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Mr. Joseph G. Gabay Colonial Manor Utility Co. P.O. Box 398 New Port Richey, FL 34656-0398 RECEIVED-11-80 07 FEB 23 PM 3: 4.9

February 21, 2007

Mr. Timothy Devlin Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

Re: Colonial Manor File and Suspend, Docket No. 060540-WU

Dear Mr. Devlin:

Please allow me to address the deficiencies by way of this letter and attachments which are labeled and tabbed in the book enclosed to communicate Colonial Manor's response to each item as noted in your letter dated January 22, 2006. Please refer to tabs in the book showing revised information in response to each of the numbered deficiencies. The Utility has attempted to correct the information to the best of its ability and schedules have been adjusted and revised. I have also listed each item below, and have tried to communicate how each item was addressed.

1. Reconciliation of balances, Schedule A-1:

Utility Plant in Service per Books (2005) is listed on the MFR Schedule A-1, Line 1 as \$512,033.

Utility Land and Land Rights (2005) is listed on the MFR Schedule A - 1, Line 2, as \$16,272.

Please add these two line items together to reconcile to the Utility Plant is Service Balance of \$ 528,305; Page F-4; 2005 Annual Report.

I am enclosing a revision that will add these two line items together for Schedule A-1.

DOCUMENT NUMBER - DATE

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Page 2

Mr. Timothy Devlin

2. Reconciliation of balances, Schedule A-4:

In order to maintain consistency in my schedules, and Schedule A-1 requests Utility Plant in Service and Utility Land & Land Rights amounts on separate line items, I used the amount of \$512,033 for Utility Plant in Service. This amount does not include \$16,272 for Land. When these amounts are added together, they total \$528,305, as reported on Page F-4; 2005 Annual Report.

I am enclosing a revision that will add these two line items together for Schedule A-4.

- 3. Please find "Revised" Schedule D-2 to match the 2005 annual report and the list of supporting and recap schedules with the reconciliation adjustments provided.
- 4. Schedule A-3, Schedule of Adjustments to Rate Base, has been revised and an attached capital improvement plan shows the 2007 planned additions. Also, the 2006 adjustments are explained at the bottom of the page.
- 5. The Utility is providing a revised Schedule B-3 with the requested information.
- 6. Schedule B-7 is has been revised to include rate case expense. The box checked indicates the estimated expenses up to the proposed agency action. Additional expenses may be incurred if additional regulatory and legal expenses are necessitated by circumstances beyond the Utility's control.
- 7. Please find the revised Schedule B-1 which ties Rate Base Rate of Return (Schedule B-1) to Requested Cost of Capital (Schedule D-1).
- 8. Colonial Manor's residential customers are all billed at the 5/8" meter rate listed in the tariff. The general service customers are billed at General Service rates for 5/8" meters, 1", and 1½". There are no ¾" inch meters for either class of service. Schedule E-1 however, is being revised to show proposed rates for the other meter sizes and classes based upon a uniform percentage increase for all meter classes.
- 9. The amount billed to customers is 39,799,000 gallons, per the annual report. The report is produced on an annual basis, however, the billing period includes read dates of 12/16/04 12/14/05.

 The usage history report includes bills on a calendar year basis of 1/1/05 12/31/05 (Schedule E-6) and therefore will produce a slightly different result i.e. 39,372,000 gallons.

Page 3 Mr. Timothy Devlin

This differences in the report are due to the inclusion or exclusion of bills outside the annual report criteria (12/17/04-12/31/04 and 12/15/05-12/31/05.) The number of these bills outside the regular billing cycle are produced for various reasons, e.g. final billing, etc. and, we believe, statistically insignificant in the context of this report. The difference is 427,000 gallons, or 1.01% of the total reported on the annual report. This total is relevant to the unaccounted for water reports which are reported on a calendar year basis, and please note this information when comparing the gallons sold with the amount on the annual report.

Schedule E-2 is being revised to reflect the detail information on Schedule E-6, and is being submitted herein at the consumption level of 39,372,000 gallons.

- 10. Schedule E-2 is revised to show the two-tiered rate structure. The Utility has also provided a revision to Schedule E-1 to reflect this new information.
- 11. Schedule E-2 is revised to show the correct per gallon charges.
- 12. Schedule E-2 is being revised and presented to reflect the summary of the General Service customer class consumption level, summarized from the detail records.
- 13. The Public Service Commission issued order PSC-03-1250-PAA-WU on November 6, 2003, and found the Utility to be 100% used and useful. There has been virtually no change in the information provided when these findings were reached; the Utility has little unaccounted for water; and no additional connections, and no plant capacity changes. I have enclosed Schedule F-5 with a statement to this effect.
- 14. The schedules that have been submitted were prepared whenever possible using a projected test year of 2007, in order to best communicate that the utility is requesting an increase due to projects that are necessary to comply with drinking water standards. The Utility was advised that presentation of projected information for a test year was to best method to portray future operations after capital improvements which are necessary for drinking water standards.

Historical information is provided in those schedules where that information is indicated on the schedules. If further information regarding 2006 operations are required, the Utility anticipates that this information will be completed by March 31, 2007. We would need to know what additional schedules are required to be submitted, if any.

February 21, 2007

Page 4 Mr. Timothy Devlin

- 15. The list of chemicals and the dosage rates are being provided for the two active wells. The Utility is also including a spreadsheet showing the chemical purchases by dollar amount, quantity purchased, and units paid to their one supplier of chemicals.
- 16. The Utility is enclosing Monthly Operation Report for Summation of Finished-Water Production By CWSs That Have Multiple Treatment Plants. These are the monthly operating reports for the year preceding the test year (2006). We do not have these reports for 2007 (the test year) at this time, since the testing has not occurred. Other time periods are available upon request.
- 17. The utility has enclosed the most recent sanitary survey from the F.D.E.P. per request, dated 10/12/05.
- 18. The utility does not have any employees. All work is performed per contract with U.S. Water Services, Inc.
- 19. The utility does not own or lease any vehicles. All work is performed per contract with U.S. Water Services, Inc., and vehicles used are owned by U.S. Water Services.
- 20. No complaints were received by Colonial Manor Utilities other than routine water quality and billing issues. These issues were resolved by U.S. Water's customer service department with the customers, and did not escalate into any issues that the utility is aware of that would have to be presented for resolution to the Public Service Commission.

Thank you for your consideration of the information submitted.

Sincerely,

Joseph G. Gabay Accounting Manager

Schedule of Water Rate Base

Florida Public Service Commission

Company: Colonial Manor Utility Co.

Docket No.: 060540-WU

Schedule Year Ended: December 31, 2007

Interim [] Final [x] Historical [] Projected [x] Schedule: A-1 (revised)

Page 1 of 1

Preparer: Joseph G. Gabay

Explanation: Provide the calculation of average rate base for the test year, showing all adjustments. All non-used and useful items should be reported as Plant Held For Future Use. If method other than formula approach (1/8 O&M) is used to determine working capital, provide additional schedule showing detail calculation.

	(1)	(2) Balance	(3)	(4) Adjusted	(5)
Line		Per	Utility	Utility	Supporting
No.	Description	Books	Adjustments	Balance	Schedule(s)
1	Utility Plant in Service	\$528,305	\$777,806	\$1,306,111	A-5
2	Utility Land & Land Rights		\$0	\$0	A-5
3	Less: Non-Used & Useful Plant	\$0	\$0	\$0	A-7
4	Construction Work in Progress	\$0	\$0	\$0	-
5	Less: Accumulated Depreciation	-\$290,329	-\$86,297	-\$376,626	A-9
6	Less: CIAC	-\$173,559	\$0	-\$173,559	A-11
7	Accumulated Amortization of CIAC	\$173,559	\$0	\$173,559	A-12
8	Acquisition Adjustments	\$257,525	\$0	\$257,525	-
9	Accum. Amort. of Acq. Adjustments	-\$34,338	-\$34,338	-\$68,676	-
10	Advances For Construction	\$0	\$0	\$0	A-14
11	Working Capital Allowance	\$18,117	\$4,467	\$22,584	A-15
12	Total Rate Base	\$479.280	\$661.638	\$1.140.918	

Schedule of Water and Wastewater Plant in Service

Florida Public Service Commission

Annual Balances Subsequent to Last Established Rate Base

Schedule: A-4 (revised)

Company: Colonial Manor Utility Co.

Page 1 of 1

Docket No.: 060540-WU

Preparer: Joseph G. Gabay

Test Year Ended: December 31, 2007

Explanation: Provide the annual balance of the original cost of plant in service, for water and wastewater separately, for all years since either rate base was last established by this Commission, or the date of inception of utility service if rate base has not been established previously by this Commission; and yearly additions, retirements, and adjustments by dollar amount up to the end of the test year. Provide an additional page if necessary. If a projected test year is used, include the projected annual additions and/or retirements specifically identifying those amounts.

		V F	Year-End Balance					
Line		Year-End	balance					
	Decemention	18/2422	Mantaurata					
No.	Description	<u>Water</u>	<u>Wastewater</u>					
1	12/31/2003 Balance	<u>\$315,912</u>	<u>0</u>					
2	2004 Additions	PE2 E4C	0					
3		\$53,546	0					
	2004 Retirements	\$0	0					
4	2004 Adjustments	<u>\$0</u>	<u>0</u>					
5	12/31/2004 Balance	\$369,458	0					
6	2005 Additions	\$158,847	0					
7	2005 Retirements	\$0	0					
8	2005 Adjustments	\$0	<u>0</u>					
9	12/31/2005 Balance	\$528,305	0					
10	2006 Additions	\$10,000	0					
11	2006 Retirements	\$0	0					
12	2006 Adjustments	<u>\$0</u>	<u>0</u>					
13	12/31/2006 Balance	\$538,305	0					
14	2007 Additions	\$767,806	0					
15	2007 Retirements	\$0	0					
16	2007 Adjustments	<u>\$0</u>	<u>0</u>					
17	12/31/2007 Balance	\$4.206.444	0					
		\$1,306,111	0					
18	19 Additions	\$0	0					
19	19 Retirements	\$0	0					
20	19 Adjustments	<u>\$0</u>	<u>0</u>					
21	/ / Balance		Ω					
A 1			*					

Supporting Schedules: A-5,A-6

Recap Schedules: A-16

Reconciliation of Capital Structure to Requested Rate Base Beginning and End of Year Average

Florida Public Service Commission

Company: Colonial Manor Utility Co.

Docket No: 060540-WU

Test Year Ended: December 31, 2007 Schedule Year Ended: December 31, 2007

Historic [] or Projected [x]

Schedule: D-2 (Revised)

Page 1 of 1

Preparer: Joseph G. Gabay

Explanation: Provide a reconciliation of the simple average capital structure to requested rate base. Explain all adjustments. Submit an additional schedule if a year-end basis is used.

	(1)	(2)	(3) econciliation Adjust	(4)	(5)	(6) Reconciled
Line		Test Year				To Requested
No.	Class of Capital	Per Books	Specific	(Explain)	Prorata *	Rate Base
1	Long-Term Debt	166,065	600,436	See Notes **	**************************************	766,501
2	Short-Term Debt	128,302	-103,302			25,000
3	Preferred Stock	0	. 0			0
4	Common Equity	69,304	67,041			136,345
5	Customer Deposits	11,398	-398			11,000
6	Tax Credits - Zero Cost	0	0			0
7	Tax Credits - Wtd. Cost	0	0			0
8	Accum. Deferred Income Tax	7,462	17,538			25,000
9	Other (Notes Payable)	102,433	109,809			212,242
10	Total	484,964	691,124			1,176,088

* List corresponding adjustments to rate base below:

Description

Amount

Supporting Schedules: A-16,C-7,C-8,D-3,D-4,D-5,D-7

Recap Schedules: D-1

^{**} Long Term Debt is borrowing to pay for capital improvements payable due after one year.

Schedule of Adjustments to Rate Base

Florida Public Service Commission

Company: Colonial Manor Utility Co.

Docket No.: 060540-WU

Schedule Year Ended: December 31, 2007

Interim [] Final [x]

Historic [] or Projected [x]

Schedule: A-3 (revised / attached)

Page 1 of 1

Preparer: Joseph G. Gabay

Explanation: Provide a detailed description of all adjustments to rate base per books, with a total for each rate base line item.

Line			· · · · · · · · · · · · · · · · · · ·
No.	<u>Description</u>	<u>Water</u>	<u>Wastewater</u>
1 Capit	al Improvements estimated		
for 20	006	\$10,000	
1 Pump	ping Equipment - 2007	\$203,545	
1 Wate	r Treatment Equipment - 2007	\$165,639	
1 Distri	bution Resevoirs & Standpipes - 2007	\$200,842	
1 Trans	smission & Distribution Lines - 2007	\$197,780	
Total	- Line 1	\$777,806	
-	cted Depreciation Expenses -2007	\$86,297	
-	ction Amortization Expense -2007	\$34,338	
	cing Capital Allowance ected Increase 2007 Expenses	\$4,467	

^{*}Please see attached capital improvement plan for water quality improvement, Attached, Option III, Ground Storage and High Service Pumps Proposed Nitrate Removal Plan (2007). The 2006 total of \$10,000 includes meter replacement and compressors.



attachment

COLONIAL MANOR UTILITIES

OPTION IN - GROUND STORAGE & HIGH SERVICE PUMPS

PROPOSED NITRATE REMOVAL SYSTEM

	@27.77.7v	CITE		07-7-3-0
			and the second second	
Raw Water Transmission Line		ļ	į	
4" Directional Drill DR11	1,960.00	ᄹ	18.00	35,280.00
6" Directional Orill DR11	2,679:00	LF	21.00	56,259.00
6" Raw Water Mains	164,00	EA	17.00	2,788.00
4" & 6" M/J R/W G/V w/ Box	15.00	EA	843.00	9,845.00
6" 90's	13.00 4.00	EA EA	650.00 494.00	8,450.00
6" Tee's 4" & 6" P/V Mega w/ Acc.	41.60	EA	66.14	1,978.00 2,711.74
4" x 6" Increaser	5:00	EA	268.00	1,340.00
6" HDPE x MJ Adaptors	23.00	EA	73.35	1,687.05
Weil Tie In	5.00	EA	2,000.00	10,000.00
Upgrade Existing Water Distribution System				
Replace existing W.M. with 6" HDPE by HDD	825.00	EA	21.00	17,325.00
Fittings	1.00 20.00	LS EA	3,594.00 125.00	3,584.00 2,500.00
Water Service Replacement	20.00		120.00	2,500.00
Above Ground Storage Tank				
110,000-gal-glass-fused-to-steel water storage tank	1.00	EA	153,433.00	153,433.00
Soil investigations and site preparation	1.00	EA	2,500.00	2,500.00
	}	1		
Pumping System				
High Services Pumps and Control Panel Package 30 h.p. 500-	Ì	l		
gpm High Service Pump, (2) 20 h.p. 200 gpm High Service Pumps, Stainless Steel Control Panel	1.00	EA	31,407.71	31,407.71
Site Work - Includes labor to install equipment	1.00	EA	40,000.00	40,000.00
Flow metering, yard piping, valves for pumping equipment	1.00	EA	19,556.00	19,556.00
Plant Lighting	1.00	EA	2,352.94	2,352.94
Concrete Access Road and Pump Slab	9.00	CY	900.00	8,100.00
Security Fencing	1.00	EA	5,895.00	5,895.00
6" PVC Onsite Influent Piping	110.00	LF	17.00	1,870.00
6" Flanged Above Ground w/Fittings	50.00	LF	17.00	850.00
8" PVC Influent & Discharge Piping	350.00	LF	20.00	7,000.00
	1	1	}	·
Disinfection and Pressure Testing	4.00		3 500 00	2 500 00
Disinfection and Pressure Testing	1.00	EA	3,500.00	3,500.00
Chiorination System	-			
Chemical Feed Pumps	2.00	EA	325.00	850.00
Chemical Feed Piping	80.00	LF	17.00	1,360.00
1		1	ł	1
Nitrate Removal System				Į.
Siemens Equipment	1.00	LS	59,947.00	59,947.00
Concrete Support Stab	3.00	CY	900.00	2,700.00
Brine Discharge Piping	45.00	LF	14.00	630:00
Backwash Piping, Valves & Fittings	65.00	LF	35.00	2,275.00
Nitrate Monitors	2.00	EA	9,975.00	19,950.00
Additional Control Valves	2.00	EA	95.00	190:00
Additional Flow Meters	2.00	EA	650.00	1,300,00
Brine Storage Tank	1.00	EA	10,000.00	10,000,00
Evaporation Basin	19.00 1.00	LS	900.00	17,100,00
Evaporation Basin Cover	1.00	۱۵	9,000.00	9,000.00
Telemetry System & Electrical	1		1	1
Antenna and Controls at Each Facility	1.00	EA	35,000.00	35,000.00
Electrical Service to New Pumps	1.00	EA	6,000.00	6,000.00
	1			'
Subtoti	4	1	i	596,122.44
Overhead & Profit (15%)				89,418.37
Total				585,540.81
100	"			000,040.81
Design & Permitting (8% of Total)				54,843.26
Project Management (PM) (4% of Total)				27,421.63
Total Plus Design and Pl	M			767,805.70
			-	1
			1	
Grand Total	<u> </u>		1	767,805.70

Company: Colonial Manor Utility Co. Schedule Year Ended: December 31, 2007 Interim [] Final [x]

Interim [] Final [x]
Historic [] or Projected [x]

Schedule: B-3 Page 1 of 1

Docket No.: 060540-WU Preparer: Joseph G. Gabay

Explanation: Provide a detailed description of all adjustments to operating income per books, with a total for each line item shown on the net operating income statement.

Line No.	Description	Water	Wastewater
1	Operating Revenue - Anticipated 3% increase in CPI to be applied for through price indexing application to P.S.C. in March or April		- 1
	2005 Revenues = \$165,830. 3% increase	-4,975	
2	Operational Expenses were adjusted from 2005 base year to anticipated 2007 expenses - Major predicted changes are : Appraisal fees \$8,000 (required for bank loan) PSC Rate case \$1,500 (amortized over 4 years) \$375 Increase in Chemical costs due to change in treatment process \$6,000 Allowance for possible increase service costs for new equipment \$18,697		
	Estimated increase in insurance costs due to valuation of assets \$2,765 Estimated decrease in all other items \$97	35,740	
3	Depreciation was calculated on Supporting Schedule B-10 based on anticipated additions to Plant in Service accounts (capital improvements) and using depreciation rates set by P.S.C. for each asset number. The anticipated depreciation expense will increase by this amount	52,973	
5	The RAF fees are expected to increase to \$14,892 in 2007, and the property and tangible taxes are expected to increase to approximately \$15,108. The would be the estimated 2007 combined tax expense for the RAF and property and tangible taxes. Note that real estate		
	and property tax increased from \$1,875 in 2005 to \$4,622 in 2006.	20,663	
		104,401	
	Increase in Utility Operating Expenses Projected 2007 Test Year		

Analysis of Rate Case Expense

Company: Colonial Manor Utility Co.

Docket No.: 060540-WU

Test Year Ended: December 31, 2007

Florida Public Service Commission

Schedule: B-7 (revised)

Page 1 of 1

Preparer: Joseph G. Gabay

Explanation: Provide the total amount of rate case expense requested in the application. State whether the total includes the amount up to proposed agency action or through a hearing before the Commission. Provide a list of each firm providing services for the applicant, the individuals for each firm assisting in the application, including each individual's hourly rate, and an estimate of the total charges to be incurred by each firm, as well as a description the type of services provided. Also provide the additional information for amortization and allocation method, including support behind these determinations.

Line No.	(1) Firm or Vendor Name	(2) Counsel, Consultant or Witness	(3) Hourly Rate Per Person	(4) Total Estimate Of Charges By Firm	(5) Type of Service Rendered
13	Public Service Commission	on Filing Fee for Rate Case		\$1,500	A. C.
	US Water Service	Accounting Manager -CPA	\$92.07	12,890	Accounting, PSC Filing.
	US Water Service	Staff Engineering	\$99.42	2,983	Capital Improvement Plan
	US Water Service	Principal	\$150.00	1,500	Review of PSC and Plans
	Total			\$18,873	

Estimate Through

[x] PAA

[] Commission Hearing

Amortization Period 4 Years

Explanation if different from Section 367.0816, Florida Statutes:

Amortization of Rate Case Expense:	(A) Water	(B) Wastewater	(C) Total
Prior Unamortized Rate Case Expense Current Rate Case Expense			
Total Projected Rate Case Expense	18,873	*********	18,873
Annual Amortization	4,718	=========	4,718 ========
Method of Allocation Between Systems: (Provide Calculation)	Not Applicable		

Schedule of Water Net Operating Income

Company: Colonial Manor Utility Co. Schedule Year Ended: December 31, 2007

Interim [] Final [x] Historic [] or Projected [x] Florida Public Service Commission

Schedule: B-1 (revised)

Page 1 of 1

Docket No.: 060540-WU Preparer: Joseph G. Gabay

Explanation: Provide the calculation of net operating income for the test year. If amortization (Line 4) is related to any amount other than an acquisition adjustment, submit an additional schedule showing a description and calculation of charge.

	(1)	(2) Balance	(3)	(4)	(5)	(6)	(7)
Line		Per	Utility Test Year	Utility Adjusted	Requested Revenue	Requested Annual	Supporting
No.	Description	Books	Adjustments	Test Year	Adjustment	Revenues	Schedule(s)
1	OPERATING REVENUES	\$165,830	\$4,975	\$ 170,805	\$178,130	\$348,935	-
2	Operation & Maintenance	\$144,935	\$35,740	\$180,675	\$0	\$180,675	B-4
3	Depreciation, net of CIAC Amort.	\$13,914	\$52,973	\$66,887	\$0	\$66,887	B-10
4	Amortization		\$0	\$0	\$0	\$0	
5	Taxes Other Than Income	\$9,337	\$20,663	\$30,000	\$0	\$30,000	B-12
6	Provision for Income Taxes	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	\$0	C-1
7	OPERATING EXPENSES	\$168,186	\$109.376	\$277,562	<u>\$0</u>	\$277,562	
8	NET OPERATING INCOME	(\$2,356)	(\$104.401)	(\$106,757)	\$178.130	\$71.373	
9	RATE BASE	\$479,280		\$803,748		\$803,748	
10	RATE OF RETURN	-0.49%		<u>-13.28%</u>		8.88%	

Company: Colonial Manor Utility Co. Docket No.: 060540-WU

Test Year Ended: December 31, 2007

Water [x] or Wastewater []

Schedule: E-1 (revised)

Page 1 of 1

Preparer: Joseph G. Gabay

Explanation: Provide a schedule of present and proposed rates. State residential wastewater cap, if one exists.

(1) Class/Meter Size	(2) Present Rates	(3) Proposed Rates
	BFC	BFC
Residential		
5/8"	8.02	17.48
3/4"	12.03	26.23
1"	20.06	43.73
1-1/2"	40.11	87,44
2"	6 4 .18	139.91
3 "	128.36	279.82
4"	200.56	437.22
6 "	401.12	874.44
Gallonage charge/MG	2.12	4.62
*Above 10,000 Gallons	2.65	5.78
General Service		
5/8°	8.02	17.48
3/4"	12.03	26.23
1"	20.06	43.73
1-1/2"	4 0.11	87.44
2"	64.18	139.91
3 "	128.36	279.82
4 "	200.56	437.22
6 "	401.12	874.44
Etc.		
Gallonage charge/MG	2.19	4.77

Other (list) 5/8" x 3/4" 1" 1-1/2" 2" Etc.

Gallonage charge/MG

Revenue Schedule at Present and Proposed Rates

Florida Public Service Commission

Company: Colonial Manor Utility Co.

Docket No.: 060540-WU

Test Year Ended: December 31, 2007

Water [x] or Wastewater []

Schedule: E-2 (revised)

Page1of 1

Preparer: Joseph G. Gabay

Explanation: Provide a calculation of revenues at present and proposed rates using the billing analysis. Explain any differences between these revenues and booked revenues. If a rate change occurred during the test year, a revenue calculation must be made for each period.

(1) Class/Meter Size	(2) Number Bills	(3) Consumption in MG	(4) Present Rate	(5) Revenues at Present Rates	(6) Proposed Rate	(7) Revenues at
Class/Meter Size	Dills	in WG		Present Rates	rate	Proposed Rates
Residential						
5/8"	7,773		8.02	62,339	17.48	135,900
M Gallons		27,273	2.12	57,819	4.62	126,045
5/8"	672		8.02	5,389	17.48	11,749
M Gallons (over 10K) 1" Etc.		10,886	2.65	28,848	5.78	62,888
M Gallons Etc.						
Total Residential	8,445	38,159		154,396		336,582
Average Bill	18.28			39.86		

General Service						
5/8"	117		8.02	938	17.48	2,046
M Gallons		273	2.19	59 8	4.77	1,303
1" Etc.	26		20.06	522	43.73	1,137
M Gallons Etc.		323	2.19	707	4.77	1,542
1.5"	37		40.11	1,484	87. 44	3,235
M Gallons		573	2.19	1,255	4.77	2,736
Total Gen. Serv.	180	1,169		5,504		11,999
Average Bill	30.58			66.66		
				=======================================		*****
List Other Classes As Above						
Totals	8,625	39,328		159,900		348,581
Unbilled Revenues				******		*****
Other Revenue				9,316		354
Misc. Serv. Charges				9,510		334
Total Revenue				169,216		348,935
Booked Revenue				165,830		
Difference (Explain)				-3,386		
Miscellaneous charges / cred	dits / (rounding errors	3)		*=========		******

Used and Useful Calculations Water Treatment Plant

Florida Public Service Commission

Company: Colonial Manor Utility Co.

Docket No.: 060540-WU

Test Year Ended: December 31, 2007

Schedule F-5 Page 1 of 1

Preparer: Joseph G. Gabay

Explanation: Provide all calculations, analyses and governmental requirements used to determine the used and useful percentages for the water treatment plant(s) for the historical test year and the projected test year (if applicable).

The system is considered 100% used and useful - PSC order PSC-03-1250-PAA-WU (11/6/2003)

Recap Schedules: A-5,A-9,B-10

Colonial Manor Utilty Company Transaction List by Vendor January through December 2006

Item # 15

Davis Supply	Туре	Date	Num	Amount	Quantity (Gallons)	Total Paid	Unit Price (per gallon)
	Bill	01/31/2006	526141	-53.60	38	45.60	1.20
	Bill	03/10/2006	Dixie Groves	-107.00	70	91.00	
	Bill	03/23/2006	526878	-77.60	58	69.60	
	Bill	04/24/2006	527333	-161,60	128	153.60	
	Bill	05/09/2006	527521	-90.80	69	82.80	
	Bill	06/15/2006	528147	-53.60	38	45.60	
	Bill	07/17/2006	528625	-177.20	141	169.20	1.20
	Bill	07/17/2006	528624	-38.00	25	30.00	1.20
	Bill	08/16/2006	529097	-65.20	44	57.20	1.30
	Bill	09/18/2006	529605	-73.00	50	65.00	1.30
	Bill	09/18/2006	529606	-78.20	54	70.20	1.30
	Bill	10/16/2006	530049	-67.80	46	59.80	1.30
	Bill	10/16/2006	530050	-71.70	49	63.70	1.30
	Bill	11/13/2006	530538	-76.90	53	68.90	1.30
	Bill	11/15/2006	530563	-40.50	25	32.50	1.30

Note: All invoices have an added Fuel Surcharge of \$8.00

All purchases are RQ, Sodium Hypochorite Solution, 12% Vol.



2/13/07

Chlorine Dosage for Colonial manor

WELL

DOSAGE

#2 Cantrell St.

2.20 mg/l

3 Hendrix St.

2.90 mg/l

Chemical description

Sodium Hypochrite NaOCl 12%



I+0, + 17

FAX TRANSMITTAL SHEET February 13, 2007 DATE

TO: Holly Johnson U.S. Water

TOTAL PAGES: 7
INCLUDING COVER LETTER

PHONE:

Fax: (727) 848-7701

REF. Colonial Manor - 6510461

Pasco County

Message: Per request, find attached san survey.

Peter Screnock, ESII, Drinking Water Section

<u>DEP - Southwest District</u> 13051 N Telecom <u>Parkway</u>

Temple Terrace, FL 33637

e-mail: Peter.Screnock@dep.state.fl.us

Phone: 813-632-7600Ext. 318

Fax: 813-632-7671

Please Note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail is communications may therefore be subject to public disclosure.

State of Florida Department of Environmental Protection Southwest District

SANITARY SURVEY REPORT

Plant Name	COLONIAL MANOR	County	PASCO_	_ PWS ID # _	6510355
Plant Location	54 West Hwy. 19 South Left at next l	ight on to Mood	Rd.	Phone	727-847-1409
Owner Name	US Water Services	-			727-848-8292
Owner Address	4939 Cross Bayou Blvd., New Port Riche	y,F1.34652			
Contact Person	Gary Deremer /US Water	Title Operato	r	Phone	727 848-8292
This Survey Date	e 10/12/05 Last Survey Date	4/20/04	Las	t C.I. Date	3/18/03
PWS TYPE & CI	LASS		ER SOURC		
				r of Wells	
	t Non-community			ource	
Non-Commu	nity			PWS ID # _	
DINC CTATUS				Source PCU	
PWS STATUS	at a control of the second of the control of the co	Emerge	ency Water	Capacity <u>6:</u>	51-1361
Approved sys	stem with approval number & date	ALIVILIAD	V DOWED	COUDAG	
CDC AAD 461	17.4500	<u> </u>	Y POWER S		viend.
GPS AAB 451				Not Requ	Tited
Unapproved	system	Source		34/	
SERVICE AREA	CHARACTERISTICS			(W)	
-	mmercial			atic 🔲 Man	uai
residential & Col	innercial		lan: 📋 Yes		
Food Service: N	X Yes ☐ No ☐ N/A		ted Under L		
LOOG GELVICE. 5	⊠ 162 □ 140 □ 14/A		oment does		
OPERATION & I	MAINTENANCE	Mell Mell	pumps		
*	or: X Yes No Not required			mps	
	ertification Class-Number	I reat	tment Equip	ment	a Clair High
Ken Martin B 13					s
Sharon Maluk C				has doubleloop	o service on
O&M Log: XI	Yes No Not required	<u>Moog, 21</u>	nterconnects	W/PCUD	
Operator Visitation	on Frequency	TREATME	NT PROCE	SSES IN USI	F
Hrs/dav: Require	ed Actual		orination		_
Days/wk: Requi	on Frequency ed	Trypo cing	OI MACION		
Non-consecutiv	ve Days? ⊠ Yes ☐ No ☐ N/A	What addit	ional treatm	ent is needed	12
MORs submitted	I regularly? ⊠ Yes ☐ No ☐ N/A	none	Jona Hoam		••
Data missing from	m MORs? ⊠ No ☐ Yes ☐ N/A		of what def	iciencies?	***
		. 0. 00	0. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10101101001	
Number of Service	ce Connections750	DISTRIBU	TION SYST	'EM	
Population Serve	ed <u>2500</u> Basis	Flow Meas	uring Device	eFlow	Meter
Average Day (fro	om MORs) * gpd	Meter Size	& Type	see below	
Max. Day (from I	MORs) <u> </u>	Backflow F	Prevention D	evices: X Y	es 🔲 No
Max-day Design	Capacity * gpd		nections <u>n</u>		
	113ave37903max51K, well4 ave20581	Written Cro	oss-connect	ion Control P	rogram: Yes
max28K well-1a	ave 20806 max 30K well2 ave25290	Coliform S	ampling Pla	n: 🛛 Yes 🔲	No □N/A
max30K Well 5	out of service from Aug 2005 MOR		Well-1-Se		
		Well-2, P.	recision , we	li 3-master	
COMET: SITE ID	PROJECT ID	well 4 ker	nt		

PW\$ ID#	6510355
Date	10/12/05

GROUND WATER SOURCE

Well Number		1	2	3	4
Year Drille	ed	1967	1967	1967	1967
Depth Drilled		125'	140'	145'	130'
Drilling Me	ethod				
Type of G	rout				
Static Wa	ter Level				
Pumping !	Water Level				
Design W	ell Yield				
Water me	ter reading	778325	76892200	135633	8068110
Actual Yie	d (if different than rated capacity)				
Strainer					
Length (o	utside casing)				
Diameter	(outside casing)	8"	8"	8"	8"
Material (outside casing)		Steel	Steel	Steel	Steel
Well Contamination History		None	None	Ok	Ok
Is inundation of well possible?		No	No	No	No
6' X 6' X 4	" Concrete Pad	Yes	Yes	Yes	Yes
	Septic Tank				
SET	Reuse Water				
BACKS	WW Plumbing				
	Other Sanitary Hazard				
	Туре	Submersible	Submersible	Submersible	Submersible
	Manufacturer Name	FE		FE	Furnas
PUMP	Model Number	2366034020		2366049020	
	Rated Capacity (gpm)				
Motor Horsepower		15	10	20	10
Well casin	g 12" above grade?	No	No	No	No
Well Casir	ng Sanitary Seal	Yes	Yes	Ok	Ok
Raw Wate	er Sampling Tap	Yes	Yes	Yes	Yes
Above Gro	ound Check Valve	Yes	Yes	Yes	Yes
Fence/Ho	using	Yes	Yes	Yes	Yes
Well Vent	Protection	Yes	Yes	Yes	Yes

COMMENTS Well 1 & 4 off-line due to high Nitrate results.

Well 5 physically disconnected (air-gap), no pump on site, out of service-1944 180' 12" 10 HP

	T-058	P004/00'	7 F-246
	PWS ID # Date		
	ES dropneum earwell	atic (E)	Elevated
nber	H-1	H-2	H3/4
	5,000	5,000	5,000
	galv	galv	galv
	Yes	Yes	Yes
	Yes	Yes	Yes
9	Yes	Yes	Yes
	Yes	Yes	Yes
	Yes	Yes	Yes
ings	N/A	N/A	N/A
	45 - 60	45 - 60	
ed	Yes	Yes	Yes
n of	na	na	na
	na	па	na
	ot in servic tanks near-t		у
tank,	4-POE's		
PUM	PS		
<u> </u>			
1	ļ		

CHLORINATION (Dis Type: ☐ Gas ⊠ H	ypo [°]		. 17	3		STORAGE FAC
Make <u>All sites Stenne</u> Chlorine Feed Rate _	<u>4 - 5</u>	apacity	/	gpa		(B) Bladder (C
Avg. Amount of Cl ₂ ga	as used		N/A	1		
Chlorine Residuals:	Plant	<u> </u>	Remote	1.2		Capacity (gal)
Remote tap location		71 14 (**)				Material
DPD Test Kit: Or			n operate Used Da			Gravity Drain
Injection Points <u>clea</u>	_		Osed D	ally		By-pass Piping
Booster Pump Info	<u></u>					Pressure Gauge
Comments * POE re						Sight Glass or
Well 2 1.47 mg/L, W	/ell 3 1.81	mg/L.	Well 4 o	ut		Level Indicator
of service.				····		Fittings for
Chlorine Gas Use	YES	NO	Comr	nents	7	Sight Glass
Requirements						Protected Open
Dual System						PRV/ARV
Auto-switchover						On/Off Pressure
Alarms:					1 .	Access Padlock
Loss of Cl ₂ capability						Height to Botton
Loss of Cl ₂ residual Cl ₂ leak detection	H	H				Elevated Tank
Scale					1	Height to Max.
Chained Cylinders	$+\overline{\Box}$			=::	1	Water Level
Reserve Supply		$\overline{\Box}$			-	Comments We disconnected. (s
Adequate Air-pak	 				4	
<u> </u>	 				-	Each well has a
Sign of Leaks					-	
Fresh Ammonia	 			,	4	
Ventilation					1	
Room Lighting						
Warning Signs						HIGH SERVICE
Repair Kits						Pump Number
Fitted Wrench					1	Туре
Housing/Protection						Make
			L			Model
AFRATION (Gases	Fo & Mo	Ramo	nval)			Capacity (gpm)
AERATION (Gases, Fe, & Mn Removal) Type Capacity						Motor HP
Type Capacity Aerator Condition						Date Installed
Bloodworm Presence	∍					Maintenance
Visible Algae Growth Protective Screen Co	ndition					Comments
Comments					ı	

PWS ID # 6510355 Date 10/12/05

* Community Water Systems <3,300						
CONTAMINANT	Samples Required	Sample Location	Frequency	Last Sampled	Due Date	
Migraphialogical (Pagta)	1	Each well	Monthly	Monthly	Monthly	
Microbiological (Bacte)	2	Distribution	Monthly	Monthly	Monthly	
Volatile Organics	1	POE each plant	3 years	2003	2006	
Pesticides & PCBs	1	POE each plant	3 years	2003	2006	
Nitrite (as N)	1	POE each plant	Quarterly	2004	2005	
Inorganics	1	POE each plant	3 years	2003	2006	
Nitrate	1	POE each plant	Quarterly	2004	2005	
Asbestos	1 or wavier	Distribution	9 years	2002	2011	
Secondaries	1	POE each plant	3 years	2003	2006	
Radionuclides	1	POE each plant	3 years	2003	2006	
Lead and Copper	5	Home Taps	3 years	2003	2006	
TTHM & HAA5	1	Distribution for each plant at Max residence	3 years	Per plan (Third Qtr.)	2005	

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

See Page 5 for description of italicized notes.

^{*} This is provided as a guide. Test results or rule changes (62-550) may affect this monitoring schedule.

PWS ID # 6510355 Date 10/12/05

NOTES:

SAMPLES REQUIRED/SAMPLING LOCATION:

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.310(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

- Note B 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.
- Note C See Rule 62-550.519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.
- Note D Contact the Southwest District's Drinking
 Water Program at (813) 744-6100 or contact
 the Florida Rural Water Association.

- Note E Contact the Southwest District's Drinking Water Program at (813) 744-6100 to obtain an application for reduced monitoring.
- Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.
- Note G See Rule 62-550.521(4), F.A.C. Systems serving less than 150 service connections and serving fewer than 350 persons should notify the Department, by submitting DEP Form No. 62-555.910(11), that their system is available for testing. Normally, these small systems will not be required to monitor for UOCs. Do not send such samples to the Department unless required to do so by the Department.
- Note H

 First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

FREQUENCY:

- Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)
- Note 2 Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)
- Note 3 Third year of each three-year compliance period (calendar years 1995, 1998, 2001, etc.)
- **Note 4** First year of the first three-year compliance period (i.e. calendar year 1993)
- **Note 5** Second year of the first three-year compliance period (i.e. calendar year 1994)

- Note 6 Third year of the first three-year compliance period (i.e. calendar year 1995)
- Note 7 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)
- Note 8 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)
- Note 9 Third year of each nine-year compliance cycle (calendar years 1995, 2004, etc.)

PWS ID#_	6510355	
Date	10/12/05	

MONITORING VIOLATIONS	MCL VIOLATIONS
	Nitrate

DEFICIENCIES:

Note: Nitrate levels exceed MCL. Warning Letter (WN05-88-PWS-51-SWD) mailed 9/8/05.
revious Sanitary Survey (4/24/04) notes 2 interconnects with PCUD. Provide us with the
ocation of these interconnects, how is the water accessed (automatic, manually) and a copy of
nterconnect agreement with Pasco County Utilities.
·
nspectorTitleEnv. Specialist II Date11/10/05
pproved by Title Date 11/10/05



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

See page 2 for instructions.

FILE COPY

Daily Fin	ished-Water Produc	ction for the Month/	Year of:			January-06					
	ity Water System (CW										
Public W	Public Water System (PWS) Identification Number: 6510355 Rantel Name Plant 2 Name Plant 2 Name Plant 3 Name Plant 3 Name Plant 3 Name Plant 5 Name Plant 4 Name Plant 5 Name										
1.77%	Plantel Name and	Plant 2 Name	# Plants Name	e sePlant A Name : E	Plannsy Vamers	e Planto Names	Planti //Name	PlantisiName	Plant 9 Name	Elanti LOJ Vamen	
	Colonial Manor	Colonial Manor	Colonial Manor	Colonial Manor	Colonial Manor	İ			}		Total
	Well # 1	Well # 2	Well #3	Well #4	Well # 5						
	推译公共 Shekis 值	1 150 1 1 1 1 1 1 1 1	Pêr	mined Maximum D	y Operating Capaci	ty of Each Planting	allons per days 43	Subsection of the second	A CALL		Total Piers
Day of	93,000	53,500	93,000	53,500	93,000				1		386,000
Month		1745		, Net Quanity of Fi	nished Water Produ	ced by Each Plant	gallons out of all	All of the State		China da Paris de China de la Compansión d	A Sept al Total
1	-	34,000	50,000	-	0						84,000
2	-	31,000	89,000	<u>-</u>	0						120,000
3	-	31,000	89,000	-	0						120,000
4 .		27,000	61,000	-	0			ļ			88,000
5	-	26,000	61,000		0						87,000
6		30,000	69,000		0			 			99,000
7		29,000	69,000	-	0			ļ			98,000
8	2.500	29,000	68,000	1,000	0			ļ			97,000
9	3,500 3,500	33,000 32,000	77,000 77,000	1,000 1,000	0						114,500
10	3,300	32,000	77,000	1,000	0	 	<u> </u>	_			113,500 108,000
12		29,000	78,000	-	0						108,000
13	-	35,000	76,000		0			-			111,000
14	<u> </u>	35,000	76,000		0						111,000
15.		30,000	76,000	_	0			 		-	106,000
16		26,000	73,000		0			 			99,000
17	_	26,000	72,000	-	0			 			98,000
18	-	27,000	70,000	-	0						97,000
19	-	28,000	71,000	•	0						99,000
20 -	-	33,000	74,000	-	0			 			107,000
21	-	33,000	74,000	-	0						107,000
. 22 🛊	-	33,000	73,000	-	0						106,000
23	-	31,000	85,000	-	0						116,000
24	-	31,000	85,000	-	0						116,000
25	-	28,000	68,000	-	0						96,000
26	-	27,000	67,000	-	0						94,000
27		34,000	87,000		0						121,000
28	-	35,000	87,000	_	0						122,000
29	-	33,000	86,000		0						119,000
30	_	25,000	77,000	-	0						102,000
31	-	25,000	77,000	-	0		, 				102,000
Total			and the same			733 4430 7	THE RELIGIO		TOPRICE		3,265,000
Avg.								4 14 12			105,323
Max,			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				THE PARTY OF	The state of the s	HAM STAN	が サスト 利用	122,000



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

See page 4 for instructions.

500 PuE	, , , , , , , , , , , , , , , , , , , ,							
I. General Information	for the Month/Year of: JANUARY 2006							
A. Public Water System (PWS) Information							
PWS Name: COLON	IAL MANOR WATER SYSTEM				PWS Identification Nu	mber: 6510355		
PWS Type: X (Community Non-Transient Non-Community	Transient 1	Non-Community	□ Co	nsecutive			
Number of Service C	onnections at End of Month: 750+/-		Total Population S	Served at E	nd of Month: 2500+/-			
PWS Owner: Colonia	PWS Owner: Colonial Manor Utilities Inc.							
Contact Person: Melisa Rotteveel Contact Person's Title: Fl. Operations Services Manager								
Contact Person's Mai	ling Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652		
	phone Number: 727-848-8292		Contact Person's F	ax Numbe	r: 727-848-7701			
	ail Address: mrotteveel@uswatercorp.com					<u></u>		
3. Water Treatment Plan								
Plant Name: COLON	IAL MANOR WATER SYSTEM & I		· · · · · · · · · · · · · · · · · · ·		Plant Telephone Numb			
Plant Address: Conno			City: New Port Ric	chey	State: Florida	Zip Code: 34652		
Type of Water Treate		hased Finished \	Water					
	Day Operating Capacity of Plant, gallons per day: 79	9000						
	ubsection 62-699.310(4), F.A.C.): IV			bsection 6	2-699.310(4), F.A.C.):			
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Worked		
Lead/Chief Operator:		В	13237		3 times per	r week		
Other Operators:	Travis Pender	С	13956					
	Ralph Amiott	С	8140					
	Sharon Maluk	С	13268					
	Thomas Willard	В	10116					
	Larry Jenkins	С	12036	·				
	Willis Gainey	С	13083					
	John Bowers	С	13625					
	Angel Caraballo	С	13383					
	Lawrence Russo	С	12592	····				
	Vasco Thompson	С	13914					
	Raymond Layne	С	7893					
	William Cooper	C	12884					
	Mark Havens	С	13858					
	Howard Aldrich	C	6368					
	Les Bolling	С	6477					
	Gary Heins	С	8521					
	Janet Shirley	A	6333					

II. Certification by Lead/Chief Operator

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

2-2.06	Kenneth Martin	B - 13237
Signature and Date	Printed or Typed Name	License Number

3,500

		ur-Log Virus	Inactivation/Re		and have	X	Free Chlorine		Chlorin	ie Dioxide		Ozone	Combined	Chlorine
ltraviolet	Radiation			Other (Des	cribe)									Chlo
pe of Dis	sinfectant Res	sidual Maint	ained in Distribi	ution System:			X Free	Chlorine		Combin	ed Chlorine (Chloramines)		Diox
		W				General Maries (18	Mileto direk mendeleksika Miletori	e dynalica	o lou divandir letse			10/6		
ay of the	Color Plant Sinner or Visited by Operator	Hoje Plati is		Taragle 1	The Conton During Conton Cont	Seananina and	eos ci 30 mentro (ci 92 fo Lluna se i i i i ci sancia i 18000	XO XI IKID, OS	njagawa 1885 il S	S Street			"Kars - 18 Inch (Dolum) (st. 1 Grass transco (Fizzan) pilot (10 Octobral) stranja (r	Para de la composición del composición de la com
Month 12	(Flace 5X.)A	24	Milk Login ced*, Bat (2)	PERFERK BLOW KILE; BDI 7 1-7	Manage Seat Low-Lund Comments	E Straing Leak Flows minnes	A SAME REPORT OF THE PROPERTY	AND SANDERS CO.	REPH ONWARTSHISAPPHEN	neth 2 mesunava	e man sen/ent	THE REAL PROPERTY OF THE PROPE	Han the tenonous Assemble Av	* See Below
2	x	24			.55			-			 		1.31	* See Below
3	x										 		1.31	
4	ļ	24			.52	 	 				ļ		1.25	* See Below * See Below
5	X	24			.32	· · · · · · · · · · · · · · · · · · ·					-		1.23	* See Below
6	×	24			.53	 					-		1.30	* See Below
7		24			در		 						1.30	* See Below
8		24			· · · · · · · · · · · · · · · · · · ·	 	 							* See Below
9	x	24	3,500		.54	 				+			1.23	* See Below
10	^	24	3,500										1.23	* See Below
11	x	24	3,300		.55	·	 						1.30	* See Below
12		24				 					 		1	* See Below
13	x	24			.50								1.29	* See Below
14		24	-											* See Below
15		24									 			* See Below
16	x	24			.6								1.2	* See Below
17		24	-								ļ		1	* See Below
18	x	24	-		.6								1.2	* See Below
19		24	-				***							* See Below
20	х	24	-		0.53								1.0	* See Below
21		24	-											* See Below
22		24	-											* See Below
23	х	24	- 1		.51						1		1.10	* See Below
24		24	-											* See Below
25	х	24	-		.50								1.20	* See Below
26		24	-											* See Below
27	х	24	-		.50								1.22	* See Below
28		24	-											* See Below
29		24	-											* See Below
30	х	24	-		.51								1,23	* See Below
31		24	-											* See Below
A 100	discount	Section 1	7,000	* Well Temporality	Out of Service									



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

See page 4 for instructions.

П	General Information	for the Month/Year of: JANUARY 2006							
	Public Water System (F								
	PWS Name: Colonial				PWS Identification Number: 6510355				
		ommunity Non-Transient Non-Community	Transient 1	Non-Community Consecutive					
		nnections at End of Month: 750+/-		,		nd of Month: 1,825 +/-			
PWS Owner: Colonial Manor Utilities Inc.									
	Contact Person: Meli			Contact Person's T	itle: Fl. C	Operations Services Man	ager		
		ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652		
					ax Number	r: 727-848-7701			
	Contact Person's E-Ma	nil Address: mrotteveel@uswatercorp.com							
B.	Water Treatment Plant	Information							
	Plant Name: Colonial	Manor Water System & II				Plant Telephone Numb	per: 727-848-8292		
	Plant Address: Cantrel	Street		City: New Port Ric	chey	State: Florida	Zip Code: 34652		
	Type of Water Treated	l by Plant: 🗸 Raw Ground 🔲 Purc	nased Finished V	Vater					
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79000								
Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per s						2-699.310(4), F.A.C.):	D		
Licensed Operators License Class License Number Day(s)/Shift(s) W						s) Worked			
	Lead/Chief Operator:		13237		3 times pe				
	Other Operators:	Travis Pender	С	13956					
	o incr of armers.	Ralph Amiott	С	8140					
		Sharon Maluk	С	13268					
		Thomas Willard	В	10116					
		Larry Jenkins	С	12036					
		Willis Gainey	С	13083					
		John Bowers	С	13625					
		Angel Caraballo	С	13383					
		Lawrence Russo	С	12592					
		Vasco Thompson	С	13914					
		Raymond Layne	С	7893					
		William Cooper	С	12884					
		Mark Havens	C	13858					
		Howard Aldrich	С	6368					
		Les Bolling	C	6477					
		Gary Heins	С	8521					
		Janet Shirley	Α	6333		-			

II. Certification by Lead/Chief Operator

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

20-66	Kenneth Martin	B - 13237
Signature and Date	Printed or Typed Name	License Number

Dept Dept	ant Residual Ma Trium 31,000 31,000 27,000 26,000 30,000 29,000 29,000 33,000	Little and authorities are a filter than the second are a standard	in the second of	CONTRIBUTION OF THE PROPERTY O	X Free C	Commence of the Control of	Chlorine Valore de April 2015 Valore de April 2015	Combined C	hlorine (Chlorami		Combined Ci	Chlo Dioxi	
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14 15 16 x 17 18 x 19 20 x		35,000		1.86								1.29	
15 x 16 x 17 x 18 x 19 x	24	35,000		1.00		 	 					1.49	
16 x 17-4 18 x 19 x	24	30,000					 		++-		<i>,</i>		
17 x 18 x 19 x 20 x x		26,000		2.13			****		 			1.2	
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	x 24	33,000		1.16								1.0	
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.22 "	24	33,000									***		
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26	24	27,000											
27 x		34,000		1.50			1					1.15	
28:	24	35,000				<u> </u>			1				
29	24	33,000				ļ	1						
30 x		25,000		1.62			 					1.21	
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tal []		936,000											
erage///*** iximum	SPORTS CONTRACTOR SPECIFIC	30,194 35,000											



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

See page 4 for instructions.

I. General Information	for the Month/Year of: JANUARY 2006						
A. Public Water System (I							
PWS Name: Colonial	Manor Water System				PWS Identification Nu	ımber: 6510355	
	ommunity Non-Transient Non-Community	Ion-Community					
Number of Service Co	onnections at End of Month: 750+/-	Total Population S		nd of Month: 2500+/-			
PWS Owner: Colonial	PWS Owner: Colonial Manor Utilities						
Contact Person: Melisa Rotteveel Contact Person's Title: Fl. Operations Services Manager							
Contact Person's Maili	ing Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652	
Contact Person's Telephone Number: 727-848-8292 Contact Person's Fax Number: 727-848-7701							
Contact Person's E-Ma	nil Address: mrotteveel@uswatercorp.com						
3. Water Treatment Plant	Information						
Plant Name: Colonial	Manor Water System & III				Plant Telephone Numb	per: 727-848-8292	
Plant Address: Hendri			City: New Port Ric	hey	State: Florida	Zip Code: 34652	
Type of Water Treated		hased Finished V	Vater				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 98000							
Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators Name License Class License Number Day(s)/SI						D	
Licensed Operators	Name	License Number	4	Day(s)/Shift(s) Worked		
Lead/Chief Operator:	KENNETH MARTIN	В	13237	<u>.</u>	3 times pe	r week	
Other Operators:	Travis Pender	С	13956				
Î	Ralph Amiott	С	8140				
	Sharon Maluk	С	13268				
	Thomas Willard	В	10116				
	Larry Jenkins	С	12036				
	Willis Gainey	С	13083				
	John Bowers	С	13625				
	Angel Caraballo	С	13383				
	Lawrence Russo	С	12592				
	Vasco Thompson	С	13914				
	Raymond Layne	С	7893				
	William Cooper	С	12884				
	Mark Havens	С	13858				
	Howard Aldrich	С	6368				
	Les Bolling	С	6477				
	Gary Heins	С	8521				
	Janet Shirley	A	6333				

II. Certification by Lead/Chief Operator

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

2	2-2-06	Kenneth Martin	B - 13237
Signature and Date		Printed or Typed Name	License Number

		e Month/Yea		moual: *	January-0		Fran Chlorina		Culi	Diavida		Ozone	6-1-1	201
	eans of Achieving Four-Log Virus Inactivation/Removal: Itraviolet Radiation Other (Describe)					x Free Chlorine			Chlorine Dioxide Ozone			Combined Chlorine		
											1011			Chlor
ype of Dis	infectant R	esidual Main	tained in Distrib	ution System	Cionella Station	at or or a state of the	X Free C	hlorine		Combin	ed Chlorine (Chloramines)	MARKET CONTRACTOR CHARLES	Dioxid
7.7		200					West and make the state of the							
170	A Table	Kart.	像沙耳角	William China		in (ordental mile) and	ivorbievinė ir maistre et dis	wasting thes	With all White the Color					
136			PT 143			Option					F			
	Blaffed or						. Por un accomplete d				2.5			o an (e alli
	Visited by₂ Operator					en de la companya de La companya de la co	es de enta conspiniente un ny es-			Cint.	Language Con-		Land Control of Control	Remarks Subject
Day of the		Hours Plant in	Finished Water		First Customer During Peak			i ing	20.00	Register	ALCONO.	EVENTAL SERVICE SERVICE		VII STATE VIEW VIEW
Month (4	(Place X:)	24	50,000	PART LOW KNIES BOOM ST.	SOUTH STATE OF SUPPLIES	B ST VIDIOS KENK FLOWS THURSE	THE THE SECOND S	E TWATER IN	cie bition water, it Abbitcaole	# 2008-UNIAN	Sale socientian	AND	STATE TO THE OWN OF THE PARTY O	MARCHEO COPURCION
2	x	24	89,000		1.76	-		- 			 		1.30	
3		24	89,000					1					1	
4	х	24	61,000		1.95			—					1.29	
5		24	61,000											
6	х	24	69,000		1.81								1.32	
7		24	69,000				1	4			L			
8		24	68,000			ļ	<u> </u>			ļ				
9	X	24	77,000		1.74	<u></u>				 			1.22	
10 11		24	77,000 78,000		1.86	<u> </u>		 	 	 			1.30	
12	X	24	78,000		1.80			+		 			1.30	
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14	^	24	76,000			1		-		1	 		1:50	
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verage	A CONTRACTOR	ala Praer	74,839											
laximim		658,615	89,000											



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

See page 4 for instructions.

_									
		for the Month/Year of: JANUARY 2006							
Α.	Public Water System (F								
PWS Name: Colonial Manor Water System PWS Identification Number: 6						ımber: 6510355			
		ommunity Non-Transient Non-Community	Transient l	t Non-Community Consecutive					
		nnections at End of Month: 750+/-		Total Population Served at End of Month: 2500+/-					
!	PWS Owner: Colonial Manor Utilities Inc.								
	Contact Person: Meli			Contact Person's Title: Fl. Operations Services Manager					
ı		ng Address: P.O. Box 398	City: New Port Ric		State: FL	Zip Code: 34652			
		phone Number: 727-848-8292	Contact Person's F	ax Numbe	r: 727-848-7701				
	Contact Person's E-Mail Address: mrotteveel@uswatercorp.com								
В.	Water Treatment Plant								
		Manor Water System & IV			per: 727-848-8292				
	Plant Address: Linkwo		City: New Port Ric	chey	State: Florida	Zip Code: 34652			
	Type of Water Treated by Plant: ✓ Raw Ground □ Purchased Finished Water								
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79000								
Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.31 License Class License Number							D		
	Licensed Operators	Name KENNETH MARTIN	License Number		Day(s)/Shift(
	Lead/Chief Operator:	В	13237		3 times pe	r week			
	Other Operators:	Travis Pender	С	13956					
		Ralph Amiott	C	8140					
		Sharon Maluk	С	13268					
		Thomas Willard	В.	10116					
		Larry Jenkins	С	12036					
		Willis Gainey		13083					
		John Bowers	C		13625				
		Angel Caraballo	C	13383	***************************************				
		Lawrence Russo	C				, , , , , , , , , , , , , , , , , , , ,		
		Vasco Thompson	C	13914					
		Raymond Layne	C	7893					
		William Cooper	C	12884					
		Mark Havens	C	13858					
		Howard Aldrich	С	6368					
	-	Les Bolling	C	6477					
		Gary Heins	С	8521	· · · · · · · · · · · · · · · · · · ·				
		Janet Shirley	A	6333					

II. Certification by Lead/Chief Operator

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	2-2-06	Kenneth Martin	B - 13237
Signature and Date		Printed or Typed Name	License Number

		Month/Year r-Log Virus	Inactivation/Re	moval: *	January-06	x Fre	e Chlorine		Chlorine	Dioxide		Ozone	Combined	Chlorine
Itraviolet I	Radiation			Other (Desc	ribe)									Chlori
vne of Disi	nfectant Res	adual Maints	ained in Distrib	ution System			X Free Ch	lorine			d Chlorine (Chloramines)		Dioxid
	Ž.					Controller (Controller)	diversity in the seconds	Videsace	1			(V) 500-2		
Duy of the	Days Plant Staffed or by Usered by Commetor		Act quantity of		A2	rinne ruiga ^a	ut de d'aught de loca arangair la thailte agus Balan	i i		Zimina Epi	envel Gesellenen	Minima tower ascinica	iew diskilandelingska Consulcinopijak alderak Jeografijakanas saagur	ALCONOMICS ACCORDING TO THE PROPERTY OF THE PR
Month	(Place 'X")	n Operation 6	Produced gal if	Peak Flow Rate god	THE HOUSE HAVE BEEN BOOK TO	an raction times of		WHITE ST	solici Westley bishe	新於新州	Section 1	AWS.yes		* See Below
1		24								ļ			1.30	* See Below
2	X	24			.42					+			1.30	* See Below
. 3		24			.51			 					1.25	* See Below
4	X	24 24						 					1.23	* See Below
5		24			.51					+			1.31	* See Below
6 7	х	24								+			1.21	* See Below
8		24								+				* See Below
9	x	24	1,000		.51					1			1.21	* See Below
10		24	1,000											* See Below
11	x	24			.52					1			1.30	* See Below
. 12		24	-											* See Below
13	x	24	-		.50								1.32	* See Below
14		24	-											* See Below
15		24	-											* See Below
16	х	24	-		0.75								1.2	* See Below
17		24	-											* See Below
18	х	24	-		.75								1.2	* See Below
19		24	-											* See Below
20	х	24			0.82								1.0	* See Below
21		24												* See Below
22		24	-					<u> </u>						* See Below
23	х	24	-		.78								1.10	* See Below
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25:	х	24			.66					ļ			1.29	* See Below
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29		24								ļ		ļ		* See Below
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verage -	443504.0	THE MER	65											



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

See page 4 for instructions.

