17 555910(2)
Effective 11-1-88

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No: 3481413 PWS Name: Suncrest Location:City or S/D: Suncrest S/D

Owned By: Southern States Utilities Phone No: 407-671-2430 Reporting Month: February 1993

Plant Effluent pH (Avg): 7.3 No of Services at End of Month: 3,000 No of People at End of Month: 10,500

Design Flow: 1.872 MGD Remarks (Use Reverse Side)

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

Jerome Hampton C-7360 / Toan Tran C-7106 / D. Richard Eck B-3607

I certify this report is correct (Original signed by Sam Sparks A-235)

(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	10,670,000	769		254.4					42	25	12	
Average	381,000	27		9.1					1.5	0.9		
Maximum	600,000	53		20.3					2.0	1.3		
Minimum	160,000	15		4.5					1.1	0.6		
1	600,000	42		8.4					1.3	0.8		
2	450,000	38		10.1					1.3	0.7		
3	450,000	25		6.7					1.4	0.8		
4	400,000	15		4.5					1.6	0.9	7	
5	330,000	21		7.6					1.7	1.1		
6	440,000	17		4.6					1.7	1.1		
7	270,000	22		9.8					1.5	0.9		
8	470,000	53		13.5					1.6	0.9		
9	390,000	20		6.2					1.3	0.8		
10	360,000	46		15.3					1.2	0.8		
11	350,000	25		8.9					1.6	1.2		
12	160,000	27		20.3					1.8	1.2		
13	530,000	28		6.3					2.0	1.3		
14	260,000	25		10.7					1.4	0.9		
15	380,000	23		7.3					1.3	0.8		
16	400,000	23		5.9					1.6	0.9	5	
17	420,000	24		6.9					1.5	0.9		
18	320,000	24		9.0					1.5	0.8		
19	350,000	25		8.6					1.7	1.1		
20	450,000	25		6.7					1.6	1.0		
21	310,000	30		11.6					1.4	0.8		
22	520,000	37		8.5					1.4	0.9		
23	320,000	24		9.0					1.4	0.8		
24	290,000	19		7.9					1.5	1.0		
25	350,000	22		7.5					1.5	0.9		
26	460,000	30		7.8					1.4	1.0		
27	360,000	28		8.8					1.1	0.6		
28	240,000	30		15.0					1.7	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. 3461413 PWS Name University Shores Location:City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month March 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 3,000 No of People at End of Month 10,500
Design Flow 1.152 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-7630 Toan Tran C-7106, Ernest Jackson C-6672
I certify this report is correct Original Signed by D. Richard Eck Jr. B 6872
(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	14,191,200	1026		261.8					46.6	25.4	16	
Average	457,781	33		8.4					1.4	0.8		
Maximum:	643,300	49		10.50					1.8	1.0		
Minimum:	282,200	18		4.29					1.0	0.6		
1	494,900	43		10.4					1.3	0.7		
2	489,400	36		8.8					1.3	0.8		
3	570,500	45		9.5					1.3	0.9		
4	447,400	35		9.4					1.6	0.8	7	
5	515,200	32		7.5					1.5	0.7		
6	486,400	36		8.9					1.5	0.9		
7	546,300	40		8.8					1.5	0.9		
8	597,400	49		9.8					1.3	0.7		
9	488,900	34		8.4					1.3	0.9	4	
10	404,700	30		8.9					1.2	0.7		
11	398,400	31		9.3					1.4	0.9		
12	643,300	40		7.5					1.8	0.9		
13	559,200	20		4.3					1.1	0.7		
14	282,200	18		7.7					1.2	0.9		
15	569,000	39		8.2					1.5	1.0		
16	429,500	35		9.8					1.2	0.8		
17	493,800	43		10.5					1.5	0.8		
18	460,400	27		7.0					1.2	0.7	5	
19	470,700	34		8.7					1.0	0.6		
20	333,200	29		10.4					1.5	0.9		
21	505,800	39		9.3					1.4	0.9		
22	524,300	34		7.8					1.5	0.9		
23	456,500	32		8.4					1.4	0.9		
24	534,300	37		8.3					1.3	0.8		
25	457,500	34		8.9					1.5	0.9		
26	287,200	24		10.0					1.5	0.8		
27	327,500	18		6.7					1.2	0.7		
28	294,300	20		8.2					1.2	0.8		
29	435,600	36		9.9					1.6	0.9		
30	386,500	32		9.9					1.5	0.8		
31	300,900	24		9.6					1.3	0.7		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No: 3481413 PWS Name: Suncrest Location: City or S/D: Suncrest S/D

Owned By: Southern States Utilities Phone No: 407-671-2430 Reporting Month: March 1993

Plant Effluent pH (Avg): 7.2 No of Services at End of Month: 3,000 No of People at End of Month: 10,500

Design Flow: 1.872 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 ; Toan Tran C-7106

I certify this report is correct (Original signed by D. Richard Eck B-3607)

(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	10,755,000	881		306.5					44.9	26.0	16	
Average	346,935	28		9.9					1.4	0.8		
Maximum	504,000	43		13.0					1.7	1.1		
Minimum	207,000	16		6.4					1.1	0.5		
1	414,000	38		11.0					1.7	1.1		
2	306,000	33		13.0					1.6	1.0		
3	360,000	27		9.0					1.6	1.0		
4	279,000	22		9.5					1.6	0.9	7	
5	306,000	25		9.8					1.3	0.8		
6	333,000	30		10.8					1.4	0.8		
7	234,000	23		11.8					1.5	0.8		
8	369,000	26		8.4					1.5	0.7		
9	336,000	20		7.1					1.5	0.9	4	
10	333,000	26		9.4					1.5	0.9		
11	351,000	28		9.6					1.4	0.9		
12	396,000	35		10.6					1.2	0.8		
13	297,000	25		10.1					1.1	0.7		
14	297,000	16		6.5					1.3	0.8		
15	414,000	22		6.4					1.5	0.9		
16	369,000	40		13.0					1.5	0.9		
17	347,000	33		11.4					1.3	0.8		
18	342,000	31		10.9					1.5	0.9	5	
19	306,000	20		7.8					1.3	0.9		
20	207,000	20		11.6					1.6	0.8		
21	261,000	20		9.2					1.6	0.9		
22	360,000	31		10.3					1.6	0.9		
23	261,000	23		10.6					1.5	0.8		
24	298,000	27		10.9					1.5	0.9		
25	252,000	21		10.0					1.4	0.7		
26	468,000	29		7.4					1.2	0.6		
27	468,000	36		9.2					1.3	0.7		
28	423,000	37		10.5					1.3	0.7		
29	432,000	39		10.8					1.4	0.8		
30	432,000	35		9.7					1.6	0.9		
31	504,000	43		10.2					1.6	0.8		

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DER Form 17 555910(2)
Effective 11 1 1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month April 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 3,000 No of People at End of Month 10,500

Design Flow 1.872 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 / Toan Tran C-7106 / Ernest Jackson C-6672

I certify this report is correct Original signed by D. Richard Eck Jr.

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	15,605,000	1280		298.1					43.8	24.1	14	
Average	520,167	43		9.9					1.5	0.8		
Maximum	729,000	62		15.7					1.7	1.0		
Minimum	360,000	22		4.8					1.2	0.6		
1	587,000	53		11.2					1.6	0.7	9	
2	450,000	30		8.0					1.4	0.6		
3	450,000	31		8.3					1.6	0.9		
4	549,000	49		10.7					1.4	0.8		
5	405,000	37		11.0					1.5	0.6		
6	513,000	35		8.2					1.3	0.7		
7	441,000	36		9.8					1.5	0.9		
8	486,000	43		10.6					1.7	0.7		
9	558,000	49		10.5					1.6	0.8		
10	522,000	35		8.0					1.3	0.8		
11	360,000	26		8.7					1.3	0.6		
12	531,000	44		9.9					1.4	0.8		
13	540,000	51		11.3					1.4	0.7		
14	466,000	42		10.8					1.4	0.9		
15	603,000	52		10.3					1.7	1.0		
16	540,000	48		10.7					1.4	0.8		
17	495,000	22		5.3					1.2	0.7		
18	459,000	35		9.1					1.2	0.7		
19	630,000	25		4.8					1.5	0.8		
20	522,000	62		14.2					1.6	0.8		
21	396,000	52		15.7					1.6	0.8	5	
22	639,000	56		10.5					1.6	0.9		
23	486,000	40		9.9					1.5	0.9		
24	558,000	24		5.2					1.4	0.9		
25	432,000	56		15.5					1.3	0.9		
26	630,000	45		8.6					1.4	0.9		
27	540,000	45		10.0					1.4	0.8		
28	494,000	48		11.7					1.6	0.8		
29	612,000	54		10.8					1.7	0.9		
30	729,000	55		9.0					1.3	0.8		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or S/D University Shores

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month April 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 3,000 No of People at End of Month 10,500

Design Flow 1.152 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, Toan Tran C-7106, Ernest Jackson C-6672

I certify this report is correct Original signed by D. Richard Eck Jr.

(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	11,350,700	820		259.4					38.9	21.6	14	
Average	378,356	27		8.6					1.3	0.7		
Maximum	650,300	47		15.6					1.9	1.0		
Minimum	153,900	5		3.4					0.8	0.4		
1	292,100	26		10.7					1.3	0.7	9	
2	246,300	10		4.9					1.0	0.6		
3	153,900	5		3.9					1.2	0.6		
4	504,600	15		3.6					1.2	0.6		
5	465,000	32		8.3					1.3	0.5		
6	265,600	28		12.7					1.5	0.7		
7	221,400	19		10.3					1.2	0.6		
8	282,400	23		9.8					1.3	0.6		
9	377,500	28		8.9					1.5	0.7		
10	282,900	20		8.5					1.2	0.6		
11	440,400	44		12.0					1.3	0.8		
12	487,600	42		10.3					1.5	0.7		
13	342,100	27		9.5					1.5	0.9		
14	385,100	18		5.6					1.3	0.9		
15	441,900	20		5.4					1.3	0.7		
16	235,600	9		4.6					0.8	0.4		
17	319,900	9		3.4					1.3	0.7		
18	362,100	47		15.6					1.2	0.8		
19	503,800	32		7.6					1.5	0.9		
20	345,700	41		14.2					1.3	0.8		
21	361,700	29		9.1					1.5	0.9	5	
22	359,900	29		9.7					1.5	0.9		
23	389,300	33		10.2					1.5	0.8		
24	423,200	40		11.3					1.9	1.0		
25	484,600	30		7.4					1.5	0.9		
26	595,900	42		8.5					1.4	0.8		
27	330,200	23		8.4					1.3	0.9		
28	650,300	42		7.8					1.3	0.9		
29	385,100	29		9.0					1.3	0.8		
30	394,600	28		8.5					1.2	0.7		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location: City or S/D University Shores

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month May 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 3,000 No of People at End of Month 10,500

Design Flow 1.152 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, Toan Tran C-7109, Ernest Jackson C-6672, Jean Pitzer C-7605

I certify this report is correct Original signed by D. Richard Eck Jr. (Lead Operator's Signature) (Cert. Level) B 6672 (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	15,643,580	1079		258.0					41.1	23.9	12	
Average	298,597	34.8		8.3					1.3	0.8		
Maximum	625,600	83.0		16.0					1.7	0.9		
Minimum:	103,800	10.0		3.40					1.0	0.5		
1	393,500	27		8.2					1.5	0.9		
2	587,600	46		9.6					1.5	0.9		
3	555,300	31		6.7					1.3	0.6		
4	103,800	12		13.9					1.2	0.5		
5	491,700	26		6.3					1.3	0.6	7	
6	518,500	32		7.4					1.3	0.8		
7	592,900	33		6.7					1.2	0.8		
8	555,400	45		9.7					1.4	0.9		
9	504,500	46		10.9					1.5	0.8		
10	537,200	45		10.1					1.7	0.8		
11	540,900	41		9.1					1.3	0.8		
12	532,800	30		6.8					1.3	0.8		
13	494,000	14		3.4					1.3	0.8		
14	367,300	16		5.2					1.8	0.9		
15	590,500	58		11.8					1.4	0.9		
16	580,600	22		4.5					1.5	0.8		
17	660,600	89		12.2					1.3	0.7		
18	569,580	43		9.1					1.0	0.5		
19	539,400	47		10.5					1.4	0.7		
20	693,900	33		5.7					1.4	0.9	5	
21	530,800	25		5.7					1.1	0.8		
22	530,700	22		5.0					1.3	0.8		
23	624,400	83		16.0					1.4	0.8		
24	825,600	51		7.4					1.4	0.8		
25	546,000	41		9.0					1.4	0.8		
26	470,700	38		9.7					1.4	0.7		
27	612,100	35		6.9					1.2	0.8		
28	331,700	15		5.4					1.1	0.7		
29	256,000	10		4.7					1.0	0.7		
30	245,900	15		7.3					1.2	0.8		
31	239,700	26		13.0					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.

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month May 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 3,000 No of People at End of Month 9,500

Design Flow 1.672 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 / Toan Tran C-7106

I certify this report is correct D. Richard Eck B-3607

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	22,374,000	1778		299.4					42.1	24.7	12	
Average	721,741	57		9.7					1.4	0.8		
Maximum	1,098,000	92		15.5					2.2	0.9		
Minimum	531,000	27		4.1					0.6	0.3		
1	549,000	51		11.1					1.2	0.7		
2	531,000	53		12.0					1.3	0.8		
3	720,000	53		8.8					1.3	0.8		
4	738,000	84		13.6					1.5	0.8		
5	540,000	43		9.5					1.7	0.9	7	
6	603,000	28		5.6					0.6	0.3		
7	711,000	54		9.1					1.2	0.9		
8	738,000	70		11.4					1.4	0.8		
9	549,000	36		7.9					1.4	0.8		
10	639,000	41		7.8					1.6	0.9		
11	729,000	54		8.9					1.6	0.9		
12	747,000	79		12.7					1.3	0.8		
13	693,000	65		11.2					1.4	0.7		
14	792,000	27		4.1					1.0	0.5		
15	765,000	54		8.5					1.4	0.9		
16	639,000	76		14.6					2.2	0.9		
17	765,000	72		11.3					1.0	0.8		
18	1,098,000	59		6.4					1.4	0.8		
19	612,000	29		5.7					1.2	0.7		
20	801,000	56		8.4					1.4	0.9	5	
21	792,000	46		7.0					1.2	0.9		
22	854,000	73		10.2					1.4	0.9		
23	774,000	92		14.3					1.2	0.8		
24	837,000	52		7.4					1.4	0.8		
25	891,000	69		9.3					1.3	0.8		
26	792,000	82		12.4					0.9	0.7		
27	819,000	84		12.3					1.3	0.7		
28	747,000	41		6.6					1.5	0.9		
29	657,000	35		6.4					1.7	0.9		
30	612,000	48		9.4					1.7	0.9		
31	540,000	70		15.5					1.4	0.8		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month June 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 3,000 No of People at End of Month 10,500
Design Flow 1.152 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, Jean Pitzer C-7605, Toan Tran C-7106
I certify this report is correct Original signed by D. Richard Eck Jr (Lead Operator's Signature) B (Cert. Level) 3607 (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	10,713,000	799		261.9					38.6	22.9	12	
Average	357,100	27		8.7					1.3	0.8		
Maximum	676,800	78		20.2					1.9	0.9		
Minimum	113,000	7		3.1					1.0	0.6		
1	392,600	34		10.4					1.3	0.7		
2	303,400	51		20.2					1.3	0.7		
3	304,700	28		11.0					1.2	0.6		
4	304,600	16		7.1					1.1	0.7		
5	449,100	23		6.1					1.1	0.7		
6	377,100	30		9.5					1.2	0.8		
7	674,900	46		8.2					1.7	0.9		
8	438,600	28		7.7					1.4	0.6	7	
9	509,400	44		10.4					1.4	0.8		
10	471,300	30		7.6					1.3	0.8		
11	452,600	40		10.6					1.4	0.6		
12	379,400	25		7.9					1.2	0.7		
13	876,800	78		10.7					1.3	0.8		
14	563,500	39		8.3					1.3	0.8		
15	113,000	14		14.9					1.3	0.6		
16	250,800	13		6.2					1.3	0.9		
17	259,800	19		8.8					1.3	0.9	5	
18	267,600	7		3.1					1.1	0.7		
19	281,600	13		5.5					1.2	0.7		
20	336,700	42		15.0					1.3	0.8		
21	446,900	28		7.5					1.3	0.8		
22	336,600	16		5.7					1.9	0.9		
23	331,200	30		10.9					1.5	0.9		
24	204,700	13		7.6					1.3	0.8		
25	257,400	16		7.5					1.1	0.6		
26	173,700	12		8.3					1.0	0.6		
27	276,100	21		9.1					1.3	0.8		
28	311,600	16		6.2					1.2	0.8		
29	162,300	11		8.1					1.2	0.8		
30	205,000	14		8.2					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.

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month June 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 3,000 No of People at End of Month 10,500

Design Flow 1.872 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 / Ernest Jackson C-6572 / Toan Tran C-7100

I certify this report is correct (Original signed by D. Richard Eck Jr. C-3607)

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	18,368,000	1365		267.3					43.6	25.4	12	
Average	612,267	46		8.9					1.5	0.8		
Maximum	882,000	97		16.8					2.5	1.1		
Minimum	117,000	10		5.2					0.4	0.6		
1	657,000	66		12.1					1.4	0.8		
2	567,000	54		11.4					1.5	0.9		
3	675,000	39		7.1					1.5	0.9		
4	675,000	43		7.6					1.6	1.1		
5	692,000	30		5.2					1.5	0.9		
6	693,000	97		16.8					1.4	0.8		
7	765,000	69		10.8					1.5	0.8		
8	783,000	48		7.4					1.5	0.8	7	
9	765,000	51		8.0					1.4	0.9		
10	630,000	43		8.2					1.5	0.8		
11	747,000	44		7.1					1.3	0.8		
12	882,000	80		10.9					1.2	0.8		
13	117,000	10		10.2					0.9	0.7		
14	567,000	29		6.1					2.5	0.9		
15	585,000	27		5.5					1.3	0.6		
16	612,000	43		8.4					1.5	0.9		
17	585,000	45		9.2					1.5	0.9	5	
18	603,000	43		8.6					1.4	0.8		
19	621,000	55		10.6					1.4	0.9		
20	540,000	46		10.2					1.5	0.9		
21	558,000	28		6.0					0.4	0.8		
22	675,000	53		9.4					1.6	1.0		
23	504,000	61		14.5					1.8	0.9		
24	531,000	34		7.7					1.2	0.8		
25	711,000	50		8.4					1.4	0.9		
26	549,000	55		12.0					1.5	0.9		
27	495,000	26		6.3					1.5	0.8		
28	504,000	22		5.2					1.5	0.8		
29	504,000	37		8.8					1.7	0.8		
30	576,000	37		7.7					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 3481413 PWS Name University Shores Location:City or S/D University Shores
Prepared By Southern States Utilities Phone 407-671-2430 Reporting Month July 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500
Design Flow 1.152 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, Toan Tran C-7106, Jean Pitzer C-7659
I certify this report is correct (Lead Operator's Signature) B (Cert. Level) 3607 (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	8,497,600	574.00		268.4	0	0	0	0	40.2	25.1	14	
Average:	136,632	18.52		8.7					1.3	0.8		
Maximum:	416,500	54.00		36.89					1.9	1.3		
Minimum:	152,900	7.00		3.39					1.0	0.7		
1	203,200	9.00		5.3					1.2	0.8	0	
2	210,400	19.00		10.8					1.3	0.8	0	
3	174,500	7.00		4.8					1.0	0.8	0	
4	199,000	11.00		6.6					1.0	0.7	0	
5	234,700	10.00		5.1					1.1	0.8	0	
6	344,500	14.00		4.9					1.3	0.8	0	
7	260,300	25.00		11.5					1.3	0.9	0	
8	222,300	12.00		6.5					1.4	0.8	9	
9	308,400	12.00		4.7					1.2	0.7	0	
10	285,000	15.00		6.3					1.1	0.7	0	
11	152,900	47.00		36.9					1.0	0.7	0	
12	360,700	23.00		7.7					1.3	0.9	0	
13	252,300	13.00		6.2					1.5	0.8	0	
14	276,600	22.00		9.5					1.4	0.8	0	
15	203,300	8.00		4.7					1.3	0.8	0	
16	218,500	21.00		11.5					1.2	0.8	0	
17	329,300	15.00		5.5					1.2	0.8	0	
18	227,400	10.00		5.3					1.3	0.7	0	
19	416,500	20.00		5.8					1.4	0.8	0	
20	326,000	54.00		19.9					1.3	0.8	0	
21	195,800	18.00		11.0					1.3	0.8	0	
22	256,300	11.00		5.2					1.3	0.8	3	
23	251,700	13.00		6.2					1.3	1.0	0	
24	272,200	14.00		6.2					1.9	1.3	0	
25	200,900	40.00		23.9					1.1	0.8	0	
26	404,900	31.00		9.2					1.5	0.8	0	
27	320,800	16.00		6.0					1.3	0.8	0	
28	247,800	7.00		3.4					1.3	0.7	0	
29	378,500	11.00		3.5					1.4	0.8	0	
30	382,100	19.00		6.0					1.3	0.8	0	
31	380,600	27.00		8.5					1.5	0.8	0	

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID N: 3481413 PWS Name: Suncrest Location: City or S/D: Suncrest S/D

owned By: Southern States Utilities Phone No: 407-671-2430 Reporting Month: July 1993

Plant Effluent pH (Avg): 7.3 No of Services at End of Mo.: 3,000 No of People at End of Mo.: 10,500

Design Flow: 1.872 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, Toan Tran C-7106

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	15,100,000	1403.00		344.6	0	0	0	0	44.1	23.4	14	
Average	487,097	45.26		11.1					1.4	0.8		
Maximum	620,000	81.00		20.25					1.7	0.9		
Minimum	370,000	28.00		7.37					1.2	0.6		
1	480,000	81.00		20.3					1.3	0.8	0	
2	370,000	40.00		13.0					1.2	0.7	0	
3	350,000	30.00		10.9					1.2	0.7	0	
4	450,000	36.00		9.6					1.2	0.7	0	
5	420,000	38.00		10.9					1.3	0.8	0	
6	550,000	52.00		11.3					1.5	0.8	0	
7	460,000	44.00		11.5					1.5	0.7	0	
8	450,000	41.00		10.9					1.2	0.7	0	
9	370,000	33.00		8.4					1.3	0.7	0	
10	530,000	74.00		16.1					1.4	0.7	0	
11	510,000	35.00		8.2					1.6	0.8	0	
12	400,000	41.00		12.3					1.7	0.9	0	
13	460,000	41.00		10.7					1.6	0.8	0	
14	480,000	49.00		12.3					1.4	0.8	0	
15	480,000	40.00		10.0					1.3	0.8	0	
16	520,000	55.00		12.7					1.2	0.6	0	
17	520,000	50.00		11.5					1.4	0.7	0	
18	460,000	29.00		7.6					1.6	0.7	0	
19	500,000	42.00		10.1					1.7	0.8	0	
20	520,000	44.00		10.2					1.5	0.7	0	
21	500,000	56.00		13.4					1.3	0.8	0	
22	380,000	32.00		10.1					1.4	0.8	0	
23	420,000	36.00		10.3					1.4	0.7	0	
24	620,000	64.00		12.4					1.5	0.7	0	
25	410,000	28.00		8.2					1.6	0.8	0	
26	490,000	39.00		9.6					1.6	0.8	0	
27	520,000	37.00		8.5					1.5	0.8	0	
28	510,000	59.00		13.9					1.3	0.7	0	
29	560,000	48.00		10.3					1.4	0.8	0	
30	560,000	50.00		10.7					1.4	0.8	0	
31	530,000	39.00		8.8					1.4	0.8	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. 3481413 PWS Name University Shores Location:City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month August 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 3,000 No of People at End of Month 10,500
Design Flow 1.152 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, Toan Tran C-7106

I certify this report is correct Original Signed by D. Richard Eck Jr. 8 3607
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	11,373,600	853		287.6					42.9	23.4	14	
Average	226,697	28		9.3					1.4	0.8		
Maximum	651,400	72		21.32					1.6	0.9		
Minimum.	159,600	10		3.16					1.1	0.6		
1	272,200	27		11.9					1.4	0.8		
2	522,100	18		4.1					1.3	0.8		
3	423,200	72		20.4					1.4	0.9		
4	297,200	34		13.7					1.4	0.7	9	
5	389,200	41		12.6					1.4	0.8		
6	492,000	17		4.1					1.1	0.7		
7	600,800	34		6.8					1.3	0.7		
8	362,900	26		8.6					1.3	0.8		
9	651,400	52		9.6					1.4	0.8		
10	368,200	48		14.8					1.4	0.7		
11	288,800	27		11.2					1.4	0.7		
12	297,900	21		8.5					1.6	0.8		
13	500,800	38		9.1					1.6	0.8		
14	470,300	36		9.2					1.5	0.8		
15	254,100	20		9.4					1.5	0.7		
16	446,000	19		5.1					1.4	0.8		
17	318,100	19		7.2					1.2	0.7	5	
18	356,000	21		7.1					1.5	0.8		
19	456,400	25		6.6					1.5	0.9		
20	479,700	39		9.8					1.6	0.9		
21	382,400	17		5.3					1.3	0.7		
22	202,600	36		21.3					1.4	0.7		
23	518,300	52		12.0					1.4	0.7		
24	220,100	12		6.5					1.4	0.8		
25	322,300	24		8.9					1.5	0.8		
26	237,800	18		9.1					1.4	0.7		
27	212,300	10		5.7					1.2	0.6		
28	286,300	10		4.2					1.3	0.6		
29	159,800	19		14.3					1.1	0.7		
30	379,700	10		3.2					1.3	0.8		
31	184,700	11		7.1					1.4	0.7		

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DEP Form 17 555910(2)
Effective 11/1/1988

2095-0012WU-M

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3491413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No. 407-871-2430 Reporting Month August 1995

Plant Effluent pH (Avg) 7.9 No of Services at End of Mo. 5,000 No of People at End of Mo. 16,500

Design Flow 1.872 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, Toan Tran C-7108

I certify this report is correct (Lead Operator's Signature) B (Cert. Level) 3607 (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	17,880,000	1472		313.0					47.0	24.2	14	
Average	589,677	47		10.1					1.5	0.8		
Maximum	720,000	113		22.17					1.8	0.9		
Minimum	460,000	10		1.90					1.1	0.7		
1	540,000	50		11.1					1.6	0.8		
2	540,000	28		6.2					1.6	0.8		
3	800,000	34		6.8					1.6	0.9		
4	550,000	66		14.4					1.3	0.7	9	
5	630,000	45		9.7					1.6	0.8		
6	600,000	59		11.8					1.4	0.8		
7	720,000	44		7.3					1.5	0.8		
8	570,000	35		7.6					1.5	0.8		
9	640,000	42		7.9					1.5	0.8		
10	590,000	58		11.8					1.3	0.7		
11	580,000	50		10.3					1.4	0.8		
12	480,000	46		11.3					1.5	0.8		
13	610,000	44		8.7					1.6	0.8		
14	630,000	10		1.9					1.3	0.8		
15	500,000	38		9.1					1.7	0.7		
16	660,000	32		6.9					1.7	0.8		
17	630,000	113		21.5					1.1	0.7	5	
18	570,000	56		11.8					1.6	0.8		
19	530,000	43		9.7					1.5	0.9		
20	650,000	48		8.9					1.8	0.9		
21	680,000	59		10.4					1.6	0.8		
22	460,000	29		7.6					1.7	0.7		
23	630,000	55		10.5					1.3	0.7		
24	540,000	49		10.9					1.4	0.8		
25	540,000	56		12.4					1.5	0.8		
26	530,000	24		5.4					1.6	0.7		
27	590,000	36		7.3					1.8	0.8		
28	650,000	37		8.1					1.7	0.8		
29	460,000	85		22.2					1.5	0.7		
30	570,000	50		10.5					1.5	0.8		
31	480,000	52		13.0					1.3	0.7		

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

2095001 9N FM

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or S/D University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month September 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500
Design Flow 1.152 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, Tran Toan C-7106, Ernest Jackson C-6572
I certify this report is correct (Lead Operator's Signature) B (Cert. Level) 3607 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	13,299,500	1026		292.8					48.7	21.6	12	
Average	305,917	34		9.4					1.6	0.7		
Maximum	753,700	82		21.89					2.0	0.9		
Minimum	209,500	10		2.20					1.3	0.5		
1	223,300	10		5.4					1.4	0.8		
2	209,500	15		8.6					1.6	0.8		
3	409,000	38		11.1					2.0	0.9		
4	501,200	33		7.9					1.5	0.7		
5	314,100	40		15.3					1.4	0.8		
6	413,400	34		9.9					1.8	0.8		
7	543,700	46		10.2					1.7	0.7		
8	335,300	31		11.1					1.5	0.8	2	
9	337,400	23		8.2					1.8	0.8		
10	412,900	16		4.7					1.5	0.7		
11	319,300	10		3.8					1.3	0.5		
12	413,000	30		8.7					1.5	0.6		
13	547,800	57		12.5					1.8	0.8	5	
14	355,700	51		17.2					1.6	0.7		
15	411,200	31		9.0					1.7	0.7		
16	541,800	45		10.0					1.5	0.8		
17	570,100	48		10.1					1.6	0.7		
18	478,700	16		4.0					1.3	0.6		
19	345,300	12		4.2					1.7	0.8		
20	628,500	44		8.4					1.8	0.7	5	
21	392,500	14		4.3					1.9	0.8		
22	449,500	82		21.9					1.9	0.8		
23	524,500	46		10.5					1.8	0.8		
24	455,800	32		8.4					1.7	0.5		
25	663,300	57		10.3					1.5	0.6		
26	399,400	14		4.2					1.3	0.7		
27	619,700	41		7.9					1.7	0.7		
28	391,600	37		11.3					1.8	0.8		
29	327,600	59		21.6					1.6	0.8		
30	763,700	14		2.2					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.

DEP Form 17-555910(2)
Effective 11/11/1988

2095-0019
NFM

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-871-2430 Reporting Month September 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.872 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, Toan Tran C - 7105

I certify this report is correct D Richard Eaton Jr (Lead Operator's Signature) B (Cert. Level) 3661 (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	Plant Effluent	Remote Tap		
Monthly Total	13,590,000	1,023		378.6			47.3	22.3	12	
Average	332,333	34		12.6			1.6	0.7		
Maximum	549,000	69		33.12			1.8	0.8		
Minimum										
1	549,000	34		8.5			1.5	0.8		
2	549,000	41		10.9			1.8	0.8		
3	414,000	14		4.5			1.6	0.8		
4	423,000	30		10.6			1.6	0.7		
5	360,000	60		23.2			1.6	0.8		
6	468,000	29		12.0			1.5	0.8		
7	396,000	32		11.3			1.5	0.7		
8	495,000	48		13.7			1.5	0.8	2	
9	369,000	34		12.0			1.5	0.8		
10	468,000	14		4.7			1.5	0.7		
11	459,000	28		8.4			1.7	0.8		
12	387,000	24		8.0			1.7	0.7		
13	387,000	20		8.0			1.7	0.8	5	
14	414,000	36		12.0			1.7	0.7		
15	396,000	56		18.7			1.5	0.7		
16	423,000	37		13.9			1.5	0.8		
17	495,000	46		18.2			1.5	0.8		
18	450,000	30		13.3			1.5	0.7		
19	432,000	26		10.8			1.6	0.8		
20	414,000	19		7.9			1.6	0.7	5	
21	450,000	21		9.0			1.7	0.8		
22	495,000	31		12.8			1.7	0.8		
23	468,000	69		33.1			1.4	0.8		
24	486,000	29		13.4			1.3	0.6		
25	531,000	42		15.3			1.4	0.6		
26	531,000	46		18.4			1.4	0.7		
27	477,000	41		17.0			1.5	0.6		
28	414,000	18		7.7			1.7	0.8		
29	504,000	29		9.9			1.8	0.8		
30	486,000	39		13.4			1.8	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 3481413 PWS Name University Shores Location:City or SID University Shores

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month October 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.152 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 TOAN TRAN C-7106, ERNEST JACKSON 0[illegible]572

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 gas used	Chlorine mg/l	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	14,059,300	1060		292.7					48.3	20.1	34	
Average:	314,139	34		9.4					1.6	0.6		
Maximum	749,500	88		33.52					2.2	0.8		
Minimum	291,000	10		2.99					1.2	0.5		
1	463,800	22		5.7					1.8	0.7		
2	605,900	35		6.9					1.5	0.6		
3	405,700	74		21.9					1.8	0.8		
4	749,500	40		6.4					1.9	0.7		
5	474,500	23		5.8					1.8	0.7		
6	493,000	65		15.8					1.6	0.8	21	
7	387,400	19		5.9					1.5	0.7		
8	502,100	13		3.1					1.6	0.7		
9	432,900	19		5.3					1.4	0.6		
10	315,000	88		33.5					1.4	0.6		
11	565,500	42		8.9					1.6	0.5	1	
12	446,500	17		4.6					1.5	0.5	6	
13	425,000	14		4.0					1.5	0.6		
14	474,100	49		12.4					1.6	0.6		
15	406,500	35		10.3					1.6	0.5		
16	428,800	29		8.1					1.4	0.5		
17	291,000	27		11.1					1.5	0.6		
18	475,700	19		4.8					1.5	0.7		
19	492,300	16		3.9					1.3	0.6		
20	395,500	51		15.5					1.5	0.7		
21	433,800	51		14.1					2.2	0.8	2	
22	379,600	12		3.8					1.6	0.6	2	
23	401,500	10		3.0					1.5	0.5		
24	436,400	41		11.3					1.3	0.7		
25	534,300	59		13.3					1.5	0.7		
26	475,200	42		10.6					1.4	0.7	1	
27	402,200	29		8.7					1.2	0.7	1	
28	474,200	22		5.6					1.8	0.8		
29	384,300	17		5.6					1.5	0.5		
30	598,400	38		7.6					1.4	0.5		
31	328,800	42		15.3					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

DEP Form 17-555910(2)

Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3481413 PWS Name Suncrest Location City or SID Suncrest SID

Owned By Southern States Utilities Phone No 407-671-2430 Reporting Month October 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo 3,000 No of People at End of Mo. 10,500

Design Flow 1.872 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, TOAN TRAN C-7106, ERNEST JACKSON C-6672

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 lbs used	Chlorine gals used	Chlorine mg/l	Fluoride lbs used	Fluoride mg/l	Polymer lbs used	Polymer 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	14,229,000	1135		29.6 9					49 2	21.4	14	
Average	112,903	37		9 6					1 6	0.7		
Maximum	531,000	64		16 94					2 0	0 9		
Minimum	378,000	15		4 17					1.4	0 5		
1	405,000	35		10 4					1.7	0.7		
2	522,000	51		14.0					1 4	0 6		
3	504,000	46		11 0					1 4	0 8		
4	522,000	51		11 7					1.5	0 7		
5	513,000	23		5 4					1 5	0.7		
6	423,000	28		7 9					1 7	0.8	9	
7	531,000	33		7 5					1 5	0 6		
8	450,000	40		10 7					1 6	0 6		
9	432,000	45		12 5					1 7	0 6		
10	504,000	42		10 0					1 4	0 6		
11	414,000	36		10 4					1 5	0 7		
12	450,000	43		11 5					1 5	0 7		
13	522,000	30		6 9					1 5	0.7		
14	486,000	31		7 7					1 7	0 7		
15	477,000	23		5 8					1 7	0 7		
16	459,000	38		9 9					1 6	0 5		
17	405,000	50		14 8					1 6	0 7		
18	423,000	36		10.2					1 6	0 8		
19	531,000	43		9 7					1 5	0 7		
20	432,000	48		13 3					1 5	0 7	5	
21	486,000	26		6 4					1 5	0 7		
22	432,000	20		5 6					1 6	0 8		
23	378,000	18		5 7					1 6	0 8		
24	423,000	29		8.2					1.7	0 7		
25	477,000	33		8.3					1.7	0 7		
26	432,000	61		16.9					1.4	0 7		
27	468,000	38		9.7					1.5	0 7		
28	432,000	29		8.1					1.6	0.7		
29	468,000	64		16.4					1.8	0.5		
30	432,000	15		4 2					1 7	0 8		
31	396,000	20		6 1					2 0	0 9		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3481413 PWS Name University Shores Location:City or SID University Shores
Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month November 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500
Design Flow 1.152 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, TOAN TRAN C-7108, ERNEST JACKSON C-8672, JEAN PITTER C-7850
I certify this report is correct (Lead Operator's Signature) B (Cert. Level) 3607 (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:	14,151,700	1133		287.6					49.3	21.2	7	
Average	385,790	38		9.6					1.6	0.7		
Maximum	557,200	89		17.12					2.2	0.9		
Minimum	164,800	5		1.6					1.3	0.4		
1	448,800	31		8.3					1.8	0.8		
2	446,200	43		11.6					1.7	0.8		
3	440,900	37		10.1					1.9	0.8		
4	399,200	26		7.8					1.3	0.9		
5	246,500	33		16.1					1.5	0.6		
6	164,800	15		10.9					1.8	0.5		
7	235,400	17		8.7					1.3	0.7		
8	552,000	56		10.3					2.2	0.8	2	
9	537,500	32		6.0					1.7	0.7	5	
10	507,800	30		7.1					2.2	0.9		
11	520,500	37		8.5					1.4	0.8		
12	479,200	48		12.0					1.5	0.4		
13	518,300	44		10.2					1.5	0.6		
14	464,900	61		15.7					1.6	0.8		
15	521,400	51		9.8					1.9	0.6		
16	499,400	14		3.4					1.5	0.7		
17	557,400	34		7.3					1.5	0.7		
18	540,700	41		9.1					1.6	0.7		
19	512,600	50		11.7					1.6	0.5		
20	525,100	47		10.7					1.5	0.7		
21	300,300	24		9.6					1.6	0.6		
22	657,200	71		13.0					1.9	0.8		
23	388,800	48		14.8					1.5	0.7		
24	389,700	5		1.6					1.5	0.8		
25	356,600	9		3.0					1.7	0.8		
26	545,200	20		4.4					1.6	0.9		
27	440,200	26		7.1					1.5	0.7		
28	516,600	69		16.0					1.5	0.8		
29	624,000	89		17.1					1.5	0.8		
30	534,700	25		5.6					2.0	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.