TI.	General Information	for the Month/Year of: JANUARY 2006					
	Public Water System (F						
	PWS Name: Colonial					PWS Identification Nu	ımber: 6510355
ļ		ommunity Non-Transient Non-Community	Transient 1	Non-Community	ПСо	nsecutive	
Ì		nnections at End of Month: 750+/-				nd of Month: 2500+/-	
Ī	PWS Owner: Colonial	Manor Utilities Inc.					
Ì	Contact Person: Meli	sa Rotteveel		Contact Person's T	Citle: Fl. C	perations Services Man	ager
	Contact Person's Maili	ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652
Ī		phone Number: 727-848-8292		Contact Person's F		r: 727-848-7701	
Ī	Contact Person's E-Ma	il Address: mrotteveel@uswatercorp.com					
۶. ˈì	Water Treatment Plant	Information					
	Plant Name: Colonial	Manor Water System & V				Plant Telephone Numb	per: 727-848-8292
	Plant Address: Valima			City: New Port Ric	chey	State: Florida	Zip Code: 34652
	Type of Water Treated	l by Plant: ✓ Raw Ground ☐ Purcl	hased Finished \			<u> </u>	1 1
Ì	Permitted Maximum D	Pay Operating Capacity of Plant, gallons per day: 18	000				
Ī	Plant Category (per sul	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	D
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times pe	r week
	Other Operators:	Travis Pender	С	13956			
	o mor optimions.	Ralph Amiott	С	8140			
		Sharon Maluk	С	13268			
	·	Thomas Willard	В	10116			
		Larry Jenkins	С	12036			
		Willis Gainey	С	13083			
		John Bowers	С	13625			
		Angel Caraballo	С	13383			
		Lawrence Russo	С	12592			
		Vasco Thompson	С	13914			
		Raymond Layne	С	7893			
		William Cooper	С	12884			
		Mark Havens	С	13858			
		Howard Aldrich	С	6368			
		Les Bolling	С	6477			
		Gary Heins	С	8521			
		Janet Shirley	A	6333			

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2	7-06	Kenneth Martin	B - 13237
Signature and Date		Printed or Typed Name	License Number

II. Daily D	Data for the	e Month/Year	of: Inactivation/Re	emoval: *	January-		Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
Jitraviolet		ou rog vitus		Other (Des	cribe)									
vne of Disi	infectant Re	esidual Mainta	ained in Distrib	ution System			X Free Ch	lorine		Combin	ed Chlorine (Chloramines)		Chlo Dioxi
, pe or <i>D</i> is	4 2 2 3	A disabil		in the same										
						GN tentrosco	ing the state of t		bater at Zanate Bit Liv					
		. 4. 6.							A Common of the	22.0	TEAR OF CHILD HARRY	(IV) of Carlotte (Carlotte)		
- 100 (34 - 100 (34)	T Day's Plant A Staffed or						zacznenią okraliczna			18 latinta	kew.als			
	Vielled by Operator		Nel Quality at		Calabor (GP/LT)	Dengana masko				(0)	Product of A	Approprieta en astrono		Value state 4
Duy of the Month	(Place IX)	Operation "	Produced, pit a	Per Peak Flow Rais (pd	Tiow material			Waterlee	photolicality distri			T nwaten		e control de la control de
47779.54		0												
2	. X	0	<u> </u>	0.55							<u> </u>		1.28	
3	^	0	•	0.00										
4	х	0		0.52									1.31	
5		0		0.52						ļ			1,3	
6 7	Х	0		0.52			 	 					1,3	~ ~~~~
8		0												
9	х	0	-	0.53									1.27	
10		0	-					<u> </u>						
11:	X	0		0.53			 	<u> </u>		 	 		1.31	
12 13	x	0		0,5		 	 	 		ł			1.29	
14		0		0.5									1.27	
15		0												
16-	х	0	-	0.51									1.22	
17		0				ļ		ļ		 				
18 19	<u> </u>	0 0		0.5		 				 	-		1.2	
20	x	0		0.51		+	<u>† </u>						1,27	
21		0		0.51		<u> </u>								
22		0	•											
23	X	0	-	0.51									1.22	
24		0		0.61			-			ļ			1.25	
25 26	х	0		0.51			_						1.25	
27	x	0		0,5				 		<u> </u>			1.31	
28		0	-	7.7										
29		0	-											
30	х	0	-	0.5									1.29	
31	Service last ente	0					L	L		Ь	L		1	
verade #	a della d	istan Varant												
		2.354												

	Advanced			TH	ie lab p	erforming t	his anaiy	sis is che	ecked on the	e left.
	Environmental Laboratories, Inc.									j
9610 Princ 2106 NW 6 528 S. Nor Report Nu Analysis	: Requested: (please check all that apply) and Coliform Test	9 E82620 07.937.1597	E53076	An. Sa. Sar Dis	alysis D mple A nple Pre infectant	Check	Criteria:	Not Cetected		mg/L
System	Name: Caloual Monor ut.	1.4.00	<u> </u>		PWS	i.D. 6	5	1 6	2 3	55
System Ad	ddress: Mag 20				City:	H+	7.0	ac		
System or	Owner's Phone #:		Fa	ıx #:				\simeq		
Collecto	1: Ken Warth		Co	ollector's	Phone	#3	<u> </u>	7-49-	21010	
Type of	Supply: (check only one)									
	unity Water System Noncommunity Water System Well Swimming Pool	☐ No	ontransie ottled Wa	ent Nonc ater	ommun	ity Water S	System		ited Use Sy: er	
	for Sampling: (check only one) X Routine Compliance	Repe	eat 🗌	Replace	ment	Main Cl	earance	☐ Wel	Survey [Other
Sample	Collection Date: 1906									
	to recomplished by calls is or signi									
Sample	Sample Point	Collection	Sample	Disinfect				alysis Meti	od:SM9	(LEP
Number	(Location or Specific Address)	Time	Type1	Res'd (mg/L)	рН	Non	Total	Fecal or		Lab
			ļ			Coliform	Coliform	E. coli	Qualifier ²	Sample Number
	LOSINAL CONNONDE	0900	8	ϕ	J.3		A			01
	WEIL #2 Cantral st	0,401	8	ϕ	า.3		4			0)
	Wall Ethology	0911	9	<i>\$</i>	γ		A		_	03
	COOWNING PAINS	OUI	8	0	J.3		A	-		-04
	Dut# 1 3505 Linkwood	OBO	7	121			<i>H</i>		-	05
	Dist#1 3505 Hendrix	Q441-	D	1.11			A			-06
communit	of disinfectant residuals for routine and repeat samples. (C y and nontransient noncommunity systems serving populations up to not include raw or plant samples in the average.)			1.18	All test				Code Rule 62 vith NELAC s	
	tant Residual Analysis Method: GDPD Colorimetric Othe	er:		Date PV	VS notifie	ed by lab of g	ositive res	sults:		
	performing analysis is: JA certified operator (# <u>\$\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$</u>	d by a certif	ied lab							
	Supervised by a cert operator (#)	d by DEP or		0:		\triangle			-	
Nan	ne and Mailing Address of Person to Receive Re	eport	Lab Title	o Signatu a	re:	2	7	A		
	U.S. Water Services Corporat	•	1						EP/DOH US	E ONLY
	4939 Cross Bayou Boulevar			Satisfa Incomp		ollection l	nformati		ERIDUM US	DEUNLY
l	New Port Richey, Florida 340			Repea	t Samp	oles Requi	red			
	Phone (727) 848-8292	- 	11			Samples	•			
	(123) 2 12 3402		1 1			y DEPIDO ving Officia				
		Page 1								

DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM92228 & D; MTF = 92218 & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

[62:550.730 Reporting Format - Effective 01/95, Revised 01/95]

☐ Gainesville:

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

Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327 Orlando:

CLIENT NAME:	9610 Princess Palm Avenue, Ta 2106 NW 67th Place, Suite 7, G 128 S. North Lake Blvd., Suite 1	sonville, FL 32216 • (904) 363-9 mpa, FL 33619 • (813) 630-961 alnesville, FL 32606 • (352) 367 016, Altamonte Springs, FL 327 PROJECT NAME:	350 Fax (904) 363-9354 5 Fax (813) 630-4327 1500 Fax (352) 367-0050		LAB NUMBER	7060	264
U.S. Water Services ADDRES 4939 Cross Bayou New Port Richey, F PHONE: Phone (727) 82		PROJECT NAME: COLONIC TO RO, NUMBER / PROJE	(107) 337-1594 Fax (407)	937-1597 BOTTLE SIZE & TYPE	Ge	Page	of
	lorida 34652 18 _x 8292	PROJECT LOCATION:		A R N E A Q L U	G		
CONTACT:		SAMPLED BY:		Y I S R I E			
TURN AROUND TIME:	REMARKS / SPECI	AL INSTRUCTIONS:	14	S D			
I RUSH							
W=waste water SAMPLE ID SAMPLE	GW=ground water DW	≈drinking water OIL	A=air SO=soil S	SL=sludge Preserv	1 1 1		
Race way#1	COMMON DO	Composite DATE	THAL	CONT.			
Raw well #	3 11 0		0701-00		\ \ \ \ \ \ \		-(
Passa ca a 11 the	1 LINKWOK		091 00		X		-01
					XX		-100
P H = (HCI) S = (H ₂ SO ₄) N = ((HNO ₃) T = (Sodlum Th						
ikieliamist Bia Ba	. : Coollar ::: 10971:	Relir		Date Time	Received by	Dun	
				1-1-1-1		1/9/0	6 My

8864 Government	vironmental Labor Drive Fl≥ 34654 Fax: (727) 847€8111	FOR LABUSE ON		ondition of Controls			SEOMLY
(/2/) 84/-8902	ndividual)	2 ramp of Contents Address	3 9 (OrtX	egelveg on 1604 (2011)		Pios (7)
1. Chellus(Compan) Cu					in Godi	lace (V. Televisia
2. Report to: (if different	(Pom above)	City Address		Sele Z	11) Gare	Rhone: (
2. , (CEPOTE O.)						Green II	
3. Cliënt Project Name:	And the second second second	Gity/	Continue Codes		hy Code S		PIOSTIN
C Wanialin	Per that was a second	Water Samule Codes (for liter)		121. Containais			((O ir)
4. Sampled by (Print)		DW- Prinking Water	V VOAvial G_Glass				C = Cool (0): 1H = 1H/61006ii
5Sampled by: (Signatu	re)	SW Surface Water	P - Plaste				∰-i∭eji@eji
6. Shipping Method:		PW:-(Processed Wa WW) - Waste-Water	nar Makileo Beeloup O - Oligar	einine 3/			TALL INTING AC
7. Sample 8.	Sample 9	1 32.2317790					S - Syllighie Tr - Socilyin
ID or No.	Description ₁					/ /	
Item		Sample: Sample: 5	Water Godes) Leadh Soffi Soffi			/iko Remark	LA
1 2 2	OTH OTHER	Date of the control o					
	Mary Carlot Control of the Control o	Substantial Control					
3.		REAL BOSKIO					
4.	ALL PROPERTY OF STREET						
FE 3 36%(3)(2)(5)\$6.96%							
6.							
7.	A STATE OF THE STA						
8.							
9.	and the second s						
10.	EINOUISEEDER	Y DAT		기 (8 : R) =	CEMED BY.	D/AT	
17. RE	eingeiogepad		ACCUPATION OF THE PROPERTY OF		And the second		
	The second secon						
3	Inger de la company						

U.S. Water

Treatment Plant Name Coloniel Month (YEAR: 500 6

Well # 1 Connon & System PWS Id Number:

				·					·
Day			CL2	C.F.3		Air/			
מנו זמ	Meter	Gallons	Residual	Residual		Water	Time in / Time Out	Sampling	
Month	Reading	Pumped	ιᾶ. plant	(i) remote tap	PSI	Ratio	License Number / Initials	Performed	Remarks
1 1	18325	ø							
2	18372	Ø	, 55	1.31	35	琴	100 B13237		co 13 Ao 113 cm
3		0						•	
4	18325	ø	<u></u>	125	39	易	Ku R13337		2000 112cm
5	.)	Ø							4 4
6 j	18327	\$	- 53	130	35	50	Row B 1326)		G CI S
7		<u> </u>							' '
8		Ψ							y) ;
9	13325	3500	54	123	35	8	Ke B13237	Tas, soc, CI, Dord	as the 12 w
10		3500.	TELLY	by Quel	280	11 500	abs	•	1
11 }	4668	4	.22	130	35	11 50	Kee BUB-30		
12		9/							<i>\\</i> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
13	8332	0,	02.	127	78	-19	Kar \$1323)		\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14		Ø							11 16
15						co/			11 4
16	8332	0	, le	1.2	40	50/50	me clay		11 10
17		0						A A VIII	(1 (0)
18 6	5332	0	,6	1.2	40	50/50	Benedetto Maffi	CETYCUOU	11 (
19		0	- 60		-a -	3/5	- O 100 (n 1 l)		11 11
20	3332	\$	0,53	1.0	40	30/50	meerold		lı /(
21		ø							11
22		8				021			100
23	\$332×	<i>\$</i>	12.	61.1	40	750	10m B1373)		wall of the
24	ا ا				·	4-0); (')
25	8332	Ø	.30	120	40	#3	100 B1341		10 C10 04) C100
26	77.1.1	<u> </u>				<u>~</u>			• • • • • • • • • • • • • • • • • • • •
	8331	Ø	07.	177	40	e ₃	D 13237		and 390 columns
28 1		Ø				-			11 1- 4
29	. 3			,		222	L 00000		well off Ch
30	8332	J	,51	1,213	40	20	Kon B13267		went off Chi
31		'							

U.S. WIALET

Jan of Treatment Plant Name (Colonia) mant Well 2 cantralled System PWS ld Number:

	Well II	7 ca	MIMIN	٥ , ٥)	/stem Pvv a	o to tabiliber.				
Cay of the	Meter	Gallons	CL2 Residual	CL2 Residual		Air! Water	Tune in / Time Out	Sampling	Remarks	
Month	Reading	Pumped	iᾱ. plant	rii; remote tap	PSI	Ratio	License Number / Initials	Performed	Kelliarkz	
1	02008	34,001								
	E0003	3/000	1.56	130	L19-	#	Down Bilder			
	<u> </u>	3 1 4 11	, ,					^		
3	6	3/1000	. 00	129	42	50	Kun B1323)		Clean Infor	Toustailed
4	80135	27,000	1.81	1.51		77	K 42 D1 242/		0.000	Mew Check
5		26,000			ļ Ļ					Value (Stennier
6	80188	30000	1.56	132	43	30	16-6,320			
	20122	37001								
7					<u> </u>					
8	30188	9000			1			MINESTER		
9	80276	33 000	184	110	6,3	-15	Kas (1523)	Bont of South		
10		32,00						`		
	30341)	30000	١ ١	1,15	<u>۳</u> ,3	88	Kon BISDED	,	Clean Intol	
11	303 1)	30000		<u> </u>		30	111111111111111111111111111111111111111			7
12		29000			,	9-5				
13	30400	35000	186	1.25	4)	200	100 D1373)			
14		35 000		ĺ						
15		30000	,							
	V/ 3/V	26000	8,13	1.2	42	30/70	M COM			
16	80,500	26	$\alpha n \circ$	1:	72_	10/10				
17		26000				3.24		- 00:01		
18	80552	2700	1.56	1.2	46	30/70	Benedetto Mattine	mecion		
19		\$xxx				,				
	20101		1.10	1,0	42	3970	mecioill			
20	10008	33,000	1110	110	12	1710	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21		37,000			ļ					
22		33,001								
23	80706	31000	1.22	1.01	412	56	12m B13/23)		Clean Inflow	
	3 10/		. 75-	1	<u> </u>		•		9	
24	62 (2)	31001	1 25	. 0	417	22	1cm B1523)			
25	80763		1.39	1.08	-19-	76	122 212131			
26		23000								
27	80 823	34000	1.50	115	412	8	Row B13261			
	0~ 0~	31.	† -		T					
28		31,000	 	-	-					• -
29		Groff	ļ		ļ	-		 		1
30	80923	25,000	1.64	121	41	2	(Coldidan)			()
							15 (1377)	Primary Nos		()
1 31	1	6000€			ــــــــــــــــــــــــــــــــــــــ		12122			'

U.S. W.Aler

Treatment Plant Name Colonial Manue MONTH (YEAR: 5 and 6

Well 18 3 Hendrix System PWS Id Number: _______

	44 €11 14	3 HEV	1011)		ratem rate	TO INDITION			·	1
Uny			CF3	CL2		Air'	Time in Time One	Sampling		
at the	Meter Reading	Gallons Pumped	Residual ia: plant	Residual ia; remote tap	PSI	Water Ratio	Time in / Time Out License Number / Initials	Performed	Remarks	
Mornin	140780	50,00	itt. piatit	itt, remete tap		1,5115				
2	170130	89000	1.76	130	Sil	20	Kan Bisho			}
	1.10000	8,000	, , , ,			- · · · · ·		-	A	
3_	1411008	6 000	1-95	725	54)	RE	16x 813 H37		We and In Por	
4	1-11001		1- 13)		34			J	
5		10	. 6. 1	132	5-1	-63	1cm \$1323)			
6	141130		18)	132		10	100 \$100			
7		69 003						(2-1)		
8	cc (1 2) /	6P021	1.741	124	54	20	Kin B13L57	Monthly Routine		
9	141336	77000	1.1.	100	1 7	1	1000 B13231	Bioning Continue		
10	.() (.0)	200	1.00 /		5,0)	23	16m B1345)		C1 07 Dans	30 06
11	141176		186	130	2)	170	Josep (21270)		Repair Duris and starting	Blacer
12		76000	1 55	138	car	200	1500 B1320		Prop D Duy and	@ INT. O.
13	14/64/6		101	120	100	, 80	1000		the said and	7
14		76000				<u> </u>				-[
15	110-1	73000	N A	1.2	54	20/80	meclour			
16	141874	13	1117	112	24	2980	1116010111			
17		72000		1.2		d.	0 11: A1 11: Y	REGINITI		
18	142019	71000	1.00	1.6	50	9100	Bendetto Mattrack	1 INCOLLI		-
19				 		son La	0000010111			
20	142160	74.000	1.00	10	54	30/10	meciolli			-
21		74,000								
22		73,000			-	130 /			61 0 5 0	-
23	147331		1.47	1.10	\$4	200	Kun B 1323)		Clean In Yord	-
24		85,001	1		ļ,	.50	A		U	
25	142551	68001	.76	1.20	241	.20/10	1an B13217			
26		67000			ļ	ro.				-
27	1412686	30,000	1.05	1.21	(~)	1000	10x B13/31			-
28		87,000								
29	11294c.									1000
	142946	77	1.12	131	64	ू देवे देवे	1Kon (31313)			1
		22,00					Km BIJHSO	Pulled Quall		_
31	1611/22	1 01/001	J					Nos		
,3.,	16.17.733									

U.S. Waler Borders Corporation

.... / 31

Treatment Plant Name Colonia) Manor System PWS Id Number:

	Well #	_ <u> </u>	1 K wood	, Sy	stem PWS	ld Number: _		T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Day			CL2	CL2		Air/			
of the	Meter	Gallons	Residual	Residual		Water	Time in / Time Out	Sampling	Remarks
Month	Reading	Pumped	ια, plant	ाते; remote tap	PSI	Ratio	License Number / Initials	Performed	TCHILL
1	83690	6							00
	30680	Ü	. 4)4	130	σ ₂	5900	12m B1325)		w 2110 Q C, me
2	180600	A						•	5 1
3	(I) + (m >	4.	7700 \	125	90	200	Kan B13237		15
4	30680	Ž.	17)	101		 	30.00		, , , ,
5		9				10/10	6.1111) >
6	30680	\d	. 53	13)	49	. 700	Jan 1363)		, ,
7		8							5 50 11
ļ		Ch							i
8	er - /72 0		53	121	(0)	Copo	Kan B1323)	mostly ladice	welloff Line
9	08908	1000			 			aption	* '
10		1000		0 40 D	ł.	200	1 0.3000		ad 280115 00
11	8061L	Ø	. 2.5	1.30	62	3-2	Im 81793)		1, 1,
12		70			<u> </u>	(47)			W511082C
13	80682	8	50	1.32	20	35	Dear 817773		11 11 11
	0 9	Ø.							
14		0				,			
15	5.1.82	0	0.75	1.2	50	30/70	mecioni		11 ((/1
16	80682	0	0.10	1. ~					11 (1 /1
17				+		30/70	Bonedate Mattia	manuall	TI II C
18	30682	0	.75	1.2	50	170	DONEG ZIPO / CETTIZ	er i je chou	1 1
19		8				-/-			
20	- / 60	6/	0.82	1.0	50	2980	me CIOII		, ,
	•	4	U . v =						, ,
21		1/2/	 		1				
22			79	1 ~		20/00	Res mal 1823)		Well of Cime-
23	80687	Ø	1,1	1.10	\$	700	· Proposition		N
24		, Ø				4.0.	2 2 2 2		well off C.s.
	80682	Ø	.66	1.29	10	4%	Kar B13237		
- 1	} ⁻	d		-					14 1
26		D D	.51	1.23	50	4)960	Kur Bisasi		/ 4 } }
27	80689		1° 3'	(L.C.)	 	1,55			() \
28		70			 				, ,
29		6		1	+	40/20	103		way 08 200
3.0	30682	Ø	.52	124	40	1,7 60	V- B13237		- war si
		1					Kur B1243)	General Nos	
3	1]					. –		V	

SA

U.S. Waler

Treatment Plant Name Colonial manel MONTH MEAR: 504.06

Well # 5 Valimor System PWS Id Number:

	Well #	2 Vo	iti mor	Sy	slem PWS	ld Number:			
lay ilv;	Mater	Gallens	CL2 Residual	CL2 Residual		Air/ Water	Time in / Time Out	Sampling	Remarks
unit.	Reading	Pumped	ια: plant	iĥ; remote tap	PSI	Ratio	License Number / Initials	Performed	Kemarks
_		Ø							112 180 119a
-	1 1 1 mm	0	12.1	128	42	20/00	Rea B13231		
2	<u> </u>	8							^)
3			52	12 (47	Dia	Kn B 132-67		() I)
4		Ø	1,37	1.3.)		-> \ (_			\' \
5		(<i>b</i>	ļ		1.1	2000	12 B1320		\
6	1	ϕ	152	130	47	7,0	1-4 13.30		\ <u>'</u>
7		Ø						<u> </u>	i)
		a							
8	i	Ø	.53	127	42	B	X-B13137		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
9		9	+	<u> </u>					1 1
10	<u> </u>	Ø	. 53	13)	411	20	12m D13127		we 11089 ha
11	1	-\- <i></i>	1.27	137		3			\(\frac{1}{2} \cdot\)
12		0		\	<u>~12</u>	\$3	Nam B13257		(, 1, 9
13	1_1	0	.50	129	<u> </u>	120	122 B130-3)		\ 1 \ 1 \ 1 \ 1
14		0			<u> </u>				1(1(1)
15		0			LIL	170	0.11.0	<u> </u>	WEIL DE LINE
16	· \	0	51	122	CIL	7.8	K- 81773.)		11 11 11
17		0							1. 1
18		6	,50	1.20	42	50/50	Benefito Mattrace	Kon Biggs	
	<u> </u>	0							* 1 (
19		6	, 51	127	L12	-53	Kon B13/237		1. "
20				1 5 1	1				1- " "
21		6			 				1. 1. h
22		5			-	-	Ren D U 2-67		w (1) 0 /2 Line
23	1	0	.51	1.22	1-1)	50	10- 20 (4-3)		p vc 1
24		5			 	197h	2 2 2 2 2 2	 	1, 1, 9
25	}		. 5-1	1.25	17	55	L B1323)		(, (,
26		9							
		9	.50	121	4)1	S	K-B1313)		2) Cg 0 113 as
27		7,	100	-					11 0
28		9	·	+	† 				1, 0
29		 		1126	4	23	K= B 1325)		4, J 870 119 a
30	\ \ \ \	0	,50	129	5	120	12 12 12 42)		(1) (1) (1)
		O	ł						

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

See page 2 for instructions.

FILE COPY

		ction for the Month/				February-06					
	<u> </u>	VS) Name: Colonial N enitication Number: 6								· · · · · · · · · · · · · · · · · · ·	
ubile w		Plant 2 Name	Plant 3 Name	Plant 4 Names	Plant 5 Name	Plant 6 Name	Plant 7 Name k	Plant 8 Name	Plant 9 Name	Plant 10 Name	West Delicion
	Colonial Manor	Colonial Manor	Colonial Manor	T T	Colonial Manor		angangan dan samuran satu pada dinadak bagada ayar dinasakki		1122		Sales Sa
	Well # 1	Well # 2	Well # 3	Well #4	Well # 5						
			Per	mitted Maximum D	ay Operating Capac	ty of Each Plant, g	llons per day	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	43 . 75 T. Ag		r Total
Day of	93,000	53,500	93,000	53,500	93,000			<u> </u>			386,000
Month				Net Quanity of F	nished Water Produ	ced by Each Plant;	gallons				
i	-	29,000		-	_						109,000
2	-	28,000	80,000	-	-			<u> </u>			108,000
3 - 1 -	-	29,000	70,000	-	-						99,000
4	-	29,000	70,000	-	-						99,000
5	-	28,000	70.000	-	-						98,000
6	-	27,000	75,000	-	-						102,000
7		26,000	75,000	-	-						101,000
8	-	27,000	68,000	-							95,000
9	-	26,000	68,000		_						94,000
10	-	28,000	71,000	-	-						99,000
11	-	28,000	71,000	-	-						99,000
12	-	27,000	71,000	-	_						98,000
13	-	63,000	43,000	-	-						106,000
14	_	63,000	43,000	-	-						106,000
15	-	31,000	72,000	-	• -						103,000
16	-	30,000	71,000	-	-						101,000
17	-	35,000	90,000	•	-						125,000
18	-	35,000	90,000	-	-		,				125,000
19	_	34,000	90,000	-	*						124,000
20		32,000	90,000	-							122,000
21		32,000	89,000	-	-						121,000
22	_	31,000	69,000	•							100,000
23	-	30,000	67,000	-	-						97,000
24	_	31,000	76,000	•	-						107,000
25	_	30,000	75,000		-						105,000
26	_	30,000	75,000	•	-						105,000
27		46,000	93,000	_			-				139,000
28		46,000	93,000	*	-						139,000
29	-	+0,000	75,000					*****			0
						<u> </u>		<u> </u>			0
30											0
31	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			· · · · · · · · · · · · · · · · · · ·			Several September 1997		l Wid a mada a	A 400 k	3,026,000
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vg.								INE	YILLY		97,613
ax.											139,000



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

See page 4 for instructions.

I. General Information	for the Month/Year of: FEBRUARY 2006							
A. Public Water System (F								
	AL MANOR WATER SYSTEM				PWS Identification Nu	imber: 6510355		
	ommunity Non-Transient Non-Community	Transient 1	t Non-Community Consecutive					
	nnections at End of Month: 750+/-		Total Population S	Served at E	nd of Month: 2500+/-			
PWS Owner: Colonial	Manor Utilities Inc.							
Contact Person: Meli	sa Rotteveel		Contact Person's 7	Title: Fl. C	Operations Services Man	ager		
	ing Address: P.O. Box 398		City: New Port Ric	chey	State: FL	Zip Code: 34652		
Contact Person's Telephone Number: 727-848-8292 Contact Person's Fax Number: 727-848-7701								
Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com		<u></u>					
3. Water Treatment Plant	Information							
Plant Name: COLONI	AL MANOR WATER SYSTEM & I				Plant Telephone Numb	per: 727-848-8292		
Plant Address: Connor	n Drive		City: New Port Ri-	chey	State: Florida	Zip Code: 34652		
Type of Water Treated		hased Finished V	Vater					
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 79	000						
	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	ibsection 6	2-699.310(4), F.A.C.):	D		
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Worked		
Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times pe	r week		
Other Operators:	Travis Pender	С	13956					
	Ralph Amiott	С	8140					
	Sharon Maluk	С	13268					
	Thomas Willard	В	10116					
	Larry Jenkins	С	12036					
	Willis Gainey	С	13083	,				
	John Bowers	С	13625					
	Angel Caraballo	C	13383					
	Lawrence Russo	С	12592					
	Vasco Thompson	С	13914					
	Raymond Layne	С	7893					
	William Cooper	С	12884					
	Mark Havens	С	13858					
	Howard Aldrich	С	6368					
	Les Bolling	С	6477					
	Gary Heins	С	8521	ļ				
1977) 134 1982 15 (A.A.)	Janet Shirley	A	6333					

II. Certification by Lead/Chief Operator

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

V =	3/21	٥	KENNETH MARTIN	B - 13237
Signature and Date	1,		Printed or Typed Name	License Number

Average Maximum

		ir-Log Virus	Inactivation/Re			X	Free Chlorine		Chlorine D	Dioxide		Ozone	Combined	l Chlorine
Iltraviolet	Radiation			Other (De	scribe)									
ype of Dis	infectant Re	idual Maint	ained in Distrib				X Free Ch					Chloramines)		Chlor Dioxid
						CF Calculations, or UV	Dose; ta Demonstrate Four Lie	g Virus Irlact	yation if Applicable s					83 442 A.S. 19
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal		Lowest Residual Disinfectant Concentration (C) Before o. at First Customer During Peak Flow, http://	4 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1	Luvest CT Provided Before or all First Classinas During/Peak Flore	19 100 2018	CONTROL OF THE PARTY.	1.2	to Lowest Operating UV		Lewest Residial Distriction Concentration of Remote Poli in Distribution System, mg/L	Energegey or Abrove Operating Condition Repair, or Metaletania (Work that Involved Lea Water System Compon Cut, of Operation
1	X	24			.51								1.28	* See Below
2		24								ļ				* See Below
3	X	24			.52								1.25	* See Below
4.		24	-			· · · · · · · · · · · · · · · · · · ·		ļ				,		* See Below
5		24	-											* See Below
6	Х	24	-		.51								1.27	* See Below
7		24												* See Below
8	х	24			.50								1.29	* See Below
9		24	-										-	* See Below
10	х	24	-		.60								1.22	* See Below
11		24	<u>-</u>								•			* See Below
12		24	<u> </u>											* See Below
13	X	24			.52								1.29	* See Below
14		24												* See Below
15	x	24			.52								1.28	* See Below
16		24					!							* See Below
17	X	24			.50								1.29	* See Below
18 19		24												* See Below
20		24			.50									* See Below
21	X	24			.30								1.27	* See Below
22		24			51									* See Below
23	X	24			1 71								1.29	* See Below
24		24			.53								1.01	* See Below
25	X	24		·									1.21	* See Below
26		24								<u> </u>		****		* See Below
27		24			.58								1.21	* See Below
	X	24			٥٤.								1.21	* See Below
28														* See Below
29														* See Below
30														* See Below
31 otal				* Well Temporalit	L				·	LI				* See Below



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

See page 4 for instructions.

I.	General Information	for the Month/Year of: FEBRUARY 2006						
Ā.	Public Water System (I	PWS) Information					1000	
	PWS Name: Colonial	Manor Water System				PWS Identification Nu	ımber: 6510355	
	PWS Type: X C	ommunity Non-Transient Non-Community	Transient 1	Non-Community	ПСо	nsecutive		
	Number of Service Co	nnections at End of Month: 750+/-		Total Population S	Served at E	nd of Month: 1,825 +/-		
	PWS Owner: Colonial	Manor Utilities Inc.						
	Contact Person: Meli	sa Rotteveel		Contact Person's 7	itle: Fl. C	perations Services Man	ager	
	Contact Person's Maili	ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652	
	Contact Person's Telep	phone Number: 727-848-8292		Contact Person's F	ax Number	r: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com								
В.	Water Treatment Plant	Information						
	Plant Name: Colonial	Manor Water System & II				Plant Telephone Numb	per: 727-848-8292	
	Plant Address: Cantrel	Street		City: New Port Ri	chey	State: Florida	Zip Code: 34652	
	Type of Water Treated	l by Plant: ✓ Raw Ground Pur	chased Finished V					
ĺ	Permitted Maximum D	Pay Operating Capacity of Plant, gallons per day: 7	9000					
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	D	
Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked								
Lead/Chief Operator: KENNETH MARTIN B 13237 3 times per week								
	Other Operators:	Travis Pender	С	13956				
		Ralph Amiott	С	8140			The state of the s	
		Sharon Maluk	С	13268	-			
		Thomas Willard	В	10116				
		Larry Jenkins	С	12036		TT		
		Willis Gainey	С	13083		***************************************		
		John Bowers	С	13625				
		Angel Caraballo	С	13383				
ł		Lawrence Russo	С	12592				
		Vasco Thompson	С	13914		, , , , , , , , , , , , , , , , , , , ,		
		Raymond Layne	С	7893				
		William Cooper	С	12884			T WWW.	
		Mark Havens	С	13858				
		Howard Aldrich	С	6368				
Ī		Les Bolling	С	6477				
		Gary Heins	С	8521	····			
	1.14.14.1	Janet Shirley	A	6333				

II. Certification by Lead/Chief Operator

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

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to

1	31	2106	KENNETH MARTIN	B - 13237
Signature and Date		1	Printed or Typed Name	License Number

		Month/Yea			February-0									
Means of A Ultraviolet		ur-Log Virus	Inactivation/Re	moval: * Other (De:	scribe).	x	Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
														Chlo
ype of Dis	infectant Re	sidual Maint T	ained in Distribi	ution System.	(10)	Total Supersultation	X Free Ch	lorine	Telephological systems			(Chloramines)	Listania and the Part Store	Diox
	Post-1					- marting	Magricios (11 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
						CT Calculations, or U	Dose, la Demonstrate Four-Le	e Virus Iniic	tivation of Applicable		1. T	Market and the second		Emergency of Abnor
										CALL TO POST OFFICE	THE REAL PROPERTY.	CHARLE OF THE CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE P		
			in the state of th		Lowert Residual Distributant Contentration (C) Before or at First Customer During Peak Flow, mg/L			1942	pH of Water, if Applicable		6.46	Destriction of		B. C. C.
	Days Plant Stuffed or				P		Forward CT Provided Before o		DARWING COLUMN		SENSON OF CHARLES			Operating Condition
	Visited by		Net Quantity of		Concentration (C) Before or at	Disinfectant Confact Time (T	at First Customer During Peal	100		Minimum CT Required	is Lowest Operating U Dose mW		Lowest-Residual Disinfectant	. Repair of Maintena Work that Involves T
Day of the	Operator (Place "X")	Hours Plant in Operation	Finished Water Produced, gal	Peak Flow Rate, gpd	First Customer During Peak	at C Measurement Point	Flow,	Temp of	all of Water of Acutionia	Required, mg-min/L	Dose mW-	Minimum (IV Dose Required, mW-seo'em ²	Concentration at Remote Point	Water System Compo Out of Operation
ivionin	X	24	29,000	reak riow Rate, gpa	1.60	15th ang Feath Flow, maintes:	The state of the s	water, C	разосмище, и эфрикаов.	подчиные	- serven	E. B. S. May-sewent, Pol. (b.)	1.19	3.2 Out of Operation
2		24	28,000					 		 		 		
3	x	24	29,000		1.74								1.15	
4		24	29,000							T				
5		24	28,000											
6	х	24	27,000		1.71			Ī					1.21	
7		24	26,000											
8	X	24	27,000		1 65								1.22	
.9		24	26,000											
10	x	24	28,000		1.50								1.20	
.11		24	28,000											
12		24	27,000							ļ				
13	Х	24	63,000		1.62								1.30	
14		24	63,000							<u> </u>				
15	X	24	31,000		1.74							-	1.20	
16		24	30,000		1.60			ļ						
17	X	24	35,000 35,000		1.69								1.28	
19		24	34,000											
20	X	24	32,000		1.72								1.30	
21		24	32,000		1.72								1,30	
22	X	24	31,000		1.83								1.27	
23		24	30,000								L		1.27	
24	X	24	31,000		1.89								1.20	
25		24	30,000									1		
26		24	30,000											
27	X	24	46,000		1.76								1,20	
28		24	46,000											
29														
30														
31														
	With the control of	75/55/4/42	931,000											
verage	Aleksati.		33,250											
1aximum			63,000											



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

See page 4 for instructions.

I.	General Information	for the Mont	h/Year of: FEBRUAR	Y 2006							
	Public Water System (F								NA		
	PWS Name: Colonial	Manor Water	System					PWS Identification N	umber: 6510355		
	PWS Type: X C	ommunity	Non-Transient Non-Co	mmunity	Transient 1	Non-Community	ОС	onsecutive			
	Number of Service Co.	nnections at E	nd of Month: 750+/-			Total Population Served at End of Month: 2500+/-					
	PWS Owner: Colonial	Manor Utiliti	es								
	Contact Person: Meli	sa Rotteveel						Operations Services Ma	nager		
	Contact Person's Maili	ng Address: P	.O. Box 398			City: New Port Ric	hey	State: FL	Zip Code: 34652		
	Contact Person's Telep	hone Number	: 727-848-8292	-		Contact Person's F	ax Numb	er: 727-848-7701			
	Contact Person's E-Mail Address: mrotteveel@uswatercorp.com										
В.	3. Water Treatment Plant Information										
	Plant Name: Colonial I	Manor Water	System & III					Plant Telephone Num	ber: 727-848-8292		
	Plant Address: Hendrix Street					City: New Port Ric	chey	State: Florida	Zip Code: 34652		
	Type of Water Treated	l by Plant:	✓ Raw Ground	Purc	hased Finished V	Vater					
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 98000										
	Plant Category (per sul	bsection 62-69	99.310(4), F.A.C.): IV					62-699.310(4), F.A.C.):			
	Licensed Operators	w	Name		License Class	License Number		Day(s)/Shift	(s) Worked		
	Lead/Chief Operator:	KENNETH MA	RTIN		В	13237		3 times p	er week		
	Other Operators:	Travis Pender			С	13956					
		Ralph Amiott			С	8140					
		Sharon Maluk			С	13268					
		Thomas Willard			В	10116					
		Larry Jenkins			С	12036					
		Willis Gainey			С	13083					
		John Bowers			C	13625					
		Angel Caraballo			C	13383					
		Lawrence Russo			С	12592					
		Vasco Thompso	n		C	13914					
		Raymond Layne)		С	7893					
		William Cooper			С	12884					
	Mark Havens C					13858					
	Howard Aldrich C					6368					
	and the second	Les Bolling			С	6477					
		Gary Heins			C	8521					
		Janet Shirley			A	6333					

II. Certification by Lead/Chief Operator

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

12/06	KENNETH MARTIN	B - 13237
Signature and Date	Printed or Typed Name	License Number

	Data for the				February-l									
Means of A Ultraviolet		n-Log Virus	Inactivation/Re	moval * Other (De:	scribe)	X	Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
														Chlorin
Type of Dis	infectant Re	sidual Maini I	ained in Distrib			A SECTION OF SECTION AS	X Free C	lorine	to de la casa participa de la casa de la cas La casa de la casa de	Combine	d Chlorine (Chloramines)		Diovida
					LESWER Rendrit Distriction in Communication in Communicat								in commit	
				Constitution of the consti	10 m	CT Galculations, or U	Dose, to Demonstrate Pour L	g.Vine Like	tivation if Applicable 2			ata in the co	340	
		276	Net Quantity of . (Finished Wales	140	Trial College	Paragraph Creat	ations with the second	SAMPA				TUV Dose 10		1242
	Days Plant													a Emergency or Abnorma
	Visited by Operator				Lowest Residual Districtions	and the state of the	at First Customer During Pea			Managar	Lovest			Operating Conditions: Repair of Maintenance
Day of the	Operator	Floury Plant in	Net Quantity of		Concentration (C) Before or at	Disinfectant Contact Time (T		2.86	Bergaldert at	Ott	Operating UV Dose in Wa	Minimum IV Dose Remoted	Lovest Residual Disinfectant	Work that involves Takir
Month	(Pluce 'X')	Operation -	Produced, gat	Peak Flow Rate, gpd	Flow, mg/L	During Peak Flow, minutes	armg-min/L	Water, *G), pH of Water, if Applicable.	Mg-MiM/L	sevem.	. mW-set/cm	in Distribution System, mg/1.	Out of Operation
1	X	24	80,000		1.29								1.21	
2		24	80,000					ļ						
3	х	24	70,000		1.25								1.18	
4		24	70,000					ļ						
5		24	70,000							ļ				
6	X	24	75,000		1.36			<u> </u>					1.22	
7		24	75,000		1.20			ļ		 	-			
<u>8</u> 9	X	24 24	68,000 68,000		1.38								1.26	-
10	X	24	71,000		1.60								1.29	
11	X	24	71,000		1.00								1,27	-
12		24	71,000							 				
13	X	24	43,000		1.33								1.27	
14		24	43,000											
15	Х	24	72,000		1.22								1.30	
16		24	71,000											
17	Х	24	90,000		1.51								1.32	
18		24	90,000											
19		24	90,000					ļ			······································			
20	х	24	90,000		1.69					ļ			1.22	
21		24	89,000		1.72			<u> </u>		 				
22	х	24	69,000 67,000		1.72			-		 			1.29	
24		24	76,000		2.01			-		 			1.23	
25	X	24	75,000		4.V1			 					1.23	
26		24	75,000								·····			
27	х	24	93,000		2.09	······································				1			1.28	
28		24	93,000				h							
29												<u> </u>		
30														
31														
Fotal		1.0	2,095,000							-				
			74,821											
/aximum	<u> Graita</u>		93,000											



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

See page 4 for instructions.

I. General Information	for the Month/Year of: FEBRUARY 2006							
A. Public Water System (F				· · · · · · · · · · · · · · · · · · ·				
PWS Name: Colonial	Manor Water System				PWS Identification N	umber: 6510355		
PWS Type: X C	ommunity Non-Transient Non-Community	Transient l	t Non-Community Consecutive					
Number of Service Co	nnections at End of Month: 750+/-		Total Population S		nd of Month: 2500+/-			
PWS Owner: Colonial	Manor Utilities Inc.		· · · · · · · · · · · · · · · · · · ·					
Contact Person: Meli	sa Rotteveel		Contact Person's T	itle: Fl. C	Operations Services Ma	nager		
Contact Person's Maili	ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652		
Contact Person's Telephone Number: 727-848-8292 Contact Person's Fax Number: 727-848-7701								
Contact Person's E-Ma	iil Address: mrotteveel@uswatercorp.com							
Water Treatment Plant	Information		10.41.0					
Plant Name: Colonial Manor Water System & IV Plant Telephone Number: 727-848-8292								
Plant Address: Linkwo		City: New Port Ric	hey	State: Florida	Zip Code: 34652			
Type of Water Treated		hased Finished V	Vater					
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 79	9000						
	bsection 62-699.310(4), F.A.C.): IV			bsection 6:	2-699.310(4), F.A.C.):			
Licensed Operators	Name	License Class	License Number		Day(s)/Shift	Day(s)/Shift(s) Worked		
Lead/Chief Operator:	KENNETH MARTIN	В	13237	· · · · · · · · · · · · · · · · · · ·	3 times p	3 times per week		
Other Operators:	Travis Pender	С	13956					
•	Ralph Amiott	C	8140					
	Sharon Maluk	С	13268					
	Thomas Willard	В	10116					
	Larry Jenkins	С	12036					
	Willis Gainey	С	13083		, <u></u>			
	John Bowers	С	13625					
	Angel Caraballo	С	13383					
	Lawrence Russo	С	12592		WUMA - 11			
10000000000000000000000000000000000000	Vasco Thompson	C	13914					
	Raymond Layne	С	7893					
	William Cooper	C	12884					
	Mark Havens	С	13858					
r	Howard Aldrich	С	6368					
	Les Bolling	С	6477					
	Gary Heins	С	8521					
1, 204 1, 204	~							

II. Certification by Lead/Chief Operator

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

312106	KENNETH MARTIN	B - 13237
Signature and Date	Printed or Typed Name	License Number

	chieving For Radiation	ur-Log Virus	Inactivation/Ren	noval: * Other (De	scribe)	x	Free Chlorine		Chlorine D	Dioxide		Ozone	Combined	Chlorine
					scribe).									Chlor
ype of Dis	infectant Re	sidual Maint T	ained in Distribu	tion System		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	X Free Ch	lorine	Particular Application Comme	Combine	d Chlorine (Chloramines)	Lander Carlotte	Dioxi
						CTCARIATIONS OF CARS	india (martina di martina di mart	Victina Victina	Vales Propinsing Section			UV Doseler Mar		
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantily of	Peak, Flow, Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfections Confact Time (1) at O Messurement Point at During Peak Flow, induses	Lovies CT provided perion of at First Customer Dorning Feel Flow ung-mu/L	Femp of Water, *C	pli of Water, if Applicable	Minimum, CO Required, tug-milks.	Lovest and Operating UV Dose, in W.	figures of the second of the s	Lowest Residual Distintentant Conceptration at Remote Polin in Distribution System; mg/L	Emergetty or Abrorn Operating Condition Scriptline Multitetian Work that Involves fal Water System Compon
1	Х	24	-		.50								1.50	* See Below
2		24	-											* See Below
. 3	х	24	-		.50								1.28	* See Below
4		24							<u></u>					* See Below
5		24	-											* See Below
6	X	24	-		51								1.29	* See Below
7		24												* See Below
8	X	24			.50								1.22	* See Below
9		24	-				· · · · · · · · · · · · · · · · · · ·							* See Below
10	X	24	-		.50					ļ			1.27	* See Below
11		24	-											* See Below
12		24												* See Below
13	X	24			.47								1.29	* See Below
14 15		24			.51	· · · · · · · · · · · · · · · · · · ·							1.20	* See Below
16	X	24		***************************************	.51								1.30	* See Below
														* See Below
17	X	24			.52								1.51	* See Below
18		24												* See Below
19		24												* See Below
20	X	24			.52								1.30	* See Below
21		24												* See Below
22	Х	24	-		.55								1.31	* See Below
23		24												* See Below
24	X	24			.52								1.33	* See Below
25		24												* See Below
26		24								LI				* See Below
27	Х	24			.52						,		1.36	* See Below
28		24											L	* See Below
. 29														* See Below
30					 					<u> </u>				* See Below
31	3" 5 2005 *			# ### II =	Ll				·	l				
		# - T		* Well Temporali	ty Out of Service									
verage	4.5	makilira Makai												



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

See page 4 for instructions.

I. General Information	for the Month/Year of: FEBRUARY 2006					
A. Public Water System	(PWS) Information					
PWS Name: Colonia	l Manor Water System				PWS Identification Nu	ımber: 6510355
PWS Type: X	Community Non-Transient Non-Community	Transient l	Non-Community	Con	secutive	
Number of Service C	onnections at End of Month: 750+/-		Total Population S	Served at En	d of Month: 2500+/-	
PWS Owner: Coloni	al Manor Utilities Inc.					
Contact Person: Me	lisa Rotteveel		Contact Person's T	itle: Fl. O	perations Services Mar	ager
Contact Person's Ma	ling Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652
Contact Person's Tele	ephone Number: 727-848-8292		Contact Person's F	ax Number:	: 727-848-7701	
Contact Person's E-M	fail Address: mrotteveel@uswatercorp.com					
B. Water Treatment Plan	t Information					
Plant Name: Colonia	Manor Water System & V				Plant Telephone Numl	per: 727-848-8292
Plant Address: Valim	ar Street		City: New Port Ric	chey	State: Florida	Zip Code: 34652
Type of Water Treate		rchased Finished \	Water			
Permitted Maximum	Day Operating Capacity of Plant, gallons per day:	18000				
Plant Category (per s	ubsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 62	-699.310(4), F.A.C.):	D
Licensed Operators		License Class	License Number		Day(s)/Shift(s) Worked
Lead/Chief Operator	KENNETH MARTIN	В	13237		3 times pe	r week
Other Operators:	Travis Pender	С	13956			
	Ralph Amiott	С	8140			
	Sharon Maluk	С	13268			
	Thomas Willard	В	10116	······································		
	Larry Jenkins	С	12036			
	Willis Gainey	С	13083			
The second of the second	John Bowers	С	13625			
	Angel Caraballo	С	13383			
	Lawrence Russo	C	12592			
	Vasco Thompson	С	13914			
	Raymond Layne	С	7893			
	William Cooper	С	12884			
	Mark Havens	С	13858			
	Howard Aldrich	С	6368			
	Les Bolling	С	6477			
	Gary Heins	С	8521			
	Janet Shirley	A	6333			

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X	3121	06	KENNETH MARTIN	B - 13237	
Signature and Date			Printed or Typed Name	License Number	

Means of Ac	hieving Fo		Inactivation/Re				Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
Ultraviolet	Radiation			Other (De:	scribe):									
Type of Disi	nfectant Re	sidual Maint	ained in Distribi	ution System			X Free Ch	lorine		Combined Cl	hlorine (Cl	hloramines)		Chlori Dioxidi
					· · · · · · · · · · · · · · · · · · ·	CTCMchibboartor UN	PLACE OF THE PROPERTY OF THE PARTY OF THE PA	14-12-5 印度数2-1	the transfer to the state of th					
Day of the Month	Days Plant Binffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Pinished Water Produced, gal	Posk Flow Rate, gjed	Lowed Residual Distinction Concentration (C) Before drial First Clistomet Disting Peak Flow, mg/L	Disinfectant Contact Pute (1) at C Messilement Point Diring Peak Flow minutes	Loved CI-Provided Before a at First Customer During Feat Flow	Tembliof Water, C	Ton Ton Ton The of Water, if Applicable	Minimum CT nr. Ope Required: Do	Lowestup ensting UV ose in W	Minimum UV Disse Required,	Lowest Residual Districtum Contentration at Remote Poin In Distribution System ma/L	Emergency or Abnorm Operating Conditions Repair or Maintenano Work that Involves Tak Water System Compone Out of Operation
1	X	0	-		.50					1			1.22	* See Below
2		0	-											* See Below
3	х	0	-		.50								1.28	* See Below
4		0	-											* See Below
5		0	-							l l				* See Below
6	X	0	-		.50								1.27	* See Below
7		0	-											* See Below
8	X	0	-		.51								1.28	* See Below
9		0	-											* See Below
10	х	0	-		.49								1,25	* See Below
11		0	-											* See Below
12		0	-											* See Below
13	Х	0	-		.51								1.3	* See Below
14		0	- 1											* See Below
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20	X	0			.52						 		1.32	* See Below
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22	X	0			.51								1.3	* See Below
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Average Maximum				In on End										

	Advanced Environmental Laboratories, Inc.			T	he lab p	performing :	this analy	rsis is che	ecked on th	e left.
≠ 9610 Princ □ 2106 NW 6 □ 528 S. Nor Report Nu Analysis	npoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82 ess Palm Ave. • Tampa, FL 3366 • 813.630.9616 • Fax 813.630.4327 • E8458 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • th Lake Blvd. • Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 4 mber: Requested: (please check all that apply) rd Coliform Test	9 E82620 07.937.1597		Sa Di	nalysis I ample A ample Pre sinfectan	ipt Date & Time Date & Time Acceptance eservation It Check e does not m	Criteria On Ice	Not (On Ice	°Cmg/L
System l	Name: Colonial manon Whilit				PWS	s I.D. 4	5-	1	0 3	5 5
System Ad System or Collecto	odress: moas RD Owner's Phone #: r: KEN Mastin									
Comm Private Reason Sample	for Sampling: (check only one) 「X Routine Compliance Collection Date: <u> </u>	☐ Bo Repe	ottled W.	ater		nity Water S		Oth	ited Use Sy er I Survey 〔	
	Larva compusition by collection in sedigit								00.5 MG	
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type¹	Disinfed Res'd (mg/L)	рН	Fecal or Non	E. coli An	Fecal or E. coli	hod: Data	Lab Sample Number
	WEILH CONKNONDR	100 D	R	ø	73		A			01
	well H2 Cantall st.	1010	R	ø	73		A			72
	LOSIIH3 Hendrix	1025	R	ø	7.4		A			03
-	WEIL HU LINKSOOD	10010	8	φ	7.3	·	A			01
	D. 1th 3609 Blaylon of	1100	0	1.22			A			05
	D, 11th 2 3709 colonial Hill Be.	1115	a	130			H			06
communi	of disinfectant residuals for routine and repeat samples. (O ty and nontransient noncommunity systems serving populations up to o not include raw or plant samples in the average.)			126	All tes	² Defined in				2-160, Table 1 standards.
Person	tant Residual Analysis Method: DPD Colorimetric Other performing analysis is: A certified operator (# 800000000000000000000000000000000000	d by a certif	r DOH	Date S		ied by lab of ied by lab of				
Nar	U.S. Water Services Corporate 4939 Cross Bayou Boulevar New Port Richey, Florida 346 Phone (727) 848-8292	tion d	Title	Satisf Incom Repea Repla	actory aplete C at Sampleten icemen	Collection I ples Requ t Samples by DEP/DC	ired Require H:	on ed		
		Page 1		/UU[1 1/6 A16,	wing Offici	al			

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

[\$52-550,730 Reporting Format - Effective 01/95, Revised 01/95, Rev (52-550.730 Reporting Format - Effective 01/95, Revised 01/04

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 Section .	

Environmental Laboratories, Inc.

| Jacksonville: | 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354 |
| Tampa: | 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327 |
| Gainesville: | 106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

LAB NUMBER:	51570
L	$\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}$

	Orlando: 528 S	. North Lake Blvd., Suite	e 1016, Altamonte	Spring:	s, FL 32701 • (4	07) 937-1594 Fa	эо х (407) 937	-1597					Page _)f
CLIENT NAME	:		PROJEC	TNAN	ΛE:	,	(107) 501	.501	BOTTL			-		T	
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it: / / Via	11 4 6 126 1-		<u></u>	3 4											

US Water Berricos Connormion

Treatment Plant Name Colonist Mana MONTH! YEAR: YEB 86

Well # 1 Connin De System PWS Id Number:

Uny			Cra	CL3		Air!	Time in / Time Out	Sampling	
ni itv:	Meter Reading	Gallons Pamped	Residual in plant	Residual (ä) remote tap	PSI '	Water Ratio	License Number / Initials	Performed	Remarks
Month	R332		451	1.24	40	393	K- B1233)		an 220/12a
	105 2 J	8							
3	18332	0	.52	125	40	-88-	F B 1322)		
4		D							
5		8							!
6	18332	4	, ()	127	70	250	In B1373)		
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10	18332	Ø	.60	1.22	40	350	For 813937		1, 1 1)
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12						<u> </u>			
13	18975	a	,52	125	-19-	B	Kn 813237	702, 204, CI, Ei Bod.	
14		0	<u> </u>			15			
15	18337	\$.52	128	410	180	K B 1379)		
16		9	ļ <u>.</u>			0	D 134 20		
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18		9				<u> </u>			
19		y)				<i>ज</i> न्द			
20	18332	7	. 50	1257	40	77	Kn 8,3137		
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22	18337	Ф	.51	129	99	72	Vr B1377)		
23		Ø				ro	0.120		
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28		Ø			 				
29		ļ <u>'</u>	-						warraffer
30									warstern.
21									



Treatment Plant Name Col. main

MONTH / MEAR: FEB 06

2 cantrall st. System PWS Id Number: CL2 CL2 Air! Time in / Time Out Residual Water Sampling Meter Gallons Residual License Number / Initials (iii) remote tap Performed Remarks Reading Pumped ia: plant PSI Ratio 15 BIJLY 1.19 41 THE 80973 Domo 160 00.B-G Na B1342) 1.74 117 OOFL 44 51030 2900 28,00 Clean Infor Kepland LI) 50 81116 27000 1,71 121 BISTY ar, 200 23 B13237 27000 1.65 122 411 8 81169 2600 1 c = B13 23) 1.28 417 31771 23000 1.50 28,000 11 27000 100 D1321) 63000 1.62 130 411 13 8 1205 63/20 Ken (1823) 31,000 174 47 120 15 31451 30000 16 Clean In Pool 107 16m 81325) 35,000 165 17/3/491 35,000 30,000 31554 ham B1323 32000 172 120 42 32 0va 41 30,000 183 127 10- B1323) 02518 30000 100 B1628) 24 81721 41_ 128 181 00015 33,000 25 30,000 26 81812 42 常 126 K_B13237 appion 1.50 3600 28 29 30

41858

U.S. Water

Trealment Plant Name: Col. Manch MONTH / YEAR: FEBOS

Well # 3 Heady System PWS Id Number:

				_	•	O 10 MUITIDES			
Day	}		CL2	C.F.5		Air/			
of the	Meter	Gallons	Residual	Residual		Water	Time in / Time Out	Sampling	
Month	Reading	Pumped	(a) plant	@ remote tap	PSI	Ratio	License Number / Initials	Performed	Remarks
1	1413000	P0000	1,27	1.11	54	-88	F 813753	Terrorried	Clean Inthe
2		Pust				1.0			To the
3	14,3260	2000	125	118	50	170	NO B13217		
4		20,000				1	7.500		
5		7000							
6	1,73,100	J21500	44	122	541	590	Rem D 1343)		
7		77000				- / 00			Clean Inglood
8	1413620	67,000	133	1,26	54	5	K_B13231		
9		64,001				00	10-01		
	14 3756	2007	160	129	54)	10	Rom BISH3)		
11		11001	100	10 -1		30	(Ser Dises)		
12		7/000							
13	143969	43000	1.33	127	57)	53	1 <m b1326)<="" td=""><td>w = . O \.</td><td></td></m>	w = . O \.	
14		F1390	ر حد ۱			27	1 m 61 201	Noning Rowin	
15	144 055		1.23_	130	54)	- <u>C</u>	Im B132-30		
16	7702	17000	1,00	100		20	100 B139-37		
17	144199	90000	101	132	201	50	K \$1328)		
18		90,000		137	3 1	3 8	\$1320		Clear Infort
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28		93000							
29									
30	X								
31									
	· /								

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U.S. Water Bergerz Conmormican

Treatment Plant Name Col, Manol WONTH YEAR: FEB 06

Well # L/L, NL 2000 System PWS Id Number:

		N	<u> </u>		,	2 10 140111061			-	
L UMY			CF3	CL2		Air/				
of the	Meter	Gallens	Residual	Residual		Water	Time in / Time Out	Sampling		
Month	Reading	Pumped	ia. plant	ta; remote tap	PSI	Ratio	License Number / Initials	Performed	Remarks	
1	8068L	4	O2.	1.30	10	-35	Jan 81323)		10011 pg Cm	
2		7)							19 8, 1	
3	28908	Ø/	1.20	1.28	63	\$ \$	Jan \$1323)			
4		Ø								
5	1	6			1					
	30682	\$,51	18-2	30	20	12m B13LB1		2 290 112 Cm	~
7		(2)								
8_	80682	8	02.	1.22	02	528	Ku B13257		240113 W	Ke.
9	Q	9							i, i, k	
	80682	Ø	62,	127	28	-32	Kar-BISisi)		2001 8 C.	دن
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29		3								
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31		φ							WEIL OFF LIN	2



II S Waler

Treatment Plant Name Colonial Mand MONTH (YEAR: FEB 06

Well # 5- Uali Mol System PWS Id Number:

•	Well #_	5-0	alimol	S ₃	slem PWS	ld Number:				
Day		<i>(</i> ** 1)	CL2 Residual	CL2 Residual		Air! Water	Time in / Time Out	Sampling		
H HVC	Meter Reading	Callons Pumped	ia: plant	ia; remote tap	PSI	Ratio	License Number / Initials	Performed		emarks
Aonin 1	1	0	150	1.22	411	-25	10 D1373		0 11300	1, 1
	•	Ø	-50	1,28					11100	
3 6	<u> </u>	<u>"</u>	SO	10-8	412	23	(c B1323)			off have
4		0	,						1	, , , , , , , , , , , , , , , , , , ,
		6				}				
5	1	Ø	15-6	127	414	P	Kran BISLS)		11900	ath Con
6	-1						,			
7		0	131	128	41	592	Kee BISLY			
8	.1									
9			. 49	121-	41	50/4	1 (as \$1522)			
10	_1		<u> </u>							
11		4								
12		Ø	,51	130	411	39/20	Kur B1323)			
13		4	1,21	30	1					
14	1	0	50	128	4,2	2910	Km B13231			
15		8	1.20	7520	1					
16	,	Ø	50	131	LyL	30/70	Km D 1325)	:		
17	<u> </u>	P	<u>•S.O</u>							
18		$\frac{\varphi}{b}$		 						
19		ϕ	1,52	1,32	42	3470	1ca B1323)			
20		d	1,27	1, - 2-	1					
	<u> </u>	b	1.51	1.30	417-	30/10	Kar \$13637			
22	!		+3,	+	+ , ,					
23		4	1, 52	131_	4,4	20100	120 B 1320			
24	1	0	+	 ' 3 '	† -	, ,				
25	<u>)</u>	0			1					
26		 90	· 23	100	42	37/70	16 B13L3)			
27			-دد ٔ	121	II.	/,0				
28				 	+					J
29					-				J	0.0
30		ļ			_				11200	office
31										





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

See page 2 for instructions.

FILE COPY

Daily Fin	ished-Water Produc	ction for the Month/	Year of:			March-06					
ommun	ty Water System (CW	VS) Name: Colonial N	Manor								
iblic W	ater System (PWS) Id	enitication Number: t	OD 10300	" Diant A Name	Plant S Name	Plant 6 Name	□ Plant 7 Name	"Plant 8. Name	Plant 9 Name	Plant 10 Name	William Commen
			1		Colonial Manor						3-10 A 2-10 A
	Colonial Manor	Colonial Manor		Colonial Manor]				
Alexandra Alexandra	Well # 1	Well # 2	Well # 3	Well # 4	Well # 5		11 10 10 10 10 Nation				Total
ATE			Pen	nitted Maximum Da	y Operating Capaci	ty₄or ⊨acn Piant, g I	ations per day	under Miller Victoria. T	(digital) in 40, in eticore, inc		386,000
Day of	93,000	53,500	93,000	53,500	93,000		Solding the Control of the Control		l ukontantai asarti		
Month.	Particle M.	e and State House			nished Water Produ	ced by Each Plant, T	gallons	yak X	· 生态。2014年 - 1856 146	1	123,000
1	•	43,000					 	 			122,000
· 2	-	43,000	79,000	-	-				<u> </u>		115,000
3	-	35,000									114,000
4	-	34,000		-					 		114,000
5	-	34,000		-	-						114,000
6	-	31,000		-				<u> </u>			
7	•	31,000		-	_						113,000
8.	-	38,000							ļ		126,000 126,000
9	-	37,000	89,000		<u> </u>				ļ		
10	-	40,000		-	_						140,000
11	-	40,000	100,000	-	-						140,000
12	-	40,000	101,000	-	-						141,000
13	-	38,000	96,000	-	-					ļ	134,000
14	-	38,000		-	-						135,000
15	-	51,000	85,000	-	-					ļ	136,000
16	-	51,000		-					ļ	ļ	136,000
17	-	27,000			-			ļ			111,000
18	-	27,000			-					<u> </u>	111,000
19	-	27,000		-				<u> </u>			110,000
20	-	35,000		-	-		ļ		ļ	ļ	135,000
21	-	35,000		-	-			_	<u> </u>	 	135,000
22	-	50,000		-				<u> </u>			116,000
23	-	49,000		<u> </u>							115,000
24	-	48,000		-	_	<u> </u>					114,000
25	-	47,000	<u> </u>		-						113,000
26	-	47,000						ļ		ļ	112,000
27	-	60,000			_						151,000
28	-	60,000			-				ļ		151,000
29		59,000									132,000
30		58,000	73,000							ļ	131,000
.31		60,000	75,000						<u>L</u>	1	135,000
otal	1:5a:34 34 34 354								er erigi		3,901,000
\vg											125,839
ль. Лах.											151,000



See page 4 for instructions.

	for the Month/Year of: MARCH 2006									
Public Water System (F										
PWS Name: COLONI	AL MANOR WATER SYSTEM				PWS Identification No	ımber: 651-0355				
	ommunity Non-Transient Non-Community	Transient 1	Non-Community	Con:	secutive					
Number of Service Co	nnections at End of Month: 750+/-		Total Population S	erved at En	d of Month: 2500+/-					
PWS Owner: Colonial	Manor Utilities Inc.									
Contact Person: MEL	LISA ROTTEVEEL				PERATIONS SERVI					
Contact Person's Maili	ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652				
	phone Number: 727-848-8292		Contact Person's F	ax Number:	727-848-7701					
Contact Person's E-Ma	Contact Person's E-Mail Address: mrotteveel@uswatercorp.com									
. Water Treatment Plant										
Plant Name: COLONI	AL MANOR WATER SYSTEM & I				Plant Telephone Num					
Plant Address: Connor			City: New Port Ric	hey	State: FLORIDA	Zip Code: 34652				
Type of Water Treated		hased Finished \	Water							
	Day Operating Capacity of Plant, gallons per day: 79	,000	,							
Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		<u> </u>	bsection 62	-699.310(4), F.A.C.):	D				
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked				
Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times pe	er week				
Other Operators:	Travis Pender	С	13956							
	Ralph Amiott	С	8140							
	Sharon Maluk	C	13268							
	Thomas Willard	В	10116							
	Larry Jenkins	С	12036							
	Willis Gainey	С	13083							
	John Bowers	С	13625							
*4	Angel Caraballo	С	13383							
	Lawrence Russo	С	12592							
	Vasco Thompson	С	13914							
	Raymond Layne	С	7893							
	William Cooper	С	12884							
	Mark Havens	С	13858							
	Howard Aldrich	С	6368							
	Les Bolling	С	6477							
	Gary Heins	С	8521							
	Janet Shirley	A	6333							

	415/0C	KENNETH MARTIN	B - 13237
Signature and Date	, , , , , , , , , , , , , , , , , , , ,	Printed or Typed Name	License Number

Means of A	chieving Fo	Month/Yea ur-Log Virus	Inactivation/Re		March-06	x 1	Free Chlorine		Chlorine	Dioxide		Ozone	Combined	l Chlorine
Ultraviolet	Radiation			Other (De	scribe)									Chlor
ype of Dis	infectant Re	sidual Maini	ained in Distrib	oution System			X Free Ch					Chloramines)		Dioxid
	15 de				The state of the s	CT Calculations, or UV	and the same of th	g Vinis Inaci	化甲基 化基金化合物 医乳腺 经证券 化二氯甲基酚	THE RESERVE		UV Dose militaristi atta		
Day of the Month	Days Plans Staffed or		Nei Olamii Viit Tinishtei Water Protuodi gal		Appending Control of the Control of	Disinfectant Childre, Tone (7) at O Measurement Point of Diring Peak Flow, monutes	Lowest CT Provided Before of al Prod.Customer Diving Pelis Fore Comments of the Pelis mg-math.	Temp of Water, *C	PHOFWARE, if Applicable	Minimum CTA Reclused mg-min/C	Operating I/V Dose in W	Minmur Uy Diss Required	A Particul Dilutes in Constitution of Render to the Distribution System in a	self Jagger ver Abrien Ernerserre ver Abrien Dreading Christico as Residin or Maintenan Work that Involves in Water Bystam Compon 22 Odir of Operation
ALE:	х	24	-		.55								1.30	* See Below
2		24												* See Below
3	х	24			.56					<u> </u>			1.31	* See Below
4		24	-											* See Below
5		24	-											* See Below
6	Х	24	-		.56								1.30	* See Below
7		24	-											* See Below
8	х	24	-		.57								1.29	* See Below
9		24			<u> </u>			<u></u>						* See Below
10	х	24			.51					ļ			1.20	* See Below
.11		24	-			. ,								* See Below
12		24												* See Below
13	X	24	-		0.6					<u> </u>			1.1	* See Below
14		24	-											* See Below
15	х	24	<u> </u>		0.7								0.8	* See Below
. 16		24								ļ				* See Below
17	X	24			.55					ļ			0.7	* See Below
18		24								 				* See Below
19		24								-				* See Below
20	X	24			.56					 			1.01	* See Below
21		24								↓				* See Below
22	X	24			.65					 			1.07	* See Below
23.		24			ļ					ऻ—				* See Below
24	X	24	-		.54					<u> </u>			1.21	* See Below
25		24	<u> </u>											* See Below
26		24			ļ					-				* See Below
27	X	24			.55					ļ			1.29	* See Below
28		24			50					<u> </u>				* See Below
29	X	24			.52					ļ			1.27	* See Below
30		24						 		 	ļ		1.26	* See Below
31	X ************************************	24		+ 11/ 11/20 17	.54						L		1.26	* See Below
	5.4400 3.435 y 3.435 y		-	* Well Temporalit	y Out of Service									



See page 4 for instructions.

_	1 0						
		for the Month/Year of: MARCH 2006		The same of the sa			
A.	Public Water System (F						
	PWS Name: Colonial					VS Identification Nu	mber: 651-0355
		ommunity Non-Transient Non-Community	Transient	Non-Community	Consec		
		nnections at End of Month: 750+/-	777744	Total Population S	Served at End c	of Month: 1,825 +/-	
	PWS Owner: Colonial			1			
	Contact Person: MEL					ERATIONS SERVIC	
		ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652
		hone Number: 727-848-8292		Contact Person's F	ax Number: 72	27-848-7701	
	Contact Person's E-Ma	il Address: mrotteveel@uswatercorp.com					
B.	Water Treatment Plant						
		Manor Water System & II				ant Telephone Numb	
	Plant Address: Cantrel			City: New Port Ri	chey Sta	ate: FLORIDA	Zip Code: 34652
	Type of Water Treated	-,	chased Finished \	Water			
		pay Operating Capacity of Plant, gallons per day: 7	9,000				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV			bsection 62-69	99.310(4), F.A.C.):	
	Licensed Operators	Name	License Class	License Number	- <u> </u>	Day(s)/Shift(s	s) Worked
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times pe	r week
	Other Operators:	Travis Pender	С	13956			
	n - L	Ralph Amiott	С	8140			
		Sharon Maluk	С	13268			
		Thomas Willard	В	10116			
		Larry Jenkins	С	12036			
		Willis Gainey	С	13083			
		John Bowers	С	13625			
		Angel Caraballo	С	13383		1 - 17 May 100	
		Lawrence Russo	С	12592			
		Vasco Thompson	С	13914			
		Raymond Layne	С	7893	· · · · · · · · · · · · · · · · · · ·		
		William Cooper	С	12884			
į		Mark Havens	С	13858			
		Howard Aldrich	С	6368			
		Les Bolling	С	6477			
		Gary Heins	С	8521			
		Janet Shirley .	Α	6333			

4)15/06	KENNETH MARTIN	B - 13237
Signature and Date	Printed or Typed Name	License Number

42,355 60,000

Maximum

	chieving For Radiation	ir-Log Virus	Inactivation/Re	enioval: * Other (De	scribe)	X	Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
					scribe)								w	Chle
ype of Dis	infectant Re		ained in Distrib		- 0 - 14 (- 150 -) - 15 (- 150 - 150)	77 - 17 - 17 - 19 - 14 18 18 18 18 18 18 18 18 18 18 18 18 18	X Free Ch	lorine		Combine	ed Chlorine (Chloramines)	oli po esta por constanti de la constanti de l	Diox
			Net Quantity of Finished Water,			u CT Calculations (n. U	Doss, tr Demonstrate Four tr	virus intic	ivation to Applicable 32 a To	414			Lower Residual Distriction Concellification (Rander Sudi in Distributes Sudi	
				Chief Le Stein Angletin en C	Later a second at	Setting Split CT Caldul	Audos pagas, propins	STACTOR OF	S. Balliman Catalah Sasah Sas		No.	er uvideksa a bakasa a		
	Days Plant	行移為					1000		met deve					Emergency of Abn
va suspi	Stuffed of				Lowest Residual Displications		Lovest CT Provided Before or	Section 1	Make and the second	Minimum	An Lowest	44.		T Operating Conditi
Dily of the	Visited by Operator	Hours Plant in	Net Quantily of Pinished Water		Lower Residual Districtions Concentration (C) Proje or al- frin Customer During Feat, Flow man.	Disinfectant Contact Time (T)	at First Customer During Peak Flow			र प्रमुख	Operating UV	Maria Propinsi di Ma	Lowest Residual Disinsectant	Work that brokes
Month	(Place *X*)	Operation	/ se roduced, gat //	Peak Flow Rate, gpd	Flow:mg/L	During Peak Flow, minutes	mg-min/L	Water, °C	pH of Water, if Applicable	mg-min/L	sec/cm	mW-sec/cin ³	in Distribution System, my/0	Water System Comp Out of Operation
1	Х	24	43,000		1.55								1.22	
2		24	43,000	****	1.70									
4	Х	24	35,000 34,000		1.62								1.30	
5		24	34,000											
6	х	24	31,000		1.74								1.20	
7		24	31,000		1.74								1.30	
8	X	24	38,000		1.68			-					1.21	
9		24	37,000		7.00				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1,21	
10	х	24	40,000		1.80			-					1.30	
11		24	40,000									<u> </u>		
12		24	40,000											
13	x	24	38,000		1.60								1.1	
14		24	38,000											
15	Х	24	51,000		1.28								0.8	
16		24	51,000											
17	Х	24	27,000		1.81								0.7	
18		24	27,000											
19		24	27,000											
20	X	24	35,000		1.71								1.50	
21 22		24	35,000 50,000		1.81									
23	X	24	49,000		1.61								1.26	
24	X	24	48,000		1.86								1,29	
25		24	47,000		1.80								1,29	
26		24	47,000											
27	x	24	60,000		2.20							<u> </u>	1.39	
28		24	60,000										1.57	
29	х	24	59,000		1.21								1.05	
30		24	58,000											
31	х	24	60,000		1.37								1.10	
al 🔌	in Tankonin on Advado no Cl	Same !	1,313,000											



See page 4 for instructions.

	for the Month/Year of: MARCH 2006					
A. Public Water System (
PWS Name: Colonial					PWS Identification Nu	mber: 651-0355
	Community Non-Transient Non-Community	Transient	Non-Community	Co	nsecutive	
Number of Service Co	onnections at End of Month: 750+/-		Total Population S	Served at E	nd of Month: 2500+/-	
PWS Owner: Colonia						
Contact Person: MEI	LISA ROTTEVEEL				OPERATIONS SERVIC	CES MANAGER
	ing Address: P.O. Box 398		City: New Port Ri		State: FL	Zip Code: 34652
	phone Number: 727-848-8292		Contact Person's F	ax Number	:: 727 - 848-7701	
	ail Address: mrotteveel@uswatercorp.com					
B. Water Treatment Plant						
Plant Name: Colonial	Manor Water System & III				Plant Telephone Numb	er: 727-848-8292
Plant Address: Hendri	x Street		City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652
Type of Water Treated	d by Plant: ✓ Raw Ground ☐ Purc	chased Finished V	Water			•
Permitted Maximum I	Day Operating Capacity of Plant, gallons per day: 98	8,000				
	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	ibsection 62	2-699.310(4), F.A.C.):	D
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	
Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week
Other Operators:	Travis Pender	С	13956			
•	Ralph Amiott	С	8140			
	Sharon Maluk	С	13268			
	Thomas Willard	В	10116			
	Larry Jenkins	С	12036			
	Willis Gainey	C	13083			
	John Bowers	C	13625			
	Angel Caraballo	С	13383			
	Lawrence Russo	C	12592			
	Vasco Thompson	С	13914			
	Raymond Layne	С	7893			
	William Cooper	С	12884		-	
	Mark Havens	С	13858			
	Howard Aldrich	С	6368			
	Les Bolling	С	6477	····		
	Gary Heins	С	8521			
	Janet Shirley	Α	6333			

Y_	411	120	KENNETH MARTIN	D 12227
	$LI \setminus I$	0 🗸	KENNETH MARTIN	D - 13237
Signature and Date			Printed or Typed Name	License Number

		e Month/Yer	nr of: s Inactivation/Re	moval *	March-06	v	Free Chlorine		CIL					m. n
	Radiation			Other (De	scribe)				Chlorine D	loxide		Ozone	Combined	Chlorine
Type of Dis	sinfectant R	tesidual Main	tained in Distribi	ution System			X Free Ci	Jarina		Cambia	d CN1	Chloramines)		Chloru
1 194 4 5	Sec. 2507.11	J. Sugar 35 19 5			San	t 1967 akstrologiski	A Free Ci	or week	enella in Security of	Combine	a Chlorine (hloramines)	Contract Contract Co	Dioxide
	Days Plant States of Visited by Operator			E WEEK		Linkston brok	o Carriella		Like Walance					
			*	Annual Calendary Control	Part Sandar	(E. S., CT Calculations or U	Dole of Demonstrate Found	og Virus Inde Bussianskille	ivelists in Applicable 724 (4.2)					4 V
	Days Plan		2745		1 02 7 val ² 7				AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	100	elli taraktiya e	STUTIONS THE STREET		
	Blatfed 67						Lowest CT Provided Before						-32 -42047	Penergency or Abnorm Operating Conditions
	Operator		Net Quantity of		Concentration (C) Before of at	Disinfectani Contact Time (T)	A MADERNATE AND			Minimum	Operating UV	45.04		Reput of Multilening
Duy of the Month	(Place "X"	Hours Plant is Operation	Nel Quantity of Pinished Wales Produced, gas	Peak Flow Rate, gpd	Designation Dunieum Constitution Dunieum Provinger	at C Measurement Point (a During Peak Flow, minutes	Strong of the Park Park Park Park Park Park Park Park	Temptor	All of Walter of Applicable	Required	Dose mW	Minimum UV Dose Required	Concentration of Remote Point	Waler System Compone
l :	X	24	80,000		2.09			1,000	arprevia ramitata appresionas	- sug-recurs	pur secretar :	in wascocity and an	1.28	Make Som or Champons
2		24	79,000					1					7.20	-
3	х	24	80,000		1.70	111100							1.30	-
4		24	80,000											
5		24	80,000											
6	Х	24	83,000		1.62			ļ					1.27	
- 7 8	 	24	82,000		1.60			<u> </u>						
9	x	24	88,000 89,000		1.60								1.21	
10	x	24	100,000		.5			 					1.25	
11		24	100,000		†i			<u> </u>					1.23	
12		24	101,000											
13	х	24	96,000		1.14	****							1.1	
14		24	97,000											
15	x	24	85,000		1.23								.8	
16		24	85,000											
17	х	24	84,000		1.6								0.7	
18		24	84,000											
19		24	83,000											
20	X	24	100,000		1.41								1.29	
21		24	100,000		1.56								1.21	
22	. х	24	66,000		1,56								1.31	
23 24	· ·	24	66,000		1.42								1.20	
24	<u> </u>	24	66,000		1.42								1.20	~
26.		24	65,000				-							
27	x	24	91,000		1.21								.30	
28		24	91,000											•
- 29	х	24	73,000		1.0								.65	
30,		24	73,000											
31	X	24	75,000		1.20								.66	,
Fotal ,			2,588,000											
Average			83,484											
Maximum	712 - Y-VISK.		101,000											



See page 4 for instructions.

T. Comorol	Information	for the Month/Year of: MARCH 2006					· · · · · · · · · · · · · · · · · · ·	
		PWS) Information	· · · · · · · · · · · · · · · · · · ·					
,		Manor Water System					DWC 11 4'C 4' N	651.0055
PWS Ty		ommunity Non-Transient Non-Comm		T	VI ()		PWS Identification Nu	mber: 651-0355
		nnections at End of Month: 750+/-	numty	Transient	Non-Community		onsecutive	
		Manor Utilities Inc.			Total Population 3	served at I	End of Month: 2500+/-	
		LISA ROTTEVEEL			Cantuck Dancarla 7	Pieles Pr	OPERATIONS SERVIC	TC MANAGED
		ing Address: P.O. Box 398			City: New Port Ri		State: FL	Zip Code: 34652
		phone Number: 727-848-8292			Contact Person's F			Zip Code. 34032
		ail Address: mrotteveel@uswatercorp.com			Contact Person's F	'ax Numb	er. 727-848-7701	
	eatment Plant		1			, -		
		Manor Water System & IV					Plant Telephone Numb	om: 727 949 9202
	dress: Linkwo				City: New Port Ri	ahau	State: FLORIDA	Zip Code: 34652
	Water Treated		Duro	hased Finished V		chey	State: PLORIDA	Zip Code: 34652
		Day Operating Capacity of Plant, gallons po			water			
		bsection 62-699.310(4), F.A.C.): IV	el day. 79	,,000	Diant Class (non su	haastian	62-699.310(4), F.A.C.):	D
	ed Operators	Name	and the second	License Class	License Number	losection (D Warden d
	nief Operator:	KENNETH MARTIN		 		·	Day(s)/Shift(s	
		Travis Pender		В	13237 13956		3 times per	week
Other O	perators:	Ralph Amiott		C	8140			·
1		Sharon Maluk		C	13268			
		Thomas Willard		В	10116			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Larry Jenkins		C	12036			
		Willis Gainey		C	13083			
		John Bowers	· · · · · · · · · · · · · · · · · · ·	C	13625			
		Angel Caraballo		C	13383			
		Lawrence Russo	**	C	12592			
		Vasco Thompson		C	13914			
		Raymond Layne		С	7893			
		William Cooper		С	12884			
		Mark Havens		С	13858			
		Howard Aldrich		С	6368			
		Les Bolling		С	6477			
		Gary Heins		С	8521			
		Janet Shirley		A	6333			

V	410/06	KENNETH MARTIN	B - 13237
Signature and Date	, , , , , , , , , , , , , , , , , , , ,	Printed or Typed Name	License Number

		Month/Year ur-Log Virus	i of: Inactivation/Re	emoval *	March-06	x 1	Free Chlorine		Chlorine D	lioxide		Ozone	Combined	Chlorine
Ultraviolet	_			Other (De	scribe)									
Type of Dis	infactant Re	sidual Maint	ained in Distrib	ution System			X Free Ch	donne		Combine	ed Chloune (Chloramines)		Chlorir Dioxide
Type of Dis	Tree is a second	I LA	Mark Salvie	on system				SME III	SIT STATE	2	5 % 2 S		Local Feddul Drington Constitution Region por in Distributor Scales may	Fried V. Brita
	A445, 65		新 拉的。				ACCOMPANY.		ivation: if Applicable 4				1.325.0	1774 J. T.
		-7	- Net Quantity of Finished Water	THE STATE OF THE S		A COLOREST	NUMBER OF THE PARTY OF THE	on in at a te	2016年中的15年17日 1875年 1876年 1	Cal 3 4 3 4 4 4 4	1640 A	Inches	300 A 2 W	
			数一次有效		KARE LA KAR		17.00		Resident and the	1 522		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prisary Successive
	Dirys Puril				1.30 (0.40).		104		Prof. Water, if Applicable				1.0	Emergency or Abnorma Operating Conditions
	Stuffed or Visited by				Lowest Residual Disinfectant	Carindarium Carlies Com 475	Lowest CT Provided Before on at First Customer During Peak	(45)	Parks and the second	Minintum	Lowest Operating UV		TOTAL DESIGNATION	r Repair of Maintenance
Day of the	Opurator	Hours Plant in	Finished Water		Pirst Gustomer During Peak	at C Measurement Point*	Piow	Temp of		Required,	Dose mW-	Minimum UV Dose Required	Concentration at Remote Poin	Waler System Componer
Month	(Pilice * X*) X	Operation 24	Produced gal	Peak Flow Rate, gpd	Flow, mg/L x	During Peak Flow, minutes	- Maj-min/L	Water, °C	* pH of Water, if Applicable	mg-min/L	sec/cm²	mW-sec/cm	1.30	* See Below
2		24			1			<u> </u>	 				1.30	* See Below
3	x	24			.52								1.25	* See Below
4		24	-											* See Below
5		24	-											* See Below
6	х	24	-		.53								1.25	* See Below
7		24	-											* See Below
8	Х	24	_		.55								1.30	* See Below
9	X	24	-		.53								1.20	* See Below
10	X	24			.53								1,20	* See Below
11		24							ļ					* See Below
12		24			.71									* See Below
14	<u> </u>	24							<u> </u>				1.1	* See Below * See Below
15	X	24			.63								.8	* See Below
16		24	-		.05								.0	* See Below
17	X	24			0.54								0.7	* See Below
18		24											0.7	* See Below
19		24												* See Below
20	X	24	-		.51				İ				1.21	* See Below
21		24	-											* See Below
22	X	24	-		.51							V	1.25	* See Below
23		24	-											* See Below
24	х	24	-		.52								1,30	* See Below
25		24	-											* See Below
26		24	-											* See Below
27	X	24			.50								1.30	* See Below
,28		24	-									10.00		* See Below
29	х	24	-		.52								1.29	* See Below
30		24	-											* See Below
31	х	24			.52								1.20	
otal		1 2 T		* Well Temporali	ty Out of Service									
aximum			-											



See page 4 for instructions.

T.	General Information for the Month/Year of: MARCH 2006											
	Public Water System (F											
	PWS Name: Colonial						PWS Identification Nu	umber: 651-0355				
	PWS Type: X C	ommunity Non-Transient Non-Cor	nmunity	Transient l	Non-Community	ПСо	nsecutive					
	Number of Service Co	nnections at End of Month: 750+/-			Total Population S	Served at E	nd of Month: 2500+/-					
	PWS Owner: Colonial	Manor Utilities Inc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,						
	Contact Person: MEL	LISA ROTTEVEEL			Contact Person's T	itle: FL.	OPERATIONS SERVIO	CES MANAGER				
	Contact Person's Maili	ng Address: P.O. Box 398			City: New Port Ric	chey	State: FL	Zip Code: 34652				
		phone Number: 727-848-8292			Contact Person's P	ax Numbe	r: 727-848-7701					
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com												
В.	Water Treatment Plant											
		Manor Water System & V					Plant Telephone Numb	per: 727-848-8292				
	Plant Address: Valima				City: New Port Ric	chey	State: FLORIDA	Zip Code: 34652				
	Type of Water Treated			hased Finished V	Vater							
		Day Operating Capacity of Plant, gallons	per day: 18	3,000								
		bsection 62-699.310(4), F.A.C.): IV				bsection 62	2-699.310(4), F.A.C.):					
	Licensed Operators	Name		License Class	License Number	-	Day(s)/Shift(s) Worked				
	Lead/Chief Operator:	KENNETH MARTIN		В	13237		3 times per week					
	Other Operators:	Travis Pender		С	13956							
		Ralph Amiott		С	8140							
		Sharon Maluk		С	13268							
		Thomas Willard		В	10116							
		Larry Jenkins		С	12036							
		Willis Gainey		С	13083							
		John Bowers		С	13625							
		Angel Caraballo		С	13383							
		Lawrence Russo		С	12592							
- {		Vasco Thompson		С	13914			v				
		Raymond Layne		С	7893							
]		William Cooper		С	12884		· · · · · · · · · · · · · · · · · · ·					
		Mark Havens		С	13858							
		Howard Aldrich	···	С	6368							
		Les Bolling	·	С	6477							
		Gary Heins		С	8521							
1		Janet Shirley		A	6333							

12-	41/61	los	KENNETH MARTIN	B - 13237
Signature and Date		V	Printed or Typed Name	License Number

PWS Identification Number 651-0355 Plant Name, COLONIAL MANOR W5

	chieving For Radiation	ir-Log Virus	Inactivation/Re	emoval: * Other (Des	crihe	X	Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	d Chlorine
														Chlori
ype of Dis	infectant Re	sidual Maint	ained in Distrib	ution System		and the second	X Free Ch		1.0			Chloramines)		Dioxide
						CT Calcillations, or U	Dose, in Demonstrate Four Co	Virus Inact	rentor (Application			Langer Da		
			Artista y Chr. Yakazi artista	and a straightful section	tarina) i francesi ingga	* PCL Calcul	ations to	tin (MAN)			4 14 4	CAUV.Dise (S. 17).		Binerjenis, or Abnoon
Day of the	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Not Quantity of Finished Water Produced, gail	Péak Flow Rate: gpd	Loves Residual Disinfectant Concentration (C) Before of at First Customer During Peak	Elistrice and Cortact Type (1) on C Measurement Point	Lowes CT Provided Before or at First Euromer During Peak of Flow	i Tempo	Experience (a pro-	Minimin CTA Regulation	A Love III V	UV/DSe V	Lowest Residual Distiffectar Concentration at Remote Poli	Buerlein, et Abronn Operking Conditions Repollics Maintenae I West Guld Inviviolet Tak I Witer System Compose Out of Operation
Mondi ()	CHROC A.)	()	Serroduces, gar.	reak clow Kille, gpo	See at a Licensingua and the	Transference idw, minutes.	and a substitution of the	Total and Arres	Experience waters in Applications.	- mg-maras	S. S. P. BOCKETTING S. S.	Established Sales	ar Distribution System and	* See Below
2		0								 				* See Below
3		0												* See Below
4		0												* See Below
5		0												* See Below
6		0	-											* See Below
7		0	-											* See Below
8		0												* See Below
9		0	-											* See Below
10		0	-											* See Below
11		0	-							<u> </u>				* See Below
12		0			<u> </u>					ļ				* See Below
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14		0					 					ļ		* See Below
15		0								!		ļ		* See Below
16	ļ	0								ļ				* See Below
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18		0			ļ <u> </u>					 		 		* See Below * See Below
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21		0												* See Below
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24 25	<u> </u>	0										 		* See Below
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26 27		0								 				* See Below
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	192.374.450	U U		* Well Off Line	l		L		L	l	L	1	L	1 300 5000
	***************************************		-	WEIL OH THE										
verage ; laximum		sheler of the												

	Advanced Environmental Laboratories, Inc.		П	The lab performing this analysis is checked on the left.						
	Requested: (please check all that apply) d Coliform Test	9 E82620 07.937.1597		Ar Sa Sa Dis	alysis Da mple Ac mple Pres sinfectant (Check	Critoria:	Not Cetected	3/S Q 2 On Ice AC requirem	°C mg/L
System N	Name: Colonial manol ul	<u> Lilite</u>	<u></u>		PWS	1.D. 6	5-		0 3	5 5
System Ad	Idress: MOOC RD) 		City: _	Ho	1. de	9(
	Owner's Phone #: TEN MAHIN		Fa	x #:	· Phono t	,717.	303	-D)()(G-	ή ——	
	Supply: (check only one)			mector s	Frione +	10	<u> </u>		<u>, </u>	
Comming Private	unity Water System Noncommunity Water System Well Swimming Pool For Sampling: (check only one) Routine Compliance	□Во	ttled Wa	ater		ty Water S		☐ Oth	ited Use Sy er I Survey [
	Collection Date: 3/8/06									
Sample Number	ি কি থেকিটাইনে কি কি বিশিষ্টি কি জিলা Sample Point (Location or Specific Address)	Collection Time			t pH	Fecal or Non	E. coli An Total	alysis Methodlysis Methodlysis Methodlysis Methodlysis Coli	Data	Lab Sample
	Rawwell#1 COHNON DR	CGC12	Q	Ø	73		A		,	oì
	Rawwell# 2 Cantrell st.	Closo	Ŕ	ø	7.4		A			02
	Rawwell#3 Handrix	6700	Ø	ø	J3 -		A		_	<i>0</i> 3
	RevocaNHLI LINKWOOD	971	Q	Ø	33		A		~	-04
	D114 3709 Blayton &	०६५०	\mathcal{D}_{-1}	13 j			A			0)
	Dig IFT 3201 COHNON DE	06J)_	D	129			A			06
communit	of disinfectant residuals for routine and repeat samples. (Or y and nontransient noncommunity systems serving populations up to not include raw or plant samples in the average.)			(3°	All tests				Code Rule 62	
Person	tant Residual Analysis Method: DPD Colorimetric Other performing analysis is: A certified operator (#	d by a certifi				d by lab of p				
	Supervised by a cert operator (#) Employe	d by DEP or	}	Signati	ле: /	2	SQ	0		
Nan	U.S. Water Services Corporate 4939 Cross Bayou Boulevar New Port Richey, Florida 340 Phone (727) 848-8292	Title	Satisfa Incom Repea Repla	actory plete Co at Sampl cement	ellection li es Requi Samples	ired Require	ion ed	EP/DOH US		
		1 1	Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:							

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

[67.550.730 Reporting Format - Effective 0.1/95, Revised 0.1/04]

U.S. WALET

Well # 1 Cantal St System PWS Id Number:

	CL2 CL2			(1)								
Ολγ					·							
מלו למ	Meter	1	I .	f	Dies .	1		Sampling				
Month	Reading	Pumped	(ā; plant	(ā; remote tap	PSI -) O	Ratio	License Number / Initials B 132-57	Performed	1.20	<u>, , , , , , , , , , , , , , , , , , , </u>	emarks	
1	14332	7	1.33	1.30	-70	~~	B13237		- W (.11 0-	17 0	سعر
2		-	و م	1 2 :	633	\$3	Q. 1 4 5 3		 		 	
3	17332	2	Sio	13)	410	Ø2	Kin 81323		<u> </u>			+
4		ý .										
5		<i>\$</i>				(-2						
6	18332		, (6	621	40	3.3%	1 cm \$13237					
7		Ø										
8	18332	Ø	.S 7	129	5	3	Kon B1325)	manty Back, Tous	01, (1			
9		4						0 ,	17-7			
	18332	0	,51	1.20	40	59/10	Jug 1/2 123/3					
11		0		,			0					
12		Ø,								1		
13	18332	8	0,6	1.1	40	250	mecioli		w	ile	o F	Live
14		10/				/						
15	18332	N.	0,7	0.8	40	5050	macolli					
16		8	ļ							1		
17	18332	\$.55	0.7	44	2050	merioll					
18	, c	Ø										
19		d							Ì			
20	1834	8.	.53	1001	414	37	ha B1323)					
21		×		1.0								7
22	13332	Ø	.65	1.07	4,4) -	53	16m & 1323)			1	1	
23		Ø										- 1
24	18312	\$.541	1.21	44	-53	In B1313)					
25		φ					,					
26		Ø					-					
27	1833	ø	, ج ج	1-29	4/4	#	Kom B1323)					
28		Ø										
29	18 377	Ø	٠، دي ٠	ובי	wy	-8						
30		\$	-52						، وي	د ۱۸ ۵	56 r	ne
	18 377	()	54	126	U()	\$/23	K-B13231					



U.S. Water

Treatment Plant Name Colonial Manu WONTH (YEAR: Well # 2 contail) System PWS Id Number:

,	·			-					
Day			CL2	CF3		Air/			
ni iiv;	Meter	Gallons	Residual	Residual		Water	Time in / Time Out	Sampling	
Moreh	Reading	Pumped	ιᾶ; plant	m; remote tap		Ratio	License Number / Initials	Performed	Remarks
1	81858	640 812	151	122	412	NOS	N 81323)		Clerch In Post
2	, _ ,	43,000			1	/			7
3	81944	35,000	162	1.30	47	20	K=B13257	_	
4		34,000							
5		34,000		·					
6	81047	31,800	1,74	130	47	88	K B13733		
7		50000							
88	BJ104	36,000	1.68	121	17	-5	Mar B 1323)	mould bad.	
9		37,000						Socy A TO	
10	57174	10000	1.80	1.30	412_	-53	Zy10 12313		
11		40000					J -		
12		40000							
13	82299	38000	1.60	1.1	16	40/60	mecloul		
14	\	32000	1 00						
15	8a375	5/000	1.28	1:8	40	50/50	MECIOIII		
16		51200							
17	82477	27000	1.81	0.7.	52	3970	mecioni		
18		2700							
19		2700							
20	82560	305, WI	17.7)	Y30	52	F	P1322		Closed Infor
21		35000							9.
22	87930	30,00	1.81	126	~~-	20	H 21377)		
23		Cia P4		-					
24	87474	48000	1.66	129	52	25	12 5-813257		
25	_5	C17,000							
26		4700					~~~~		
27	87871	60000	220	139	52-	20	Jan 81323)		
28		66,000				10/			
29:	32991	८९७७०	1.21	1.05	52	2970	Jug @12313		
30		58,000							
21	33103	60,000	1.37	113	32-	88	K B+317		
		- 1200							

A

151 23168

U.S. Water Forware Componention

Treatment Plant Name Colon, 4/ March WONTH (YEAR: MARCH OF System PWS Id Number:

			NUM	- :	,	o Id Number:			-
Day	T	1	CF3	CL2		Air/			
of the	Meter	Gallons	Residual	Residual		Water	Time in / Time Out	Sampling	
Monih	Reading	Pumped	ια, plant	iä; remote tap	PSI	Ratio	License Number / Initials	Performed	Remarks
1	145195	80000	2.09	1.28	~()	5400	Par B13237		cleaned In for
2		74001				İ			
3	175354	80000	1.70	130	54	10/0	M B1323)	^	\
	1	80000							
-4		(26)	 			 			
5_		80,00			C-/1	10	45		
6	145594	63,000	1.62	127	54	19/10	1cm B1323)	1	
7		37 000							
8	145759	88000	160	121	54	5918	no 81327	Prino and som	10
9		8900	,, u ,					TDS SOY, CI)
	145936	10000	35	1,25	54	50/50	Jung 10 12313	123, 104,01	ZHANYE CHECK VALUE
10	112126	100000	3 J	1,00	27	3.700	0 1 1 10 3		CITAL COLORE OFFICE
11		100000				<u> </u>			
12		10/000				(1)			
13	146237	96000	11.14	1.0	54	5950	meciolil		
14		97000) _[1]	,			
15	146428	85000	1,23	08	54	50/50	meciolil		
	7.10 1-0	85000	1100	0		/			
16	146598	1	1.6	0.7	54	50/2	mecloul		
17	14050	84,000	1.0	0,1		7.50	THECTOR		
18		870.0		ļ <u>-</u>					
19		83 000							
20	1416865	10000	1.41	1973	20	25	(Lee B1323)		Elecul Tylon
21		100,000				:	•		7
	147059	66,000	154	121	54 -	E	K- B1379)		
23	. , , , , , ,	66,00							
	jun 181	11	142	120	5-1	13	Now 813237		
24	1-110	Colorino	1 -12-	120	· , ,	<i>w</i>	J. 10 mm		
25_		406 000							
26		65,000					Mets .		
27	147377	91000	1.21	130	51	200	10-013257		Change H & Take Clare
28		91000							I All.
	147559	<u> </u>	1.0	165	54	5%50	italy @ 12313		CAEANED INJESTAN PI
			1.0		,	, ,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CIRCUITO TOUR PIN
30		73,00	-			100			\ <u>\</u>
	147705	2000	1,20	· kk	54	50	(m B 17522)		

US Water

•	Well #	<u> </u>	NXWOD	Sy	siem PWS	ld Number:		· · · · · · · · · · · · · · · · · · ·		
thay of the	Meter Reading	Gallons Pymped	CL2 Residual viii: plant	CL2 Residual	PSI	Air! Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed		Remarks
Month	789082	Ø.	راک	130	02	E1 62	100 B132D		(USI)	120 Che
1_1_	8000	7	1							
2_	30682	Ø	.52	125	20	50	100 B1324			
3_	30692	*							<u> </u>	
4		β								
5_	(h com)	9	, 53	192	07	50	16a \$ 13237			
6_	80827	9	1, 1, -) 🖰 🖰		963				
7		16		1.30	10	200	K- B1373)	monthly Brown		
8	80687	W d	.55	1,20	50	50%0		105. Seci CI.	\perp	
9	(A) (C) ()	4	. 53		50	59/50	Jug 12313			
10	80682	1	153	1,20	30	700	~ 0 10 10			
11						 				
12		8	۱ سے	-, , , -	FA	roka	meciolil			
13	80683	0	•71	1,1	50	120				
14		0	1 7		F 6	51/	100.20 10111			
15	80682	0	.63	. 8	50	13/50	mecioili		1	
16		10	ļ.,		F 0	67/	00 00 10 11 1		+	
17	30682	6	0.54	0.7	50	145	mecioni		+	
18		4								
19		0/				- C. C.			+	
20	80687	ch.	, র	121	20	780	Fre DIBB		+	
21		Ø				ļ,	N 1 1 2 4 7			
22	1	Ø	. 51	1,2.5	50	950	1cm B13137			
23	1	6								· · · · · · · · · · · · · · · · ·
24		. Z	12	130	50	-68	1c= B1322)		 	
25		13							+	+
26		10							 	
		2	. 50	130	20	35	Kar BISSS)			
27			1.10							
28		8	52	129	63	<u> </u>				
29	80637		152	, 27	1 0	7-17				110 De Con
30		4	1.0	1,10	18	- TX	Row B1323		100 C	110000
1,	1 4 0682	\ ₽	52	130	20	1	Man Down			

3/3



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

See page 2 for instructions.

FILE COPY

		ction for the Month/ VS) Name: Colonial M			· · · · · · · · · · · · · · · · · · ·	April-06			*****		
	<u> </u>	lenitication Number: 6									
		Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Colonial Manor Well # 1	Colonial Manor Well # 2	Colonial Manor Well # 3	Colonial Manor Well # 4	Colonial Manor Well # 5						
					ay Operating Capaci	ry of Each Plant, g	allons per day		San Air		Total
Day of	93,000	53,500	93,000	53,500	93,000						386,000
Month				Net Quanity of Fi	nished Water Produ	ced by Each Plant,	gallons				Total
	-	59,000	76,000	-	-		T	T			135,000
2	-	59,000	75,000	-	-		1				134,000
3	-	61,000	85,000	-	-						146,000
4	-	61,000	85,000	-	-						146,000
5	-	59,000	75,000	-	-						134,000
6	-	59,000	74,000	-	-						133,000
7	<u>-</u>	52,000	69,000	-	-						121,000
. 8	-	52,000	69,000	-	-						121,000
. 9	-	52,000	69,000	-							121,000
10	-	53,000	79,000	-	-						132,000
11	-	53,000	78,000	-	-						131,000
12	-	53,000	65,000	-	- 1						118,000
13	-	53,000	65,000	-	-						118,000
14	-	57,000	84,000	-	-						141,000
15	-	57,000	84,000	-	-						141,000
16	-	57,000	84,000	-	-						141,000
17	-	58,000	89,000	-	- 1						147,000
18	-	57,000	88,000	-	-						145,000
19.		64,000	71,000	-	-						135,000
20	-	64,000	71,000	•	-						135,000
21	-	63,000	69,000	-	-						132,000
22	-	63,000	69,000	-	-						132,000
23	-	65,000	69,000	-	-						134,000
24	-	73,000	96,000		-				.,		169,000
25	-	74,000	96,000	-	-						170,000
-26	-	60,000	58,000	-	-						118,000
27	-	59,000	57,000	-	-				- "-		116,000
28		66,000	78,000		-						144,000
29	_	66,000	77,000		-						143,000
30	-	65,000	77,000	M	-						142,000
31		05,000	77,000								· · · · · · · · · · · · · · · · · · ·
Cotal	Notes and the second										4,075,000
Avg.									14. E. C. C. C. C. C. C. C. C. C. C. C. C. C.		135,833
tvg. ∕Iax.			원 경기 설명을								170,000



See page 4 for instructions.

I.	General Information	for the Month/Year of: APRIL 2006					
Ā.	Public Water System (F	PWS) Information					
		AL MANOR WATER SYSTEM	A. A			PWS Identification Nu	mber: 651-0355
	PWS Type: X C	ommunity Non-Transient Non-Community	Transient 1	Non-Community	Co	onsecutive	
	Number of Service Co	nnections at End of Month: 750+/-		Total Population S	Served at E	and of Month: 2500+/-	
	PWS Owner: Colonial	Manor Utilities Inc.					
	Contact Person: MEI	LISA ROTTEVEEL				OPERATIONS SERVIC	
	Contact Person's Maili	ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652
		phone Number: 727-848-8292		Contact Person's F	ax Numbe	r: 727-848-7701	
	Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com					
В.	Water Treatment Plant						
		AL MANOR WATER SYSTEM & I				Plant Telephone Numb	er: 727-848-8292
	Plant Address: Connor			City: New Port Ric	chey	State: FLORIDA	Zip Code: 34652
	Type of Water Treated	l by Plant: ✓ Raw Ground ☐ Purd	chased Finished V	Water			
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 7	9,000				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	D
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Worked
l	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week
ļ	Other Operators:	Travis Pender	С	13956			
1	- - F :	Ralph Amiott	С	8140			
		Sharon Maluk	С	13268			
ĺ		Thomas Willard	В	10116			
		Larry Jenkins	С	12036			
		Willis Gainey	С	13083			
		John Bowers	С	13625			
		Angel Caraballo	С	13383			
		Lawrence Russo	С	12592			
		Vasco Thompson	С	13914			
		Raymond Layne	С	7893			
		William Cooper	С	12884			
Ī		Mark Havens	С	13858			
	A Section 1997	Howard Aldrich	С	6368			
		Les Bolling	С	6477			
		Gary Heins	С	8521			
[Janet Shirley	A	6333			

	514106	KENNETH MARTIN	B - 13237
Signature and Date	7 1 1	Printed or Typed Name	License Number

PWS Identification Number 651-0355 Plant Name: COLONIAL MANOR WI

III. Daily D			r of: Inactivation/R	amayal: *	April-06	v	Free Chlorine		Chlorine	Diovide		Ozone	Combine	Chlorine
Ultraviolet I		ur-Log virus	, macrivation/K	Other (De	scribe)		rice Cindinic		CHIOTHIC	Dioxide			Combine	
Type of Disi	nfectant Re	sidual Maint	tained in Distrib	oution System			X Free Ch	lorine		Combine	d Chlorine (Chloramines)		Chlorine Dioxide
Server 201						OT Calculations; or, UV	Dose to Demonstrate Four L	oe Virus Linc	A SECTION ASSESSMENT OF THE PROPERTY OF THE PR			TOY Dose No.		
Day of the s	Days Plan Staffed or Visited bys Operator (Place XV)	Hours Plant in Operation	All Control of the Co	Peak Flow Rate, gpd	Protection of the second	Disinfestant Contact Time (T) at C Measurement Point During Teak Flow, rumstee				Minimum CT 3 Required mg-mm/L	Lowest Operating UV Dose, mW	Minimum UV Dose Repulsed	A Participation of the Constitution of the Con	Emergency or Abnormal Operating Conditions Repair or Maintenanch Work Dist Involves Taking Work System Components See Condition
	х	24	-		.50								1.29	* See Below
2.		24	-					<u> </u>						* See Below
3	x	24	-		.50			ļ					1.31	* See Below
4		24	-					ļ						* See Below
5	X	24			.50				<u> </u>				1.32	* See Below
7		24			.50			-		-		 	1.28	* See Below * See Below
8	х	24	<u> </u>		.30					-			1.20	* See Below
9		24	ļ											* See Below
10	x	24	-		.51					+			1.30	* See Below
11		24												* See Below
12	x	24	-		.50								1.38	* See Below
13		24	-											* See Below
14	Х	24	-		.50								1.30	* See Below
15		24												* See Below
16		24	-											* See Below
.17	x	24			.50								1.32	* See Below
18		24	-							1				* See Below
19+	X	24			.50					<u> </u>			1.33	* See Below
20		24								-				* See Below
21 22	X	24	<u> </u>		.50					+			1.13	* See Below
22		24								 				* See Below
23		24	-		.50								1.19	* See Below * See Below
25	X	24			, , , , ,					+			1.19	* See Below
26	x	24			50			 		+			1.09	* See Below
27	^	24						 		1			1.07	* See Below
28	x	24			.51					+			1.20	* See Below
29		24												* See Below
30		24	-									, , , , , , , , , , , , , , , , , , , ,		* See Below
31														* See Below
Fotal Average Maximum			-	* Well Temporalit	y Out of Service									



See page 4 for instructions.

	for the Month/Year of: APRIL 2006			P-1								
A. Public Water System (I					T							
PWS Name: Colonial	······································				PWS Identification No	ımber: 651-0355						
	Community Non-Transient Non-Community	Transient	Non-Community		nsecutive							
	onnections at End of Month: 750+/-		Total Population :	Served at E	nd of Month: 1,825 +/-							
PWS Owner: Colonial												
Contact Person: MEI					OPERATIONS SERVIO							
	ing Address: P.O. Box 398		City: New Port Ri		State: FL	Zip Code: 34652						
	phone Number: 727-848-8292		Contact Person's I	ax Number	r: 727-848-7701							
	Contact Person's E-Mail Address: mrotteveel@uswatercorp.com											
Water Treatment Plant												
	Manor Water System & II				Plant Telephone Numb							
Plant Address: Cantrel			City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652						
Type of Water Treated		hased Finished V	Water									
	Day Operating Capacity of Plant, gallons per day: 79	9,000										
Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	D						
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked						
Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times pe	r week						
Other Operators:	Travis Pender	С	13956									
1	Ralph Amiott	С	8140									
	Sharon Maluk	С	13268									
	Thomas Willard	В	10116									
	Larry Jenkins	С	12036		·							
	Willis Gainey	С	13083	u								
	John Bowers	С	13625									
	Angel Caraballo	С	13383									
	Lawrence Russo	С	12592									
	Vasco Thompson	С	13914									
	Raymond Layne	C	7893									
	William Cooper	С	12884									
	Mark Havens	С	13858									
	Howard Aldrich	С	6368									
-	Les Bolling	С	6477									
	Gary Heins	С	8521									
	Janet Shirley	A	6333									

•	•	•	-	-	
	ک	1410	6	KENNETH MARTIN	В - 13237
Signature and Date		•		Printed or Typed Name	License Number

III. Daily D					April-06									
Means of Ac		ur-Log Virus	Inactivation/Re	emoval: * Other (Des	crihe):	x l	Free Chlorine		Chlorine Die	oxide		Ozone	Combined	Chlorine
									· · · · · · · · ·					Chlorin
Type of Disi	nfectant Re	sidual Maint	tained in Distrib	ution System	J. G. J. Wasser 11, 1156 St. 12		X Free Ch	lorine	SPANIES SANGERS STATE OF THE SE	Combined C	hlorine (C	hloramines)	La Zupakowa in La La William Park	Dioxide
1,034	140	31.069			r. A. Jan			100	vatoretrappicant	14 13		flangin.		
	, 75 M	10.00	Total Control	sale il proper	Alian territoria	1 CI Calculations of UV	nin & Ch. de C. Dose in Demonstrate Four-Lo	Virus Liac	reation of Applicable		A 199			
				te Balancia (Marcalla)	CHECKET MACHINE	er e e e e e e e e e e e e e e e e e e	tions for a big of			为人性。	Selection of	LOVIDS A FLORE DE		10000
100	10.00					200				r y T				Emergency or Abnormal
4	Days Pales					25 KN 188	Lovest CT Provided Before or							; Operating Conditions;
	Visited by		Se quality of		Called Facility (C. 12 of the	Distribution Contact Time (T)	at Pirst Customer During Peak	1. 1		CT- 0	erating LIV		Lowest Residual Distillectual	Work that involves Tekin
Day of the J	Operator of	Hours Plant in Operation	All mished Water	Peak Flow Rate, gpd	First Clistomer Durant Peak	al C Measurement Point During Peak Flow minutes.	me-min/t	Temp of	pH of Wake, if Applicable	Required, D	oscemW-	Minimum UV Dose Required,	Concentration of Remote Point	Water System Component
1		24	59,000			•			, , , , , , , , , , , , , , , , , , ,			The state of the s		- sacarie banning.
2		24	59,000											***************************************
3	Х	24	61,000		1.69								1.20	
4		24	61,000										-	
5	х	24	59,000		1.72								1.30	
6 😳		24	59,000											
7.	<u> </u>	24	52,000		1.65								1.21	
8		24	52,000											
9		24	52,000		1.50								1 20	
110	X	24	53,000 53,000		1.72								1.20	
12	x	24	53,000		1.86								1.29	
13		24	53,000		1.80								1.47	
14	x	24	57,000		1.78								1.19	
15		24	57,000				***************************************						/	
16		24	57,000											
17	х	24	58,000		1.86								1.25	
18		24	57,000											
19	X	24	64,000		1.84								1.30	
.20		24	64,000											
21	x	24	63,000		1.55								1.28	
22		24	63,000				• • • • • • • • • • • • • • • • • • • •							
23		24	65,000		1.64									
24	Х	24	73,000 74,000		1.64								1.26	
26	x	24	60,000		1.01								06	
27		24	59,000		7.01								.96	
28	x	24	66,000		1.15							-	1.30	
29		24	66,000		1112								1.50	
30		24	65,000											
31									1					
Total .			1,794,000			•						······································		
Average ,			59,800											
Maximum			74,000											



See page 4 for instructions.

T,	General Information	for the Month/Year of: APRIL 2006									
	Public Water System (F										
	PWS Name: Colonial					PWS Identification Nu	mber: 651-0355				
		ommunity Non-Transient Non-Community	Transient 1	Non-Community	ПСо	nsecutive					
		nnections at End of Month: 750+/-				nd of Month: 2500+/-					
	PWS Owner: Colonial										
	Contact Person: MELISA ROTTEVEEL Contact Person's Title: FL. OPERATIONS SERVICES MANAGER										
		ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652				
		phone Number: 727-848-8292		Contact Person's F		r: 727-848-7701					
	Contact Person's E-Ma	uil Address: mrotteveel@uswatercorp.com		<u> </u>							
B.	Water Treatment Plant	Information									
	Plant Name: Colonial l	Manor Water System & III				Plant Telephone Numb	er: 727-848-8292				
	Plant Address: Hendrix	x Street		City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652				
	Type of Water Treated		chased Finished V	Water							
	Permitted Maximum D	Pay Operating Capacity of Plant, gallons per day: 9	8,000								
	Plant Category (per sul	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	D				
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked				
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per					
	Other Operators:	Travis Pender	С	13956	****	····					
	1 at 1	Ralph Amiott	С	8140							
		Sharon Maluk	С	13268							
		Thomas Willard	В	10116							
		Larry Jenkins	С	12036							
		Willis Gainey	С	13083							
		John Bowers	С	13625							
		Angel Caraballo	С	13383							
ļ		Lawrence Russo	С	12592							
		Vasco Thompson	С	13914							
		Raymond Layne	С	7893							
Į		William Cooper	С	12884							
		Mark Havens	С	13858							
	The second secon	Howard Aldrich	С	6368	-						
		Les Bolling	С	6477							
		Gary Heins	С	8521		de contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata del contrata del contrata del contrata de la contrata del c					
		Janet Shirley	A	6333							

D 514	KENNETH MARTIN	B - 13237
Signature and Date	Printed or Typed Name	License Number

		Month/Yea			April-06	~~~							
Means of Ac Ultraviolet F		ur-Log Virus	Inactivation/Rei	moval: * Other (De:	scribe):	x 1	Free Chlorine		Chlorine Dio	xide	Ozone	Combined	Chlorine
Ottavioleti	Cadianon			Other (De	seribe)								Chloren
Type of Disi	nfectant Re	sidual Main	ained in Distribu	ition System		The street of the street of the street	X Free Ch	lorine	(Combined Chla	rine (Chloramines)		
**	Days Plant Suffed to a Vallet by Operatorses	S. MA					Dose to Pompastate Policio	Mark	(4.		U) Dos Tier (Dos	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			Mark S.		Liveraliti	Of Calculations by 110					To the American Maria		
300	7342	多流 質		Add States	al teacher						Dr. of Doge Services	The second	
	Days Plant				B. K. Water	Probability (78		1,500	MONTH OF THE	5 45 P. MM		decide the second	Emergency or Abnormal
	Staffed buy	1: 70	4 9 1		5367 2012		Lowes CT Provided Before or						Operating Conditions
	Operatores		Mar Stantil Are		Concentration (G) Before or a	Disinfetiant Contact/Time (T)	PS Flow			Viminaum L'Lov CT Operati	DE UV	oven Rendual Distriction	Repair or Maintenance Work that involves Takin
Day of the	1911	Hours Plant in Operation	Set Cumilly of a friminged water a service of pal	Peak Flow Rate, gpd	Doke [keadua] Dishlectan Concentration (c.) Betarcor a Firs Custoner During Peal First During Peal	at C Measurement Point	224 - 11, 146	Temp of	pH of Witer, if Applicable	tequired Dose.	mW Minimum UV Dose Required	Concentration at Remote Poin	Work that involves Takin Water System Component
1 Monun	(FIRES AS)	24	76,000	reak riow rate, spu	arriow, mgr, s	Dutail Lear Lion, ununtes.	mg-muvis	Water, TU	pri of water, it Applicable n	ng-min/L	m W-sec/cm	-in-Distribution System; mg/i	Out of Operation
2		24	75,000									·	
3.3	x	24	85,000		1.37							1.20	
4		24	85,000	~	1.51							1.20	
5	x	24	75,000		1.91			-				1.39	
6		24	74,000									1:37	-
7	X	24	69,000		2.00							1.40	
8		24	69,000										L
9		24	69,000					-				T	
10	X	24	79,000		2.10							1.37	
-11.		24	78,000										
12	х	24	65,000		1.89							1.32	
13		24	65,000										
14	X	24	84,000		1.47							1.06	
15		24	84,000										
16		24	84,000										
17	х	24	89,000		1.49							1.20	
18		24	88,000										
19	х	24	71,000		1.52							1.20	
/20		24	71,000										
21	X	24	69,000		1.55							1.18	
22		24	69,000										
23	х	24	69,000		1.54							1.15	
24 25		24 24	96,000										
26	V	24	58,000		1.52							1.10	
27	×	24	57,000		1.32		·					1.10	
28	X	24	78,000		1.65							1.30	
29		24	77,000	· · · · · · · · · · · · · · · · · · ·	1.05							1.30	
30		24	77,000										
31			,										
otal .	Granisa II. Garana a	alifierist (disp)	2,281,000		1							L	L
verage "		JAN 1955	76,033										
/aximum			96,000										



See page 4 for instructions.

I Conoral Information	for the Month/Year of: APRIL 2006							
A. Public Water System (1								
PWS Name: Colonial					DMC II .'C .: M	1 (51.0255		
	dommunity Non-Transient Non-Community	Tunnainat	Y C		PWS Identification Nu	mber: 651-0355		
	onnections at End of Month: 750+/-	i ransient i	Non-Community		nsecutive 2500+/			
PWS Owner: Colonial			Total Population S	served at E	nd of Month: 2500+/-			
	The second control of the second control of		C- + + D	2'41 121 /	ODED ATIONIC CEDAMO	PEC MANIA CED		
Contact Person: MEI	ing Address: P.O. Box 398		City: New Port Ric		OPERATIONS SERVIC	Zip Code: 34652		
	ohone Number: 727-848-8292		Contact Person's F			Zip Code: 34632		
	ail Address: mrotteveel@uswatercorp.com		Contact Person's P	ax Number	r: /2/-848-//UI			
3. Water Treatment Plant								
	Manor Water System & IV				Plant Telephone Numb	er: 727 848 8202		
Plant Address: Linkwo			City: New Port Ric	chev	State: FLORIDA	Zip Code: 34652		
Type of Water Treated		chased Finished \		ciic y	Jaiate, PLONIDA	Lip Coue. 34032		
	Day Operating Capacity of Plant, gallons per day: 7		raci					
	bsection 62-699.310(4), F.A.C.): IV	2,000	Plant Class (per su	bsection 6'	2.600 310(A) E A C):	D		
Licensed Operators	Name	License Class	License Number	1030011011 02	52-699.310(4), F.A.C.): D Day(s)/Shift(s) Worked			
Lead/Chief Operator:		B B	13237		3 times per			
Other Operators:	Travis Pender	C	13956		5 times per	WOOK .		
Office Operators.	Ralph Amiott	C	8140					
	Sharon Maluk	C	13268	- the resident first street and an extra section of the section of				
	Thomas Willard	В	10116					
	Larry Jenkins	С	12036					
	Willis Gainey	С	13083					
	John Bowers	С	13625					
	Angel Caraballo	С	13383					
	Lawrence Russo	С	12592					
	Vasco Thompson	С	13914					
	Raymond Layne	С	7893					
	William Cooper	С	12884					
	Mark Havens	С	13858					
	Howard Aldrich	С	6368					
	Les Bolling	С	6477					
The second with a second product of the second seco	Gary Heins	C	8521					
1	Janet Shirley	À	6333					

125	14)	0 (KENNETH MARTIN	B - 13237	
Signature and Date	' ' T	1	Printed or Typed Name	License Number	

		e Month/Yea			April-06									
	chieving Fo Radiation	our-Log Virus	Inactivation/Re	emoval: • Other (De:	scribe):	N I	Free Chlorine		Chlorine D	ioxide		Ozone	Combined	Chlorine
					3011007									Chlorin
ype of Dis	infectant R	esidual Maint	ained in Distrib	oution System	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SELECTOR S DESCRIPTION OF THE	X Free Chl	orine	SANSAGE TERRETORIS SANSAGE SERVICE	Combine	d Chlorine (Chloramines)	E. Andrews	Dioxide
	7 100		15.2 (7)		je "Sakolij,				Prior Water, It Applicable					
	200					CTCalculations of UV	Dose, to Demonstrate Four Live	Virus India	Ivation of Apolicable		11			
) - Q	7			经产品的		ed and the second	mons 2 (Style 1984) L. L.	47.543		C L		1 invidose		2.56
g.										10.00		15 (Fa)	178.77	Emergency of Abnormal
11.0	Days Plant													Operating Conditions:
Ĭ.	Wally		Nel Quantity of		Concentration (C) Before or a	Brightenia Connect Time (T)	er First, Customer Disting Feat	44444		Minimum.	Operating UV		Loves Residual Distinguism	Repair of Maintonance Work that Involves Takin
Day of the	Occupion	Hours Plant in	Five Quantity of Fundated Water & Produced yai		First Gustomer During Peak	at C Measurement Point	Flow	Temp of		Required,	5 Dose, in W	Minimum UV Dose Required	Concentration at Remote Foin	Water System Componer Out of Operation
1	F CP (BCB &X-)	24 3 Uperation at	agriroduced-gale	Peak Flow Rate, gpd	ichmit des kitoratub (Lieberto)	During Peak Flow, minutes:	ulg-trunt	Watersac	pri of water, it Applicable	rag-mave-	Secreman	m w-sec/cm	Hin Distribution Systems mg/1:	* See Below
2		24	_									 	· 	* See Below
3	X	24			.47								1.30	* See Below
4		24												* See Below
5	X	24	-		.50								1.31	* See Below
61.		24	-											* See Below
7	х	24	-		.50								1.35	* See Below
8		24												* See Below
19		24												* See Below
10	X	24	-	1	.51								1.32	* See Below
.11	ļ	24												* See Below
12	X	24			.50								1.31	* See Below
//13 //14	<u> </u>	24			.55							 	1.25	* See Below * See Below
15	X	24											1.23	* See Below
16		24			<u> </u>								·	* See Below
17		24			.53								1.30	* See Below
18	X	24											1.30	* See Below
19	x	24	<u> </u>		.55								1.38	* See Below
20-		24			<u> </u>								0.7.1	* See Below
21	x	24			.50								1.25	* See Below
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23		24												* See Below
24	X	24			.50				-			 	1.19	* See Below
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26	x	24			.50								1.19	* See Below
27		24	-											* See Below
28	x	24	-		.51								1.22	* See Below
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30		24	-											* See Below
31														
	ia e e e			* Well Temporali	ty Out of Service									
	Paris :			'										
aximum														



See page 4 for instructions.