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3481413 PWS Name Suncrest Location:City or S/D Suncrest S/D

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month November 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.872 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, TOAN TRAN C-7106, EARNEST JACKSON C-8872

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							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Tore	13,221,000	1032		293.7					45.8	23.3	7	
Average	440,700	34		9.8					1.5	0.8		
Maximum	756,000	72		23.51					3.5	2.7		
Minimum	234,000	9		3.87					0.6	0.5		
1	432,000	26		7.2					1.5	0.8		
2	486,000	24		5.9					1.9	1.0		
3	441,000	32		8.7					1.7	0.8		
4	441,000	72		19.8					1.4	0.7		
5	675,000	58		10.0					1.2	0.5		
6	630,000	59		11.2					1.4	0.6		
7	756,000	34		5.4					1.4	0.7		
8	459,000	29		7.6					1.8	0.7	2	
9	252,000	17		8.1					1.5	0.7	5	
10	234,000	34		17.4					1.7	0.6		
11	466,000	33		8.5					1.7	0.8		
12	405,000	37		11.0					1.5	0.7		
13	432,000	34		9.4					1.4	0.7		
14	486,000	51		12.6					1.5	0.8		
15	495,000	34		8.2					1.8	0.5		
16	369,000	15		4.9					1.8	0.7		
17	459,000	24		6.3					1.7	0.7		
18	288,000	16		7.5					1.8	0.7		
19	432,000	27		7.5					1.7	0.7		
20	558,000	37		8.0					1.4	0.8		
21	342,000	67		23.5					1.5	0.7		
22	360,000	30		10.0					1.5	0.8		
23	459,000	41		10.7					1.7	0.8		
24	441,000	35		9.5					1.7	0.8		
25	747,000	25		4.0					3.5	2.7		
26	279,000	9		3.9					1.3	1.0		
27	378,000	15		4.8					1.1	0.6		
28	333,000	27		9.7					0.6	0.5		
29	369,000	31		10.1					0.8	0.7		
30	315,000	58		22.5					0.7	0.5		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481413 PWS Name University Shores Location:City or SID University Shores

Owned By Southern States Utilities Phone No: 407-671-2430 Reporting Month December 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.152 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, TOAN TRAN C-7106, ERNEST JACKSON C-4913

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	12,190,500	957		286.0					47.8	21.4	12	
Average	305,488	31		9.2					1.5	0.7		
Maximum	683,800	70		17.82					2.1	0.9		
Minimum	52,000	2		1.83					1.2	0.3		
1	323,300	48		17.8					1.7	0.6		
2	636,000	19		3.6					1.5	0.6		
3	504,500	60		14.3					1.7	0.3		
4	585,800	68		13.9					1.6	0.6		
5	344,900	32		11.1					1.6	0.7		
6	683,800	60		10.5					1.9	0.8	2	
7	488,800	40		9.8					1.8	0.7	5	
8	539,100	35		7.8					1.6	0.5		
9	336,100	25		8.9					1.6	0.6		
10	399,700	20		6.0					1.4	0.3		
11	263,800	28		11.8					1.5	0.7		
12	534,600	32		7.2					1.8	0.8		
13	602,700	70		13.9					2.1	0.9		
14	453,100	33		8.7					1.5	0.8		
15	300,600	23		9.2					1.4	0.9		
16	458,700	37		9.7					1.5	0.8		
17	476,700	26		6.5					1.5	0.7		
18	334,800	21		7.5					1.6	0.5		
19	534,100	41		9.2					1.2	0.7		
20	623,400	57		11.0					1.8	0.8	5	
21	223,900	14		7.5					1.5	0.6		
22	166,400	10		7.2					1.2	0.5		
23	131,500	2		1.8					1.3	0.6		
24	52,000	5		11.5					1.8	0.5		
25	249,200	17		8.2					1.2	0.8		
26	280,300	19		8.1					1.5	0.9		
27	309,300	22		8.5					1.4	0.8		
28	359,800	24		8.0					1.2	0.8		
29	340,500	23		8.1					1.3	0.8		
30	392,600	24		7.3					1.4	0.8		
31	260,500	24		11.1					1.5	0.8		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3481410 PWS Name Suncrest Location:City or SID Suncrest S/D

Owned By Southern States Utilities Phone No. 407-671-2430 Reporting Month December 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Mo. 3,000 No of People at End of Mo. 10,500

Design Flow 1.872 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, TOAN TRAN C-7106

I certify this report is correct S. Robert Eckhoff B 3607

(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	gas used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total:	14,697,000	1330		347.2					40.2	22.6	12	
Average	468,581	43		11.2					1.3	0.7		
Maximum	657,000	81		31.75					1.8	0.9		
Minimum	279,000	18		3.69					0.6	0.5		
1	441,000	30		8.2					0.8	0.6		
2	306,000	27		10.6					0.7	0.5		
3	279,000	28		12.0					0.6	0.5		
4	315,000	31		11.8					0.7	0.6		
5	468,000	24		6.2					0.8	0.6		
6	378,000	30		9.5					1.0	0.8	2	
7	387,000	26		8.1					0.8	0.7	5	
8	360,000	19		6.3					1.2	0.7		
9	468,000	66		16.9					1.6	0.8		
10	576,000	43		9.0					1.3	0.5		
11	486,000	41		10.1					1.5	0.8		
12	378,000	28		8.9					1.4	0.8		
13	432,000	63		17.5					1.8	0.9		
14	477,000	32		8.1					1.5	0.9		
15	522,000	35		8.0					1.6	0.9		
16	450,000	35		9.3					1.5	0.8		
17	423,000	57		16.2					1.6	0.8		
18	405,000	35		10.4					1.5	0.7		
19	585,000	18		3.7					1.2	0.7		
20	306,000	81		31.8					1.5	0.8	5	
21	639,000	40		7.5					1.6	0.7		
22	648,000	49		9.1					1.7	0.7		
23	657,000	53		9.7					1.6	0.7		
24	657,000	71		13.0					1.6	0.7		
25	522,000	79		18.2					1.2	0.7		
26	540,000	38		8.4					1.4	0.9		
27	513,000	47		11.0					1.5	0.9		
28	585,000	55		11.3					1.2	0.8		
29	522,000	42		9.7					1.2	0.8		
30	522,000	43		9.9					1.3	0.8		
31	450,000	64		17.1					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

MAR 3 1 1994

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valencia Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month Jan 1994
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
Joe Kuhns C 10754

I certify this report is correct Joseph M Kuhns C 10754
(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	3,142	121							26.6	25.4	4	
Average	101	3.9							2.2	1.8	4	
Maximum	137	5							2.4	1.4	4	
Minimum	98	3							2.0	1.0	4	
1	102	4							/	/		
2	100	4							2.2	1.0		
3	100	4							2.4	1.4		
4	99	4							2.2	1.2		
5	98	4							2.4	1.4		
6	103	4							2.2	1.4		
7	100	4							/	/		
8	101	4							/	/		
9	100	4							2.0	1.2		
10	101	4							2.2	1.4		
11	137	4							2.0	1.2		
12	100	4							2.4	1.0		
13	100	4							2.4	1.2		
14	110	4							/	/		
15	90	4							/	/		
16	90	4							2.0	1.2	4	
17	80	4							2.2	1.4		
18	97	3							2.0	1.2		
19	98	4							2.2	1.0		
20	98	3							2.2	1.2		
21	90	4							/	/		
22	116	4							/	/		
23	113	4							2.0	1.0		
24	113	4							2.4	1.2		
25	110	5							2.4	1.4		
26	131	4							2.2	1.2		
27	110	4							2.0	1.0		
28	105	4							/	/		
29	121	5							/	/		
30	111	5							2.2	1.2		
31	101	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 (10/92)
Effective 11/1/88

* Flow in thousand gallons

MAY 9 1994

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valencia Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month Feb. 1994
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
Joe Kuhns C 6754

I certify this report is correct Joseph M Kuhns C 6754
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in *Gals.	Cl2 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	3386	121							47.2	22.8	4	
Average	121	4							2.1	1.1	4	
Maximum	155	5							2.2	1.4	4	
Minimum	84	3							2.0	1.0	4	
1	121	3							2.0	1.2		
2	93	4							2.2	1.4		
3	84	3							2.2	1.2		
4	90	3							2.2	1.2		
5	112	3							/	/		
6	112	3										
7	113	3							2.2	1.4		
8	120	4							2.0	1.2		
9	155	3							2.0	1.0		
10	113	3							2.2	1.2		
11	138	4							2.0	1.0		
12	124	3							/	/		
13	124	3										
14	124	3							2.2	1.2	4	
15	112	3							2.0	1.0		
16	151	5							2.2	1.0		
17	110	4							2.2	1.2		
18	113	4							2.0	1.0		
19	135	4							/	/		
20	136	3										
21	132	4							2.0	1.2		
22	133	4							2.2	1.2		
23	123	4							2.2	1.0		
24	120	4							2.0	1.0		
25	154	4							2.2	1.2		
26	116	3							/	/		
27	116	3										
28	116	4							2.0	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 17-555(9/92)

* Flow in thousand gallons

JUN - 3 1994

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valencia Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month March 1994
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
Joe Kuhns C 6754

I certify this report is correct Joseph M Kuhns C 6754
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in *Gals.	Cl2	Chlorine						Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	5004	11							45.6	27.8	4	
Average	161								3.0	1.9	4	
Maximum	320	2							3.4	1.9	4	
Minimum	113	3							2.0	1.0	4	
1	163	4							3.2	1.2		
2	167	4							3.2	1.0		
3	166	3							3.0	1.2		
4	172	4							3.2	1.2		
5	163	4										
6	163	4										
7	161	4							2.0	1.0	4	
8	172	4							2.9	1.2		
9	157	4							3.4	1.2		
10	161	3							2.0	1.0		
11	169	3							2.2	1.2		
12	174	4										
13	174	3										
14	170	4							2.8	1.2		
15	193	4							3.4	1.4		
16	320	4							2.7	1.2		
17	166	3							2.0	1.0		
18	187	4							2.2	1.2		
19	341	2										
20	313	2										
21	313	2							2.0	1.0		
22	194	3							2.4	1.2		
23	160	3							3.4	1.7		
24	320	2							2.3	1.2		
25	172	3							2.0	1.0		
26	320	3										
27	320	3										
28	311	3							2.2	1.2		
29	194	3							2.0	1.0		
30	191	3							2.7	1.4		
31	180	3							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 17-555.910(2)
Effective 11/08/83

* Thousand gallons

JUN 2 9 1994

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valencia Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month April 1994
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
Joe Kuhns C 6754

I certify this report is correct Joseph N Kuhns C 6754
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in *Gals.	Cl2 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	5787	185							45.4	24.6	4	
Average	193	6							2.0	1.2	4	
Maximum	330	9							2.8	1.4	4	
Minimum	130	5							2.0	1.0	4	
1	165	5							2.0	1.2		
2	204	7							/	/		
3	204	8							/	/		
4	204	7							2.2	1.0		
5	221	6							2.4	1.4		
6	134	8							2.0	1.2		
7	164	5							2.2	1.0		
8	160	5							2.2	1.2		
9	210	5							/	/		
10	210	5							/	/		
11	210	5							2.0	1.0	4	
12	200	6							2.0	1.2		
13	220	5							2.4	1.4		
14	194	6							2.0	1.2		
15	175	5							2.2	1.0		
16	191	7							/	/		
17	190	7							/	/		
18	191	7							2.2	1.2		
19	224	8							2.0	1.0		
20	256	9							2.0	1.2		
21	200	7							2.2	1.0		
22	160	5							2.0	1.2		
23	166	5							/	/		
24	161	5							/	/		
25	160	5							2.0	1.0		
26	160	7							2.4	1.2		
27	140	7							2.0	1.4		
28	170	6							2.2	1.2		
29	169	6							2.4	1.4		
30	224	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 17-555.910(2)

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valenica Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No: 813-647-1581 Reporting Month May 1994
Plant Effluent pH (Avg) 22 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
Joe Kuhns C 6754

I certify this report is correct Joseph M Kuhns C 6754
(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	6598	215							42.6	26.0	4	
Average	213	7							2.2	1.9	4	
Maximum	321	8							2.4	1.9	4	
Minimum	152	3							2.0	1.0	4	
1	223	6										
2	223	6							2.0	1.2		
3	160	6							2.4	1.4		
4	160	6							2.2	1.2		
5	216	6							2.0	1.2		
6	220	6							2.2	1.0		
7	219	7							/	/		
8	213	7										
9	212	7							2.0	1.2	4	
10	210	7							2.2	1.0		
11	200	6							2.4	1.2		
12	220	8							2.4	1.0		
13	200	7							2.2	1.2		
14	218	8							/	/		
15	218	8										
16	213	8							2.2	1.0		
17	152	6							2.0	1.2		
18	160	6							2.2	1.4		
19	153	6							2.2	1.2		
20	150	6							2.2	1.0		
21	251	7							/	/		
22	321	7										
23	321	7							2.2	1.2		
24	310	7							2.0	1.2		
25	331	8							2.2	1.0		
26	247	7							2.0	1.2		
27	240	6							2.4	1.4		
28	240	6							/	/		
29	240	6										
30	240	7							2.2	1.2		
31	150	7							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.

DEP Form 17-555(10/2)

* Pl... to thousand gallons

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valenica Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No: 813-647-1581 Reporting Month June 1994
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
Joe Kuhns C 6754

I certify this report is correct Joseph M Kuhns C 6754
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in *Gals	Cl2 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	4188	152							40.6	26.4	4	
Average	140	5							2.0	1.3	4	
Maximum	207	7							2.4	1.4	4	
Minimum	77	3							2.0	1.0	4	
1	200	7							2.0	1.0		
2	114	4							2.2	1.4		
3	113	4							2.2	1.2		
4	170	6										
5	176	6										
6	179	6							2.0	1.0	4	
7	136	5							2.2	1.2		
8	120	5							2.4	1.4		
9	150	6							2.2	1.2		
10	170	5							2.0	1.2		
11	77	3										
12	99	4										
13	77	3							2.2	1.2		
14	80	3							2.4	1.4		
15	147	6							2.0	1.2		
16	119	5							2.0	1.2		
17	170	7							2.2	1.2		
18	84	3										
19	84	3										
20	84	3							2.0	1.2		
21	100	3							2.2	1.2		
22	100	4							2.4	1.4		
23	120	4							2.0	1.2		
24	113	4							2.2	1.2		
25	143	4										
26	141	4										
27	143	4							2.2	1.2		
28	160	5							2.0	1.2		
29	203	5							2.2	1.4		
30	186	5							2.4	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 17-555.910(2) * Flow in thousand gallons

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valenica Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No: 813-647-1581 Reporting Month July 74
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
Joe Kuhns C 6754

I certify this report is correct Joseph M Kuhns C 6754
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in *Gals.	Cl2 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	4343	163							49.0	27.2	4	
Average	140	5							2.3	1.3	4	
Maximum	220	7							2.8	1.6	4	
Minimum	30	4							2.0	1.0	4	
1	220	6							2.2	1.2		
2	220	6										
3	220	6										
4	220	7							2.0	1.0		
5	215	6							2.4	1.4		
6	146	7							2.4	1.4		
7	160	7							2.0	1.0		
8	150	7							2.2	1.2		
9	107	7										
10	106	7										
11	107	7							2.0	1.0		
12	170	6							2.0	1.0	4	
13	130	5							2.0	1.0		
14	100	4							2.4	1.4		
15	130	5							2.2	1.2		
16	140	6										
17	140	7										
18	140	6							2.6	1.4		
19	120	6							2.8	1.6		
20	140	6							2.6	1.4		
21	140	7							2.4	1.4		
22	130	6							2.6	1.4		
23	123	6										
24	124	6										
25	122	6							2.4	1.4		
26	162	6							2.2	1.2		
27	120	6							2.2	1.4		
28	120	6							2.4	1.4		
29	131	5							2.6	1.6		
30	130	5										
31	106	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 17-555.910(2)
Effective 11/1/83

* Flow in thousand gallons

VALENCIA TERRACE

Monthly Operating Water Reports

Missing August through December 1994

They were never submitted by the previous owner.

APR 16 1993

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name [redacted] Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month Jan 93
Plant Effluent pH (Avg) 7.2 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 _____
Joseph S. Byk C-5934

I certify this report is correct Joseph S. Byk * C 5934
(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	2921.7	153							94.0	41.2	4	
Average	94.2	4.9							3.5	1.5		
Maximum	128.9								3.5	1.7		
Minimum	70.1								3.0	1.5		
1												
2	130.9								3.5	1.5		
3	110.7								3.5	1.5		
4	96.9								3.5	1.5		
5	93.5								3.5	1.6		
6	86.5								3.5	1.5		
7	92.6								3.5	1.5		
8	128.9								3.5	1.5		
9	90.1								3.5	1.5		
10									3.5	1.5		
11	132.8								3.5	1.5		
12	113.5								3.5	1.5	4	
13	90.3								3.0	1.3		
14	111.0								3.5	1.2		
15												
16	168.6								3.5	1.5		
17	103.6								3.5	1.5		
18	70.1								3.5	1.5		
19	84.0								3.5	1.5		
20	111.3								3.5	1.5		
21	101.2								3.5	1.5		
22	83.0								3.5	1.5		
23												
24	250.1								3.5	1.5		
25	121.6								3.5	1.6		
26	79.2								3.5	1.7		
27	78.1								3.5	1.7		
28	90.1								3.5	1.7		
29	93.7								3.5	1.7		
30												
31	209.4								3.5	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 17-555 810(2)
Effective 11/1/84

* Flow in thousand gallons

State of Florida
Department of Environmental Regulation

MAY 26 1993

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valencia Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month February 1993
Plant Effluent pH (Avg) 7.2 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 _____
Joseph S. Byk C-5934

I certify this report is correct Joseph S. Byk C 5934
(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	2,941.6	148							98.0	45.7	4	
Average	105.1	5.3							3.5	1.6		
Maximum	164.5								3.5	1.7		
Minimum	78.4								3.5	1.5		
1	117.2								3.5	1.7		
2	112.1								3.5	1.6		
3	115.0								3.5	1.7		
4	109.2								3.5	1.7		
5	110.6								3.5	1.7		
6	92.1								3.5	1.7		
7	125.1								3.5	1.6		
8	106.6								3.5	1.7		
9	94.2								3.5	1.6	4	
10	109.9								3.5	1.6		
11	113.5								3.5	1.6		
12	89.1								3.5	1.6		
13	94.4								3.5	1.5		
14	114.8								3.5	1.5		
15	82.4								3.5	1.6		
16	132.7								3.5	1.6		
17	86.2								3.5	1.6		
18	78.4								3.5	1.6		
19	86.3								3.5	1.6		
20	164.5								3.5	1.6		
21	91.6								3.5	1.6		
22	83.7								3.5	1.7		
23	136.6								3.5	1.7		
24	102.2								3.5	1.7		
25	86.3								3.5	1.6		
26	111.0								3.5	1.6		
27	84.4								3.5	1.7		
28	111.2								3.5	1.7		
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 17-555.910(2)
Effective 11/1/88

* Flow in thousand gallons

JUN 2 9 1993

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valencia Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month March 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 _____
Joseph S. Byk C-5934

I certify this report is correct Joseph S. Byk (Lead Operator's Signature) C (Cert. Level) 5934 (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	3,141.4	148							98.0	46.1	4	
Average	101.3	4.8							3.5	1.6		
Maximum	189.6								3.5	1.7		
Minimum	65.1								3.5	1.5		
1	65.1								3.5	1.7		
2	127.4								3.5	1.7	4	
3	119.2								3.5	1.7		
4	25.0								3.5	1.7		
5	111.2								3.5	1.7		
6	112.2								3.5	1.7		
7												
8	180.2								3.5	1.7		
9	113.1								3.5	1.7		
10	108.1								3.5	1.7		
11	140.1								3.5	1.6		
12	135.2								3.5	1.6		
13												
14									3.5	1.6		
15	278.8								3.5	1.6		
16	128.0								3.5	1.6		
17	74.5								3.5	1.7		
18	92.7								3.5	1.7		
19									3.5	1.7		
20												
21	246.4								3.5	1.7		
22	89.7								3.5	1.7		
23	189.6								3.5	1.7		
24	78.0								3.5	1.7		
25	78.1								3.5	1.6		
26	94.0								3.5	1.6		
27	111.1								3.5	1.6		
28	95.4								3.5	1.6		
29	99.1								3.5	1.5		
30	119.9								3.5	1.5		
31	163.3								3.5	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 17-555(10)(2)
Effective 11/1/88

* Flow in thousand gallons

JUL 2 3 1993

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valencia Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No: 813-647-1581 Reporting Month April 1993
Plant Effluent pH (Avg) 7.3 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 _____
JosephS. Byk C-5934

I certify this report is correct Joseph S. Byk (Lead Operator's Signature) C (Cert. Level) 5934 (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	3981.0	159							98.0	44.0	4	
Average	132.0	5.3							3.5	1.5		
Maximum	203.2								3.5	1.7		
Minimum	90.3								3.5	1.5		
1	100.8								3.5	1.5		
2	115.3								3.5	1.5		
3												
4									3.5	1.5		
5	283.8								3.5	1.5		
6	114.9								3.5	1.5	4	
7	124.3								3.5	1.5		
8	124.0								3.5	1.5		
9	124.6								3.5	1.5		
10	132.0								3.5	1.6		
11	132.5								3.5	1.6		
12	132.0								3.5	1.6		
13												
14	372.9								3.5	1.7		
15	131.7								3.5	1.7		
16	90.3								3.5	1.7		
17	90.3								3.5	1.7		
18	90.5								3.5	1.7		
19	96.5								3.5	1.7		
20	162.5								3.5	1.6		
21	161.0								3.5	1.6		
22	143.7								3.5	1.6		
23	143.7								3.5	1.6		
24	143.7								3.5	1.6		
25	143.7								3.5	1.5		
26	110.9								3.5	1.5		
27	168.0								3.5	1.5		
28	163.7								3.5	1.5		
29	175.2								3.5	1.5		
30	203.2								3.5	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 17-555.910(2)
Effective 10/1/88

* Flow in thousand gallons

AUG 19 1993

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valenica Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No: 813-647-1581 Reporting Month May 93
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
JosephS. Byk C-5934

I certify this report is correct: Joseph S. Byk (Lead Operator's Signature) C (Cert. Level) 5934 (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	5619.7	122								98.0	43.5	4	
Average	181.0	3.9								3.5	1.6		
Maximum	251.0									3.5	1.6		
Minimum	102.5									3.5	1.5		
1	203.1	10								3.5	1.6		
2		7											
3	342.6	6								3.5	1.6		
4	144.5	7								3.5	1.6		
5	183.6	7								3.5	1.5		
6	185.3	7								3.5	1.5		
7	180.0	10								3.5	1.5		
8	180.2	5								3.5	1.5		
9	180.0	9								3.5	1.5		
10	180.0	7								3.5	1.6		
11	205.4	18								3.5	1.6		
12	205.5	13								3.5	1.6		
13	149.1	8								3.5	1.6		
14	156.3	9								3.5	1.6		
15	162.9	9								3.5	1.6		
16	208.1	9								3.5	1.6		
17	208.2	9								3.5	1.6	4	
18	214.2	9								3.5	1.5		
19	179.7	8								3.5	1.6		
20	188.4	9								3.5	1.6		
21	202.1	7								3.5	1.5		
22	201.6	11								3.5	1.5		
23	182.2	6								3.5	1.5		
24	166.7	5								3.5	1.5		
25	160.9									3.5	1.5		
26	251.0	25								3.5	1.5		
27	196.9	17								3.5	1.5		
28	203.6	9								3.5	1.6		
29													
30													
31	307.6	18								3.5	1.6		

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 17-555.910(2)
Effective 11/1/88

* Flow in thousand gallons

SEP 2 1993

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valenica Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month June 1993
Plant Effluent pH (Avg) 7.3 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
JosephS. Byk C-5934

I certify this report is correct Joseph S Byk C 5934
(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	5524.5	267							1050	45.9	4	
Average	167.5	8.9							3.5	1.5		
Maximum	241.3								3.5			
Minimum	89.9								3.5			
1	140.7	6							3.5	1.6		
2	177.0	11							3.5	1.6		
3	177.2	11							3.5	1.6		
4	191.2	14							3.5	1.6		
5	191.0	13							3.5	1.6		
6	191.0	11							3.5	1.5		
7	191.0	11							3.5	1.5		
8	210.6	9							3.5	1.5		
9	201.1	10							3.5	1.5		
10	203.7	6							3.5	1.5		
11	195.2	6							3.5	1.5		
12	139.7	5							3.5	1.5		
13	134.9	5							3.5	1.5		
14	158.3	8							3.5	1.5		
15	126.1	8							3.5	1.5		
16	168.0	8							3.5	1.5		
17	136.3	6							3.5	1.5		
18	138.1	6							3.5	1.5		
19	147.9	11							3.5	1.5		
20	154.5	11							3.5	1.5		
21	131.7	11							3.5	1.5	4	
22	239.5	13							3.5	1.5		
23	241.3	11							3.5	1.5		
24	163.6	10							3.5	1.4		
25	161.7	11							3.5	1.5		
26	187.3	10							3.5	1.5		
27	152.2	11							3.5	1.6		
28	143.6								3.5	1.6		
29	170.5	12							3.5	1.5		
30	89.9	4							3.5	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 17-555.910(2)
Effective 11/1/84

* Flow in thousand gallons

OCT 1 4 1993

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valenica Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No: 813-647-1581 Reporting Month July 93
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month July
JosephS. Byk C-5934

I certify this report is correct Joseph S. Byk (Lead Operator's Signature) C (Cert. Level) 5934 (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	3,565.8	195							98.0	42.2	4	
Average	118.9	6.5							3.5	1.5		
Maximum	162.7	10							3.5	1.6		
Minimum	58.9	4							3.5	1.4		
1	89.9	5							3.5	1.5		
2	92.3	5							3.5	1.4		
3	58.9	4							3.5	1.4		
4	104.2	5							3.5	1.4		
5	100.1	5							3.5	1.4		
6	160.3	5							3.5	1.5		
7	147.2	7							3.5	1.5		
8	139.4	7							3.5	1.5	4	
9	162.7	8							3.5	1.5		
10		9										
11	372.2	9							3.5	1.6		
12	83.1	6							3.5	1.5		
13	107.0	5							3.5	1.5		
14	157.8	8							3.5	1.6		
15	113.0	5							3.5	1.5		
16	117.7	5							3.5	1.5		
17	128.7	5							3.5	1.5		
18												
19	266.6	15							3.5	1.5		
20	130.7	10							3.5	1.5		
21	137.8	4							3.5	1.6		
22	91.5	5							3.5	1.6		
23	96.6	6							3.5	1.5		
24	93.7	6							3.5	1.5		
25	87.5	5							3.5	1.5		
26	89.9	5							3.5	1.5		
27	120.9	7							3.5	1.5		
28	108.6	10							3.5	1.5		
29	106.8	10							3.5	1.6		
30	121.7	10							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 record

DER Form 17-555.910(2)
Effective 1/1/88

* Flow in thousand gallons

NOV 1 2 1993.

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valenica Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month August 1993
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
JosephS. Byk C-5934

I certify this report is correct: Joseph S. Byk C 5934
(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	5,051.2	142							98.0	42.0	4	
Average	163.1	4.6							3.5	1.5		
Maximum	224.7	14							3.5	1.6		
Minimum	67.7	3							3.5	1.4		
1	238.0	9							3.5	1.5		
2	161.7	9							3.5	1.5		
3	149.0	9							3.5	1.5		
4	173.7	11							3.5	1.5		
5	189.7	12							3.5	1.5		
6	200.9	13							3.5	1.5		
7												
8	437.8	27							3.5	1.5		
9	207.1	14							3.5	1.5	4	
10	178.1	12							3.5	1.5		
11	220.4	13							3.5	1.4		
12	224.7	13							3.5	1.5		
13	181.9	11							3.5	1.5		
14	189.6	8							3.5	1.6		
15												
16	363.1	23							3.5	1.5		
17	151.6	8							3.5	1.5		
18	152.8	8							3.5	1.5		
19	161.9	7							3.5	1.5		
20	175.3	6							3.5	1.5		
21	155.2								3.5	1.5		
22	179.7	3							3.5	1.5		
23	147.9								3.5	1.5		
24	138.1	4							3.5	1.5		
25	159.5	8							3.5	1.5		
26	142.3	7							3.5	1.5		
27	81.0	7							3.5	1.5		
28												
29	186.2	8							3.5	1.5		
30	67.7	4							3.5	1.5		
31	71.7	4							3.5	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 17-555.910(2)
Effective 1/1/88

* Flow in thousand gallons

DEC 16 1993

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valencia Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month September 1993
Plant Effluent pH (Avg) 7.3 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
Joseph S. Byk C-5934

I certify this report is correct. Joseph S. Byk (Lead Operator's Signature) C (Cert. Level) 5934 (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	1024.3	157								91.0	42.6	8	
Average	134.14	5.2								3.5	1.6		
Maximum	246.2									3.5	1.8		
Minimum	76.9									3.5	1.5		
1	99.3	4								3.5	1.5		
2	100.3	4								3.5	1.5		
3	77.4	7								3.5	1.6		
4	117.6	7								3.5	1.6		
5		7								3.5	1.6		
6													
7	220.6	5								3.5	1.6	4	
8	135.4	4								3.5	1.6		
9	104.3	4								3.5	1.6	4	
10	101.2	5								3.5	1.6		
11													
12													
13	302.3	17								3.5	1.6		
14	101.5	5								3.5	1.6		
15	141.1	8								3.5	1.5		
16	131.3	9								3.5	1.7		
17	130.9	5								3.5	1.6		
18	129.4	6								3.5	1.8		
19													
20	305.4	10								3.5	1.8		
21	153.7	4								3.5	1.7		
22	165.9	4								3.5	1.7		
23	171.3	2								3.5	1.7		
24	169.3	4								3.5	1.7		
25	202.4	5								3.5	1.7		
26	208.1	5								3.5	1.6		
27	150.1	4								3.5	1.6		
28	156.4	4								3.5	1.7		
29	246.2	10								3.5	1.7		
30	192.7	9								3.5	1.7		
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 17-555.910(2)
Effective 1/1/88

* Flow in thousand gallons

JAN 1 3 1994

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valencia Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month October, 1993
Plant Effluent pH (Avg) _____ No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____
Joseph S. Byk C-5934

I certify this report is correct Joseph S. Byk C 5934
(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	4513.7	163							94.5	43.9	4	
Average	145.6	5.2							3.5	1.6		
Maximum	219.3								3.5	1.7		
Minimum									3.5	1.6		
1	180.7	6							3.5	1.7		
2												
3									3.5	1.7		
4	527.8	18							3.5	1.6		
5	190.1	7							3.5	1.6		
6	168.1	4							3.5	1.6	4	
7	83.4	6							3.5	1.6		
8	103.9	4							3.5	1.6		
9		4							3.5	1.6		
10	167.7	4							3.5	1.6		
11	115.0	4							3.5	1.6		
12	130.7	6							3.5	1.6		
13	154.6	3							3.5	1.6		
14	160.6	5							3.5	1.6		
15	122.1	5							3.5	1.6		
16												
17	528.7	8							3.5	1.6		
18	219.3	17							3.5	1.6		
19	104.4	4							3.5	1.6		
20	155.0	4							3.5	1.6		
21	128.9	2							3.5	1.6		
22	143.3	3							3.6	1.6		
23												
24		9							3.5	1.6		
25	396.4	6							3.5	1.6		
26	119.3	4							3.5	1.6		
27	118.4	5							3.5	1.7		
28	138.0	4							3.5	1.7		
29	128.4	3							3.5	1.7		
30												
31	228.9	13							3.5	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 17-555.910(2)
Effective 11/1/84

* Flow in thousand gallons

FEB - 4 1994

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valencia Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No.: 813-647-1581 Reporting Month November 1993
Plant Effluent pH (Avg) 7.3 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
JosephS. Byk C-5934

I certify this report is correct Joseph S. Byk C 7345
(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	3,568.0	173							94.5	47.9	4	
Average	118.9	5.8							3.5	1.6		
Maximum	202.1								3.5	1.7		
Minimum	48.9								3.5	1.5		
1	108.3	5							3.5	1.7		
2	48.9	4							3.5	1.7		
3	159.6	8							3.5	1.7		
4	140.1	14							3.5	1.6		
5	100.3	10							3.5	1.6		
6												
7									3.5	1.6		
8	385.0	13							3.5	1.7		
9	152.5	7							3.5	1.7		
10	66.8	6							3.5	1.7	4	
11	135.7	4							3.5	1.7		
12	74.4	3							3.5	1.7		
13	88.8	6							3.5	1.6		
14	165.2	5							3.5	1.6		
15	129.3	5							3.5	1.6		
16	202.1	9							3.5	1.6		
17	121.7	6							3.5	1.6		
18	151.8	5							3.5	1.5		
19	144.7	7							3.5	1.5		
20	126.5	6							3.5	1.5		
21												
22	227.3	11							3.5	1.5		
23	126.0	5							3.5	1.5		
24	106.9	5							3.5	1.5		
25												
26	266.9	7							3.5	1.5		
27		7							3.5	1.5		
28	149.6	6							3.5	1.5		
29	86.9	5							3.5	1.5		
30	102.7	4							3.5	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 17-555.910(2)
Effective 11/1/86

* Flow in thousand gallons

FEB 2 1 1994

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State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351421 PWS Name Valencia Terrace Location: City or S/D Leesburg
Owned by Century Realty Funds Phone No: 813-647-1581 Reporting Month December 93
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 175 No. of People Served at End of Month 613
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month
Joe Kuhns C-10754

I certify this report is correct Joseph M Kuhns (Lead Operator's Signature) C (Cert. Level) 10754 (Cert. No.)