. 0									
	for the Month/Year of: APRIL 2006								
A. Public Water System (F									
PWS Name: Colonial					PWS Identification Nu	mber: 651-0355			
	ommunity Non-Transient Non-Community	Transient 1	Non-Community		nsecutive				
Number of Service Co	nnections at End of Month: 750+/-		Total Population Se	erved at E	nd of Month: 2500+/-				
PWS Owner: Colonial	Manor Utilities Inc.								
Contact Person: MEL	LISA ROTTEVEEL		Contact Person's Ti	itle: FL. (OPERATIONS SERVIC	ES MANAGER			
Contact Person's Maili	ng Address: P.O. Box 398		City: New Port Ricl	hey	State: FL	Zip Code: 34652			
Contact Person's Telep	r: 727-848 - 7701								
Contact Person's E-Ma	nil Address: mrotteveel@uswatercorp.com								
3. Water Treatment Plant	Information								
Plant Name: Colonial	Manor Water System & V				Plant Telephone Numb	er: 727-848-8292			
Plant Address: Valima			City: New Port Ric	hey	State: FLORIDA	Zip Code: 34652			
Type of Water Treated	l by Plant: ✓ Raw Ground ☐ Purc	hased Finished V	Water						
	Day Operating Capacity of Plant, gallons per day: 18	,000							
Plant Category (per sul	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per sub	bsection 62	2-699.310(4), F.A.C.):	D			
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked			
Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	(s)/Shift(s) Worked 3 times per week			
Other Operators:	Travis Pender	С	13956						
o man o production.	Ralph Amiott	С	8140						
	Sharon Maluk	С	13268						
	Thomas Willard	В	10116						
	Larry Jenkins	С	12036						
	Willis Gainey	С	13083						
	John Bowers	С	13625						
	Angel Caraballo	С	13383						
es. Company	Lawrence Russo	С	12592						
Programme Control of the Control of	Vasco Thompson	С	13914						
	Raymond Layne	С	7893						
100 mg mg mg mg mg mg mg mg mg mg mg mg mg	William Cooper	С	12884						
	Mark Havens	С	13858						
	Howard Aldrich	С	6368						
	Les Bolling	С	6477						
	Gary Heins	С	8521						
	Janet Shirley	A	6333						

1 ->			
	5/4106	KENNETH MARTIN	B - 13237
Signature and Date	7 7 7	Printed or Typed Name	License Number

	the Month/Year of:			April-06									
	g Four-Log Virus Inact	ivation/Ren			<u>x</u> _i	ree Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
Ultraviolet Radiatio	on		Other (Des	scribe):									Chlorine
Type of Disinfectan	nt Residual Maintained	in Distribu	tion System.			X Free Ch	lorine		Combin		Chloramines)		Dioxide
7	Charles do 184	Jartha F		The Charles Man	C. (C. C.	Dose, to Demonstrate Pour Lo		dia Sala		a design	95 albas 6 a	145.1.15112.1	1
					A COMMISSION OF THE PARTY OF TH		144			a telepa		E OF THE STREET	Buergeriev or Abnormal
Bi Daya P			- Charles and the same of the	144	CT Calculations or UV	Dose, to Demonstrate Four Lo	g Virus Inaci	ivetion if Applicable	Granda Listania	To the second	LUVIDAE TARRETT		B Section
- Days P	ant and	組織工作			35 K 2 4 5 7 5	1001k* - 125 1	n tra	Property of the second		25,47			Emergency or Abnormal
Siaffe) Visited	lou j	Quantity of		Lowest Residual Disinfectant	100	Lovest CT Provided Before or			Minimum	Lovest			Operating Conditions;
Day of the Opera	Net (nor Hours Plant in Finis	Quantity of		Concentration (C) Before or at	Disinfectant Codinet Time (T) at C Messurement Point During Peak Flow, minutes	lat First Customer During Peak Flow	Tame of	pH of Water, if Applicable	CT: Required,	Operating UV Dose mW	Minimum UV Dose Required,	Loyast Residual Disinfectiant Concentration at Remote Point	Work that involves Taking Water System Components
Day of the Opera Month (Place	X") Operation Proc	duced, gal	Peak Flow Rate, gpd	Flow, mg/L	During Peak Flow, minutes	mg-min/L	Waler, "C	pH of Water, if Applicable	Nnim-gar	sec/cm	mW-seq/cm ²	in Distribution System, mg/l.	Out of Operation
1	0	-							ļ				* See Below
2	0												* See Below
3 3	0	-											* See Below
4	0	-							<u> </u>		L		* See Below
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			Well Off Line										
Average Maximum													
waximum													

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION For Lab Use Only AND LABORATORY REPORTING FORMAT The lab performing this analysis is checked on the Advanced Environmental Laboratories, Inc. □ 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 2610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 Lab Receipt Date & Time: □ 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • **£82620** Analysis Date & Time: □ 528 S. North Lake Blvd., Ste 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076 TOL 3903 Sub-Contract Lab ID: Sample Acceptance Criteria: Report Number: Analysis Requested: (please check all that apply) Sample Preservation On Ice Not On Ice ☐ Standard Coliform Test Disinfectant Check ☐ Not Detected П mg/L ☐ HPC This sample does not meet the following NELAC requirements: Other: System Name: Colonial manon was PWS I.D. City: 7/8/, E) acx System Address: ______ System or Owner's Phone #: Collector: Kan martin Collector's Phone # Type of Supply: (check only one) Limited Use System ■ Noncommunity Water System Nontransient Noncommunity Water System Community Water System ☐ Bottled Water Other Private Well Swimming Pool Reason for Sampling: (check only one) K Routine Compliance Repeat Replacement Main Clearance Well Survey Other Sample Collection Date: 4110 ilim his claiminisitsiisto Total Coliform Analysis Method: 5747226 Disinfect Fecal or E. coli Analysis Method: Sample Sample Point Collection Sample рΗ Res'd Number (Location or Specific Address) Time Type (mg/L) Non Total Fecal or Data Sample Coliform Coliform E. coli Qualifier² Number 7, } 5001 17.3)000 <u> 7,4</u> 1015 0 1020 13 0501D 1.20 Ð 1045 1.16 Average of disinfectant residuals for routine and repeat samples. (Complete for ²Defined in Florida Administrative Code Rule 62-160, Table 1 community and nontransient noncommunity systems serving populations up to and including 1.18 All tests are performed in accordance with NELAC standards. 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: DPD Colorimetric Other: Date PWS notified by lab of positive results:

Person performing analysis is:

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

Date PWS notified by lab of positive results:

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

Title:

Name and Mailing Address of Person to Receive Report

Sound Receive Report

Has Cross barron BID

NEw Port Richer St

Title:	
☐ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Replacement Samples Required	DEP/DOH USE ONLY
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	

Page 1 of 1

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

PUBLIC WATER SYSTEM INFORMATION	N (to be completed b	y sampler – Please typ	e or print legibly)	· .
System Name: Colonial ma	NOT JEI	PWS I.D	.#: 6 5 1	0355
System Type (check one): Community	□Nontran	sient Noncommunity	Transic	ent Noncommunity
Address: Mooc RO	·	-		
City: 1201, 091		State: \(\sigma \)	ZIP Code:	
Phone #:	4			
E-Mail Address:				
	4			
SAMPLE INFORMATION (to be completed to	y sampler)			
Sample Number:		Location Code (If kn	nown):	
Sample Date: 4127 06		Sample Time: 10	1:00-11:00	AM PM (Circle One)
Sample Location (be specific): \(\omega \in 11 \)	1 3 3	4		
Disinfectant Residual (Required when reporting		4	: mg/L	Field pH:
4	1			
Sample Type (Check Only One)		Reason(s) for Sa	imple (Check all that	apply)
Distribution	Routine Compli	ance (with 62-550)		ich Quarter?
⊠Entry Point (to Distribution)	Confirmation of	MCL Exceedance*	Special (not fo	compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of M	lultiple Sites**	☐Violation Res	olution
Raw (at well or intake)	Clearance (perm	itting)	□Replacement	(of Invalidated Sample)
☐Max Residence Time	Other:		- The second second second second second second second second second second second second second second second	
☐Ave Residence Time	Sampling Procedu	ire Used or Other Co	omments: Gr	ab- Natrate/Nitri
☐Near First Customer			M Milyhinin (T. 1 Mayring v may aprille him, de , et hand yes a Milyhinin (T. 1 Mayring v may aprille him, de , et hand yes a	
*See 62-550.500(6) for requireme NOTE: See 62-550.512(3) for add for nitrate or nitrite MCL e	ditional requirements	TSee 6.	2-550,550(4) for red a results page for	guirements and each site.
Sampler's Name: TERRS	THENT			
Sampler's Phone #:		Sampler's Fax #:		
Sampler's E-Mail Address:			_	
CERTIFICATION (to be completed by s	ampler)			The same of the sa
1. TE 224 HENT (Print Name)	5	- Oper	Add (Print Title)	*
do HEREBY CERTIFY that the above complete and correct.	e public water s			
Signature: Out			Date: <u>4</u>	1-27-06
Reporting Former 82-550,730 Effective January 1995, Revised January 2004				

☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville: 9610 Princess Palm Avenue, 9610 Princess Palm Avenue, 2106 NW 67th Place, Sulte 7, 528 S. North Lake Blvd., Sulte	acksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354 Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327 e 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597 PROJECT NAME:	LAB NUMBER: 1604 702
U.S. Water Services Corporation 4939 Cross Bayou Boulevard New Port Richey, Florida 34652 PHONE: Phone (727) 848-8292	PROJECT NAME: (407) 937-1597	Page of Page Type & C
TURN AROUND TIME: REMARKS / SPEC	SAMPLED BY: CIAL INSTRUCTIONS:	A R N E A Q L U Y I S R I E S D
U RUSH		10 N B E H
Juliace Waler (114)	SAMPLING MATRIX NO. CONT. C 4-27-06 10:15 427-06 10:30	XX
$= lice H = (HCI) S = (H_2SO_4) N = (HNO_3) T = (Sodium T)$	hiosulfate) Relinquiched	
	1 Date Time 2 Yaki / Y	

U.S. W.AICF

Treatment Plant Name: Colonial Mand

Well # 1 Connon & System PWS Id Number:

	VY C.117	1 00 %	HON ON	- /					
Олу			CF3	CT3		Air!		Samelina	
of the	Meter	Gallons	Residual	Residual	į.	Water	Time in / Time Out	Sampling Performed	Remarks
Month	Reading	Pumped	íα: plant	(a); remote tap	PS1 `	Ratio	License Number / Initials	Perionned	WEIL OF LINE
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NIS Water Theodorean cours associated association

Treatment Plant Name: Colonist Mand

MONTH MEAR: Liph 1 06

Well # 2 cantrell of System PWS Id Number: Air/ CL2 CL2 Sampling Time in / Time Out Residual Water Residual **Gallons** Meter Remarks Performed License Number / Initials Ratio Pumped iā: plant iti; remote tap Reading 501000 33169 50,000 Replace Duckbill Checkalu B13230 6/000 1.65 52 8328 T 120 61000 B1323 334,09 59000 172 5-7-130 590N D1313 121 12 83 27) 2700 1.65 10-600 CJ 8 (3,00) TD1 Scy (1, Ba) Kom \$ 13 257 10 23683 52 53000 172 120 53,000 स्ट Rom B13237 12 83789 1.79 53,000 186 53,020 13 5950 Mos 1.78 52 Dung C/2313 1.19 14 83895 57,000 15 5)00 16 08-10082 52 B17931 1.25 341066 57,60 B1325) 64000 184 130 84181 39/30 52 0/23/3 1.55 1.28 84309 63000 21 630co 22 65-000 23 39/60 52 13 000 1.64 1.26 ~ C/2313 84500 74 020 25 .96 56 60,000 1.01 Not Occupi 50,000 27 1.30 84766 660m 29 65,000 30

31

U.S. Water Korwicas Coopporation

MONTH MEAR: April ab Colordal manor Treatment Plant Name: System PWS ld Number: Well # CL2 Air/ CLB Sampling Water Time in / Time Out Gallons Residual Residual Meter of ilv: Remarks Performed iā: plant ia; remote tap Ratio License Number / Initials Pumped Reading Month 75000 Cleaned In Voint C 56 黑 147931 37 120 B13237 35,00 75,000 B1353) 39 56 148101 191 24000 m B1323) 56 61-1 1418250 69000 200 69000 69000 -8 TBS Soy Cly Bout. 10 14 8457 78000 2.10 50 1--- \$ 13237 137 28,000 (cm 8)323) 132 62 14 8 614 65x20 1.89 25100 CLEANED INSCITUM 5450 ICKLY C12313 1.00 84 00 1.47 5°C 000 15 841000 16 580 13/2 C BUND 147 1.20 89000 RPP BHL 88000 50 Ku B 13227 1,20 152 149175 71.000 7/00 20 19000 149317 1.55 1.18 50 69,000 22 50 1.54 69,000 1-15 23 149524 96,000 5/50 CLEANED INTEGIONET 50 ng C/2313 1.52 1.10 96,000 149716 58000 57000 27 500 49831 130 50 165 28 77000 29 7800 30 31

U.S. Waler Berrices Comparation

Treatment Plant Name Col. MANOR 4 MONTH / YEAR: LAND System PWS Id Number:

	Well #	L 2,	N 12 wove	1 S _y	stem PWS	6 ld Number:			
Day			CL2	CL2		Air/	Time in ATime Out	Sampling	
of the	Meter	Gallons	Residual	Residual	PSI	Water Ratio	Time in / Time Out License Number / Initials	Performed	Remarks
Month	Reading	Pumped	in plant ∫	130	50	50 02	Idm BISHOT		
1	80685	8	+ 77	134	1	1.	P 1		
2	02/24	\$\psi\$	1	4	Já –	1	1 Pag 812 201	•	
3	40687	Ø	V						
4	6-6-27	B	.50	1.31	50	10/10	Kan B1325)		
5	30632	<i>D</i>	1.00	1.01	1-30-	 			
6	7. (00	<i>P</i>	.50	1.35	50	50/50	Jug C123/3		
7	80682	8	.50	7, 33	250	100	1100		
8			-			-			
9		#	<u> </u>	, 22	0	83	1cm B13137	0 / 0	
10	80632	4	1,5)	1.32	0	13	اردراه سرا	Sail Soy C)	
11		<u> </u>			<u></u>	202	(E B 1323)		
12	30,000	D	62.	131	23	#	1 vez (2) 292)		
13		0		1.00		SDV	12 (1/27)		
14	80682	Û	- 55	1.25	58	5960	Dry 6/23/3		
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17	30697	ϕ	,53	1.30	W	30	D13331		
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19	30682	4	122.	1.38	50	20	12=B13237		
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21	80682	Ø	150	1.25	50	50/50	Tup C/236		·
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24	80682	. Ø	.50	1.19	50	5950	Tung C/2313		
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28	30687	3	.51	122	N	30	B 1323)	~))	
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DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION For Lab Use Only AND LABORATORY REPORTING FORMAT The lab performing this analysis is checked on the Advanced Environmental Laboratories, Inc. ☐ 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • **E82574** 2610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 Lab Receipt Date & Time: ☐ 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • **E82620** □ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E53076 Analysis Date & Time: 1063903 Sub-Contract Lab ID: Report Number: Sample Acceptance Criteria: Analysis Requested: (please check all that apply) Sample Preservation On Ice Not On Ice ☐ Standard Coliform Test ☐ HPC Disinfectant Check ☐ Not Detected \Box This sample does not meet the following NELAC requirements: Other: System Name: Colonial manon wh System Address: ______ System or Owner's Phone #: Fax #: Collector: Kan mant Collector's Phone # Type of Supply: (check only one) Nontransient Noncommunity Water System Community Water System ■ Noncommunity Water System Limited Use System Swimming Pool Private Well ☐ Bottled Water Other Reason for Sampling: (check only one) 🖾 Routine Compliance 🔲 Repeat 🔲 Replacement 🔲 Main Clearance 🔲 Well Survey 🔲 Other Sample Collection Date: 4 10 rio de loimele ied by labri. Colora completed by collector of samula. Total Coliform Analysis Method: 5747220 Collection Sample Disinfect Fecal or E, coli Analysis Method: Sample Point Sample Ηq Res'd Lab Number (Location or Specific Address) Time Type¹ Total Fecal or Data (mg/L) Sample Qualifier² Coliform Coliform E. coli Number A ጊያ 1000 0 1011 0 13 1520 D $\sigma^{\xi O_1}$ Ф Average of disinfectant residuals for routine and repeat samples. (Complete for ²Defined in Florida Administrative Code Rule 62-160, Table 1 community and nontransient noncommunity systems serving populations up to and including 1.18 All tests are performed in accordance with NELAC standards. 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: Date PWS notified by lab of positive results: Person performing analysis is: A certified operator (# \$3311) Date State notified by lab of positive results: ☐Employed by a certified lab ☐Supervised by a cert operator (# ☐Employed by DEP or DOH Lab Signature: Name and Mailing Address of Person to Receive Report Title: DEP/DOH USE ONLY S water services Satisfactory Incomplete Collection Information 4939 CROWS Dayon Blo Repeat Samples Required Replacement Samples Required Date Reviewed by DEP/DOH:

Page 1 of

DEP/DOH Reviewing Official:

RINKING WATER BACTERIOLOGICAL SAMPLE C AND LABORATORY REPORTING FORMA	可能都在1996年的1996年1996年1	rion .		3.6	Use Only		sie in all-	cked on th	
Advanced Environmental Laboratories, Inc.			i vers	ін тар ре	anominio m	riis ariaiys	sis is che	cked on in	
6601. Southpoint Pkwy - Jacksonville, FL 32216 + 904 363 9350 - Fax 904 363 9354 - Et 9610 Princess Palm Ave Tampa, FL 33619 + 813 630 9616 - Fax 813 630 4327 - E845 2106 NW 67th Place, Ste. 7 - Gainesville, FL 32606 - 352 367 1500 - Fax 352 367 0050	89		La	b Réceir	ot Date & T	rime:: <u> </u>	4:15	4	110/06
528 S. North Lake Blvd. Ste. 1016 • Altamonte Springs, FL 32701 • 407 937 1594 • Fax eport Number:		· E53076,	An	alysis D) માર્ગ કૃ <u>ત્</u> યા	-		/)
nalysis Requested: (please check all that apply) Standard Coliform Test HPC			Sa Dis	mple Presinfectant	servation Check	☐ On Ice ☐ Not De	□ Not 0 tected	On Ice ≀ □ □	mg/
Other:			Lini Lini	is sample	does not m	eet-me foll	owing NE	LAC require	ments:
ystem Name: <u>Colonical recipie c</u>	دِ ۱۰، بلانز دِ	الان ن ک	1285		1.D. 6		1 2	9 3	* 5
ystem Address:		Ĥ.	ix#:	City:	<i>\\</i> 2	<u>1.8)s</u>	λ <u>ιλ</u>	1 (
ollector: VICAUC. N			ollector's	Phone	#			100	
ype of Supply: (check only one) Gommunity Water System Noncommunity Water System	n 🗀 N	ontransi	ent Nond	commun	ity Water s	Svstem	ПLim	ited Use S	vstem
Private Well Swimming Pool Swimming Pool eason for Sampling: (check only one)	. 🔲 в	ottled W	ater			1	☐ Oth	er <u></u>	
ample Collection Date: 4 1 1 5 \ 5 (e (e)	auo	ividiii O	icarance.		n Ourvey	omer
				1	Total C	oliform Ana	alysis Meti	íod:	
	HEALE MAY	Camala	Disinfec		Fecalo	r E. coli An	alysis Me	thod:	
Sample Point Number (Location or Specific Address)	Collection Time	Type	Resid (mg/L)	pH	Non	100	Fecal or	100	
Number (Location of Spécific Address)	The state of the s	Type ¹	Resid (mg/L)		Non	Total	Fecal or	No.	Sampl
Number (Location of Specific Address)	The state of the s	4000	Resd		Non	Total	Fecal or	Data	Sampl
Númber (Löcatlon or Spécific Address)	Time .	Type ¹	Resid (mg/L)		Non	Total	Fecal or	Data	Sampl
Nümber (Löcatlori or Spécific Address)	IDan Idan	Type ¹	Hes d (mg/L)		Non	Total	Fecal or	Data	Sampl
Number (Location of Specific Address)	1805 1805 1811 1815	Type'	Res d (mg/L)		Non	Total	Fecal or	Data	Sampl
Number (Location of Specific Address)	Time	Type'	Res d (mg/L)		Non	Total	Fecal or	Data	Lab Sample Number
Number (Location of Specific Address)	1805 1805 1811 1815	Type'	Res d (mg/L)		Non	Total	Fecal or	Data	Sample Number 10 L Sample Number
Number (Location of Specific Address) (Location of Specific Address)	I Do to I Do t	Type'	Resd (mg/L)		Non Collform	Total Colliform	Fécal of E. coll	Data Qualifier	Sample Number
Average of disinfectant residuals for routine and repeat samples. (community and nonfransient noncommunity systems serving populations up 4,900. Do not include raw or plant samples in the average.)	I Do to I DO TO I DO T	Type'	Res d (mg/L)	13 13 13	Non Coliform	Total Colliform	Fécal of E. coll	Data Qualifier	Sample Number Of Land State of
Average of disinfectant residuals for routine and repeat samples (community and nontransient noncommunity systems serving populations up 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: DPD Colorimetric Off Person performing analysis is:	I Do to I Do to I Do to I Do to I Do to I Do to and included the control of the c	Type'	Res d (mg/L)	All tes	Non Coliform	Total Colliform In Florida Acrimed in ac	Fécal of E. coll ministrative cordance esults:	Data Qualifier	Sample Number Of Lot S
Average of disinfectant residuals for routine and repeat samples. (community and nonfransient noncommunity systems serving populations up 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: DPD Colorimetric Other Colorimetric	Complete for to and inclused by a certificed by DEP complete for the certification of the cer	Type'	Res d (rig/L)	All tes WS notifit tate notifit	Non Coliform ² Defined ints are performed by lab of	n Florida Acrimed in ac	Fécal of E. coll Iministrative cordance esults:	Data Qualifier	Sample Number Of Log Control C
Average of disinfectant residuals for routine and repeat samples, (comunity and nonfransient noncommunity systems serving populations up 4,900; Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: Person performing analysis is: A certified operator (#	Complete for to and inclused by a certificed by DEP complete for the certification of the cer	Type'	Res d (mg/L)	All tes WS notifit tate notifit ure:	Non Coliform ² Defined interest are performed by lab of	Total Coliform In Florida Acrimed in acrimed in acrimed in acrimed in acrime positive re-	Fécal of E. coll E. coll Iministrative cordance esults:	Data Qualifier	Sample Number Of Land Standards
Average of disinfectant residuals for routine and repeat samples. (community and nonfransient noncommunity systems serving populations up 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: Person performing analysis is: A certified operator (#	Complete for to and inclusived by a certificed by DEP certification.	Type'. I	Res d (mg/L) Ø I.14 Date P Date S Signat e;	All tes WS notifit tate notifit ure:	Non Coliform ² Defined interests are performed by lab of ed by lab o	Total Coliform In Florida Acrimed in acrimed in acrime positive results.	Fécal of E. coll E. coll Iministrative cordance issults:	Data Qualifier	Sample Number Of Land Control
Average of disinfectant residuals for routine and repeat samples, (comunity and nonfransient noncommunity systems serving populations up 4,900; Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: Person performing analysis is: A certified operator (#	Complete for to and inclusived by a certificed by DEP certification.	Type's	L. I I Date P Date S Signate e; Repea	All tes WS.notifit tate notifit ure:	Non Coliform ² Defined interest are performed by lab of	n Florida Acrmed in acres positive responsitive responsit	Fécal of E. coll iministrative cordance essults:	Data Qualifier	Sample Number

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

[62-550.730 Reporting Format - Effective 01/95, Revised 01/95]

Advanced Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

LAB NUMBER: 101. 39.03	er/A

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

☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

□ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050
□ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

TO 63905. Page ______ of ____

400HESS:	Portee Si Port Rucha FA	Cul Dul	SAMPLED BY:	PROJECT NI	46.0			BOTTLE SIZE & TYPE A R N E A Q L U Y I S R I E S D	M co3			-			LAB NUMBER
C RUSH					····						عاسي.				
WW= waste water	SW=surface water	GW=ground water	DW=drinking water	OIL A=			_=sludge	Preserv			7.				
SAMPLE ID	SAMPLE	DESCRIPTION	Grab Composite	SAMF DATE	PLING TIME	MATRIX	NO. CONT.		/						
I – Ice H = (HC	Raw (2804) N=	2 Contral) 2 Henders C) Contral		C-1 10 05	1003 1017 1000		Date	Time	X X X	X X X X	X X X Receive	d by:		Date	Time
		Gooter# <u>≭4</u>		Helin	quished by:	(Date	Time	1			a by.	<u> </u>	/U/U	14 J
Shipment Au Out: 7 / Au Ret: 7	RB ABA Tro B	D/T D/T D/T	2 3 4				11.413					vised 8/01			



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

See page 2 for instructions.

FILE COPY

Daily Fit Commun	ished-Water Produ tv Water System (CV	ction for the Month/ WS) Name: Colonial N	Year of:			Мау-06					
		lenitication Number: (
	Plant I Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name:	Plant 9 Name	Plant 10-Name	28aa20wccjgov.r. tako
	Colonial Manor Well # 1	Colonial Manor Well # 2	Colonial Manor Well # 3	Colonial Manor Well # 4	Colonial Manor Well # 5	, , , , , , , , , , , , , , , , , , ,					
			Per	mitted Maximum Da		y of Each Plant, ga	allons per day			4. 29. 25. 24.99	Total
Day of	93,000	53,500	93,000	53,500	93,000			1			386,000
Month				Net Quanity of Fir	nished Water Produc	ed by Each Plant.	gallons	a called a school			
4.14	-	70,000	75,000	-	-			The state of the s	The state of the s		145,000
2	-	69,000	75,000	-	-						144,000
3	-	68,000	54,000	-	-						122,000
4	-	68,000	55,000	-	-						123,000
5.	-	65,000	77,000	-	-						142,000
. 6	-	64,000	77,000	-	-						141,000
7	-	64,000	77,000	-	-						141,000
8	-	60,000	76,000	-	-						136,000
.9	-	61,000	77,000	-	-						138,000
10	-	58,000	64,000	-	-						122,000
-11	-	57,000	64,000	-	-						121,000
12	-	56,000	65,000	-	-						121,000
13	-	55,000	65,000	-	-						120,000
14	-	55,000	65,000	-	-						120,000
15	-	60,000	63,000	-	-						123,000
16	-	60,000	63,000	-							123,000
17	-	63,000	63,000	-	-						126,000
18		63,000	63,000	-	-						126,000
19	-	63,000	39,000	-	-						102,000
20	-	63,000	39,000	-							102,000
21		63,000	38,000	-	-						101,000
22	-	62,000	63,000	-	-						125,000
23	-	61,000	63,000	-	-						124,000
24	-	61,000	75,000	_	-						136,000
25	-	60,000	74,000	-	-						134,000
26	-	58,000	60,000	-	-						118,000
27	-	58,000	59,000	-	-						117,000
28	-	61,000	77,000	-	-						138,000
29	-	61,000	77,000	-	-						138,000
30	-	61,000	76,000	-							137,000
31		60,000	75,000	-	-						135,000
otal :											3,941,000
vg.											127,129
ſax.											145,000



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

See page 4 for instructions.

I.	General Information	for the Month/Year of: MAY 2006			· · · · · · · · · · · · · · · · · · ·		
A. 1	Public Water System (I	PWS) Information					
	PWS Name: COLONI	AL MANOR WATER SYSTEM				PWS Identification Nu	mber: 651-0355
	PWS Type: X C	ommunity Non-Transient Non-Community	Transient l	Non-Community	ПСо	nsecutive	
Ī	Number of Service Co	nnections at End of Month: 750+/-		Total Population S	Served at E	nd of Month: 2500+/-	
	PWS Owner: Colonial	Manor Utilities Inc.					
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's T	itle: FL.	OPERATIONS SERVIC	CES MANAGER
	Contact Person's Maili	ing Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652
Ī	Contact Person's Teler	phone Number: 727-848-8292		Contact Person's F	ax Numbe	r: 727-848-7701	
Ī		ail Address: mrotteveel@uswatercorp.com					
В. ў	Water Treatment Plant	Information					
Γ	Plant Name: COLONI	AL MANOR WATER SYSTEM & I			** ******** ** *	Plant Telephone Numb	per: 727-848-8292
1	Plant Address: Connor	n Drive		City: New Port Ric	chey	State: FLORIDA	Zip Code: 34652
	Type of Water Treated	i by Plant: 🗸 Raw Ground 🔲 Pu	rchased Finished \	Vater		······································	
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	79,000				
		bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	D
ľ	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	.
	Other Operators:	Travis Pender	С	13956			
	- ······	Ralph Amiott	С	8140			
		Sharon Maluk	С	13268			
		Thomas Willard	В	10116			
		Larry Jenkins	С	12036			
İ		Willis Gainey	С	13083			
1		John Bowers	С	13625			
		Angel Caraballo	C	13383			
L		Lawrence Russo	С	12592			
L	·	Vasco Thompson	C	13914			
		Raymond Layne	С	7893			
_		William Cooper	С	12884	T		
_		Mark Havens	С	13858	· · · · · · · · · · · · · · · · · · ·		
		Howard Aldrich	С	6368			
-		Les Bolling	С	6477			
		Gary Heins	С	8521			
L		Janet Shirley	Α	6333			

II. Certification by Lead/Chief Operator

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

_	•	·	
	G17/86	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

PWS Identification Number 651-0355 Plant Name: COLONIAL MANOR WI

			r of:		May-06									
Means of Ad Ultraviolet		ut-Log Virus	Inactivation/Re	emoval * Other (De:	sonhe)	X	Free Chlorine		Chlorine I	Dioxide		Ozone	Combine	d Chlorine
					serioe)									Chlori
Type of Dis	infectant Re	sidual Maint	amed in Distrib	ution System			X Free Ch	lorine		Combine	ed Chlorine (Chloramines)	The day of Court No Females States	Dioxid
												\$ 1. 数据数据的 \$ 1	7 7 7 7 7	
	Med	\$ 94				CT Calculations, or UN	Dose, la Demonstrate Four La	g Virus İnacı	ivation, if Applicable*	i delit.			4. 4. 7. 2	
	1964	1	数38. カナコ		.,	ĈT Calcul	ations		(基本) (A. A.	1 mg (Fe- 1	21:15-r-a	UV Dose & Park Street		
			的 经验的	81 ² a					1000			DV Doses in the second of the	M-17-12-18	Hingrown up Abnorm
	Days Pinni Suffed or				Lowest Residual Disinfectant		Lowest CT Provided Before or		in the state of th	100			17 200	Operating Conditions
	Staffed or Visited by		Net Quantity of		Concentration (C) Before or at	Disinfectant Contact Time (I)	at First Customer During Peak	Next 1		Minimum CT Required	Operating UV	1000		Repair of Maintenance
Duy of the	Operator, (Place *X*)	Hours Plant in	Net Quantity of Finished Water & Produced, gal	Peak Plaw Rate, gpd	First Customer During Peak Flow, mg/L	at C Measurement Point During Peak Flow, minutes	Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Required mg-mm/L	Dose mW	Minimum UV Dose Reguland	consultation like interes	Water System Compone
1	X	24	-	, , , , , , , , , , , , , , , , , , , ,	.50		The same of the sa	June, Co.		10g-illings	i i i i i i i i i i i i i i i i i i i	mic south series	1.30	* See Below
2		24	-							1				* See Below
3	x	24	-		.51					T			1.28	* See Below
4		24	-	_										* See Below
. 5	х	24	-		.50								1.31	* See Below
6		24	-											* See Below
7		24	-											* See Below
8	Х	24	-		.50								1.32	* See Below
9		24												* See Below
10	Х	24			.50								1.30	* See Below
,1F		24												* See Below
7 12	X	24	-		.50								1.32	* See Below
13		24	-											* See Below
14		24												* See Below
15	X	24			.50								1.30	* See Below
16		24	-							<u> </u>				* See Below
17	<u> </u>	24			.50								1.29	* See Below
18		24								ļ			<u> </u>	* See Below
19	X	24			.5								1.25	* See Below
20		24	-											* See Below
21		24												* See Below
22	X	24			.50								1.25	* See Below
23		24 24												* See Below
24 25		24	-											* See Below
25		24			.51								132	* See Below
27	X	24			.31								1.22	* See Below
28	x	24			.50								1.30	* See Below
29		24				····-							1.30	* See Below * See Below
30		24												* See Below
31	x	24			.51								1.27	* See Below
1.1.4	Walley or			* Well Temporalit						11			1.21	_ See Below
					,									
laximum	Production of the second	March 11 Transfer 11												



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

See page 4 for instructions.

П	General Information	for the Month/Year of: MAY 2006						
	Public Water System (
	PWS Name: Colonial	Manor Water System		· · · · · · · · · · · · · · · · · · ·		PWS Identification Nu	mber: 651-0355	
		Community Non-Transient Non-Community	Transient	Non-Community	ПСо	nsecutive	111001. 031 0333	
	Number of Service Co	onnections at End of Month: 750+/-		,		nd of Month: 1,825 +/-		
	PWS Owner: Colonia	Manor Utilities Inc.		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's T	fitle: FL. (OPERATIONS SERVIC	ES MANAGER	
	Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652	
	Contact Person's Telep	phone Number: 727-848-8292		Contact Person's F	ax Number			
	Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com						
В.	Water Treatment Plant							
		Manor Water System & II				Plant Telephone Numb	er: 727-848-8292	
	Plant Address: Cantre			City: New Port Ric	chey	State: FLORIDA	Zip Code: 34652	
	Type of Water Treated		hased Finished \	Vater				
	Permitted Maximum I	Day Operating Capacity of Plant, gallons per day: 79	9,000					
		bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	r subsection 62-699.310(4), F.A.C.): D			
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked	
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week	
	Other Operators:	Travis Pender	С	13956				
	•	Ralph Amiott	С	8140				
		Sharon Maluk	С	13268				
		Thomas Willard	В	10116				
		Larry Jenkins	C	12036				
		Willis Gainey	С	13083				
ļ		John Bowers	С	13625				
		Angel Caraballo	С	13383				
,		Lawrence Russo	С	12592		····		
}		Vasco Thompson	С	13914		······································		
-		Raymond Layne	C	7893				
-		William Cooper	С	12884				
}		Mark Havens	C	13858				
}		Howard Aldrich	C	6368	maren a constant			
ŀ		Les Bolling	С	6477				
-		Gary Heins	C	8521				
L		Janet Shirley	A	6333	· · · · · · · · · · · · · · · · · · ·			

II. Certification by Lead/Chief Operator

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

	6/2	106	KENNETH MARTIN	B - 13237
Signature and Date	1		Printed or Typed Name	License Number

	Data for the				May-06									
	Achieving Fo t Radiation	ur-Log Viru	s Inactivation/Re	emoval: * Other (De	(criba)	X	Free Chlorine		Chlorine D	lioxide		Ozone	Combine	d Chlorine
Ultraviole	Radiation			Other (De	scribe)									Chlorine
Type of Di	sinfectant Re	sidual Main	tained in Distrib	ution System			X Free Ch	lorine		Combine	d Chlorine (Chloramines)		Dioxide
LANG B			Section of the sectio				Doss, 19 Demonstrate Four Lo		ART	7.5	· BRIS			Factor .
1. 1.	443	la de de			The second second	CT Calculations of Its		3. 1. 2. 193. 3. 1. 2. 193.	Sallis in 3					Bar Segriy of Atorprai Bar Segriy of Atorprai Graving Conditions of the Sobie I aking View Stam Components Sci Out of Operation
1.7	*		18 C											
								LAP JAN	34 6 CO CT			an der Jahren von		
	DAY STATE				A COLUMN									Operating Conditions
	Clintary		onel Quality of		Concentration (C) Before or at	Disinfectant Contact Time (T)	at First Customer During Peak		的 医乳腺素	Minimum	Operation UV		ด้าง และเปลี่ยง เมื่อสามารถสามารถ	Repuls of Maintenance
Day of the Month		Hours Plant ii Operation	Produced water	Peak Flow Rate, gpd	Loved Residua Distinction Concentration (C) Bifold of a Trial Customer During Peak Flow made	at C Measurement Point During Peak Flow minutes	riow. me-min/l	Temp of	pH of Water If Applicable	Required.	Doz nvis	Minimum 192109 Regulated	Constitution of the con-	Waler System Components
35(H :5.7	X	24	70,000	, see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a see a	1.36			Walde, Co	Separate destruction of the property of the pr	nigannos	Se opposite the	STEPS IN MAY-SOCICING SERVER	1.20	re institution of the betation
i 2 🖖	3	24	69,000											
3 💸	x	24	68,000		1.39								1.15	
4		24	68,000	ļ										
5	X	24	65,000		1.95								1.28	
6		24	64,000											
7	ļ	24	64,000		201			···						
8 9	X	24	60,000		2.01								1.32	
10	X	24	58,000		2.00								1.20	
11	 ^ -	24	57,000		2.00								1.28	
12	×	24	56,000		1 98								1.25	
13		24	55,000										1.23	-
14		24	55,000											1
15	х	24	60,000		1.90								1.29	
16		24	60,000											
-17	X	24	63,000		1.86								1.31	
18		24	63,000											
19 *	X .	24	63,000		2.15								1.37	
20		24	63,000											
2.2	x	24	62,000		2.01								1.20	
23		24	61,000		2.01								1.30	ļ
24	X	24	61,000	······································	2.05								1,10	
25		24	60,000		2.03								1.10	1
26	X	24	58,000		2.10								1.25	
27		24	58,000										1.2-	
28	Х	24	61,000		2.15								1.12	
29		24	61,000											†
30		24	61,000											
31	X	24	60,000		2.05								1,25	
	det (K. 1912) ja Linette og 1800		1,908,000											
Average ∉ Maximurt			61,548											
ıvıaxımun	film Right	STEP TO THE	70,000											



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

See page 4 for instructions.

		for the Month/Year of: MAY 2006					
Ā.	Public Water System (I	PWS) Information					
	PWS Name: Colonial					PWS Identification Nu	mber: 651-0355
		ommunity Non-Transient Non-Community	Transient	Non-Community	☐ Co	nsecutive	
	Number of Service Co	nnections at End of Month: 750+/-		Total Population S		nd of Month: 2500+/-	
	PWS Owner: Colonial	Manor Utilities					
1	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's T	itle: FL.	OPERATIONS SERVICE	CES MANAGER
į	Contact Person's Mail	ng Address: P.O. Box 398		City: New Port Ric	chey	State: FL	Zip Code: 34652
1	Contact Person's Telep	phone Number: 727-848-8292		Contact Person's F	ax Numbe	r: 727-848-7701	
		nil Address: mrotteveel@uswatercorp.com					
B.	Water Treatment Plant						
	Plant Name: Colonial	Manor Water System & III				Plant Telephone Numb	per: 727-848-8292
	Plant Address: Hendri			City: New Port Ric	chey	State: FLORIDA	Zip Code: 34652
	Type of Water Treated		chased Finished V	Water			
i	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 9	8,000				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	D
l	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Worked
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week
	Other Operators:	Travis Pender	C	13956			
	F	Ralph Amiott	С	8140			
		Sharon Maluk	С	13268			
Į		Thomas Willard	В	10116			
		Larry Jenkins	С	12036			
		Willis Gainey	С	13083		·	
		John Bowers	С	13625			
		Angel Caraballo	С	13383			
l		Lawrence Russo	С	12592			
		Vasco Thompson	С	13914			
[Raymond Layne	С	7893			
		William Cooper	C	12884			
		Mark Havens	С	13858			
		Howard Aldrich	С	6368			
		Les Bolling	С	6477			
		Gary Heins	С	8521			
	· · · · · · · · · · · · · · · · · · ·	Janet Shirley	A	6333			

II. Certification by Lead/Chief Operator

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

12	6/0/06	KENNETH MARTIN	B - 13237.
Signature and Date	V /	Printed or Typed Name	License Number

Company Comp	III. Daily Data for	or the Month/	Year of:		May-06										
Type of Description Resident Management of Descriptions System Section			irus inactivation/K		escribe)	X	Free Chlorine		Chlorine I	Dioxide		Ozone Combir		ned Chlorine	
Company Comp					escribe)										
3		C O. P. 17	Prof. Committee	outron System			X Free Ct	nlorine		Combine	ed Chlorine	Chloramines)		Chlo. Dioxi	
3	《								SPAZIESO -	1.1	WAR S	a sevelimate	Sharata San San	Dioxi	
3	38.0	**************************************				CT Calculation for 17	vota is a Calabara	Antions	Service .		100		S. C. P. A.		
3			100		S 15 15 15 15 15 15 15 15 15 15 15 15 15	GT Calcii	lations	ng virus mac	itisticatility but an extension	44.70		AT A SALES OF THE			
3	ADayy J. Stim	Pinit's	1.5							1 5 5	a Stat				
3	170	Sty.			Vowest Residuet Disinfectant		at First Customer During Peak		POR				64.33	Contains Condition	
3	Duy of the	TWO Hours Pla	Net Quantity of		Concentration (C) Before or at	Disinfectant Contact Time (T)	Flow		TAUS S	CT.	Operating UIV		e veloke dinasi in ma	Remir or Militierum	
3		Operati	on Produced, gal	Peak Flow Rate, gpd	Flow, mg/L	During Peak Flow, minutes	tog-min/L	Temp of Water, °C	pH of Water, if Applicable	Required,	Dose mW	Minimum UV Dose Required	Concerning of a Concerning	Water System Compon	
3		24	/5,000		1.81								1 29	war agout an Operation	
121														1	
S	animatic district and a second				1.91								1.21		
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19 x 24 39,000 1.35 20 24 39,000 1.35 21 24 38,000 1.71 22 x 24 63,000 24 x 24 63,000 24 x 24 75,000 25 24 74,000 26 x 24 60,000 27 24 59,000 28 x 24 77,000 30 24 76,000 31 x 24 75,000 31 x 24 75,000 4 75,000 1.75	- the state of the				1.71								1.05		
20					1.65										
22	20				1.00								1.35		
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25													1.25		
24 74,000 1.87					1.81								1.30		
27													1.50		
28 x 24 77,000 1.73 1.30 29 24 77,000 30 24 76,000 31 x 24 75,000 1.75 1.26 31 x 24 75,000 1.75 1.26 31 2.033,000 30 30 30 30 30 30 30 30 30 30 30 30	Warring and the same of the sa				1.87								1.22		
29	the state of the s														
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31 x 24 75,000 1.75 1.26 (Verage 65,581)															
otal 2,033,000 verage 65,581	TO STATE OF THE ST		·		1.75										
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

		for the Month/Year of: MAY 2006								
Α.	Public Water System (I	PWS) Information				——————————————————————————————————————				
	PWS Name: Colonial	Manor Water System				PWS Identification Nu	mber: 651-0355			
		ommunity Non-Transient Non-Community	Transient	Non-Community	ПСо	onsecutive				
	Number of Service Co	nnections at End of Month: 750+/-		Total Population Se	erved at E	End of Month: 2500+/-				
	PWS Owner: Colonial	Manor Utilities Inc.								
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's Ti	tle: FL.	OPERATIONS SERVIC	ES MANAGER			
	Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Rich	ney	State: FL	Zip Code: 34652			
į		phone Number: 727-848-8292		Contact Person's Fa	x Numbe					
- 1		ail Address: mrotteveel@uswatercorp.com		······································						
B.	Water Treatment Plant	Information								
	Plant Name: Colonial	Manor Water System & IV				Plant Telephone Numb	er: 727-848-8292			
[Plant Address: Linkwo			City: New Port Rich	hey	State: FLORIDA	Zip Code: 34652			
Ī	Type of Water Treated	l by Plant: 🗸 Raw Ground 🔲 Pu	rchased Finished \							
[Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	79,000							
Ī	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per sub	section 6	2-699.310(4), F.A.C.):	D			
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s				
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per				
	Other Operators:	Travis Pender	С	13956						
	P	Ralph Amiott	C .	8140						
		Sharon Maluk	С	13268						
İ		Thomas Willard	В	10116						
		Larry Jenkins	С	12036						
j		Willis Gainey	С	13083		· · · · · · · · · · · · · · · · · · ·				
		John Bowers	С	13625						
		Angel Caraballo	С	13383		· · · · · · · · · · · · · · · · · · ·				
		Lawrence Russo	С	12592	,					
		Vasco Thompson	С	13914	***************************************	·				
		Raymond Layne	C	7893		· · · · · · · · · · · · · · · · · · ·				
		William Cooper	С	12884						
f		Mark Havens	С	13858						
		Howard Aldrich	С	6368						
 		Les Bolling	С	6477						
Ī		Gary Heins	С	8521						
		Janet Shirley	A	6333						

II. Certification by Lead/Chief Operator

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

1_		·	
	6/7/06	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

Aeans of Achieving F Ultraviolet Radiation	our-Log Virus Inactivation/	Removal: * Other (De	scribe)	X	ree Chlorine		Chlorine E	Dioxide		Ozone	Combine	d Chlorine
ype of Disinfectant I	Residual Maintained in Distr	ibution System:			X Free Cl	lorine		Combine	ed Chlorine (Chloramines)		Chlori Dioxid
				CTE letter of Sty	Dose of Dentinatrate Folia-1	ğ Virlis inde	All Principles		. B8 13			Bellevier of Anomy Description
		(0.3.86).75 (1.5.86).75		CT Calout	jionsais a la se a se se se se se se se se se se se se se	Pusicans Park		100	142570			
Since			25 Control of Control	Disinfeçiani Contact Time (T)	Loves CT Provided Before o at First Customer District Peter			Militaria	DATE OF THE PARTY		file and a self-relative	C Operating Conditions Repuir & Minterance
Day of the Control of	Hours Plaint to Produced years Coperation - Produced years	Peak Flow Rate, gpd	First Customer During Peak Flow, mg/D	at C Measurement Point & During Peak Flow, minutes	eliginin/i.	Temp of Water, C	pH of Water, if Applicable	Required,	Dose m.W.	Minimum UV Dole Required		Water System Compon
1 x	24 -		.50								1.27	* See Below
2	24 -											* See Below
3 x	24 -		.51								1.29	* See Below
4 x	24 -		.50									* See Below
5 x	24 -		.50								1.25	* See Below
6	24 -											* See Below
7	24 -											* See Below
	24 -		.50								1.30	* See Below
9 x	24 -		.50								1.3	* See Below
10	24 -										1.30	* See Below
211 +	24 -											* See Below
12 x	24 -		.50								1.38	* See Below
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14 x	24 -	 	60									* See Below
A 45	24 -	 	.50								1.28	* See Below
16			li			<u> </u>						* See Below
37 x	24 -		.50								1.22	* See Below
418	24 -	<u> </u>										* See Below
19 x	24 -		.50								1.28	* See Below
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⊈ 22 x	24 -	1	.50								1.30	* See Below
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24 x	24 -		.51								1.30	* See Below
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√28 ∴ x	24 -		.50								1.30	* See Below
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30 🖟	24 -											
31 ×	24 -	·	.50								1 2 1	* See Below
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

Π.	General Information	for the Month/Year of: MAY 2006									
A.	Public Water System (I	PWS) Information									
	PWS Name: Colonial	Manor Water System			· · · · · · · · · · · · · · · · · · ·	PWS Identification Nur	nber: 651-0355				
	PWS Type: X C	ommunity Non-Transient Non-Community	Transient	Non-Community	ПСо	nsecutive					
	Number of Service Co	nnections at End of Month: 750+/-		Total Population S		nd of Month: 2500+/-					
	PWS Owner: Colonial	Manor Utilities Inc.									
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's T	itle: FL.	OPERATIONS SERVICE	ES MANAGER				
	Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652				
	Contact Person's Telep	phone Number: 727-848-8292		Contact Person's F	ax Numbe	r: 727-848-7701					
		ail Address: mrotteveel@uswatercorp.com									
В.	Water Treatment Plant										
	Plant Name: Colonial Manor Water System & V Plant Telephone Number: 727-848-8292										
	Plant Address: Valimar Street City: New Port Richey State: FLORIDA Zip Code: 34652										
	Type of Water Treated	l by Plant: 🗸 Raw Ground 🔲 Pur	chased Finished \	Water							
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 1	8,000								
ļ	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	D				
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked					
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per v	week				
	Other Operators:	Travis Pender	С	13956							
	1	Ralph Amiott	С	8140							
		Sharon Maluk	С	13268							
		Thomas Willard	В	10116							
		Larry Jenkins	С	12036							
1		Willis Gainey	С	13083							
		John Bowers	С	13625							
[Angel Caraballo	С	13383							
		Lawrence Russo	С	12592							
		Vasco Thompson	С	13914							
		Raymond Layne	С	7893							
		William Cooper	С	12884							
		Mark Havens	С	13858							
		Howard Aldrich	С	6368							
		Les Bolling	С	6477							
		Gary Heins	С	8521							
		Janet Shirley	A	6333							

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	6/1/06	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

leans of Ad Htraviolet		r-Log Virus	Inactivation/Re	emoval * Other (De	scribe)	X	Free Chlorine		Chlorine E	lioxide		Ozone	Combine	d Chlorine
MILEVIOLET	Radiation			Other (De	scribe)									Chlor
1000000	1. / let 10		ained in Distrib		,		X Free Ch	lorine		Combine	d Chlorine (Chloramines)		Dioxid
			Net Chantly of Pinisher Water Produced an	And a second		CTCalculations (CO)	Dest of Denomination Con-	ita in de	Michigan Application					
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1	Staffed or to	S-14-14			Lowest Residual Disinfectant Concentration (C) Before of at First Customer Disting Peak Flow, mg/L		Lovel CT Provided Before of	server		(21.5	- 100		146 45 43 8	Openius Condition
Daly of the 7	Operator 1		Net Quantity of		Concentration (C) Before or at	Disinfectant Confact Time (T)	at First Customer During Peak			or'	Ore Malia UV		Lowes Rendució Displecta	West and a
Month	Operator (Place X1)	Operation	Produced, gal	Peak Flow Rate, gpd	Flow mg/L	During Peak Flow, minutes	mg-min/l	Temp of Water, "C	pH of Water, if Applicable	Required ma-min/L	Dose nWas	Minimum UV Dose Required	Concentration of Relydic Pol	Water System Compor
1		0	-			1							2	* See Below
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DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION For Lab Use Only AND LABORATORY REPORTING FORMAT The lab performing this analysis is checked on the lett. Advanced Environmental Laboratories, Inc. ☐ 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 9610 Princess Palm Ave. · Tampa, FL 33619 · 813.630.9616 · Fax 813.630.4327 · E84589 Lab Receipt Date & Time: ☐ 2106 NW 67th Place, Sle. 7 • Gainesville, FL 32606 • 352.367.150Q • Fax 352.367.0050 • E82620 © 528 S. North Lake Blvd., Ste-1816 • Altamonte Springs, FL 32701 • 407.9371594 • Fax 407.937.1597• E53076 Report Number: Sub-Contract Lab ID: Analysis Date & Time: Sample Acceptance Criteria Analysis Requested: (please check all that apply) X Standard Coliform Test Disinfectant Check Not Detected \Box ☐ HPC This sample does not meet the following NELAC requirements: Other: SOME MEMOR System Name: System Address: Mooc System or Owner's Phone #: Collector's Phone # Type of Supply: (check only one) Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System Private Well Swimming Pool ☐ Bottled Water Other Reason for Sampling: (check only one) 🖸 Routine Compliance 🔲 Repeat 📋 Replacement 🔲 Main Clearance 🔲 Well Survey 📋 Other Sample Collection Date: S 1000 Total Coliform Analysis Method: Disinfect Fecal or E. coli Analysis Method: Sample Sample Point Collection Sample Res'd pН Number (Location or Specific Address) Time Type1 Lab (mg/L) Total Fecal or Data Sample Coliform Coliform Qualifier E. coli Number 12:15 <u>J</u> 3 COMMON DA 11:00 ٤ڙ " 2110 7.3 6D33 د ن کار 0740 110 Average of disinfectant residuals for routine and repeat samples. (Complete for ²Defined in Florida Administrative Code Rule 62-160, Table 1 community and nontransient noncommunity systems serving populations up to and including All tests are performed in accordance with NELAC standards. 4,900. Do not include raw or plant samples in the average.) 1.14 Disinfectant Residual Analysis Method: ADPD Colorimetric Other: Date PWS notified by lab of positive results: Person performing analysis is: A certified operator (# _ Employed by a certified lab Date State notified by lab of positive results: Supervised by a cert operator (#) Employed by DEP or DOH Lab Signature: 🗂 Name and Mailing Address of Person to Receive Report Title: U.S. Water Services Corporation DEP/DOH USE ONLY ☐ Satisfactory 4939 Cross Bayou Boulevard ☐ Incomplete Collection Information New Port Richey, Florida 34652 Repeat Samples Required Replacement Samples Required Phone (727) 848-8292 Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:_

Page 1 of 1

Jacksonville: 6601 Southpoint Parkway, Jack 9610 Princess Palm Avenue, Tampa: 9610 Princess Palm Avenue, Tampa: 2106 NW 67th Place, Suite 7, GOrlando: 528 S. North Lake Blvd., Suite 1	ksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354 impa, FL 33619 • (813) 630-9616 Fax (813) 630-4327 idinesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050	LAB NUMBER:	TU65240
U.S. Water Services Corporation ADDRES 1939 Cross Bayou Boulevard New Port Richey, Florida 34652 PHONE: Phone (727) 848-8292 CONTACT: TURN AROUND TIME: REMARKS / SPECI STANDARD RUSH	PROJECT NAME: COLONIS A CLASS AND COLONIS PROJECT LOCATION: PROJECT LOCATION: SAMPLED BY:	BOTTLE SIZE & TYPE A R N E A Q L U Y I S R I E S D	Pageof
SW=surface water GW=ground water DW SAMPLE ID SAMPLE DESCRIPTION Raw wall #1 Connon	SAMPLING MATRIX NO. CONT. G S/10/06 /2 00 00 1 G S/10/06 // 00 00 1 G S/10/06 // 20 00 1 G S/10/06 // 20 00 1 G S/10/06 // 20 00 1 G S/10/06 // 20 00 1 G F/10/06 // 20 00 1 Doublistee) Relinquished by: Date Ti	Preserv X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X	Date Time 5 10 06 15 40

S Male

Treatment Plant Name Colonia Monor Worth CYEAR: Way of Well # 1 CONNON DO System PWS Id Number:

CL2 CL2 Air/ Meter Gallons Residual Residual Water Reading Pumped iii, plant iii, remote tap PSI Ratio 1 8351 S 1.30	Time in / Time Out Sampling License Number / Initials Performed Remarks
Meter Callons Residual Residual Water Reading Pumped (a, plant (a, remote tap PSI Ratio 1 8331	License Number / Initials Performed Remarks
1 1 8332 0 :50 1.30	Cicarge (Applies) (India)
	t- 8152D
2 1	
3 18332 9 .51 128 74 -8	B13231
5 18332 \$.50 1.31 50 5/50	Teny C12313
OX	
7	
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10 18332 6 .50 1.30 50	TEMY C/2313 MONTHY BANG 1 STEODER
O)	
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19 /0 33 - 8	100-9 07-0
20 9	
21 9	1-8/323)
22 120_33 July 1.50 1.50 1.50 1.50 1.50 1.50 1.50 1.50	, 370/30)
23 0	
25 9	0 222
26 14334 4 .51 124 50 50	(Km B,3237
28 , 3332 0 .50 130 10	1 B 324
29 Ø	
30 31 18332 0 51 127 40 55	Kon B1328)

II S. Waler Booters Coopporation

Treatment Plant Name Colonic Mand
Well # 2 Cantul

System PWS Id Number:

	Well II	`}_ <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u>_</u>	(Lutary	- Sy	Stelli FW 3	ia Number.			
Final Property			CL3	CL2		Air/			
at the	Meter	Gallons	Residual	Residual		Water	Time in / Time Out	Sampling	
Mamh	Reading	Pumped	ιᾶ, plant	iä, remote tap	PSI	Ratio	License Number / Initials	Performed	Remarks
1	84963	70,000	1.36	OSP	<u>57</u>	66/02	10 B 1323)		
2		6900	1						0 - 0
3	25102	68,000	139	1,15	2-1	45	10mg \$13261		clean to your
4		1800							V
5	85738	65,000	1.95	1.28	55	5750	TEXRY C/2313		
6		64000							·
-		64000							
	852131	60,000	2	132	12	20	lan B 13257		
8	8	60,000	201	, ,					
9	2/400	61020	2 2 -	1.28	55	50/60	TEMP C12317	Pemary + Scras	B4C716
10	85552	58,000	2.00	1. 10	05	700	12100 01231	January 3	
11		57,000		~ /		5018	1/ 5.1.5		
12	82667	56000	1.98	125	55	20,20	Kn B1525)		
13		55,001			<u> </u>			•	
14		55,007			2.2	15754	1. 0.1212		
15	35845	00500	1.90	129	4 3	2360	1 han B13257		
16		605,00			0	178			
17	35-165	63000	186	131	22	10	K-8183)		
18		630en				20/			0=00
19	86091	60,00	2.15	1.37	55	3950	Lung C/23/3		Claud In Your
20		63041					0		1
21		63,94.							
22	86279		2.01	1.33	1-5	10/2	Tr \$1372		
	3 - 1	6(00)					,		
23	36402	6,000	285	110	55	58	F 813257		
		60,000		† • • • • • • • • • • • • • • • • • • •					
25	86523	28009	2.0	1.05	21-	-53	Kan B1323)		
26		28,901	34.70			 			
27		0001	0 15	1.10	22	3	(6 B 1313)		Dedond C/2 C/a
28		61000	2.13	1, 10	3.				-
29		60010	1	+	1				
30		61,000			-	80	B 11110		
31	86872	60000	10.6	156	21	30	100 B1437		1

U.S. Waler Boomer Coomer dom

Treatment Plant Name Colon, almanak
Well # 3 - H EN OLIN

WONTH WEAR . M & S &

Well II 3 - HENdrin System PWS ld Number:

	AA 611 14	3- H CV	W/1/\		3(01117 440	a nomber.			-
	T	Υ	CF3	CL2		Air/		·	
Day of the	Meter	Gallons	Residual	Residual		Water	Tune in / Time Our	Sampling	
	1	Pumped	iñ, plant	(a) remote tap	PSI	Ratio	License Number / Initials	Performed	Remarks
Monin	/ 15006()	75,000		129	۲,	10/50	m · 8 813237		
-	7 3 0 0 7		, ,			7.4.4			
5	1	25,000	-			57	_	-	01 000
3	120221	540W		121	63	120	13 LS)		Clean I dans
4		55,000	1.55	1.27	55	35/30	TEMY C/23/3		
5	150383	77600	+	Ψ	Ÿ	₩	4 ~		
6		77000							
7		7/000							
-	150616	76000	1.69	130	5-1-	50	1am 81323"		
8	110616	7700	7. 20 7	1.30					
9	1 - 1 1	***	1 1	1 7 70	55	50/60	T- 11 0/22/2	Bath Par	3 SteonDANIE
10	150769	64000	1.51	1.30	20	780	TENY C/23/3	DITCIS IRVIAN	55 SCONTANCE
11		6400:	 		1	70.			
12	150397	65,000	1.65	123	55	CON	16 B13231		
13	T	6500							
14		65,000		<u> </u>					
15	151093	63,000	1.63	110	55	5	1am \$ 13237		
16	7	65000							
17		63,w	1.01	101	55	40	Kun B 13237		
18	1	63000							
19	1 2 1 2 1 1 1 1 1	39000	1.05	1.35	33	5950	Tung (12313		
20	1	39000					0		
		38,091	 						
21		33,000	111	125	15	50/0	15m B13237		
	151376	63000	' ' ' -	· · · · ·	 	1 10	1-7-2 21300		
23	6.201	63,000	181	130	2.2	50/50	1- 813227		Claud Ton Park
24			1/21	1 1 2 4		1 730	1 2 1000		
25	1000	7,000	. , , -,	1-3-2	51-	2	/Kn B1323		
26	12182)	60000	187	122	1 /	N	1.M 1120-2		
27		59,000			1	172			
28	151916	77,000	1.73	130	1-1-	170	KN B1324		
29		77,000				1	~		
		76000							
30			115	12,6	51	5-0			
31	152201	1)000	1///	1~0		188			

2

U.S. Water Kooncar Cooporadom

Well # 4 LINKWOOD System PWS Id Number:

	Weil #	4 LIN	Kwood	Sy	stem PWS	3 Id Number:			
Day			CF3	CL2		Air!			
al live	Meter	Cattons	Residual	Residual		Water	Tune in / Time Out	Sampling	Remarks
Month	Reading	Pumped	ια. plant	ili; remote tap	PSI	Ratio	License Number / Initials	Performed	Kemarks
1	80682	\$ \$\tilde{\psi}\$.50	1,27	5-0	290	16- B1373)		
2		Ø							
3	80684	Ø	1.51	129	- 00	28	Mar B1323		
4	72.00	D	150						
1	80682	ø	.50	1.25	50	50/50	Tung (12313		
	80087	- KA	1.30	7.20			7.50		
6		- X		<u> </u>					
7		<i>D</i>			/	100	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
8	80687	<i>y</i>	1.0	1.30	10	40	R B1323)		
9		þ	150	1.3		1701			1 212
10	40687	8		1.30	50	10/50	TERMY C12313	MODIALY BAT'S	Ly C/23
11		4					,		
	/ \	ϕ	G_{2} ,	1.58	ζ0	- PS	Kan B1123)		
12	1	<u> </u>	1,30		3	1.5			
13		Ø Ø	+	 	<u> </u>				
14			+	1.28	20	183	Kn= B13237		
15	40687	3	120	1.20		1.60	1,763 0,1362		
16		Ø	 	1 2 2	60	188	Kon B 1323)		
17	39687	100	1.2-9	122	30	180,	E 120-2)		
18		1			17	30/52	0.02.2		
19	80682	ø	.50	1.08	50	138	Tury 0/2313		
20	í	Ø							I I
21		Q							
22		(2/	.30	130	20	20/20	M-B13237		
		Š	1.0						
23			(-5-)	130	400	500	Kan BUND		
24		10	1,2	100		+ /``			
25			1	120	60	100	12 8 12.87		
26	80687	ø	.52	12	-	80	B 1320)		
27		()·			ļ				
28	80682	Q'	. 50	1.38	50	C/50	16 B13131		
29		Ø							
		1	1		Ť				
30		<u> </u>	67.	1.31	50	4 %	to \$13237		
3	30682	_	1 1 4	1.21	70		11.7		





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

See page 2 for instructions.

Daily Fig	ished-Water Produc	ction for the Month/	Year of:			June-06					
		VS) Name: Colonial M							·····		
Public W		enitication Number: 6				-94 8.2 401 1030.7 1017.1					7. T-1. T-1. T-1. T-1. T-1. T-1. T-1. T-1
	Plant I Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Colonial Manor	Colonial Manor	Colonial Manor	Colonial Manor	Colonial Manor						
	Well # 1	Well # 2	Well # 3	Well #4	Well # 5						
			Per	mitted Maximum D	ay Operating Capacit	y of Each Plant, g	allons per day				Total
Day of	93,000	53,500	93,000	53,500	93,000						386,000
Month				Net Quanity of F	inished Water Produ	ed by Each Plant,	gallons				Total
1	-	89,000	83,000	-	-						172,000
2	_	59,000	74,000	-	-						133,000
3	-	59,000	73,000	-	-						132,000
4	_	59,000	73,000	-	-						132,000
5	_	77,000	86,000	-	-						163,000
6	-	77,000	86,000	-	-						163,000
7	-	62,000	95,000	-	-						157,000
8	_	61,000	95,000	-	-						156,000
9	-	57,000	77,000	-	-						134,000
10	-	57,000	77,000	-	-						134,000
11	-	57,000	77,000	-	-						134,000
12		48,000	47,000	-	-						95,000
13	-	47,000	46,000		-						93,000
14	-	55,000	61,000	-	-						116,000
15	-	55,000	60,000	-	-						115,000
16	-	57,000	67,000	-	-						124,000
17	-	56,000	66,000	-	-						122,000
18	-	56,000	66,000	-	-						122,000
. 19	-	81,000	90,000	-	-						171,000
20	_	80,000	89,000	-	-						169,000
21	-	58,000	65,000	-	-						123,000
22	-	57,000	65,000	-	-					****	122,000
23	-	55,000	62,000	-	-						117,000
24	-	54,000	62,000	-	-						116,000
25	-	54,000	61,000	•	-						115,000
26		62,000	85,000	<u>.</u>	-						147,000
27		62,000	85,000	-	-						147,000
28	_	62,000	69,000		_						131,000
29	-	62,000	68,000		-						130,000
30		58,000	67,000					1			125,000
31		50,000	37,000								,
Total					L						4,010,000
Avg.											133,667
Max.											172,000



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

See page 4 for instructions.

FILE COPY

Ι. (General Information	for the Mont	h/Year of: JUNE 2006							
	Public Water System (P									
Γ	PWS Name: Colonial	Manor Water	System		PWS Identification Number: 651-0355					
		ommunity	Non-Transient Non-Community	Transient l	Non-Community	☐ Co	nsecutive			
	Number of Service Co	nnections at E	End of Month: 750+/-		Total Population S	erved at E	nd of Month: 1,825 +/-			
	PWS Owner: Colonial	Manor Utiliti	es Inc.		· · · · · · · · · · · · · · · · · · ·					
· ·	Contact Person: MEL				Contact Person's T	itle: FL.	OPERATIONS SERVIC	ES MANAGER		
_	Contact Person's Maili				City: New Port Ric	hey	State: FL	Zip Code: 34652		
	Contact Person's Telep				Contact Person's F	ax Numbe	r: 727-848-7701			
			rotteveel@uswatercorp.com							
в. Т	Vater Treatment Plant	Information								
Γ	Plant Name: Colonial l	Manor Water	System & II				Plant Telephone Numb	er: 727-848-8292		
	Plant Address: Cantrel				City: New Port Ric	chey	State: FLORIDA	Zip Code: 34652		
[Type of Water Treated	l by Plant:	✓ Raw Ground ☐ Purcl	nased Finished V	Vater					
	Permitted Maximum D	ay Operating	Capacity of Plant, gallons per day: 79	,000						
	Plant Category (per sul	bsection 62-69	99.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D					
	Licensed Operators		Name	License Class	License Number	Day(s)/Shift(s) Worked				
	Lead/Chief Operator:	KENNETH MA	ARTIN	В	13237		3 times per week			
[Other Operators:	Travis Pender		С	13956					
ļ		Ralph Amiott		С	8140					
		Sharon Maluk		С	13268					
ļ		Thomas Willard		В	10116					
		Nehemiah Holli	S	В	13374					
İ		Willis Gainey		С	13083					
		John Bowers		С	13625					
		Angel Caraballo)	С	13383					
L		Lawrence Russo)	С	12592					
_		Vasco Thompso		С	13914					
	and the second	Raymond Layne		С	7893					
L		Chris Silva		С	13576	· · · · · · · · · · · · · · · · · · ·				
		Mark Havens		С	13858					
	The second secon	Darrell Tellfair		С	13364					
L	4.34	Les Bolling		С	6477					
L		Gary Heins		С	8521					
L		Janet Shirley		A	6333					

II. Certification by Lead/Chief Operator

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

X	7/6/	106	KENNETH MARTIN	B - 13237
Signature and Date	T l		Printed or Typed Name	License Number

		Month/Yea			June-06									
Aeans of Ad Ultraviolet		ur-Log Viru	s Inactivation/Re	emoval: * Other (De	scribe)	X	Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
					201100/							WANGE		Chlori
ype of Disi	nfectant Re		tained in Distrib	, , , , , , , (, , , , , , , , , , , , 			X Free Ch	lorine				Chloramines)	F-100	Dioxide
			Ase Countily of a full bed Water Produced State										Array Establication (Carecianto de Ranga 2011) Carecianto de Ranga 2011 Carecianto de Ranga 2011	h-l-d
	70		6.40			CT Calculations: or UV	/ Dust; to Demonstrate Four-Le	o Virus Inac	tivation if:Amilicable*			A Alles Anna		
		\$45 G	Y 2 44	CLESS CONTRACTOR		CT Calcul	ations	Virgini,	40.800	144 1979	The second of	UV Doie 1-3		
			Marion Calaria						Barrer 1					Practically or Abnorm
	Days Plant						FAME OF DESCRIPTION							Operating Conditions
Selection of the select	Vusited by	- 1456 m	Net Quantity of		Concentration (C) Before or at	Disinfectant Contact Time (T)	at First Customer During Peak			Minimum	Operating UV	n New States	Lovest Residual Disinfection	Repair or Maintenanc Work that involves Tak
Day of the! Month	Devy Plant Staffed or Visited by Operator (Place "X")	Hours Plant in	Finished Water	Peak Flow Rate, gpd	Lowest Residual Disinfectant Contentration (C) Defore or at First Customer During Peak Flow: mg/L	at C Measurement Point	Flow,	Temp. of	pH of Water, if Applicable	Required, mg-min/L	Dose in W	Minimum UV Dose Regulard	Concentration of Remote Follows	Water System Compone Out of Operation
i	2.1	24	89,000	I can I low Rate, gpt	Activities (CATCHING CO. STORY)	During Peak Plow, Himoles	a same a sing-timot.	water, C	Applicable	mg-mirts	, notecni	III.A-son.ciii.a.	And a service of the	State Out of Operation
- 2	x	24	59,000		1.73								1.10	
3 -		24	59,000			· · · · · · · · · · · · · · · · · · ·								
4		24	59,000											
5 🗀	х	24	77,000		1.36								1.25	
6		24	77,000											
7	X	24	62,000		1.21	·		ļ					1.20	
8		24	61,000		1 20									
9 10	х	24	57,000 57,000		1.39					ļ			1.27	
11		24	57,000											
12	х	24	48,000		1.30					 			1 20	
13		24	47,000		1.30								1.28	
14	х	24	55,000		1.50								1,28	
15		24	55,000										1,20	
16	х	24	57,000		1.68								1.31	
17		24	56,000											
1.8		24	56,000											
19"	х	24	81,000		1.71								1.29	
20:		24	80,000											
21	x	24	58,000		1.79								1.31	
22		24	57,000										`	
23	X	24	55,000		1.86								1.25	
24 25		24	54,000 54,000			·								
26		24	62,000		1.76									
27	x	24	62,000		1.75								1.30	
28	х	24	62,000		1.86								1.00	
29	^	24	62,000		1.00								1.29	
30	х	24	58,000		1.91								1.32	
31			,										1.32	
tal			1,833,000		<u> </u>							l		
erage	aust.	S. Santa	61,100											
			89,000											



See page 4 for instructions.

_													
	I. General Information for the Month/Year of: JUNE 2006 Dublic Water System (PWS) Information												
Α.					Т	51110 11 10 1 11	1						
	PWS Name: Colonial	···				PWS Identification Nur	mber: 651-0355						
		ommunity Non-Transient Non-Community	Transient	t Non-Community Consecutive									
		nnections at End of Month: 750+/-		Total Population Served at End of Month: 2500+/-									
)	PWS Owner: Colonial Manor Utilities												
	Contact Person: MEI			Contact Person's Title: FL. OPERATIONS SERVICES MANAGER									
		ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652						
	Contact Person's Telep	727-848-7701											
Į	Contact Person's E-Mail Address: mrotteveel@uswatercorp.com												
В.	Water Treatment Plant												
		Manor Water System & III				Plant Telephone Number							
	Plant Address: Hendri			City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652						
ļ	Type of Water Treated		hased Finished V	Vater		· · · · · · · · · · · · · · · · · · ·							
		Day Operating Capacity of Plant, gallons per day: 98	,000										
		bsection 62-699.310(4), F.A.C.): IV			ibsection 62-	-699.310(4), F.A.C.):							
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked						
ļ	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week						
1	Other Operators:	Travis Pender	С	13956									
		Ralph Amiott	С	8140									
ı		Sharon Maluk	С	13268									
		Thomas Willard	В	10116									
		Nehemiah Hollis	В	13374									
İ		Willis Gainey	С	13083									
	• •	John Bowers	С	13625									
		Angel Caraballo	С	13383		12							
ļ		Lawrence Russo	С	12592									
ļ		Vasco Thompson	С	13914									
-		Raymond Layne	С	7893									
-		Chris Silva	С	13576	· 								
	er davi a sama	Mark Havens	С	13858		···							
]_		Darrell Tellfair	С	13364									
		Les Bolling	C	6477									
	A Company of the Comp	Gary Heins	С	8521									
L		Janet Shirley	A	6333									

12207/	6/06	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

		Month/Yea ur-Log Virus	ron Inactivation/Ren		June-06	X	Free Chlorine		Chlorine D	ioxide		Ozone	Combined	Chlorine
Ultraviolet	Radiation			Other (De	scribe):									
ype of Dis	infectant Re	sidual Maint	ained in Distribu	tion System:			X Free Chi	orine		Combine	d Chlorine (Chloramines)		Chlori Dioxid
	Angle of the same						// Dose, to Demonstrate Four-Log	Virus Inect	ivation: if Applicable."					
Day of the Month	Days Plant Staffet by Visited by Operator (Place 'X')	Hours Plant in Operation	Net Quantity of Finashed Water Froduced: gal	Peak Flow Rate, gpd	Lowest Restitual Disinfectant Concentration (C) Before or a First Gustomer Daving Peak Flow, mg/L.		Lovest CT Provided Before or	Temp, of Water, °C	pH of Water, if Applicable	Minimum CT Required, rug-min/L	Lowest Operating UV Dose, mW- sec/cm ²	UV Dose Minimum UV Dose Required mW-secton?	25% of Residual Disinfectant, Confecutivation at Remote Potal in Distributors System, mg/L	Emergency or Abnorm Operating Conditions Repute or Maintenant Work that Involves Tak Water System Compone Out of Operation
1 1		24	83,000											
2	х	24	74,000		1.86							ļ	1.30	
3		24	73,000							ļ	ļ	ļ		
. 4 5	ļ	24	73,000		1.41			· · · · · ·					1.25	
6	X	24	86,000 86,000		1.41				-				1.25	
7	x	24	95,000		1.55								1.21	
8		24	95,000										1,2	
9,	х	24	77,000		1.61								1.30	
10 🗀		24	77,000											
11		24	77,000											
12	X	24	47,000		1.51								1.31	
13		24	46,000		1.1									
14 15	X	24	61,000		1.61								1.29	
16	х	24	67,000		1.81								1.30	
17		24	66,000		1.0.								1.20	
18		24	66,000											
19	х	24	90,000		1.66								1.28	
20,		24	89,000											
21	X	24	65,000		1.76								1.25	
22 23		24	65,000		1.55									
23	х	24 24	62,000 62,000		1.86								1.31	
:25		24	61,000					in.		·				
26	х	24	85,000		1.96								1.21	
27	,,	24	85,000		1.70								1.21	
28	x	24	69,000		1.84								1.29	
29		24	68,000											
30	х	24	67,000		1.75								1.30	
31														
otal			2,177,000											
verage :		ME 19 2.11	72,567											
faximum			95,000											



See page 4 for instructions.

			h/Year of: JUNE 2006								
		PWS) Informa									
PWS Na		Manor Water						PWS Identification Nu	ımber: 651-0355		
PWS Ty		ommunity	Non-Transient Non-Cor	nmunity	Transient l	Non-Community	Cor	nsecutive			
Number	of Service Co	nnections at E	End of Month: 750+/-			Total Population Served at End of Month: 2500+/-					
PWS Ow	mer: Colonial	Manor Utiliti	ies Inc.								
		ISA ROTTE				Contact Person's	Title: FL. (OPERATIONS SERVIO	CES MANAGER		
Contact I	Person's Maili	ng Address: F	P.O. Box 398			City: New Port Ri	chey	State: FL	Zip Code: 34652		
Contact I	Person's Telep	hone Number	r: 727-848-8292			Contact Person's F	ax Number	r: 727-848 - 7701			
Contact I	Person's E-Ma	il Address: n	nrotteveel@uswatercorp.co	om							
B. Water Tre	atment Plant	Information									
Plant Na	me: Colonial	Manor Water	System & IV					Plant Telephone Numl	per: 727-848-8292		
	dress: Linkwo					City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652		
	Water Treated		✓ Raw Ground		hased Finished V	Vater					
Permitted	l Maximum D	ay Operating	Capacity of Plant, gallons	per day: 79	,000						
Plant Cat	egory (per su	bsection 62-69	99.310(4), F.A.C.): IV			Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	D		
License	d Operators		Name		License Class	License Number		Day(s)/Shift(s) Worked		
Lead/Chi	ef Operator:	KENNETH MA	ARTIN		В	13237		3 times pe	r week		
Other Op	erators:	Travis Pender			С	13956					
-		Ralph Amiott			С	8140					
		Sharon Maluk			С	13268					
		Thomas Willard	1		В	10116					
		Nehemiah Holli	is		В	13374					
		Willis Gainey			С	13083					
	Section 1	John Bowers			С	13625					
		Angel Caraballo)		С	13383					
		Lawrence Russo)		С	12592					
	4-74, 6	Vasco Thompso	on		С	13914					
1 7 7 5 1 5 6 5 2 5 5 5 1 1 5 6	distantinon di George	Raymond Layne			С	7893					
The state of the s	tarque es Suesas	Chris Silva			С	13576		· /···			
n in	Mark Control	Mark Havens			С	13858		AND THE RESIDENCE OF THE PERSON OF THE PERSO			
		Darrell Tellfair			С	13364					
		Les Bolling			С	6477					
		Gary Heins			С	8521					
		Janet Shirley			A	6333					

	7/6/06	KENNETH MARTIN	B - 13237
Signature and Date	777	Printed or Typed Name	License Number

III. Daily	Data for the	e Month/Year of:			June-06									
Means of A Ultraviolet		our-Log Virus Inac	tivation/Rer	noval: * Other (De	scriba):	X	Free Chlorine		Chlorine D	ioxide		Ozone	Combined	Chlorine
Ottraviolet	Madiation			Other (De	SCITUE)						-			Chlorin
Type of Dis	infectant Re	esidual Maintaine	d in Distribu	tion System:		, , , , , , , , , , , , , , , , , , , ,	X Free Ch	orine		Combine		Chloramines)		Dioxide
,	*					CT Calculations of UV Descrip Demonstrate Four-Log Vicus Insolvation, if Applicable								
					***		ations		Part No.	· · · · · · · · · · · · · · · · · · ·		UV Dose	7.65 M 10 16 15 15	
Day of the Month	Days Plant Stuffed org Visited by Operator (Place "X")	Hours Plant in Prin Operation	Cutantity of introd water outcod, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or or First Customer During Peak Flow, mg/L	Disinfectani Contact Time (F) at C Messurement Point During Peak Flow, minutes	Lower CT Provided Before or at First Customer During Peak Flow, ng-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, ug-min/L	Lowest Operating: UV Dose, mW- sec/cm	UV Dose Minimum UV Dose Required, mWescelain	Loyou Relitival Orsinically Concentration at Remote Polic in Distribution, Systems may 1	Emergency or Abnorma Operating Conditions; Repair of Maintenance "Work that involves Takin Water System Componer Out of Operation
	X	24			.50								1.29	See Below
. 2	х	24			.50								1.31	* See Below
3		24												* See Below
4		24												* See Below
5	х	24			.51								1.29	* See Below
6 7	X	24			.51						-	ļ	1.22	* See Below * See Below
8		24										·	1.22	* See Below
-9	X	24			.52								1.30	* See Below
10		24											1.30	* See Below
ii		24												* See Below
. 12	х	24	-		.51								1.29	* See Below
13		24												* See Below
14	X	24			.50								1.31	* See Below
15		24												* See Below
. 16.	х	24			.50								1.32	* See Below
17		24												* See Below
18		24												* See Below
19	<u>x</u>	24			.50								1.36	* See Below
. 20		24	-											* See Below
21	X	24			.50								1.30	* See Below
22		24												* See Below
. 23	X	24			.50								1.28	* See Below
24		24		· · · · · · · · · · · · · · · · · · ·	ļ				***					* See Below
25		24												* See Below
26	X	24			.51								1.30	* See Below
27		24												* See Below
28	X	24			.50								1.28	* See Below
29 30		24												* See Below
		24												* See Below
31	San Carl State			* 37/ D T										L
	6 6761			* Well Temporali	ty Out of Service									
	illes Su	158.4945.151												
daximum														



See page 4 for instructions.

I.	General Information	for the Month/Year of: JUNE 2006								
Ā.	Public Water System (F	PWS) Information								
	PWS Name: Colonial					PWS Identification Nu	mber: 651-0355			
		ommunity Non-Transient Non-Community	Transient 1	Non-Community	Co	nsecutive				
	Number of Service Co	nnections at End of Month: 750+/-		Total Population Served at End of Month: 2500+/-						
PWS Owner: Colonial Manor Utilities Inc.										
	Contact Person: MEI		Contact Person's	Title: FL. OPERATIONS SERVICES MANAGER						
		ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652			
		phone Number: 727-848-8292	Contact Person's F	ax Number	r: 727-848-7701					
	Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com								
В.	Water Treatment Plant									
		Manor Water System & V				Plant Telephone Numb	er: 727-848-8292			
	Plant Address: Valima			City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652			
	Type of Water Treated		hased Finished V	Water						
		bay Operating Capacity of Plant, gallons per day: 18	3,000							
		bsection 62-699.310(4), F.A.C.): IV			ubsection 62	2-699.310(4), F.A.C.):				
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Worked			
	A STATE OF THE PARTY OF THE PAR		В	13237		3 times per	week			
	Other Operators:	Travis Pender	C	13956						
ı		Ralph Amiott	С	8140						
		Sharon Maluk	С	13268						
		Thomas Willard	В	10116						
- {		Nehemiah Hollis	В	13374						
		Willis Gainey	С	13083						
į		John Bowers	С	13625		· · · · · · · · · · · · · · · · · · ·				
ı		Angel Caraballo	С	13383						
		Lawrence Russo	С	12592						
		Vasco Thompson	C	13914						
-		Raymond Layne	С	7893						
-		Chris Silva	С	13576		· · · · · · · · · · · · · · · · · · ·				
-		Mark Havens	C	13858						
ļ		Darrell Tellfair	C ·	13364						
		Les Bolling	C	6477						
	· 中国公司	Gary Heins	С	8521						
1		Janet Shirley	A	6333						

information provided in this report is tr	ue and accurate to the best o	f my knowledge and belief. I	certify that all drinking water treatme	ent chemicals used at this plant conform to
				owing additional operations records for this
plant were prepared each day that a lice	ensed operator staffed or visi	ted this plant during the montl	n indicated above: (1) records of amo	unts of chemicals used and chemical feed
rates; and (2) if applicable, appropriate	treatment process performan	nce records. Furthermore, I ag	gree to provide these additional opera	tions records to the PWS owner so the PWS
owner can retain them, together with co	opies of this report, at a conv	enient location for at least ten	years.	
	1	•		
	16106	KENNETH MARTIN		B - 13237
Signature and Date		Printed or Typed Name		License Number

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the

			of:		June-06									
Ultraviolet Ra		Log Virus	Inactivation/Re	emoval: * Other (De:	ecriba):	X	Free Chlorine		Chlorine D	ioxide		Ozone	Combined	Chlorine
Ultraviolet Ki	idiation			Office (De	scitae).								· · · · · · · · · · · · · · · · · · ·	Chlorin
Type of Disini	fectant Resid	lual Mainte	ained in Distrib	ution System:			X Free Ch	lorine			d Chlorine (Chloramines)		Dioxide
			**************************************			CTCalculations, or UV Dose, to Demonstrate Four-Log Virie Succividition, if Applicable.				UV Book				
Day of the		ours Plant in Operation	Net Quantity of Finished Weter Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Contempration (C) Before or at First Customer During Peak Flow, mg/L		Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp, of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Loyest Operating UV Dose, mW- sec/cm ²	Minimum, UV Dose Required in W-see/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/15	
1.		0					~~~							* See Below
2		0	-											* See Below
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otal	Balantika.	ANG NO		* Well Off Line	<u> </u>			i					<u> </u>	
verage														
Maximum .														

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION For Lab Use Only AND LABORATORY REPORTING FORMAT The lab performing this analysis is checked on the left. Advanced Environmental Laboratories, Inc. 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 Lab Receipt Date & Time: □ 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620 □ 528 S. North Lake Blvd Ste 1016; Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E53076 Analysis Date & Time: Report Number: Sub-Contract Lab ID: Sample Acceptance Criteria: Analysis Requested: (please check all that apply) Sample Preservation On ice Not On ice Standard Coliform Test Disinfectant Check ☐ Not Detected □НРС This sample does not meet the following NELAC requirements: Other: System Address: System or Owner's Phone #: Collector: K & N Collector's Phone # Type of Supply: (check only one) Community Water System ☐ Noncommunity Water System Nontransient Noncommunity Water System Limited Use System Private Well Swimming Pool Bottled Water Other Reason for Sampling: (check only one) X Routine Compliance Repeat Repeat Main Clearance Well Survey Other Sample Collection Date: (a) Total Coliform Analysis Method: 5 m 92226 Disinfect Fecal or E. coli Analysis Method: Sample Point Sample Collection Sample Res'd Ηq Number (Location or Specific Address) Time Type¹ Non Total Fecal or Data (mg/L) Sample Coliform Coliform E. coli Qualifier² Number Mhonno 121 1100 Average of disinfectant residuals for routine and repeat samples. (Complete for 1.18 ²Defined in Florida Administrative Code Rule 62-160, Table 1 community and nontransient noncommunity systems serving populations up to and including All tests are performed in accordance with NELAC standards. 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: 🔼 DPD Colorimetric 🔲 Other: Date PWS notified by lab of positive results: Person performing analysis is: ☐A certified operator (# **B)** Date State notified by lab of positive results: Employed by a certified lab ☐Supervised by a cert operator (# ☐Employed by DEP or DOH Lab Signature: Name and Mailing Address of Person to Receive Report U.S. Water Services Corporation DEP/DOH USE ONLY ☐ Satisfactory Incomplete Collection Information 4939 Cross Bayou Boulevard Repeat Samples Required New Port Richey, Florida 34652 Replacement Samples Required Phone (727) 848-8292 Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:

W. Standing	DILARORATORY REPORTING FO:	For Lab Use Only						
			the lab represents a statylant and primmore dal with					
- H.E	ounental taiordores, inc							
Signal Bandacom Pky	Ay > delokabiryilka .5L 322k5 yahiyatan deloh : =ay omzi yarrop	664 - 3325 4)						
回至100mW 57斯萨尼西	Avs - (Empe, Fit 38643 + 5†33690,9846 - Fax 313,900,497). Sto, 7 + Gainesyllti, Fit 32366 - 352,367,4300 - Fax 362,35	September September	Lab Receipt Date & Time:					
21528 S. More Take Bl Raggori Murridan	lod. Sig. 1945 - vitamients spaines. Et seve i 1997 sev risc 2 Sub-Cemtrach Lab III	ELS PROPERTY SERVICES ERGENESS	Anallysis Date & Time					
Arenyale Room	USLED SE SPEEKE CHOCK all light agoly)		Sample Acceptance Critores. Sample Preservation El Onles El Mot Onles El Mot					
Standard Colif HPC	orm fest.	District Chief Check L Neit Dejajejeje Little Dejajejejeje						
Cition .		Pals sample does not meet the following MELAC requirements:						
gyatam yama:	$\frac{-2(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})}{2} = \frac{2(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})}{2} = \frac{2(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})}{2} = \frac{2(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})}{2} = \frac{2(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})}{2} = \frac{2(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})}{2} = \frac{2(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})}{2} = \frac{2(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})}{2} = \frac{2(2+\frac{1}{2})(2+\frac{1}{2})(2+\frac{1}{2})}{2} = 2(2+$	<u>lake a Abrila d</u>	PWS (LD). 🛴 📗 📗 🔝 🔠					
			City City					
	's iPhone #.		k #					
			ollacion's Phone #					
	/i (check only one):							
L. Community W E. Private Well	Atter System — Noncommunity Water 3 — Swimming Pool		ant Mondominium by Weiter System 🔃 Limited Use System					
	그는 공사하는 경험 등 경험 공항 환경한 사람은 무섭한 경험을 받는 것이 가능하는 것이 없는 것이다.	Bondad W.	iter					
Sample College	(fo) a l Dantes:	Menue IIII veloeur III	Regulaterment L.F. Wellin Clearance L.J. Well Survey L.J. Other					
			Tutal Colliniin Audlysis Method					
Sample Municer	Sample Point	Collection Samuta						
1920102-91	(Location or Spectre Address)	Timlə Tygə'	(mo/L) More Forest Facester Design Letter					
			Colliterni Californi E. coll Quedifier Servicite					
	<u> </u>							
		(A.). (1) - (1)						
	Market Company							
Avare c e of disin community and no	Metric carloteis (การงบที่กลากปกตุกระหราก เมื่อเราอินี กรกระยากที่ยังโรง พราสกร รถงากการการที่	JOE) (Complete for	້ານີ້ອີກີເຄືອປາກປີປາກປາກປາກປາກປາກປາກປາກປາກປາກປາກປາກປາກປາກປ					
. 4,800 Elorator incli	nitelesi@ni roneoinhtunity systems serving oogelkiio NGC raw on plant semides in the averages)	o in tigicania	All tests are performed in accordance with MELAG sementes.					
	itēlien Aralysis Methodė. Elejadycologimalijo. Ing analysis is		Date-PWS notified by lab or positive results.					
ilings All	Internality is is adopted in the second of t	niologyaet by a cartificial alo	Date Sets notified by lab of positive esuits					
I Lieupervis	sed by alcen operation(#	injuloyactoy DEP on DOS	A CAN CAST STATE					
National	Mailing Address of Person to Recei							
production of			Satisfactory DEP/DOH USE ONLY					
			Incomplete Collection Information Repeat Samples Required					
The Water			Replacement Samples Required					
			te Reviewed by DEP/DOH;					
		在大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	P/DOH Reviewing Official)					
DEP Sample Type C	20des; D = Distribution (Routine Compliance): C =	Boscat Control B. B.	N = Fitty to Distribution, P = Plant Tap; S = Special (clearance, etc.)					
	MF = SM9222B & D; MTF = 9221B & EC/MUG; Mins are absent; P = coliforms are present; C = conf		∪=5M9215B p					
	A STANDARD NESSILL CT ONL	raent Stewnit. Fin i C ± 100 t	umerous to count. ³ jb2.550,730 Reporting Format - Effective (01/95, Revised 0					

U.S. Waler

Treatment Plant Name Colons Mand MONTH MEAR: Jane 06

Well II CONNON ON System PWS Id Number:

•	Well #	1 con	10 60 GG	∼ Sy	siem PWS	ld Number:			
Day			CL2	C.r.3		Air!		Campling	
nt ilv;	Meter	Gallons	Residual	Residual	200	Water	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
Monh	Reading	Pumped	(ā; planī	iñ; remote tap	PSI	Ratio	Licelbe laminet, miner	7.07	
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8		9 /					te 813251	MONTH COMPLIAN	
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U.S. W. Steff Lower Comparation

Treatment Plant Name: Colonial Manoh MONTH YEAR: System PWS Id Number:

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Day			CLE	CL2		Air/			-
nf ilv:	Meter	Gallons	Residual	Residual		Water	Time in / Time Out	Sampling	
Month	Reading	Pumped	íā, plant	ra; remote rap	PSI	Ratio	License Number / Initials	Performed	Remarks
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U.S. Waler Sorvices Componencem

-11.11.7

Treatment Plant Name: Colonial mans MONTH / YEAR: June 05

Well # & Handny System PWS Id Number: CL2 Air/ Time in / Time Out Sampling Residual Water Gallons Residual Meter al ilva Remarks Performed License Number / Initials Pumped iā: plant (a) remote tap PS1 Ratio Reading 85,000 129981 cheand to for 5-5 R- B13437 1.86 152344 71000 130 Joan 3 27000 22 100 KmB1323 24 127281 36000 1.41 86000 黎 12) 50 F B1393) 121 0000 860,00 10/17 1 BUYS 15-7843 NO00 161 55 130 2000 JJ.000 B1323) 20,00 4,1 1.3) 153178 15) 46000 Repaid tay Point Court (Nack Bil) 1 am B1323 To 14 / 5327) 129 4000 161 600 000 15 B 13331 153352 62000 181 130 35 66,000 66001 1535911 10/5 1000 B132D 1.27 2 1.66 90000 89000 cleaned to Point KuBUUS 1.76 125 55 153770 65,000 65 nes IN B1323> 13) 50/50 196 153900 000 62000 6/000 19/1 /an B13257 154085 196 121 85000 5 85.000 Cheand to from 129 50/10 N B13237 184 64000 54211 68,000 500 F- B1320 130 75 05 154348 67,000

US WALCE

Trealment Plant Name: Colome 1 MMIN WONTH : YEAR: System PWS ld Number:

	Well #	4 L1	215 mar a	Sy	siem PVV	id Number:			
Day		,	CL2	CL2		Air/	Time is a Time Out	Sampling	
of the	Meter	Gallons	Residual	Residual	200	Water	Time in / Time Out License Number / Initials	Performed	Remarks
Month	Reading	Pumped	iñ; plant	iii; remote tap	PSI	Ratio			
1_1_	40687		,50		\$0	40	メーサリシア)		
2	18095	8	, 50	1.31	100	70	E 4213101	-	
3	6	0							
4		9		1 29	70	28	K- B13257		
5	80682	Ø	.51	1.29	40	100	Kan Distor		
6		0,		1 2 2		(0/2)	0.2113		
7		ϕ	. 51	1.22	W	30	Der B13 79)	· · ·	Toll a Book
8	80	9					JKM BISLE	would contion	Tou, Joy C) Boxt.
9	80 687	8	.52	1.30	UL	700	K BISTRO		
10		Ø							
11		0							
12	80682	a	,51	1,2,7	02	100	K-15737		
13									
14	80682	Ø	J. 50	1.31	50	00/00	1Km B) 3237		
15		4							
	30682	y	.70	132	45	200	x B1323		
	20042	\$							
17		d							
18	80682	Ø	07.	1.36	20	200	1 ~ B1777)		
		Ø.	, , ,	1.02					
20	80687	Ø	50	130	50	40	16 B13127		
21		6	+30	, , , , ,	 	† `			
22		14/1	80.	128	3	स्	N= 81323		
23		, Ø	1,70	1,341	† • •	1.0			
-24		T	+		<u> </u>	+			
25		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	J- 1	130	50	50/ m	Kan 813231		
26	806br	$+\phi$	1 1	1,10	1,0	1 -1 10	Name Divisi		
27	-	4		+	10	AV I	0 0.1		
28	80687	9	. 50	1.2.8	10	790	(B1325)		
29		0			1				
30	40687	Ø							
	1	7							
3	1 [_1		_1					





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

See page 2 for instructions.

FILE COPY

	nished-Water Produc					July-06					
	ity Water System (CW										
ublic W	ater System (PWS) Id Plant I Name	enitication Number: 6 Plant 2 Name	5510355 Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Diant & Nome	Digni O Name	Plant 10 Name	G. 1956. 111 1540
34. 34			T	T	T	Figur o Name	Flatt / Ivaille	Flant ovixanc	Figur & Maine	Etaill TO Maine	
	Colonial Manor	Colonial Manor	Colonial Manor	Colonial Manor	Colonial Manor						
9 (1) 10 (1)	Well # 1	Well # 2	Well # 3	Well # 4	Well # 5				Parameter of Comment		n 22
			Per			ty of Each Plants g	llons per day	i de la la la la la la la la la la la la la	Tekskizadolasi, 2021 pera T	3:34(ii): 4 4 I	
Day of	93,000	53,500	93,000	53,500	93,000 nished Water Produ		andrine francisco		<u> </u> Estado Estado Reisado	Was the Sale	386,000
Month		60.000			nished Water Produ I	ced by Each Plants	gations	I SWILL		at de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de	
1	-	58,000	67,000		<u> </u>				ļ		125,000
2	<u>-</u>	58,000	67,000								125,000
3	-	55,000	60,000	-	<u> </u>						115,000
4	-	54,000	60,000	-	-						114,000
5	500	50,000	56,000	-	-						106,500
6	500	50,000	55,000	-	-						105,500
7	-	51,000	55,000	-	-						106,000
8		51,000	55,000	-	_						106,000
9	-	50,000	55,000	-	-						105,000
10	-	45,000	49,000		-						94,000
11	-	45,000	49,000	-	-						94,000
12	-	58,000	42,000	-	-						100,000
13.	-	58,000	42,000	-	-						100,000
14	-	65,000	50,000	-	-	7					115,000
15	-	65,000	49,000	-	-						114,000
16	-	65,000	49,000	-	-						114,000
17	-	126,000	2,000		•						128,000
18	-	126,000	2,000	-	-						128,000
19	-	79,000	39,000	-	-						118,000
20	-	79,000	39,000	-	-						118,000
21	-	99,000	23,000	•							122,000
22	-	99,000	23,000	-	-						122,000
23	-	99,000	23,000	-	-						122,000
24:	-	84,000	32,000	•	-						116,000
25	-	84,000	32,000	-	-						116,000
26	-	81,000	31,000	-	-						112,000
27	-	81,000	31,000	-	-						112,000
28	-	84,000	37,000	-	-	- ·					121,000
29	-	84,000	37,000	-				· · · · · · · · · · · · · · · · · · ·			121,000
30	-	84,000	37,000	-	-						121,000
31	-	84,000	37,000	-	-		· · · · · · · · · · · · · · · · · · ·				121,000
[otal			- ,- ,- ,-							·	3,537,000
Avg.							North Control of the State of t			programa.	114,097
Max.								100			128,000



See page 4 for instructions.

	Consul Information	for the Month/Year of: JULY 2006							
	Public Water System (1								
1	······································	AL MANOR WATER SYSTEM				PWS Identification Nu	h		
		Community Non-Transient Non-Community	Transiant	Non-Community	ПС	onsecutive	imber: 651-0355		
		onnections at End of Month: 750+/-	Transient	Total Population Served at End of Month: 2500+/-					
	PWS Owner: Colonial			Total Population 3	serveu ar E	and of Month: 2300+/-			
	Contact Person: MEI		-1	Contact Dorson's 7	Citles EI	OPERATIONS SERVI	OPC MANAGED		
l		ing Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652		
	Contact Person's Teler	er: 727-848-7701	Zip Code. 34032						
		ail Address: mrotteveel@uswatercorp.com		Comact Persons F	ax ivuilibe	1. /2/-040-//01			
R I	Water Treatment Plant								
ا.		AL MANOR WATER SYSTEM & I			**************************************	Plant Telephone Numb	per: 727-848-8292		
ŀ	Plant Address: Connor	***		City: New Port Ri	chev	State: FLORIDA	Zip Code: 34652		
ŀ	Type of Water Treated		chased Finished V		oney	otate. I BoldDA	2.1p code: 54032		
ł		Day Operating Capacity of Plant, gallons per day: 7							
Ì		bsection 62-699.310(4), F.A.C.): IV	-,	Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	D		
ı	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per week			
	Other Operators:	Travis Pender	С	13956					
ļ	T. # 47 (1977)	Ralph Amiott	С	8140					
		Sharon Maluk	С	13268					
	* 	Thomas Willard	В	10116					
ı		Nehemiah Hollis	В	13374					
		Willis Gainey	С	13083	_				
		John Bowers	С	13625					
		Angel Caraballo	С	13383					
-		Lawrence Russo	С	12592					
-		Vasco Thompson	С	13914					
-		Raymond Layne	С	7893	 				
-		Chris Silva Mark Havens	С	13576		· · · · · · · · · · · · · · · · · · ·			
-		Mark Havens Darrell Tellfair	С	13858					
+		Les Bolling	C	13364					
-		Gary Heins	C	6477					
-		Janet Shirley	<u> </u>	8521 6333		· · · · · · · · · · · · · · · · · · ·			
L		Janot Shiriey	A	0333					

7	8/4/06	KENNETH MARTIN	B - 13237
Signature and Date	}	Printed or Typed Name	License Number

		ar-Log Virus	Inactivation/Ren			X	Free Chlorine		Chlorine D	ioxide		Ozone	Combined	Chlorine
Jitraviolet	Radiation		 -	Other (De	scribe)									Chlor
Type of Dis	infectant Re	sidual Maint	ained in Distribu	tion System			X Free Ch	lorine		Combine	ed Chlorine (Chloramines)		Dioxi
													111111111111111111111111111111111111111	
						CT Calculations or 11	/ Dose, to Demonstrate Four-Lo	a Viena tuan	huston IC Amelionkino					
14.5						CT Calcu		g strustnact	waton, u Appocable:		1000	LIV Dose		
100	evictori.													
. 1	Days Plun					Maria de la Maria de La Carta						N .49	8	Emergency or Abnor Operating Condition
	Staffed or Visited by		Net Quantity of		Luvest Residual Disinfectant Concentration (C) Refore of at	Disinfectant Contact Time (T)	at Pirat Customer During Peak		Puga e	Minimum CT	Lowest Operating UV			Operating Conditio Repair of Maintena Work that Involves To
Day of the	Operator	Hours Plant in	Net Quentity of Finished Water Produced, gal		Luvest Residual Disinfectant Concentration (C) Before it at First Clistonier Diaring Peak	at C Measurement Point	Flow,	Temp. of		Required,	Dose, mW-	Minimum UV Dose Required	Low-Established And Constraint of the Part	Water System Compo
Mouth 1	(Place 'X')	Operation 24	Produced, gal	Peak Flow Rate, gpd	Flow, mg/L	During Peak Flow, minutes	mg-min/L	Water, °C	pH of Water, if Applicable	mg-min/L	sec/cm ³	uiW-seo/cm²	in DiatibilionSpheinting/L	Out of Operation
2		24			 						ļ			* See Below
3		24			.50									* See Below
	X	24			.30								1.29	* See Below
4. 5		24	500		50			<u></u>			-			* See Below
6	Х	24	500		.50					ļ			1.21	* See Below
7		24	300		60									* See Below
8	х	24			.60								1.28	* See Below
9		24				· · · · · · · · · · · · · · · · · · ·								* See Below
10		24			.51									* See Below
11	X	24			.31								1.28	* See Below
12	x	24			.50	· · · · · · · · · · · · · · · · · · ·								* See Below
13		24			.30								1.28	* See Below
14	х	24			.50								1.05	* See Below
15		24	-		.30								1.25	* See Below
16		24												* See Below
17	x	24			.50								1.25	* See Below
18		24			.50								1.23	* See Below
19	x	24			.50								1.25	* See Below * See Below
20		24											1.23	* See Below
21	X	24			.50								1.21	* See Below
22		24	-		.55								1.41	* See Below
23		24	-				1-10-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-							* See Below
24	х	24			.50								1.15	* See Below
25		24										· · · · · · · · · · · · · · · · · · ·	1.13	* See Below
26	x	24	-		.50								1.17	* See Below
27		24	-			······································							1.17	* See Below
28	х	24	-		.50				···	-			1,18	* See Below
29		24											1,10	* See Below
30		24												* See Below
31	х	24	-		.50								1.20	* See Below
otal			1,000	* Well Temporalit	y Out of Service			1						



See page 4 for instructions.

	for the Month/Year of: JULY 2006						
A. Public Water System (· · · · · · · · · · · · · · · · · · ·						
PWS Name: Colonial				PWS Identification Number: 651-0355			
	Community Non-Transient Non-Community	Transient l	t Non-Community Consecutive				
	onnections at End of Month: 750+/-		Total Population Serv	ved at End of Month: 1,825 +/-			
PWS Owner: Colonia	l Manor Utilities Inc.						
Contact Person: MEI	LISA ROTTEVEEL			e: FL. OPERATIONS SERVICES MANAGER			
Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Riche	<u></u>			
Contact Person's Teler	phone Number: 727-848-8292	Contact Person's Fax	Number: 727-848-7701				
Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com						
3. Water Treatment Plant							
	Manor Water System & II		7	Plant Telephone Number: 727-848-8292			
Plant Address: Cantre			City: New Port Riche	y State: FLORIDA Zip Code: 34652			
Type of Water Treated		hased Finished V	Water				
	Day Operating Capacity of Plant, gallons per day: 79	9,000					
	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per subse	ection 62-699.310(4), F.A.C.): D			
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked			
Lead/Chief Operator:	KENNETH MARTIN	В	13237	3 times per week			
Other Operators:	Travis Pender	С	13956				
	Ralph Amiott	С	8140				
	Sharon Maluk	С	13268				
	Thomas Willard	В	10116				
	Nehemiah Hollis	В	13374				
	Willis Gainey	С	13083				
	John Bowers	С	13625	The state of the s			
	Angel Caraballo	C	13383				
	Lawrence Russo	С	12592				
	Vasco Thompson	С	13914				
	Raymond Layne	С	7893				
1000 1000 1000 1000 1000 1000 1000 100	Chris Silva	С	13576				
	Mark Havens	C	13858				
4	Darrell Tellfair	С	13364				
Salar de la Caración	Les Bolling	С	6477				
might be a supplied to the sup	Gary Heins	С	8521				
	Janet Shirley	A	6333				

	8/4/06	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

	Data for the				July-06		Fana Chiladia		811	V - 1 1				
Means of A Ultraviolet		ur-Log Vifu:	s Inactivation/Re	emoval: * Other (De	scribe):	X	Free Chlorine		Chlorine I	Jioxide		Ozone	Combined Chlorine	
							V F C				-1 Chi	CLI .		Chlorin
1 ype of Dis	sinfectant Re	sidual Main	ained in Distrib PRICOGNITIVE	ution System			X Free Ch	iorine		Combini	ea Chiorine (Chloramines)	Margard Anna Aigarda Sa	Dioxide
	1.4.1			1.				1990 - S. S. S. S. S. S. S. S. S. S. S. S. S.	ikan ikan				e de la companya de l	
	Deve Plant Buffledbe Visited by Operator		F. 12.2		F107-191-17 - 1777	CT Calculations, or UV	Dose, to Demonstrate Four-L	g Virus Iriac	ivation, If Applicable*	7.00	ere de la company	Children of the Control	4.000	alyting's
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Eq. Calcu	1005	J. Harris			7.	and the second second	TIP WILL S	
	Daya Plant							ļ.,				No. 1 Page 1 Pag	77 1 1 1 1 1 1 1 1 1	Emergency or Abnorma
	A Builled or		Mesc ho.	٠.	Lowest Residual Disinfectant		Lowest CT Provided Before of			Minimum	Lovest Operating UV Dose, mW		A	Repair of Maintenance
Day of the	Operator (Place X*)	Hours Plant in	Millshed Water		Libere Residual Disinfectent Conceptation (C) Berole of al First Customer During Pear Flow mark	at C Measurement Point	Plow,	Temp. of		CT Required:	Dose, mW	Misliman (IV) Dose Required n W-scoten		Binergepicy or Abnormal Operating Conditions; Repair of Maintenance Work that Involves Takin Walker System Component
Month	(Place (X))	Operation 24	58,000	Peak Flow Rate, gpd	7 Flow, mg/L x 2007	During Peak Flow, minister	mg-min/L	Water, *C	pH of Water, if Applicable	mg min/L	sec/cm2	mW-sec/cm/	and the street street in the	Out of Operation
2	 	24	58,000							 		<u> </u>	<u> </u>	
3	x	24	55,000		1.15								1.03	
4		24	54,000					T					1	
5	х	24	50,000		1.29								1.10	
6		24	50,000											
7	х	24	51,000		1.31								1.15	
8		24	51,000							ļ				
9	ļ	24	50,000											
10	Х	24	45,000 45,000		1.41					ļ			1.25	
11 12		24	58,000		1.57								1.30	
13	X	24	58,000		1.37	i				 	<u></u>		1.30	
14"	x	24	65,000		1.71								1.29	
15	 	24	65,000		1.7.								1.25	
16		24	65,000					-						
17	х	24	126,000	-	1.81					<u> </u>			1.30	
18		24	126,000											
19	х	24	79,000		1.70								1.25	
20		24	79,000											
21	х	24	99,000		1.61								1.22	
22		24	99,000	<u> </u>								<u> </u>		
23		24	99,000											
24	x	24	84,000		1.72		····						1.20	
25		24	84,000		1.96									
26 27	X	24	81,000 81,000	·	1.86								1.30	
28	x	24	84,000		1.91								1.32	
29		24	84,000		1.71								1.34	
30		24	84,000											
31	x	24	84,000		1.58								1.28	
Total			2,251,000											
Average		77.45°	72,613											
Maximum	ì	1 44.4	126,000											



See page 4 for instructions.

		C							
		for the Month/Year of: JULY 2006							
Α.	Public Water System (I								
	PWS Name: Colonial					PWS Identification Nu	mber: 651-0355		
		ommunity Non-Transient Non-Community	Transient 1	nt Non-Community Consecutive					
		nnections at End of Month: 750+/-		Total Population Served at End of Month: 2500+/-					
	PWS Owner: Colonial				·				
	Contact Person: MEL			Contact Person's T					
		ing Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652		
		phone Number: 727-848-8292		Contact Person's F	ax Numbe	r: 727-848-7701			
		ail Address: mrotteveel@uswatercorp.com							
В.	Water Treatment Plant			,		,			
	<u> </u>	Manor Water System & III				Plant Telephone Numb			
	Plant Address: Hendri		······	City: New Port Ric	chey	State: FLORIDA	Zip Code: 34652		
	Type of Water Treated		hased Finished V	Water					
		Day Operating Capacity of Plant, gallons per day: 98	3,000						
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	D		
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Worked		
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week		
	Other Operators:	Travis Pender	С	13956					
	1	Ralph Amiott	С	8140					
		Sharon Maluk	C	13268					
		Thomas Willard	В	10116					
i		Nehemiah Hollis	В	13374					
		Willis Gainey	С	13083					
	7	John Bowers	С	13625		···	l		
		Angel Caraballo	С	13383					
		Lawrence Russo	С	12592			•		
	y)	Vasco Thompson	C	13914		<u> </u>			
		Raymond Layne	С	7893					
į		Chris Silva	С	13576					
		Mark Havens	С	13858					
		Darrell Tellfair	С	13364					
		Les Bolling	С	6477					
		Gary Heins	С	8521					
[Janet Shirley	A	6333					

8000	20/4/8	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

		e Month/Yes	ir of: s Inactivation/Rei	moval *	July-06	V	Free Chlorine		Chlorine D	ioxide		Ozone	Combina	d Chlorine
Ultraviolet		our-Log viru	5 macrivation/kei	Other (Des	scribe)		Tree Cinorine		Cilionile D	ioxide		Ozone	Comoine	g Chlorine
							V 5 0				. 61.1			Chlor
Type of Dis	infectant R	esidual Main	tained in Distribu	ition System		ALCE OF THE PROPERTY.	X Free CI	lorine		Combine	d Chlorine (C	hloramines)	Even end a service	Dioxid
	200		0			1		Carried Alamanda					A	
10 13 10 13 Detect			200	tinasa .	MC 15 years and	CI Calculations of UN	/ Doss, to Deminstrate Four-).	og Virus bulct	vation of Applicable	Section 1	and the state of the			eti e e e e
			(i,j,j,i,j)			A Park Langt Calcul	ations	102.11.14		A. King	2 2 3 6 5 1	TVIXE A		
	DIVERSI								3144	14				dingencyorAbien
					Constitution Constitution		at First Customer Diving Pea			Minimum	Love			
Day of the			3.7		Control (Street C	Disinfectant Contact Time (T)	E GOTTHOW I. 19	1440		Minimum CT Required	Operating LIV		Escillation began	Vicini Para il
Month:	潮槛交	Operation	Produced gale	Peak Flow Rate, gpd	Action of the control	During Peak Flow, minutes	mg-ljún/l	Water, *C	ApH of Water, if Applicable	mg-mm/L	sec/cm k	And the second s		A Commission
1		24	67,000											
2		24	67,000			·								
3	x	24	60,000		1.10								1.22	
4		24	60,000											
5	x	24	56,000		1.89		·	ļ					1.30	
6	ļ	24	55,000					<u> </u>						
7	x	24	55,000		1.91			<u> </u>					1,41	
8		24	55,000					ļ						
9		24	55,000											1
10	Х	24	49,000		1.71								1.31	ļ
11		24	49,000			***************************************		L						
12	X	24	42,000		1.76								1.22	
13.		24	42,000		1.70									
14"	X	24	50,000 49,000		1.79								1.25	-
15 16		24	49,000											
17	X	24	2,000		1.81								1.20	
18		24	2,000		1.01			 					1.30	
19	x	24	39,000		1.71			-					1.20	
20		24	39,000		1./1			-					1.30	
21	x	24	23,000	· · · · · · · · · · · · · · · · · · ·	1.81								1.28	
22		24	23,000		1,01			 					1.28	
23		24	23,000											
24	×	24	32,000		1.91			 					1.30	
25		24	32,000		1./1		· · · · · · · · · · · · · · · · · · ·						1.30	
26	x	24	31,000		1.81		· · · · · · · · · · · · · · · · · · ·						1.21	ļ
27		24	31,000		1.01								1,21	
28	x	24	37,000		1.96								1.27	1
29		24	37,000										1.27	
30		24	37,000											
31	х	24	37,000		1.85								1.30	
otal		Section 1	1,285,000					J.						I
verage	· · · · · · · · · · · · · · · · · · ·		41,452											
laximum		3 16 10 20	67,000											



See page 4 for instructions.

1	General Information	for the Month/Year of: JULY 2006			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Public Water System (F								
	PWS Name: Colonial					PWS Identification Nu	ımber: 651-0355		
		ommunity Non-Transient Non-Community	Transient 1	Non-Community	ПСо	nsecutive			
	Number of Service Co	nnections at End of Month: 750+/-		Total Population Served at End of Month: 2500+/-					
	PWS Owner: Colonial	Manor Utilities Inc.							
Contact Person: MELISA ROTTEVEEL Contact Person's Title: FL. OPERATIONS SERVICES M									
	Contact Person's Maili	ng Address: P.O. Box 398	City: New Port Ric	hey	State: FL	Zip Code: 34652			
Contact Person's Telephone Number: 727-848-8292 Contact Person's Fax Number: 727-848-7701									
	Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com							
B.	Water Treatment Plant	Information							
		Manor Water System & IV				Plant Telephone Numb	per: 727-848-8292		
	Plant Address: Linkwo	ood Lane		City: New Port Ric	chey	State: FLORIDA	Zip Code: 34652		
	Type of Water Treated		hased Finished V	Water					
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 79	9,000						
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	D		
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Workëd		
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per			
	Other Operators:	Travis Pender	С	13956					
	***	Ralph Amiott	С	8140					
		Sharon Maluk	С	13268					
		Thomas Willard	В	10116					
		Nehemiah Hollis	В	13374					
,		Willis Gainey	С	13083					
		John Bowers	С	13625					
		Angel Caraballo	С	13383					
		Lawrence Russo	С	12592					
		Vasco Thompson	С	13914	**				
		Raymond Layne	С	7893		 			
		Chris Silva	С	13576					
		Mark Havens	C	13858	····				
		Darrell Tellfair	С	13364					
		Les Bolling	С	6477					
	1,	Gary Heins	С	8521	· · · · · · · · · · · · · · · · · · ·				
1	per des	Janet Shirley	A	6333		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

2	18	41	0	ρ	KENNETH MARTIN	B - 13237
Signature and Date	7	I			Printed or Typed Name	License Number

Maximum

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eans of Acl Itraviolet R		ur-Log Virus Inactiva	ition/Remov	al: * Other (De:	scribe):	X I	Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	l Chlorine
		sidual Maintained in	Distribution	System			X Free Ch	lorine		Combine	d Chlorine	Chloramines)		Chl Dia
						CT Calculations or U			Mathon (If Applicable 24: 1)					
ay of the		House Plain in segminary	20.2		Date Design Despetible Contemporary Contemporary Contemporary Contemporary (Contemporary)	Dameean Consecting (1)	Sovered T. Provided Before or B. Cleb Catables Ducked Sak			Maria	Lowes Operating usy		le von kommune in de la commune de la commune de la commune de la commune de la commune de la commune de la co La commune de la commune de la commune de la commune de la commune de la commune de la commune de la commune d	CONTROL OF THE CONTRO
Month	(Place XX)	Operation w.Ffoduce	a fair	Peak Flow Rate, gpd	关外的机构	During Peak Flow, manufes	A mg-mm/L	Water C	pH of Water, if Applicable	mg min/L	scoren ¹	mW.aklem.co	And the second	1 South Committee
1		24												* See Below
2		24												* See Below
3	X	24			.50								1.21	* See Below
4		24								<u> </u>				* See Below
5	X	24			.50								1.25	* See Below
7		24			.50					ļ <u>.</u>				* See Below
8	x	24			.30					ļ			1.20	* See Below
9		24												* See Below
10	x	24			.50								1.26	* See Below
11		24											1,20	* See Below * See Below
12	×	24			.50								1.26	* See Below
13		24			.50						· · · · · · · · ·		1,20	* See Below
14	x	24			.50					ļi			1.28	* See Below
15		24								 			1,20	* See Below
16		24	-											* See Below
17	x	24			.50								1.27	* See Below
18		24	-										1.27	* See Below
19	х	24			.50								1 21	
20		24			,50							 	1.21	* See Below
21	x	24			.50								101	* See Below
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25		24											1.21	* See Below
26	- x	24			.50								100	* See Below
27		24			00.								1.26	* See Below
28	<u>,</u>	24			.50									* See Below
29	X •	24			.30								1.27	* See Below
		24												* See Below
30														* See Below
31	_ x _	24			y Out of Service								1.21	



See page 4 for instructions.