Days of Month	Total Water Treated in *Gals	Cl2 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	4167	160							51.4	28.4	8	
Average	134	5							2.2	1.3		
Maximum	228	9							3.5	2.2		
Minimum	91	2							0.0	0.0		
1	149	4							3.0			
2	214	9							2.0	1.2		
3	139	9							2.0	1.4		
4	150	8							/	/		
5	150	8							/	/		
6	151	8							2.4	1.4		
7	228	5							2.2	1.2	2	
8	165	9							3.5	2.2	2	
9	102	3							2.2	1.6		
10	135	6							2.0	1.4		
11	138	5							/	/		
12	138	5							/	/		
13	130	5							2.2	1.2	4	
14	123	4							2.2	1.4		
15	126	4							2.0	1.2		
16	101	6							2.4	1.2		
17	100	3							2.0	1.2		
18	143	5							/	/		
19	142	5							/	/		
20	143	5							2.2	1.2		
21	100	4							2.6	1.4		
22	102	3							2.2	1.2		
23	115	4							2.6	1.4		
24	120	4							2.4	1.4		
25	90	3							/	/		
26	99	3							/	/		
27	91	3							0.2	0.0		
28	110	3							2.5	1.4		
29	153	4							2.4	1.2		
30	103	4							2.0	1.2		
31	120	4							2.2	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 17-555.910(2)
Effective 1/1/88

* Flow in thousand gallons

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village 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 136 No of People at End of Month 476.0
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
William Fontaine C-6813/B. Heath C-5825/D.Moro C-6497/L. Shreffler C-8567
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	718,600	16.75		74.7					31.5	17.0	4	
Average	23,181	0.54		2.4					1.2	0.8		
Maximum	28,000	0.75		4.4					1.3	0.9		
Minimum	15,000	0.50		1.2					1.0	0.7		
1												
2	56,000	1.00		2.1					1.2			
3	25,000	0.50		2.4					1.2	0.8		
4	22,600	0.50		2.7					1.2	0.8		Exer gen
5	22,300	0.50		2.7					1.1	0.8		Exer well 2
6	21,600	0.50		2.8					1.1	0.8		Line flush
7	21,100	0.50		2.8					1.2	0.9		Exer well 2
8	17,200	0.50		3.5					1.2			
9												
10	52,400	1.00		2.3					1.2	0.8		
11	24,700	0.50		2.4					1.3	0.8		Exer generator
12	21,400	0.50		2.8					1.2	0.8	4	Comp./exer well 2
13	23,400	0.50		2.6					1.2	0.8		
14	18,500	0.50		3.2					1.3	0.9		Drain sght glss
15	19,600	0.50		3.1					1.2			
16												
17	51,400	1.00		2.3					1.2	0.8		
18	22,700	0.50		2.6					1.3	0.8		Exer gen
19	20,000	0.50		3.0					1.3	0.9		Drain HPT/flsh
20	21,200	0.50		2.8					1.2	0.9		Grease bernngs
21	19,700	0.50		3.0					1.3	0.8		Exer well 2
22	15,000	0.50		4.0					1.2			
23												
24	55,800	1.00		2.1					1.3	0.8		Exer gen/flush
25	24,300	0.50		2.5					1.2	0.7		
26	20,100	0.50		3.0					1.2	0.8		
27	27,200	0.75		3.3					1.0	0.7		Exer well 2
28	26,500	0.75		3.4					1.2	0.8		
29												
30	43,500	1.75		4.8					1.2			
31	25,400	0.50		2.4					1.3	0.8		Main 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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village 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 136 No of People at End of Month 476.0

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

William Fontaine C-6813/Brian Heath C-6825/D.More C-6497/L.Streiffer C-6857

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	653,600	15.25		68.1					29.9	17.0	8	
Average:	23,343	0.54		2.4					1.2	0.8		
Maximum:	31,800	1.00		3.5					1.4	1.0		
Minimum:	17,300	0.50		2.4					1.2	0.7		
1	21,800	0.50		2.8					1.3	0.8		
2	20,300	0.50		3.0					1.2	0.8		
3	21,800	0.50		2.8					1.2	0.6		Line Flushing
4	24,000	0.50		2.5					1.3	0.9		
5	23,600	0.50		2.5					1.2			
6												
7	48,400	1.00		2.5					1.2	0.8		
8	24,600	0.50		2.4					1.4	0.9		Exer gen
9	19,900	0.50		3.0					1.2	0.8	4	Compliance
10	26,800	0.75		3.1					1.4	1.0		Line Flushing
11	24,500	0.50		2.4					1.2	0.8		
12	26,900	0.75		3.3					1.2			
13												
14	41,100	1.00		2.9					1.3	0.8		
15	23,700	0.50		2.5					1.3	0.8		Exer gen
16	19,800	0.50		3.0					1.2	0.8		Exer W-2
17	20,800	0.50		2.9					1.2	0.6		
18	22,200	0.50		2.7					1.2	0.8		
19	19,100	0.50		3.1					1.3			
20												
21	46,100	1.00		2.5					1.3	0.8		L/flush-exer W-2
22	31,800	0.75		2.8					1.2	0.8	2	l/flush-comp
23	17,300	0.50		3.5					1.3	0.6	2	compliance
24	27,600	0.75		3.3					1.2	0.8		Line Flushing
25	24,300	0.50		2.5					1.2	0.7		Exer gen
26	25,100	0.75		3.6					1.2	0.7		
27												
28	48,100	1.00		2.5					1.2	0.8		Line Flushing
29												
30												
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location:City or S/D Tavares

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 136 No of People at End of Month 476.0

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

William Fontaine C-6813/B. Heath C-5825/D. More 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	750,500	20.00		65.6					34.7	16.6	4	
Average	24,210	0.65		2.8					1.3	0.7		
Maximum	31,600	0.75		3.8					1.5	0.8		
Minimum	17,200	0.25		1.5					1.0	0.5		
1	24,500	0.75		3.7					1.2	0.7		Comp.gen.check
2	20,600	0.50		2.9					1.2	0.7		
3	22,800	0.50		2.6					1.3	0.7		Ex. emerg. gen
4	21,400	0.50		2.8					1.2	0.8		Comp.gen.check
5	17,600	0.50		3.4					1.2			
6												
7	58,500	1.50		3.1					1.2	0.7		Ex. w-2
8	26,100	0.75		3.4					1.2	0.6		Comp.gen.check
9	17,200	0.50		3.5					1.2	0.6	4	Compliance
10	31,600	1.00		3.8					1.2	0.7		Ex. emerg. gen.
11	23,800	0.75		3.8					1.0	0.5		Flush mains
12	23,500	0.75		3.8					1.2			
13												
14	53,500	1.50		3.4					1.3	0.8		
15	26,900	0.75		3.3					1.3	0.8		Comp.gen.check
16	21,000	0.50		2.9					1.2	0.7		Ex. emerg. gen
17	25,800	0.75		3.4					1.3	0.7		
18	21,000	0.50		2.9					1.4	0.8		Grease well pump
19	18,800	0.25		1.6					1.5			
20												
21	59,100	1.50		3.0					1.4	0.8		Rep. 3/8 cl2 vac,etc
22	23,600	0.75		3.8					1.4	0.8		
23	21,300	0.50		2.8					1.4	0.7		Comp.gen.check
24	24,400	0.75		3.7					1.4	0.7		Ex. emerg. gen.
25	28,500	0.75		3.2					1.4	0.8		
26	18,400	0.50		3.3					1.2			
27												
28	55,800	1.50		3.2					1.3	0.7		
29	22,400	0.50		2.7					1.4	0.7		Comp.gen.check
30	21,600	0.50		2.8					1.4	0.8		
31	19,800	0.50		3.0					1.3	0.8		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location:City or S/D Tavares

Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month April 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 136 No of People at End of Month 476.0

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

Willian Fontaine C-6813/B. Heath C-8825/D. Mace C-6497/L. Shreffler C-6647

I certify this report is correct Donald R. Fowler (Lead Operator's Signature) B (Cert. Level) B4083 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	617,900	19.75		75.7					33.1	15.3	4	
Average:	27,263	0.66		2.5					1.3	0.7		
Maximum:	41,800	0.75		3.4					1.5	0.9		
Minimum	18,900	0.50		1.3					1.0	0.5		
1	22,500	0.50		2.7					1.3	0.7		
2	22,000	0.50		2.7					1.3			
3												
4	64,500	1.50		2.8					1.5	0.9		Reduce Cl2 feed
5	29,700	0.75		3.0					1.2	0.6		Ex emer gen
6	22,400	0.50		2.7					1.2	0.7	4	Compliance
7	34,300	0.75		2.6					1.2	0.8		
8	29,100	0.75		3.1					1.2	0.7		
9	41,800	1.00		2.9					1.2			
10												
11	50,800	1.25		3.0					1.3	0.9		
12	31,700	0.75		2.8					1.0	0.5		Flushing
13	23,300	0.50		2.6					1.2	0.6		
14	24,000	0.50		2.5					1.2	0.6		Ex emer gen-
15	29,300	0.75		3.1					1.2	0.7		Flushing
16	29,800	0.75		3.0					1.2			
17												
18	66,700	1.50		2.6					1.3	0.8		
19	34,600	1.00		3.5					1.3	0.8		
20	21,300	0.50		2.8					1.4	0.8		Ex emer gen
21	29,000	0.75		3.1					1.4	0.7		
22	20,100	0.50		3.0					1.4	0.7		
23	24,300	0.75		3.7					1.2			
24												
25	52,500	1.25		2.9					1.3	0.7		
26	29,100	0.75		3.1					1.3	0.8		Flushing
27	21,700	0.50		2.8					1.4	0.8		
28	18,900	0.50		3.2					1.3	0.8		Ex emer gen
29	23,300	0.50		2.6					1.3	0.7		
30	19,200	0.50		3.1					1.3			
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 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location:City or S/D Tavares

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 136 No of People at End of Month 478.0

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

Will 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:	795,800	22.00		86.8					32.7	18.2	4	
Average:	25,671	0.71		2.8					1.3	0.8		
Maximum:	31,400	1.75		8.0					1.4	1.0		
Minimum:	14,700	0.25		2.0					1.0	0.7		
1												
2	62,800	1.50		2.9					1.2	0.8		Flush mains
3	21,900	0.50		2.7					1.4	1.0		New HPT on line
4	14,700	0.25		2.0					1.4	0.9		
5	27,000	0.75		3.3					1.3	1.0		Sched E.Gen Run
6	22,400	0.50		2.7					1.2	0.8		
7	19,700	0.50		3.0					1.0			
8												
9	61,300	1.50		2.9					1.2	0.8		
10	31,300	0.75		2.9					1.3	0.8	4	Compliance
11	22,900	0.50		2.6					1.2	0.7		Sched E. gen run
12	26,200	1.75		8.0					1.4	0.9		
13	26,500	0.75		3.4					1.4	0.9		
14	25,600	0.75		3.5					1.0			
15												
16	56,100	1.50		3.2					1.1	0.7		New Cl2 cyl/flsh-
17	29,500	0.75		3.0					1.4	1.0		Flush main
18	25,400	0.75		3.5					1.3	0.9		
19	23,300	0.50		2.6					1.3	0.9		Sched E. gen run
20	20,700	0.50		2.9					1.2	0.8		
21	22,600	0.50		2.7					1.2			
22												
23	52,900	1.50		3.4					1.3	0.7		
24	26,600	1.25		5.6					1.2	0.7		
25	27,900	0.75		3.2					1.2	0.8		
26	25,100	0.75		3.6					1.3	0.8		
27	27,600	0.75		3.3					1.3	0.8		Ex E. gen
28	16,700	0.50		3.6					1.4			
29												
30	50,900	1.25		2.9					1.3	0.8		
31	28,200	0.75		3.2					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. 3351429 PWS Name Venetian Village Location:City or S/D Tavares

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 138 No of People at End of Month 483.0

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

William Fontaine C-8813/D. Moro C-8497

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	647,600	14.75		72.6					32.1	18.6	4	
Average:	21,583	0.49		2.4					1.2	0.6		
Maximum:	41,100	1.25		4.1					1.4	1.0		
Minimum:	14,400	0.50		1.8					1.2	0.6		
1	19,800	0.50		3.1					1.3	0.8		
2	20,900	0.50		2.9					1.2	0.6		Gen check
3	18,500	0.50		3.2					1.2	0.6		Ex emer gen
4	18,200	0.50		3.3					1.2			
5												
6	52,200	1.25		2.9					1.3	1.0		
7	18,700	0.50		3.2					1.2	0.6		
8	21,000	0.50		2.9					1.4	1.0		
9	18,500	0.50		3.2					1.3	0.9		Complete gen check
10	22,700	0.50		2.6					1.3	1.0		Ex gen/flush mains
11												
12	40,500	0.75		2.2					1.2			
13	27,200	0.50		2.2					1.2	0.8	4	Compliance
14	20,100	0.50		3.0					1.3	0.8		
15	17,900	0.50		3.3					1.3	0.9		Comp. gen chk/exer
16	20,700	0.50		2.9					1.2	0.6		DEP insp
17	21,600	0.50		2.6					1.2	0.8		Ex emer gen
18	14,400	0.25		2.1					1.2			
19												
20	46,300	1.00		2.6					1.2	0.8		
21	20,800	0.50		2.9					1.2	1.0		POE samples
22	21,400	0.50		2.6					1.2	0.6		
23	14,600	0.50		4.1					1.2	0.6		
24	22,600	0.50		2.7					1.2	0.6		
25	16,800	0.25		1.8					1.2			
26												
27	45,100	1.00		2.7					1.2	0.7		
28	41,100	0.75		2.2					1.2	0.8		
29	23,900	0.50		2.5					1.3	1.0		Flush mains
30	22,000	0.50		2.7					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 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village 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 138 No of People at End of Month 483.0

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

Will Fontaine C-6813/Lance Shreffler C-6587/B. Heath C-5825/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 In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	661,400	15.75		61.1					31.0	17.8	4	
Average	21,335	0.54		2.5					1.2	0.6		
Maximum	31,500	1.00		4.4					1.4	1.0		
Minimum	15,700	0.50		2.3					1.0	0.7		
1	24,200	0.50		2.5					1.3	0.9		
2	31,500	1.00		3.8					1.0	1.0		
3												
4	39,700	1.00		3.0					1.2	0.6		
5	26,900	0.75		3.3					1.2	0.8		Gen check
6	18,100	0.50		3.3					1.2	0.9		Ex emer gen(sched)
7	19,100	0.50		3.1					1.1	0.7		Flush mains
8	21,900	0.50		2.7					1.1	0.8		
9	15,700	0.50		3.8					1.2			
10												
11	43,800	1.00		2.7					1.2	0.8	4	Compliance
12	24,500	0.75		3.7					1.3	0.8		New cl2 inj w-2
13	19,100	0.50		3.1					1.2	0.7		
14	20,500	0.50		2.9					1.2	0.7		Gen check exer
15	19,600	0.50		3.1					1.3	0.7		
16	16,400	0.50		3.7					1.3			
17												
18	51,700	1.00		2.3					1.4	0.8		
19	24,200	0.50		2.5					1.4	0.8		Flush mains
20	23,400	0.50		2.6					1.3	0.9		
21	23,900	0.50		2.5					1.3	0.7		Gen check exer
22	23,300	0.50		2.6					1.2	0.8		
23	29,500	0.50		2.0					1.2			
24												
25	42,500	1.00		2.8					1.2	0.9		
26	18,000	0.50		3.3					1.0	0.8		Emer gen run
27	21,800	0.75		4.1					1.0	0.8		
28	22,400	0.75		4.0					1.0	0.8		
29	20,500	0.75		4.4					1.2	0.9		
30	18,200	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. 3351426 PWS Name Venetian Village Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 139 No of People at End of Month 486.5
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
William Fontaine C-6813/L, Shreffler C-6587/B, Heath C-5625
I certify this report is correct Kevin Heath C-5625
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	707,100	17.00		77.6					31.2	18.2	4	
Average:	22,810	0.55		2.5					1.2	0.8		
Maximum	28,400	1.25		3.5					1.3	1.0		
Minimum	12,700	0.25		2.4					1.0	0.7		
1	46,600	1.25		3.2					1.1	0.7		
2	21,600	0.50		2.8					1.2	0.8		Exercise W-2
3	19,700	0.50		3.0					1.0	0.7		
4	20,100	0.50		3.0					1.0	0.7		Ex e.gen
5	17,100	0.50		3.5					1.0	0.7		Exercise W-2
6	21,800	0.50		2.8					1.0			
7												
8	49,900	1.25		3.0					1.1	0.8		
9	19,700	0.50		3.0					1.2	0.9		
10	22,600	0.50		2.7					1.2	0.8	4	Compliance
11	18,200	0.50		3.3					1.1	0.6		Ex e.gen
12	22,000	0.50		2.7					1.2	1.0		
13	12,700	0.25		2.4					1.2			
14												
15	56,800	1.25		2.6					1.2	0.9		
16	18,500	0.50		3.2					1.2	0.9		
17	23,600	0.50		2.5					1.2	0.8		
18	24,300	0.50		2.5					1.3	0.8		Ex e.gen
19	21,600	0.50		2.8					1.2	0.7		
20	17,000	0.50		3.5					1.0			
21												
22	49,900	1.25		3.0					1.1	0.7		
23	22,900	0.50		2.6					1.2	0.8		
24	19,700	0.50		3.0					1.2	0.8		Flush mains
25	23,000	0.50		2.6					1.2	0.7		Power out/gen ran
26	23,700	0.50		2.5					1.3	0.9		
27	23,600	0.50		2.5					1.2			
28												
29	46,900	1.25		3.2					1.2	0.8		
30	24,000	0.50		2.5					1.2	0.8		
31	19,800	0.50		3.0					1.2	0.7		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location:City or S/D Tavares

Owned By Southern States Utilities Phone Number: 407-660-0058 Reporting Month September 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 140 No of People at End of Month 490.0

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

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

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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	714,600	16.00		70.6					32.7	27.1	4	
Average	23,820	0.53		2.4					1.3	1.2		
Maximum	30,100	0.75		3.2					1.4	8.0		
Minimum	18,500	0.38		1.1					1.1	0.7		
1	23,600	0.50		2.5					1.1	0.7		
2	22,500	0.50		2.7					1.2	0.8		
3	19,600	0.50		3.1					1.2			
4												
5	42,500	1.00		2.8					1.2	0.8		
6	30,100	0.75		3.0					1.1	0.8		Ex gen
7	21,300	0.50		2.8					1.1	8.0	4	Compliance
8	20,200	0.50		3.0					1.1	0.9		
9	24,400	0.50		2.5					1.2	0.8		
10	18,800	0.25		1.8					1.2			
11												
12	51,600	1.50		3.5					1.3	1.0		
13	18,500	0.50		3.2					1.3	0.9		
14	24,100	0.50		2.5					1.4	1.0		Ex gen
15	23,100	0.50		2.6					1.2	0.8		Ex w-2
16	21,900	0.50		2.7					1.3	1.0		
17	28,800	0.50		2.2					1.2			
18												
19	48,500	0.70		1.7					1.4	1.0		
20	22,500	0.80		4.3					1.4	1.0		
21	26,600	0.75		3.1					1.3	1.0		Ex gen
22	36,000	0.75		2.5					1.4	1.1		Flush lines
23	20,100	0.50		3.0					1.3	0.9		
24	39,800	0.75		2.3					1.4			
25												
26	41,200	0.75		2.2					1.3	0.9		
27	23,100	0.50		2.6					1.3	1.0		
28	20,000	0.50		3.0					1.3	0.9		
29	24,700	0.50		2.4					1.2	0.8		
30	22,900	0.50		2.6					1.3	1.0		
31												

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351425 PWS Name Venetian Village Location:City or S/D Tavares

Owned By Southern States Utilities Phone Number: 407-880-0055 Reporting Month October 1994

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 140 No of People at End of Month 490.0

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

Will Fontaine C-6813/L. shreffler C-6587/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 Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	765,600	16.75		71.6					32.0	18.0	4	
Average:	24,697	0.54		2.3					1.2	0.9		
Maximum:	32,050	0.75		3.8					1.4	1.0		
Minimum:	17,200	0.50		1.1					0.6	0.7		
1	16,800	0.50		3.6					1.3			
2												
3	55,300	1.00		2.2					1.3	0.9		
4	18,500	0.50		3.2					1.3	1.0		
5	23,600	0.50		2.5					1.3	0.9		
6	28,400	0.75		3.2					1.2	0.8		Ex emer gen
7	21,200	0.50		2.8					1.3	0.9		
8	24,500	0.50		2.4					1.2			
9												
10	53,400	1.00		2.2					1.3	1.0		
11	24,400	0.50		2.5					1.4	1.0	4	Compliance
12	25,200	0.50		2.4					1.2	0.9		
13	19,600	0.50		3.1					1.3	0.8		Ex emer gen
14	21,400	0.50		2.8					1.2	0.8		
15												
16	56,300	1.00		2.1					0.6			
17	18,600	0.50		3.2					1.2	0.8		
18	22,200	0.50		2.7					1.2	0.8		
19	25,500	0.50		2.4					1.3	0.8		
20	19,300	0.50		3.1					1.3	0.9		Ex emer gen
21	26,700	0.50		2.2					1.3	0.9		
22	17,200	0.50		3.5					1.3			
23												
24	64,100	1.25		2.3					1.3	0.8		
25	25,900	0.75		3.5					1.3	0.9		
26	23,300	0.50		2.6					1.2	0.8		
27	28,900	0.75		3.1					1.2	0.8		Ex emer gen
28	24,700	0.50		2.4					1.2	0.8		Flush mains
29	27,200	0.75		3.3					1.2			
30												
31	53,400	1.00		2.2					1.1	0.7		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location:City or S/D Tavares

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 140 No of People at End of Month 490.0

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

William Fontaine C-6813/D. Moro C-6497/L. Shreffler C-6567

I certify this report is correct Brian Hall 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	891,000	19.50		66.8					30.4	18.3	12	
Average:	29,700	0.65		2.2					1.2	0.9		
Maximum:	41,550	0.75		3.4					1.4	1.0		
Minimum:	22,100	0.25		1.9					1.0	0.7		
1	22,200	0.50		2.7					1.0	0.7		
2	22,200	0.50		2.7					1.1	0.7		Ex w-2
3	25,400	0.50		2.4					1.1	0.8		
4	22,100	0.50		2.7					1.2	0.8		Ex e. gen
5	27,600	0.75		3.3					1.0			
6												
7	59,600	1.25		2.2					1.2	0.9		
8	32,500	0.75		2.8					1.2	0.8	2	Out smpls/flush
9	29,400	0.75		3.1					1.3	1.0	6	Compliance
10	31,100	0.75		2.9					1.3	1.0	2	Out smpls/flush
11	29,200	0.75		3.1					1.4	1.0	2	Ex emer gen
12	30,400	0.75		3.0					1.4			
13												
14	63,100	1.75		2.5					1.3	0.9		
15	26,300	0.75		3.4					1.4	1.0		
16	26,100	0.75		3.4					1.3	0.9		
17	31,700	0.25		0.9					1.3	0.9		
18	34,800	0.75		2.6					1.3	1.0		Ex emer gen
19	30,900	0.50		1.9					1.2			
20												
21	59,100	1.25		2.5					1.2	0.8		Unreg group I-5
22	34,700	0.75		2.6					1.3	1.0		
23	28,500	0.75		3.2					1.2	0.9		Ex emer gen
24												
25	55,100	1.25		2.7					1.1	0.7		
26	30,400	0.75		3.0					1.0			
27												
28	56,300	1.25		2.6					1.2	0.8		
29	25,000	0.50		2.4					1.2	0.8		Flush lines
30	25,300	0.50		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. 3351428 PWS Name Venetian Village 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 140 No of People at End of Month 490.0

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

Wil Fontaine C-6813/L Shreffler C-6567

I certify this report is correct Wil 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	913,800	21.25		76.1					33.0	15.4	4	
Average:	29,477	0.69		2.5					1.2	0.8		
Maximum:	65,600	1.50		3.7					1.3	1.0		
Minimum:	20,400	0.50		1.7					1.0	0.7		
1	26,400	0.75		3.4					1.3	0.9		
2	27,400	0.75		3.3					1.3	0.8		Ex emer gen
3	23,200	0.50		2.6					1.2			
4												
5	73,400	1.50		2.5					1.2	0.8		
6	34,600	0.50		1.7					1.3	0.8		
7	30,800	0.75		2.9					1.1	0.7		
8	36,500	0.75		2.5					1.2	0.8		Ex emer gen
9	40,200	1.00		3.0					1.0	0.7		
10	32,800	0.75		2.7					1.2			
11												
12	50,700	1.25		3.0					1.3	0.8		
13	65,600	1.50		2.7					1.2	0.8	4	Compliance
14	22,800	0.50		2.6					1.3	0.9		Ex emer gen
15	24,400	0.75		3.7					1.2	0.8		
16	38,300	1.00		3.1					1.3	1.0		
17	20,400	0.50		2.9					1.2			
18												
19	57,100	1.25		2.6					1.3	0.9		+foam f/trz prot
20	28,700	0.75		3.1					1.2	0.8		
21	22,200	0.50		2.7					1.2	0.8		
22	24,200	0.50		2.5					1.3	1.0		
23	22,500	0.50		2.7					1.2	0.9		
24	23,200	0.50		2.6					1.2			
25												
26	55,200	1.25		2.7					1.3	0.9		
27	29,300	0.75		3.1					1.3	0.8		Ex emer gen
28	29,100	0.75		3.1					1.2	0.8		
29	30,100	0.75		3.0					1.2	0.9		
30	22,100	0.50		2.7					1.2	0.8		
31	22,600	0.50		2.7					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)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location: City or S/D Tavares

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

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 135 No of People at End of Month 473

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 Lance D. Shreffler C-6587) 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	718.5	21.00		90.1					33.9	24.5	4	
Average	23.2	0.68		3.6					1.4	1.0		
Maximum	31.7	0.88		4.5					1.8	1.2		
Minimum	18.6	0.50		2.4					1.2	0.9		
1												
2	63.3	1.75		3.3					1.2	0.9		
3												
4	52.6	1.50		3.4					1.8	1.2		
5	22.8	0.75		3.9					1.5	1.0		
6	22.9	0.75		3.9					1.5	1.0		
7	27.1	0.75		3.3					1.2	0.9		
8	20.1	0.75		4.5					1.2	0.9		
9	22.6	0.50		2.7					1.2	1.0		
10												
11	59.9	1.50		3.0					1.2	0.9	4	
12	20.3	0.75		4.4					1.2	0.9		
13	22.9	0.75		3.9					1.2	1.0		
14	20.8	0.75		4.3					1.2	0.9		
15	22.6	0.75		4.0					1.2	0.9		
16	23.8	0.75		3.8					1.2	0.9		
17												
18	44.5	1.25		3.4					1.5	1.0		
19	26.8	0.75		3.4					1.5	1.0		
20	20.5	0.50		2.9					1.5	0.9		
21	22.7	0.75		4.0					1.2	0.9		
22	22.5	0.75		4.0					1.5	1.0		
23	24.4	0.50		2.5					1.5	1.0		
24												
25	47.0	1.25		3.2					1.2	1.0		
26	21.0	0.75		4.3					1.5	1.2		
27	20.4	0.75		4.4					1.2	1.0		
28	19.6	0.50		3.1					1.5	1.2		
29	22.1	0.75		4.1					1.5	1.0		
30	25.3	0.50		2.4					1.5	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 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location:City or S/D Tavares

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

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 135 No of People at End of Month 473

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 / 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	654.2	19.50		87.2					33.0	22.2	4	
Average:	23.4	0.70		3.6					1.4	0.9		
Maximum.	26.6	1.00		4.6					1.5	1.0		
Minimum.	19.5	0.50		2.3					1.2	0.8		
1	47.2	1.25		3.2					1.2	0.9		
2	22.7	0.75		4.0					1.2	0.8		
3	21.3	0.75		4.2					1.5	0.9		
4	22.9	0.75		3.9					1.5	1.0		
5	21.6	0.75		4.2					1.5	1.0		
6	30.9	1.00		3.9					1.5	1.0		
7												
8	44.4	1.25		3.4					1.2	0.9		
9	23.4	0.75		3.8					1.2	0.8		
10	22.0	0.75		4.1					1.2	0.9	4	
11	20.6	0.75		4.4					1.5	1.0		
12	21.6	0.75		4.2					1.5	1.0		
13	25.3	0.50		2.4					1.5	0.8		
14												
15	47.6	1.25		3.1					1.5	0.9		
16	25.2	0.75		3.6					1.5	0.9		
17	22.3	0.75		4.0					1.5	1.0		
18	21.1	0.75		4.3					1.5	0.9		
19	23.3	0.75		3.9					1.2	0.8		
20	26.6	0.50		2.3					1.2	1.0		
21												
22		1.25		3.1					1.2	0.9		
23	48.5	0.75		3.3					1.5	1.0		
24	27.1	0.50		3.0					1.5	1.0		
25	20.0	0.75		3.9					1.5	1.0		
26	22.9	0.75		4.6					1.2	0.9		
27	19.5	0.75		3.4					1.2	0.9		
28	26.2											
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. 3351426 PWS Name Venetian Village Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month March 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 135 No of People at End of Month 473
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 Brian E. Heath C-5825) 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	823.0	23.50		93.6					35.4	25.2	3	
Average:	25.7	0.73		3.5					1.3	0.8		
Maximum:	37.4	1.00		4.1					1.5	1.0		
Minimum:	17.1	0.50		2.4					1.2	0.8		
1	54.0	1.50		3.3					1.2	0.9		
2	17.1	0.50		3.5					1.2	1.0		
3	26.7	0.75		3.4					1.2	0.9		
4	23.2	0.75		3.9					1.2	1.0		
5	21.7	0.75		4.1					1.2	1.0		
6	31.3	1.00		3.8					1.2	0.9		
7												
8	47.0	1.25		3.2					1.2	0.9		
9	23.5	0.75		3.8					1.2	0.8		
10	24.2	0.75		3.7					1.2	0.9		
11	23.2	0.75		3.9					1.2	1.0	3	
12	26.9	0.75		3.3					1.2	0.9		
13	37.4	0.75		2.4					1.2	1.0		
14												
15	57.2	1.50		3.1					1.2	0.9		
16	29.3	0.75		3.1					1.2	0.9		
17	28.5	0.75		3.2					1.2	0.8		
18	25.0	0.75		3.6					1.2	0.9		
19	23.2	0.75		3.9					1.2	0.8		
20	26.5	0.75		3.4					1.5	1.0		
21												
22	50.9	1.50		3.5					1.5	1.0		
23	22.8	0.50		2.6					1.5	1.0		
24	25.2	0.75		3.6					1.5	1.0		
25	22.5	0.75		4.0					1.5	0.9		
26	20.3	0.50		3.0					1.5	1.0		
27	26.9	0.75		3.3					1.5	0.9		
28												
29	47.8	1.25		3.1					1.5	1.0		
30	29.1	1.00		4.1					1.5	0.9		
31	31.6	1.00		3.8					1.5	1.0		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location: City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month April 1993
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 133 No of People at End of Month 466
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 / Dennis W. Moro C-6497 / Brian E. Heath C-5825

I certify this report is correct (Original signed by Brian E. Heath C-5825) 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	762.8	22.75		96.3					31.4	22.6	4	
Average:	25.4	0.76		3.7					1.2	0.9		
Maximum:	37.7	1.00		4.8					1.5	1.0		
Minimum:	18.9	0.50		2.2					0.8	0.6		
1	29.7	1.00		4.0					1.2	0.8		
2	20.9	0.75		4.3					0.8	0.6		
3	27.1	0.75		3.3					1.2	0.8		
4												
5	42.7	1.25		3.5					1.2	0.9		
6	20.5	0.75		4.4					1.2	0.9		
7	22.5	0.75		4.0					1.2	0.8	4	
8	36.9	1.00		3.2					1.5	1.0		
9	19.0	0.75		4.7					1.5	1.0		
10	23.7	0.75		3.8					1.2	0.9		
11												
12	50.4	1.50		3.6					1.2	0.8		
13	26.9	0.50		2.2					1.2	1.0		
14	37.7	1.00		3.2					1.2	0.9		Flushing
15	25.0	0.75		3.6					1.2	0.9		
16	20.5	0.75		4.4					1.2	0.8		
17	27.7	0.75		3.2					1.2	0.9		
18												
19	60.4	1.75		3.5					1.2	0.8		
20	23.4	0.75		3.8					1.2	0.9		
21	21.1	0.75		4.3					1.2	0.9		
22	18.9	0.75		4.8					1.2	0.9		
23	23.8	0.75		3.8					1.2	0.8		
24												
25	59.3	1.25		2.5					1.2	1.0		
26	24.3	0.75		3.7					1.2	0.9		
27	26.0	0.75		3.5					1.2	0.9		
28	21.4	0.75		4.2					1.2	0.8		
29	25.8	0.75		3.5					1.2	0.9		
30	27.2	0.75		3.3					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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location: City or S/D Tavares

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

Plant Effluent pH (Avg) 7.4 No of Services at End of Month 136 No of People at End of Month 476

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 / Dennis W. Moro C-6497

I certify this report is correct (Original signed by Brian E. Heath C-5825) 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	894.2	24.00		85.4					33.7	23.9	4	
Average	28.8	0.77		3.3					1.3	0.9		
Maximum	52.4	1.50		4.5					1.5	1.0		
Minimum	19.9	0.50		1.9					1.0	0.8		
1	30.7	1.00		3.9					1.2	0.9		
2												
3	50.2	1.00		2.4					1.2	0.8		
4	23.2	0.50		2.6					1.5	1.0		
5	24.9	0.50		2.4					1.5	1.0		
6	22.6	0.50		2.7					1.2	0.8		
7	19.9	0.50		3.0					1.2	1.0		
8	32.4	0.50		1.9					1.2	0.9		
9												
10	55.9	1.00		2.1					1.2	0.8	4	
11	21.3	0.75		4.2					1.2	0.9		
12	28.0	0.75		3.2					1.2	0.9		
13	23.4	0.75		3.8					1.5	1.0		
14	20.1	0.75		4.5					1.5	1.0		
15	20.3	0.75		4.4					1.5	1.0		
16												
17	67.2	1.75		3.1					1.2	0.9		
18	27.3	0.75		3.3					1.2	0.9		
19	26.2	0.75		3.4					1.5	1.0		
20	37.3	1.00		3.2					1.5	1.0		
21	28.5	0.75		3.2					1.2	0.9		
22												
23	60.4	1.75		3.5					1.2	0.8		
24	50.5	1.50		3.6					1.2	0.9		
25	30.4	1.00		3.9					1.2	0.9		
26	52.4	1.50		3.4					1.5	1.0		
27	33.9	1.00		3.5					1.5	1.0		
28	26.1	0.75		3.4					1.2	0.9		
29	24.7	0.75		3.6					1.2	0.9		
30												
31	56.4	1.50		3.2					1.0	0.8		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 136 No of People at End of Month 476
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 / 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	781.6	22.50		90.7					35.7	24.5	4	
Average	26.1	0.75		3.5					1.4	0.9		
Maximum	33.0	1.00		4.1					1.5	1.0		
Minimum	17.5	0.50		2.3					1.2	0.8		
1	17.4	0.50		3.4					1.2	0.9		
2	24.4	0.50		2.5					1.2	0.9		
3	25.8	0.75		3.5					1.5	1.0		
4	26.4	0.75		3.4					1.5	0.9		
5	27.5	0.75		3.3					1.5	1.0		
6												
7	61.1	1.75		3.4					1.5	1.0		
8	25.4	0.75		3.5					1.5	1.0		
9	35.4	1.00		3.4					1.2	0.9	4	
10	30.2	1.00		4.0					1.2	0.8		
11	33.0	1.00		3.6					1.2	0.9		
12	32.7	1.00		3.7					1.5	1.0		
13												
14	48.0	1.25		3.1					1.2	0.9		
15	33.5	1.00		3.6					1.5	1.0		Flushing
16	22.3	0.75		4.0					1.5	1.0		
17	17.5	0.50		3.4					1.5	0.9		
18	23.5	0.75		3.6					1.5	1.0		
19	26.0	0.75		3.5					1.2	0.9		
20												
21	59.7	1.50		3.0					1.5	1.0		
22	24.7	0.75		3.6					1.5	1.0		
23	22.8	0.75		3.9					1.5	0.9		
24	22.5	0.75		4.0					1.5	0.9		
25	26.2	0.75		3.4					1.5	1.0		
26	25.8	0.50		2.3					1.2	0.9		
27												
28	45.1	1.25		3.3					1.2	0.9		
29	22.1	0.75		4.1					1.2	1.0		
30	22.6	0.75		4.0					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. 3351426 PWS Name Venetian Village Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month July 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 139 No of People at End of Month 467
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 / 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	725.1	22.00		99.6					32.4	24.1	8	
Average	23.4	0.71		3.7					1.2	0.9		
Maximum.	32.5	1.00		4.4					1.2	1.0		
Minimum	15.4	0.50		2.3					1.2	0.8		
1	22.4	0.75		4.0					1.2	0.9		
2	21.9	0.75		4.1					1.2	1.0		
3	24.2	0.75		3.7					1.2	0.9		
4												
5	49.8	1.50		3.6					1.2	0.9		
6	20.4	0.75		4.4					1.2	1.0		
7	24.2	0.75		3.7					1.2	0.9		
8	22.6	0.75		4.0					1.2	1.0		
9	25.9	0.75		3.5					1.2	0.9	4	
10	20.6	0.50		2.9					1.2	0.9		
11												
12	49.7	1.50		3.6					1.2	0.9		
13	32.5	1.00		3.7					1.2	0.9		
14	23.7	0.75		3.8					1.2	0.8		
15	15.4	0.50		3.9					1.2	0.9		
16	22.1	0.75		4.1					1.2	0.8		
17	26.5	0.50		2.3					1.2	0.8		
18												
19	38.8	1.00		3.1					1.2	0.9		
20	24.6	0.75		3.7					1.2	0.8		
21	25.8	0.75		3.5					1.2	0.9		
22	21.5	0.75		4.2					1.2	1.0		
23	26.6	0.75		3.4					1.2	0.9		Lines Flushed
24	18.4	0.50		3.3					1.2	0.9		
25												
26	53.0	1.50		3.4					1.2	0.9		
27	23.2	0.75		3.9					1.2	0.8	2	
28	23.0	0.75		3.9					1.2	0.9	2	
29	21.8	0.75		4.1					1.2	0.8		
30	23.7	0.75		3.8					1.2	0.9		
31	22.7	0.75		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. 3351426 PWS Name Venetian Village Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month August 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 136 No of People at End of Month 476
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 / Dennis W. Moro C-6497
I certify this report is correct (Original signed by Brian E. Heath C-5625)
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	826.0	24.50		93.1					28.8	21.0	4	
Average.	26.7	0.79		3.6					1.1	0.8		
Maximum:	36.6	1.00		4.2					1.2	1.0		
Minimum:	18.0	0.50		3.1					1.0	0.7		
1												
2	47.2	1.25		3.2					1.0	0.7		
3	25.7	0.75		3.5					1.0	0.7		
4	25.3	0.75		3.6					1.2	0.8		
5	18.6	0.50		3.2					1.0	0.7		
6	21.5	0.75		4.2					1.0	0.8		
7	26.8	0.75		3.4					1.2	0.9		
8												
9	54.4	1.50		3.3					1.2	0.8		
10	21.6	0.75		4.2					1.2	0.9		
11	26.2	0.75		3.4					1.0	0.8		
12	26.3	0.75		3.2					1.0	0.8	4	
13	30.4	1.00		3.9					1.0	0.7		
14												
15	39.2	1.25		3.8					1.0	0.8		
16	30.1	1.00		4.0					1.0	0.7		
17	24.2	0.75		3.7					1.0	0.7		
18	36.6	1.00		3.3					1.0	0.7		
19	28.6	0.75		3.1					1.2	0.8		
20	31.1	1.00		3.9					1.2	0.8		
21	32.0	1.00		3.7					1.2	0.8		
22												
23	62.7	1.75		3.3					1.2	0.9		
24	23.4	0.75		3.8					1.2	0.9		
25	18.0	0.50		3.3					1.2	0.9		
26	32.1	1.00		3.7					1.2	1.0		
27	28.0	0.75		3.2					1.0	0.8		
28												
29	61.5	1.75		3.4					1.2	0.9		
30	32.4	1.00		3.7					1.2	0.9		
31	22.1	0.75		4.1					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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location:City or SID Tavares

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 140 No of People at End of Month 490.0

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

Lance D. Shreffler C-6587 - Dennid W. Moro C-6497

I certify this report is correct Brian Hardy C [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	732,800	21.00		92.1					28.6	21.0	8	
Average	24,427	0.70		3.1					1.1	0.8		
Maximum:	33,000	0.75		4.5					1.2	1.0		
Minimum:	15,800	0.50		2.7					0.7	0.5		
1	15,800	0.50		3.8					1.2	0.9		
2	28,200	0.75		3.2					1.2	0.8		
3	22,900	0.75		3.9					1.2	0.9		
4	28,200	0.75		3.2					1.2	0.8		
5												
6	56,900	1.50		3.2					1.2	0.8		
7	22,700	0.75		4.0					1.2	0.9		
8	19,600	0.50		3.1					1.0	0.8		
9	21,000	0.75		4.3					1.0	0.8		
10	21,000	0.75		4.3					1.0	0.7		
11	27,300	0.75		3.3					1.0	0.7		
12												
13	49,200	1.25		3.0					1.2	0.8		
14	23,000	0.75		3.9					1.0	0.7	4	Compliance samples
15	21,000	0.75		4.3					1.0	0.7		
16	26,100	0.75		3.4					1.0	0.7		
17	23,800	0.75		3.8					0.9	0.6		
18												
19	49,800	1.00		2.4					1.0	0.7		
20	24,700	0.75		3.6					0.7	0.5		Outage/flushed
21	33,000	0.75		2.7					1.2	1.0	2	outage samples
22	24,800	0.75		3.6					1.2	0.9	2	outage samples
23	19,600	0.75		4.5					1.0	0.8		
24	27,900	0.75		3.2					1.2	0.9		
25	29,700	0.75		3.0					1.2	0.9		
26												
27	50,000	1.50		3.6					1.2	1.0		
28	19,600	0.50		3.1					1.2	0.9		
29	23,900	0.75		3.8					1.2	0.9		
30	22,900	0.75		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 11/11/88

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location:City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month October 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 140 No of People at End of Month 490.0
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
Lance D. Shreffler C-6587 / Brian E. Heath C-5825 / Dennis W. Moro C-6497
I certify this report is correct Ronald B. Enos B. 2423
(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	684,600	19.25		80.8					30.2	21.7	4	
Average	22,084	0.62		2.9					1.2	0.9		
Maximum	28,800	0.75		4.5					1.2	1.0		
Minimum	18,300	0.50		2.2					1.0	0.7		
1	22,300	0.75		4.0					1.0	0.7		
2	25,100	0.75		3.8					1.2	0.8		
3												
4	57,500	1.50		3.1					1.2	0.9		
5	23,700	0.75		3.8					1.2	0.8		Run emerg generator
6	23,500	0.75		3.8					1.2	0.9		
7	21,900	0.75		4.1					1.2	1.0		
8	22,000	0.75		4.1					1.2	0.9		
9	25,900	0.50		2.3					1.0	0.8		
10												
11	53,400	1.00		2.2					1.0	0.7		
12	20,400	0.75		4.4					1.0	0.7	4	Compliance samples
13	20,200	0.75		4.5					1.2	0.8		
14	22,800	0.75		3.9					1.2	0.9		Line flushing
15	18,300	0.50		3.3					1.2	0.9		
16	24,400	0.75		3.7					1.2	0.8		
17												
18	41,200	0.75		2.2					1.2	0.9		
19	18,700	0.50		3.2					1.2	1.0		
20	20,300	0.50		3.0					1.2	0.9		
21	20,800	0.50		2.9					1.2	0.9		
22	19,700	0.50		3.0					1.2	1.0		
23	24,600	0.50		2.4					1.2			
24												
25	40,600	1.25		3.7					1.2	0.9		VOC/NO2/NO3 sample
26	21,200	0.75		4.2					1.2	1.0		Run emerg generator
27	20,900	0.75		4.3					1.0	0.8		
28	26,600	1.00		4.5					1.2	0.9		
29	27,600	0.50		2.2					1.2	0.9		
30	21,000	0.75		4.3					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 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3351426 PWS Name Venetian Village Location: City or S/D Tavares
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month November 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 136 No of People at End of Month 476.0
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
Brian E. Heath C-5825 / Lance D. Shreffler C-6587 / William M. Fontaine C-6613
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:	699,000	15.00		68.9					30.9	19.1	3	
Average:	23,300	0.50		2.3					1.2	0.8		
Maximum:	57,500	1.25		3.6					1.4	1.0		
Minimum:	10,400	0.25		1.7					1.2	0.7		
1	48,900	1.25		3.1					1.3	0.9		
2	16,700	0.50		3.6					1.2	0.8		Exercise well 2
3	24,500	0.50		2.4					1.2	0.8		
4	17,700	0.50		3.4					1.2	0.8		
5	18,400	0.50		3.3					1.2	0.8		
6	10,400	0.25		2.9					1.2	0.8		
7												
8	52,700	0.75		1.7					1.2	0.8		Exercise well 2
9	20,400	0.50		2.9					1.2	0.8	3	compliance samples
10	20,600	0.50		2.9					1.2	0.8		
11	19,300	0.50		3.1					1.2	0.8		
12	22,500	0.50		2.7					1.3	0.8		Exercise well 2
13												
14	41,100	0.75		2.2					1.2	0.8		
15	35,300	0.75		2.5					1.2	0.8		
16	18,500	0.50		3.2					1.2	0.8		Ran Gen 2 hrs
17	21,300	0.50		2.8					1.2	0.7		
18	16,600	0.50		3.6					1.2	0.8		
19	24,500	0.50		2.4					1.2	0.8		
20	31,400	0.75		2.9					1.2			
21												
22	53,300	0.75		1.7					1.2	0.8		
23	22,500	0.50		2.7					1.2	0.8		
24	21,000	0.50		2.9					1.4	1.0		
25												
26	43,100	0.75		2.1					1.3	0.9		
27	19,500	0.50		3.1					1.2			
28												
29	57,500	1.00		2.1					1.4	1.0		
30	21,100	0.50		2.8					1.4	1.0		Ran gen 2 hrs
31												

This form must be completed in full and sent to 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. 3351426 PWS Name Venetian Village 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 136 No of People at End of Month 476.0

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

William M. Fontaine C-6813 / Lance D. Shreffler C-8567 / Dennis W. Moro C-8497 / Brian E. Heath C-5825

I certify the report is correct Ronald B. Crosby 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	733,100	16.25		73.4					33.7	20.6	4	
Average	23,648	0.52		2.4					1.2	0.9		
Maximum:	32,200	1.50		6.8					1.4	1.0		
Minimum:	12,100	0.25		1.7					1.2	0.8		
1	22,200	0.50		2.7					1.3	0.9		
2	23,500	0.50		2.6					1.2	0.8		Exercise well 2
3	23,200	0.50		2.6					1.2	0.8		
4	20,700	0.50		2.9					1.2	0.9		
5												
6	58,900	1.00		2.0					1.2	0.8		
7	31,100	0.50		1.9					1.2	0.8	4	Compliance samples
8	23,100	0.50		2.6					1.4	1.0		Exercise well 2
9	18,700	0.50		3.2					1.3	0.8		Emergency Gen Ran
10	22,000	0.50		2.7					1.2	0.8		
11	19,100	0.50		3.1					1.2			
12												
13	55,200	1.00		2.2					1.4	1.0		Exercise well 2
14	22,300	0.50		2.7					1.3	0.9		Flush lines
15	17,000	0.50		3.5					1.3	0.9		
16	20,200	0.50		3.0					1.2	0.8		
17	32,200	0.75		2.8					1.2	0.8		Emergency Gen Ran
18	24,200	0.50		2.5					1.2			
19												
20	46,200	1.00		2.6					1.2	0.8		Exercise well 2
21	12,100	0.25		2.5					1.3	0.8		
22	26,600	0.50		2.3					1.2	0.8		
23	17,700	0.25		1.7					1.3	1.0		Flush lines
24	27,600	0.50		2.2					1.2	0.8		
25												
26	49,600	1.00		2.4					1.2			
27	30,900	0.75		2.9					1.2	0.8		
28	26,500	1.50		6.8					1.2	0.8		
29	21,700	0.50		2.6					1.2	0.9		Change CL2 cylinder
30	15,200	0.25		2.0					1.4	1.0		Emergency Gen Ran
31	25,400	0.50		2.4					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. 2541242 PWS Name Welaka Mobile Home Park Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 8.2 No of Services at End of Mo 101 No of People at End of Month 253

Design Flow .108 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	261,800	3.91		44							4	
Average:	8,448	0.13		1					1.9	1.8		
Maximum:	12,400	0.65		5					2.8	1.6		
Minimum:	4,800	0.16		1					0.2	0.3		
1												
2												
3	24,400	0.38		2					3.0	2.8		
4	8,100	0.26		5					2.5	1.0		
5	11,300	0.39		4					3.0	1.5		
6	7,100	0.13		2					0.2	0.2	3	DIST 2 LAB ACC.
7	6,800	0.13		2					3.0	3.0		
8												
9												
10	25,700	0.39		2					3.5	3.0		
11	6,800	0.13		2					1.8	0.5		
12	10,300	0.13		2					1.1	0.5		
13	5,800	0.13		3					0.2	0.2		
14												
15	19,000	0.13		1					0.2	0.2	1	
16												
17												
18	22,400	0.38		2					3.0	2.2	1	A
19	12,400	0.13		1					2.4	1.5		
20	4,800	0.13		3					1.7	0.9		
21	10,500	0.13		1					2.5	1.5		
22	7,200	0.13		2					2.5	1.5		
23												
24	19,000	0.13		1					1.8	1.0		
25	7,300	0.13		2					0.2	0.2		
26	10,400	0.13		2					1.0	0.4		
27	7,000	0.13		2					3.0	1.8		
28	9,200	0.13		2					2.0	1.0		
29												
30												
31	24,600	0.13		1					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 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 PWS Name Welaka M H P Location:City or S/D Satsuma

Owned By Southern States Utilities Phone Number: 904-649-6873 Reporting Month February 1994

Plant Effluent pH (Avg) 8.4 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .108 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	276,500	4.82		47					38.5	21.7	3	
Average	9,882	0.17		2					2.0	1.1		
Maximum	14,900	0.52		7					3.5	3.5		
Minimum	6,300	0.13		1					0.2	0.2		
1	6,300	0.13		2					3.5	1.9		
2	14,900	0.13		1					2.7	1.0		
3	9,100	0.13		2					2.0	1.0		
4												
5	21,100	0.13		1					0.4	0.2		
6												
7	18,700	0.39		2					3.5	2.0	3	ALL A
8	11,600	0.13		1					1.8	0.8		
9	10,100	0.13		2					0.2	0.2		
10	8,000	0.26		4					2.0	0.7		
11	12,200	0.26		3					1.0	0.3		
12												
13												
14	28,000	0.13		1					0.2	0.2		
15	8,100	0.13		2					3.0	2.5		
16	11,500	0.26		3					3.5	3.5		
17	9,400	0.52		7					2.8	1.4		
18												
19	20,300	0.85		4					3.5	2.0		
20												
21	17,100	0.26		2					1.5	0.8		
22	11,000	0.26		3					2.0	0.8		
23	12,800	0.13		1					1.0	0.5		
24	10,200	0.13		2					2.0	0.9		
25	6,900	0.39		5					3.0	1.0		
26												
27												
28	29,100	0.26		1					0.2	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. 2541242 PWS Name Welaka M H P Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 8.4 No of Services at End of Month 101 No of People at End of Month 253

Design Flow .108 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-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	362,100	6.08		62					47.7	25.3	3	
Average	11,861	0.28		3					2.1	1.1		
Maximum:	17,200	0.65		6					3.5	2.8		
Minimum:	5,800	0.13		1					0.2	0.2		
1	7,800	0.13		2					3.5	2.8		
2												
3	20,000	0.39		2					0.2	0.2		
4	11,000	0.13		1					3.5	2.0		
5	14,900	0.26		2					3.0	2.0		
6												
7	24,000	0.26		1					1.0	0.4		
8	7,800	0.52		8					2.5	1.0		
9	17,200	0.39		3					3.5	1.5	3	ALL A
10	8,700	0.13		2					2.0	1.0		
11	9,400	0.13		2					1.5	1.0		
12												
13												
14	34,500	0.78		3					2.7	1.3		
15	9,500	0.26		3					2.5	1.1		
16	13,600	0.13		1					2.5	1.0		
17	13,200	0.65		6					2.5	1.3		
18	14,500	0.26		2					2.5	1.3		
19												
20												
21	33,600	0.78		3					1.0	0.4		
22	11,300	0.13		1					0.2	0.2		
23	17,000	0.13		1					0.2	0.2		
24	10,500	0.13		1					3.0	1.7		
25	11,000	0.26		3					1.1	0.5		
26												
27												
28	36,500	1.04		3					1.0	0.5		
29	13,500	0.39		3					2.0	1.0		
30	16,900	0.52		4					3.0	1.5		
31	9,600	0.26		5					2.5	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)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 PWS Name Welaka M H P Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 8.4 No of Services at End of Month 101 No of People at End of Month 253

Design Flow .108 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-725

(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	470,300	11.08		61					48.1	21.8	3	
Average:	15,677	0.37		3					2.2	1.0		
Maximum:	25,400	0.81		5					3.5	2.0		
Minimum:	7,800	0.13		1					0.2	0.2		
1	13,900	0.26		2					2.7	1.3		
2												
3												
4	34,400	0.91		3					2.7	1.5		
5	14,600	0.39		3					2.2	1.0	3	ALL A
6	16,700	0.39		3					2.7	1.5		
7	8,500	0.13		2					1.0	0.4		
8												
9	30,200	1.17		5					2.5	1.1		
10												
11	23,100	0.13		1					0.2	0.2		
12	25,100	0.91		4					2.7	1.4		
13	16,300	0.65		5					3.0	1.0		
14	12,400	0.13		1					3.5	1.8		
15	14,900	0.39		3					3.0	1.8		
16												
17												
18	60,400	1.69		3					3.8	1.3		
19	18,900	0.39		2					2.5	0.8		
20	25,400	0.65		3					2.4	0.3		
21	16,100	0.39		3					2.0	0.8		
22	12,400	0.13		1					0.3	0.4		
23												
24												
25	35,800	0.78		3					2.8	1.2		
26	15,300	0.26		2					3.5	2.0		
27	16,800	0.26		2					1.8	0.5		
28	7,800	0.26		4					1.5	0.8		
29	11,200	0.26		3					0.2	0.3		
30	16,100	0.52		4					1.7	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. 8841242 PWS Name Waiska M H P Location:City or S/D Suisuma

Owned By Southern States Utilities Phone Number: 904-648-6873 Reporting Month May 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 101 No of People at End of Month 253

Design Flow .108 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. O'Neal C-7151

(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	433,300	10.23		65					28.0	8.5	3	
Average	14,039	0.33		3					1.3	0.4		
Maximum	30,400	0.75		7					2.0	0.7		
Minimum	8,000	0.13		1					0.2	0.2		
1												
2	24,000	0.38		2					1.0	0.2		
3	14,300	0.13		1					1.0	0.2		
4	8,400	0.26		4					1.4	0.2	3	ALL A
5	8,700	0.13		2					1.3	0.5		
6	10,800	0.13		1					0.4	0.2		
7												
8												
9	33,700	1.06		4					1.2	0.2		
10	19,300	0.65		4					0.2	0.2		
11	21,800	0.20		1					1.3	0.2		
12	30,400	0.75		3					1.4	0.7		
13	19,800	0.56		4					1.6	0.4		
14												
15												
16	43,600	0.66		3					1.4	0.3		
17	17,400	0.13		1					0.2	0.2		
18	12,400	0.52		5					1.3	0.5		
19	13,400	0.38		3					1.6	0.7		
20	8,300	0.13		2					2.0	0.6		
21												
22												
23	37,700	0.72		2					1.5	0.4		
24	19,900	0.46		3					1.8	0.6		
25	14,100	0.20		2					1.3	0.3		
26	22,400	0.76		4					1.3	0.5		
27	12,400	0.38		4					1.4	0.3		
28												
29												
30	46,900	0.72		2					2.0	0.8		
31	8,000	0.49		7					1.3	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 record

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 PWS Name Welaka M H P Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 101 No of People at End of Month 283

Design Flow .108 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 P. Thompson (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	282,000	7.43		101					33.9	11.9	3	
Average	9,400	0.25		3					1.5	0.5		
Maximum	14,700								3.0	1.9		
Minimum	3,300								0.3	0.2		
1	8,200	0.25		4					2.0	0.4		
2	11,000	0.28		3					1.5	0.4		
3	6,100	0.20		4					1.7	0.4		
4												
5												
6	29,500	0.46		2					1.7	0.5		
7	7,800	1.56		24					1.5	0.7		
8	5,100	0.13		3					2.0	0.5	3	
9	9,600	0.28		3					3.0	1.9		
10	5,700	0.20		4					2.5	1.2		
11												
12												
13	25,800	-0.72		-3					2.0	0.6		
14	12,200	0.52		5					1.8	0.6		
15	12,100	0.52		5					2.0	0.4		
16	12,600	0.20		2					0.5	0.4		
17	4,800	0.07		2					1.2	0.4		
18												
19												
20	22,500	-0.26		-1					1.3	0.2		
21	3,300	0.46		17					1.0	0.2		
22	18,100	0.20		1					0.8	0.2		
23	9,400	0.39		5					0.8	0.2		
24	9,300	0.20		3					1.2	0.2		
25												
26												
27	35,500	1.04		4					1.0	0.2		
28	14,700	0.59		5					0.8	0.3		
29	11,900	0.52		5					1.0	0.3		
30	7,800	0.39		6					3.0	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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 PWS Name Welaka M H P Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 101 No of People at End of Month 253

Design Flow .108 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 D. Thompson C-7251

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 7251 (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	227,400	12.25		159					35.6	16.2	7	
Average	7,335	0.40		5					1.6	0.7		
Maximum	9,900	1.56		23					2.8	5.0		
Minimum	2,200	0.07		2					1.0	0.2		
1	8,300	0.26		4					2.5	1.0		
2												
3												
4	20,300	0.26		2					2.1	1.2	2	
5	2,200	0.07		4					1.6	0.4	2	
6	6,500	0.20		4					2.6	0.8		
7	8,200	1.56		23					2.5	1.0	3	
8	7,300	0.13		2					2.6	1.2		
9												
10												
11	24,800	1.43		7					1.9	0.4		
12	5,200	0.78		18					1.7	0.5		
13	9,600	0.65		8					1.5	5.0		
14	5,600	0.13		3					1.5	0.4		
15	7,000	0.52		9					1.6	0.5		
16												
17												
18	23,000	0.65		3					1.2	0.4		
19	7,000	0.91		16					1.5	0.5		
20	6,100								1.4	0.4		
21	9,900	0.52		6					1.3	0.4		
22	8,100	0.26		4					1.4	0.2		
23												
24												
25	25,300	1.04		5					1.2	0.3		
26	5,500	0.65		14					1.1	0.3		
27	6,300	0.52		10					1.2	0.2		
28	9,200	0.52		7					1.2	0.2		
29	5,900	0.26		5					1.0	0.3		
30												
31	16,100	0.91		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. 2541242 PWS Name Welaka M H P Location:City or S/D Satsuma

Owned By Southern States Utilities Phone Number: 904-649-5673 Reporting Month August 1994

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 101 No of People at End of Month 253

Design Flow .108 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	235,400	14.07		159					44.0	14.1	8	
Average:	8,239	0.45		5					1.9	0.6		
Maximum:	13,700	1.04							2.8	1.0		
Minimum:	5,500	0.13							1.2	0.4		
1	5,500	0.39		9					1.2	0.4		
2	7,000	0.36		7					1.4	0.4		
3	10,000	0.26		3					2.0	0.6		
4	7,200	0.52		9					1.5	0.4		
5	10,500	0.65		7					2.0	0.9		
6												
7												
8	26,000	1.58		7					2.0	0.8	3	LOT 8 "P"
9	5,700	0.13		3					1.5	0.8		
10	7,300	0.39		8					2.0	0.6		
11	13,700	0.85		6					2.2	0.6		
12	5,500	0.52		11					2.0	0.5		
13												
14												
15	26,400	1.56		7					2.0	0.8		
16	5,900	0.26		5					1.8	0.7	3	ALL A
17	8,600	0.52		8					2.8	1.0		
18	8,800	0.39		5					2.5	0.9		
19	7,200	0.65		11					2.2	0.8		
20												
21												
22	24,300	0.78		4					2.2	0.7		
23	6,700	0.26		5					2.2	0.8		
24	6,200	0.52		10					2.4	0.7		
25	6,100	0.52		8					1.8	0.8		
26	8,500	0.52		7					1.8	0.6		
27												
28												
29	28,100	1.30		6					1.8	0.5		
30	9,200	0.26		3					1.8	0.5		
31	12,000	1.04		10					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

PWS ID No. 2541242 PWS Name Welaka M H P Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 7.5 No of Services at End of Month 101 No of People at End of Month 253

Design Flow .108 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 the report is correct Paul D. Thompson 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	262,400	12.77		128					37.4	13.8	6	
Average	8,747	0.43		6					1.7	0.6		
Maximum	13,300	0.91		12					2.5	1.0		
Minimum	6,700	0.13		1					0.3	0.2		
1	9,600	0.26		3					2.0	0.8		
2	11,300	0.78		8					2.0	0.8		
3												
4												
5	25,600	1.30		6					2.0	0.8		
6	7,600	0.26		4					2.0	0.7		
7	13,300	0.26		2					2.0	0.8		
8	8,000	0.26		4					2.2	0.8		
9	7,400	0.39		6					1.6	0.8		
10												
11												
12	25,400	0.91		4					2.2	1.0		
13	7,800	0.52		8					1.7	0.6	6	ALL A
14	7,800	0.78		12					1.6	0.6		
15	9,000	0.26		3					1.5	0.4		
16	10,300	0.39		5					1.6	0.5		
17												
18												
19	23,700	1.04		5					1.6	0.8		
20	6,700	0.13		2					1.7	0.5		
21	8,100	0.78		12					1.7	0.8		
22	9,500	0.39		5					1.6	0.7		
23	8,000	0.39		6					1.4	0.5		
24												
25												
26	25,300	1.82		9					1.0	0.2		
27	7,400	0.26		4					2.0	0.8		
28	8,100	0.52		8					1.0	0.2		
29	10,700	0.13		1					0.3	0.2		
30	11,800	0.91		9					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. 2541242 PWS Name Welaka M H P Location:City or S/D Satsuma

Owned By Southern States Utilities Phone Number: 904-649-8873 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 .108 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) 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	270,500	8.80		84					40.6	14.6	3	
Average:	8,726	0.28		3					1.9	0.7		
Maximum:	28,200	1.17							3.5	1.2		
Minimum	6,500	0.13							0.2	0.2		
1												
2												
3	24,600	0.82		3					1.8	0.2		
4	6,800	0.13		2					1.0	0.3		
5	7,300	0.26		4					2.5	1.2	3	
6	10,100	0.13		2					0.2	0.2		
7	6,700	0.13		2					2.0	0.7		
8												
9												
10	28,200	0.65		3					1.0	0.2		
11	8,900	0.26		5					3.5	1.2		
12	6,500	0.52		10					1.6	0.7		
13	7,900	0.26		4					2.5	1.0		
14	10,800	0.52		6					2.4	0.9		
15												
16												
17	25,400	0.91		4					2.2	0.7		
18	9,800	0.52		6					1.8	0.7		
19	8,400	0.13		2					2.0	0.8		
20	8,200	0.26		4					2.5	1.0		
21	8,600	0.39		5					2.0	0.8		
22												
23												
24	28,200	1.17		5					1.7	0.7		
25	8,800	0.26		4					2.2	0.8		
26	11,100	0.26		3					2.0	0.7		
27	6,800	0.26		6					2.2	0.7		
28	9,400	0.26		3					2.0	0.8		
29												
30												
31	28,400	0.78		3					2.0	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. 2541242 PWS Name Welaka M H P Location:City or S/D Satsuma
Owned By Southern States Utilities Phone Number: 904-649-8673 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 .108 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	283,400	14.99		162					29.9	9.0	3	
Average	9,447	0.50		5					1.4	0.4		
Maximum:	32,700								1.7	0.8		
Minimum.	2,400								0.2	0.2		
1	8,600	0.65		9					1.7	0.5		
2	11,300	0.39		4					1.5	0.4		
3	8,400	0.39		6					1.7	0.4		
4	8,000	4.04		54					1.6	0.5		
5												
6												
7	32,700	1.30		5					1.5	0.5		
8	8,200	0.39		5					1.5	0.6	3	
9	9,800	0.26		3					1.6	0.6		
10	6,000	0.39		6					1.5	0.4		
11	8,100	0.26		4					1.6	0.4		
12												
13												
14	28,800	1.30		5					0.2	0.2		
15	8,400	0.26		3					1.0	0.2		
16	6,200	0.26		5					1.5	0.4		
17	11,800	0.26		3					1.5	0.5		
18	7,600	0.52		8					1.6	0.6		
19												
20												
21	32,100	1.30		5					0.3	0.2		
22	8,200	0.26		4					1.5	0.3		
23	15,700	0.52		4					1.6	0.4		
24	2,400	0.26		13					1.5	0.4		
25	8,200	0.39		5					1.6	0.6		
26												
27												
28	29,100	1.04		4					1.0	0.2		
29	9,600	0.26		3					1.4	0.4		
30	8,600	0.26		4					1.0	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. 2541242 PWS Name Welaka M H P Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 8.9 No of Services at End of Month ____ No of People at End of Month ____

Design Flow .108 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 _____ (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	313,200	15.35		147					44.8	13.8	3	
Average	10,103	0.50		5					1.9	0.8		
Maximum:	41,400								3.0	1.5		
Minimum:	8,000								1.1	0.3		
1	10,300	0.26		3					1.5	0.5	3	
2	8,400	0.26		4					1.5	0.5		
3												
4												
5	27,500	1.30		6					1.4	0.4		
6	11,300	0.28		3					1.5	0.4		
7	10,900	0.52		6					1.6	0.5		
8	11,700	0.26		3					1.5	0.5		
9	8,000	0.52		8					1.4	0.8		
10												
11												
12	31,400	1.30		5					1.5	0.3		
13	10,300	2.06		24					3.0	1.5		
14	9,200	0.52		7					2.8	1.2		
15	9,200	0.52		7					2.6	0.8		
16	9,700	0.52		6					2.0	0.6		
17												
18												
19	31,000	1.04		4					2.0	0.6		
20	10,800	0.26		3					2.4	0.8		
21	10,800	0.52		6					2.8	1.0		
22	8,900	0.52		7					2.6	0.8		
23									2.0	0.6		
24												
25												
26	41,400	0.78		2					1.8	0.6		
27	10,100	0.78		8					1.6	0.5		
28	9,800	0.26		3					1.5	0.4		
29	10,100	1.04		12					1.6	0.4		
30	12,000	1.04		10					1.1	0.3		
31	10,400	0.78		9					3.0			

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. 2541242 PWS Name Welaka Mobile Home Park Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 7.6 No of Services at End of Mo 100 No of People at End of Month

Design Flow .108 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 C6521

I certify this report is correct Original signed by Michael J. Bou C-6521

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

Days of 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	74.1		3.80	18					30.4	29.6	3	All OK
Average:	18.5		1.20	6					1.4	1.3		
Maximum:	19.9		1.40	7					3.5	3.5		
Minimum:	15.9		0.80	3					0.2	0.2		
1	0								1.6	1.5		
2	0											
3	0											
4	0								2.2	2.0		
5	0								2.0	2.0		
6	0								1.8	2.0	3	All OK
7	0								1.5	1.5		
8	0								1.3	1.3		
9	0											
10	0											
11	0								1.0	1.0		
12	0								0.8	0.8		
13	0								0.9	0.9		
14	0								1.2	1.2		
15	0								1.5	1.5		
16	0											
17	0											
18	0											
19	0								1.1	1.0		
20	0								1.0	1.0		
21	0								1.0	1.0		
22	0								1.0	1.0		
23	0								0.9	0.8		
24	0											
25	0								0.8	0.5		
26	0								0.4	0.4		
27	0								1.4	1.4		
28	15.9		1.25	8					3.5	3.0		
29	19.9		1.41	7					3.5	3.5		
30												
31	38.3		0.94	3					0.2	0.2		

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

Plant went On-Line 1-28-93. Feeds water to Saratoga Harbor system which is down for repairs

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 PWS Name Weeka Mobile Home Park Location:City or S/D Satsuma
Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month February 1993
Plant Effluent pH (Avg) 8.2 No of Services at End of Mo 100 No of People at End of Month
Design Flo .108 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
I certify this report is correct Original signed by Michael J. Bou C-8521
(Lead Operator's Signatur (Cert. Level) (Cert. No)

Days of 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	476.9		19.38	124					47.5	28.9	3	All OK
Average:	17.1		0.78	5					2.3	1.4	3	
Maximum:	21.7		3.00	34					3.5	3.0	3	
Minimum:	11.5		0.16	1					0.2	0.2	3	
1	21.9		1.09	5					3.5	2.0		
2	13.7		0.47	3					3.5	3.0		
3	19.9		0.31	2					0.7	0.3		
4	21.1		0.62	3					2.7	2.0		
5	16.4		0.47	3					2.7	2.0		
6												
7												
8	81.7		0.32	1					0.3	0.2		
9	20.2		0.32	2					1.0	0.5		
10	18.1		0.32	2					1.0	0.2	3	All OK
11	26.2		1.09	4					2.5	2.0		
12	20.0		0.31	2					1.0	0.2		
13												
14												
15	43.9		0.78	2					0.2	0.2		
16	13.0		0.31	2					0.2	0.2		
17	14.5		3.00	34					2.5	1.0		
18	11.5		0.62	5					3.5	2.0		
19	15.5		0.62	4					3.5	1.7		
20												
21												
22	50.0		0.16	1					3.5	2.2		
23	12.5		3.91	31					3.5	2.7		
24	16.2		1.25	7					3.5	2.0		
25	13.7		0.16	1					3.0	2.0		
26	11.5		1.09	9					3.5	2.0		
27												
28	34.5		0.16	1					1.7	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. 2541242 PWS Name Welaka Mobile Home Park Location:City or S/D Satsuma
Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month March 1993
Plant Effluent pH (Avg) 8.4 No of Services at End of Mo 100 No of People at End of Month
Design Flow .108 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
I certify this report is correct Original signed by Michael J. Bou C-6521
(Lead Operator's Signatur (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	447.4		10.16	81					38.9	29.1	7	All OK
Average:	14.4		0.44	3					1.7	1.3	7	
Maximum:	28.6		1.41	10					3.5	3.5	7	
Minimum:	8.4		0.16	1					0.3	0.4	7	
1	15.8		0.31	2					1.8	0.5		
2	17.4		0.31	2					1.3	1.1		
3	15.8		0.31	2					1.8	0.6		
4	9.7		0.16	2					0.7	0.6		
5	17.5		0.31	2					1.4	0.8		
6												
7												
8	47.7		0.62	2					2.5	2.0		
9	10.7		0.31	3					1.0	2.0		
10	25.6		0.31	1					2.0	1.0	3	All OK
11	19.0		0.31	2					1.0	0.8		
12	10.7		0.31	3					1.2	0.8		
13												
14											2	All OK
15	57.8		1.25	2					3.5	1.5	2	All OK
16	15.2		0.79	5					3.5	3.5		
17	14.8		1.41	10					3.5	3.5		
18	15.1		0.31	2					3.5	3.5		
19												
20												
21	43.5		0.47	1					2.0	1.0		
22	21.4		0.47	2					1.0	0.4		
23	11.6		0.31	3					1.0	0.4		
24	9.8		0.47	5					3.0	2.0		
25	8.4		0.16	2					0.6	1.4		
26	8.5		0.16	2					1.0	0.4		
27												
28												
29	30.7		0.78	3					1.3	0.8		
30	10.8		0.16	1					0.5	0.6		
31	10.3		0.16	2					0.3	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(7)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 PWS Name Welaka Mobile Home Park Location:City or S/D Satsuma
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month April 1993
Plant Effluent pH (Avg) 8.2 No of Services at End of Mo 101 No of People at End of Month
Design Flo .108 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 C7251

I certify this report is correct Original signed by Paul Thompson C-7251
(Lead Operator's Signatur (Cert. Level) (Cert. No)

Days of 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	327		14.04	123					47.0	17.6	3	
Average:	11		0.47	6					2.1	0.8		
Maximum:	14		0.91	15					3.0	1.8		
Minimum:	12		0.13	1					0.2	0.2		
1	12		0.31	3					0.8	0.2		
2												
3	25		0.94	4					0.2	0.2		
4												
5	20		0.39	2					2.8	1.0		
6	7		0.01	15					1.5	1.8		
7	11		0.52	6					1.5	1.0		
8	11		0.78	9					1.3	0.9		
9	11		0.28	3					3.0	1.2		
10												
11												
12	32		1.04	4					3.0	2.0		
13	8		0.26	4					2.6	1.2	3	O
14	10		0.78	9					2.6	1.6		
15	12		0.26	3					1.4	0.4		
16	9		0.91	11					2.7	0.7		
17												
18												
19	30		1.30	5					2.5	1.0		
20	12		0.39	4					2.9	1.1		
21	14		0.91	8					1.3	0.3		
22	10		0.52	7					1.8	0.3		
23	12		0.39	4					2.2	0.3		
24												
25												
26	34		1.04	4					1.2	0.2		
27	12		0.52	5					3.0	0.8		
28	10		0.39	4					2.5	0.4		
29	12		0.78	8					2.9	0.6		
30	13		0.13	1					3.0	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. 2541242 PWS Name Welaka Mobile Home Park Location:City or S/D Satsuma
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month May 1993
Plant Effluent pH (Avg) 8.4 No of Services at End of Mo 100 No of People at End of Month
Design Flow .108 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
I certify this report is correct Original signed by Michael J. Bou C-6521
(Lead Operator's Signatur (Cert. Level) (Cert. No)

Days of 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	354.0		16.13	100					29.3	8.3	3	All Ok
Average:	11.4		0.72	5					1.4	0.4		
Maximum:	16.1		2.35	10					2.8	2.0		
Minimum:	5.9		0.13	1					0.7	0.2		
1												
2												
3	31.0		0.91	4					2.8	0.6		
4	12.5		0.39	4					2.8	0.4		
5	12.2		0.13	1					2.5	2.0		
6	10.8		0.13	1					2.2	1.0		
7	10.9		0.28	3					1.7	0.8		
8												
9												
10	34.3		1.43	5					1.0	0.2		
11	12.6		0.82	5					0.8	0.3		
12	11.4		0.39	4					1.0	0.2		
13	6.2		0.62	10					1.0	0.2	3	All OK
14	5.9		0.63	10					1.0	0.2		
15												
16												
17	38.6		2.35	7					0.7	0.2		
18	15.6		0.28	2					1.5	0.3		
19	9.4		0.52	7					1.5	0.2		
20	13.8		0.31	2					1.0	0.2		
21	13.0		1.09	8					1.6	0.4		
22												
23												
24	36.1		1.56	4					1.0	0.4		
25	12.6		0.31	2					0.9	0.3		
26	11.8		0.62	5					0.8	0.3		
27	10.0		0.62	6					1.1	0.4		
28	16.1		0.62	4					1.8	0.5		
29												
30												
31	27.0		1.56	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 17.555910(2)
Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 PWS Name Welaka Mobile Home Park Location:City or S/D Satsuma