7	Canadal Information	for the Month/Year of: JULY 2006										
	Public Water System (F											
л.	PWS Name: Colonial					PWS Identification Nu						
)—————————————————————————————————————	ommunity Non-Transient Non-Community	Transiant 1	Non-Community	ПС	nsecutive	mber: 651-0355					
		onnections at End of Month: 750+/-	Transient	,		nd of Month: 2500+/-						
	PWS Owner: Colonial			1 Otal Population 2	serveu at Er	id of Month. 2500+7-						
	Contact Person: MEI			Contact Person's T	Title: FI (OPERATIONS SERVIC	TES MANAGED					
		ing Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652					
		phone Number: 727-848-8292		Contact Person's F			7217 Code. 54052					
		ail Address: mrotteveel@uswatercorp.com		Contact reisons i	ux I tulliooi	. 121-0-0-1101						
B.	Water Treatment Plant		1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,									
		Manor Water System & V				Plant Telephone Numb	er: 727-848-8292					
	Plant Address: Valima			City: New Port Ric	chev	State: FLORIDA	Zip Code: 34652					
	Type of Water Treated by Plant: ✓ Raw Ground □ Purchased Finished Water											
		Day Operating Capacity of Plant, gallons per day: 18										
		bsection 62-699.310(4), F.A.C.): IV	·	Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	D					
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s						
		KENNETH MARTIN	В	13237		3 times per						
	Other Operators:	Travis Pender	С	13956								
		Ralph Amiott	С	8140								
		Sharon Maluk	С	13268								
		Thomas Willard	В	10116								
		Nehemiah Hollis	В	13374								
		Willis Gainey	С	13083								
		John Bowers	С	13625								
		Angel Caraballo	С	13383								
		Lawrence Russo	С	12592								
		Vasco Thompson	C	13914								
		Raymond Layne	С	7893								
	The Mark States	Chris Silva	C	13576								
	A CONTRACTOR OF THE PARTY OF TH	Mark Havens	С	13858								
		Darrell Tellfair	С	13364								
		Les Bolling	С	6477								
1		Gary Heins	С	8521								
		Janet Shirley	A	6333								

8	10/	06	KENNETH MARTIN	B - 13237
Signature and Date	1		Printed or Typed Name	License Number

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION For Lab Use Only AND LABORATORY REPORTING FORMAT The lab performing this analysis is checked on the left. Advanced Environmental Laboratories, Inc. ☐ 6601 Southpoint Pkwy. - Jacksonville, FL 32216 - 904.363.9350 - Fax 904.363.9354 - E82574 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 2105 NW 67th Place, Ste. 7 · Gainesville, FL 32506 · 352.367.1500 · Fax 352.367.0050 · E82620 □ 528 S. North Lake Bivd., Ste. 1016 • Altamonia Sorings, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076 Report Number: (○ (○ 7 3)) Sub-Contract Lab ID: Analysis Date & Time: Sample Acceptance Criteria: Analysis Requested: (please check all that apply) On ice Not On ice Sample Preservation Standard Coliform Test Disinfectant Check Not Detected **HPC** This sample does not meet the following NELAC requirements: Other: System Name: Solonial Manon wills System Address: Mooc V System or Owner's Phone #: _ Collector: KEN Mastin Collector's Phone # Type of Supply: (check only one) Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System Private Well Swimming Pool ☐ Bottled Water Other Reason for Sampling: (check only one) Main Clearance Well Survey Other Sample Collection Date: Total Coliform Analysis Method M 92221 Disinfect Fecal or E. coli Analysis Method: Sample Sample Point Collection Sample Res'd рΗ Number (Location or Specific Address) Time Type¹ Lab (mg/L) Non Total Fecal or Data Sample Coliform Coliform E. coli Qualifier² Number Oico 1045 7.4 1115 1120 1.21 1,17 Average of disinfectant residuals for routine and repeat samples. (Complete for ²Defined in Florida Administrative Code Rule 62-160, Table 1 1,19 community and nontransient noncommunity systems serving populations up to and including All tests are performed in accordance with NELAC standards. 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: DPD Colorimetric Other: Date PWS notified by lab of positive results: Person performing analysis is B1311 Date State notified by lab of positive results: ☐Employed by a certified lab Supervised by a cert operator (# ☐Employed by DEP or DOH Lab Signature: Name and Mailing Address of Person to Receive Report U.S. Water Services Corporation DEP/DOH USE ONLY ☐ Satisfactory 4939 Cross Bayou Boulevard Incomplete Collection Information New Port Richey, Florida 34652 Repeat Samples Required Replacement Samples Required Phone (727) 848-8292 Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:_

Page 1 of 1

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CHAIR OF COSTODI RECORD

Environmental Laboratories, Inc.

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

☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327 ☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050 LAB NUMBER: 1 ()

☐ Gainesville: 210 ☐ Orlando: 528	16 NW 67th Place, Suite 7, Ga 3 S. North Lake Blvd., Suite 10	ainesville, FL 32653 • (352) 367- 216, Altamonte Springs, FL 3270	-1500 Fax (352) 367-0 01 • (407) 937-1594 Fa	050 ax (407) 937-1597				Page	э	_ of
CLIENT NAME:		PROJECT NAME:			BOTTLE SIZE					
US WATER Po.	1CP	COLDNIAC /	marine.	WELLIT	SIZE & TYPE					
US WATER CO. ADDRESS: 4939 CROSS	BALDY BLUD	P.O. NUMBER / PROJE		*****	AR					
NEW PORT RICHET	12 34652	PROJECT LOCATION:			A B					
PHONE: 727	AX: 770/				L U Y I S R					N U
CONTACT: ROBIN		SAMPLED BY: 1EX	Ry HEN		I E S D					M B E
TURN AROUND TIME:	REMARKS / SPEC	IAL INSTRUCTIONS:			R					
□ STANDARD						N				
D RUSH						5/5				
WW= waste water SW=surface water	GW=ground water D'	W=drinking water OIL	A=air SO=	soil SL =slu	dge Preserv					
SAMPLE ID SAMPL	E DESCRIPTION	Grab Composite DAT	SAMPLING FE TIME	MATRIX N	O. NT.					
WELL "	2 CCLCNIAC MANOR			DW 3		V				01
= Ice $H = (HCI)$ $S = (H2SO4) N$	= (HNO_3) T = $(Sodiun$	n Thiosulfate)	Relinquished by:	Dat	e Time	/_/	Recei	ved by:		ate Time
Sin Din Pari Westhrood Samuer K Din 3/2 Was 1818	(t	1)	O Hany	7/27/	06 14.1	X	·M		7/26/	06 14:1
A15	<u>/(A</u> ,D/I)	2				-	·			
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	The section of the se	7						-		

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CHAIR OF COSTODE DECOUD

	LAB NUMBER: 77)	6824	7
П	10	•	- 1

Environmental Laboratories, Inc.

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

☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

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Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

Page _____ of ___

CLIENT NAME:		JECT NAME:			BOTTLE					
US WATER CO	CP - Co	LONING MA	nor wec	C 74	SIZE & TYPE					
ADDRESS: 4/939 CKUSS	BAYOY BLOD P.O. 1	NUMBER / PROJECT								
ADDRESS: 4939 CKUSS, NEW POKT RICHEY PHONE: TO FAX	12 30/62 PRO.	JECT LOCATION:			A R N E A Q					L A B
PHONE: FAX	X: 2:				L U					N
CONTACT:	19/8 - 1707 SAMI	PLED BY:			SR	285				U M
KORYN	,	PLED BY:	cy HENRY	<i>,</i>	SD					B
TURN AROUND TIME:	REMARKS / SPECIAL IN	ISTRUCTIONS:				W				R
☐ STANDARD						5				
						5				
□ RUSH										
WW= waste water SW=surface water (GW=ground water DW=drink	king water OIL A	N=air SO=soil	SL=sludge	Preserv					
	DESCRIPTION	Grab SAN								
		Composite DATE	TIME MAIN	RIX NO. CONT.	_	_/				
WELL #3	MANUL	C 7/27/x	1010 Du	3		1				to /.
				i E						
					-					
					_					
					-		_			-
					_					
$= Ice \qquad H = (HCI) \qquad S = (H_2SO_4) \qquad N =$			inquished by:	Date	Time		Received	by:	Date	Time
Shipineni Wetherd Sample Kitz Obit 1/2 / Via 183	757 - Cooler # <u></u>	2	10	1) (d) (d)	7.7	K.	M	- 7/	26/01	14:11
Alg. 52 Selv Je 1 W. Trip Pi 5	DATE DATE	3								
		4							+	
Received on ice: Dives Dino OC Dis	ent 🗍 received		v					ad 9/01	<u> </u>	

Environmental Laboratories, Inc.

CHAIR OF COSTODE RECORD

ב	Jacksonville:	6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
)	Tampa:	9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

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Orlando:	528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

Page _____ of ___

CLIENT NAME:	PROJECT NAM	E:				BOTTLE SIZE						
US WATER COLP.	Colini	nc N	PANOX			& TYPE						
ADDRESS: 4939 CLOSS Brigg BW	P.O. NUMBER /	PROJECT N	IUMBER:			AR						
NEW PORT RICHEY 12 34652 PHONE: FAX:	PROJECT LOCA	ATION:				N E A Q						A B
PHONE: FAX:						L U Y I S R					•	N
CONTACT: ROBIN REMARKS / SPEC	SAMPLED BY:	ERRY	HEX	sey		I E S D		ک				M B E
TURN AROUND TIME: REMARKS / SPEC	CIAL INSTRUCTIO	NS:					5,4	Ì				R
□ STANDARD							1/1	1100				
□ RUSH							`	7				
WW= waste water SW=surface water GW=ground water C	DW =drinking water	OIL A		soil SL	-=sludge	Preserv						
SAMPLE ID SAMPLE DESCRIPTION	Grab Composite	DATE	PLING TIME	MATRIX	NO. CONT.			,				
3505 LINKWOOD ST	G	7/27/06	10.45	DW	6		/					
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				<u> </u>								
				ļ						-		
					į.							
I = Ice $H = (HCI)$ $S = (H2SO4)$ $N = (HNO3)$ $T = (Sodiu$	ım Thioculfato)											
	in mosumate)		nquished by:		Date 7/27/26	Time	1	/	Received by	:	Date	Time
Sample Kit Godier # Godier # Date # D	2	wo	Huy		, -	171) <u> </u>	. V	<u> </u>	4	126/10	1111
Rei: 1/2 // Miles Vila Vila Vila Vila Vila Vila Vila Vila	3		····									
	4											

CHAIR OF COSTODI TIECUILD HUARHICCH

Environmental Laboratories, Inc.

☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

☐ Tampa: Gainesville: 2106 NW 67th Place. Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050 LAB NUMBER: 7

	8 NW 67th Place, Suite 7, Gainesville S. North Lake Blvd., Sulte 1016, Alta				1597					Page	of			
CLIENT NAME:	PRO	JECT NAM	ле:	and the contract			BOTTLE SIZE							
US WATER (ADDRESS: 4939 Chuss	Uni C	Lanin	16 MA	voc			& TYPE							
ADDRESS: //Gac ()	<i>p</i> .O.N	NUMBER /	PROJECT N	IUMBER:										
7737 CKUSS 1	13/1404 BLUD	IEDT LOO	ATION				AR							L A
		JECT LOC	SATION:				A Q L U						İ	В
PHONE: F.	AX: 770/ SAMI						Y I S R							N U M
CONTACT: ROBIN	SAMI	PLED BY:	TERRY	HEN	C)		I E S D							
URN AROUND TIME:	REMARKS / SPECIAL IN	STRUCTI	ONS:					a	,					R
] STANDARD								13	2					
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□ RUSH								ì	1					
			· · · · · · · · · · · · · · · · · · ·											
VW= waste water SW=surface water	GW=ground water DW=drint	king water	OIL A	air SO =	soil S l	L=sludge	Preserv							
SAMPLE ID SAMPL	E DESCRIPTION	Grab Composit	SAM DATE	PLING TIME	MATRIX	NO. CONT.								
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constant $ $ $ $	= (HNO ₃) T = (Sodium Thios	vulfato)												
	and the second of the second o			nquished by:		Date 1/2 Xog	Time	1	/	Received b	y:	Dat	/ ;	ime
Shipmen Wetbod Sabapie K Markara War 188	LY/D/LEASON U	2	1ug.	tun		7-7-6	141	1 1	<i>.</i>	17-0-		1144	, 5- 1	1 . (
1 45 - 4 <u>1</u>		3												
iet: / // Via Augusta		4						+				-		—
	できる。 ・ 一点の情報が開発機能の研究。 ・ ころ	A.M. Walle	l											

U.S. W. Sler Borners Consormand

Trealment Plant Name Solonial Manual WONTH CEAR:

Well II COHAGH DO System PWS Id Number:

	Well #	1 COHA	10H TOS	. Sy	siem PWS	3 ld Number:			
Day			CL2	CL2		Air/		·	
at the	Meter	Gallons	Residual	Residual		Water	Time in / Time Out	Sampling	0 1
Month	Reading	Pumped	ια, plant	ia; remote tap	PSI	Ratio	License Number / Initials	Performed	Remarks
1	18375	B							
2	1	1	l 						001
3	18581	Ó	07.	129	40	8	12 B13137		90 Dr 113 c
4		d							
	18352	500	01,	121	410	君	1cm B1327		``
5	19330		17.5)6-,			185 357	Monthly Back's	
6		002	10	1.28	40	\$6	K B1227	traditing Brain	
7	13333	<u>\$</u>	.60	1.20	70	70	D/23)		
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12	18333	Ø	67,	1.28	40	畏	1e B1323)		
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18		۵		ļ <u>-</u>	 		2337		
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28	18373	Ø	50	1.18	2)0	10 N	R- B1370)		
	13-3-	Ø		 	Ť				
29		\\ \(\psi \)	+		 				
30		1 4			1	30	M D13237		
31		14	1.29	100	210	40	11/ 1/22		
	lire. i								

Marone Town

and and

Trealment Plant Name Colonia Mavol
Well # 2 cartal)

System PWS Id Number:

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Uny			CLE	CL2		Air!			
al de	Meter	Callons	Residual	Residual		Water	Time in / Time Out	Sampling	
Mont	Reading	Pumped	iã; plant	ia; remote tap	PSI	Ratio	License Number / Initials	Performed	Remarks
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2	1	15080							
3	8886)	55,000	1.15	1-93	40	8	12 \$ 1325)	-	elen Enfan
4		Sclon							
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7	8707)	51000	1.31	1,15	40	-68	1 cm B 1223	(2 postear	
8	3907	51,000							
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10	89773	4500	1.41	1.25	41	3	10 B 13 13)		
11		4/01/							
12	89313	28,001	1.57	130	C)0	5-479	10 B1322		
13	3 (31)	28,00							
14	39429	65,000		129	40	- 58	Km B1323		
15	3	65,000							
16		8 5000		 					
17	89624	12600	1.81	130	40	350	H-B132A		
18	0102	126000	- 41		4/0	50/50			Clean Englos
10	89876	77,000	470	1.25	40	50/50	Jun 012313		
20	0/0/	79.00							
	40034			197	40	189	F (31329)		
21		7900	10	103.					
22		000 PPF	<u> </u>						
23	90332	8 900	1.72	120	40	199	1-B13237		
24	7032	8 900		10-0			1,33,33		
25	0000	85/000		4 3 3	0,0	50	H B1342		Cleam Inford
26	90 200	000,18	186	1.30	1 10	-50	131200		70
27		87001	101	125	1.0	10_	ta B1323)		
28	90662	84,000	1.91	132	۲,0	P	to 131373)		
29		8400		<u> </u>	-	-			
30		1200	1	- 0		6.0	1 0 111 2		UKOT!
31	90916	84001	1.58	1.38	90	23	1- B1343		Changed 42-Type

U.S.W.AICF

Trealment Plant Name: Colonial Mands

MONTH / YEAR:

July 06

System PWS ld Number:

	AA GII 11	3 HENC	EIE KUK		Stem FVV	o lo inumber.			
Gay of the	Meter Reading	Ciallons Pumped	CL2 Residual iã: plant	CL2 Residual (iii; remote tap	PSI	Air/ Water Ratio	Time in / Time Our License Number / Initials	Sampling Performed	Remarks
1	15-1415	67000							
	13-11)	67000							
2_	154549	60,000	1.10	122	57	E	to B13257	-	Class Day How
3	120120	,	1/10		<u> </u>				0
4		60,000	. 60	1 3 -	24	ध्य	1 1126		
5	1341969	55,000	189	1,30	3"	77)	10 B 1320)	Ma 2/1 Darl 10 20	
6		55,000				(7)	0 3- 5	Monthly RoutiNC ID	M.
7_	154180	55,000	191	14/	55	450	1an B13257		
8		55,000							
9		55000							
10	154945	419000	アノノ	131	ST	-FB	to B13227		
11		59000	1						
12	1220013	-17000	1.76	122	ST	20	* B 1323		Clean In Your
	13 30 313	000,000	1. 4 💝 —						σ
13	155128	50,000	1.79	1.25	17	23	1233 B 1323)		
1∛~	132 120		11. 1	1,0		• • • • • • • • • • • • • • • • • • • •			
15		49000							
16		179011	ļ	1:3 \	41	10/s0	In B1237		
17	155277		1.81	130	- 4 1	100	14 6111.37		
18		2000	 	1		(V)_			
19	135281	39,010	1.71	130	7	(1)	K 81359)		
20		39001							
21	122322	23,000	181	1.28	22	200	4-B1372		Cleaned Ing Your
22		25000							V
23		23,00							
	155428		1.5)	1.30	50	君	F- 31750		
25		32,000							0.
26	122425	3/000	181	151	02	りの	m B1323)		Chan O Tay Port
27		3/000							•
28	155154	3000	1.96	1.27	10	10/10	MB13237		
29	1	33000							
		35,000							
30			1.85	130	63	50/10	100 B 13237		
31	155666	37000	11,01	1 000			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		

24

US WALE

Well B 4 LINK WORD System PWS Id Number:

	Well #	4 L,	411 0000	Sy	siem PWS	Id Number:	\sim		
ÜAY			CF3	CL2		Air/	Time is a Time (Out	Sampling	
of the	Meter	Gallons	Residual	Residual	PSI	Water Ratio	Time in / Time Out License Number / Initials	Performed	Remarks
HOINI	Reading	Pumped	rā; plant	m; remote tap		Ratio			
1	40687	3							
. 2	80632	8	150	121	50	50	12- B13L57		well of Cim
3	006 10	<u> </u>	, , 0	1.2)	<u>v v</u>	-90			
4		4		, , , _	SO	750	12 B13237		
_5		Ø Ø	.50	125	30	730	10 1343/		
6	<	- /	 	176	60	0	10 B1323)		
7	80682	Ø	10	1.90	(0	(F)	19 1000		
8		10		<u> </u>					
9	(A) (1) (A)	4		100	60	FR.	(-B1312)		
10	80935	A -	1.19	128	40	40	(2012)		
11	2 / 22	2		. 2	1	40	Na \$1323)		
12	30687	Z	1.70	1.26	70	#3	100 2012 221		
13		X	ļ.,	0.0		m)	£ 0.1117		
14	80681	Ø	, 50	18	50	30	10 B1322		V
15					ļ	 	. [
16		0		130	0	01/02	K-81523		
17	30687	Ø	150	1.77	• 0	-710	15 PS		
18	23/32	0		+	10	m/n	16 B13237		
19	80689	0	.10	1.9-1	10	710	. 3.36.37		
20		19	-	1, 2,	ro	29	18-813387		
2		Ø	. 20	1.9.	, , , , , , , , , , , , , , , , , , , 	-27	/ CACUDEN		
27				 					
23		4		14.	77)	60/0	K= B13237		
24	80681	0	,00	124	70	3/10	K2 - 01742)		
25		2	(0)	1177	63	5040	(2 B 1325)		
20	40987-	9	1,0	175	10	-\sqrt{0}	1900)		
2		0		1	178m.	(EU) _	. 0.7		
21	20682	\\ \phi \	(2)	127	65	7.000	A-B13257		
2)	9		1	<u> </u>				
3		4			1	7-11	8 6.3		
12	110/81-	5	0	121	02	2	Jan 3323		
سا	025 27	_1	<u>, F</u>						

XX...

LAB NUMBER:	T / 6 ~ ~ ~
P IN MOMBEH:	
	1001510

Gainesville: 2106 NW 6	7th Place, Suite 7, Gainesville, El 2000.	1007-39X
CLIENT NAME: 528 S. Nort	i7th Place, Suite 7, Gainesville, FL 33619 • (813) 630-9616 Fax (813) 630-4327 th Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597 PROJECT NAME:	
77.0 00	PROJECT NAME: (407) 937-1594 Fax (407) 937-1597	Page of
ADDRES 4939 Cross Rayous Do	mention C	BOITLE!
4939 Cross Rayon Poul	evard P.O. NUMBER / PROJECT NUMBER:	SIZE & TYPE O
New Port Richard Tolli	evard PO. NUMBER / PROJECT NUMBER:	TYPE D
Phone (727) A to	PROJECT LOCATION:	
ADDRES 4939 Cross Bayou Boul New Port Richey, Florida Phone (727) 848-829	2	A R N E
TURN AROUND TIME:		
0 21/3/1	SAMPLED BY: SAMPLED BY: ARKS / SPECIAL INSTRUCTIONS:	Y I B B
TURN AROUND TIME:	SY WILL CED BY:	- I E
HEN	MARKS / SPECIAL INSTRUCTIONS:	S
STANDARD	THE THOUSE	
	·	. S
☐ RUSH		
		a f
WW=waste water SW=surface with		
WW = waste water SW = surface water GW = gro	und water DW	
SAMPLEID	Striking water OIL	
SAMPLE DESCR	IPTION Grab SAMPLING	Preserv
0. "11	Composite DATE TIME MATRIX NO.	
Raw wen #)	CONT.	
Rawwell H2	16/06/1041 DW	XXX
6	Dantrellet 1	X X X
12 (120) WAY	the san	$\lambda \lambda \lambda$
Jan worky L	1)00	
Land Coll Land	Cogaryar=	Y Y Y 03.
	111	
		2 2 2
$I = Ice H = (HCI) S = (H_2SO_4) N = (HNO_2)$		
$S = (H_2SO_4)$ $N = (HNO_3)$	T = (Sodium Thiosulfate)	
Cool	Helinquished by:	
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Repland Andrews Train and	2 76/06/3	CO Color Time
	3	181 John 1810
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	and the second s
Pegoo-Oouthin Phationingned Leboeson	CHANIN OF CIUSTROIDY MECORID
186694 1500461 1600162 Fax (1727) 8417 81112	I FORMAND CONTROL CONT
a. Glore Competer or holying)	Transmit and the street of the
$ \lambda_{ij} $ (Reproducts) (final identity ratio at stores).	
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3. Gilontalojno (Nemo	
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6. Singangi Matrico	
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3 8 8	
MEI GENHANNONNINELEI	



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

See page 2 for instructions.

FILE COPY

		ction for the Month				August-06					
		WS) Name: Colonial N									
Public W		lenitication Number: (bt again	DI JEST	nu z sy	DL 16 W	DI-SZ G XI	nu cont	Plant 10 Name	
	Plant I Name Colonial Manor Well # I	Plant 2 Name Colonial Manor Well # 2	Plant 3 Name Colonial Manor Well # 3	Plant 4 Name Colonial Manor Well # 4	Colonial Manor Well # 5	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	riant to Name	
	Antonia and an analysis	Wen # 2			ay Operating Capaci	tv of Fach Plant o	l Illons ner dav				Total
Day of	93,000	53,500	93,000	53,500	93,000	ty or itach i tang g	nions per day	T T	I		386,000
Month	75,000	33,300	1 33,000		inished Water Produ	ced by Each Plant	pallons			100	Total
1	-	95,000	36,000		-	oca oj Esacii i iam,	S	I The second	T		131,000
2		80,000									103,500
3		80,000			_				 		103,500
4		92,000			_						116,000
5		92,000			-						116,000
6		92,000		-	-		<u> </u>				115,000
7	-	118,000		-	-						118,000
8	-	11,800	-	-	-						11,800
9	-	89,000		-	-						125,000
10		89,000		-	-						125,000
11	-	105,000	18,000	-	-						123,000
12		105,000	17,000	-	_						122,000
13	-	105,000	17,000	-	-						122,000
14	-	10,000	83,000	-	-						93,000
15	-	9,000	83,000	-	-						92,000
16	-	80,000	26,000	-	-						106,000
17	•	79,000	26,000	-	-						105,000
18	-	81,000	35,000	<u> </u>	-						116,000
19	-	81,000	34,000	-	-						115,000
20	-	81,000	33,000	-	_						114,000
21		89,000	33,000	-	_						122,000
22	-	88,000		-	-						121,000
23	-	86,000	31,000	-	-						117,000
24	-	85,000	30,000	<u>-</u>	_						115,000
25	-	64,000	22,000	-	-						86,000
26	-	63,000	21,000	-	-						84,000
27	_	102,000	18,000	-	-						120,000
28	-	102,000	17,000	-	-						119,000
29	•	81,000		-	-						110,000
30	-	81,000	29,000	_		····					110,000
31	_	82,000	31,000	-	-			<u> </u>	<u> </u>		113,000
l'otal											3,389,800
Avg.											109,348
Max.											131,000



See page 4 for instructions.

	, 8							
I.	General Information	for the Month/Year of: AUGUST 2006						
A.	Public Water System (F	PWS) Information						
	PWS Name: COLONI	AL MANOR WATER SYSTEM				PWS Identification Nu	mber: 651-0355	
		ommunity Non-Transient Non-Community	Transient 1	Non-Community		nsecutive		
	Number of Service Co	nnections at End of Month: 750+/-		Total Population S	Served at Ei	nd of Month: 2500+/-		
	PWS Owner: Colonial	Manor Utilities Inc.						
	Contact Person: MEL	JISA ROTTEVEEL				OPERATIONS SERVIC		
	Contact Person's Maili	City: New Port Ri	chey	State: FL	Zip Code: 34652			
	Contact Person's Telep	phone Number: 727-848-8292		Contact Person's F	ax Number	r: 727-848 - 7701		
	Contact Person's E-Ma	il Address: mrotteveel@uswatercorp.com						
B.	Water Treatment Plant	Information						
	Plant Name: COLONI	AL MANOR WATER SYSTEM & I				Plant Telephone Numb		
	Plant Address: Connor			City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652	
	Type of Water Treated	· ·	hased Finished \	Vater				
	Permitted Maximum D	Pay Operating Capacity of Plant, gallons per day: 79	,000					
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV	Plant Class (per su	ubsection 62	2-699.310(4), F.A.C.):	D		
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked			
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	r week	
	Other Operators:	Travis Pender	С	13956				
		Ralph Amiott	С	8140				
		Sharon Maluk	С	13268				
		Thomas Willard	В	10116				
		Nehemiah Hollis	В	13374				
		Willis Gainey	С	13083				
	4	John Bowers	С	13625				
		Angel Caraballo	С	13383				
		Lawrence Russo	С	12592				
		Vasco Thompson	С	13914				
		Raymond Layne	С	7893				
Ì	7.2	Chris Silva	С	13576				
		Mark Havens	С	13858				
		Darrell Tellfair	С	13364				
1		Les Bolling	С	6477				
		Gary Heins	С	8521				
		Janet Shirley	Α	6333				

t	910106	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

feans of Ac	chieving Fo	Month/Year ir-Log Virus	Inactivation/Re		August-06	X 1	ree Chlorine		Chlorine D	ioxide		Ozone	Combined	Chlorine
Jitraviolet :	Radiation			Other (Des	scribe):									Chlor
ype of Disi	nfectant Re	sidual Mainti	ained in Distribi	ution System			X Free Ch	orine		Combine	d Chlorine (Chloramines)		Dioxid
							Dogs, to Demonstrate Four-Lo	Vine had	vation, tr'Applicable#		100 mm		ender Laster	
		4.4			The second second	CT Calcut	Hiops		Control of the contro	64 12361. 10 1934.		UV Dose		
Day of the	Days Plant Stated or Visited by Operator (Place 'X")	Clours Plant in	Ng Quantity of Thisped Water Produced: gal	Peak Flow Rate, gpd	Lovest Residual Disinfection Contemporatori (C) Defore or at First Otistomer During Peak Flow, mg/L	Disinfectant Confact Time (I) at C Massurenson Point During Peak Flow, minutes	Lowest CT Pryyddod Heffyre or at First Continuer During Pick Flow, mg-min/L	Temp. of Water, *C	pff of Weler, if Applicable	Minimum CT Required, ing-min/L	Lowest Operating UV Dose, mW-	Minimum UV Dose Required, in W-socken ²	Lovest Residual Disinfectari Concentration at Remote Buil in Distribution System, ing/L	Emergency or Abnorm Operating Conditions Report or Maintenanc Work that Involves Tak Water System Compons Out of Operation
Month 1	(Place (Ar))	Operation :	Produced; gat	Peak Flow Rate, gpd	crow, may c	County reak r (ow, minuted	service, compenses on colors	Water C	in at water, it reportante	: tuR-itmar:	secran	Total Control of the	All Charleston Systems and L	* See Below
2	x	24			.51			-					1.21	* See Below
3		24		·									1	* See Below
4	×	24	-		.51								1.25	* See Below
5		24												* See Below
6	·	24						-						* See Below
7	x	24			.51								1.21	* See Below
8		24												* See Below
9	X	24			.52			_					1 25	* See Below
10		24		~~~										* See Below
11	X	24			52		~ ~~~~~						1.26	* See Below
12		24	- 1					_						* See Below
13		24	-	····										* See Below
14	x	24	-		.51								1.27	* See Below
15		24	-											* See Below
16	х	24	-		.50								1.29	* See Below
17		24	-											* See Below
18	х	24	-		.50								1.26	* See Below
19		24	-											* See Below
20		24	- 1											* See Below
21	X	24	- 1		.50								1.28	* See Below
22		24	- [* See Below
23	х	24	-		.50								1.22	* See Below
24		24	-											* See Below
25	х	24	-		.50								1.20	* See Below
26		24	•											* See Below
27	х	24	-		.50								1.22	* See Below
28		24	-											* See Below
29	х	24	-		.50								1.23	* See Below
30		24	-											* See Below
31		24	-											* See Below
tal /eraze			-	* Well Temporality	y Out of Service									



See page 4 for instructions.

	1 0									
I.	General Information	for the Month/Year of: AUGUST 2006								
٩.	Public Water System (I	PWS) Information								
	PWS Name: Colonial					PWS Identification Nu	mber: 651-0355			
		ommunity Non-Transient Non-Community	Transient 1	Non-Community	☐ Co	nsecutive				
	Number of Service Co	nnections at End of Month: 750+/-		Total Population S	erved at E	nd of Month: 1,825 +/-				
	PWS Owner: Colonial									
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's T	itle: FL.	OPERATIONS SERVIC				
	Contact Person's Maili	ing Address: P.O. Box 398		City: New Port Ric	hey	State: FL	Zip Code: 34652			
	Contact Person's Telep	phone Number: 727-848-8292		Contact Person's F	ax Numbe	r: 727-848-7701				
	Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com								
3.	Water Treatment Plant	Information								
	Plant Name: Colonial	Manor Water System & II				Plant Telephone Numb	er: 727-848-8292			
	Plant Address: Cantrel			City: New Port Ric	hey	State: FLORIDA	Zip Code: 34652			
	Type of Water Treated		hased Finished \	Vater						
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 79	,000							
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):	D			
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked					
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week			
	Other Operators:	Travis Pender	С	13956						
Ì	-	Ralph Amiott	С	8140						
		Sharon Maluk	С	13268						
		Thomas Willard	В	10116						
		Nehemiah Hollis	В	13374						
1		Willis Gainey	С	13083						
		John Bowers	С	13625		<u>-</u>				
		Angel Caraballo	С	13383						
Ĺ		Lawrence Russo	С	12592						
		Vasco Thompson	С	13914						
		Raymond Layne	C	7893						
		Chris Silva	С	13576						
		Mark Havens	С	13858						
		Darrell Tellfair	С	13364						
		Les Bolling	С	6477						
		Gary Heins	С	8521						
		Janet Shirley	Α	6333				İ		

26	9/6/06	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

Average Maximum

118,000

		ur-Log Virus	Inactivation/Re		rariba):	X	Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
nitraviole	Radiation			Other (De			· · · · · · · · · · · · · · · · · · ·							Chlo
ype of Di	sinfectant Re	sidual Maint	tained in Distrib	ution System	TO SET TO PURKUE OF THE PERSON		X Free Ch	lorine		Combin	ed Chlorine (Chloramines)	Transaction of the control of the co	Dioxi
						CT Calculations, or US	Doss, in Demonstrate Four-Lo	y Virus Içasc	tivation; if Applicable*	11	1 1			
Day of the Month	Day's Plant Stuffled or Visited by Operator s (Place *X*)	Hours Plant in Operation	Net Quantity of Finished, Water Fredhood, gal	Peak FlowRate, gpd	Lowest Residual Distunction Concentration (C) Before on a First Customer During Peak Flow; mg/L	Districtant Contact Time (P) at C Measurement Point During Peak Flow, minites	Lowest CT Provided Before or at First Customer During Frak Flow, mg-may1.	Temp. of Water, *C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, in W- sec/cm	Minimum UV Dose Required,	Lövest Resulusi Dipinfectini Concentrative at Remost Pulni In Distribution System, my/L	Educació, or Absor Operating Condition Repuir or Maintenar Work thint Involves Ta Water System Compon Out of Operation
1	ļ	24	95,000		<u> </u>						ļ			
2	Х	24	80,000		1.74				ļ				1,15	
3		24	80,000							ļ				
4	X	24	92,000 92,000		1.81						-		1.21	
6	 	24	92,000		 					ļ			ļ	
7	x	24	118,000		1.86				 	 	ļ		1.30	
	· *	24	11,800	•	1.60								1.30	
9	x	24	89,000		1.91								1.32	
10	 ^	24	89,000		1.71								1.32	
11	×	24	105,000		1.96								1.31	
12		24	105,000											
13		24	105,000										,	
14	· X	24	10,000		1.66								1.02	
15		24	9,000											
16	х	24	80,000		1.71								1.32	
17		24	79,000											
18	×	24	81,000		1.76	-							1.23	
19		24	81,000											
20	ļ <u>-</u>	24	81,000		1.86									
22	Х	24	88,000		1.80	· · · · · · · · · · · · · · · · · · ·				<u> </u>			1.38	
23	x	24	86,000		1,79								1.21	
24		24	85,000		1.73								1.21	
25	x	24	64,000		1.86								1.25	
26		24	63,000										1.20	
27	х	24	102,000		1.81							-	1.23	
28		24	102,000										11.75	
29	х	24	81,000		1.61								1.15	
30		24	81,000											
31		24	82,000											
tal #			2,497,800											
erage		1. (4.)	80,574											



See page 4 for instructions.

1.	General Information	for the Month/Year of: AUGUST 2006									
	Public Water System (I				·						
	PWS Name: Colonial					PWS Identification Nu	mber: 651-0355				
		ommunity Non-Transient Non-Community	Transient	Non-Community	ПСо	nsecutive					
		onnections at End of Month: 750+/-				nd of Month: 2500+/-					
	PWS Owner: Colonial	Manor Utilities									
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's Title: FL. OPERATIONS SERVICES MANAGE							
	Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Richey State: FL Zip Code: 34652							
	Contact Person's Telep	phone Number: 727-848-8292		Contact Person's I	ax Number	:: 727-848-7701					
	Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com									
B.	Water Treatment Plant										
		Manor Water System & III		_	Plant Telephone Numb	er: 727-848-8292					
	Plant Address: Hendri			City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652				
	Type of Water Treated		hased Finished \	Water			_				
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 93	3,000								
		bsection 62-699.310(4), F.A.C.): IV	_	Plant Class (per su	ubsection 62	2-699.310(4), F.A.C.):	D				
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Worked				
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per week					
	Other Operators:	Travis Pender	С	13956							
		Ralph Amiott	С	8140							
		Sharon Maluk	С	13268							
		Thomas Willard	В	10116							
		Nehemiah Hollis	В	13374							
		Willis Gainey	C	13083							
		John Bowers	C	13625							
		Angel Caraballo Lawrence Russo	C	13383							
		Vasco Thompson	C	12592							
		Raymond Layne	C	13914 7893			*****				
		Chris Silva	C	13576							
j		Mark Havens	C	13858			• • • • • • • • • • • • • • • • • • • •				
		Darrell Tellfair	C	13364							
		Les Bolling	C	6477							
Ì		Gary Heins	C	8521							
		Janet Shirley	A	6333							
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I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the
information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to
NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS
owner can retain them, together with copies of this report, at a convenient location for at least ten years.

216.106	KENNETH MARTIN	B - 13237
Signature and Date	Printed or Typed Name	License Number

	Data for the				August-06							· · · · · · · · · · · · · · · · · · ·		
	chieving For Radiation	ur-Log Virus	Inactivation/Re	moval: * Other (Des	cribe)	X	Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
			**		criocy									Chlorii
ype of Di	sinfectant Re	4	tained in Distribu	ution System			X Free Ch	lorine		Combin	d Chlorine	Chloramines)	I the angle of the color teach	Dioxide
and the second	Days Plant		**************************************				/ Diss; to Demonstrate Four La sitions	S ŽVETSZ	#alexanters.	7.4.E			Lover Serville Loverteles Constitution a kingle from tin Diprobition Bygen, right	
jorgani. Telepoka	2200			in the second		CT Calculations, or U	/ Dass, to Demonstrate Four Lo	g Virus Inac	ivation: if Applicable*		tidiacs)			Partition of the second
	S TOTAL COM			E L'INCOLO SPRISSE		CT Culcul	áitoes	1	I ggredation		10 officer Name	UV Dose	-	
	I - Diffition of						Louisi CT Poulded Before of		lan e				1 3 3 3 3 S	Emergency or Abnorm
	V)siled by Operator				Lowest Residuel Districtions		at First Customer During Peak Flow,			Minimum	Lowest Operating UX		100000000000000000000000000000000000000	Repuir or Maintenanc Work that Involves Tak
Day of the	(Place XX')	Hours Plant in	Not Quantity of Firitined Water		First Customer During Peak	Disinfectant Contact Time (F) at C Measurement Point During Peak Flow, industes		Temp of Water, °C		CT Required,	Dose, mW-	Minimum UV Dose Required	Concentration at Remote Poin	Water System Compone
Month	(Place XX')	Operation	Produced gal	Peak Flow Rate, gpd	Plow, mg/L	During Peak Flow, migutes	rog-min/L: *	Water, °C	pH of Water, if Applicable	rag-min/L	dec/cm²	ntW-rec/cm	i in Digiribution Bysism, ing/l:	Out of Operation
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See page 4 for instructions.

T. C	General Information	for the Month/Year of: AUGUST 2006										
	ublic Water System (I											
	PWS Name: Colonial					PWS Identification Nu	mber: 651-0355					
	PWS Type: X C	ommunity Non-Transient Non-Community	Transient l	Non-Community	Co	onsecutive						
	Number of Service Co	onnections at End of Month: 750+/-		Total Population S	Served at E	End of Month: 2500+/-						
	PWS Owner: Colonial	Manor Utilities Inc.										
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's 7	itle: FL.	OPERATIONS SERVIC						
	Contact Person's Maili	ing Address: P.O. Box 398		City: New Port Ri	chey	State: FL	Zip Code: 34652					
	Contact Person's Telephone Number: 727-848-8292 Contact Person's Fax Number: 727-848-7701											
	Contact Person's E-Mail Address: mrotteveel@uswatercorp.com											
3. V	Water Treatment Plant Information											
	Plant Name: Colonial Manor Water System & IV Plant Telephone Number: 727-848-8292											
	Plant Address: Linkwo	ood Lane		City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652					
ľ	Type of Water Treated by Plant: Raw Ground Purchased Finished Water											
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000											
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 6	62-699.310(4), F.A.C.):	D					
Γ	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Worked					
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week					
-	Other Operators:	Travis Pender	С	13956								
	other operators.	Ralph Amiott	С	8140								
		Sharon Maluk	С	13268								
		Thomas Willard	В	10116								
		Nehemiah Hollis	В	13374								
		Willis Gainey	С	13083								
		John Bowers	С	13625								
		Angel Caraballo	С	13383								
L		Lawrence Russo	С	12592								
		Vasco Thompson	С	13914								
		Raymond Layne	С	7893								
L		Chris Silva	С	13576								
Ĺ		Mark Havens	C	13858	·							
		Darrell Tellfair	С	13364								
		Les Bolling	С	6477								
		Gary Heins	С	8521								
		Janet Shirley	A	6333								

do	9/6	106	KENNETH MARTIN	B - 13237
Signature and Date		1	Printed or Typed Name	License Number

		Month/Year	Inactivation/Re	moval: *	August-06	v	ree Chlorine		Chlorine D	ioxide		Ozone	Combined	Chlorine
vieans of Ad Ultraviolet		ir-Log virus	inactivation/Ke	Other (De:	scribe):	Λ .	Tee Chlorine		Cinorine	MOXIUE		Ozone	Comonica	Cinornic
Omaviolet	Radiation			0,1101, (100)										Chlorii
Type of Dis	infectant Re	idual Maint	ained in Distrib	ution System:			X Free Ch	lorine	Margin a care a recent of the first		d Chlorine (Chloramines)		Dioxide
1 P. A.	A STATE OF THE STA		1430						Chapter and				Loyest Reddial Distributes	2000
			TAME TO SE	일 시간나를 받는다		CT Calculations of IX	Dose, la Demonstrate Four-Lo	. Viene tour	insting if Annicable 1		Tarini.		the state of	
1	4.37		And the Contraction									UV Dose		Emergency or Abnorm
	性的。		Capta 1		14,124,60								7	6
e :	> Days Plant		19 1 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1777/177			1937						Operating Conditions
	Staffed or Visited by		200		Lossest Residual Disinfectant		Lowest CT Provided Before or at First Customer During Peak			Minimum CT	Lowest Operating UV			Répair or Maintenanc Work that involves Taki
Day of the	Operator	Hours Plant in	Net Quantity of Pringred Water Produced year		First Customer During Peak	at C Measurement Point	Flow,	Temp. of		Required,	Dose, mW-		Concentration at Remote Point in Distribution Bystem, mg/l.	Water System Compone
Month	(Place 'X')	Operation	Produced gal.	Peak Flow Rate, gpd	Lowest Residual Diginfectant Concembation (C) Hatties or at First Curiomer Latting Peak Flow, mg/L	During Peak Flow, minutes	my-min/L	Water, *C	pH of Water, if Applicable	mg-min/L	sev/cm ²	mW-sec/cm²	in Distribution System, mg/lf.	
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See page 4 for instructions.

I. General Information	for the Month/Year of: AUGUST 2006									
A. Public Water System (,								
	Manor Water System				PWS Identification Nu	mber: 651-0355				
	Community Non-Transient Non-Community	Transient 1	Non-Community	ПСо	nsecutive					
	onnections at End of Month: 750+/-		Total Population Served at End of Month: 2500+/-							
PWS Owner: Colonia										
Contact Person: ME			Contact Person's Title: FL. OPERATIONS SERVICES MANAGER							
	ing Address: P.O. Box 398		City: New Port Richey State: FL Zip Code: 34652							
	phone Number: 727-848-8292		Contact Person's F		r: 727-848-7701					
	ail Address: mrotteveel@uswatercorp.com		1							
Water Treatment Plant Information										
Plant Name: Colonial Manor Water System & V										
Plant Address: Valim	State: FLORIDA	Zip Code: 34652								
Plant Address: Valimar Street City: New Port Richey State: FLORIDA Zip Code: 34652 Type of Water Treated by Plant: ✓ Raw Ground Purchased Finished Water										
	Day Operating Capacity of Plant, gallons per day: 18	3,000								
	ubsection 62-699.310(4), F.A.C.): IV	bsection 62	2-699.310(4), F.A.C.):							
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked				
Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per week					
Other Operators:	Travis Pender	С	13956							
	Ralph Amiott	С	8140							
	Sharon Maluk	С	13268							
	Thomas Willard	В	10116							
	Nehemiah Hollis	В	13374							
	Willis Gainey	С	- 13083							
	John Bowers	С	13625							
	Angel Caraballo	С	13383		A Harman San Carlotte Control of the					
	Lawrence Russo	С	12592							
	Vasco Thompson	С	13914							
Raymond Layne C 7893										
	Chris Silva	C	13576							
	Mark Havens	13858								
The second secon	Darrell Tellfair	С	13364							
State the product of the first terminal to the first terminal term	Les Bolling	С	6477							
		С	8521							
	Janet Shirley	A	6333							

J	9/6	106	KENNETH MARTIN	B - 13237
Signature and Date		<i>y</i>	Printed or Typed Name	License Number

		Month/Yea			August-06									
Means of A Ultraviolet		ar-Log Virus	Inactivation/Re	emoval: * Other (De	ecriba):	X	Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
Olliaviolei	Kadiation			Offici (De	scribe).									Chlori
Type of Dis	nfectant Re	sidual Maint	ained in Distrib	ution System:			X Free Ch	lorine				Chloramines)		Dioxid
					e de la composition della composition della comp	, CT Calculations, or U	V Dose to Demonstrate Post-Le	e Virus bac	ilvation, if Applicable*			UV Dose (Int.)		e de sus de sus de sus de sus de sus de sus de sus de sus de sus de sus de sus de sus de sus de sus de sus de s La companya de sus de s
Day of the Month	Days Plant Staffed or Visited by Operator (Place *X*)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lange Market Co	Disinfectant Contact Time (T	Lowes CT Provided Defore a at First Customer During Peak Flow	Temp. of		Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW- sec/cm	Minimum UV Dose Regulard mW-sec/cm²	Lowest Residual Disinfectant	Emergency or Abportung Operating Conditions: Repetr or Maintenance Work that involves Taki Water System Componer Out of Operation
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otal verage: laximum			-	* Well Off Line										

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION For Lab Use Only AND LABORATORY REPORTING FORMAT The lab performing this analysis is checked on the left. Advanced Environmental Laboratories, Inc. ☐ 6601 Southpoint Pkwv. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 Lab Receipt Date & Time: ☐ 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620 □ 528 S. North Lake Blvd., Ste. 1016 • Altarnonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E53076 Analysis Date & Time: 0686 O Sub-Contract Lab ID: Report Number: Sample Acceptance Criteria: Analysis Requested: (please check all that apply) Sample Preservation On Ice Not On Ice Standard Coliform Test Disinfectant Check ☐ Not Detected HPC This sample does not meet the following NELAC requirements: Other: System Name: CADNIAL Manor utilities System or Owner's Phone #: _____ Collector: KEN Mastin Collector's Phone # Type of Supply: (check only one) ■ Noncommunity Water System Community Water System ☐ Nontransient Noncommunity Water System Limited Use System ☐ Private Well Swimming Pool ☐ Bottled Water Other Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other Sample Collection Date: 8 13 10 6 Total Coliform Analysis Method: 5 MG222 Disinfect Fecal or E. coli Analysis Method: Sample Point Sample Collection Sample рΗ Res'd Number (Location or Specific Address) Time Type¹ Total Fecal or (mg/L) Data Sample Qualifier² Coliform Coliform E. coli Number 4# 1-3609 Blayton 230 000 δŠ U2 74 1245 1.4 1250 14 1255 Average of disinfectant residuals for routine and repeat samples. (Complete for ²Defined in Florida Administrative Code Rule 62-160 Table 1 community and nontransient noncommunity systems serving populations up to and including 1.15 All tests are performed in accordance with NELAC standards. 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: Date PWS notified by lab of positive results: Person performing analysis is: ☐A certified operator (# \$1333) Date State notified by lab of positive results: ☐ Employed by a certified lab Supervised by a cert operator (# ☐Employed by DEP or DOH Lab Signature: -Name and Mailing Address of Person to Receive Report U.S. Water Services Corporation Title: DEP/DOH USE ONLY Satisfactory 4939 Cross Bayou Boulevard ☐ Incomplete Collection Information New Port Richey, Florida 34652 Repeat Samples Required Replacement Samples Required Phone (727) 848-8292 Date Reviewed by DEP/DOH: _ DEP/DOH Reviewing Official:

Page 1 of

Advanced Environmental Laboratorine Inc.

CHAIN OF CUSTODY RECORD

LAB NUMBER:	TC)(550	24
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CII	A LI A LI LI LE LI COY	Lavui acuites, ilic.
	Jacksonville:	6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
	Tampa:	9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050 C Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 (407) 937-1594 Fax (407) 937-1597 Page of

ADDRESS: PHONE: CONTACT: TURN AROUND STANDARD RUSH RUSH	O TIME:	REMARKS / SPEC		PROJECT NATION:				BOTTLE SIZE & TYPE A R N E A Q L V I S R I E S D	Witell	0.4					LAB ZUMBER
WW= waste water	SW=surface water	GW=ground water D	W=drinking water		=air SO =s	oil SL	_=sludge	Preserv							
SAMPLE ID	SAMPL	E DESCRIPTION	Grab Composite	SAM DATE	PLING TIME	MATRIX	NO. CONT.								
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Best / / Me	ruo 1960		3												

U.S. W. Aler Korucas Compormon

Trealment Plant Name: Colons) Mand

Well # 1 CONNOR DE System PWS Id Number:

		16.014								
Day			CF3	CF5	l	Air/				
ol ilv:	Mater	Gallons	Residual	Residual		Water	Time in: Time Out	Sampling		•
Month	Reading	Pumped	(ñ; plant	iā; remote tap	PSI	Ratio	License Number / Initials	Perliamed		Remarks
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24	100,0	Ø		///	· · · · · · · · · · · · · · · · · · ·		/ 10/10/10			
25	18335	Ø	.50	1.20	40	10/00	/m B1323)			
	. 0.00	W W	1	· · · · ·			, , , , , , , , , , , , , , , , , , , ,		·	
26	. 5333	Ø	1,50	133	40	50/0	12 213737			
27	18777	8	1,10		-, -,	7.00	1 49 1712121			
28	. 0 232	17.	1	122	1	(2)	4 0.3533			
29	18317	9	,170	1.23	40	110	ma BUZZI		<u> </u>	
30		1 6		1			<u> </u>		<u> </u>	
31	18333	8	<u> </u>		<u> </u>					



US Waler

Trealment Plant Name: Calonial Mahar WONTH CYEAR: They Ob

Well II 2 Cantral 8t System PWS Id Number:

		NI		<u>a</u>		,			
Day			CL3	CLE	ĺ	Air/			İ
nt tiv:	Meter	Ciallons	Residual	Residual		Water	Time in / Time Out	Sampling	
Month	Reading	Pumped	(ā; plant	tā; remote tap	PSI	Ratio	License Number / Initials	Performed	Remarks
1	91011	9500							- A-
2	91106	80,000	174	1,15	75	3.	d= \$13227		Cheant Into
3		800 DS						125 Social Box	U
-	91266	27,900	18)	1.71	45	3	10 DI 312)		Cheand Infor
5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	92,000							
6		92000							
	91541	17001	1.86.	139	45	FF	12 B13257		
			11-40	34	, ,	-	, (33,723)		
-8	(1)11	118.00	101	1 2 7	91-	æ	F 113733		
9	9779	89,00	1.91	132	/ -	20	かかいかい	NoT W3	
10	0 . 6 . 7 .	Q 100	1	, , , , , , ,	117	C	(M1)1/2		
11	91958	105,000	196	131,000	1 12	F	12 \$ 13m)		
12		10500							
13		10 5000							0 0
14	42273	10,000	1.66	1.07	417	60	MB13733		Cleans In Jans
15	42243	1001			<u> </u>				2
16		000,08	171	1.302	45-	30	102 8 mis		Loggist 1120
17		2900V							10
18	9245)	16018	1,76	123	45.	33	F DINGS		
19		186 8							
20		8,000							
	92694	8900	116	131	41	-8	12 B1343)		aleand English
22	19701	88 day	-			7 3			9
	FL81)	36,000	1.79	12)	45	200	PB13B)		
1	10-0.		1.1	17)	-/\	90	1-7 3-51		
24	G 5 261	85,000	18/	. 1	: 1	60.	1 0	 	
25	93041	6,000	1.96	197	١١١	200	D-B13231		
26		67,001				(2)		<u> </u>	
27	93/69	102,000	1.51	13	45	10	1 BUZD		
28		102000			<u> </u>				
29	43 3 B	8/000	1.61	111	45	恕	16 B1322		clean Inglow
30		8/00	1.58		45				7
31		82000							
-1-31	1	10	1	1	1	1	1	1)



II S Waler

More Me In lead I man I

WONTH MEAR

Aluq Olo

Well 11 3 HENDRY St System PWS Id Number:

			<u> </u>	· · · · · · · · · · · · · · · · · · ·		,			
Day			CL3	Cr.3		Air/			
of the	Meter	Gallens	Residual	Residual		Water	Time in / Time Out	Sampling	·
Month	Reading	Pumped	(α; plant	tā; remote tap	PSI	Ratio	License Number / Initials	Performed	Remarks
1	122305	36,000							
2	125738	E00 (T	161	1.25	11	10/10	Ken B13827		Wear Fry Ros
3		2200				1		Boch Sing Jose	
4	122797	24,000	1.5)	15)	22.	£3	1~ B13232		
5		24,000							
6		2-30.0							
7	15583	8	1,11	130	1-1	10	6m B1324		
8		ά					_		
9	15386	35000	101	136	17	20	1- B13231	NO7-403	
10		36000							
11	155936	000B1	1.78	130	55	05/0	J-B1373)		
12		13000							
13		1300							
14	122288	83000	161	121	50	B	Man Bibles		clean In Amp well
15		8300							0 1
16	156155	26000	1.01	12-2	12	₹ <u>8</u>	grap 250		
17		26000					-N		
18	156207	3.5,000	181	125	55	#	Kam B13137		
19		34,000							
20		33000							
21	806221	3)000	187	130	10	10	4-31321		Classo In Hos
22	1-200	3,000							8
23	156374	3/000	1.89	1.2.1	5-	-60	K-B1323)		
24	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	39,000			,		7		
25	156435	22,000	2.10	1.26	67	#	P B1323)		
26	1 3 13	Dland				3 3			
27	156473	18,001	2.05	1.10	55	الماتك	N= B1123)		
28		17000		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1			
29	156513	29000	2.10	1.18	TI	50	K 813127		
ļ .	1000	1740~							
30	1004.20	3/000	-			<u> </u>			
31	15750	3/	<u> </u>			1			

U.S. W. aler

Treatment Plant Name: Colonia) Manu MONTH (MEAR: #45, 06

	Well #	<u> </u>	1) S 100	S	stem PW	5 ld Number:			
Day			CL3	Cr3		Air/		5 n	
of the	Meter	Gallons	Residual	Residual		Water	Time in / Time Out	Sampling Performed	Remarks
Monin	Reading	Pumped	iã, plant	iñ; remote tap	PSI	Ratio	License Number / Initials	Fellmineo	asse fo to oll 3 com
	80632	9	150		<u> </u>	no	1/ 911212		Si Citt Gillian
2	40602	500		102	59	器	Kn 81753	2-25-50	
3		800			4.5	170		Back, TDS, Soy C)	
4	80687	. 6	(ブ)	1.21	29	200	100 B1322		
5		%							
6		5							
7	80687	Ø	1551	122	92	\$	ナカバオク)		
8		8							
9	80681	6	.57	1.26	56	30	Am D1323	NOJ, NO3	
10		0		, y				0-,	
	0 / > >	Ü	.10	121	50	8	B 1323)		
11	1	8	1.,0	, , ,		1			
12			-	 	<u> </u>				
13		9		1,00	60	#	12-81325		
14	80693	ø	129	15%	""	120	100012001		
15		Ø		ļ	<u> </u>	10	, 0,71)		
16	80647	Ø	.57	1.30	20	30	La B1323)		
17		9	<u> </u>			4-50	0.160		
18	80687	9	1.52	1-3)	90	400	KB1320)		
19	1	9				1			
20		Ø .			<u> </u>	(m)			
21	1 0 1	0	.52	130	40	Tro	K-BISSED		
22		Q							
23	- /	3	(2)	1-26	20	0/1	100 B13237		
24		j Ø							
25	154	Ø	1.52	1.23	50	20/20	16-81323)		¥
		Ø	<u> </u>	1.4	† -	1			
26		1	yi	 	07	12/11	4 0.11:7		
27	80 837	19	1,5V	1.25	1,0	1/14	1- B1373)		
28		6				- CO	6 0 1012		
29	80687	9	.52	مكد. ١	07	200	(= B.259)		
30		Ø							
3		B							<u> </u>





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

		ction for the Month/ VS) Name: Colonial N				September-06					
		denitication Number: 6				······································					
	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Colonial Manor	Colonial Manor	Colonial Manor	Colonial Manor	Colonial Manor						
	Well # 1	Well # 2	Well # 3	Well # 4	Well # 5		ĺ	1			
	WCII II I	17011112			ay Operating Capaci	ty of Each Plant or	llons per day	I.,	L		Total
Day of	93,000	53,500	93,000	53,500	93,000	y or Buon Fluid Br	l	1			386,000
Day of Month	. ,,,,,,,,	33,300	75,000		nished Water Produc	red by Each Plant	gallons	L			Total
1	-	107,000	10,000			ou by Euch Franc,	Garrons				117,000
2		107,000			_						116,000
3	-	107,000	9,000	-	-						116,000
4	-	86,000	39,000	-	-			<u> </u>			125,000
5		86,000	39,000	-	-				· · · · · · · · · · · · · · · · · · ·		125,000
6		89,000	18,000	_	-						107,000
7	_	89,000	17,000		-						106,000
- 8		102,000	7,000	-	-						109,000
9		102,000	9,000	-	-						111,000
10		102,000	8,000	-	-						110,000
11		92,000	17,000	-							109,000
12	-	92,000	17,000	-	-						109,000
13	-	86,000	19,000	-	-				<u> </u>		105,000
14	-	86,000	18,000	-	-						104,000
15	-	77,000	32,000	-	-				1		109,000
16	-	77,000	31,000	-	-						108,000
17	-	77,000	31,000	-	-						108,000
18	-	98,000	31,000	-	-						129,000
19		98,000	30,000	_	-						128,000
20	-	69,000	23,000	-	-						92,000
21	-	68,000	23,000	-	-						91,000
22	-	76,000	32,000	-	-						108,000
23	-	76,000	31,000	-	-					-	107,000
24	-	76,000	31,000	-	-						107,000
25	-	70,000	23,000	-	-						93,000
26	-	70,000	22,000	-	-						92,000
27	-	82,000	30,000	-	-						112,000
28	-	81,000	30,000	•	-						111,000
29	-	75,000	35,000	-	-						110,000
30	-	75,000	35,000	-	-						110,000
31											0
otal										<u></u>	3,284,000

Avg.

Max.

105,935

129,000



See page 4 for instructions.

T.	General Information	for the Month/Year of: SEPTEMBER 2006	 							
	Public Water System (
		IAL MANOR WATER SYSTEM				PWS Identification Nu	mber: 651-0355			
		Community Non-Transient Non-Community	Transient	Non-Community		nsecutive				
		onnections at End of Month: 750+/-		Total Population	Served at En	nd of Month: 2500+/-				
	PWS Owner: Colonial Manor Utilities Inc.									
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's	Γitle: FL. C	PERATIONS SERVIC	ES MANAGER			
	Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Ri	chey	State: FL	Zip Code: 34652			
	Contact Person's Telep	phone Number: 727-848-8292		Contact Person's I	ax Number:	: 727-848-7701				
	Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com								
B.	Water Treatment Plant	Information								
	Plant Name: COLONI	AL MANOR WATER SYSTEM & I				Plant Telephone Numb				
	Plant Address: Connor			City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652			
	Type of Water Treated	/	hased Finished \	Water						
		Day Operating Capacity of Plant, gallons per day: 79	9,000							
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV			ubsection 62	-699.310(4), F.A.C.):				
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked			
ĺ	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week			
	Other Operators:	Travis Pender	С	13956						
	,	Ralph Amiott	С	8140						
		Sharon Maluk	С	13268						
		Thomas Willard	В	10116						
		Nehemiah Hollis	В	13374						
		Willis Gainey	С	13083						
		John Bowers	С	13625						
		Angel Caraballo	С	13383						
		Lawrence Russo	C	12592						
		Vasco Thompson	С	13914						
		Raymond Layne	С	7893						
		Chris Silva	C	13576						
Ĺ		Mark Havens Darrell Tellfair	13858							
		13364								
	Les Bolling C Gary Heins C			6477						
		C	8521							
ſ		Janet Shirley	A	6333	· · · · · · · · · · · · · · · · · · ·					

		D 12227
1013106	KENNETH MARTIN	B - 13237
Signature and Date	Printed or Typed Name	License Number

Maximum

Means of A	Data for the	Month/Yea	r of: Inactivation/Ren	moval: *	September	-00	x Free Chlorine		Chlorine D	Dioxide		Ozone	Combined	Chlorine
Ultraviolet	Radiation	208 7 7 103		Other (De	cribe):									
							X Free Ch	lorina		Combin	ed Chlorine (Chloramines)		Chlori Dioxid
Type of Dis	infectant Re	sidual Maint	ained in Distribu	ition System:			A FIEE CII	iornie	· · · · · · · · · · · · · · · · · · ·	Comon	ea Cinomie (Cinoraminesy		I BIONIS
					····		/ Dose, to Demonstrate Four-Lo	g Virus Inact	ivation, if Applicable*			·	,	i
	ł	l	1 1		1	CT Calcu	ations			,	ļ	UV Dose	ļ	j
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-mtn/L	Temp. of Water, *C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW- sec/cm ²	Minimum UV Dose Required, mW-sec/cm ¹	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnorm Operating Conditions Repair or Maintenanc Work that Involves Tak Water System Compone Out of Operation
1	x	24			.52					 			1.17	* See Below
2		24	-					•						* See Below
3		24	-							ļ				* See Below
4	x	24	-	· · · · · · · · · · · · · · · · · · ·	.52						ļ		1.21	* See Below
5		24	-							ļ	ļ			* See Below
. 6	x	24	-		.52								1.23	* See Below
7		24												* See Below
8	x	24	-		.52								1.24	* See Below
9		24	-	·						ļ .				* See Below
10		24							·	<u> </u>			1.33	* See Below
11	х	24	-		.51					ļ	ļ	ļ	1.22	* See Below
12		24											1.22	* See Below
13	x	24	-		.51						ļ		1.22	* See Below
14		24	-							<u> </u>				* See Below
15	x	24			.51								1.25	* See Below
16		24							- <u>-</u> , , ,					* See Below
17		24												* See Below
18	х	24	-		.51								1.26	* See Below
19		24	-											* See Below
20	х	24			.50								1.25	* See Below
21		24	-											* See Below
22	х	24	-		.52							······································	1.25	* See Below
23		24	-											* See Below
24		24	-											* See Below
25	х	24			.52								1.30	* See Below
26		24										·		* See Below
27	х	24	-		.51								1.31	* See Below
28		24	-											* See Below
29	х	24			.52								1.30	* See Below
30		24	-											* See Below
31														* See Below
'otal				* Well Temporalit	Out of Service									
verage			-											



See page 4 for instructions.