Owned By Southern States Utilities Phone: 904-649-8473 Reporting Month June 1993

Plant Effluent pH (Avg) 8.2 No of Services at End of Month No of People at End of Month

Design Flo .106 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 Signatur) (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	292,200		10.85	86.3								
Average:	9,740		0.36	9.3					3.0	3.0		
Maximum:												
Minimum:												
1	11,700		0.28	2.7					13.0	0.3		
2	11,400		0.28	2.7					1.1	0.3		
3	9,000		0.75	10.4					1.1	0.3		
4	11,000		0.26	2.8					1.1	0.3		
5												
6												
7	36,100		1.56	5.2					0.8	0.3	3	
8	15,100		1.30	10.3					3.0	0.8		
9	11,700		0.78	8.0					3.0	1.5		
10	14,200		0.26	2.2					3.0	1.0		
11	10,500		0.87	8.0					3.0	0.9		
12												
13												
14	25,400		0.78	3.7					3.0	0.7		
15	9,100		0.26	3.4					2.9	0.5		
16	12,100		0.26	2.6					3.0	1.0		
17	8,400		0.62	7.4					3.0	1.5		
18	8,200		0.26	3.8					3.0	1.5		
19												
20												
21	30,900		0.91	3.5					3.0	2.0		
22	8,400		0.26	3.7					3.0	2.0		
23	8,400		0.26	3.7					3.0	2.0		
24	8,700		0.13	2.3					2.8	2.0		
25												
26	17,000		0.65	4.6					2.6	2.0		
27												
28	13,400		0.26	2.3					2.6	2.0		
29	5,700		0.13	2.7					2.5	0.7		
30	7,800		0.26	4.0					2.3	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 17-555(10)-2

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 PWS Name Weleka Mobile Home Park Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 8.2 No of Services at End of Month No of People at End of Month

Design Flow .108 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 Signatur) (Cert. Level) (Cert. No)

Days of 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	256,700		0.78	77							3	
(Average:	8,345		0.22	2					2.2	2.2		
(Maximum:	13,700		0.83	8					2.8	1.5		
(Minimum:	5,000		0.13	1					0.2	0.3		
1	8,600		0.26	4					2.5	0.6		
2	8,100		0.26	4					1.8	0.7		
3												
4												
5	25,900		0.82	2					2.8	1.5		
6	8,100		0.13	3					2.5	0.9		
7	9,700		0.39	5					2.4	1.0		
8	8,700		0.13	2					2.3	0.8		
9	8,600		0.39	5					2.5	1.0		
10												
11												
12	21,200		0.65	4					2.0	1.0		
13	7,600		0.26	4					2.0	0.7	3	
14	9,700		0.26	3					1.8	0.6		
15	5,000		0.26	6					2.6	0.5		
16	10,200		0.26	3					2.5	0.6		
17												
18												
19	28,900		0.92	2					0.2	0.3		
20	8,000		0.13	2					1.7	0.5		
21	13,700		0.13	1					2.3	0.7		
22	8,200		0.13	3					2.5	1.0		
23	6,800		0.13	2					1.8	0.5		
24												
25												
26	20,700		0.39	2					1.8	0.4		
27	8,500		0.26	4					2.5	0.6		
28	10,300		0.65	8					2.5	0.6		
29	8,300		0.13	2					2.6	1.0		
30	8,600		0.39	5					2.5	0.5		
31	8,900		0.13	2					2.5	0.6		

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 17-555910.2;

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 PWS Name Weeks Mobile Home Park Location:City or S/D Satsuma
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month August 1993
Plant Effluent pH (Avg) 8.2 No of Services at End of Month No of People at End of Month
Design Flow .106 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 Signatur (Cert. Level) 0321-B (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	310,200		9.77	86							6	
Average:	10,006		0.32	3					2.1	2.1		
Maximum:	13,700		0.65	8					2.8	1.5		
Minimum:	5,000		0.13	1					0.2	0.3		
1												
2	21,300		0.78	4					2.3	0.6		
3	17,800		0.39	3					2.2	0.5		
4	13,700		0.65	6					1.7	0.5		
5	9,300		0.13	2					1.8	0.6		
6	13,100		0.39	4					2.3	0.7	3	
7												
8												
9	37,300		0.82	2					1.0	0.2		
10	11,000		0.13	1					2.5	0.4		
11	8,800		0.52	7					2.6	0.8		
12	9,300		0.13	2					2.5	0.5		
13												
14	21,500		0.78	4					1.0	0.2		
15												
16	18,000		0.78	5					1.9	0.7		
17	5,300		0.13	2					2.5	0.6		
18	9,900		0.39	5					1.8	0.7		
19	12,500		0.26	3					2.3	0.4	2	
20	8,100		0.52	8					1.6	0.7	1	
21												
22												
23	26,100		1.17	5					1.1	0.6		
24	9,700		0.13	2					1.0	0.3		
25	8,100		0.78	12					3.0	1.0		
26	7,100		0.13	2					3.0	1.2		
27	11,400		0.26	3					3.0	1.5		
28												
29												
30	20,600		0.65	4					2.7	1.5		
31	9,500		0.13	2					2.7	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. 2541242 PWS Name Welaka Mobile Home Park Location:City or S/D Satsuma
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month September 1993
Plant Effluent pH (Avg) 8.4 No of Services at End of Month No of People at End of Month
Design Flo .108 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 Signatur (Cert. Level) (Cert. No)

Days of 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	267,300		4.17	52							3	
Average:	8,910		0.14	2					0.7	0.7		
Maximum:	16,700		0.52	9					3.5	1.7		
Minimum:	5,200		0.13	1					0.2	0.2		
1	9,800		0.13	2					0.2	0.2		
2	5,700		0.13	3					0.6	0.2		
3	9,200		0.13	2					0.2	0.2		
4												
5												
6	24,700		0.26	1					0.2	0.2		
7	8,000		0.13	2					1.0	0.2		
8	8,400		0.13	2					1.0	0.2		
9	5,200		0.13	3					1.0	0.2		
10												
11	15,500		0.13	1					0.2	0.2		
12												
13	15,400		0.13	1					0.2	0.2		
14	16,700		0.26	2					3.5	1.7		
15	9,900		0.13	2					1.0	0.2	3	
16	5,900		0.26	5					0.3	1.2		
17	5,900		0.52	9					2.8	1.5		
18												
19												
20	26,700		0.26	1					0.2	0.2		
21	6,400		0.26	5					0.2	0.9		
22	9,800		0.26	4					1.8	0.9		
23	7,200		0.13	2					0.2	1.0		
24												
25	26,200		0.26	1					0.2	0.2		
26												
27	19,500		0.13	1					0.2	0.2		
28	6,400		0.13	2					0.2	0.2		
29	14,600		0.13	1					1.0	0.2		
30	7,300		0.13	2					0.2	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 17-555810(3)
Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2641242 PWS Name Welaka Mobile Home Park Location:City or S/D Satsuma

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

Plant Effluent pH (Avg) 8.4 No of Services at End of Month No of People at End of Month

Design Flow .108 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 B-8521

I certify this report is correct Original signed by Michael Bou

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

Days of 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	256.6		11.9	118					44.2	21.4	3	All OK
Average:	8.3		4.00	5					2.0	1.0	3	
Maximum:	12.2		2.80	9					3.5	3.0	3	
Minimum:	5.2		0.16	1					0.2	0.2	3	
1	13.8		0.16	1					0.2	0.2		
2												
3												
4	25.7		0.63	1					1.0	0.2		
5	11.0		0.74	9					2.7	1.0	3	All OK
6	6.1		2.80	31					2.0	1.0		
7	6.6		0.31	4					1.3	0.6		
8	5.3		0.63	5					1.0	0.5		
9												
10												
11	22.2		0.63	2					3.0	1.5		
12	7.9		0.41	6					3.0	0.8		
13	8.9		1.13	14					3.5	2.5		
14	5.3		0.31	4					3.5	2.0		
15	10.4		0.47	5					3.5	3.0		
16												
17												
18	23.3		0.31	1					1.8	0.3		
19	8.2		0.16	3					3.5	1.0		
20	9.8		0.63	5					1.8	0.8		
21	9.6		0.16	2					0.2	0.4		
22	7.5		0.16	2					1.0	0.4		
23												
24												
25	24.4		0.78	3					2.0	1.0		
26	8.4		0.31	4					2.0	0.8		
27	8.3		0.31	4					2.0	1.0		
28	9.1		0.47	5					1.2	0.5		
29	12.2		0.31	3					2.2	1.0		
30												
31	14.4		0.31	2					1.8	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 17-555810(2)

Effective 11-1-1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 PWS Name Welaka Mobile Home Park Location:City or S/D Satsuma

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 Flo .108 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 Signatur (Cert. Level) (Cert. No)

Days of 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	285,900		6.78	59							3	
Average:	9,530		0.23	2					1.6	1.6		
Maximum:	12,000		0.92	7					3.0	1.5		
Minimum:	5,300		0.13	1					0.2	0.2		
1	6,500		0.26	5					2.0	1.0		
2	7,000		0.13	2					2.4	0.6	3	
3	11,400		0.78	3					1.9	1.0		
4	6,700		0.34	5					1.7	0.7		
5	9,000		0.13	2					2.0	1.0		
6												
7												
8	50,200		0.78	2					1.8	0.4		
9	7,400		0.26	4					1.8	0.6		
10	9,400		0.92	7					1.8	0.6		
11	5,300		0.13	3					1.5	0.4		
12	10,500		0.13	1					0.2	0.4		
13												
14												
15	27,700		0.65	3					2.0	1.0		
16	6,000		0.13	2					0.2	0.2		
17	7,700		0.13	2					0.7	0.3		
18	7,400		0.13	2					0.2	0.2		
19	10,000		0.26	3					3.0	1.5		
20												
21												
22	26,000		0.78	3					1.5	0.5		
23	10,300		0.26	3					2.0	1.0		
24	10,200		0.38	3					2.2	1.2		
25	6,500		0.26	5					1.4	0.5		
26	6,500		0.26	4					2.1	1.0		
27												
28												
29	26,000		0.52	2					1.0	0.3		
30	12,000		0.26	3					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 of record

DER Form 17-555(10)(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541242 PWS Name Welaka Mobile Home Park Location:City or S/D Satsuma
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 .108 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. Cox (Lead Operator's Signatur (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 frequen main line breaks meter calibrations)
Monthly Total	295,000		7.82	77							3	
Average:	9,548		0.25	2					1.6	1.5		
Maximum:	13,700		0.52	5					3.5	2.5		
Minimum:	5,100		0.13	1					0.3	0.3		
1	7,100		0.38	4					0.8	0.3		
2	6,800		0.26	5					1.4	0.5		
3	6,500		0.13	2					0.6	0.5		
4												
5												
6	47,400		1.17	3					1.0	0.4		
7	13,700		0.26	2					1.2	0.6		
8	7,500		0.13	2					0.8	0.4	3	ALL A
9	8,900		0.39	5					1.1	0.4		
10	9,600		0.26	3					1.0	0.4		
11												
12												
13	27,600		0.65	3					1.0	0.4		
14	7,400		0.26	4					1.0	0.5		
15	10,400		0.13	2					0.8	0.3		
16	7,700		0.39	6					1.0	0.4		
17	9,900		0.39	5					2.8	1.8		
18												
19												
20	29,800		0.91	4					3.5	2.5		
21	5,100		0.13	3					0.3	0.7		
22	10,900		0.26	3					3.5	1.0		
23	5,800		0.13	3					1.0	0.5		
24	9,800		0.13	2					3.0	1.5		
25												
26												
27	24,800		0.65	3					3.0	2.0		
28	7,700		0.52	8					2.7	1.8		
29	11,000		0.13	1					3.5	2.5		
30	5,700		0.13	3					2.5	1.2		
31	12,800		0.13	1					3.0	2.0		

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

Reference: Westmont/ Orange County
Monthly Operating Reports / Water

Please Note:

Water to serve the customers of **Westmont** is being purchased from Orange County Public Utilities.

There are no monthly operating reports for this area.

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or S/D Windsong
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 111 No of People at End of Month 366.5
Design Flow 0.504 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 / Michael Boozer C-7599
I certify this report is correct [signature] C [illegible]
(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	630.000	32.00		169.9			3.2	24.4	9.6	3	
Average	20 323	1.03		5.5				0.9	0.4		
Maximum	27.000	1.00		16 4				1.2	0.6		
Minimum	15.000	0 50		3.1				0.7	0.2		
1											
2	37.000	1.00		3.2				1.0	0.3		
3	26.000	1.00		4.6			0.9	0.9	0.2		
4	17.000	1.00		7.1			0.4	1.0	0.3		
5	22.000	1.00		5.5				1.2	0.6	3	Compliance samples
6	16 000	1.00		7.5				0.9	0.4		
7	22.000	1.00		5 5				0 6	0.3		
8											
9	42 000	2.00		5.7				1.0	0.3		
10	21 000	1.00		5 7				1.0	0.3		
11	23.000	1.00		5.2				0.9	0 4		
12	19.000	1.00		6.3				0.6	0.3		
13	24 000	1.00		5.0				1.2	0.5		
14	21 000	1.00		5.7				0.9	0.3		
15							1.3				
16	32.000	1.00		3 7				1.0	0.3		
17	22 000	3.00		16.4				1.0	0.3		
18	25 000	2.00		9.6				0.9	0.3		
19	19.000	1.00		6.3				0.9	0 4		
20	21.000	1.00		5.7				0.8	0 4		
21	12.000	1.00		10.0				0 7	0 4		
22											
23	39 000	1.00		3 1				1.1	0.5		
24	24.000	1.00		5 0				1.0	0 4		
25	27.000	1.00		4.4				1.0	0 4		
26	22.000	1.00		5.5				0.8	0 4		
27	15 000	2.00		16.0				0 8	0 4		
28	20.000	1.00		6 0				0 9	0 4		
29											
30	37.000	2.00		6.5				1.0	0 4		
31	25 000	1 00		4.8			0 6	0.9	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(9)(c)2
Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or S/D Windsong
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 110 No of People at End of Month 385.0
Design Flow 0.504 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 Boezar C-7599
I certify this report is correct Michael Boezle (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	516,000	28.00		172.7					22.7	11.9	3	
Average	18,500	1.00		6.2					0.9	0.5		
Maximum	28,000	2.00		15.0					1.2	0.8		
Minimum	11,000	1.00		2.5					0.6	0.4		
1	28,000	1.00		4.3					1.0	0.6		
2	11,000	1.00		10.9					0.9	0.6		
3	20,000	1.00		6.0					0.9	0.6		
4	20,000	1.00		6.0					0.9	0.5		
5												
6	32,000	1.00		3.7					1.1	0.6		
7	26,000	2.00		8.6					1.0	0.6	3	Compliance
8	20,000	1.00		6.0					1.0	0.4		
9	17,000	1.00		7.1					1.0	0.5		
10	19,000	1.00		6.3					0.8	0.4		
11	19,000	1.00		6.3					0.8	0.4		
12												
13	38,000	2.00		6.3					1.0	0.4		
14	23,000	1.00		5.2					1.0	0.4		
15	22,000	2.00		10.9					0.8	0.4		
16	16,000	2.00		15.0					0.8	0.4		
17	17,000	1.00		7.1					1.0	0.5		
18	12,000	1.00		10.0					0.9	0.4		
19	15,000	1.00		8.0					1.0	0.4		
20												
21	48,000	1.00		2.5					1.0	0.4		
22	16,000	1.00		7.5					1.0	0.5		
23	17,000	1.00		7.1					0.8	0.4		
24	13,000	1.00		9.2					0.8	0.4		
25	12,000	1.00		10.0					1.0	0.6		
26												
27	31,000	1.00		3.9					1.0	0.6		
28	24,000	1.00		5.0					1.2	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. 3494: PWS Name Windsong Location:City or S/D Windsong
Owned By Southern States Utilities Phone Number: 407-880-0055 Reporting Month March 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 110 No of People at End of Month 385.0
Design Flow 0.504 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 Trendal 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	541,000	28.00		173.3					25.3	16.2	3	* indicates Kissimm by-pass
Average:	17,452	0.90		5.6					1.1	0.6		
Maximum:	25,000	2.00		20.0					1.3	0.8		
Minimum:	6,000	0.50		1.3					0.9	0.5		
1	18,000	1.00		6.7					1.2	0.8		
2	20,000	1.00		6.0					1.0	0.7		
3	17,000	1.00		7.1					1.0	0.7		
4	11,000	1.00		10.9					0.9	0.6		
5												
6	31,000	1.00		3.9					1.0	0.6		
7	21,000	1.00		5.7					0.9	0.6		
8	22,000	1.00		5.5					1.2	0.6	3	Compliance
9	19,000	1.00		6.3					1.0	0.6		
10	15,000	1.00		8.0					1.0	0.8		
11	18,000	1.00		6.7					1.1	0.6		
12	15,000	1.00		8.0					1.2	0.8		
13												
14	47,000	1.00		2.6					1.0	0.5		
15	22,000	1.00		5.5					1.1	0.8		
16	15,000	1.00		8.0					1.0	0.5		
17	23,000	1.00		5.2					1.0	0.5		
18	6,000	1.00		20.0					1.0	0.6		
19												
20	32,000	1.00		3.7					1.1	0.5		
21	26,000	3.00		13.8					1.0	0.6		
22	25,000	1.00		4.8					1.0	0.5		
23	16,000	2.00		15.0					1.0	0.8		
24	19,000	1.00		6.3					1.0	0.5		
25	25,000	1.00		4.8					1.1	0.6		
26												
27	49,000	2.00		4.9					1.2	0.7		
28	29,000	1.00		4.1					1.3	0.5		* 15,200
29										0.6		* 22,300
30										0.6		* 22,000
31										0.6		* 26,100

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or S/D Windsong
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 110 No of People at End of Month 385.0
Design Flow 0.504 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					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	272,700	16.00		82.0			3.3	15.2	16.8	3	* indicates water from Kissimmee
Average	9,739	0.60		2.7				1.2	0.6		
Maximum	31,500	4.00		15.2				1.5	1.0		-
Minimum	17,600	1.00		4.8				0.6	0.4		
1	C							0.6	0.6		* 26,900
2											
3	O								0.6		* 53,700
4	O								0.6		* 24,600
5	O							0.6	0.6		*27,500/Nu flo mtr
6	21,500	1.00		5.6				1.2	0.5		
7	25,100	1.00		4.8				1.2	0.5		City water
8	O								0.4		
9											
10	O								0.5		* 35,700
11	O						0.5		0.6		* 21,000
12	O								0.6		* 28,300
13	O								0.5		* 14,200
14	O								0.6		* 7,100
15	C								0.8		* 7,100
16	C										
17	O								0.6		* 28,000
18	O								0.6		* 31,000
19	O								0.6	3	Comp./*76,400
20									0.6		* 18,300/bk on line
21	28,900	1.00		4.1				1.4	0.5		
22	22,000	2.00		10.9				1.5	0.6		
23											
24	35,200	4.00		13.6				1.5	0.7		
25	31,500	4.00		15.2			2.8	1.2	0.6		
26	20,000	1.00		6.0				1.3	0.8		
27	21,100	1.00		5.7				1.3	1.0		
28	23,200	1.00		5.2				1.2	0.9		
29	23,100	1.00		5.2				1.1	0.9		
30	21,100	1.00		5.7				1.1	0.9		
31											

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or S/D Windsong
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 110 No of People at End of Month 385.0
Design Flow 0.504 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-8411 / Michael Boozer C-7899
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	808,300	38.00		152.1				6.1	29.2	18.8	3	
Average	26,074	1.23		4.9					1.1	0.7		
Maximum									1.2	0.9		
Minimum									0.9	0.4		
1												
2	49,100	1.00		2.4					1.1	0.9		
3	25,400	1.00		4.7					1.2	0.9		
4	25,700	2.00		9.3				2	1.1	0.8		
5	19,600	1.00		6.1					1.1	0.8		
6	22,600	1.00		5.3					1.1	0.7		
7												
8	45,100	1.00		2.7					1.2	0.8		
9	31,100	1.00		3.9					1.2	0.8	3	Compliance
10	22,900	1.00		5.2				0.8	1.2	0.8		
11	24,100	1.00		5.0					1.2	0.8		
12	32,000	2.00		7.8					1.2	0.8		
13	22,500	1.00		5.3					1.1	0.8		
14												
15	50,600	1.00		2.4					1.2	0.9		
16	30,500	2.00		7.9					1.2	0.9		
17	30,500	2.00		7.9					1.1	0.9		
18	25,700	1.00		4.7				0.4	1.2	0.9		
19	17,200	1.00		7.0				0.6	1.0	0.6		
20	17,900	1.00		6.7				0.2	1.0	0.8		
21												
22	35,800	2.00		6.7					1.0	0.6		
23	35,800	4.00		13.4					1.0	0.6		
24	29,400	1.00		4.1					1.0	0.7		
25	30,100	1.00		4.0					1.2	0.7		
26	30,100	3.00		12.0					1.2	0.7		
27	30,400	1.00		3.9					1.1	0.8		
28	33,400	1.00		3.8					1.2	0.7		
29												
30	46,000	2.00		5.2				1.5	1.2	0.8		
31	44,800	2.00		5.4				0.6	0.9	0.4		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location: City or S/D Windsong
Owned By Southern States Utilities Phone Number: 407-880-0058 Reporting Month June 1994
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 110 No of People at End of Month 385.0
Design Flow 0.504 MGD Remarks (Use Reverse Side) Well pump burnt out / * on with KUA interconnect
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 II (Lead Operator's Signature) II (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	242,400	10.00		53.0			6.7	13.1	16.8	3	* Below flow from
Average	8,080	0.33		1.8				1.2	0.6		Interconnect
Maximum	26,800	2.00		9.0				1.5	0.9		with KUA
Minimum	0	0		0				1.0	0.5		
1	26,700	2.00		9.0			0.2	1.0	0.5		43,200
2	0								0.5		23,300
3	0								0.6		28,000
4	0								0.6		53,600
5	0								0.6		26,400
6	0									2	Remote bact's
7	0								0.7		26,500
8	0						2		0.7		26,300
9	0								0.6		74,000
10	0								0.6		37,000
11	0										
12	0						0.5		0.6		18,500
13	0								0.6		18,500
14	0								0.6		20,200
15	0								0.6		20,100
16	0								0.6		26,000
17	0								0.6		
18	0										
19	0								0.5		
20	1,600						1.3	1.0	0.5		89,000
21	13,900	0.50		4.3				1.5	0.8	1	5,900
22	23,100	0.50		2.6			0.3	1.0	0.5		Well bact
23	18,400	1.00		6.5				1.3	0.8		taken 21st
24	21,800	1.00		5.5				1.3	0.8		
25											
26	49,000	1.00		2.4				1.2	0.7		
27	22,100	1.00		5.4			0.4	1.2	0.8		
28	28,800	1.00		4.2				1.2	0.8		
29	17,300	1.00		6.9				1.1	0.7		
30	19,700	1.00		6.1			2	1.3	0.9		
31											

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3484291 PWS Name Windsong Location:City or S/D Windsong
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 110 No of People at End of Month 385.0
Design Flow 0.504 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-7299 / William Trendel C-6411
I certify this report is correct [signature] (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	617,000	38.00		230.9			5.8	35.9	22.8	3	
Average	19,903	1.23		7.4				1.4	0.9		
Maximum	31,400	3.00		20.7				2.0	1.2		
Minimum	10,100	1.00		3.1				0.4	0.2		
1	10,300	2.00		23.3				1.0	0.6		
2											
3	33,800	1.00		3.5			0.5	1.1	0.8		
4	23,200	2.00		10.3				1.0	0.5		
5	23,100	2.00		10.4			1.1	1.2	0.8		
6	10,100	1.00		11.9				1.5	0.9		
7	15,000	1.00		8.0				1.5	0.9		
8	20,000	1.00		6.0				1.8	1.1		
9							0.6				
10	41,300	2.00		5.8				1.4	1.1		
11	28,500	1.00		4.2				0.4	0.2		
12	31,300	1.00		3.8				1.2	0.8		
13	31,400	1.00		3.8				0.6	0.2		
14	18,500	1.00		6.5				1.5	0.8		
15	26,900	2.00		8.9				1.8	1.0	3	Bacts
16											
17	45,700	2.00		5.2			1.5	1.5	1.1		
18	21,200	1.00		5.7				1.5	1.0		
19	22,600	3.00		15.9				1.4	0.8		
20	26,000	2.00		9.2				1.9	1.2		
21	19,300	1.00		6.2				1.8	1.0		
22	19,300	1.00		6.2				2.0	1.2		
23											
24	38,400	1.00		3.1			0.5	1.4	1.0		
25	21,700	1.00		5.5			0.4	1.5	1.1		
26	25,600	1.00		4.7				1.4	1.0		
27	12,800	2.00		18.7				1.2	0.8		
28	12,800	2.00		18.7				1.3	0.9		
29	11,600	2.00		20.7			0.7	1.5	1.0		
30											
31	26,600	1.00		4.5			0.5	1.5	1.1		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or S/D Windsong
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 70 No of People at End of Month 245.0
Design Flow 0.504 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 William Strickland 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 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	537,800	31.00		218.1			7.7	38.1	25.6	3	
Average	17,348	1.00		7.0				1.4	0.9		
Maximum	30,500	3.00		24.0				1.8	1.2		
Minimum:	5,000	1.00		2.7				1.2	0.7		
1	24,100	1.00		5.0				1.3	0.7		
2	24,100	1.00		5.0				1.4	0.7		
3	24,200	1.00		5.0				1.9	1.1		
4	30,500	1.00		3.9				1.5	0.9		
5	18,800	1.00		6.4				1.4	0.9		Changed chlor
6											
7	44,300	1.00		2.7			1.5	1.5	1.0		
8	21,300	1.00		5.6				1.5	1.0	3	
9	19,800	1.00		6.1			0.4	1.4	1.0		
10	16,000	1.00		7.5				1.4	1.1		
11	12,500	1.00		9.6			0.3	1.4	1.0		
12	18,800	1.00		6.4			0.2	1.4	0.8		
13											
14	26,800	1.00		4.5				1.5	1.1		
15	17,600	1.00		6.8			0.5	1.4	1.1		
16	16,300	1.00		7.4			0.2	1.5	1.1		
17	10,000	1.00		12.0				1.5	1.2		
18	15,100	1.00		7.9				1.5	1.0		
19	17,900	1.00		6.7				1.4	1.0		
20											
21	35,000	2.00		6.9				1.4	1.2		
22	22,900	1.00		5.2			1	1.4	0.9		
23	19,000	1.00		6.3			0.6	1.5	1.1		
24	9,200	1.00		13.0			1	1.3	1.0		
25	5,000	1.00		24.0				1.3	0.9		
26	15,200	2.00		15.8				1.2	0.7		
27											
28	18,600	1.00		6.4				1.2	0.7		
29	24,200	3.00		14.9			2	1.3	0.8		
30	10,600	1.00		11.3				1.3	0.8		Replaced air
31	20,000	1.00		6.0				1.3	0.8		compressor

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3494291 PWS Name Windsong Location: City or S/D Windsong

Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month September 1994

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 110 No of People at End of Month 385.0

Design Flow 0.504 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) (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	394,500	30 00		294 7			7 7	33 9	22 3	3	
Average	13 150	1 02		9 8				1.3	0 9		
Maximum	27 000	2 00		32 4				1 5	1 1		
Minimum	4 900	1 02		4 4				1 2	0 6		
1	12 000	1 00		10 0				1 3	0 6		
2	13 500	1 00		8 9				1 3	0 7		
3											
4	27,000	1 00		4 4				1 3	0 7		
5	20,200	1 00		5 9				1 5	1 0		
6	20,200	1 00		5 9				1 5	1 0		
7	20,500	1 00		5 8				1 5	1 1		
8	22 100	1 00		5 4				1 5	0 8		
9	15 100	1 00		7 9				1 5	0 9		
10											
11	16 200	1 00		7 4			1 3	1 2	0 9		
12	14 000	1 00		8 6				1 2	0 8	3	
13	10 100	1 00		11 9			0 5	1 2	0 8		
14	10 300	1 00		11 6				1 2	0 8		
15	10 300	2 00		23 3			1 5	1 2	0 8		
16	7,400	2 00		32 4			0 8	1.2	0 7		
17											
18	25 900	2 00		8 9				1 2	0 6		
19	27,000	2 00		8 9				1 4	0 7		
20	6 500	1 00		18 4			0 3	1 2	0 7		
21	17,100	1 00		7 0			0 8	1 3	0 7		
22	13,500	1 00		8 9				1 4	0 9		
23	13,600	1 00		8 8				1 3	0 8		
24											
25	24,800	1 00		4 8			1	1 2	0 9		
26	12,100	1 00		9 9				1 2	1 0		
27	14,500	1 00		8 3			1 5	1.2	1 0		
28	9,800	1 00		12.2				1.3	1 0		
29	4,900	1 00		24 5				1 2	0 8		
30	4 900	1 00		24 5				1 4	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 rec

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 3494291 PWS Name Windsong Location:City or S/D Windsong
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 110 No of People at End of Month 385.0
Design Flow 0.504 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) 6 (Cert. Level) 3607 (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 frequenc main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	inches	Plant Effluent	Remote Tap		
Monthly Total	352,600	35.00		383.9			3.2	33.6	21.1	3	
Average	11,374	1.13		12.4				1.3	0.8		
Maximum	24,600	3.00		41.8				1.5	1.0		
Minimum	4,900	1.00		4.7				1.1	0.4		
1	15,100	1.00		7.9				1.2	0.9		
2											
3	19,900	3.00		18.1			0.7	1.2	0.7		
4	10,000	2.00		24.0				1.5	0.9		
5	9,500	2.00		25.2				1.5	1.0	3	
6	8,600	3.00		41.8				1.3	0.8		
7	10,500	2.00		22.8				1.2	0.8		
8											
9	25,200	1.00		4.8				1.3	0.8		
10	15,000	1.00		8.0				1.3	0.8		
11	16,100	1.00		7.4				1.3	0.9		
12	14,200	1.00		8.4				1.4	0.9		
13	11,800	1.00		10.3			0.5	1.4	1.0		
14	11,200	1.00		10.7				1.4	0.9		
15											
16	22,000	1.00		5.5				1.5	1.0		
17	14,100	1.00		8.5				1.2	1.0		
18	12,000	1.00		10.0				1.2	0.8		
19	24,600	2.00		9.7				1.2	0.7		
20	12,500	1.00		9.6				1.2	0.8		
21	12,200	1.00		9.8				1.2	0.8		
22											
23	25,400	1.00		4.7				1.3	0.8		
24	23,800	1.00		5.0				1.1	0.4		
25	8,200	1.00		14.6				1.2	0.6		
26	5,400	1.00		22.2				1.2	0.8		
27	4,900	1.00		24.5				1.2	0.8		
28	5,000	1.00		24.0				1.4	1.0		
29											
30	7,800	2.00		30.7				1.4	0.8		
31	7,800	1.00		15.4			2	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 rec

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or S/D Windsong
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 110 No of People at End of Month 365.0
Design Flow 0.504 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 6411
I certify this report is correct Bill Sunder C ~~7896~~
(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	374,400	31.00		338.9			6.5	34.6	20.4	3	
Average:	12,480	1.03		11.3				1.3	0.8		
Maximum:	26,300	3.00		59.0				1.9	1.2		
Minimum:	100	1.00		5.0				1.0	0.6		
1	4,700	1.00		25.5				1.3	0.8		Nov.1-Nov.16
2	6,200	3.00		58.0				1.1	0.7		on K.U.A.inter.
3	6,100	3.00		59.0				1.0	0.6		auto valve malf.
4	5,300	2.00		45.2				1.1	0.6		
5											
6	15,200	1.00		7.9				1.3	0.9		
7	22,400	1.00		5.4				1.2	0.7		
8	17,200	3.00		20.9				1.3	0.6		
9	17,200	3.00		20.9				1.3	0.7		
10	3,700	1.00		32.4				1.2	0.6		
11	900							1.0	0.6		
12											
13	2,200							1.0	0.8		
14	3,100							1.2	0.9	3	
15	5,400						2	1.3	0.8		
16	100						4.5	1.0	0.6		
17	15,800							1.4	1.0		
18	15,800	1.00		7.6				1.5	1.0		
19											
20	48,000	2.00		5.0				1.3	0.7		
21	24,100	1.00		5.0				1.3	0.6		
22	12,000							1.4	0.8		
23	12,000							1.5	1.0		
24	11,000							1.8	1.2		
25	20,900	2.00		11.5				1.9	1.2		
26											
27	52,600	3.00		6.6				1.8	0.9		
28	15,100	1.00		7.9				1.6	0.7		
29	11,200	1.00		10.7				1.6	0.7		
30	26,200	2.00		9.2				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. 3454291 PWS Name Windsong Location:City or S/D Windsong
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 110 No of People at End of Month 385.0
Design Flow 0.504 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 [signature] 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 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	532,200	30.00		192.6			3.1	35.6	24.7	3	
Average:	17,168	0.97		6.2				1.4	1.0		
Maximum:	31,000	2.00		16.5				1.6	1.2		
Minimum:	10,100	1.00		3.8				1.0	0.6		
1	19,000	1.00		6.3				1.0	0.7		
2	20,600	1.00		5.7				1.2	0.6		
3											
4	36,200	2.00		6.6				1.2	0.8		
5	30,000	1.00		4.0			1.2	1.3	0.9		
6	16,200	1.00		7.4				1.3	0.9		
7	20,400	1.00		5.9				1.3	1.0		
8	23,300	2.00		10.3				1.5	1.1		
9	22,600	2.00		10.6				1.5	1.2		
10											
11	31,600	1.00		3.8				1.5	1.0	3	
12	31,000	1.00		3.9				1.5	1.0		
13	13,100	1.00		9.2				1.5	1.2		
14	17,500	1.00		6.9				1.5	1.2		
15	10,100	1.00		11.9				1.4	0.9		
16	14,900	1.00		8.0				1.0	0.6		
17											
18	24,200	1.00		5.0				1.0	0.7		
19	20,400	1.00		5.9				1.3	0.9		
20	11,100	1.00		10.8				1.3	0.8		
21	12,200	1.00		9.8			1.2	1.2	0.7		
22	14,500	2.00		16.5				1.3	0.8		
23	11,900	1.00		10.1			0.7	1.6	1.2		
24	25,300	1.00		4.7				1.6	1.2		
25											
26	25,200	1.00		4.8				1.8	1.0		
27	24,100	1.00		5.0				1.6	1.1		
28	15,000	1.00		8.0				1.5	1.0		
29	21,300	1.00		5.6				1.5	1.0		
30	20,000	1.00		6.0				1.5	1.0		
31											

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or S/D Windsong
Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month January 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 106 No of People at End of Month 378
Design Flow 0.504 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	0.616	27		143.0			4.4	30.6	14.7	3	
Average	0.020	1		4.6				1.2	0.6		
Maximum	0.033	0.5		7.5				1.3	0.6		
Minimum	0.016	2		2.6				1.0	0.5		
1	0.043	2		5.5				1.2	0.5		
2											
3	0.030	1		4.0				1.2	0.5		
4	0.016	1		7.5				1.2	0.5		
5	0.018	1		6.6				1.2	0.5		
6	0.019	0.5		3.1				1.2	0.5		
7	0.023	0.5		2.6				1.3	0.6	3	
8	0.032	1		3.7				1.3	0.6		
9											
10	0.021	1		5.7				1.2	0.5		
11	0.026	1		4.6				1.2	0.5		
12	0.017	1		7.0				1.2	0.5		
13	0.022	1		5.4				1.2	0.5		
14	0.017	1		7.0			1.3	1.2	0.6		
15	0.029	1		4.1				1.2	0.6		
16											
17	0.033	1		3.6			1.3	1.2	0.6		
18	0.017	1		7.0				1.1	0.6		
19	0.024	1		5.0				1.1	0.6		
20	0.021	1		5.7				1.1	0.6		
21	0.023	1		5.2				1.1	0.6		
22	0.044	2		5.4				1.1	0.6		
23											
24	0.020	1		6.0				1.0	0.6		
25	0.017	1		7.0				1.2	0.6		
26	0.016	1		7.5			1.1	1.2	0.6		
27	0.017	1		7.0			0.5	1.2	0.6		
28	0.017	1		7.0				1.2	0.6		
29	0.032	1		3.8				1.1	0.6		
30											
31	0.022	1		6.0				1.2	0.6		

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Effective 11.1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or S/D Windsong
Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month February 1993
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 108 No of People at End of Month 378.0
Design Flow 0.504 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	569,000	24		135.7			1.0	27.5	18.3	3	
Average	20,000	1		4.8				1.1	0.8		
Maximum	27,000	2						1.3	1.0		
Minimum	13,000	0.5						1.0	0.5		
1	27,000	1		4.4				1.2	0.6		
2	18,000	1		6.7				1.2	0.6		
3	18,000	1		6.6				1.2	0.6		
4	18,000	1		6.6				1.2	0.6	3	
5	18,000	1		6.6				1.2	0.6		
6											
7	41,000	1		2.6				1.1	0.5		
8	26,000	1		5.7				1.0	0.5		
9	23,000	1		5.2				1.1	0.6		
10	14,000	1		8.5				1.1	0.6		
11	19,000	1.5		9.4				1.1	0.6		
12	20,000	1.5		9.0			0.2	1.0	0.6		
13	18,000	0.5		3.3				1.2	0.8		
14											
15	45,000	1		2.6				1.2	0.8		
16	20,000	0.5		3.0				1.3	0.8		
17	22,000	2		10.9				1.3	0.9		
18	13,000	0.5		4.8				1.3	0.9		
19	18,000	0.5		3.3				1.3	1.0		
20											
21	48,000	1		2.5				1.2	1.0		
22	21,000	1		5.7				1.2	0.9		
23	22,000	1		5.4			0.5	1.1	0.9		
24	16,000	1		7.5				1.0	0.9		
25	24,000	1		5.0				1.0	1.0		
26	15,000	1		8.0			0.3	1.0	1.0		
27											
28	45,000	1		2.7				1.0	1.0		
29											
30											
31											

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Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or S/D Windsong

Owned By Southern States Utilities Phone Number: 407-880-0056 Reporting Month March 1993

Plant Effluent pH (Avg) 7.3 No of Services at End of Month 108 No of People at End of Month 378

Design Flow 0.504 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	629,000	34		171.4			4.7	29.2	20.0	3	
Average	20,000	1		5.5				1.1	0.7		
Maximum	29,000	2		13.8				1.2	0.9		
Minimum	17,000	1		3.0				0.9	0.6		
1	20,000	1		6.0				0.9	0.9		
2	21,000	1		5.7				1.0	0.9		
3	19,000	1		6.3				1.0	0.9		
4	21,000	1		5.7				1.1	0.9		
5	21,000	1		5.7				1.1	0.8		
6											
7	35,000	3		10.3				1.2	0.8		
8	23,000	1		5.2				1.2	0.8		
9	21,000	1		5.7				1.2	0.7		
10	19,000	1		6.3				1.2	0.8	3	
11	19,000	1		6.3			0.4	1.2	0.7		
12	22,000	1		5.4				1.1	0.7		
13											
14	32,000	1		3.7			1.4	1.1	0.7		
15	25,000	1		4.8				1.1	0.7		
16	20,000	1		6.0				1.2	0.6		
17	21,000	1		5.7				1.2	0.7		
18	20,000	1		6.0			1.5	1.1	0.7		
19	17,000	1		7.0				1.0	0.7		
20											
21	39,000	1		3.0			0.3	1.0	0.7		
22	23,000	1		5.2				0.9	0.7		
23	20,000	1		6.0				1.0	0.7		
24	29,000	1		4.1				1.0	0.7		
25	17,000	1		7.0			0.5	1.0	0.7		
26	18,000	1		6.6			0.6	1.0	0.7		
27											
28	43,000	4		11.2				1.1	0.7		
29	18,000	1		6.7				0.9	0.7		
30	26,000	3		13.8				1.2	0.7		
31	20,000	1		6.0				1.2	0.7		

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DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location: City or S/D Windsong
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 108 No of People at End of Month 378
Design Flow 0.504 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	646,000	31.0		154.5			2.6	30.3	20.5	3	
Average	22,000	1.0		5.2				1.2	0.8		
Maximum	25,000	1.5		10.0				1.2	0.8		
Minimum	12,000	1.0		2.7				1.1	0.7		
1	12,000	1.0		10.0			1.2	1.2	0.8		
2	19,000	1.0		6.3				1.2	0.8		
3											
4	43,000	1.0		2.7				1.2	0.8		
5	23,000	1.0		5.2			0.6	1.2	0.8	3	
6	21,000	1.0		5.7				1.2	0.7		
7	18,000	1.0		6.6				1.2	0.7		
8	18,000	1.0		6.6				1.2	0.7		
9	19,000	1.0		6.3				1.1	0.8		
10	27,000	1.0		4.4				1.1	0.8		
11											
12	43,000	3.0		8.3				1.1	0.8		
13	23,000	1.0		5.2				1.1	0.8		
14	22,000	1.0		5.5				1.1	0.8		
15	23,000	1.0		5.2				1.1	0.8		
16	20,000	1.0		6.0			0.8	1.1	0.8		
17											
18	44,000	2.0		5.4				1.1	0.8		
19	25,000	1.0		4.8				1.1	0.8		
20	22,000	1.0		5.4				1.2	0.8		
21	22,000	1.5		8.1				1.2	0.8		
22	21,000	1.5		8.5				1.2	0.8		
23	20,000	1.0		6.0				1.2	0.8		
24	22,000	1.0		5.4				1.2	0.8		
25											
26	53,000	2.0		4.5				1.2	0.8		
27	23,000	1.0		5.2				1.2	0.8		
28	27,000	1.0		5.4				1.2	0.8		
29	15,000	1.0		6.0				1.2	0.8		
30	21,000	1.0		5.7				1.2	0.8		
31											

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Effective 11-1-1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location: City or S/D Windsong

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 108 No of People at End of Month 378

Design Flow 0.504 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) (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	Inches	Plant Effluent	Remote Tap		
Monthly Total	748,000	34		143.4			2.8	26.4	18.56	3	
Average:	24,129	1		4.6			0.09	1.0	0.5		
Maximum:	35,000	2		9.6			1.5	1.2	0.9		
Minimum:	15,000	1		3.4				0.9	0.6		
1											
2	45,000	1		2.6				1.2	0.8		
3	26,000	2		9.2				1.2	0.9		
4	21,000	1		5.7				1.1	0.8		
5	24,000	1		5.0			1.3	1.1	0.8		
6	21,000	1		5.7				1.1	0.8		
7	20,000	1		6.0				1.1	0.8		
8											
9	39,000	1		3.0				1.2	0.8		
10	24,000	1		5.0				1.1	0.8	3	
11	25,000	2		9.6				1.0	0.8		
12	15,000	1		8.0				1.0	0.8		
13	35,000	1		3.4				1.0	0.8		
14	18,000	1		6.6				0.9	0.8		
15											
16	42,000	2		5.7				1.0	0.7		
17	32,000	1		3.7				1.0	0.8		
18	34,000	2		7.0				1.0	0.8		
19	26,000	1		4.6				1.0	0.8		
20	20,000	2		8.0				1.0	0.8		
21	18,000	1		6.6				1.0	0.7		
22											
23	56,000	2		4.2				0.9	0.6		
24	32,000	1		3.7				0.9	0.6		
25	27,000	2		8.0				0.9	0.6		
26	30,000	1		4.0				0.9	0.6		
27	27,000	1		4.4				0.9	0.6		
28	27,000	1		4.4				0.9	0.6		
29											
30	43,000	2		5.6			1.5	1.0	0.6		
31	21,000	1		5.7				1.0	0.6		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or S/D Windsong
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 108 No of People at End of Month 378
Design Flow 0.504 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	740,000	33.0		153.9			4.6	32.2	20.0	3	
Average:	25,000	1.1		5.1				1.2	0.8		
Maximum:	34,000	2.0		9.2				1.6	0.9		
Minimum:	16,000	1.0		2.3				0.9	0.5		
1	34,000	1.0		3.5			1.3	1.0	0.6		
2	22,000	1.0		5.4				0.9	0.6		
3	23,000	1.0		5.2				0.9	0.6		
4	28,000	2.0		8.5				0.9	0.6		
5											
6	51,000	1.0		2.3				0.9	0.6		
7	33,000	1.0		3.6				0.9	0.6		
8	28,000	1.0		4.2				1.0	0.5	3	
9	25,000	1.0		8.4				1.6	0.7		
10	28,000	1.0		4.2				1.5	0.7		
11	25,000	1.0		8.4				1.5	0.7		
12	28,000	1.0		4.2				1.5	0.8		
13											
14	47,000	2.0		5.1			0.2	1.5	0.8		
15	26,000	2.0		9.2			1.2	1.5	0.8		
16	16,000	1.0		7.5			1.1	1.4	0.8		
17	20,000	1.0		6.0				1.4	0.8		
18	22,000	1.0		5.4				1.4	0.8		
19											
20	46,000	2.0		5.2				1.3	0.9		
21	34,000	2.0		7.0				1.3	0.9		
22	23,000	1.5		7.8				1.3	0.9		
23	23,000	1.5		7.8				1.3	0.9		
24	19,000	1.0		6.3				1.2	0.9		
25	23,000	1.0		5.2				1.2	0.9		
26	19,000	1.0		6.3				1.2	0.9		
27											
28	60,000	2.0		4.0			0.6	1.2	0.9		
29	21,000	1.0		5.7				1.2	0.9		
30	16,000	1.0		7.5			0.2	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. 3494291 PWS Name Windsong Location:City or S/D Windsong
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 108 No of People at End of Month 378
Design Flow 0.504 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	632.000	29.0		196.6			4.6	29.5	20.7	3	
Average:	20.000	1		6.3				1.1	0.8		
Maximum:	29.000	2.0		17.1				1.2	0.9		
Minimum:	7.000	0.25		1.0				0.8	0.4		
1	25.000	1.0		4.2				1.2	0.9		
2	17.000	1.0		7.0				1.2	0.9		
3											
4	28.000	2.0		8.5				1.0	0.9		
5	12.000	1.0		10.0				1.2	0.9		
6	15.000	1.0		8.0			0.3	1.2	0.9		
7	7.000	1.0		17.1				1.1	0.9	3	
8	9.000	0.5		6.5				1.1	0.9		
9	9.000	0.5		6.5			1.5	1.1	0.9		
10											
11	51.000	2.0		4.7				1.1	0.9		
12	22.000	1.0		5.4			0.4	1.1	0.9		
13	29.000	2.0		8.2			0.6	1.1	0.9		
14	20.000	2.0		12.0				1.1	0.9		
15	15.000	1.0		8.0			0.6	1.1	0.9		
16	20.000	1.0		6.0				0.9	0.7		
17											
18	40.000	1.0		3.0				1.1	0.8		
19	25.000	1.0		4.8				1.1	0.8		
20	27.000	1.0		4.4				0.9	0.4		
21	16.000	0.5		3.8				0.8	0.4		
22	26.000	0.25		1.2			0.9	0.9	0.4		
23	31.000	0.25		1.0			0.5	1.0	0.6		
24											
25	50.000	2.0		4.8				1.1	0.7		
26	22.000	1.0		5.5				1.1	0.7		
27	24.000	1.0		5.0				1.2	0.7		
28	20.000	1.0		6.0				1.2	0.7		
29	21.000	1.0		5.7				1.2	0.7		
30	25.000	1.0		4.8				1.2	0.7		
31	26.000	1.0		4.6				1.2	0.7		

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or S/D Windsong
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 111 No of People at End of Month 369
Design Flow 0.504 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	673,000	29		139.8			2.2	25.5	16.9	3	
Average	22,000	1		4.5				1.0	0.7		
Maximum:	28,000	2		10.0				1.2	0.8		
Minimum.	15,000	0.5		2.5				0.9	0.6		
1											
2	38,000	2		6.3			1.2	1.2	0.7		
3	21,000	1		5.7				1.2	0.7		
4	17,000	1		7.0				1.2	0.7		
5	20,000	1		6.0				1.0	0.7		
6	21,000	1		5.7				1.0	0.7		
7											
8	45,000	2		5.3				0.9	0.7		
9	23,000	1		5.2				0.9	0.7	3	
10	24,000	1		5.0				0.9	0.7		
11	18,000	1		6.6				0.9	0.7		
12	24,000	1		2.5				0.9	0.7		
13	24,000	1		2.5				0.9	0.7		
14											
15	43,000	1		2.7				1.0	0.6		
16	24,000	1		5.0				1.0	0.6		
17	23,000	1		5.2				0.9	0.6		
18	21,000	1		5.7				0.9	0.6		
19	28,000	1		4.2				0.9	0.6		
20	29,000	2		8.2				0.9	0.6		
21											
22	39,000	1		3.0				1.0	0.6		
23	21,000	1		5.7			0.2	1.0	0.6		
24	24,000	2		10.0				1.0	0.6		
25	21,000	1		5.7				1.0	0.6		
26	15,000	1		8.0				1.0	0.6		
27	23,000	1		5.2				1.0	0.6		
28											
29	41,000	1		2.9				0.9	0.6		
30	24,000	1		5.0			0.1	1.0	0.6		
31	22,000	1		5.5			0.7	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 3464291 PWS Name Windsong Location:City or S/D Windsong

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 111 No of People at End of Month 388.5

Design Flow 0.504 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-7660

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

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	670,000	35.00		166.5				3.30	27.2	17.6	3	
Average	22,333	1.17		5.6					1.0	0.7		
Maximum	37,000	2.00		11.4					1.2	0.8		
Minimum	17,000	1.00		3.2					0.9	0.5		
1	17,000	1.00		7.1					1.0	0.8		
2	20,000	1.00		6.0				0.8	0.9	0.6		
3	21,000	1.00		5.7					1.0	0.6	3	Compliance Samples
4												
5	46,000	2.00		5.2					1.1	0.7		
6	20,000	1.00		6.0					1.1	0.7		
7	32,000	2.00		7.5				0.1	1.1	0.7		
8	23,000	1.00		5.2				1.8	1.1	0.7		
9	19,000	1.00		6.3					1.1	0.7		
10	20,000	1.00		6.0				0.2	1.0	0.7		
11												
12	39,000	3.00		9.2				0.4	1.0	0.7		
13	30,000	1.00		4.0					1.0	0.7		
14	23,000	1.00		5.2					1.0	0.7		
15	19,000	1.00		6.3					1.0	0.7		
16	18,000	1.00		6.7					1.0	0.7		
17	20,000	1.00		6.0					1.0	0.7		
18												
19	42,000	2.00		5.7					0.9	0.7		
20	30,000	2.00		8.0					1.0	0.7		
21	21,000	2.00		11.4					1.0	0.7		
22	20,000	1.00		6.0					1.0	0.7		
23	21,000	1.00		5.7					1.0	0.7		
24	20,000	1.00		6.0					1.0	0.7		
25												
26	51,000	2.00		4.7					1.1	0.6		
27	37,000	1.00		3.2					1.2	0.5		
28	17,000	1.00		7.1					1.2	0.8		
29	22,000	1.00		5.5					1.2	0.6		
30	22,000	2.00		10.9					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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3494291 PWS Name Windsong Location:City or SID Windsong
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 111 No of People at End of Month 388.5
Design Flow 0.504 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 / Jerome Hampton C-7360 / Sam Sparks A-235
I certify this report is correct [signature] C 5411
(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	637,000	28.00		145.6				4	25.9	12.7	3	
Average	20,548	0.90		4.7					1.0	0.5		
Maximum:	34,000	2.00		12.6					1.3	0.8		
Minimum	15,000	0.50		2.9					0.4	0.2		
1	23,000	1.00		5.2					1.2	0.6		
2												
3	36,000	2.00		6.7					1.2	0.5		
4	26,000	1.00		4.6					1.1	0.6		
5	22,000	1.00		5.5					1.1	0.6	3	Compliance Samples
6	30,000	1.00		4.0					1.2	0.8		
7	20,000	1.00		6.0					0.6	0.4		
8	22,000	1.00		5.5					0.9	0.5		
9												
10	36,000	1.00		3.3				0.7	1.0	0.6		
11	28,000	1.00		4.3					0.9	0.6		
12	15,000	1.00		8.0					1.1	0.6		
13	23,000	1.00		5.2					1.1	0.6		
14	21,000	1.00		5.7					1.2	0.7		
15	19,000	1.00		6.3					1.3	0.6		
16												
17	38,000	1.00		3.2				1.3	1.2	0.6		
18	20,000	0.50		3.0					1.0	0.6		
19	21,000	0.50		2.9					0.4	0.3		
20	21,000	1.00		5.7					0.8	0.3		
21	18,000	1.00		6.7					0.8	0.2		
22	21,000	1.00		5.7					0.5	0.2		
23												
24	37,000	1.00		3.2				1.5	0.6	0.3		
25	24,000	1.00		5.0					0.9	0.3		
26	20,000	1.00		6.0					1.1	0.3		
27	20,000	2.00		12.0					1.0	0.4		
28	19,000	1.00		6.3					1.2	0.4		
29	19,000	2.00		12.6					1.2	0.3		
30												
31	38,000	1.00		3.2				0.5	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 17-555(10)(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 3484291 PWS Name Windsong Location:City or S/D Windsong

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 111 No of People at End of Month 388.5

Design Flow 0.504 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 (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	gas used	mg/l	lbs used	mg/l		inches	Plant Effluent	Remote Tap		
Monthly Total	669,000	31.00		149.4					29.6	13.6	3	
Average:	22,300	1.03		5.0					1.1	0.5		
Maximum:	33,000	0.30		12.8					1.4	0.9		
Minimum:	16,000	0.50		2.4					0.9	0.3		
1	26,000	1.00		4.6					1.3	0.8		
2	17,000	1.00		7.1					1.1	0.5		
3	19,000	1.00		6.3					1.0	0.5		
4	18,000	1.00		6.7					1.1	0.5	3	Compliance samples
5	20,000	1.00		6.0					1.2	0.6		
6												
7	40,000	1.00		3.0					1.2	0.6		
8	28,000	3.00		12.8				trace	1.4	0.6		
9	23,000	1.00		5.2					1.3	0.5		
10	19,000	1.00		6.3					1.3	0.5		
11	19,000	1.00		6.3					1.0	0.5		
12	20,000	1.00		6.0					1.0	0.3		
13												
14	41,000	1.00		2.9					0.9	0.3		
15	22,000	1.00		5.5					1.0	0.4		
16	31,000	1.00		3.9					1.0	0.4		
17	24,000	2.00		10.0					1.0	0.3		
18	18,000	1.00		6.7					1.0	0.3		
19	22,000	1.00		5.5					1.0	0.5		
20												
21	49,000	1.00		2.4					1.2	0.6		
22	21,000	1.00		5.7					1.4	0.6		
23	24,000	1.00		5.0					1.2	0.9		
24	22,000	1.00		5.5					1.2	0.8		
25	33,000	2.00		7.3					1.2	0.6		
26	16,000	0.50		3.7					1.2	0.6		
27	20,000	0.50		3.0					1.2	0.8		
28												
29	56,000	3.00		6.4					1.3	0.5		
30	21,000	1.00		5.7					0.9	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. 3494291 PWS Name Windsong Location:City or S/D Windsong
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 111 No of People at End of Month 388.5
Design Flow 0.504 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-4380 / 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 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	635.000	36.00		200.5			0.4	28.4	9.9	3	
Average	20.516	1.16		6.5				1.1	0.4		
Maximum	30.000	3.00		27.7				1.5	0.6		
Minimum	15.000	1.00		2.7				0.8	0.2		
1	16.000	1.00		7.5				1.1	0.4		
2	23.000	1.00		5.2				0.8	0.4		
3	20.000	2.00		12.0				1.0	0.3		
4											
5	44.000	1.00		2.7				1.1	0.4		
6	28.000	2.00		8.6				0.9	0.3		
7	19.000	1.00		6.3				0.9	0.3		
8	24.000	1.00		5.0				0.9	0.3		
9	16.000	1.00		7.5				1.0	0.5	3	Compliance samples
10	23.000	1.00		5.2				1.0	0.5		
11											
12	39.000	2.00		6.1				0.8	0.3		
13	25.000	1.00		4.8				1.2	0.4		
14	20.000	1.00		6.0				1.5	0.5		
15	15.000	1.00		8.0				1.4	0.3		
16	23.000	2.00		10.4				1.0	0.4		
17	20.000	1.00		6.0				1.2	0.6		
18											
19	40.000	2.00		6.0				1.3	0.5		
20	32.000	1.00		3.7				1.3	0.6		
21	13.000	3.00		27.7				0.8	0.3		
22	23.000	2.00		10.4			0.2	1.0	0.2		
23	15.000	1.00		8.0				0.8	0.2		
24	16.000	1.00		7.5				1.0	0.3		
25											
26	40.000	2.00		6.0				1.0	0.3		
27	21.000	1.00		5.7				1.1	0.4		
28	16.000	1.00		7.5				1.2	0.4		
29	22.000	1.00		5.5				1.2	0.4		
30	22.000	1.00		5.5			0.2	0.9	0.2		
31	21.000	1.00		5.7				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 2161276 PWS Name Woodmere Location: City or S/D Jacksonville

Owned By Southern States Utilities Phone Number 904-743-1888 Reporting Month January 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1148 No of People at End of Month 4018

Design Flow 1.67 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 A-5091 / Branan M Ward A-8415 / Dan Chasse C-8976

I certify this report is correct Donald Holcomb 4 5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	20 711,000	2720		401 9					63.1	26 5		
Average	668 097	88		13 0					2 0	0 9		
Maximum	1 052 000	110		21 7					3 5	2 0		
Minimum	486 000	60		5 5					0 8	0 2		
1	701 000	70		9 6					2 4	1 2		
2	725 000	80		10 6					1 0	0 5		
3	747 000	70		9 0					0 8	0 2		
4	671 000	100		14 3					1 5	0 6		
5	725 000	100		13 2					3.2	1 6	DR 3-	
6	600 000	100		16 0					3 5	1 8		
7	611,000	80		9 4					2 0	1 0		
8	666 000	80		11 5					3 0	2 0		
9	597 000	100		16					2.3	0 9		
10	1,052 000	60		5 5					0 8	0 2		
11	660 000	60		8 5					1 8	0 9		
12	573 000	60		10 0					1 5	0 8		
13	650 000	100		14 8					1 6	0 5		
14	527,000	100		18 2					1 8	0 4		
15	559 000	80		13 7					2 0	0 3		
16	758 000	100		15 7					1 6	0 2		
17	730 000	100		13					0 8	0 2		
18	710 000	100		13 5					1 3	0 5		
19	611,000	100		15					3 5	1 6	3D	
20	601 000	80		12 8					3 5	1 6		
21	703 000	70		9 6					3 0	2 0		
22	573 000	70		11 7					3 2	2 0		
23	591 000	110		17 9					2 0	0 6		
24	690 000	90		9 7					1 0	0 2		
25	592 000	100		16 2					1 5	0 6		
26	613 000	70		11 0					1 2	0 2		
27	778 000	80		9 9					1 4	0 6		
28	701,000	110		15					2 0	0 8		
29	486 000	110		21 7					2 2	1 0		
30	865 000	110		15 9					3 5	2 0		
31	625 000	100		15 3					1 8	0 5		

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

DEP Form 17-555(3)(a)

Effective 11-1-88

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 PWS Name Woodmere Location: City or S/D Jacksonville

Owned By Southern States Utilities Phone Number: 904-743-1888 Reporting Month February 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1148 No of People at End of Month 4018

Design Flow 1.87 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 A-5091 / Branan M. Ward A-6415 / Dan Chesse C-6876

I certify this report is correct Donald R. Holcomb A 5091

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	18,250,000	2360		352.3					46.7	14.5		
Average:	651,786	85		12.6					1.7	0.5		
Maximum:	819,000	120		17.5					2.8	1.6		
Minimum:	485,000	50		8.5					0.8	0.2		
1	590,000	80		13.0					2.8	1.6	5	
2	620,000	80		12.4					2.0	0.5		
3	556,000	100		17.3					1.5	0.3		
4	733,000	50		8.5					2.0	1.0		
5	566,000	50		8.2					2.2	1.0		
6	576,000	80		13.3					1.0	0.2		
7	690,000	90		12.5					0.8	0.2		
8	665,000	90		13.0					1.6	0.3		
9	712,000	80		10.8					1.4	0.2		
10	485,000	50		9.9					1.0	0.3		
11	626,000	70		10.7					1.3	0.3		
12	819,000	80		9.4					2.0	0.4		
13	601,000	100		16.0					2.5	0.8		
14	683,000	100		14.0					1.8	0.6		
15	803,000	80		9.5					1.2	0.4	3	
16	739,000	90		11.7					1.0	0.3		
17	701,000	70		9.6					1.2	0.4		
18	600,000	80		12.8					2.0	0.6		
19	634,000	80		12.1					2.0	0.4		
20	606,000	100		15.8					1.4	0.5		
21	701,000	100		13.7					1.2	0.2		
22	650,000	80		11.8					1.4	0.3		
23	654,000	100		14.7					1.8	0.6		
24	722,000	100		13.3					2.4	0.8		
25	548,000	100		17.5					2.6	0.8		
26	713,000	100		13.5					2.4	0.8		
27	703,000	120		16.4					0.8	0.2		
28	726,000	100		13.2					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 record

DER Form 17-555-910(2)

Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 PWS Name Woodmere Location: City or S/D Jacksonville

Owned By Southern States Utilities Phone Number: 904-641-8832 Reporting Month March 1994

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1148 No of People at End of Month 4018

Design Flow 1.67 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 A-5091 / Branan M. Ward A-6415

I certify this report is correct Dwane R. Holcomb A 5091

(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	26,025,000	3000		357.6					73.9	13.8	8.0	
Average	839,516	97		11.5					2.4	0.4		
Maximum	1,334,000	120		22.1					3.0	1.0		
Minimum	522,000	80		5.8					1.3	0.2		
1	780,000	100		12.3					2.8	1.0		
2	590,000	100		18.3					2.4	1.0		
3	639,000	100		15.0					2.6	0.4		
4	632,000	100		15.2					1.3	0.2		
5	522,000	120		22.1					1.9	0.3		
6	853,000	80		8.6					1.8	0.3		
7	978,000	120		11.8					2.3	0.4	5	
8	805,000	80		9.5					2.0	0.3		
9	719,000	80		10.7					1.8	0.3		
10	763,000	80		10.1					2.5	0.4		
11	722,000	120		15.9					2.3	0.4		
12	816,000	80		9.4					2.4	0.4		
13	790,000	100		12.1					2.3	0.5		
14	1,039,000	120		11.1					2.2	0.3		
15	856,000	100		11.2					2.4	0.4		
16	826,000	80		9.3					2.4	0.3		
17	911,000	100		10.5					3.0	0.8		
18	757,000	100		12.7					3.0	0.4		
19	1,139,000	100		8.4					2.6	0.3		
20	676,000	100		11.0					2.1	0.4		
21	1,334,000	80		5.8					2.4	0.3		
22	911,000	100		10.5					2.4	0.4		
23	899,000	100		10.7					2.6	0.4		
24	915,000	80		8.4					2.4	0.4		
25	974,000	80		7.9					2.2	0.4		
26	845,000	100		11.4					2.8	0.6		
27	591,000	100		16.2					3.0	0.4		
28	995,000	120		11.6					2.6	0.3		
29	815,000	80		9.4					2.0	0.4		
30	801,000	100		12.0					2.6	0.6	3	
31	892,000	100		10.8					2.8	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 17-555(10)2

Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2161276 PWS Name Woodmere Location: City or S/D Jacksonville
Owned By Southern States Utilities Phone Number: 904-641-8332 Reporting Month April 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1181 No of People at End of Month 4029
Design Flow 1.67 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 A-5091 / Brenan M Ward A-8415
I certify this report is correct Donald R. Holcomb A 5091
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in 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	29,000,000	2640		269.4					76.6	19.0	9	
Average	966,667	95		9.6					2.6	0.8		
Maximum	1,354,000	140		15.6					3.0	1.2		
Minimum	393,000	40		6.4					2.0	0.3		
1	1,018,000	90		8.5					3.0	1.2		
2	665,000	80		8.9					2.8	1.0		
3	784,000	110		13.5					2.6	0.6		
4	1,202,000	80		6.4					2.6	0.4		
5	1,105,000	100		8.7					2.4	0.4		
6	1,188,000	100		8.2					2.4	0.4		
7	1,153,000	100		8.3					2.6	0.8		
8	947,000	120		12.2					3.0	1.0		
9	1,151,000	100		8.3					3.0	1.0		
10	886,000	80		8.7					2.8	0.6		
11	1,354,000	100		7.1					2.0	0.3		
12	1,013,000	100		9.5					2.8	1.0	5	
13	1,084,000	100		8.8					2.6	1.0		
14	1,000,000	80		7.7					2.4	0.8		
15	600,000	80		12.8					2.2	0.6		
16	762,000	80		9.8					2.4	0.8		
17	615,000	100		15.6					2.0	0.6		
18	947,000	100		10.1					2.3	0.4	1	
19	1,051,000	100		9.1					2.6	0.6		
20	950,000	100		10.1					3.0	0.4		
21	926,000	100		10.4					2.2	0.3		
22	818,000	100		11.7					2.3	0.5		
23	1,034,000	140		13.0					2.8	0.4		
24	393,000	40		9.8					2.3	0.5		
25	1,018,000	120		11.3					2.5	0.6		
26	905,000	80		8.5					2.2	0.4	3	
27	1,001,000	80		7.7					2.4	0.4		
28	1,057,000	100		9.1					3.0	0.6		
29	1,083,000	80		7.2					2.6	0.6		
30	1,108,000	100		8.7					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 record

DER Form 17-555910.2
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2161278 PWS Name Woodmere Location: City or S/D Jacksonville
Owned By Southern States Utilities Phone Number: 904-641-8332 Reporting Month May 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1151 No of People at End of Month 4029
Design Flow 1.67 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 A-5091 / Brenan M. Ward A-6415
I certify the report is correct Donald R. Holcomb A 5091
(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)
					lbs used	mg/l	lbs used	mg/l				
Monthly Total	32,962,000	3040		290.0					71.6	18.6	8	
Average	1,063,290	98		9.4					2.3	0.6		
Maximum	1,453,000	220		27.2					3.0	1.2		
Minimum	535,000	10		0.8					1.6	0.2		
1	833,000	120		13.8					2.4	0.4		
2	1,045,000	80		7.3					2.2	0.4		
3	800,000	80		9.6					2.6	0.6		
4	799,000	80		9.6					2.2	0.4		
5	535,000	80		14.3					2.6	0.8		
6	1,022,000	80		7.5					2.4	1.0		
7	1,012,000	80		7.6					2.2	0.8		
8	834,000	120		13.8					2.8	0.6		
9	1,109,000	100		8.6					1.6	0.4	5	
10	1,256,000	100		7.6					2.0	0.6		
11	1,017,000	80		7.5					2.4	1.0		
12	1,132,000	80		8.8					2.4	1.0		
13	1,000,000	80		7.7					2.2	1.2		
14	1,087,000	120		10.6					2.4	0.6		
15	904,000	80		8.5					2.0	0.4		
16	1,398,000	120		8.2					2.0	0.3		
17	1,222,000	100		7.8					2.4	0.2		
18	1,136,000	120		10.1					2.6	0.4		
19	1,358,000	100		7.1					2.6	0.4		
20	811,000	100		11.8					2.3	0.3		
21	865,000	100		11.1					2.4	0.4		
22	794,000	80		9.7					2.0	0.5		
23	1,453,000	80		5.3					1.8	0.3		
24	1,379,000	80		5.6					2.0	0.5		
25	1,402,000	100		6.8					2.2	1.0		
26	1,173,000	120		9.8					2.2	1.0		
27	1,131,000	10		0.8					2.2	1.0	3	
28	1,337,000	110		7.9					2.4	0.8		
29	775,000	220		27.2					2.6	0.6		
30	1,112,000	120		10.4					3.0	0.4		
31	1,231,000	120		9.4					2.7	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 0
Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 PWS Name Woodmere Location: City or S/D Jacksonville
Owned By Southern States Utilities Phone Number: 904-641-6332 Reporting Month July 1994 JUNE
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1154 No of People at End of Month 4039
Design Flow 1.67 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 A-5091 / Branan M. Ward A-6415
I certify this report is correct Donald E. Holcomb A 5091
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	23,303,000	3050		385.0					78.9	14.4	8	
Average	751,710	98		12.5					2.6	0.5		
Maximum	997,000	130		22.1					3.2	0.8		
Minimum	522,000	80		8.0					1.8	0.2		
1	695,000	120		12.9					2.8	0.6		
2	732,000	120		15.7					2.5	0.5		
3	844,000	80		9.1					2.5	0.6		
4	770,000	80		10.0					2.5	0.6		
5	722,000	130		17.3					2.3	0.4		
6	880,000	110		12.3					2.8	0.3		
7	897,000	110		15.1					2.8	0.4		
8	811,000	90		10.8					3.2	0.5	5	
9	859,000	90		10.1					3.0	0.4		
10	762,000	110		13.8					2.8	0.6		
11	758,000	110		13.9					3.0	0.6		
12	654,000	110		15.1					2.7	0.5		
13	635,000	100		11.5					2.8	0.5		
14	889,000	80		11.1					3.0	0.6		
15	841,000	120		18.0					2.6	0.5		
16	750,000	100		12.8					2.7	0.4		
17	730,000	120		15.8					2.3	0.4		
18	680,000	100		14.1					3.0	0.6		
19	884,000	80		8.7					2.6	0.5		
20	834,000	120		13.8					2.5	0.3		
21	693,000	80		11.1					2.4	0.4		
22	785,000	120		14.6					2.8	0.6	3	
23	800,000	80		9.6					2.5	0.5		
24	890,000	80		8.6					2.8	0.4		
25	522,000	120		22.1					3.2	0.8		
26	785,000	120		14.7					3.0	0.8		
27	962,000	80		8.0					2.6	0.4		
28	803,000	100		11.9					1.8	0.2		
29	997,000	100		9.6					1.8	0.2		
30	858,000	90		13.1					2.0	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 55S910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2161279 PWS Name Woodmere Location: City or S/D Jacksonville
Owned By Southern States Utilities Phone Number: 904-641-6332 Reporting Month July 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1154 No of People at End of Month 3939
Design Flow 1.67 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 A-5091 / Brenan M. Ward A-6415
I certify this report is correct Donald Holcomb A 5091
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	27,773,000	3320		377.2					79.9	13.8	8	
Average	895,903	107		12.2					2.6	0.4		
Maximum	1,446,000	180		22.2					3.5	0.8		
Minimum	507,000	80		6.6					1.0	0.2		
1	768,000	110		13.4					2.3	0.4		
2	718,000	100		13.4					2.6	0.6		
3	873,000	100		11.0					2.3	0.4		
4	1,160,000	100		8.3					2.4	0.2		
5	725,000	100		13.2					2.7	0.3		
6	614,000	80		12.5					2.4	0.4		
7	598,000	120		19.2					2.2	0.3		
8	936,000	120		12.3					2.6	0.6	5	
9	507,000	100		18.9					2.5	0.4		
10	819,000	120		14.1					2.2	0.4		
11	1,152,000	80		6.7					2.5	0.3		
12	996,000	80		7.7					2.3	0.4		
13	891,000	80		8.6					2.0	0.2		
14	787,000	120		14.8					3.0	0.6		
15	896,000	100		10.7					3.2	0.7		
16	856,000	100		11.2					3.0	0.7		
17	1,221,000	100		7.9					3.2	0.5		
18	1,446,000	100		6.6					3.0	0.7		
19	1,310,000	100		7.3					3.2	0.5		
20	1,143,000	180		15.1					3.5	0.8	3	
21	1,147,000	80		6.7					3.0	0.6		
22	720,000	160		21.3					3.2	0.5		
23	892,000	80		8.6					3.0	0.4		
24	764,000	80		9.8					2.6	0.5		
25	957,000	80		8.0					3.0	0.6		
26	888,000	120		12.6					2.8	0.3		
27	735,000	170		22.2					2.2	0.4		
28	767,000	120		15.0					1.0	0.3		
29	848,000	100		11.3					2.2	0.3		
30	743,000	100		12.9					1.8	0.2		
31	845,000	140		15.8					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 17-555810(2)
Effective 11/1/1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 PWS Name Woodmere Location: City or S/D Jacksonville
Owned By Southern States Utilities Phone Number: 904-641-8332 Reporting Month August 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1158 No of People at End of Month 4039
Design Flow 1.67 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 A-5091 / Loren Bowen B-7128
I certify this report is correct Donald R. Holcomb A 5091
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in 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	30,650,000	3320		330 1					85.4	16.2	5	
Average	988,710	107		10.6					2.8	0.5		
Maximum	1,388,000	140		15.9					3.2	1.2		
Minimum	757,000	80		6.3					1.5	0.2		
1	1,030,000	140		13.0					2.8	0.5		
2	773,000	100		12.4					3.0	0.7		
3	1,103,000	120		10.4					3.0	0.4		
4	1,108,000	110		9.5					2.8	0.6		
5	955,000	130		13.1					3.2	0.5		
6	859,000	80		8.8					2.6	0.4		
7	782,000	130		15.9					2.8	0.3		
8	787,000	90		11.0					3.2	0.4	5	Compliance samples
9	804,000	120		14.3					3.0	0.6		
10	763,000	80		10.1					3.2	0.5		
11	1,103,000	120		10.4					3.0	0.6		
12	979,000	100		9.8					3.2	0.4		
13	950,000	100		10.0					3.0	0.6		
14	1,002,000	120		11.5					2.8	0.4		
15	1,043,000	100		9.2					2.6	0.3		
16	904,000	100		10.6					2.8	0.4		
17	827,000	90		10.4					3.2	0.6		
18	757,000	110		13.9					2.7	0.5		
19	672,000	120		13.2					3.0	0.6		
20	872,000	110		12.1					2.8	0.6		
21	1,082,000	90		8.0					3.2	0.6		
22	1,363,000	100		7.0					2.8	0.5	3	Compliance sample
23	863,000	120		13.3					3.2	0.4		
24	890,000	80		8.6					2.0	0.4		
25	1,049,000	100		9.1					2.5	1.2		
26	1,000,000	120		11.5					2.6	1.1		
27	971,000	100		9.9					2.8	0.7		
28	1,193,000	120		9.6					2.4	0.5		
29	1,368,000	120		8.3					1.5	0.4		
30	1,333,000	120		8.6					1.9	0.3		
31	1,225,000	80		6.3					1.8	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 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2161278 PWS Name Woodmere Location City or S/D Jacksonville
Owned By Southern States Utilities Phone Number 904-641-8332 Reporting Month September 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1158 No of People at End of Month 4053
Design Flow 1.67 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 / Loren Boren B7128
I certify this report is correct Donald R. Holcomb A 5041
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	28,050,000	3400		357.7					90 1	21.0	8	
Average	935 000	113		11.9					3 0	0 7		
Maximum	1,380 000	120		15 6					3 5	1 4		
Minimum	734 000	80		8 3					2 0	0 4		
1	1,327 000	120		8 7					2 3	0 4		
2	1,380 000	120		8 3					2 8	0 4		
3	825 000	120		12 4					3 0	0 6		
4	1 008 000	120		11 5					3 5	1 2		
5	1,002 000	120		11 5					2 9	0 6		
6	1,226 000	120		9 4					2 5	0 4		
7	1,087 000	120		10 6					2 0	1 3		
8	1 057 000	100		9 1					2 5	1 4	5	
9	1,092 000	120		10 5					2 5	1 4		
10	1 060 000	120		10 9					2 5	1 1		
11	800 000	100		12 0					2 5	0 7		
12	977 000	100		9 8					3 5	1 0		
13	866 000	120		13 3					3 0	0 8		
14	973 000	120		11 8					3 5	0 6		
15	892 000	120		12 9					3 2	0 5		
16	847 000	120		13 6					3 0	0 6		
17	811 000	100		11 8					3 5	0 4		
18	734 000	100		13 1					3 5	0 5		
19	961 000	120		12 0					3 5	0 7		
20	763 000	100		12 6					3 5	1 0		
21	745 000	120		15 5					3 5	0 8		
22	813 000	120		14 2					3 0	0 6		
23	753 000	80		10 2					3 2	0 4		
24	736 000	120		15 6					3 0	0 5		
25	754,000	120		15 3					3 0	0 6		
26	920 000	120		12 5					3 0	0 5		
27	793,000	120		14 5					3 0	0 7		
28	825 000	120		14 0					3 0	0 6	3	
29	823 000	100		11 7					3 2	0 5		
30	1 101 000	100		8 7					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 record