I. G	eneral Information	for the Month/Year of: SEPTEMBER 2006							
	blic Water System (l								
P	WS Name: Colonial	Manor Water System				PWS Identification No	umber: 651-0355		
P	WS Type: X C	Community Non-Transient Non-Community	Transient	Non-Community	Co	onsecutive			
N	umber of Service Co	onnections at End of Month: 750+/-		Total Population		and of Month: 1,825 +/-			
P	PWS Owner: Colonial Manor Utilities Inc.								
C	Contact Person: MELISA ROTTEVEEL Contact Person's Title: FL. OPERATIONS SERVICES MANAGER								
							Zip Code: 34652		
C	ontact Person's Telep	phone Number: 727-848-8292		Contact Person's l	Fax Numbe	r: 727-848-7701			
C	ontact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com							
	ater Treatment Plant								
		Manor Water System & II				Plant Telephone Numb			
	ant Address: Cantrel			City: New Port Ri	ichey	State: FLORIDA	Zip Code: 34652		
	ype of Water Treated		hased Finished \	Water					
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 79,000								
Pl	Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): D								
	icensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked		
Le	ead/Chief Operator:	KENNETH MARTIN	В	13237		3 times pe	r week		
Ot	ther Operators:	Travis Pender	C	13956					
- 1	·	Ralph Amiott	C	8140					
		Sharon Maluk	С	13268					
		Thomas Willard	В	10116					
		Nehemiah Hollis	В	13374					
		Willis Gainey	С	13083					
1		John Bowers	С	13625					
		Angel Caraballo	C	13383					
-		Lawrence Russo	C	12592					
ļ		Vasco Thompson	C	13914					
		Raymond Layne	С	7893					
		Chris Silva	С	13576					
-		Mark Havens	С	13858					
		Darrell Tellfair	C	13364					
		Les Bolling	C	6477					
		Gary Heins	C A	8521					
		Janet Shirley	6333						

3	10/3	106	KENNETH MARTIN	B - 13237
Signature and Date		1	Printed or Typed Name	License Number

PWS Identification Number 651-0355 Plant Name: COLONIAL MANOR W2

Ultraviolet Radiatio	Plant do or cd by rator Hours Pla	irus Inactivation/Re	Other (De	escribe):		x Free Chlorine X Free Ch	lorine	Chlorine D		d Chlorine (Ozone Chloramines)	Combined	Chlorine Chlorine Dioxide
Days of the Month 1 x 2 3 4 x 5 6 x 7 8 x 9	Plant ed or ed by rator Hours Pla	aintained in Distrib		escribe).		X Free Ch	lorine		Combine	d Chlorine (Chloramines)		
Days Plus Staffed Visited Operation Month (Place * 1	Plant ed or ed by ator Hours Pla	aintained in Distrib	ution System;			X Free Ch	lorine		Combine	d Chlorine (Chloramines)		
Day of the Month Place P	ed or ed by sator Hours Pla												
Day of the Month Place P	ed or ed by sator Hours Pla												
Day of the Month Place P	ed or ed by sator Hours Pla											}	}
Day of the Month Place P	ed or ed by sator Hours Pla				CT Calculations, or U	V Dose, to Demonstrate Four-Lo	g Virus Inaci	vation, if Applicable			UV Dose		
Day of the Month Place P	ed or ed by sator Hours Pla		I		T	Hattons	T	[T	 	J V Dua	Lowest Residual Disinfectant	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
Month (Place* 1	1	Net Quantity of		Lowest Residual Disinfectant Concentration (C) Before or at	t Disinfectant Contact Time (T)	Lowest CT Provided Before or at First Customer During Peak Flow,	k		Minimum CT	Lowest Operating UV Dose, mW-	Minimum UV Dasc Required,		
1 x 2 3 4 x 5 6 x 7 8 x 9	"X") Operati		Peak Flow Rate, gpd	First Customer During Peak Flow, mg/L	at C Measurement Point During Peak Flow, minutes	mg-min/L	Temp. of Water, *C	pH of Water, if Applicable	Required, mg-min/L	sec/cm²	mW-sec/cm ²	Concentration at Remote Point in Distribution System, mg/L	Water System Components Out of Operation
2 3 4 x 5 5 6 x 7 8 x 9		107,000	7	1.58								1.21	
3	24	107,000				 							
5	24	107,000											
5		86,000		1.59								1.22	
7 8 x 9	24	86,000											
8 x	24	89,000		1.74								1.27	
9	24	89,000											
	24	102,000		1.68								1.22	
10	24	102,000											
	24	102,000											
11 x	24	92,000		1.77								1.31	
12	24	92,000											
13 x		86,000		1.63								1.28	
14	24	86,000											
15 x		77,000		1.85								1.31	
16	24	77,000											
17	24	77,000											
18 x		98,000		1.72								1.30	
19	24	98,000											
20 x		69,000		1.85								1.32	
21	24	68,000	···										
22 x		76,000		1.96			i					1.30	
23	24	76,000		ļ <u>-</u>									
24	24	76,000		1.81								1.25	
25 x	24	70,000		1.81								1.23	
26 x	_	82,000		1.66								1.22	
27 X	24	81,000		1.00								1.44	
29 x		75,000		1.71		***						1.25	
30 x	24	75,000		1.//								1.22	
31		75,000		 									· , ·
otal		2,578,000	·	<u> </u>									
verage													
laximum		85,933											



See page 4 for instructions.

T.	General Information	for the Month/Year of: SEPTEMBER 2006		· · · · · · · · · · · · · · · · · · ·					
Ā.	Public Water System (1	PWS) Information							
	PWS Name: Colonial Manor Water System PWS Identification Number: 651-0								
	PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive								
	Number of Service Connections at End of Month: 750+/- Total Population Served at End of Month: 2500+/-								
	PWS Owner: Colonial Manor Utilities								
	Contact Person: MEI	CES MANAGER							
	Contact Person's Mail	City: New Port Richey State: FL Zip Code: 34652							
		Contact Person's Telephone Number: 727-848-8292				r: 727-848-7701			
	Contact Person's E-Mail Address: mrotteveel@uswatercorp.com								
B.	Water Treatment Plant	· · · · · · · · · · · · · · · · · · ·							
Plant Name: Colonial Manor Water System & III Plant Telephone Number: 727-848-82									
	Plant Address: Hendri			City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652		
	Type of Water Treated	d by Plant: 🗸 Raw Ground 🔲 Purd	hased Finished V	Water					
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 9	8,000						
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV	Plant Class (per subsection 62-699.310(4), F.A.C.): D						
	Licensed Operators				Day(s)/Shift(s) Worked				
	Lead/Chief Operator:	KENNETH MARTIN	В	13237	3 times per week				
	Other Operators:	Travis Pender	С	13956		· · · · · · · · · · · · · · · · · · ·			
		Ralph Amiott	С	8140					
		Sharon Maluk	С	13268					
		Thomas Willard	В	10116					
		Nehemiah Hollis	В	13374			·		
		Willis Gainey	C	13083					
		John Bowers	C	13625					
		Angel Caraballo	С	13383					
l		Lawrence Russo	С	12592					
		Vasco Thompson	С	13914					
[Raymond Layne	С	7893					
		Chris Silva	С	13576					
		Mark Havens	С	13858					
		Darrell Tellfair	С	13364					
		Les Bolling	С	6477					
		Gary Heins	С	8521					
		Janet Shirley	A	6333					

	10/3	106	KENNETH MARTIN	B - 13237
Signature and Date		1	Printed or Typed Name	License Number

III. Daily	Data for the	Month/Yea	r of:		September	-06								011
		ur-Log Virus	Inactivation/Re	moval: * . Other (De:	ariba):		x Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
Oitraviolei	Radiation		·	. Other (De	cribe).					······································				Chlorine
Type of Di	sinfectant Re	sidual Maint	ained in Distribu	tion System:			X Free Ch	lorine		Combine	ed Chlorine (Chloramines)	 _	Dioxide
		-												
	1	ļ	i i			CT Calculations or II	V Dose, to Demonstrate Four-Lo	o Vinus Inac	tivation If Applicable*]	
						CT Calcu				I	UV Dosc			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Pcak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L		pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW- sec/cm ²	Minimum UV Dose Required, mW-sec/cm ¹	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that involves Taking Water System Components Out of Operation
1	x	24	10,000		1.79					L			1.15	
2		24	9,000											
3		24	9,000											
4	х	24	39,000		1.57								1.21	
5		24	39,000											
6	х	24	18,000		1.75								1.22	
7		24	17,000											
8	х	24	7,000		1.06				<u> </u>				1.25	
9		24	9,000											
10		24	8,000											
11	х	24	17,000		1.15								1.26	
12	<u></u>	24	17,000					ļ						
13	×	24	19,000		1.21								1.26	
14		24	18,000											
15	X	24	32,000		1.62								1.24	
16		24 24	31,000		· · ·									
17 18		24	31,000		1.96		<u> </u>						1.25	
19	×	24	30,000		1.90								1.23	
20	х	24	23,000		1.87								1.30	
21		24	23,000											······································
22	x	24	32,000		1.77								1.25	
23		24	31,000											
24		24	31,000											
25	х	24	23,000		1.81								1.24	
26		24	22,000											
27	х	24	30,000		1.61								1.21	
28		24	30,000											
29	х_	24	35,000		1.96								1.00	
30		24	35,000											******
31														
'otal			706,000											
verage			23,533											
/aximum			39,000											



See page 4 for instructions.

	Canaral Information	for the Month/Year of: SEPTEMBER 2006										
Δ. Λ	Public Water System (I	PWS) Information										
Λ.	PWS Name: Colonial	· · · · · · · · · · · · · · · · · · ·				PWS Identification Nu	mber: 651-0355					
		ommunity Non-Transient Non-Community	Transient	Non-Community	☐ Cor	nsecutive						
		nnections at End of Month: 750+/-	Transform			nd of Month: 2500+/-						
	PWS Owner: Colonial			Trotair oparation s	, , , , , , , , , , , , , , , , , , ,							
	Contact Person: MEI			Contact Person's 7	Citle: FL (OPERATIONS SERVIC	ICES MANAGER					
		ing Address: P.O. Box 398		City: New Port Ric	State: FL	Zip Code: 34652						
		phone Number: 727-848-8292		Contact Person's F								
		ail Address: mrotteveel@uswatercorp.com		Contact i cisons i	ux mamoer	., 727 040 1701						
D	Water Treatment Plant											
D.		Manor Water System & IV				Plant Telephone Numb	er: 727-848-8292					
	Plant Address: Linkwo			City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652					
	Type of Water Treated		chased Finished \			· · · · · · · · · · · · · · · · · · ·						
		Day Operating Capacity of Plant, gallons per day: 7	9,000									
		bsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D								
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked					
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week					
	Other Operators:	Travis Pender	С	13956								
	omer operators.	Ralph Amiott	С	8140								
		Sharon Maluk	С	13268								
		Thomas Willard	В	10116								
		Nehemiah Hollis	В	13374								
		Willis Gainey	С	13083								
		John Bowers	С	13625								
		Angel Caraballo	С	13383								
		Lawrence Russo	C	12592								
		Vasco Thompson	С	13914								
		Raymond Layne	С	7893								
		Chris Silva	С	13576								
		Mark Havens	С	13858								
		Darrell Tellfair	C	13364								
		Les Bolling	С	6477								
		Gary Heins	С	8521								
		Janet Shirley	A	6333								

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

10	13/04	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

III. Daily Means of A	Data for the chieving For	Month/Year ir-Log Virus	rof: Inactivation/Re	moval: *	September	-06	x Free Chlorine		Chlorine D	ioxide		Ozone	Combined	Chlorine
Ultraviolet	Radiation			Other (De	scribe):									Chlorin
T CD:-	i-C-man Da	aideal Mains	ained in Distribi	ution Sustam:			X Free Ch.	lorine		Combin	ed Chlorine (Chloramines)		Dioxide
Type of Dis	I I I I I I I I I I I I I I I I I I I	I I I I I I I I I I I I I I I I I I I	amed in District	ation system:										
													1	1
						CT Calculations, or UN CT Calcul	/ Dose, to Demonstrate Four-Lo	Virus Inact	ivation, if Applicable*		T	UV Dose	1	
					T	C r Cancu	litions .				 	J. 5002	1	Emergency or Abnorma
	Days Plant						i				l			Operating Conditions;
	Staffed or Visited by]]	Net Quantity of		Lowest Residual Disinfectant Concentration (C) Before or at	Disinfectant Contact Time (T)	Lowest CT Provided Before or at First Customer During Peak			Minimum	Lowest Operating UV		Lowest Residual Disinfectant	Repair or Maintenance Work that Involves Taki
Day of the	Operator	Hours Plant in	Finished Water		First Customer During Peak	at C Measurement Point	Flow,	Temp. of		Required,	Dose, mW-	Minimum UV Dose Required,	Concentration at Remote Point	Water System Componer
Month	(Place "X")	Operation	Produced, gal	Peak Flow Rate, gpd	Flow, mg/L	During Peak Flow, minutes	mg-min/L	Water, °C	pli of Water, if Applicable	mg-min/L	sec/cm³	mW-sec/cm²	in Distribution System, mg/L	* See Below
	X	24			.52								1.21	* See Below
2	ļ	24												* See Below
3 4	 	24			.5)								1,22	* See Below
5	x	24											1,42	* See Below
6	×	24			.51					 	 		1.26	* See Below
7	 ^	24	-						· · · · · · · · · · · · · · · · · · ·		 			* See Below
8	x	24	-		.51						·		1.27	* See Below
9		24	-				777							* See Below
10		24	-											* See Below
11	×	24	-		51								1.27	* See Below
12		24	-											* See Below
13	х	24			.52								1,29	* See Below
14		24	-											* See Below
15	x	24	-		.52								1.23	* See Below
16		24	-								ļ			* See Below
17		24												* See Below
18	x	24			.52								1.21	* See Below
19		24							: 		ļ			* See Below
20	X	24			.51								1.24	* See Below
21		24												* See Below
22	X	24			.51								1.22	* See Below
23		24												* See Below
24		24											7.26	* See Below
25	X	24			.52								1.25	* See Below
26		24												* See Below
27	X	24	-		.52								1.26	* See Below
28		24	<u>·</u>											* See Below
29	×	24			.52								1.25	* See Below
30		24												• See Below
31				* 37 11 75 11	1									
Total				* Well Temporali	y Out of Service									
verage	·													
1aximum			لـــــــــــــــــــــــــــــــــــــ											



See page 4 for instructions.

	Conoral Information	for the Month/Year of: SEPTEMBER 2006										
	Public Water System (
۲. (PWS Name: Colonial					PWS Identification Nu	mhow 651 0255					
1		Community Non-Transient Non-Community	Transient	Non-Community		nsecutive	moer: 651-0355					
ŀ		onnections at End of Month: 750+/-	Transient			nd of Month: 2500+/-						
1	PWS Owner: Colonial	The state of the s		Total Population	seived at El	nd of Month; 2300+/-						
ŀ	Contact Person: MEI			Contact Person's	Title: EL (OPERATIONS SERVIC	DEC MANACED					
ŀ		ing Address: P.O. Box 398		City: New Port Ri	chev	State: FL	Zip Code: 34652					
1		phone Number: 727-848-8292		Contact Person's I			Zip Code. 34032					
ŀ		ail Address: mrotteveel@uswatercorp.com		Contact Ferson's I	rax Number	. /2/-848-//01						
R I	Water Treatment Plant											
٦.		Manor Water System & V				Plant Telephone Numb	er: 727_848_8202					
-	Plant Address: Valima			City: New Port Ri	chev	State: FLORIDA	Zip Code: 34652					
ł	Type of Water Treated		hased Finished \		Circy	State, PLORIDA	Zip Code. 34032					
ŀ		Day Operating Capacity of Plant, gallons per day: 18		Tr dtC1								
		bsection 62-699.310(4), F.A.C.): IV	3,000	Plant Class (per subsection 62-699.310(4), F.A.C.): D								
1	Licensed Operators	Name	License Class	License Number	1030011011 02	Day(s)/Shift(s						
-	Lead/Chief Operator:		B B	13237		3 times per						
-	Other Operators:	Travis Pender	C	13956		5 times per week						
	Office Operators.	Ralph Amiott	C	8140								
		Sharon Maluk	C	13268								
		Thomas Willard	В	10116								
		Nehemiah Hollis	В	13374								
		Willis Gainey	C	13083								
		John Bowers	С	13625								
		Angel Caraballo	С	13383								
	ĺ	Lawrence Russo	С	12592								
		Vasco Thompson	С	13914								
		Raymond Layne	С	7893								
		Chris Silva	С	13576								
		Mark Havens	С	13858								
		Darrell Tellfair	C	13364								
		Les Bolling	С	6477								
		Gary Heins	С	8521								
		Janet Shirley	Α	6333								

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

10/3/64	KENNETH MARTIN	B - 13237
Signature and Date	Printed or Typed Name	License Number

PWS Identification Number 651-0355 Plant Name: COLONIAL MANOR W5

Means of A		r-Log Virus	Inactivation/Re	moval: *	September		x Free Chlorine		Chlorine D	ioxide		Ozone	Combined	Chlorine
Ultraviolet	Radiation			Other (De	scribe):						,			Chlor
Type of Dis	infectant Res	idual Mainte	ained in Distribu	tion System:	X Free Chlorine Combined Chlorine (Chloramines)								Dioxid	
						CT Calculations, or UN	/ Dose, to Demonstrate Four-Log	Virus Inacti	vation, if Applicable*		Τ	UV Dose	-	Emergency or Ahnon
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Plow, mg/L		Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, *C	pH of Water, if Applicable	Minimum CT Required, mg-min/l,	Lowest Operating UV Dose, mW- sec/cm ²		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Operating Condition Repair or Maintenan Work that Involves Tai Water System Compon Out of Operation
1		0									ļ. —			* See Below
2		0												* See Below
3		0	-				·							* See Below
4		0			<u> </u>					ļ	ļ			* See Below
5		0	<u>-</u>											* See Below
6		0	-		ļ <u>.</u>									* See Below * See Below
7		0 .			ļ	ļ								* See Below
8		0			 									* See Below
9		0			 									* See Below
10		0			 									* See Below
12		0												* See Below
13		0			 									* See Below
14		0	-											* See Below
15		0												* See Below
16		0	-											* See Below
17		0	-											* See Below
18		0	-											* See Below
19		0	-											* See Below
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21		0	-											* See Below
22		0												* See Below
23		0												* See Below
24		0												* See Below
25		0												* See Below
26		0												* See Below
27		0												* See Below
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30		0			 									* See Below
31				NATION Line	L					l				JCC DCIOW
otal			'	Well Off Line										
verage Iaximum														

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION For Lab Use Only AND LABORATORY REPORTING FORMAT The lab performing this analysis is checked on the left, Advanced Environmental Laboratories, Inc. ☐ 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 ₫ 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 Lab Receipt Date & Time: ☐ 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620 □ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E53076 Analysis Date & Time: 70 (10 49 (Sub-Contract Lab ID: _____ Sample Acceptance Criteria: Report Number: Analysis Requested: (please check all that apply) Standard Coliform Test Disinfectant Check ■ Not Detected This sample does not meet the following NELAC requirements: П`нрс ☐ Other: PWS I.D. 6 5 System Name: Colonial Manue wilte System Address: Moo LO System or Owner's Phone #: Fax #: ___ Collector: KEN Martin Collector's Phone # Type of Supply: (check only one) ☐ Noncommunity Water System☐ Swimming Pool Community Water System Limited Use System Nontransient Noncommunity Water System ☐ Bottled Water Other ☐ Private Well Reason for Sampling: (check only one) 🛛 Routine Compliance 🔲 Repeat 🔲 Replacement 🔲 Main Clearance 🔲 Well Survey 🔲 Other Sample Collection Date: 9118106 Total Coliform Analysis Method: 5 m9222 Collection Sample Disinfect Fecal or E. coli Analysis Method: Sample Point Sample рΗ Lab Number (Location or Specific Address) Time Type¹ Fecal or Total Data (ma/L) Sample Coliform Coliform E. coli Qualifier² Number Dawwas / Connor De 1115 75 Ø Da 1120 7.6 145 76 7.5 1130 11410 مدا M HOLLOS MOTE 1141 Average of disinfectant residuals for routine and repeat samples. (Complete for ²Defined in Florida Administrative Code Rule 62-160, Table 1 1.15 community and nontransient noncommunity systems serving populations up to and including All tests are performed in accordance with NELAC standards. 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: DPD Colorimetric Other: Date PWS notified by lab of positive results: _ Person performing analysis is: A certified operator (# 3)31 Date State notified by lab of positive results: ☐Employed by a certified lab Supervised by a cert operator (#) Employed by DEP or DOH Lab Signature: Name and Mailing Address of Person to Receive Report Title: US water Services DEP/DOH USE ONLY] Satisfactory ☐ Incomplete Collection Information Repeat Samples Required N/Ewfort Richey Replacement Samples Required Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official: ___

Page 1 of 1

CHAIN OF CUSTODY RECORD Advanced Environmental Laboratories, Inc.

□ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
□ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
□ Gainesville: 2106 NW 67th Place, Sulte 7, Gainesville; FL 32653 • (352) 367-1500 Fax (352) 367-0050

LAB NUMBER:	70610591
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Page

☐ Orlando: 528	S. North Lake Blvd., Suite 1			1937-1354 (&	(407):337-10					· · · · · · · · · · · · · · · · · · ·					
CLIENT NAME:		PROJECT NAME					BOTTLE SIZE	ė							
US WATER	PONP.	COLONIA	C /	7 AND	<u>C</u>		& TYPE	phone.							
ADDRESS: 4939 (ROSS	BAYOU	P.O. NUMBER / P	ROJECT NI	JMBER:			A R							·	L
NEW PORT RICHEY ;	2 34652	PROJECT LOCAT	TON:		·		N E A Q L U								A B
ADDRESS: 4939 CRUSS, NEW POLT RICHLY, PHONE: 777	AX: 848-7701					_	YI		,	3	ک۔				N U M
CONTACT: MELISA		SAMPLED BY:	16RK	y He	NCY		1 E S D	N	, M	7	both				B E .
TURN AROUND TIME:		CIAL INSTRUCTION	NS:					in's	.6	6	اد				R
☐ STANDARD								13	1AAS	LAB LUST BUHES	4 plee				
						;	·		7	3 6	4				
RUSH										Cr	45				
WW= waste water SW=surface water	GW-ground water)W=drinkIng water (OIL A=	air SO =s	oil SL	=siudge	Preserv								
SAMPLE ID SAMPL	E DESCRIPTION	Grab Composite	SAMF	TIME	MATRIX	NO. CONT.			/	<i>d</i>					
2374 JAN	V15 5%	6	9/20/00	9:40	DW	6		1	لسسل						
3709 Col	VIS ST.	(15 6	9/20/06		DW	6			-						
														-	
		 	11:	, , , , , , , , , , , , , , , , , , , 				·							
														•	
,	I = (HNO3) T = (Sodio	um Thiosulfate)	Relin	quished by:		Date	Time		F	Receive	ed by:		Dat		Time
Singlescant Avictinos (Seculois di	(Cololi le rease)	1 2	2-0	- phone	3-17	12406		15	· (17.2	· · · · · · · · · · · · · · · · · · ·	17:18
AB.	(D)/41 (D)/17	3	·					(· · · ·	-	-	

Advanced Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

LAB NUMBER:	

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

☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050

☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

	- Aug	
Page	of	

CLIENT NAME	:		PROJECT NA					BOTTLE SIZE		_					
US W	oder se	701682	P.O. NUMBER	ich wie	12 son	112		& TYPE	740017	300					
ADDRESS:	7 CROSS PS	Desc 1545	P.O. NUMBER	/ PROJECT N	NUMBER:	0,		AR	7		-				L
			PROJECT LOCATION:												A B
PHONE:	POE DICK	X:	SAMPLED BY: E ~ (W \ 2) . S												N
CONTACT:			SAMPLED BY		201			S R I E S D							M B E
TURN AROUNI	D TIME:	L CIAL INSTRUCT	IONS:	1,15,10				4	1					R	
									4-	4					
da STANDARD									-	1					
□ RUSH									,						
14014	0111	GW=ground water D	W=drinking water	OIL A	=air SO =s	all CI	_=sludge	Preserv							
WW= waste water			Grab		IPLING		LNO								
SAMPLE ID	SAMPLE	DESCRIPTION	Compos	DATE	TIME	MATRIX	CONT.								
	3374 Jan	114	C	9/25/16	1030	pw	6		X	X					
	3705 Colo		. 6	< Bajub	1031	a.d.	6		Y	X					
	•			•											
I = Ice H = (HC	(I) $S = (H_2SO_4)$ $N =$	(HNO ₀) T = (Sodiu	m Thiosulfate)				L				<u></u>	2			
Shipment	Method Sample Kit	E Cooler#	1	Reli	nquished by:		Date	Time	K	X	receive	edrby: // `	, 7/L)	ate /	Time
Out 1	Method Sample kith	DIT NAME	2				1								
Bet 1		1.050	W												
1 7 7	MATE I	. □./k.:	4												

II.S. Waler

Treatment Plant Name CoLanial Manon WONTH MEAR: SEPT OG

Well II CoLon St System PWS Id Number:

•	Well #	A Col	on 57	Sy	stem PWS	Id Number:				
Day			CLB	Cf.3		Air/	Time in / Time Oul	Sampling		
of the	Meter Reading	Callons Pumped	Residual (ā; <u>plant</u>	Residual ia; remote tap	PSI	Water Ratio	License Number / Initials	Performed	Remarks	
Month 1	18333	150	135	1.17	4/8	5/50	Tug @233		well all Li	3 <u>≺</u>
2	1000	id	1,52				. 0		1	
3		8				787		-	 	
4	18377	Ø	,52	12)	40	2001	KNDIM.			
5		Ø			4	6				
6	18333	Ø	2	1-23	¹)0	80	F B1377			1
7		' 9				420	. 0.1111			
В	18377	9	125	1,24	40	40	10 B 1357			
9		8	<u> </u>		<u> </u>					
10	152222	Ø		\ 2.1	40	25	12 B13B)			
11	18777	<u>x</u>	. 57	1.22	70	40	No. Diagram			
12	18337	8	.57	122	40	33	4-01323)			
13	18357	8	1.37	1	, , ,	130				
14	72781	&	1,5-1	1.25	40	50	Ja 81325			
16	1000	X				— —				
17		8	<u> </u>							
	18737	Ø	(4)	1.26	40	20/2	Me BISSO	would Zordes		
19		I /						7 1		
20	it8333	Ø	.50	1.25	40	63/21	1- B13121		 	
21										
22	18377	Ø	. 52	1.25	40	10/10	16-813357			
23		9								
24		الم				en/ .	1 5 (1), 2			
25	18227	Ø	1.25	1.30	40	10/0V	B1772)			
26		\(\frac{1}{2}\)	1 1	1 2 1	1112	50/10	has Dillar			
27	18337	0	.51	131	40	/10	12 D1313)			
28		0		1130	142	57/50	KuBu3)			
29		0	127	1.30	40	-1.30	KIM (DISON)			
30		0	-	<u> </u>	1	_				
3	18333				1	_\		1		

ZX

il S Water

Treatment Plant Name: COLONIAL MANON MONTH MEAR: SEPT 06

Well #2 CONTREL ST System PWS Id Number:

Cay			CL3	CL2		Air/			
at the	Meier	Gallons	Residual	Residual		Water	Time in / Time Out	Sampling	
Month	Reading	Pumped	(ő, plant	iā; remote tap	PSI	Ratio	License Number / Initials	Perlanned	Remarks
1_	93617	10700	1.58	1.21	45	5/50	Ting C/27/3		
2	f	12)000							
3		10/1000							
4	93938	86000	1.59	1.77	45	2000	K-B13237		Clean In Josh
5		8699		ļ					<u> </u>
6	94110	Sex 091	1.74	127	91	70	10m B132-67		
7		89,000							
8	8864P	102,000	1.66	122	45	13,00	May \$132-3)		
9	1200	10500							
		10200							
10	91594	CJUNO	1-77	131	40	£	125 B1283		Cream In How
		92000	1-11	' ' '	1	1 300	133330		
12		92,000	1/3	121	45	20	1- B1329		change 1/4 Nipple d I
	94778	86,000	1.63	1041	(3	40	13.9		14
14	alaba la	86,000	1.43	13)	UT	200	K-B1322)		
15	9380	77,000	1.12	1,3)	<u> </u>	1.0	(CE) (CE)		
16		77,000			ļ	 			
17		27,000	1	1 1 2 2	45	199	12- B13227		
18	95181	78000	172	1.30	-//	60	DIS#S		
19		. A840A		1 2 2	110	0/2	(~ B1323		
20	9577	69,000	1.81	132	45	2/4	100 D1343		
21		EN 189		<u> </u>	7 -	100	(
22	95474	76000	1.96	1:30	55	170/50	(45 B1323)		
23		76,00			ļ				
24		176 DUY							
25	95707L	70,000	1.81	125	41	25/20	M BUJB?		
26		75,000							
	958412	82000	1.66	1.22	45	B	Ja \$1375)		
	· •	8/000	1. 10	1	<u> </u>	1			
28	96005		1,71	12 1	45	Ct.	1~ B13431		
29	10-01	75,000	11.	1.5.	1-	20	1 3 31		
30		75,000	1.10	-					
7	196155		1.68		1				



Trealment Plant Name: Colonial Maron MONTH MEAR: SEPT 06

Well # 3 HENDRY ST - System PWS Id Number:

·					-,	VO IO IVOITE	,		
Uny			CF3	CL2	T	Air/			
of the	Meter	Gallons	Residual	Residual		Water	Ti i Ti o		
Moren	Reading	Pumped	(ii); plani	iū; remote tap	PSI	Ratio	Tana ari Time cour	Sampling	
1	156602	1		1.15	50	3950	License Number / Initials	Performed	Remarks
 	10002	10,000		1./3	130	7950	Tug 0/23/2		
2		9,000			<u> </u>				
3		9000						-	_
.4	156630	36,000	1.57	121	50	30	16 B1325)		01 05 1
5	ļ	39,000							Chamb Ington
6	156708	10,000	1.75	122	7	500	W 0 333 - 5		<u> </u>
	120 100	18,000	1. 12	193	07	10	K-B13933		
7		17000							
8	156743.	000	1.06	125	3	20/20	1 No B132-67		
9		5,000				<u> </u>	1 000 07 07		
10		6,000	 	<u> </u>	 	-			
	15000	\sim 1	ļ.	-		40			_
11	156769	11,000	1.15	126	20	100	B1372		Clean In Dan
12		1000							- was
13	15-6863	19000	14	126	20	Es	10m B13231		2
14		18,000					313-31		
15	156840	2000	1,62	1.24	w	13	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
16	· -	3/00	11,10	1.6	- 10	10	1 B13257		
17		2/20	·			ļ			
-		600/8							
18		31,000	196	1.25	50	STY JU	16 B1237	Bacts [DJ, 209 C/	
19		30,000				,		1045, 100,009 27	
20	150995	13000	1.47	1.30	80	-83	(= B13237		
21		73000					(CD)		
			171						
22		000C	1.71	1.25	10	50/50	My B12237		
23		000							
24		60018							
25]	121136	13,000	1.8)	124	20	00/00	An B13257		$C_{\lambda} = 0$
26	•	73,001					117 (\$10.00)		Clean Intan
	5318)	30	1.,	1 2 .		FO			0 5
1			1.61	1.2)	10	5A	F B1325)		
28		19,000					-		
29			1.96	66.1	50	10	M B1373)		
30		5,000					120		
	1	, ,, ,, ,							
W /	573//								

Q.

U.S. Waler

Treatment Plant Name CoLONIAL MANCH MONTH MEAR: SCPT 06.

Well IT LINKWOOD System PWS Id Number:

	AA GH IA	LINDW			3.01117 44.0	o lo ivolitoei.				
Day		<u> </u>	CL2	CL2		Air/		•		
of the	Meter	Ciallons	Residual	Residual		Water	Time in / Time Out	Sampling		,
Month		Pumped	íã; plant	ta; remote tap	PSI	Rayo	License Number / Initials	Performed	Remarks	
1	80683	8	152	1,21	50	5750	Tung C/23/3		1 % o 113 cm	->HE
2	,	Ø				ľ				
3		Ø						-		
4	89687	Ø	. 51	1,22	20	8101	12 B1323)			
5		3								
6	20687	8	, 5)	1.26	10	100	Kan B13231			
7		9								
8	26608	O	(t)	127	ap	20	Jan B 1323)			
9	9- 9-	Ø								
10		(2)								
11	80687	5	.57	127	50	1300	1= BIND			
12		Ó		, , , ,						
13	60687	\$.52	1.49	50	12/21	1 D1325			
14	\	8		 3 						
15	80683	8	,52	123	20	40	10- \$13251			
16		Ø	1							
17		V								
	80683	8	1,1-2	121	62	18	1cm B1323)	•		
19		Q .		134		1-1				
20	16908	Ø .	. 51	120	50	50/10	Kan BISTS			
21		U								
22	80687		:(-)	172	50	SYN	Ker 81272			·
23	J- V	Ø	1	<u> </u>	-		1			,
24										
	30687	d	,02	125	90	50/2	15- 0BB.			
26	3-03-	ð	1.							•
	80683	1	. 52	126	৫৩	12/4	← B33760		~	
28	3.00	ø	1. 12	1 140						· · · · · · · · · · · · · · · · · · ·
	66683	0	52	1207	,50	5/8/	Ju 80320)			·
1	.0002	Q	ر دی	4.00			1-3-3			
30	00(3)	1 3.		 	 					
S	80617		l		<u> </u>					

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The kill cartisming his analy	요즘 집에 되었다면서 아내가 되면 보면 하면 하지 않는데 그는데 그는 것이 없다고 했다. 사
The same of the sa	ysis is dhedked on the 15%.
Anallysis Requested gleass enectal flat apply) Clistercland Colforn Test Clister	e Cinto On ha C C C Deceno C me/L
System Name: PWS LD.	
System Address: City	
Collector: Collectors Phone #	
fyge of Supplys (sheck only one)	
☐ Community Water System ☐ Noncommunity Water System ☐ Nontisinatent Noncommunity Water System ☐ Private Water System ☐ Swimming Pool ☐ Solited Water ☐ Replacement ☐ Main Clestans	
Sample Collection Daite:	
Total Coliforia A	and the same of th
Secrete Semiple Point Collection Sample Districted Residual Point Collection Semiple Districted Residual Point Federal or Exact of Exact Collection Officer Collection Officer Collection C	Rejection Date Semants
community and rough analant noncommunity systems serving good lifeting up to another training the community and	Administrative Coda Ruic 32 150, Tanie il Recondinge with NELAC standards
Station performs the strong and station of a station of a station of a station performs and a station of a station performing and lyabase.	Yaşıllar
Date State notified by a concorration (#) Employed by a confined by a concorration (#) Employed by BEP on BOH;) (:Sellis)
Malme and Mailing Address of Person to Receive Report	DEP/BOH USE ONLY
Incomplete Collection Inform Repeat Samples Required Replacement Samples Required Replacement Samples Required Replacement Samples Required	
Date Reviewed by DEP/DOH DEP/DOH DEP/DOH Reviewing Official	
Page 1 of 1. DEP Sample Type Codes: D = Distribution (Rodune Compliance): C = Repeat or Check, :R = Raw; N = Entry to Distribution: R = Planalysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HFC = SM9215B Results is A = colliforms are absent. P = colliforms are present. C = confluent growth: TNTC = too numerous to ∞unit. 1925	ant Tap: S = Special (clearance, etc.)



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

See page 2 for instructions.

aily Fir	nished-Water Produ	ction for the Month/	Year of:			October-06					
		VS) Name: Colonial M									
		lenitication Number: 6	510355		n(xr	District No.	Plant 7 Name	Dlant 9 Marga	Dlant O Nome	Plant 10 Name	
	Plant I Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant / Ivame	Plant o Name	Fiant 2 Ivanie.	Triagne to transce	
ia Tiy	Colonial Manor	Colonial Manor	Colonial Manor	Colonial Manor				ĺ			
	Well # 1	Well # 2	Well # 3	Well # 4	Well # 5	Contraction to when a standard					Tr. 4.1
						y of Each Plant, g	allons per day.	,		100	Total
ay of	93,000	53,500	93,000	53,500	93,000					as to the second	386,000
onth				Net Quanity of F	nished Water Produ	eed by Each Plant,	gallons			144.00 (44.11.00.00%)	Total
1	-	94,000	28,000	-	-		<u> </u>				122,000
2	-	94,000	27,000	-					ļ		121,000
3	-	94,000	27,000	-							121,000
4	•	86,000	32,000	-	-						118,000
5	-	86,000	31,000		-						117,000
6	,	86,000	33,000		_				ļ		119,000
7		86,000	33,000		-					<u> </u>	119,000
8	•	88,000	33,000		-						121,000
9.	-	89,000	28,000		-						117,000
10	-	89,000	28,000								117,000
11	,	80,000	33,000		-						113,000
12		80,000	33,000	-	-						113,000
13	-	76,000	28,000	-	-						104,000
14	-	76,000	28,000		-						104,000
15		76,000	30,000								106,000
16	-	89,000	37,000	-	-		ļ. <u></u>	 			126,000
17	•	88,000	36,000		-						124,000
18	-	93,000	32,000		-						125,000
19	•	92,000	32,000								124,000
20	•	83,000	37,000	•	-						120,000
21	~	82,000	37,000	_	-						119,000
22	-	97,000	33,000	-			<u> </u>				130,000
23	•	96,000	33,000	-	-						129,000
24	•	96,000	32,000		-						128,000
25	•	85,000	35,000	-	-						120,000
26		84,000	34,000	-							118,000
27	•	73,000	34,000	-	•						107,000
28	•	73,000	34,000	-	•						107,000
29	•	73,000	34,000	-	-						107,000
30		82,000	31,000	-	-						113,000
31	~	82,000	30,000	-	-						112,000
al	alisai, is said										3,641,000
ζ.											117,452
5 [,] X.								당실한 취보			130,000



See page 4 for instructions.

Ī.	General Information	for the Month/Year of: OCTOBER 2006								
A. I	Public Water System (P	PWS) Information								
Γ	PWS Name: COLONI.	AL MANOR WATER SYSTEM				PWS Identification Nu	mber: 651-0355			
		ommunity Non-Transient Non-Community	Transient 1	Non-Community		nsecutive				
ŀ		nnections at End of Month: 750+/-		Total Population S	erved at Er	nd of Month: 2500+/-				
	PWS Owner: Colonial Manor Utilities Inc.									
ŀ	Contact Person: MELISA ROTTEVEEL Contact Person's Title: FL. OPERATIONS SERVICES MANAGER									
ļ		ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652			
Ì		hone Number: 727-848-8292		Contact Person's F	ax Number	: 727-848-7701				
1		il Address: mrotteveel@uswatercorp.com								
	Water Treatment Plant									
ſ	Plant Name: COLONI.	AL MANOR WATER SYSTEM & I				Plant Telephone Numb				
	Plant Address: Connor			City: New Port Ric	hey	State: FLORIDA	Zip Code: 34652			
	Type of Water Treated	0) 1 (4)	hased Finished V	Vater						
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 79	,000							
1	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 62	2-699.310(4), F.A.C.):				
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Worked			
ł	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week			
	Other Operators:	Travis Pender	С	13956						
	Offici Operators.	Ralph Amiott	С	8140						
l		Sharon Maluk	С	13268						
1		Thomas Willard	В	10116						
		Nehemiah Hollis	В	13374						
		Willis Gainey	C	13083						
}		John Bowers	С	13625						
İ		Angel Caraballo	С	13383						
- 1		Lawrence Russo	С	12592						
ľ		Vasco Thompson	С	13914						
		Raymond Layne	C	7893						
ľ		Chris Silva	13576							
ļ		Mark Havens	С	13858						
		Darrell Tellfair	С	13364						
<i> </i>		Les Bolling	С	6477						
-		Gary Heins	С	8521						
-		Janet Shirley	А	6333						

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

2	11/2	106	KENNETH MARTIN	B - 13237
Signature and Date	1.		Printed or Typed Name	License Number

Maximum

		. 205	Inactivation/Re	CHIUVAL		Λ	Free Chlorine		Chlorine I	loxide		Ozone	Combined	Chlorine
	Radiation			Other (De	scribe)						······································			Chlori
pe of Disi	infectant Res	idual Maint	ained in Distrib	ution System:			X Free Ch	orine	urancesarus en en en el en el	Combine	d Chlorine (Chloramines)	Service on the Service Space	Dioxid
						CF Calculations or U	V Dose, to Demonstrate Four-Lo	g Vipus Inact				Chloramines) "ÜV Dose Minimum (IV Dose Required an W-scotland	20 (2 Ta) 142 (2)	
				48.00	. Population	CT Celcu	lations /			11.72	Ze Jaren	UV Dosc	7.700	
					100		2484337						Transplet had	Emergency or Abnorm
	Days Plant.				100		Lowest CT Provided Before or				Lowest			Operating Condition
	Sinfied or Visited by	Line Carl	Net Quantity of	KUTU ENGERSIG	Lowest Residual Distributions Concentration (C) Before or at	Disinfectant Confect Time (T)	at Pirst Customer During Peak			Minimum CT	Operating UV		Lowest Regidual Disinfection	Work that involves Tak
Day of the	Operator	Hours Plant in	Finished Water		First Customer During Peak	at C Measurement Point	Flow,	Temp. of Water, °C	vi fulli (f.ititi)	Required, mg-min/L	Dose, mW- sec/cm²	Minimum UV Dose Required	Concentration at Remote Poly in Distribution System invol	Il Waler System Compone Cut of Operation
Month	(Place "X")	Operation	Produced, gal	Peak Flow Rate, gpd	Flow, mg/L .50	During Peak Flow, minutes	ту-ци/L	water, *C	pH of Water, if Applicable	mg-tenty).	see/cm/	шизаходи	1.26	* See Below
$\frac{1}{2}$	X	24			.30		 							* See Below
2														* See Below
3		24		 	.51		 			 			1.26	* See Below
5	- N	24		<u></u>	 				<u> </u>	 -				* See Below
		24			.50								1.25	* See Below
7	X	24	L	<u></u>			 						 	* See Below
8		24			 									* See Below
9	X	24			.50		·						1.29	* See Below
10		24			1									* See Below
11	x	24			.50								1.21	* See Below
12		24												* See Below
13	x	24			.50								1.21	* See Below
14		24												* See Below
15		24	-											* See Below
16	х	24	-		.50								1.21	* See Below
17		24												* See Below
18	Х	24	-		.50								1.22	* See Below
19		24												* See Below
20	x	24			.51								1.21	* See Below
21		24												* See Below
22	X	24	,		.50								1.22	* See Below
23		24												* See Below
24		24	-											* See Below
25	х	24			.50								1,23	* See Below
26		24	-				ļ						1.31	* See Below
27	×	24			.50								1.21	* See Below
2.8		24												* See Below
29		24	-										1.2	* See Below * See Below
30	х	24	1		.50								1.2	* See Below * See Below
31		24					L						L	366 BEIOM
tal				* Well Temporalit	y Out of Service									



See page 4 for instructions.

I. General Information	for the Month/Year of: OCTOBER 2006							
A. Public Water System (F	PWS) Information							
PWS Name: Colonial	Manor Water System				PWS Identification Nu	mber: 651-0355		
	ommunity Non-Transient Non-Community	Transient l	Non-Community		nsecutive			
Number of Service Co	nnections at End of Month: 750+/-	Total Population S	served at E	nd of Month: 1,825 +/-				
PWS Owner: Colonial	Manor Utilities Inc.							
Contact Person: MEL	LISA ROTTEVEEL				OPERATIONS SERVIC			
Contact Person's Maili	ng Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652		
Contact Person's Telep	phone Number: 727-848-8292		Contact Person's F	ax Number	r: 727-848 - 7701			
Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com							
3. Water Treatment Plant					· · · · · · · · · · · · · · · · · · ·			
Plant Name: Colonial	Manor Water System & II				Plant Telephone Numb			
Plant Address: Cantrel			City: New Port Ric	hey	State: FLORIDA	Zip Code: 34652		
Type of Water Treated		hased Finished \	Water					
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 79	9,000						
Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV			bsection 62	2-699.310(4), F.A.C.):			
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s			
Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per week			
Other Operators:	Travis Pender	С	13956					
1	Ralph Amiott	С	8140					
!	Sharon Maluk	С	13268		- Marie - Area -			
	Thomas Willard	В	10116					
	Nehemiah Hollis	В	13374					
	Willis Gainey	С	13083					
	John Bowers	С	13625					
	Angel Caraballo	С	13383	~ 				
	Lawrence Russo	С	12592					
	Vasco Thompson	С	13914	···				
	Raymond Layne	С	7893					
	Chris Silva	С	13576					
	Mark Havens	С	13858					
	Darrell Tellfair	С	13364					
	Les Bolling	С	6477					
	Gary Heins	С	8521					
	Janet Shirley	A	6333					

1) 2/06	KENNETH MARTIN	B - 13237
Signature and Date	Printed or Typed Name	License Number
		;

III. Daily D	Daily Data for the Minith/Year of: ns of Achieving Four-Log Virus Inactivation/Removal: * x Free Chlorine Chlorine Dioxide Ozone									Combined Chlorine					
		ir-Log Virus	Inactivation/Re	emoval: * Other (Des	ceiha)	x Free Chlorine Chlorine Dioxide						Ozone	Ozone Combined Chlorine		
Ultraviolet	Radiation			Other (Des	icride).								Chlorine		
Type of Dis	infectant Re	sidual Maint	ained in Distrib	ution System		nation to Boundary and or a second	X Free Ch	lorine	The world to discussion at the first	Combine	50-9E-75-A-7	Chloramines)	Las describes a George	Dioxide R	
	Days Frant Starfed or Visited by Operator		Net Obmitty of Figure Water Productor gal									UV Dose ? SAPER			
	74.47%		78.50			CT Calculations, or UV	/ Dose, to Demonstrate Four-La	g Virus Iriact	ivation, if Applicable?		Ann Disc	132 H. Baygeri	72.3477536		
				14,2-793	Control of the second second	CT Calcul	ations		Control of the Control of the Control	(Calery Calery		(JV Dose)			
	# # TV	ler it	10.00					Y345					1.00	Enjergency or Abnormal	
20 30Y #4 20 30 30	Deya Plava		100		2 2 2	True during	Lowest CT Provided Before o			Minimum	(pwest		74000	Operating Conditions:	
	Visited by		Net Quantity of		Lowest Residual Distance on at Conceptration (C.) Before or at First Costomer During Peak	Distribution Contact Time (1)	at First Customer During Peak	Superior Con-		CT	Operating UV		CONTRACTOR OF THE PARTY OF THE	Vork that to volves Takin	
Day of the Month	(Place "X")	Hours Plant in Operation	Finished Water	Peak Flow Rate, gpd	First Customer During Peak Flow, mg/L	at C Measurement Point During Peak Flow, minutes	Flow, mg-min/):	Temp. of Water, "C		Required, mg-min/L	sec/cm ²	mW-soc/cm	in Distribution System, mp.	Out of Operation	
1	X	24	94,000		1.68								1.23		
2		24	94,000												
3		24	94,000										ļ	 	
4	x	24	86,000		1.77					ļ		ļ	1.29	 	
5		24	86,000					ļ		<u> </u>		ļ	ļ	ļ	
6		24	86,000		L					<u> </u>			1.25	 	
7	X	24	86,000		08.1		<u> </u>	 		 	<u> </u>		1.25		
8		24	88,000					 					1.18	 	
9	×	24	89,000		1.61			 					1.10		
10		24	89,000 80,000		1.77								1.12	 	
11	X	24	80,000		1.77								ļ — · · · · · · · · · · · · · · · · · ·		
13	×	24	76,000	ļ	1.86			 					1.15		
14		24	76,000												
15	x	24	76,000		1.15								1.08		
16		24	89,000												
17		24	88,000											1	
18	Х	24	93,000		1.36			Ĺ					1.10	ļ	
19		24	92,000											 	
20	Х	24	83,000		1.71			ļ					1.25	-	
21		24	82,000										1.22	 	
22	х	24	97,000		1.81					<u> </u>			1.22	 	
23		24	96,000					ļ					 		
24	L	24	96,000		1.88		1	 -					1.20	 	
25 26	X	24	85,000 84,000		1.88								1.20	 	
20 27	x	24	73,000		1,80								1.26	<u> </u>	
28		24	73,000		1,00			 						1	
29		24	73,000												
30	x	24	82,000		1.40								1.2		
31		24	82,000												
Cotal			2,648,000												
verage	ugarije:		85,419												
Maximum		p	97,000												



See page 4 for instructions.

Ι.	General Information	for the Month/Year of: OCTOBER 2006								
A.	Public Water System (PWS) Information								
	PWS Name: Colonial	Manor Water System				PWS Identification Nur	mber: 651-0355			
	PWS Type: X C	Community Non-Transient Non-Community	Transient	Non-Community	Cor	nsecutive				
	Number of Service Co	onnections at End of Month: 750+/-		Total Population		nd of Month: 2500+/-				
	PWS Owner: Colonia	I Manor Utilities								
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's	Title: FL. C	PERATIONS SERVIC	ES MANAGER			
	Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Ri		State: FL	Zip Code: 34652			
	Contact Person's Tele	phone Number: 727-848-8292		Contact Person's	Fax Number	: 727-848-7701				
	Contact Person's E-Mail Address: mrotteveel@uswatercorp.com									
B.	Water Treatment Plant	Information								
		Manor Water System & III				Plant Telephone Number	er: 727-848-8292			
	Plant Address: Hendri			City: New Port R	ichey	State: FLORIDA	Zip Code: 34652			
	Type of Water Treated		hased Finished \	Water						
		Day Operating Capacity of Plant, gallons per day: 98	3,000							
		bsection 62-699.310(4), F.A.C.): IV			ubsection 62	-699.310(4), F.A.C.);				
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s)	Worked			
	Lead/Chief Operator:		В	13237	3 times per week					
	Other Operators:	Travis Pender	С	13956						
		Ralph Amiott	С	8140						
- 1		Sharon Maluk	C	13268						
		Thomas Willard	В	10116						
ĺ		Nehemiah Hollis	В	13374						
		Willis Gainey	С	13083						
		John Bowers	С	13625						
-		Angel Caraballo	С	13383						
-		Lawrence Russo	С	12592						
-		Vasco Thompson	С	13914						
-		Raymond Layne	С	7893		,				
-		Chris Silva	С	13576						
-		Mark Havens	C	13858						
-		Darrell Tellfair	С	13364						
-		Les Bolling	С	6477						
-		Gary Heins	С	8521						
Ĺ		Janet Shirley	A	6333						

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

	(, ,	
	1112-10%	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

32,032

37,000

Average : Maximum

III. Daily	Data for the	Month/Yea	r of:		October-06				Chlorine I							
Means of A	chieving Fo	ur-Log Virus	Inactivation/Re	moval *	oval * X Free Chlorine							Ozone	Combined Chlorine			
Ultraviolet	Radiation			Other (De	Other (Describe)									Chlorine		
Type of Dis	infectant Re	sidual Maint	ained in Distribi	ution System	ystem X Free Chlorine Combined Chlorine (Chloramines)									Dioxide		
	\$.,				CT Calculations: or UV-Does, to Demonstrate Pour Log Virus Inactivation; if Applicable?								carry of the Sweat	Energency or Abnormal		
					2800 2	C k Calcul	BISOOK		T			UV Dose	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Printed Committee		
Day of the	Days Plant Stuffed of Visited by Operator (Plane "X")	Hours Plant in Operation	Not Quantity of Finished Water Produced, gai	Peak Flow Rate, gpd	Lowest Residual Distribution Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, infinites	Lowest CT Provided Before or at First Customer Düring Peak Flow, mg-min/L			Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW- sec/cm ²	Minimum UV Dose Required mW-sec/cm ³	Lower, Residual Disinfectant, Concentration at Ramote Point in Distribution System, rag/L	Energency or Abnormal Deriating Conditions, Repair of Maintenance Work Itial Involves Taking Water System Component Out of Operation		
l	х	24	28,000		1.86			ļ <u>.</u>		ļ			1.15			
2		24	27,000						ļ	ļ						
3		24	27,000							ļ						
4	X	24	32,000		1.88				ļ				1.12			
5		24	31,000	· · · · · · · · · · · · · · · · · · ·									1.19			
6	X	24	33,000		1.91		<u> </u>		<u> </u>				1.19			
7		24	33,000 33,000		 					 			 	······································		
8 9	 	24	28,000		1.01					 			.75			
10	×	24	28,000		1.01			<u> </u>	<u> </u>	 						
11	X	24	33,000		1.30				 				1.09			
12		24	33,000		1.50					1						
13	x	24	28,000		1.50	····							1.10			
14	<u> </u>	24	28,000		1											
15		24	30,000													
16	х	24	37,000		1.29								1.08			
17		24	36,000													
18	х	24	32,000		1.30					ļ			1.10			
19		24	32,000							<u> </u>						
20	х	24	37,000		1.65					<u> </u>			1.20			
21		24	37,000										1.22			
22	X	24	33,000		1.71								1.42			
23		24	33,000		 											
24		24	32,000		1.00								1.25	· · · · · · · · · · · · · · · · · · ·		
25	X	24	35,000		1.80					-			1.23			
26		24	34,000 34,000		1.62				<u> </u>				1.26			
27	X	24	34,000		1.02											
28 29		24	34,000		 					 -						
30		24	31,000		1.28								1.2			
30	x	24	30,000		1.40											
Total			993,000		L											
TOTAL	<u> </u>		32,032													



See page 4 for instructions.

I. General Information	for the Month/Year of: OCTOBER 2006								
A. Public Water System ((PWS) Information								
PWS Name: Colonia	Manor Water System				PWS Identification Nu	ımber: 651-0355			
PWS Type: X (Community Non-Transient Non-Community	Transient 1	Non-Community		Consecutive				
Number of Service C	onnections at End of Month: 750+/-		Total Population	Served at	End of Month: 2500+/-				
PWS Owner: Colonia	I Manor Utilities Inc.								
Contact Person: ME	LISA ROTTEVEEL		Contact Person's	Title: FL	OPERATIONS SERVICE	CES MANAGER			
Contact Person's Mai	ling Address: P.O. Box 398		City: New Port Ri	chey	State: FL	Zip Code: 34652			
Contact Person's Tele	phone Number: 727-848-8292		Contact Person's I	Fax Numb	er: 727-848-7701				
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com									
3. Water Treatment Plans	Information								
Plant Name: Colonial	Manor Water System & IV				Plant Telephone Numb	per: 727-848-8292			
Plant Address: Linkw			City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652			
Type of Water Treate		hased Finished V	Vater						
Permitted Maximum	Day Operating Capacity of Plant, gallons per day: 79	,000							
	ubsection 62-699.310(4), F.A.C.): IV			ubsection	62-699.310(4), F.A.C.):	D			
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Worked			
Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times pe	r week			
Other Operators:	Travis Pender	С	13956						
•	Ralph Amiott	С	8140						
	Sharon Maluk	С	13268						
	Thomas Willard	В	10116						
	Nehemiah Hollis	В	13374						
	Willis Gainey	С	13083						
	John Bowers	С	13625						
	Angel Caraballo	C	13383						
	Lawrence Russo	С	12592						
	Vasco Thompson	13914							
	Raymond Layne	С	7893						
	Chris Silva	С	13576						
	Mark Havens	С	13858						
	Darrell Tellfair	С	13364						
	Les Bolling	С	6477						
	Gary Heins	С	8521						
	Janet Shirley	A	6333						

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

	1/4	_ \	66	KENNETH MARTIN	B - 13237_
Signature and Date	1	7		Printed or Typed Name	License Number

III. Daily I	Data for the	Month/Yea	r of: Inactivation/Re	emoval *	October-06	X I	ree Chlorine		Chlorine I	Diaxide		Ozone	Combined Chlorine		
Ultraviolet				Other (Des	cribe)				Chlorin						
Type of Dis	infectant Re	sidual Maint	ained in Distrib	oution System	-	X Free Chlorine Combined Chlorine (Chloramines)							Dioxide		
			aned in District						Wilder, ("Applicable").		483 1942 (1958)	Maguum II Y Die Reputel		Employ of Abborns	
Duy of this Month	Days Plant Staffed of Various Sy Committee	Hours Plant to Operation	Net Quantity of Pinished Valo	Peak Flow Rate, apd	Levers Residual Distriction Concentration (c) Defices of A First Criticines During Feak Flow, mg/L	Distriction Confect Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before of at First Customer During Peal Flow, mg-sain/L	Temp of Water °C	pH of Water, if Applicable	Minimun CT Required, mg-min/L	(Lowest Operating UV Dose, nW-	Maganum IV Dose Required. mW-sec/cm	iego je se junijerom si Grovina ilovije si sa su Engaleni sulina sa su sa sa	Coerating Conditions Keyali or Maintenance Work that Involves Takin Water System Component Out of Operation	
1	X	24			.51								1.26	* See Below	
2		24	-											* See Below * See Below	
3		24						ļ		ļ			1.24	* See Below	
4	х	24			.51			 	l				1.24	* See Below	
5		24		 	.51								1.22	* See Below	
6	X	24												* See Below	
8		24	-					 						* See Below	
9	x	24			.50								1.11	* See Below	
10		24	-											* See Below	
11.	x	24	-		.50								1.18	* See Below	
12		24	-											* See Below	
13	х	24			.50								1.15	* See Below	
14		24						<u> </u>						* See Below * See Below	
15.		24											1.08	* See Below	
16	X	24			.50		<u> </u>						1.00	* See Below	
17		24			.50								1.20	* See Below	
18	X	24		ļ	.30								1.20	* See Below	
19		24		 	.50			 					1.19	* See Below	
20 21	x	24	<u>-</u>		.50				·				1.17	* See Below	
22	x	24			.50								1.22	* See Below	
23	^_	24		-										* See Below	
24		24												* See Below	
25	×	24			.50								1.20	* See Below	
26		24												* See Below	
27	x	24	-		.50								1.26	* See Below	
28		24												* See Below	
29		24												* See Below	
3.0	x	24			.50								1.2	* See Below	
31		24													
fotal Average Maximum			-	* Well Temporali	ty Out of Service										



See page 4 for instructions.