DER Form 17-555810(5)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 PWS Name Woodmere Location: City or S/D Jacksonville
Owned By Southern States Utilities Phone Number: 904-641-6332 Reporting Month October 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1160 No of People at End of Month 4060
Design Flow 1.67 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 A-5091 / Loren Boren B-7128
I certify this report is correct Donald Holcomb A 5091
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks (meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	25,224,000	3629		436.2					63.5	20.1	8	
Average	813.677	117		14.1					2.7	0.6		
Maximum	1,035,000	140		20.7					3.5	1.0		
Minimum	614,000	60		7.5					2.0	0.3		
1	920,000	140		14.6					3.0	1.0		
2	903,000	140		14.9					2.5	1.0		
3	959,000	120		12.0					2.5	0.9		
4	756,000	120		15.2					3.0	0.7		
5	656,000	140		20.4					3.0	0.8	5	
6	767,000	140		17.5					3.2	0.9		
7	816,000	120		14.1					2.9	0.5		
8	774,000	60		6.9					2.5	0.6		
9	978,000	120		11.6					3.0	0.8		
10	650,000	140		20.7					2.8	0.9		
11	993,000	140		13.5					2.5	0.8		
12	663,000	120		16.9					3.5	0.9		
13	679,000	120		17.0					3.0	0.6		
14	722,000	120		15.9					3.2	0.7		
15	878,000	120		13.1					3.0	0.7		
16	880,000	120		16.9					3.0	0.8		
17	931,000	120		12.4					2.8	0.6		
18	722,000	80		10.6					2.8	0.4		
19	818,000	140		16.4					2.0	0.7		
20	952,000	140		14.1					2.5	0.4		
21	823,000	80		12.3					2.2	0.3		
22	856,000	80		9.0					2.5	0.4		
23	815,000	120		14.1					2.5	0.5		
24	1,035,000	120		11.1					2.5	0.4		
25	901,000	120		12.8					2.0	0.4		
26	924,000	100		10.4					2.0	0.5	3	
27	824,000	100		11.6					2.4	0.4		
28	714,000	120		16.1					2.4	0.6		
29	1,025,000	80		7.5					2.5	0.6		
30	614,000	120		16.7					3.0	0.7		
31	654,000	120		14.7					2.6	0.6		

This form must be completed in full & submitted 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. 2161278 PWS Name Woodmere Location: City or S/D Jacksonville

Owned By Southern States Utilities Phone Number: 904-641-6332 Reporting Month November 1994

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1160 No of People at End of Month 4060

Design Flow 1.67 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 A-5091 \ Loren Boren B-7128

I certify the report is correct Donald Holcomb A 5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	24,693,000	3180		386.6					83.2	20.0	40	
Average	823,100	106		12.9					2.8	0.7		
Maximum	1,479,000	140		20.0					3.5	0.9		
Minimum	666,000	80		5.2					2.0	0.4		
1	758,000	100		12.7					3.0	0.4		
2	737,000	140		16.2					2.7	0.6		
3	791,000	100		12.1					3.0	0.5		
4	811,000	120		14.2					2.8	0.6		
5	733,000	80		10.5					2.5	0.6		
6	1,151,000	120		10.0					2.7	0.5		
7	1,479,000	80		5.2					2.6	0.4		
8	866,000	100		11.1					2.8	0.6		
9	843,000	100		11.4					2.5	0.5	10	
10	1,276,000	100		7.5					2.5	0.6	5	
11	696,000	120		16.5					2.8	0.7		
12	673,000	140		20.0					2.6	0.8		
13	669,000	100		14.3					2.7	0.6		
14	806,000	100		11.9					2.8	0.8		
15	677,000	100		14.2					3.0	0.9		
16	673,000	120		17.1					3.0	0.7		
17	749,000	140		17.9					3.5	0.9		
18	1,184,000	120		9.7					2.0	0.6		
19	781,000	80		10.1					2.4	0.7		
20	822,000	120		14.0					2.8	0.6	11	
21	770,000	80		10.0					2.0	0.6	11	
22	686,000	100		13.9					3.0	0.8		
23	788,000	120		14.8					3.5	0.8		
24	666,000	120		17.3					3.3	0.7		
25	762,000	100		12.8					3.0	0.7		
26	753,000	100		12.7					3.0	0.8		
27	708,000	90		12.2					3.0	0.8		
28	857,000	90		10.1					2.5	0.7	3	
29	794,000	100		12.1					2.6	0.7		
30	744,000	100		12.9					3.0	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 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 PWS Name Woodmere Location, City or S/D Jacksonville
Owned By Southern States Utilities Phone Number: 904-641-6332 Reporting Month December 1994
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1180 No of People at End of Month 4060
Design Flow 1.67 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 A-5061 / Branan M Ward A-6415
I certify the report is correct Donald Holcomb A 5091
(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	22,973,000	3380		444.1					96.9	21.4	31	
Average	741,065	109		14.3					3.1	0.7		
Maximum	913,000	280		40.1					3.5	1.5		
Minimum	630,000	80		8.8					2.5	0.4		
1	734,000	120		15.7					3.0	0.6	4	
2	871,000	80		8.8					3.2	0.7		
3	630,000	100		15.2					2.8	0.6		
4	856,000	100		11.2					3.0	0.8		
5	856,000	100		11.2					2.7	0.6		
6	719,000	120		16.0					3.2	0.8	5	
7	709,000	100		13.5					3.5	0.8		
8	831,000	120		13.5					3.3	0.6	4	
9	774,000	100		12.4					3.0	0.6	3	
10	632,000	120		18.2					2.8	0.6		
11	852,000	100		11.3					2.9	0.8		
12	834,000	140		16.1					3.2	0.6		
13	913,000	100		10.5					2.6	0.5	6	
14	741,000	120		15.5					3.5	0.5	6	
15	684,000	100		14.0					3.5	0.7		
16	744,000	120		15.5					3.5	0.8		
17	669,000	120		17.2					2.8	0.7		
18	644,000	100		14.9					3.5	0.6		
19	811,000	140		16.6					3.5	1.5		
20	667,000	80		11.5					3.0	0.6		METER PULLED
21	800,000	80		9.6					2.8	0.4		SENT OFF FOR
22	680,000	100		14.1					3.5	0.7		CALIBRATION
23	670,000	100		14.3					3.5	0.8		
24	680,000	100		14.1					3.5	0.7		
25	800,000	100		12.0					3.3	0.6		
26	670,000	80		11.5					3.4	0.5		
27	680,000	80		11.3					2.5	0.7		
28	800,000	80		9.6					3.0	0.6	3	
29	675,000	120		17.1					2.8	0.6		
30	675,000	80		11.4					3.0	0.8		
31	670,000	280		40.1					3.3	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 17-555.910(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 PWS Name Woodmere Location:City or S/D Jacksonville

Owned By Southern States Utilities Phone 904-743-1558 Reporting Month January 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1109 No of People at End of Month

Design Flow 1.67 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 Holcomb A5091

(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	21,117	1795		328.9					67.3	10.4		
Average	681	58		10.6					2.2	0.3		
Maximum	1,040	80		21.3					3.0	0.6		
Minimum	451	40		4.6					1.5	0.2		
1	808	60		8.9					2.0	0.4		
2	912	60		7.9					2.3	0.6		
3	547	60		11.1					1.8	0.3		
4	1,040	40		4.6					1.6	0.2		
5	714	60		10.1					1.7	0.3		
6	667	60		10.5					2.0	0.3		
7	526	40		9.1					2.1	0.3	2R 3D	All A
8	740	40		6.5					2.0	0.3		
9	673	80		14.3					2.0	0.4		
10	741	60		9.7					2.2	0.6		
11	743	60		9.7					2.5	0.4		
12	584	45		9.2					2.7	0.3		
13	593	45		9.1					2.0	0.2		
14	706	45		7.6					2.0	0.3		
15	640	50		9.4					2.2	0.3		
16	656	40		7.3					2.4	0.3		
17	731	80		13.1					2.0	0.2		
18	451	80		21.3					2.2	0.2		
19	760	60		9.5					2.0	0.3	3D	All A
20	623	60		11.5					1.5	0.3		
21	481	60		15.0					1.9	0.3		
22	804	80		11.9					2.2	0.3		
23	547	60		13.0					2.2	0.3		
24	864	40		5.4					2.0	0.3		
25	540	40		8.9					2.3	0.3		
26	567	40		8.5					2.4	0.3		
27	595	70		14.0					2.5	0.4		
28	648	80		14.8					2.5	0.3		
29	914	60		7.9					2.5	0.3		
30	589	60		12.2					2.6	0.6		
31	569	80		17.0					3.0	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. 2161278 PWS Name Woodmere Location:City or S/D Jacksonville

Owned By Southern States Utilities Phone 904-743-1668 Reporting Month February 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1114 No of People at End of Month

Design Flow 1.67 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 Holcomb A5091

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

Days of Month	Total Water Treated In in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	19,674	1980		343.9					65.8	15.8		
Average	702.6	70		12.3					2.4	0.6		
Maximum	970	90		17.7					3.5	1.2		
Minimum	513	50		7.0					1.0	0.2		
1	938	80		10.2					2.4	0.3		
2	642	65		12.1					1.4	0.2		
3	722	80		13.2					2.8	0.4		
4	851	50		7.0					2.6	0.6		
5	610	80		15.7					2.8	1.0		
6	542	80		17.7					2.4	1.0		
7	735	60		9.8					2.5	0.5		
8	909	80		10.5					2.8	0.4		
9	634	80		11.3					3.5	0.6		
10	513	70		16.4					2.2	0.5		
11	823	80		11.5					3.2	0.9	2R SD	All A
12	635	60		11.3					2.5	0.6		
13	714	80		13.4					3.2	1.0		
14	651	80		14.7					2.2	0.5		
15	970	60		7.4					2.0	0.6		
16	573	80		12.5					3.0	1.2		
17	798	65		9.8					1.6	0.4		
18	683	90		15.8					2.0	0.4		
19	737	80		13.0					2.0	0.8		
20	650	70		12.9					2.4	0.6		
21	951	60		7.6					1.8	0.4		
22	698	50		8.6					1.5	0.3		
23	617	90		17.5					2.6	1.0	3D	all A
24	700	80		13.7					3.5	0.6		
25	626	60		11.5					1.5	0.3		
26*	650	60		11.1					2.2	0.2		
27*	650	90		16.6					2.4	0.3		
28*	650	60		11.1					1.0	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 11/1/1982

* Flows estimated - flow meter removed for calibration

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2151278 PWS Name Woodmere Location:City or S/D Jacksonville
Owned By Southern States Utilities Phone 904-743-1888 Reporting Month March 1993
Plant Effluent pH (Avg) 6.9 No of Services at End of Month 1114 No of People at End of Month
Design Flow 1.87 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 Holcomb A5091
(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	14,500	2050		535.7					50.3	10.0		
Average	468	66		17.3					1.6	0.3		
Maximum	600	95		25.0					2.5	0.6		
Minimum	400	40		10.5					0.8	0.2		
1	500	60		14.3					1.6	0.5		
2	400	60		18.2					1.0	0.2		
3	450	40		10.5					1.6	0.2		
4	400	50		15.2					2.2	0.4		
5	400	60		18.2					2.0	0.3		
6	400	60		18.2					1.0	0.2		
7	500	60		14.3					1.8	0.3		
8	500	60		14.3					1.5	0.2		
9	600	70		14.0					1.4	0.3	2R 3D	All A
10	600	70		14.0					0.8	0.2		
11	600	70		14.0					1.3	0.2		
12	500	80		19.5					1.4	0.2		
13	450	95		25.0					1.8	0.3		
14	450	70		18.4					2.0	0.2		
15	600	80		18.0					1.5	0.3		
16	450	70		18.4					1.5	0.6		
17	450	60		15.8					1.9	0.3		
18	400	80		24.2					2.5	0.6		
19	500	60		14.3					1.9	0.3		
20	400	45		13.5					2.0	0.4		
21	450	60		15.8					1.5	0.3		
22	500	60		14.3					1.5	0.5		
23	400	60		18.2					1.2	0.2	3D	All A
24	400	60		18.2					1.8	0.2		
25	400	80		24.2					2.0	0.4		
26	400	75		22.7					2.0	0.4		
27	400	75		22.7					2.0	0.4		
28	400	60		18.2					2.2	0.3		
29	500	80		19.5					0.8	0.2		
30	600	60		12.0					1.5	0.3		
31	500	80		19.5					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 2161278 PWS Name Woodmere Location:City or S/D Jacksonville
Owned By Southern States Utilities Phone 904-743-1668 Reporting Month April 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1114 No of People at End of Month
Design Flow 1.67 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 Holcomb A5091
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	23,250	2480		388.4					54.3	11.9		
Average	775	83		12.9					1.8	0.4		
Maximum:	900	130		24.1					3.5	1.2		
Minimum.	650	60		9.5					1.0	0.2		
1	650	60		11.1					1.3	0.3		
2	650	80		14.8					1.8	0.2		
3	650	130		24.1					1.6	0.3		
4	750	75		11.9					1.3	0.4		
5	750	65		10.3					3.2	0.9		
6	650	80		14.8					1.8	0.6	2RSD	A
7	750	75		11.9					1.3	0.3		
8	650	65		12.0					1.9	0.3		
9	650	90		16.7					2.0	0.3		
10	750	90		14.3					2.3	0.2		
11	750	85		13.5					1.4	0.3		
12	650	80		14.8					1.7	0.5		
13	800	85		12.9					1.2	0.4		
14	800	85		12.9					1.0	0.2		
15	750	70		11.1					1.5	0.5		
16	750	90		14.3					1.7	0.3		
17	800	70		10.6					2.0	0.2		
18	800	75		11.4					1.4	0.2		
19	900	75		10.0					1.6	0.2		
20	850	80		11.2					1.3	0.3		
21	750	60		9.5					1.6	0.2		
22	750	100		15.9					2.5	0.4	3 D	A
23	900	80		10.7					2.5	0.6		
24	800	80		12.1					2.5	0.4		
25	900	80		10.7					2.0	0.3		
26	900	90		12.0					3.5	1.2		
27	800	90		13.6					1.7	0.5		
28	900	85		11.3					1.9	0.3		
29	900	90		12.0					1.2	0.4		
30	900	120		16.0					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 555910.1
Effective 11 1 1988
Meter in shop for calibration Flows estimated by well run times

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 PWS Name Woodmere Location:City or S/D Jacksonville
Owned By Southern States Utilities Phone 904-743-1666 Reporting Month May 1993
Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1115 No of People at End of Month
Design Flow 1.67 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 Holcomb A5091
(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	35,705	2780		296.8					56.1	17.5		
Average	1,152	90		9.6					1.8	0.6		
Maximum	1,600	110		13.3					3.5	2.0		
Minimum	750	65		5.8					0.8	0.2		
1	1,000	80		9.6					2.0	0.4		
2	900	80		10.7					1.0	0.5		
3	1,000	80		9.6					1.6	0.3		
4	1,000	70		8.4					1.3	0.5		
5	750	75		11.9					1.5	0.6		
6	850	85		9.2					1.5	0.8		
7	900	90		12.0					1.0	0.2		
8	1,000	75		9.0					1.2	0.2		
9	1,200	90		9.0					2.6	0.9		
10	1,000	80		9.6					1.8	0.6		
11	1,100	90		9.8					1.3	0.3	2R 3D	All A
12	1,100	80		8.7					1.7	0.4		
13	1,000	80		9.6					1.7	0.4		
14	1,000	90		10.8					2.0	0.6		
15	1,000	100		12.0					3.5	2.0		
16	1,500	90		7.2					2.4	0.8		
17	1,300	85		7.9					0.8	0.2		
18	1,300	110		10.2					2.0	0.6		
19	1,500	90		7.2					1.2	0.3		
20	1,400	100		8.5					2.2	0.6		
21	1,500	85		6.8					2.0	0.5		
22	1,400	100		8.5					3.5	0.6		
23	1,600	110		8.3					1.8	0.9		
24	1,300	100		9.3					1.7	0.5		
25	1,400	110		9.4					1.2	0.3	3D	All A
26	1,300	100		9.3					1.0	0.4		
27	1,342	95		8.8					1.0	0.5		
28	1,263	95		9.0					1.0	0.4		
29	901	100		13.3					3.5	1.0		
30	895	100		13.3					3.5	0.9		
31	1,004	85		10.1					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 17-555[illegible] 2
Effective 11/1/1988
1 thru 28 flows estimated due to meter removed for calibration

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 PWS Name Woodmere Location:City or S/D Jacksonville

Owned By Southern States Utilities Phone 904-743-1868 Reporting Month June 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1115 No of People at End of Month

Design Flow 1.67 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 Holcomb A5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	38,974	3105		306.2					57.1	15.3		
Average	1,299	104		10.2					1.9	0.5		
Maximum	1,981	120		20.4					3.8	1.8		
Minimum	597	90		6.7					1.0	0.2		
1	1,310	90		8.2					1.6	0.3		
2	1,170	100		10.2					1.8	0.4		
3	1,211	90		8.9					1.8	0.3		
4	1,294	90		8.3					2.0	0.2		
5	1,302	90		8.3					2.0	0.3		
6	1,498	110		8.8					1.5	0.5		
7	1,705	100		7.0					1.0	0.2		
8	1,384	100		8.7					1.8	0.4		
9	1,511	110		8.7					1.2	0.3	2R 3D	All A
10	1,566	90		8.9					1.6	0.2		
11	1,897	110		7.0					1.8	0.3		
12	1,062	100		11.3					1.4	0.2		
13	1,849	110		7.1					1.1	0.3		
14	1,185	95		9.6					1.7	0.2		
15	1,100	110		12.0					2.8	1.0		
16	1,497	110		8.8					1.3	0.5		
17	1,360	100		8.8					1.2	0.2		
18	1,327	100		9.0					1.6	0.2		
19	1,414	120		10.2					2.2	0.8		
20	1,704	120		8.4					1.1	0.4		
21	1,981	110		6.7					2.2	0.6		
22	1,300	110		10.1					1.7	0.4		
23	905	110		14.6					3.5	2.2		
24	882	100		13.4					3.5	1.0		
25	884	120		16.1					3.5	1.8		
26	1,101	100		10.9					2.8	0.9		
27	1,038	90		10.4					1.7	0.4		
28	1,080	120		13.3					2.0	0.4		
29	597	100		20.4					2.0	0.3		
30	850	100		14.1					2.0	0.3	3D	All A
31												

This form must be completed 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 2161278 PWS Name Woodmere Location: City or S/D Jacksonville

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month July 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1132 No of People at End of Month

Design Flow 1.67 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 Holcomb A5091

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	33,004	3330		390.2					60.7	14.9		
Average	1064.6	107		12.6					2.0	0.5		
Maximum	1,421	140		22.5					3.5	1.5		
Minimum	693	70		7.6					0.8	0.2		
1	790	80		12.1					2.0	0.3		
2	828	90		13.0					2.2	0.3		
3	1,075	80		8.9					1.6	0.2		
4	1,193	90		9.0					1.0	0.2		
5	721	70		11.6					1.0	0.2		
6	1,140	120		12.6					1.4	0.3		
7	1,221	80		7.6					2.0	0.3		
8	760	90		14.2					2.0	0.2		
9	1,252	120		11.5					0.8	0.3	2R 3D	All A
10	1,221	80		7.9					1.6	0.4		
11	1,220	120		11.8					1.0	0.3		
12	1,265	120		11.4					1.6	0.6		
13	1,102	120		13.1					0.9	0.2		
14	1,231	120		11.7					1.3	0.4		
15	1,159	120		15.0					1.2	0.3		
16	1,414	120		10.2					2.0	0.7		
17	1,367	100		8.8					1.6	0.3		
18	1,279	120		11.2					1.4	0.4		
19	1,133	120		12.7					2.4	0.8	3D	All A
20	960	110		13.7					2.4	1.0		
21	1,023	120		14.1					1.8	0.3		
22	1,074	100		11.2					1.8	0.2		
23	860	110		15.3					2.0	0.3		
24	896	120		16.1					2.0	0.2		
25	908	130		17.2					3.5	0.9		
26	1,115	140		18.5					2.2	0.5		
27	693	130		22.5					3.5	0.9		
28	1,045	100		11.5					3.5	1.5		
29	872	100		13.7					3.0	1.4		
30	887	100		12.1					3.0	0.4		
31	1,200	100		10.0					2.8	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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2161278 PWS Name Woodmere Location: City or S/D Jacksonville
Owned By Southern States Utilities Phone 904-743-1888 Reporting Month August 1993
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 1134 No of People at End of Month
Design Flow 1.67 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 singed by Donald Holcomb A5091
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	32,527	3260		376.6					68.5	17.0		
Average	1,049	105		12.2					2.2	0.5		
Maximum:	1,420	130		16.1					3.5	2.0		
Minimum:	709	70		9.1					0.8	0.2		
1	727	100		16.5					3.2	1.0		
2	1,198	120		12.0					1.4	0.3		
3	1,195	120		12.0					0.8	0.2		
4	1,030	110		12.8					1.3	0.3		
5	1,030	110		12.8					1.4	0.6	2R6D	A
6	1,317	100		9.1					1.7	0.4	3D	A
7	1,116	100		10.7					2.0	0.2		
8	1,252	130		12.5					1.0	0.2		
9	1,420	130		11.0					2.0	0.6		
10	1,170	110		11.3					1.8	0.4		
11	1,352	120		10.6					1.5	0.3		
12	1,200	120		12.0					2.0	0.6		
13	1,092	120		13.2					2.0	0.4		
14	1,000	100		12.0					2.4	1.0		
15	1,242	100		9.7					2.8	1.0		
16	924	100		13.0					2.0	0.4		
17	1,284	100		9.3					2.6	1.0		
18	1,153	120		12.5					2.1	0.5		
19	796	120		18.1					3.2	0.9		
20	846	100		14.2					2.6	0.7		
21	870	100		13.8					2.2	0.5		
22	1,133	100		10.6					1.7	0.5		
23	864	100		13.9					3.5	0.2		
24	958	100		12.5					3.5	0.8	1D	A
25	1,032	120		13.9					3.5	1.2	2R4D	A
26	1,065	120		13.5					3.5	2.0	1R	A
27	842	80		11.4					2.7	0.7		
28	926	80		10.4					2.2	0.4		
29	709	80		13.5					2.4	0.8		
30	930	80		10.3					1.7	0.5		
31	854	70		9.8					1.8	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 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2161276 PWS Name Woodmere Location:City or S/D Jacksonville

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month September 1993

Plant Effluent pH (Avg) 7.2 No of Services at End of Month 1140 No of People at End of Month

Design Flow 1.67 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 Holcomb A5091

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

Days of Month	Total Water Treated in In Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	28,960	2205		282.4					56.2	14.3		
Average	965.3	73.5		9.4					1.9	0.5		
Maximum	1,382	80		13.1					2.6	1.0		
Minimum	640	60		6.0					1.0	0.2		
1	1,134	70		7.4					2.0	0.4		
2	664	70		12.3					1.4	0.6		
3	866	60		8.3					1.4	0.2		
4	1,093	60		6.7					1.6	0.6		
5	1,141	70		7.4					1.8	0.3		
6	1,037	70		8.1					1.6	0.2		
7	1,382	70		6.1					1.4	0.6	2D	A
8	820	60		8.8					2.4	0.2	1R4D	1R=P
9	839	80		11.4					2.0	0.6		
10	782	80		12.3					1.8	0.4		
11	1,106	80		8.7					2.6	0.4		
12	640	70		13.1					2.3	0.6		
13	998	80		9.6					2.0	0.4		
14	1,026	80		9.3					2.2	0.3		
15	975	70		8.6					1.0	0.2	1R	A
16	1,179	80		8.1					2.0	0.4		
17	805	80		11.9					2.0	0.4		
18	992	75		9.1					2.4	0.5		
19	1,000	80		9.6					2.0	0.5		
20	1,036	80		9.3					1.8	0.4		
21	991	80		9.7					2.0	0.6		
22	883	80		10.9					2.4	1.0		
23	812	70		10.3					2.2	0.6		
24	920	60		7.8					2.0	0.3		
25	1,197	80		8.0					1.2	0.2		
26	927	70		9.1					1.0	0.3		
27	1,173	80		8.2					1.4	0.6	3D	A
28	821	80		11.7					2.4	1.0		
29	800	80		12.0					1.9	0.6		
30	901	80		10.6					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 17-555(10)(c)

Effective 11-1-1982

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 216-1276 PWS Na SSU Woodmere Location: City or S Jacksonville

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month October

Plant Effluent gal (avg) 1.0 No of Services at End of Month 1199 No of People at End of Month 3887

Design Flow 1.67 MGD Remarks (See Reverse Side)

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

Donald Baldwin A 5051, Brenan Ward A 6415, Dan Chiron C 6976.

I certify this report is correct Brenan Ward A6415

(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	24,599,000	3130		389.7					67.9	17.8		
Average:	793,516	101		12.6					2.2	0.6		
Maximum:	1,317,000	140		18.6					3.5	1.6		
Minimum:	560,000	60		7.7					1.2	0.2		
1	902,000	80		10.6					1.2	0.3		
2	1,084,000	80		8.8					1.6	0.2		
3	1,003,000	80		9.6					1.4	0.3		
4	1,067,000	80		9.0					1.2	0.3		
5	1,130,000	96		10.2					2.2	0.6		
6	1,317,000	112		10.2					2.0	0.3		
7	635,000	96		18.1					3.5	1.0		
8	653,000	56		17.6					2.4	0.4		
9	754,000	96		15.3					3.5	0.6		
10	620,000	96		18.6					3.5	1.6		
11	840,000	88		12.6					1.5	0.4		
12	775,000	72		11.1					1.7	0.5		
13	782,000	64		9.8					1.7	0.3		
14	900,000	64		8.5					1.3	0.6		
15	769,000	80		12.5					2.3	0.4		
16	570,000	46		10.1					2.6	0.3		
17	747,000	88		14.1					2.2	0.5		
18	821,000	88		12.9					1.4	0.3		
19	695,000	80		13.8					3.2	1.6		
20	669,000	64		11.5					3.0	1.6		
21	765,000	80		12.5					1.6	0.5		
22	752,000	48		7.7					1.7	0.2		
23	830,000	96		13.9					2.4	0.4		
24	625,000	56		10.7					1.2	0.2		
25	760,000	80		12.6					3.3	0.9		
26	698,000	80		13.7					2.6	0.6		
27	765,000	80		12.5					2.4	1.0		
28	560,000	80		17.1					2.4	1.0		
29	788,000	80		12.2					2.8	0.4		
30	612,000	80		15.7					2.6	0.3		
31	711,000	96		16.2					1.5	0.2		

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

DEP Form 17-555[illegible]

Effective: 11/17/1994

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2161276 PWS Name Woodmere Location: City or S/D Jacksonville

Owned By Southern States Utilities Phone 904-743-1666 Reporting Month November 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 143 No of People at End of Month 4000

Design Flow 1.67 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 Brenen Ward A 8415 Dan Chesse C 8975

I certify this report is correct Donald Holcomb A 5091

(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	21,555,000	2264		351.1					73.4	42.8		
Average	718500.0	75.5		12.7					2.4	1.4		
Maximum	883 000	112		18.3					3.5	16.0		
Minimum	658.000	56		8.5					1.2	0.3		
1	743,000	96		15.5					1.3	0.3		
2	850.000	84		11.8					3.0	1.4		
3	687,000	64		11.2					3.5	1.8		
4	802 000	64		12.7					3.2	2.2		
5	737 000	64		10.4					2.6	0.6		
6	556.000	80		17.2					2.8	1.0	3D 2R	
7	764.000	112		17.9					3.5	1.8		
8	695.000	72		12.4					1.8	0.9		
9	756.000	72		11.4					1.3	0.5		
10	894.000	64		11.1					2.0	1.0		
11	582.000	72		14.8					3.5	1.2		
12	796.000	56		8.5					3.0	1.0		
13	723.000	56		9.3					2.5	0.8		
14	850.000	84		11.8					2.4	0.6		
15	704.000	88		15.0					1.2	0.3		
16	734.000	64		10.5					1.5	0.6		
17	750.000	80		12.8					2.4	1.0		
18	708.000	80		13.6					1.8	0.6		
19	742.000	80		12.9					1.6	0.4		
20	805.000	80		11.9					2.1	0.6		
21	630.000	96		18.3					1.5	0.3		
22	893.000	80		10.7					1.2	0.3		
23	783.000	64		9.8					2.4	1.0	3D	
24	762.000	80		12.6					2.5	0.6		
25	825.000	80		11.6					3.2	1.4		
26	890.000	84		11.1					3.2	1.2		
27	860.000	84		11.6					3.8	2.0		
28	849.000	80		14.8					2.8	16.0		
29	743.000	104		16.6					3.2	1.0		
30	860.000	80		11.2					3.0	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 17-555(10)(c)

Effective 11/1/88

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No 2161278 PWS Name Woodmere Location: City or S/D Jacksonville

Owned By Southern States Utilities Phone 904-743-1888 Reporting Month December 1993

Plant Effluent pH (Avg) 7.1 No of Services at End of Month 1145 No of People at End of Month 4006

Design Flow 1.67 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 A 5091 Brenan M. Ward A 8415 Dan Chesse C 8976

I certify this report is correct Donald R. Holcomb A 5091

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

Days of Month	Total Water Treated in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	22,163,000	2258		389.7					78.1	27.0		
Average	715,581	73		12.6					2.5	0.9		
Maximum	982,000	96		21.4					3.5	2.0		
Minimum	448,000	48		6.1					1.2	0.2		
1	580,000	72		14.9					3.5	1.5		
2	673,000	80		14.3					3.5	1.8		
3	822,000	80		15.4					3.9	2.0		
4	834,000	56		10.6					2.8	0.9		
5	825,000	72		10.5					3.2	1.8		
6	867,000	96		13.3					3.5	1.8	5	
7	709,000	64		10.8					2.9	0.9		
8	763,000	48		7.5					2.2	0.3		
9	730,000	80		13.1					1.6	0.4		
10	761,000	80		12.6					2.2	0.6		
11	951,000	48		6.1					1.4	0.2		
12	540,000	80		17.8					2.2	0.8		
13	713,000	96		16.1					1.2	0.3		
14	708,000	64		10.8					2.0	0.5		
15	836,000	72		10.3					2.4	0.3		
16	572,000	64		13.4					3.5	1.0		
17	676,000	72		12.8					3.0	0.8		
18	731,000	80		13.1					2.5	0.8		
19	982,000	64		7.8					1.2	0.3		
20	701,000	72		12.3					2.5	0.8		
21	758,000	80		12.7					2.6	1.0		
22	551,000	64		13.9					2.4	0.6		
23	691,000	64		11.1					2.0	0.4		
24	683,000	96		16.9					2.4	0.6		
25	448,000	80		21.4					2.6	1.0		
26	908,000	80		10.6					3.5	1.6		
27	747,000	80		12.8					2.5	0.6		
28	704,000	80		13.6					2.4	1.0		
29	809,000	64		12.6					2.6	1.0	3	
30	704,000	72		12.3					2.0	0.6		
31	806,000	56		8.3					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 17-555(1)(c)

(Revised 1/1/93)

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 PWS Name Westons Location:City or S/D Georgetown

Owned By Southern States Utilities Phone: 904-849-8673 Reporting Month January 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Mon 28 No of People at End of Month 70

Design Flow .060 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) 0578 (Cert. No)

Days of 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	64,700	10.89		433							7	
Average:	2,087	0.34		14					2.9	1.4		
Maximum:	2,970	1.43		35					3.5	3.5		
Minimum:	1,420	0.13		7					0.2	0.2		
1												
2												
3	5,940	1.04		21					1.3	0.2		
4	2,140	0.13		7					3.5	3.5		
5	1,580	0.39		28					3.5	3.5		
6	1,810	0.39		29					3.5	3.5	3	WELL, DIST 2 TNT
7	2,220	0.65		35					3.5	3.5		
8												
9									0.2	0.2		
10	6,640	0.39		7					3.0	1.5		
11	1,560	0.39		30					1.5	0.5		
12	2,320	0.39		20					0.7	0.3		
13	1,700	0.13		9					2.5	1.5		
14												
15	4,480	0.91		24					2.9	1.0		
16												
17												
18	6,990	1.04		18					2.5	0.9	2	DIST 2 A, WELL P
19	1,990	0.39		24					2.0	0.5		
20	1,420	0.26		22					2.2	1.0		
21	1,520	0.26		17					2.0	1.0		
22	2,970	0.26		11					3.2	1.5		
23												
24	4,990	0.91		22					2.0	1.0	1	WELL A
25	1,790	0.13		9					1.5	0.5	1	WELL A
26	1,950	0.52		32					3.0	1.5		
27	1,830	0.26		17					2.7	1.1		
28	2,660	0.52		23					1.9	0.5		
29												
30												
31	6,050	1.30		26					3.0	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 17-555010(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 PWS Name Wootens Location:City or S/D Georgetown
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 .080 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	61,730	9.90		396					54.8	23.9	6	
Average:	2,205	0.35		20					2.7	1.2		
Maximum:	3,140	0.52		39					3.5	1.8		
Minimum:	1,190	0.13		8					0.2	0.2		
1	1,790	0.26		17					2.0	1.0		
2	2,140	0.39		22					1.6	0.8		
3	1,870	0.39		25					3.0	1.2		
4												
5	5,380	0.91		20					3.5	1.5		
6												
7	4,180	0.65		19					3.5	1.5	3	DIST 2 P
8	2,560	0.52		24					3.5	1.5		
9	2,200	0.26		14					3.5	1.5		
10	1,830	0.26		17					3.5	1.8		
11	3,140	0.52		20					3.0	1.5		
12												
13												
14	6,510	0.52		10					0.2	0.2		
15	1,190	0.39		39					0.4	0.2		
16	2,070	0.13		8					1.3	0.3		
17	1,630	0.13		10					1.8	0.4		
18												
19	4,530	0.78		21					3.5	1.5		
20												
21	3,990	0.65		20					3.5	1.5		
22	1,440	0.26		22					3.0	1.7	3	ALL A
23	2,580	0.52		24					3.5	1.8		
24	2,360	0.26		13					3.5	1.0		
25	2,220	0.52		28					3.5	1.5		
26												
27												
28	8,140	1.56		23					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 record.

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 PWS Name Westene Location:City or S/D Georgetown
Owned By Southern States Utilities Phone Number: 904-648-8873 Reporting Month March 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 28 No of People at End of Month 70
Design Flow .060 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-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	90,700	15.90		479					59.7	25.6	8	
Average	2,926	0.51		21					2.6	1.1		
Maximum:	5,840	1.56		43					3.5	1.8		
Minimum:	2,150	0.13		4					0.2	0.2		
1	2,280	0.26		14					1.5	1.0		
2												
3	4,240	0.65		18					3.5	1.7		
4	2,710	0.91		40					3.5	1.5		
5	2,600	0.52		22					3.6	1.6		
6												
7	4,960	0.65		16					3.5	1.5		
8	3,170	0.39		15					3.6	1.7		
9	2,900	0.65		27					2.3	1.0	3	ALL A
10	2,860	0.52		22					2.5	1.1		
11	2,360	0.26		13					0.8	0.3		
12												
13												
14	6,000	1.69		23					2.9	1.1		
15	2,410	0.13		6					3.5	1.8		
16	2,180	0.76		43					2.5	0.9		
17	2,690	0.26		11					2.0	0.7		
18	3,010	0.52		21					2.5	0.9		
19												
20												
21	5,640	1.30		18					2.0	0.5		
22	5,840	1.56		32					2.0	0.7		
23	3,130	0.52		20					0.2	0.2		
24	2,970	0.65		28					0.5	0.4	5	ALL A
25	3,890	0.13		4					3.0	1.0		
26												
27												
28	10,160	2.09		28					3.5	1.5		
29	3,250	0.52		19					3.5	1.5		
30	2,630	0.52		24					3.5	1.5		
31	2,380	0.39		20					3.5	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. 2541280 PWS Name Wootens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone Number: 904-649-8573 Reporting Month April 1994
Plant Effluent pH (Avg) 8.0 No of Services at End of Month 28 No of People at End of Month 70
Design Flow .060 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.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	103,060	19.68		523					59.7	25.0	9	
Average:	3,435	0.66		24					2.7	1.1		
Maximum:	5,930	0.91		52					3.5	2.0		
Minimum:	1,810	0.13		5					0.2	0.2		
1	2,280	0.39		21					3.5	1.5		
2												
3												
4	10,900	2.06		23					3.5	1.5		
5	4,480	0.65		18					3.5	1.6	3	ALL A
6	3,620	0.78		26					3.5	1.8		
7	3,600	0.52		17					3.5	1.4		
8	1,980	0.65		39					3.5	1.8		
9												
10												
11	15,410	3.65		28					3.5	1.6		
12	2,460	0.39		19					2.7	0.4		
13	3,680	0.39		13					2.8	1.0		
14	3,560	0.91		31					3.0	1.1		
15	2,260	0.52		28					3.0	1.4		
16												
17												
18	13,710	2.09		18					2.7	1.0		
19	2,780	0.78		34					2.6	0.9		
20	3,000	0.65		26					3.5	2.0		
21	3,530	0.78		24					3.5	1.8		
22	1,810	0.78		52					3.5	2.0		
23												
24												
25	5,910	1.56		32					1.5	0.4		
26	5,930	0.26		5					0.2	0.2		
27	2,230	0.13		7					0.2	0.2		
28	2,320	0.39		20					1.0	0.2		
29	4,380	0.78		21					1.5	0.2		
30	2,950	0.52		21					3.5	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. 3641280 PWS Name Western Location:City or S/D Georgetown

Owned By Southern States Utilities Phone Number: 904-940-6978 Reporting Month May 1994

Plant Effluent pH (Avg) 7.8 No of Services at End of Month 88 No of People at End of Month 70

Design Flow .060 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. [illegible] C-7351

(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.) basin/wash frequency main line breaks meter calibrations)
Monthly Total	154,750	29.87		495					84.2	29.7	3	
Average	4,992	0.97		23					2.5	1.4		
Maximum:	8,120	1.86		37					3.5	3.0		
Minimum:	1,830	0.26		12					0.2	0.2		
1												
2	13,540	2.61		23					2.5	0.5		
3	6,880	1.30		28					2.8	0.8		
4	4,850	0.52		13					3.0	1.0	3	ALL A
5	8,720	1.04		16					0.2	0.2		
6	7,430	0.91		15					3.5	2.0		
7												
8												
9	23,410	4.30		22					3.5	2.2		
10	4,840	1.43		37					3.5	2.0		
11	3,130	0.38		15					3.5	2.3		
12	4,770	1.43		36					3.5	2.0		
13	3,820	0.39		12					2.5	1.8		
14												
15												
16	11,720	2.61		27					1.4	0.8		
17	3,880	0.52		16					0.4	0.2		
18	1,830	0.26		17					0.2	0.2		
19	8,630	1.56		33					3.3	1.8		
20	1,870	0.26		17					1.0	0.4		
21												
22												
23	9,250	2.35		30					1.0	0.3		
24	8,120	1.30		18					3.8	3.0		
25	5,210	1.30		30					1.0	0.3		
26	5,320	0.78		15					3.5	1.9		
27	2,650	0.52		24					3.5	2.0		
28												
29												
30	17,370	3.65		25					3.5	2.4		
31	3,730	0.52		23					3.5	2.2		

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 17-555610(2)
Effective 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 PWS Name Wootens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone Number: 904-549-8673 Reporting Month June 1994
Plant Effluent pH (Avg) 7.2 No of Services at End of Month 28 No of People at End of Month 70
Design Flow .080 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 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	65,260	14.20		780					67.0	36.3	3	
Average:	2,176	0.47		26					3.0	1.7		
Maximum:	14,100								3.5	2.5		
Minimum:	1,060								0.2	0.2		
1	2,340	1.04		53					3.5	2.0		
2	3,000	1.56		63					3.5	1.8		
3	2,030	0.52		31					3.5	2.0		
4												
5												
6	6,280	1.17		17					3.5	2.5		
7	1,570	0.39		30					3.5	1.0		
8	1,060	0.39		44					3.5	2.0	3	
9	1,890	0.65		41					3.0	1.5		
10	990	0.39		47					2.5	1.5		
11												
12												
13	6,030	1.69		34					3.5	2.3		
14	3,330	0.26		9					3.0	1.0		
15	1,100	0.52		57					2.5	0.8		
16	2,880	0.13		6					0.2	0.2		
17	1,410	0.26		22					3.0	2.0		
18												
19												
20	8,780	-1.69		-23					3.0	2.0		
21	2,080	0.91		53					3.3	2.1		
22	1,570	0.13		10					3.5	2.0		
23	1,530	0.26		20					3.5	2.5		
24	2,710	0.52		23					3.5	2.0		
25												
26												
27	7,730	1.69		26					3.0	2.0		
28	1,970	2.74		167					2.7	1.9		
29	1,470	0.39		32					2.5	1.0		
30	1,740	0.26		18					3.0	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. 2541250 PWS Name Wootens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone Number: 904-648-8873 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 .080 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) A 6415 (Cert. No)

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	72,700	6.76		156					62.2	23.6	3	
Average:	2,345	0.22		5					2.8	1.1		
Maximum:									3.5	2.2		
Minimum:									1.0	0.2		
1	2,570	-9.90		-462					3.5	2.2		
2												
3												
4	11,320	2.09		22					3.5	2.0		
5	1,910	0.65		41					3.5	1.5		
6	1,520	0.13		10					3.5	1.5		
7	2,780	0.78		34					2.5	1.0	3	
8	1,500	0.52		42					1.7	1.0		
9												
10												
11	7,270	1.82		30					2.8	1.0		
12	1,750	0.13		9					1.0	0.2		
13	2,460	0.65		32					2.5	1.0		
14	2,250	0.52		28					1.2	0.2		
15	1,560	0.39		30					2.8	0.7		
16												
17												
18	9,450	2.48		31					3.5	2.0		
19	3,920	0.91		30					3.5	1.5		
20	3,150	0.91		35					3.0	1.2		
21	1,680	0.52		37					3.5	1.5		
22	1,870	0.52		33					3.5	1.2		
23												
24												
25	5,140	1.04		24					3.0	0.5		
26	1,380	0.26		23					3.0	0.9		
27	1,400	0.26		22					2.5	1.0		
28	2,290	0.52		28					3.0	0.2		
29	1,180	0.52		53					2.0	0.2		
30												
31	4,940	1.04		27					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. 2541280 PWS Name Wootens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone Number: 904-648-8673 Reporting Month August 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 28 No of People at End of Month 70
Design Flow .060 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	61,820	14.46		850					30.9	7.7	3	
Average:	1,994	0.47		28					1.3	0.3		
Maximum:	2,650	0.78		51					2.5	0.8		
Minimum:	1,310	0.26		13					0.4	0.2		
1	1,900	0.26		16					0.4	0.2		
2	1,930	0.78		49					1.5	0.4		
3	1,440	0.52		43					1.0	0.2		
4	2,330	0.52		27					1.0	0.2		
5	2,220	0.52		28					1.0	0.2		
6												
7												
8	6,510	1.56		29					1.4	0.4		
9	1,310	0.26		24					1.0	0.3	3	ALL A
10	2,420	0.26		13					1.4	0.8		
11	1,820	0.26		17					1.8	0.8		
12	1,760	0.39		27					1.5	0.3		
13												
14												
15	8,320	2.09		30					2.2	0.4		
16	2,060	0.26		15					1.7	0.2		
17	1,880	0.52		37					2.5	0.5		
18	2,850	0.39		16					1.1	0.2		
19	2,220	0.39		21					2.0	0.4		
20												
21												
22	4,760	1.17		30					1.5	0.4		
23	1,720	0.65		45					1.5	0.4		
24	1,720	0.65		45					1.0	0.2		
25	2,470	0.26		13					1.0	0.2		
26	1,520	0.65		51					1.8	0.4		
27												
28												
29	5,740	1.56		33					1.0	0.2		
30	1,410	0.26		22					1.0	0.2		
31	1,700	0.26		15					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. 2541280 PWS Name Wootens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone Number: 904-849-8873 Reporting Month September 1994
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 28 No of People at End of Month 70
Design Flow .080 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	63,530	14.46		807					37.8	12.0	7	
Average:	2,118	0.48		28					1.7	0.5		
Maximum:	3,470	1.04		84					3.5	1.5		
Minimum:	1,130	0.13		14					0.2	0.2		
1	1,740	0.26		18					1.0	0.2		
2	2,030	0.26		15					0.4	0.2		
3												
4												
5	8,080	2.06		31					0.4	0.2		
6	1,850	0.39		25					0.6	0.2		
7	1,840	0.39		25					0.6	0.2		
8	3,430	0.78		27					1.0	0.2		
9	1,780	0.26		16					1.0	0.2		
10												
11												
12	7,610	1.82		29					1.0	0.2		
13	1,240	0.39		38					2.2	0.6	3	ALL A
14	2,320	1.04		54					3.5	1.5	2	ALL A
15	3,470	0.78		27					3.5	1.5	2	ALL A
16	2,570	0.39		18					0.2	0.2		
17												
18												
19	7,040	1.95		33					2.7	0.7		
20	2,050	0.26		15					3.0	0.9		
21	1,140	0.13		14					3.0	1.0		
22	1,800	0.52		35					2.5	0.7		
23	1,130	0.26		28					2.0	0.8		
24												
25												
26	6,340	0.78		15					2.2	0.8		
27	1,370	0.26		23					1.5	0.4		
28	1,230	0.65		64					2.0	0.5		
29	2,020	0.39		23					2.0	0.8		
30	1,440	0.39		33					1.8	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. 2541280 PWS Name Wootens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone Number: 904-648-8673 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 .050 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	69,050	15.64		828					84.0	22.3	3	
Average:	2,227	0.50		20					2.5	1.1		
Maximum:	6,480	2.09							3.5	3.5		
Minimum:	980	0.13								0.2		
1												
2												
3	5,510	2.09		45					1.7	0.4		
4	1,180	0.65		67					1.5	0.4		
5	1,800	0.13		8					1.5	0.5	3	
6	2,630	0.13		6					1.2	0.4		
7	980	0.65		80					1.4	0.5		
8												
9												
10	4,560	1.04		27					1.2	0.3		
11	2,780	0.52		23					1.5	0.4		
12	2,590	0.52		24					1.0	0.2		
13	1,770	0.52		35					1.0	0.2		
14	2,540	1.04		49					3.5	1.0		
15												
16												
17	6,260	1.17		22					3.5	3.5		
18	2,710	0.65		29					3.5	1.0		
19	3,160	0.65		25					3.5	1.0		
20	1,290	0.39		36					3.5	1.0		
21	2,580	0.52		24					3.5	1.5		
22												
23												
24	6,670	1.30		23					3.5	2.0		
25	1,940	0.52		32					3.5	2.5		
26	2,080								3.5	1.0		
27	2,310	0.52		27					3.5	1.5		
28	4,370	0.52		15					3.5	1.5		
29												
30												
31	9,480	2.09		26					3.5	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 11/1/1985

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 PWS Name Wootens Location: City or S/D Georgetown

Owned By Southern States Utilities Phone Number: 904-949-6673 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 .060 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-7221

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

Days of Month	Total Water Treated in in Gallons	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e.) backwash frequency main line breaks meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	138,400	20.46		653					69.0	17.0	3	
Average:	4,547	0.66		22					2.7	0.6		
Maximum:	62,560								3.5	1.5		
Minimum:	1,210								0.6	0.2		
1	1,940	0.52		32					3.5	1.0		
2	2,270	0.39		21					2.5	0.3		
3	4,960	1.04		25					3.0	1.0		
4	5,940	1.04		21					3.0	0.4		
5												
6												
7	11,770	2.61		27					2.5	0.4		
8	2,790	0.52		22					2.0	0.3	3	
9	2,750	0.52		23					1.5	0.3		
10	2,060	0.52		30					3.0	0.8		
11	1,800	0.52		35					3.0	0.8		
12												
13												
14	5,240	1.04		24					0.6	0.2		
15	2,640	0.52		24					1.0	0.2		
16	1,350	0.52		46					3.0	0.5		
17	2,620	1.56		72					3.5	1.0		
18	62,560	2.61		5					3.5	1.0		
19												
20												
21	5,130	1.04		24					3.5	1.5		
22	2,260	0.52		28					3.5	1.2		
23	2,720	0.78		34					3.5	1.0		
24	2,000	0.78		47					2.4	1.0		
25	2,740	0.78		34					2.8	1.2		
26												
27												
28	6,710	1.82		33					2.4	1.0		
29	2,910	0.52		21					2.8	1.2		
30	1,210	0.26		26					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 11/1/1986

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 PWS Name Wootens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone Number: 904-648-8673 Reporting Month December 1994
Plant Effluent pH (Avg) 8.9 No of Services at End of Month ____ No of People at End of Month ____
Design Flow .080 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 B. A. 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	58,560	14.86		780					70.0	25.9	3	
Average:	1,825	0.48		25					3.2	1.2		
Maximum:	5,630								3.5	2.0		
Minimum:	1,110								1.1	0.2		
1									2.5	0.5	3	
2	1,110	0.52		56					2.4	0.6		
3												
4												
5	5,810	2.09		45					3.5	1.0		
6	1,200								3.5	1.3		
7	1,250	1.04		100					3.5	1.5		
8	1,460	0.52		42					3.5	1.7		
9	1,240	0.36		25					3.5	1.5		
10												
11												
12	5,630	1.56		33					3.5	1.7		
13	1,290	0.39		36					3.5	1.5		
14	1,210	0.35		38					3.5	1.4		
15	2,130	0.26		15					3.0	1.2		
16	1,390	0.26		22					3.0	1.0		
17												
18												
19	5,720	0.78		14					3.0	1.0		
20	2,080	0.26		15					3.0	1.0		
21	730	0.26		43					3.0	1.0		
22	1,710	0.65		46					3.5	1.4		
23	2,670	0.91		43					3.5	1.2		
24												
25												
26	7,930	1.69		26					3.5	1.1		
27	2,120	0.52		29					3.5	1.0		
28	1,760	0.65		44					3.5	1.2		
29	3,120	0.52		20					1.1	0.2		
30	1,220	0.52		81					3.5	2.0		
31	3,050	0.91		36								

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

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

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2841280 PWS Name Wootens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone: 904-849-8673 Reporting Month January 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Mon 21 No of People at End of Month
Design Flow .060 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 C6521
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	125.5		23.41	430					65.0	21.1	3	All OK
Average:	4.0		1.06	20					2.9	1.0	3	
Maximum:	6.6		3.29	39					3.5	1.4	3	
Minimum:	1.9		0.31	8					0.5	0.2	3	
1	3.6		0.78	22					3.5	1.0		
2												
3												
4	7.2		1.56	22					3.5	1.2		
5	2.1		0.47	22					3.5	1.2		
6	1.9		0.31	16					3.5	0.8	3	All OK
7	2.3		0.31	14					3.5	1.0		
8	3.4		0.62	20					3.5	0.5		
9												
10												
11	19.9		3.29	17					2.8	1.0		
12	6.0		1.72	29					2.8	1.0		
13	4.3		0.94	22					3.5	1.0		
14	3.8		0.62	16					3.5	1.0		
15	4.0		0.94	23					3.5	1.2		
16												
17												
18	11.5		1.25	10					2.8	1.2		
19	4.8		1.87	39					3.5	1.0		
20	4.1		0.78	19					3.5	1.2		
21	3.9		0.94	24					3.5	1.2		
22	4.4		1.09	25					3.5	1.4		
23	4.1		0.31	8					3.5	1.4		
24												
25	8.2		1.56	19					0.5	0.2		
26												
27	7.8		1.09	15					1.8	0.5		
28	4.9		0.78	16					1.8	0.5		
29	5.7		0.94	18					1.8	0.7		
30												
31	7.6		1.25	16					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. 2541260 PWS Name Wootens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month February 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Mon 21 No of People at End of Month
Design Flow .060 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
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 breake meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	104.7		16.39	416.0					50.6	24.5	7	All OK
Average:	3.7		0.92	20.0					2.4	1.2	7	
Maximum:	5.3		2.19	36.0					3.5	2.5	7	
Minimum:	2.3		0.16	1.0					0.2	0.2	7	
1	3.5		0.47	1.0					0.2	0.2		
2	5.1		0.76	15.0					2.5	1.0		
3	4.0		0.76	19.0					3.5	1.5		
4	4.1		0.62	15.0					3.0	1.5		
5	4.7		0.94	20.0					3.5	2.5		
6												
7												
8	12.2		1.66	15.0					3.5	1.0		
9	5.3		0.76	15.0					3.5	2.0		
10	3.5		0.62	15.0					3.5	1.5	3	All OK
11	3.9		0.78	20.0					3.5	2.0		
12	3.8		0.32	10.0					3.5	1.5		
13												
14												
15	12.6		1.87	14.0					1.7	1.0		
16	4.6		0.82	14.0					2.0	1.4		
17	3.7		0.31	8.0					2.4	1.2		
18	2.3		0.62	27.0					1.0	0.2		
19	3.2		0.92	19.0					2.2	1.2		
20												
21												
22	10.5		2.19	21.0					2.2	1.2		
23	2.6		1.87	71.0					0.4	0.2	2	All OK
24	3.4		1.35	36.0					1.1	0.5	2	All OK
25	2.7		0.16	6.0					1.4	0.6		
26	3.5		1.09	31.0					2.5	1.5		
27												
28	5.3		0.79	15.0					2.5	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 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2641250 PWS Name Westerra Location:City or S/D Georgetown

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 Mon 21 No of People at End of Month

Design Flow .060 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 Sou C-8521

I certify this report is correct Original signed by Michael J. Sou C-8521

(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 frequen main line breaks meter calibrations)
Monthly Total	75.3		13.74	417					32.4	13.8	3	All OK
Average:	2.4		0.80	18					1.4	0.6	3	
Maximum:	4.1		2.81	45					3.5	2.0	3	
Minimum:	1.3		0.16	6					0.4	0.2	3	
1	3.0		0.47	18					2.5	0.4		
2	2.2		0.16	7					0.4	0.3		
3	2.7		0.78	28					0.6	0.2		
4	2.4		0.47	21					0.6	0.2		
5	3.0		0.47	18					0.5	0.2		
6												
7												
8	7.1		1.09	15					1.0	0.3		
9	1.4		0.16	11					0.6	0.4		
10	2.8		0.47	16					3.0	2.0	3	All OK
11	2.8		0.31	11					1.4	0.6		
12	1.8		0.16	9					0.6	0.6		
13												
14												
15	12.3		2.81	23					3.5	1.0		
16	2.5		0.16	6					1.5	1.0		
17	2.1		0.62	30					1.3	0.6		
18	1.8		0.31	20					1.4	1.0		
19	2.0		0.94	48					1.2	0.6		
20												
21												
22	6.3		1.25	20					1.1	0.5		
23	1.6		0.31	19					1.0	0.4		
24	1.3		0.31	24					1.3	0.5		
25												
26	4.5		0.62	14					1.0	0.3		
27	1.5		0.31	22					2.0	0.5		
28												
29	4.7		0.94	20					2.0	0.5		
30	3.1		0.31	10					1.8	0.5		
31	2.2		0.31	14					1.7	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. 2541260 PWS Name Wootens Location:City or S/D Georgetown

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

Plant Effluent pH (Avg) 9.2 No of Services at End of Mon 23 No of People at End of Month

Design Flow .060 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 C7281

I certify this report is correct Original signed by Paul Thompson

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

Days of 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	101		16.86	821					62.1	14.9	3	
Average:	3		0.84	22					2.2	0.62		
Maximum:	9		2.48	53					3.5	1.8		
Minimum:	1		0.13	7					0.4	0.2		
1	2		1.08	53					3.5	1.5		
2												
3	4		0.92	14					2.3	1.0		
4												
5	9		1.90	21					2.4	1.0		
6	1		0.03	11					1.5	0.8		
7	2		0.39	22					1.1	0.8		
8	3		0.66	22					1.0	0.4		
9	1		0.52	40					3.5	0.8		
10												
11												
12	9		0.92	7					3.5	1.0		
13	7		0.52	9					0.8	0.4		
14	8		1.43	20					2.8	1.0	3	O
15	7		0.39	7					1.3	0.2		
16	3		0.38	17					1.0	0.2		
17												
18												
19	8		1.43	20					0.4	0.2		
20	3		0.78	34					0.9	0.2		
21	3		0.28	11					1.5	0.2		
22	3		0.78	33					2.0	0.3		
23	3		0.52	22					2.0	0.3		
24	3		0.52	19					2.4	0.4		
25	9		2.28	31					3.0	1.0		
26	3		0.68	26					3.2	1.0		
27	2		0.39	26					3.0	0.9		
28	3		0.62	25					3.0	1.0		
29	2		0.13	8					3.0	0.4		
30	3		0.52	23					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 record

DER Form 17-555810(2)

Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 PWS Name Wootens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone: 904-649-8673 Reporting Month May 1993
Plant Effluent pH (Avg) 8.1 No of Services at End of Mon 29 No of People at End of Month
Design Flow .060 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 Sou C-8521
I certify this report is correct Original signed by Michael J. Sou C-8521
(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 frequen main line breaks meter calibrations)
Monthly Total	96.8		20.46	524					84.7	14.4	3	All OK
Average:	3.1		0.97	25					2.8	0.7	3	
Maximum:	6.5		3.90	40					3.5	1.5	3	
Minimum:	1.8		0.26	15					0.8	0.2	3	
1												
2												
3	17.0		3.90	26					3.5	0.8		
4	2.5		0.82	25					3.5	1.0		
5	3.2		0.91	34					3.5	0.8		
6	2.0		0.39	24					3.5	1.0		
7	3.2		0.52	19					3.5	1.5		
8												
9												
10	9.6		1.83	23					3.5	1.0		
11	2.0		0.53	33					3.5	0.7		
12	2.1		0.26	15					3.0	0.7		
13	2.4		0.52	26					3.5	0.5	3	All OK
14	2.0		0.52	31					3.0	0.9		
15												
16												
17	10.7		1.56	17					3.2	0.7		
18	2.4		0.52	26					3.0	0.6		
19	1.6		0.52	40					0.8	0.4		
20	4.0		0.84	24					1.8	0.6		
21	2.6		0.52	24					2.0	0.8		
22												
23												
24	13.1		2.81	22					3.0	1.5		
25	2.2		0.47	21					0.8	0.2		
26	3.0		0.94	31					1.0	0.2		
27	1.7		0.31	19					2.0	0.2		
28	2.8		0.62	23					2.2	0.8		
29												
30												
31	6.7		1.25	19					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 17-555810(2)
Effective 11/1/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541260 PWS Name Westana Location:City or S/D Georgetown
Owned By Southern States Utilities Phone: 904-649-8873 Reporting Month June 1993
Plant Effluent pH (Avg) 7.5 No of Services at End of Month No of People at End of Month
Design Flow .050 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) 6321-B (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 frequen main line breaks meter calibrations)
Monthly Total	78,640		14.26	512.4								
Average:	2,621		0.50	17.1					1.6	0.5		
Maximum:												
Minimum:												
1	1,750		0.13	8.9					0.9	0.2		
2	2,420		0.57	25.8					3.0	1.0		
3	1,810		0.34	19.4					1.0	0.3		
4	1,890		0.38	24.8					1.7	0.5		
5												
6												
7	7,970		0.91	13.7					3.0	1.0	3	
8	3,580		0.75	25.2					1.0	0.2		
9	1,750		0.25	17.9					3.0	1.0		
10	1,890		0.24	19.7					1.5	0.4		
11	4,370		1.04	28.6					1.1	0.2		
12												
13												
14	8,230		1.17	17.1					1.0	0.2		
15	1,670		0.36	28.1					0.4	0.2		
16	2,650		0.52	23.8					0.2	0.2		
17	3,090		0.78	30.3					3.5	1.5		
18	1,990		0.39	23.6					0.6	0.2		
19												
20												
21	8,940		1.62	24.5					2.7	1.0		
22	2,390		0.39	19.6					1.5	0.5		
23	3,760		0.78	24.9					1.7	0.5		
24	3,000		0.52	20.8					1.5	0.5		
25												
26	6,400		1.30	24.4					3.2	1.0		
27												
28	6,580		1.04	22.4					3.0	1.0		
29	1,690		0.38	27.7					2.0	0.5		
30	2,320		0.78	40.4					1.1	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 17-555(10)(2)
Effective 11/1/1995

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541250 PWS Name Westens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone: 904-649-8873 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 .060 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 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 frequen main line breaks meter calibrations)
					lbs used	mg/l	lbs used	mg/l				
Monthly Total	69,580		18.77	627							3	
Average:	2,245		0.61	20					1.7	0.4		
Maximum:	5,700		1.43	44					3.0	1.0		
Minimum:	1,120		0.13	9					1.0	0.2		
1	1,640		0.13	10					1.4	0.3		
2	2,950		0.91	37					1.3	0.3		
3												
4												
5	9,790		1.82	22					1.4	0.3		
6	1,450		0.13	11					1.5	0.4		
7	1,690		0.53	37					1.0	0.2		
8	2,900		0.65	27					1.5	0.4		
9	2,720		0.53	23					2.0	0.5		
10												
11												
12	6,500		1.56	29					1.4	0.3		
13	1,240		0.13	13					1.4	0.3	3	
14	1,590		0.52	39					3.0	1.0		
15	1,650		0.13	9					2.0	0.7		
16	1,700		0.52	37					1.0	0.4		
17												
18												
19	6,640		1.56	28					1.5	0.4		
20	1,940		0.53	32					2.5	0.7		
21	1,890		0.52	33					1.3	0.4		
22	5,700		1.43	30					1.8	0.5		
23	1,710		0.39	27					1.6	0.5		
24												
25												
26	6,740		1.30	23					1.5	0.4		
27	1,420		0.52	44					1.5	0.4		
28	1,320		0.26	24					2.0	0.6		
29	1,120		0.26	28					1.0	0.2		
30	2,140		0.52	29					1.8	0.5		
31	3,240		0.91	34					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 17-555(10)(2)
Effective 11/1/1989

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 PWS Name Woodens Location:City or S/D Georgetown

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

Plant Effluent pH (Avg) 7.8 No of Services at End of Mon 25 No of People at End of Month 87.5

Design Flow .060 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	70,450		21.24	768							3	
Average:	2,273		0.69	25					2.2	0.7		
Maximum:	6,700		1.43	44					3.0	1.0		
Minimum:	1,120		0.13	9					1.0	0.2		
1												
2	4,810		1.30	32					3.2	1.5		
3	1,850		0.24	17					1.2	1.0		
4	2,290		0.79	41					1.0	0.2		
5	1,820		0.39	26					1.5	0.4		
6	2,710		1.04	46					2.0	0.7		
7												
8												
9	5,930		3.26	44					2.8	1.2		
10	2,050		0.28	23					2.0	0.4	3	
11	1,930		0.65	40					1.7	0.5		
12	1,480		0.26	21					1.5	0.3		
13												
14	3,940		1.43	44					3.0	1.0		
15												
16	3,800		1.04	35					1.2	0.3		
17	1,760		0.26	18					1.8	0.3		
18	2,890		1.04	43					1.4	0.4		
19	3,180		0.65	25					2.5	0.4		
20	1,900		0.78	49					1.4	0.4		
21												
22												
23	7,980		3.48	37					2.0	1.0		
24	1,870		0.65	42					1.0	0.2		
25	1,760		0.91	62					3.0	1.0		
26	1,850		0.52	34					3.5	1.0		
27	2,420		0.78	39					3.5	1.5		
28												
29												
30	7,690		2.08	33					3.5	1.5		
31	1,710		0.26	18					3.5	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 17-555010(2)

Effective 11/7/1988

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2641280 PWS Name Woolens Location:City or S/D Georgetown
Owned By Southern States Utilities Phone: 804-845-8573 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 .060 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) 6526 (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 frequen main line breaks meter calibrations)
Monthly Total	63,940		14.46	638							3	
Average:	2,131		0.48	21					2.5	0.8		
Maximum:	2,760		0.78	57					3.5	1.2		
Minimum:	1,170		0.24	13					1.5	0.4		
1	1,890		0.38	25					3.5	1.0		
2	1,770		0.24	18					3.0	0.5		
3	1,650		0.78	57					3.5	1.0		
4												
5												
6	6,500		1.88	24					3.5	1.2		
7	1,170		0.24	27					3.5	0.5		
8	2,290		0.52	27					3.0	1.0		
9	1,510		0.52	41					3.0	0.9		
10												
11	4,160		0.91	26					2.5	0.5		
12												
13	3,320		0.82	19					1.5	0.5		
14	1,890		0.52	31					2.2	0.7	3	
15	1,890		0.52	33					3.5	1.0		
16	1,280		0.24	24					3.0	1.1		
17	2,180		0.36	22					3.0	1.1		
18												
19												
20	6,910		1.93	34					3.0	1.1		
21	1,890		0.52	31					2.5	0.6		
22	2,510		0.78	37					3.5	1.0		
23	1,880		0.24	17					2.5	0.7		
24	1,950		0.63	40					2.2	0.7		
25												
26												
27	7,430		0.78	13					2.2	0.7		
28	2,270		0.65	34					3.0	1.0		
29	2,640		0.82	24					2.0	0.5		
30	2,760		0.78	34					1.7	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 11/1/1989

DRINKING WATER TREATMENT PLANT DAILY OPERATION SUMMARY

PWS ID No. 2541280 PWS Name Western Location:City or S/D Georgetown

Owned By Southern States Utilities Phone: 904-649-8873 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 .060 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 Sou S-6521

I certify this report is correct Original signed by Michael Sou

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

Days of 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	59.5		17.84	664					53.5	19.8	11	All OK
Average:	1.9		0.57	30					2.4	0.9	11	
Maximum:	3.4		3.44	58					3.5	1.5	11	
Minimum:	1.1		0.16	10					0.2	0.2	11	
1	3.1		1.23	40					3.0	1.0		
2												
3												
4	10.1		3.44	34					3.5	1.0		
5	1.8		0.47	26					3.5	1.5	9	All OK
6	1.8		0.63	40					3.5	1.5		
7	2.0		0.53	23					3.5	1.2		
8	1.8		0.31	17					3.5	1.5		
9												
10												
11	5.4		2.53	38					3.5	1.5		
12	1.1		0.31	29					3.0	1.4		
13	1.4		0.53	44					2.9	1.4		
14	1.5		0.31	22					3.0	0.9		
15	1.5		0.63	40					2.8	0.8		
16												
17												
18	7.5		1.86	20					3.0	1.0	2	All OK
19	1.8		0.15	10					0.2	0.2	2	All OK
20	2.0		0.79	41					3.0	0.8		
21	1.8		0.16	10					0.3	0.4		
22	1.3		0.47	36					1.0	0.4		
23												
24												
25	5.1		1.84	30					1.0	0.3		
26	1.3		0.16	12					1.7	0.4	2	All OK
27	1.1		0.63	54					2.4	0.8	2	All OK
28	1.5		0.31	20					1.4	0.4		
29	1.2		0.47	39					1.5	0.4		
30												
31	3.8		0.94	25					2.5	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. 2541280 PWS Name Westme Location:City or S/D Georgetown
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 .060 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) Q52KB (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 (La.) backwash frequen main line breaks meter calibrations)
Monthly Total	56,880		15.25	700							3	
Average:	1,896		0.51	23					2.3	0.8		
Maximum:	3,260		0.78	74					3.5			
Minimum:	1,140		0.13	8					1.0	0.2		
1	2,000		0.38	23					1.0	0.2		
2	1,410		0.39	33					2.0	0.5	3	
3	2,130		0.52	29					3.0	1.0		
4	1,650		0.52	37					3.0	1.5		
5	1,140		0.36	27					2.5	1.0		
6												
7												
8	4,510		1.17	31					3.0	1.2		
9	2,040		0.13	8					1.4	0.5		
10	1,260		0.78	74					3.0	1.0		
11	1,830		0.86	19					1.9	0.4		
12	2,170		0.78	43					3.5	0.4		
13												
14												
15	5,720		1.09	44					2.5	1.0		
16	1,890		0.24	20					1.0	0.3		
17	1,820		0.65	43					2.5	1.0		
18	1,890		0.36	20					2.1	0.5		
19	1,550		0.39	30					1.0	0.3		
20												
21												
22	6,820		1.36	32					1.0	0.3		
23	2,820		0.65	28					1.8	0.5		
24	3,260		0.78	29					3.0	1.5		
25	1,430		0.39	33					2.5	1.0		
26	2,410		0.52	26					2.0	1.0		
27												
28												
29	4,510		1.30	35					3.0	1.5		
30	1,290		0.39	36					3.0	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. 2541280 PWS Name Westens Location:City or S/D Georgetown

Owned By Southern States Utilities Phone: 904-649-8573 Reporting Month December 1993

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

Design Flow .080 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	55,520		13.51	535							7	
Average:	1,791		0.40	20					3.1	2.5		
Maximum:	2,720		0.9	61					3.5	3.5		
Minimum:	1,120		0.13	7					1.0	0.2		
1	1,930		0.37	23					1.2	0.3		
2	1,310		0.39	36					2.3	1.0		
3	1,630		0.26	20					2.2	1.0		
4												
5												
6	4,630		1.30	32					3.5	1.0		
7	2,120		0.52	29					3.5	1.5		
8	1,190		0.26	26					3.0	1.5	3	ALL A
9	2,230		0.65	35					3.5	3.5	2	ALL A
10	1,520		0.52	41					3.5	3.5	2	ALL A
11												
12												
13	5,890		0.65	14					3.5	3.5		
14	1,530		0.78	61					3.5	3.5		
15	1,300		0.52	48					3.5	3.5		
16	1,120		0.13	14					3.5	3.5		
17	1,900		0.39	25					3.5	3.5		
18												
19												
20	5,320		1.11	26					3.5	3.5		
21	1,310		0.13	12					3.5	3.5		
22	2,330		0.52	27					3.5	3.5		
23	1,160		0.13	13					3.5	3.5		
24	2,720		0.24	11					3.5	3.5		
25												
26												
27	5,710		1.69	36					3.5	3.0		
28	2,290		0.13	7					3.5	3.0		
29	2,060		0.91	53					3.5	2.5		
30	2,810		0.52	25					2.0	1.0		
31	2,410		0.39	19					1.0	0.2		

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 11/1/1985

Reference: Zephyr Shores / Pasco County
Monthly Operating Reports / Water

Pleast Note:

October 10, 1992 the **Zephyr Shores** water treatment plant was taken off line. Water is being purchased from Pasco County Utilities.

There are no monthly operating reports after October 1992.

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