	General Information	for the Month/Year of: OCTOBER 2006									
	Public Water System (
,	PWS Name: Colonial				P	WS Identification Nu	mber: 651-0355				
		Community Non-Transient Non-Community	Transient	Non-Community		ecutive					
		onnections at End of Month: 750+/-		Total Population Served at End of Month: 2500+/-							
	PWS Owner: Colonia										
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's Title: FL. OPERATIONS SERVICES MANAGER							
	Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Ri		State: FL	Zip Code: 34652				
	Contact Person's Telep	ohone Number: 727-848-8292		Contact Person's F	ax Number: 7	727-848-7701					
В.	Water Treatment Plant	Information									
		Manor Water System & V			P	lant Telephone Numbe	er: 727-848-8292				
	Plant Address: Valima			City: New Port Ri	chey S	tate: FLORIDA	Zip Code: 34652				
	Type of Water Treated	l by Plant: ✓ Raw Ground Pure	chased Finished \	Water							
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 1	8,000								
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	subsection 62-699.310(4), F.A.C.): D						
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s)) Worked				
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per	week				
	Other Operators:	Travis Pender	С	13956							
		Ralph Amiott	С	8140							
		Sharon Maluk	С	13268							
- 1		Thomas Willard	В	10116							
		Nehemiah Hollis	В	13374							
		Willis Gainey	С	13083							
]		John Bowers	С	13625							
		Angel Caraballo	С	13383							
		Lawrence Russo	C	12592							
		Vasco Thompson	С	13914							
-		Raymond Layne	С	7893							
ļ	······································	Chris Silva	С	13576							
		Mark Havens	C	13858							
-		Darrell Tellfair	С	13364							
-		Les Bolling	C	6477	The state of the s						
_		Gary Heins	С	8521							
L		Janet Shirley	A	6333							

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

	11/12/10/	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

Maximum

eans of Ac	hieving Fou	Month/Year	Inactivation/Re	moval. •		X I	Free Chlorine		Chlorine C	Dioxide		Ozone	Combined	Chlorine
ltraviolet I				Other (Des	cribe)									Chlor
		1 114-1	ned to During	to and Completing			X Free Chlorine			Combine	d Chlorine (Chloramines)		Dioxid
pe of Disi	nlectant Res	idual Maint	amed in Distrib	ution System			7 He CI	The same						THE CONTROL OF THE CO
					Madalik			nali merekal		grand od s Saggado z oc				Entergency or Abnorm Operating Condition Repair or Multilenian Work that Involves Tak Water System Opinion
					Court of the Free States at the States	CT Calculations, or UV	/ Duse, to Demonstrate Four Lo	g Virus Irund	vation, if Applicable*					
					Tergariya Le	CT Calcul	alions			G 4 S 4 S 4 S 4 S 4 S 4 S 4 S 4 S 4 S 4	Charles to the contract of the	UV Dose		Binergency or Abnorr
	Days Plant						Lowest CT Provided Before or				Lowest	Programme and Service Services 7		Operating Condition
	Stuffed or Visited by	i, ieros	Net Quantity of		Lowest Residual Disinfectarit Concentration (C) Before or at	Disinfectant Contect Time (T)	at First Customer During Peak			Minimum CT	Operating UV		Lowest Residual Disinfectant	Work that Involves Tak
Day of the	Operator	Hours Plant in	Finished Water		First Customer During Peak	at C Measurement Point		lemp, of	the energy teat problem	Required,	Dose, mW- see/cm ²	Minimum UV Dose Required,	Lowest Residual Disinfectant Consentration at Ramole Point in Distribution System, mg/L	Water System Compone
Month	(Place "X")	Operation	Produced, gal	Peak Flow Rate, gpd	Flow, mg/L	During Peak Flow, minutes	mg-min/L	Water, °C	pH of Water, If Applicable	mg-min/L	Secreta	atay sourcinageny	in Distribution System, ing. 2	* See Below
		0								 				* See Below
2		0	<u>·</u>							 				* See Below
3		0												* See Below
4		0												* See Below
5		0												* See Below
6		0												* See Below
		0								l				* See Below
8		0								 				* See Below
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10		0												* See Below
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17		0				11000000								* See Below
18		0												* See Below
19		0												* See Below
20		0												* See Below
21		0												* See Below
22		0												* See Below
23		0												* See Below
24		0							-					* See Below
25		0												* See Below
26		0												* See Below
27		0												* See Below
28		0												* See Below
29		0												* See Below
30		0												* See Below
31		0												* See Below
tal	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · ·		* Well Off Line										

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION

Advanced Environmental Laboratories, Ir
CITAITOHIIICHCAT PARAITACAHES' II

For Lab Use Only AND LABORATORY REPORTING FORMAT The lab performing this analysis is checked on the left. IC. 0,6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 ₹9610 Princess Palm Ave. - Tampa, FL 33619 - 813.630.9616 - Fax 813.630.4327 - E84589 Lab Receipt Date & Time: □ 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620 □ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E53076 Analysis Date & Time: Report Number: Sub-Contract Lab ID: Sample Acceptance Criteria: On Ice Not On Ice Analysis Requested: (please check all that apply) Sample Preservation ☐ Standard Coliform Test Disinfectant Check \Box HPC Other: This sample does not meet the following NELAC requirements: System Name: COLONIAL MANCE UTILITIES PWS I.D. System Address: MOGE RIO City: Holipac System or Owner's Phone #: ______ Fax #: 72.7 - 848 - 776 / Collector: TETERY HENCY Collector's Phone # 727 243-4578 Type of Supply: (check only one) Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System Swimming Pool ☐ Bottled Water Other Private Well Reason for Sampling: (check only one) PRoutine Compliance Repeat Replacement Main Clearance Well Survey Other Sample Collection Date: 10/9/06 Total Coliform Analysis Method 97227 Disinfect Fecal or E. coli Analysis Method: Sample Point Collection Sample Sample Нq Res'd Lab (Location or Specific Address) Time Type¹ Number Total Fecal or Data (ma/L) Sample Qualifier² Coliform Coliform E. coli Number Ò WELL - 1 CONNON IN 1055 7.3 /C)-7.3 0 09 73 03 Û 73 M)-73 -()5 11:40 .52 7.3 حا()-Average of disinfectant residuals for routine and repeat samples. (Complete for 50 ²Defined in Florida Administrative Code Rule 62-160, Table 1 community and nontransient noncommunity systems serving populations up to and including All tests are performed in accordance with NELAC standards. 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: ☐DPD Colorimetric ☐Other: _ Date PWS notified by lab of positive results: Person performing analysis is: □A certified operator (# $\bigcirc /23/3$) Date State notified by lab of positive results: ☐Employed by a certified lab Supervised by a cert operator (#) | TEmployed by DEP or DOH Lab Signature: -

Name and Mailing Address of Person to Receive Report Τi (15 WATER CORP. 4939 CROSS BAYON BLUD NEW PERT RICHEY, EL 34652

itle:	
☐ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Replacement Samples Required	DEP/DOH USE ONLY
Date Reviewed by DEP/DOH:	
DEP/DOH Reviewing Official:	

Page 1 of 1

Advanced Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

LAB NUMBER: 17/6/1755

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

☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050 Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597 Page _____ of ____

CLIENT NAME:	PROJECT NAME:	BOTTLE SIZE								
GS WATER are	Coloniac MANOR	& TYPE								
ADDRESS: 4934 CRUSS BAYOU BUD	P.O. NUMBER / PROJECT NUMBER:	A R								L
NEW PORT LICITING F. 1 34652 PHONE: 777 848 7701	PROJECT LOCATION:	N E A Q L U		4			Y			A B
PHONE: 72-7 848 7701		Y I S R	,	V)			11	(h	()	N U
CONTACT:	SAMPLED BY: 1EXX4 /1EXX	I E S D	16	AX		2	K/Y	378	26	M B E R
TURN AROUND TIME: REMARKS / SPEC	CIAL INSTRUCTIONS:		100	100		5	X	0	1.	R
☐ STANDARD			KIMARY'S	1. C.C.	2	12/2	3	0	9	
a RUSH			1	S	S 0C/S	X	Š	X	0	
WW= waste water SW=surface water GW=ground water D	DW=drinking water OIL A=air SO=soil SL=sludge	Preserv								
SAMPLE ID SAMPLE DESCRIPTION	Grab SAMPLING MATRIX NO. CONT.			/	,					
weary for	C 14,616 11 50 DW 24			0	1	/	/	/	/.	-01
I = Ice $H = (HCI)$ $S = (H2SO4)$ $N = (HNO3)$ $T = (Sodiu$	m Thiosulfate) Relinquished by: Date	Time			eceived	by:		Da	te	Time
Shipment Method Sample Kit Geoler# Gould Max Na Via. RB D/T AB D/T	1 Des 1/4/6/66		17	M	<u>u</u>	·		Idin	lle IL	1.20
AB DYT	2 3		-						_	
Flet. / 1/1/2 Ma: Trip Bi	4					isod 8/0:				

Advanced Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

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

9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327 Gainesville: 6821 SW Archer Road, Gainesville, FL 32608 • (352) 367-1500 Fax (352) 367-0050

LAB NUMBER: THOMY83

CLIENT NAME: PROJECT NAME: BOTTLE SIZE SIZE RANGA RANGA RANGA STORE		
US WATER CORP COLONIAL MANOR &		
TYPE		
US WATER CORP. COLONIAL MANOR BILLE & TYPE ADDRESS: 4939 CROSS BAYOR BLVO P.O. NUMBER / PROJECT NUMBER: A R		
		A B
PHONE: FAX: 727 SYX-770 / PROJECT LOCATION: N E A Q L U Y I S R		N
CONTACT: MELISTA SAMPLED BY: 15TREY HENRY		U M B
TURN AROUND TIME: REMARKS / SPECIAL INSTRUCTIONS:		E R
TURN AROUND TIME: REMARKS / SPECIAL INSTRUCTIONS:		
STANDARD STANDARD		
□ RUSH		
WWW		
WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge Preserv SAMPLE ID SAMPLE DESCRIPTION Grab SAMPLING MATRIX NO.		
SAIVIFLE ID SAIVIFLE DESCRIPTION COmposite DATE TIME MATRIX CONT.		
DECC "1 CONNON 6 149/06 10/55 DW 1 VV		-01
NECC 2 CANTREIC 6 199/06 11:05 DW 1 V V V		-03
WELL "2 CANTREIC 6 199/06 11:05 DW 1 V V V WELL "3 HENDER 6 10/9/06 12:15 DW 1 V V V		-03
WELL #3 HENDLIN @ 10/9/06 12:15 DW 1 VVV		-04
	· r	Date Time
		9/04/20
Shipment Method Sample Kite Cooler 1 7 / / / Vocus		100 19:00
Shipment: Method Sample Kit. Cooler 1 1 7 1 1 709/x Vorum Out: // Via. RB D/II AB D/II Bet // Sample Kit. Sample K	N	That H.S.



Well II CONNON DE System PWS Id Number:

			MON DE		System P	WS Id Numi	per:		
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II S. Wales

Trealment Plant Name Colonial Manol System PWS Id Number:

Well # 2 Cantainst System PWS Id Number:

•	Well #	2 Can	striks	s _y	stem PWS	Id Number:			
Day			CL2	CT3		Air/		Sampling	
at the	Meter	Gallons	Residual	Residual	l pri	Water	Time in / Time Out License Number / Initials	Performed	Remarks
	Reading	Pumped	(ā; plant	1.13	L/)	Ratio	P 81373)		Clewid In Point
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5		86 011			<u> </u>				
6 90	4617	8600	1 1 1	1	47	50/10	1 hm D137-3)		
7 96	6/12	16	1.80	1.25	7/	10/10	1 Mar Maria		
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31		18200			1				

24

U.S. Waler Borness Commission

Treatment Plant Name. Colonial Marol Well # 3 Hendrix

oct 06

System PIMS Id Number

	· · · · · · · · · · · · · · · · · · ·	111 3 Heno	rrix	- ·	System PV	VS ld Numb	er:		
Day			CL:	CL2		Air/			
מלו למ	1	Gallons	Residual	Residual		Water	Total are filled craft	Sampling	
40thi		28,000	(ā; plant	tit; remote tap	S/	Ratio	License Number / Initials	Performed	Remarks
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5_	21 15/	31000	1	 		7			
6	127716	33,000	1.51	119	50	20/0	(A B1323)		
7		33000	ļ			-			
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9	157555	78,000	1.61	.75	50	50/50	T-y C/23/3	BACT'S IDS	CLONNO INTRETION PI
0		28,000							
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2		33000							1 man state to the more on me
	157677	28,000	1.50	1.10	50	SPO	100 B1325)		
4	159743	28000							
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6	157763	37000	1.29	1.08	50	5950	1- C11313		
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8	157836		1.30	1.10	O	60/60	a BILLE		1, 05
9		32,000				1	7737		Clean Ing tool
,	157901	37,000	1.65	1,20	50	50/13	K 813137		3
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,	158243	81,000	1.28	1,2	48	59.	RB (13309		
1		30,000							



Treatment Plant Name Colonial Mand
Well Linkwood

MONTH (YEAR: OC+ 06

System PWS Id Number:

		" L) NRC		- '	,	75 ld Number	·		
Üay			CL3	CL2		Air/			
Ut 11A	Meter	Gallons	Residual	Residual	Ì	Water	Time in / Time Out	Sampling	
Month	Reading	Pumped	iā: plant	ra; remote tap	PSI	Ratio	License Number / Initials	Performed	Remarks
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A.

TRANSMISSION VERIFICATION REPORT

TIME : 10/31/2006 03:15 NAME : US WATER SERVICES FAX : 7278487701

FAX : 7278487701 TEL : 7278488292 SER.# : 000A6J690504

DATE,TIME FAX NO./NAME DURATION PAGE(S) RESULT 10/31 03:14 18136327671 00:00:41 02 OK STANDARD ECM





DATE: October 31, 2006 PAGES: 2

CO: FDEP - Tampa

TO: Drinking Water Section - Ed Watson

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Confirmation of Nitrate Sampling.



DATE: October 31, 2006 PAGES: 2

CO: FDEP – Tampa

TO: Drinking Water Section – Ed Watson

FAX #: 813-632-7671

FROM: ROBIN HIGGINS (727) 848-8292 EXT. #203

**** PLEASE DELIVER IMMEDIATELY - THANK YOU! ****

RE: Confirmation of Nitrate Sampling.

Thank you,
Rabin Higgins

4939 CROSS BAYOU BOULEVARD * NEW PORT RICHEY, FL * 34652 TEL: (727) 848-8292 * FAX (727) 848-7701 * TOLL FREE (866) 753-8292

Market State 1. State	$\mathbb{N}=(\mathbb{H}\mathbb{N} \odot_{\widehat{\mathbb{S}}})$ T $\equiv (\mathbb{S}$ ରଣାଧୀନ Thuosuifate) ନିର୍ମ୍ମାନ୍ତ (କ୍ରାମ୍ମାନ୍ତ) ନିର୍ମ୍ମାନ୍ତ (କ୍ରାମ୍ମାନ୍ତ)	$\ \mathcal{L}_{ij} \ = \ \hat{\mathbf{G}} \hat{\mathbf{G}} - \mathbf{H} \ + \ (\mathbf{H}(G)) - \hat{\mathbf{S}} \ + \ (\mathbf{H}_{ij} \otimes \mathbf{S} \otimes_{ij}) - \mathbf{N} \ $
		SAMPLE ID: SAMPLE
	CM-groupe water. DM-adpaining water. OIL A-AT SO≥son SL-sudge Mossin	\sqrt{NN} = versits veries $S//$ =subEccs veries
	REMIARKS SPECIAL INSTRUCTIONS.	TURN AROUND TIME:
	SANPLED BY	<u>. Jeoniaci</u>
		<u>PINONE</u>
	PROJECT LOGATIONS	
	LOUNDING SERVI	ADDRESS
	SIZE A	
	NAMES AND SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE SERVICE TO SERVICE SERVI	E Gainesville 2:105

Section

III MINDEL. IRVINDAMENTALLIADO TALDIOS IN: La viadro avallo-decon sembo de Parkva, decresaville IFS azzilo (1904) secesso repaizos (1865-1965) La viadro de Sano de Recesamindo Parkva, tiendae, illudostio desto, aso com revigos) secesos



12 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32246 - (904) 363-0350 Fax (804) 363-0354 13 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32346 - (904) 363-0350 Fax (804) 363-0354 14 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (804) 363-0354 15 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (804) 363-0354 15 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (804) 363-0354 16 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (804) 363-0354 17 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (804) 363-0354 17 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (804) 363-0354 18 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (804) 363-0354 19 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (804) 363-0354 19 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (804) 363-0354 20 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (804) 363-0354 20 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (804) 363-0354 20 Internationality: 3601 Southpoint Factors, Jeoksanality: FL 32360 - (904) 363-0350 Fax (904) 363-0354 20 Internationality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanality: 3601 Southpoint Factors, Jeoksanal	0.6106-4327 0.6106-4327
OLIENT NAME: PROJECT NAME:	ROTTILE ROT
ADDRESS PROJECT NUMBER	
PROJECT LOCATION	> 2 m
PHONE	
CONTACT	O FI
TUPN AROUND TWE. REWARKS / SPECIAL INSTRUCTIONS	
L) STANDAPD	
WWY= waste verter SW-surface verter (GWI=gliound water IDW=difinding water (GTL A≒aff	SO⊨sant Si⊸sterator Presson
WINDER DESCRIPTION DATE DAMPLING. DISTRIBUTION DATE DAMPLING.	THATE WATER & GOVERN
	Fleriniquismed by Davie Trimre Regetived by
Services and the services of t	

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION For Lab Use Only AND LABORATORY REPORTING FORMAT The lab performing this analysis is checked on the left. Advanced Environmental Laboratories, Inc. Q 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589 Lab Receipt Date & Time: ☐ 2106 NW 67th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 • E82620 Analysis Date & Time: □ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E53076 Sub-Contract Lab ID: Sample Acceptance Criteria: Not On Ice ☐ Not On Ice Analysis Requested: (please check all that apply) Sample Preservation Standard Coliform Test HPC Other: Not Detected Disinfectant Check This sample does not meet the following NELAC requirements: System Name: COLONIAL MANOR UTILITIES PWS I.D. System Address: 1006 RD System or Owner's Phone #: Collector: TEKRY ALWRY Collector's Phone # 727 293 Type of Supply: (check only one) Community Water System Noncommunity Water System ☐ Nontransient Noncommunity Water System Limited Use System Bottled Water ☐ Swimming Pool Other 🗀 Private Well Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other Sample Collection Date: 10/9/66 Total Coliform Analysis Method M9222 Disinfect Fecal or E. coli Analysis Method: Sample Point Sample Collection Sample Res'd рΗ (Location or Specific Address) Number Time Lab -Type¹ Total Fecal or (mg/L) Sample Coliform Qualifier² Coliform E. coli . Number ۵ 7.3 -()1 7.3 0 129 73 -03 73 0 48 73 -05 .52 7.3 () (b) Average of disinfectant residuals for routine and repeat samples. (Complete for 50 ²Defined in Florida Administrative Code Rule 62-160, Table 1 community and nontransient noncommunity systems serving populations up to and including All tests are performed in accordance with NELAC standards. 4,900. Do not include raw or plant samples in the average.) Disinfectant Residual Analysis Method: ☐DPD Colorimetric ☐Other: Date PWS notified by lab of positive results: Person performing analysis is: □A certified operator (# <u>C/23/3</u>) Date State notified by lab of positive results: ☐Employed by a certified lab ☐Supervised by a cert operator (# _ ☐Employed by DEP or DOH Lab Signature: Name and Mailing Address of Person to Receive Report -US WATER CORPORTSUND PORT PORT SLUD 4939 CROSS BAYOU 3200 NEW PORT RICHEY, 74 34652 DEP/DOH USE ONLY Satisfactory Incomplete Collection Information Repeat Samples Required Replacement Samples Required Date Reviewed by DEP/DOH: DEP/DOH Reviewing Official:

Page 1 of 1

LAB NUMBER: 1110111004

******** 0/01

Ad۱	vanced	CHAIN OF CUSTODY RECORD	
		Laboratories, Inc.	LAB NUMBER: 100 1100
ū	Jacksonville:	6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354	TOO HOL
	Tampa:	9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327	
	Gainesville:	2106 NW 67th Place, Suite 7, Gainesville, FL 32653 • (352) 367-1500 Fax (352) 367-0050	Page

		NW 67th Place, Suite 7, 6 North Lake Blvd., Suite					1597					Page _	of	
CLIENT NAME:			PROJECT NAM	E: ,			· · · · · · · · · · · · · · · · · · ·	BOTTLE SIZE & TYPE			-			
New Por PHONE: CONTACT:	WATER (39 CROSS TRAING, FA 777 MEC		PROJECT LOCAL SAMPLED BY:	ATION:	ONDETT.			ARNEAQLUYISRISD	- 7.					L A B N U M B
TURN AROUNE STANDARD RUSH			CIAL INSTRUCTIO	DNS:					NITATE	MITAITE	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			E R
WW= waste water			DW =drinking water	OIL A=	air SO =:		=sludge	Preserv						
SAMPLE ID	WELL "	1 Por R	Composite	DATE /0/1/16	TIME	D W	NO. CONT.		~	~	,			-01
	WECK #2 WECK #3	P66-	6	11/1/106		DW DW	/		<i>'</i>	~				-67
	WELL &	BO KAW	, TAN G	11/11/16 14/11/06	11:01	DW	,		/	/				-03 -04
			E						-					
= lce H = (HCI)	S = (H_2SO_4) N = Welford Satisfie Kit $\frac{1}{2}$	Codle 7	um Thiosulfate) 1 2 3	Relin	quished by:))	Date	Time	#	/4/	eceived	by:	Date	Time 15:00



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

See page 2 for instructions.

FILE COPY

Daily Fin	ished-Water Produc	ction for the Month/	Year of:			November-06					
		VS) Name: Colonial N									
Public Wa	ter System (PWS) Id Plant I Name	enitication Number 6 Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	
	Colonial Manor	Colonial Manor	Colonial Manor	Colonial Manor							
	Well # 1	Well # 2	Well # 3	Well # 4	Well # 5	er inte	naa aa day				Total
		52.500	93,000	53,500	y Operating Capacit 93,000	y of Each Flant, go	mons per day	T	TO HART TRANSPORT TRANSPORT	50 A C C C C C C C C C C C C C C C C C C	386,000
Day of	93,000	53,500	93,000	Not Ovenity of Fi	nished Water Produc	ed by Each Plant	gallons				Total
Month		95,000	77,000	Net Quanty of Fi	Illistica water froduc	ed by Each Fight,	ganono	T			112,000
		85,000	27,000	-							111,000
2		85,000	26,000					·			120,000
3		82,000	38,000	-						· · · · · · · · · · · · · · · · · · ·	118,000
4		81,000	37,000	-	-			 			118,000
5		81,000	37,000		-			1			105,000
6	-	77,000	28,000	-	-			 			103,000
7	-	76,000	27,000	-	-			 			101,000
8	-	73,000	28,000					ļ			100,000
9	-	73,000	27,000	-							121,000
10	-	88,000	33,000	•							121,000
11	•	88,000	33,000		-			<u> </u>			121,000
12	-	88,000	33,000	_							86,000
13	-	58,000	28,000	-	-						85,000
14	-	57,000	28,000	-	-						107,000
15	-	76,000	31,000	-	-						107,000
16	-	76,000	31,000	-	-						
17	-	68,000	32,000	•	-						100,000
18		67,000	31,000	-	-						98,000
19	-	67,000	31,000	-	-						98,000
20	-	72,000	29,000	•	-						101,000
21	-	72,000	29,000	-	-						101,000
22		49,000	51,000	-	-						100,000
	<u> </u>	49,000	50,000	-							99,000
23		48,000	51,000	-	-						99,000
24		47,000	50,000	-	-						97,000
25		47,000	50,000								97,000
26		70,000	57,000	-	-			1			127,000
27	-	70,000	56,000		_			<u> </u>			126,000
28			40,000		-			<u> </u>			100,000
29	-	60,000	40,000								99,000
30		59,000	40,000	•							
31											3,178,000
Total		and the second of the second o		이 문화하다.							105,933
Avg.		The second of th									127,000
Max.						<u> </u>		<u> All Statist All tex Sullin</u>		.e	



See page 4 for instructions.

Т	General Information	for the Month/Year of: NOVEMBER 2006								
	Public Water System (
		IAL MANOR WATER SYSTEM				PWS Identification Nu	mber: 651-0355			
		Community Non-Transient Non-Community	Transient	Non-Community	ПС	onsecutive	imper: 031-0333			
		onnections at End of Month: 750+/-	T tallotte	Total Population	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
	PWS Owner: Colonia			Total Topalación del rea at Ena di Monal, 2000 //						
	Contact Person: MEI	The second of th		Contact Person's	Title: FL	OPERATIONS SERVICE	CES MANAGER			
		ing Address: P.O. Box 398		City: New Port R		State: FL	Zip Code: 34652			
		phone Number: 727-848-8292		Contact Person's						
		ail Address: mrotteveel@uswatercorp.com		1 0011140110110110110110110110110110110110	· un · · · · · · · · · · · · · · · · · ·	X. 121 010 1101				
B.	Water Treatment Plant									
	Plant Name: COLONI	AL MANOR WATER SYSTEM & I	V			Plant Telephone Numb	per: 727-848-8292			
	Plant Address: Connor	n Drive		City: New Port R	ichey	State: FLORIDA	Zip Code: 34652			
	Type of Water Treated	d by Plant: ✓ Raw Ground Purc	hased Finished \							
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 79	0,000							
		bsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D						
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked				
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per week				
	Other Operators:	Travis Pender	С	13956						
	отте органия	Ralph Amiott	С	8140						
		Sharon Maluk	С	13268		THE PARTY NAMED IN COLUMN TO THE PARTY NAMED				
		Thomas Willard	В	10116						
		Nehemiah Hollis	В	13374						
		Willis Gainey	C	13083						
- 1		John Bowers	С	13625						
		Angel Caraballo	C	13383						
-		Lawrence Russo	С	12592						
		Vasco Thompson	С	13914						
		Raymond Layne	С	7893						
		Chris Silva	C	13576						
		Mark Havens	С	13858						
		Darrell Tellfair	C	13364						
		Les Bolling	С	6477						
		Gary Heins	С	8521						
		Janet Shirley	Α	6333						

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

	12/1/06	KENNETH MARTIN	B - 13237
Signature and Date	J	Printed or Typed Name	License Number

Maximum

		Month/Year		1.4	November-		Zena Chlasian		Chlorine D	Vioveda		Ozone	Combined	Chloring
Means of A Ultraviolet		r-Log Virus	Inactivation/Re	moval: * Other (Des	cribe):	X I	ree Chlorine		Chlorine L	noxide		Uzone	Combined	Cmorine
Mraviolet	Kadiation			Other (Des	crioe).									Chlori
ype of Dis	infectant Re	idual Mainta	uned in Distribi	ation System			X Free Ch	lorine		Combine	d Chlorine (Chloramines)	Tessessassassassassassassassassassassassa	Dioxid
		: (848)				CT Calandadana na 110	Dose, in Demonstrate Four-Lo	. Viol-loss	itation if Available?				aratification	
	Part Laborator					CT Calcul		g vitus niece	transac o Applicable	10.144		UV Dose	Lover Registed Paintening Crossings of Registed Paintening in Outsides System and	
					4.00					1.7.1222	V.,			
	Days Plant						TO THE STATE OF TH							Operating Conditions
	Staffed or Visited by				Lowest Residual Distallectant		Lowest CT Provided Before or at Pirst Gustomer During Peak			Minimum CT	Lowest Operating UV		2,496,4,3043,44	Enjergency or Abnorm Containing Conditions Repair of Maintenanc Work that Involves Tak
Day of the	Operator	Hours Plant in	Net Quantity of Finished Water		Concentration (C) Before or all First Customer During Peak		Flow,	Temp. of		Required,"	Dose, mW	Minimum UV Dose Regulred	Concentration at Remote Poli	Water System Compone Out of Operation
Month	(Place "X")	Operation	Produced, gal	Peak Flow Rate, gpd	Flow, mg/L	During Peak Flow, minutes	mg-min/L	Water, *C	pH of Water, if Applicable	Ing-min/L	see/cm ³	mW-sec/cm	in Distribution System in [7]	Out of Operation
- 1	х	24			.50					ļ			1.20	* See Below
2		24												* See Below
3	х	24	-	<u> </u>	.50						L		1.21	* See Below
4		24	-							ļ				* See Below
5		24	-										1.72	* See Below
6	Х	24			.50								1.22	* See Below * See Below
7		24	-										1.19	
8	X	24			.50					ļ			1.19	* See Below
9		24	-										 	* See Below * See Below
10	х	24			.50								1.21	* See Below
11		24											 	* See Below
12		24	-										1.22	* See Below
13	X	24			.50								1.22	* See Below
14		24	-										1.23	* See Below
15	X	24			.50								1.22	* See Below
16		24											1.20	* See Below
17	х	24			.50					 			1.20	* See Below
- 18		24												* See Below
19		24								 			1.22	* See Below
20	X	24	-		.50								1.22	* See Below
21		24											1.21	* See Below
22	<u>x</u>	24			.50								1.21	* See Below
23		24	-										1.22	* See Below
24	х	24		1-1-	.50					 			1.22	* See Below
25		24												* See Below
26		24			.50					 			1.23	* See Below
27	X	24			.30					 			1.62	* See Below
28		24			.50					 			1.22	* See Below
29	X	24			.30					 			1.22	* See Below
30		24												* See Below
31	A1177-A1178-A1178			* W-II Towns - Ve	Out of Sorving		<u></u>			1			1,	
tal		+ 25%		* Well Temporality	y Out of Service									



See page 4 for instructions.

I.	General Information	for the Month/Year of: NOVEMBER 2006									
Α.	Public Water System (I	PWS) Information									
	PWS Name: Colonial					PWS Identification Nu	mber: 651-0355				
	PWS Type: X C	ommunity Non-Transient Non-Community	Transient	Non-Community	☐ Co	nsecutive					
	Number of Service Co	nnections at End of Month: 750+/-		Total Population Served at End of Month: 1,825 +/-							
	PWS Owner: Colonial	Manor Utilities Inc.									
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's Title: FL. OPERATIONS SERVICES MANAGI							
	Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Richey State: FL Zip Code: 34652							
	Contact Person's Telep	phone Number: 727-848-8292		Contact Person's I	ax Numbe	r: 727-848-7701					
	Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com									
B.	Water Treatment Plant										
	Plant Name: Colonial	Manor Water System & II				Plant Telephone Numb	er: 727-848-8292				
	Plant Address: Cantre			City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652				
	Type of Water Treated	l by Plant: ✓ Raw Ground Purc	chased Finished V	Water							
	Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 7	9,000								
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D							
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked				
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per week					
	Other Operators:	Travis Pender	С	13956							
	этт эртигэт	Ralph Amiott	С	8140							
		Sharon Maluk	С	13268							
		Thomas Willard	В	10116							
		Nehemiah Hollis	В	13374							
		Willis Gainey	С	13083							
		John Bowers	С	13625							
	,	Angel Caraballo	C	13383							
		Lawrence Russo	С	12592							
		Vasco Thompson	С	13914							
		Raymond Layne	С	7893							
		Chris Silva	С	13576							
		Mark Havens	С	13858							
Ī		Darrell Tellfair	С	13364							
		Les Bolling	С	6477							
Ţ		Gary Heins	С	8521							
		Janet Shirley	A	6333							

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

1	217/06	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

Maximum

88,000

eans of A	chieving Fo	Month/Yea ur-Log Virus	Inactivation/Rea	noval *	November-		Free Chlorine		Chlorine D	Dioxide		Ozone	Combined	Chlorine
	Radiation			Other (De	scribe)						~			Chlori
CD	Catu.u.a. D	di.al Ma.a.	ained in Distribu	ition System			X Free Ch	lorine		Combine	ed Chlorine (Chloramines)		Dioxid
pe of Dis	mreciant Re	Sidual Iviaini		mon system										3. 25 alikus ir Viko
TV.							/ Dose, to Demonstrate Four-Lo	g Virus Inact	ivation, if Applicable*		3.5	ar spirite to proceed		
		1				CT Calcu	ations"	11.2 × 11.3 × 11.0 × 11			02.7	UV Dose*		
														Emergency or Abnorm
	Days Plant Stuffed or		1. 2		Lowest Residual Disinfectant		Lowest CT Provided Before or			Minimum	Lowest		10 y 6 y 10 y 20 y	Operating Conditions Repair or Maintenance
	Visited by		Net Quantity of		Concentration (C) Before or at		at First Customer During Peak Flow,			CT	Operating UV Dose, mW	Minimum UV Dose Required,	Lowest Residual Districctarii Concentration at Remote Poin	Work that involves Tak Water System Compone
ary of the Month	Operator (Place *X*)	Hours Plant in Operation	Finished Water Produced, gal	Peak Flow Rate, gpd	First Customer During Peak Flow, mg/L	at C Measurement Point During Peak Flow, minutes	mg-min/L	Temp. of Water, °C	ph of Water, if Applicable	Required, mg-min/L	scc/cm ²	mW-soc/cm ²	in Distribution System, mg/L	Out of Operation
1	X	24	85,000		1.86								1.21	
2		24	85,000											
3	х	24	82,000		1.73								1.22	
4		24	81,000							ļ				
5		24	81,000					L		ļ				
6	X	24	77,000		1.84								1.20	
7		24	76,000					ļ						
8	X	24	73,000		1.90								1.15	
9		24	73,000											
10	X	24	88,000		1.80								1.19	
11		24	88,000		<u> </u>									
12		24	88,000										1.22	
13	X	24	58,000		1.91			<u> </u>	1	-	ļ		1.22	
14		24	57,000		100								1.25	
15	X	24	76,000		1.26			<u> </u>					1.25	
16		24	76,000		105								1.20	
17	X	24	68,000		1.95								1.30	
18		24	67,000 67,000		 									
19		24	72,000		1.86	· · · · · · · · · · · · · · · · · · ·							1.22	
20 21	X	24	72,000		1.60			 					1.22	
22		24	49,000		1.91						<u> </u>		1.28	
23	Х	24	49,000		1.71								1.20	
24	x	24	48,000		1.36					-			1.21	
25	^	24	47,000									ļ		
26		24	47,000		 									
27	x	24	70,000		1.65								1.23	
28		24	70,000		†								· · · · · · · · · · · · · · · · · · ·	
29	x	24	60,000		1.65								1.21	
30		24	59,000											
31					T									
al			2,089,000											
rage			69,633											



See page 4 for instructions.

	Cananal Information	South March North November 2006								
		for the Month/Year of: NOVEMBER 2006			·					
Α.	Public Water System (Thursday 15				
	PWS Name: Colonial		<u> </u>			PWS Identification Nur	mber: 651-0355			
		Community Non-Transient Non-Community onnections at End of Month: 750+/-	Transient	Non-Community		nsecutive				
		The state of the s		Total Population	served at E	nd of Month: 2500+/-				
	PWS Owner: Colonial Manor Utilities Contact Person: MELISA ROTTEVEEL Contact Person's Title: FL. OPERATIONS SERVICES MANAGER									
Contact Person's Mailing Address: P.O. Box 398 City: New Port Richey State: FL Zip Code: 34652 Contact Person's Telephone Number: 727-848-8292 Contact Person's Fax Number: 727-848-7701										
				Contact Person's F	ax Number	r: 727-848-7701				
_		ail Address: mrotteveel@uswatercorp.com								
В.	Water Treatment Plant					Y				
	Plant Name: Colonial Manor Water System & III Plant Telephone Number: 727-848-8292 Plant Address: Hendrix Street City: New Port Richey State: FLORIDA Zin Code: 34652									
			1 15' 11 11	City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652			
	Type of Water Treated		chased Finished	Water						
		Day Operating Capacity of Plant, gallons per day: 93	8,000							
		bsection 62-699.310(4), F.A.C.): IV	Tvi		bsection 62		D			
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s)				
	Lead/Chief Operator:	The state of the s	В	13237		3 times per week				
	Other Operators:	Travis Pender	С	13956						
		Ralph Amiott	С	8140						
		Sharon Maluk	С	13268		M				
		Thomas Willard	В	10116						
		Nehemiah Hollis	В	13374						
		Willis Gainey	С	13083		The state of the s				
		John Bowers	С	13625						
ı		Angel Caraballo	С	13383						
		Lawrence Russo	С	12592						
		Vasco Thompson	С	13914						
		Raymond Layne	C	7893						
		Chris Silva	C	13576						
		Mark Havens	С	13858						
-		Darrell Tellfair	C	13364						
		Les Bolling	C	6477						
-		Gary Heins	С	8521						
Ĺ		Janet Shirley	A	6333						

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d= 12	17	106	KENNETH MARTIN	B - 13237
Signature and Date	7,		Printed or Typed Name	License Number

Average

Maximum

36,300 57,000

II. Daily l	Data for the	Month/Year	of:		November-		Free Chlorine		Chlorine D	ioxide		Ozone	Combined (Thlorine
		ir-Log Virus	Inactivation/Ren	noval * Other (Des	cribe):		Tree Emornie							Chlor
	Radiation						V F			Combine	d Chloring (Chloramines)		Dioxi
pe of Dis	anfectant Res	sidual Mainta	ined in Distribu	tion System		en en en en en en en en en en en en en e	X Free Ch	lorine	Same Education Control			3 447 450	Section 2 Comments of the Comm	M. Burt
	30.202		TANKE THE											
						CT Calculations or U	/ Doss, to Demonstrate Four-Lo	g Vinus Inact	ivation, if Applicable*	3440				35.02
					16 17 20 24 4 2 E 1 1 1 2 E	CT Calcu	lations	10.404.01		a Shireday	41744	UV Dose	144.00	
	Days Plant				100000000000000000000000000000000000000		Configuration Configuration	A TRUE		Specific .			free services	Energency or Abno
	Staffed or						Lowest CT Provided Bifore of at First Customer During Peak	le si vi		Minimum	Lowest			Repair or Mairtient
	Visited by Operator	22475	Ne Chantle of		Lowest Residuel Disinfectant Concentration (C) Before of al	Disinfectani Contact Time (T	Flow,			CT	Operating UV	Minimum ITV Door Required	Howel Residus Desir botant	Water System Compo
Day of the		Hours Plant in	Net Quantity of Pinjahed Water Produced, gal		First Customer During Peak Flow, mg/L	at C Measurement Point During Peak Flow, minutes	ng-min/L	Temp of Water, °C	pH of Water, if Applicable	Required, rag-min/L	sewem*	Minimum UV Door Required	for Diatribution System, my be	Out of Operation
Month	(Place 'X')	Operation	Produced, gal	Peak Flow Rate, gpd	1.88	- Chaing Leas Cook transfer	1000						1.20	
T	X	24	27,000		1,00									
2		24	26,000		1.81								1.23	
3	X	24	38,000		1.01									
4		24	37,000											
5		24	37,000		1.80					T			1.20	
6	X	24	28,000		1.60									
7		24	27,000		1.88					1			1.22	
8	X	24	28,000		1.00					1				
9		24	27,000		1.91								1.23	
10	X	24	33,000		1.71									
11		24	33,000 33,000											
12	 	24	28,000		1.87								1.20	
13	<u> </u>	24	28,000		107									
14		24			1.81			· · · · · ·					1.23	
15.	X	24	31,000		1.01									
16		24	31,000		1.95								1.29	
17	X	24	32,000		1.73									
18		24	31,000					·		T				
19	4	24	31,000		1.85								1.20	
20	x	24	29,000 29,000		1.65		1	1						
21		24	51,000		1.77		——						1,18	
22	<u> </u>	24	50,000		1.77									
23	 		51,000		1.86								1.20	
24	X	24	50,000		1.00									
25	<u> </u>		50,000				1	T						
26	 	24	57,000		1.90							1	1.22	
27	<u> </u>	24	56,000		1.70									
28			40,000		1.99			1					1.27	
29	X	24	40,000		1.27		1							
30		24	40,000				I	1						
31	1		1,000,000			1	1		4					
otal			1,089,000											



See page 4 for instructions.

						P-9-1-18799					
		for the Month/Year of: NOVEMBER 2006									
Α.	Public Water System (· ····								
	PWS Name: Colonial					PWS Identification Nu	ımber: 651-0355				
		Community Non-Transient Non-Community	Transient	Non-Community		onsecutive					
		onnections at End of Month: 750+/-		Total Population S	Served at E	End of Month: 2500+/-					
	PWS Owner: Colonia										
	Contact Person: MEI	LISA ROTTEVEEL		Contact Person's Title: FL. OPERATIONS SERVICES MANAGER							
		ing Address: P.O. Box 398		City: New Port Ri-		State: FL	Zip Code: 34652				
		phone Number: 727-848-8292		Contact Person's F	ax Numbe	er: 727-848-7701					
		ail Address: mrotteveel@uswatercorp.com	T-10-10-10-10-10-10-10-10-10-10-10-10-10-								
В.	Water Treatment Plant		····								
	Plant Name: Colonial Manor Water System & IV Plant Telephone Number: 727-848-8292										
	Plant Address: Linkwo	······································		City: New Port Ri	chey	State: FLORIDA	Zip Code: 34652				
	Type of Water Treated		hased Finished \	Water							
		Day Operating Capacity of Plant, gallons per day: 79	9,000								
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 6	52-699.310(4), F.A.C.):	D				
	Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked						
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per week					
	Other Operators:	Travis Pender	C	13956							
	- · · · · · · · · · · · · · · · · · · ·	Ralph Amiott	С	8140							
- 1		Sharon Maluk	С	13268							
		Thomas Willard	В	10116							
		Nehemiah Hollis	В	13374							
		Willis Gainey	С	13083							
		John Bowers	С	13625							
		Angel Caraballo	С	13383							
		Lawrence Russo	С	12592							
		Vasco Thompson	С	13914							
		Raymond Layne	С	7893							
		Chris Silva	С	13576							
		Mark Havens	С	13858							
		Darrell Tellfair	С	13364							
		Les Bolling	С	6477							
		Gary Heins	С	8521							
		Janet Shirley	A	6333							

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

1217/06	KENNETH MARTIN	B - 13237
Signature and Date	Printed or Typed Name	License Number

PWS Identification Number 651-0355 Plant Name: COLONIAL MANOR W4

Average Maximum

deans of A	chieving Fou	Month/Yea ar-Log Virus	Inactivation/Re	emoval·*	November-		Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
Ultraviolet				Other (De	scribe):									Chlorin
vne of Dis	infectant Res	sidual Maint	ained in Distrib	ution System			X Free Ch	orine		Combine	ed Chlorine (Chloramines)		Dioxide
	2100, 37	1000				CT Calculations, or U	(Dose, la Demonstrate Four-Loj	Virus Inact	ilvalor, if Applicable!				Part Street Street	Dioxide
		100	N. C. C.	The section of the section of		CT Calgu	alions					UV Dose		
Duy of the	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before on at Pirst Customer During Peak Flow, ing/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, migutes	Lowest CT Provided Before or at First Customer During Peak Flow, ng-nat/U	Temp, of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW- seo/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Loyes Residual Dikinfotant Contentration at Rumole Pour in Distribution System, mg/L	Emergency or Abnorms Operating Cooditions; Reput or Maintenance Work that toyolves Taki, Water System Componer Out of Operation
1	X	24	-	, , , , , , , , , , , , , , , , , , , ,	.50								1.19	* See Below
2		24	-											* See Below
3	X	24	-		.50					ļ			1.20	* See Below
4		24	-							ļ				* See Below
5		24	-						ļ					* See Below
6	X	24			.50				ļ				1.21	* See Below * See Below
7		24	-			<u> </u>				ļ		<u> </u>	1.20	* See Below
8	X	24			.50				A	 		<u> </u>	1.20	* See Below
9		24	-						 				1.21	* See Below
10	X	24	ļ		.50								1.21	* See Below
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29		24	-	·		· · · · · · · · · · · · · · · · · · ·								* See Below
30		24	-											* See Below
31										l				L



See page 4 for instructions.

I. General Information	for the Month/Year of: NOVEMBER 2006	,								
A. Public Water System (PWS) Information	*****								
PWS Name: Colonial				A	PWS Identification Nu	ımber: 651-0355				
	Community Non-Transient Non-Community	Transient 1	Non-Community	Со	nsecutive					
	onnections at End of Month: 750+/-		Total Population Served at End of Month: 2500+/-							
PWS Owner: Colonia										
Contact Person: MELISA ROTTEVEEL Contact Person's Title: FL. OPERATIONS SERVICES MANAGER										
	ing Address: P.O. Box 398		City: New Port Rie	chey	State: FL	Zip Code: 34652				
	phone Number: 727-848-8292		Contact Person's F	ax Number	r: 727-848-7701					
	ail Address: mrotteveel@uswatercorp.com		<u> </u>							
B. Water Treatment Plant										
Plant Name: Colonial Manor Water System & V Plant Telephone Number: 727-848-8292										
Plant Address: Valimar Street City: New Port Richey State: FLORIDA Zip Code: 34652										
Type of Water Treated	d by Plant: ✓ Raw Ground ☐ Purc	hased Finished \	Water							
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day: 18	3,000								
Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV			bsection 62	2-699.310(4), F.A.C.):	D				
Licensed Operators	Name	License Class	License Number	er Day(s)/Shift(s) Worked						
Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per week					
Other Operators:	Travis Pender	C	13956							
· ·	Ralph Amiott	С	8140							
	Sharon Maluk	С	13268							
	Thomas Willard	В	10116							
	Nehemiah Hollis	В	13374							
	Willis Gainey	С	13083							
	John Bowers	С	13625							
	Angel Caraballo	С	13383							
	Lawrence Russo	С	12592							
	Vasco Thompson	С	13914							
	Raymond Layne	C	7893							
	Chris Silva	С	13576							
	Mark Havens C 13858									
	Darrell Tellfair	С	13364							
	Les Bolling	С	6477		<u>,,,,</u>					
	Gary Heins	С	8521							
	Janet Shirley	A	6333							

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121	7/0/2	KENNETH MARTIN	B - 13237
Signature and Date		Printed or Typed Name	License Number

Maximum

III. Daily	Data for the	Month/Yea	r of:		November									7
Means of A	chieving Fo	ar-Log Virus	Inactivation/Re	emoval * Other (De	nariba):	X	Free Chlorine		Chlorine I	Dioxide		Ozone	Combine	d Chlorine
Ultraviolet	Radiation			Oiner (De	scribe).									Chloria
Type of Dis	infectant Re	sidual Maint	ained in Distrib	ution System.		PACAMETER (V. T. SERVER (V.	X Free Ch	lorine	D. Sel Vice Samuelin Kanada Sela	Combin	d Chlorine (Chloramines)		Dioxide
						CT Calculations, or U	V.Dose, to Demonstrate Four-Li	g Vijus kard	ivatou, if Applicable*		ar ni.			
		100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 1 mg 1 mg 1 mg 1 mg 1 mg 100 m			100000000000000000000000000000000000000	CT Calou	littions				Zepholik	UV Does le 2		
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Weter Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectari Concentration (C) Before or a First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T	Lowes; CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minumum CT Required; mg-min/L	Lewest Operating UV Dose mW- seo/cm ²	Chloramines) (IV) Dogs (V) Minimum IV) Dogs Required mW-southir	Lovek Residual Dismocta Lovek Residual Dismocta Concentiality as Ramble For In Diantsulion System mg/	Derating Conditions Repair of Mattlemane L. Work that approve Take to where Spatem Compone Dut of Operation
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וואמואכ	NG WATER BAGTERIOLOGICAL SAMPLE C AND LABORATORY REPORTING FORMAT	ION	Fo	r Lab	Use Only	,					
	Advanced			The	e lab pe	erforming th	is analysi	s is checke	d on Me	left.	
	Environmental Laboratories, Inc.								1 :		
	npoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E8/ ess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E8458						i	1100 1	161x	,	
2106 NW 6	7th Place, Ste. 7 • Gainesville, FL 32606 • 352.367.1500 • Fax 352.367.0050 •	E82620		Lab	Receip	pt Date & T	ime:	11-6-	1 19/04	1460	
⊃ 528 S. Nort	th Lake Blvd. Ste. 1016 • Altargonie Springs, FL 32701 • 407.937.1594 • Fax 4	107.937.1597	E53076	1	Analysis Date & Time: Sample Acceptance Criteria:						
Report Nu Analysis	mber: Sub-Contract Lab ID: Requested: (please check all that apply)			Sample Preservation On Ice Not On Ice							
🔂 Standa	rd Coliform Test			Disinfectant Check							
☐ HPC ☐ Other:				I nis	sample	ages not me	eet the folio	wing NELAC	requirem	ents:	
System I	Name: <u>Colonial</u> Word		PWS I.D. 6 5 1 0 3 3 5								
System Ad	ddress: Wood Is				City:	1901	6 Das				
System or	Owner's Phone #:		Fa	x #:		• `)			
Collecto	oddress: Wood II Owner's Phone #: T: VEN WSAIN		Co	llector's	Phone	#	1-7-17	0140			
Type of	Supply: (check only one)										
Private		□Во	ottled Wa	ater		nity Water S					
	for Sampling: (check only one) 🗓 Routine Compliance	e 🗌 Repe	eat []	Replace	ment	☐ Main C	learance	☐ Well St	ırvey [Other	
Sample	Collection Date: 11/8/05										
	La to completed by cultivating exting							- 6000 phylisti			
Sample	Sample Point	Collection	Samala	Disinfect			Total Coliform Analysis Method: 5M9722				
Number	(Location or Specific Address)	Time	Type ¹	Res'd (mg/L)	рН	Non	Total	Fecal or	Data	Lab Sample	
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commun	e of disinfectant residuals for routine and repeat samples. (pity and nontransient noncommunity systems serving populations up not include raw or plant samples in the average.)			1.11	All te			ministrative Co córdance with		2-160, Table 1 standards.	
Disinfe	ctant Residual Analysis Method: ØDPD Colorimetric Oth	ner:		Date P	J WS noti	fied by lab of	nositive re	sults:			
	performing analysis is: MA certified operator (# 61323)	red by a cert	tified lab					sults:			
		red by DEP	or DOH			× 0	~?	0			
			Lat	Signat	ure: 🗲	25	824	Á			
Na	me and Mailing Address of Person to Receive F	•	Titl	e:				<i></i>			
	U.S. Water Services Corpora] Satisf					/DOH U	SE ONLY			
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1	New Port Richey, Florida 34	Repeat Samples Required Replacement Samples Required									
1	Phone (727) 848-8292		11	•		•	•				
1	•		te Reviewed by DEP/DOH: EP/DOH Reviewing Official:								

Page 1 of 1



Treatment Plant Name. Colonial Mond System PWS Id Number:

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Treatment Plant Name Lalons N Work

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Well & Hexdrx System PWS Id Number:

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Trealment Plant Name Colonal Mank
Well # -1 L. N. Wow

Nov.ol MONTH / YEAR:

System PWS Id Number:

r	7		MIC COOK		79.9	v S Ia Numbe						
Day			CLI	C'L2		Air/			-			
of the	Meter	Gallons	Residual	Residual		Water	Time in / Time Out	Sampling				
Moren	Reading	Pumped	ία; plant	tā; remote tap		Ratio	License Number / Initials	Performed			Remarks	•
1	8068\$	Ø	100	1.15	50	50	g - 01712		1876			SEQUEE
2	6	0							1	11 0 0	100	TORC
3	20684	Ø	9	1.20	67	20/10	(B1323)		-			
4		Ø					1 2 0, 3)		-			
5		674										
6	80684	9	1.19	121	5-76	1781	A					
	9-1001	1/2/	710	1.2-1	105	1/01	N BISLEY					
7	Dn (97)	- 				1				- 1		
8	60(8c)		.50	1.20	10	20/20	N B137-17	TOS 504 (), Bod		T		
9		9						1 2 7 64 000		_/_	_/_	
10	(28708	\ ()	· []	1.21	50	20/21	KmB1333					-/'
11	· 	0					243133			-+-	/	
12		1)				 			-4	_1	-	J
13	80689	0	IV	1.20	tu	Schitl	V 40 1 . 27 1				↓	
14	4.647	6		1.00		3900	RW D1323)					
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1 1	10007	2	10	1,2)	40	0/10	Kn B13237					
16	A = C = C		:									
	30634)	Ø	10	1.72	70	8	B13237				 	
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20	20684)	Y .	,50	1.70	50	1/80	£13237					
21		Ø				7.7	12 (300)					
22	30684)	Ø	.50	1.21	77	10/00	1 11120					
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24	80684	7	. 126	1 2 2	44	10/	6 0 0 1 2					
25	- 0 1) 1	Ø	170	1.32	50	10/50	M B1023)					
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27	89681)	10	07.	1.24	03	10/90	1cm \$1323)				 	
28		Ø					, , , , , , , , , , , , , , , , , , , ,		-+	-l		
29	80684	Ø		Ţ.					-V	_1_	 	
30		6							_4_		1_	
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31			. 50	19-7	29	19/50	J- B13257		}	7		
124	80684	000							7			<u>·</u> _



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

MULTIPLE TREATMENT PLANTS

FILE COPY

See page 2 for instructions.

aily Fir	iished-Water Produ	ction for the Month/	Year of:			December-06						
ımımun	ity Water System (CV	VS) Name: Colonial N	Manor					<u> </u>				
blic W	ater System (PWS) Id	lenitication Number: 6	5510355	n a st	biasi e Marcas	: Plant 6 Name	Plant 7	Mame	Plant & Name	Plant 9 Name	Plant 10 Name	Patrick Control
	Plant I Name				l		Titerior	1 Carro		Butter 1985		
	Colonial Manor	Colonial Manor	Colonial Manor	Colonial Manor						1		
	Well # 1	Well # 2	Well # 3	Well # 4	Well # 5		Street assets	772 X X X X X X X X X X X X X X X X X X		An Ann		Total
			Per Per	mitted Maximum D	y Operating Capac	ly of Each Plant, gall	ons per c	ay		T	(1) 12 12 12 12 12 12 12 12 12 12 12 12 12	386,000
Day of	93,000	53,500	93,000	l 53.500	1 93 000	1 1		}	1	1		500,000
Month					nished Water Produ	iced by Each Plant, ga	allons		(4)491 - 655 - 557 (6)390s 	y na sana an an an an an an an an an an an an		100,000
ı	-	46,000	54,000							-	 	100,000
2	-	46,000	54,000		-						 	104,000
3.	-	48,000	56,000			-					 	115,000
4	-	60,000	55,000									113,000
5	-	59,000	54,000	-						 		95,000
6	-	55,000	40,000		-							94,000
7	-	55,000	39,000		<u> </u>	 					+	107,000
8	-	48,000	59,000	-	-	 						107,000
9	-	48,000	59,000									107,000
10	-	48,000	59,000	-						 	 	124,000
11	-	65,000	59,000	-		ļ -				 		123,000
12	-	65,000	58,000	-	-							91,000
13	-	48,000	43,000									90,000
. 1.4	-	47,000	43,000	-								97,000
15	-	40,000	57,000							 		97,000
.16		40,000	57,000			ļ			ļ <u>-</u>	 	 	100,000
.17	-	41,000	59,000	-	-	-						106,000
18	-	54,000		-	-							105,000
19	-	54,000		-								119,000
20	-	56,000	63,000		-					 		118,000
2.1	-	55,000		-						<u> </u>		83,000
22	-	31,000				<u> </u>				 	 	83,000
23	-	31,000		-	-	 _ _ _ 				 	<u> </u>	101,000
24	-	44,000		-	-	1				-	 	101,000
25	-	44,000	58,000	-	-					-	 	93,000
26	_	44,000		-						 		92,000
27		44,000	48,000		-					 	<u> </u>	103,000
28	-	39,000		-	-					 		103,000
29	-	39,000		-						 	 	105,000
30	-	40,000	65,000	-						 		92,000
31	-	47,000	45,000	-					Name to the second second second	nie state de la companie de la companie de la companie de la companie de la companie de la companie de la comp		3,169,000
otal					16年5月20日第							102,226
vg.				THE RESERVE OF THE PARTY OF THE				7 24 W				124,000
ſax,							25/65/7/*			a tare divinit		124,000



See page 4 for instructions.

П	General Information	for the Month/Year of: DECEMBER 2006				The state of the s							
	Public Water System (
		IAL MANOR WATER SYSTEM				PWS Identification Nu	ımber: 651-0355						
		Community Non-Transient Non-Community	Transient	Non-Community	ПСо	nsecutive							
		onnections at End of Month: 750+/-		Total Population Se		nd of Month: 2500+/-							
		WS Owner: Colonial Manor Utilities Inc.											
	Contact Person: Melisa Rotteveel Contact Person's Title: Fl. Operations Services Manager												
	Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Rich		State: FL	Zip Code: 34652						
	Contact Person's Telep	ohone Number: 727-848-8292		Contact Person's Fa	x Number	r: 727-848-7701							
		ail Address: mrotteveel@uswatercorp.com											
В.	Water Treatment Plant												
		AL MANOR WATER SYSTEM & I				Plant Telephone Numb							
	Plant Address: Connor			City: New Port Rich	ney	State: Florida	Zip Code: 34652						
	Type of Water Treated		urchased Finished \	Water		***************************************							
		Day Operating Capacity of Plant, gallons per day	: 79,000				***************************************						
		bsection 62-699.310(4), F.A.C.): IV			section 62	- 0 / / 10 / 0 (1 /); 1 / 1 / 1 / 1 / 1 / 1	D						
ļ	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(<u> </u>						
	Lead/Chief Operator:		В	13237		3 times pe	r week						
	Other Operators:	Travis Pender	С	13956			·						
	•	Ralph Amiott	C	8140			······································						
		Larry Jenkins	С	12036									
-		Willis Gainey	С	13083			Annual Control of the						
		John Bowers	С	13625									
ļ		Angel Caraballo	C	13383									
ļ		Lawrence Russo	С	12592									
		Vasco Thompson	С	13914									
-		Raymond Layne	C	7893									
		William Cooper	C	12884									
		Mark Havens	С	13858									
	.,	Howard Aldrich	C	6368		······································							
		Les Bolling	C	6477									
		Gary Heins	С	8521									
L		Janet Shirley	A	6333									
							· · · · · · · · · · · · · · · · · · ·						

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

owner can retain them, together with copies of this report, as a series	•	
1/2/6(KENNETH MARTIN	B - 13237
Signature and Date	Printed or Typed Name	License Number

L _P	PWS Identification Number: 651-0355 Plant Name: COLONIAL MANOR WATER SYSTEM
	IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *
	. Is any polymer containing the monomer <u>acrylamide</u> used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:
	Polymer Dose, ppm = Acrylamide Level, % [†] =
В.	Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? 🔍 No 🔲 Yes, and the polymer dose and the epichlorohydrin level in the
	polymer are as follows:
	Polymer Dose, ppm = Epichlorohydrin Level, % [†] =
C.	Is any iron or manganese sequestrant used at the water treatment plant? K No Ves, and the type of sequestrant, sequestrant dose, etc., are as follows:
	Type of Sequestrant (polyphosphate or sodium silicate):
	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =
	Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and managenese sequestrant

HI. Daily I	Data for the	Month/Year	rof: Inactivation/Re	emoval *	December-		Free Chlorine		Chlorine D	ioxide		Ozone	Combined	Chlorine
Ultraviolet	Radiation	r-Log virus		Other (Des	icribe)									Chlorine
Type of Dis	infectant Re	idual Maint	amed in Distrib	ution System			X Free Ch	lorine				Chloramines)		Dioxide
						CT Calculations or 113	/ Disse, la Demonstrate Four-Lo	g Virus Inact	vaton, (l'Applicable)			CIV Dose		
Duy of ibo Moiuh	Days Plant Staffed or Visitiful by Operator (Place XX*)		: Hel Cuentily of Spiritual Water Produced gal	Peak Flow Rate, gpd	Lover Resignal Disastriani Orikentalion (C) Pefore or at First Clatoner During Peak Flow, mg/L					Minimum CT Required, mg-min/L	Lówest Operating UV Dose, rhW- sec/on*		Loven Reiduul Diameeina Concentration & Reinble Poir In Distriction System, my/I	Operating Conditions Repair or Maintenance
1	X	24			.10								1.22	* See Below
2		24	-						<u> </u>				ļ	* See Below
3		24	-									ļ		* See Below
4	х	24			.50					<u></u>			1.15	* See Below
5		24											1.17	* See Below * See Below
6	x	24	-		.50								1.17	* See Below
7		24			.50					 		 	1.21	* See Below
8	×	24			. 00.		<u> </u>						1	* See Below
9		24												* See Below
10	x	24			.50								1.23	* See Below
12		24												* See Below
13	x	24	-		.50								1.21	* See Below
14		24												* See Below
15	Х	24			50								1.23	* See Below
16.		24												* See Below * See Below
17		24					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						1.17	* See Below
18	x	24			.50								1.17	* See Below
19		24			.50							 	1.21	* See Below
20	X	24			0د.									* See Below
21		24			.50								1.16	* See Below
22	X	24												* See Below
23	X	24			.50								1.11	* See Below
25		24												* See Below
26	x	24			.50								1.09	* See Below
27		24	-											* See Below
28	x	24			.10								1.10	* See Below
29		24											1.07	* See Below * See Below
30	х	24			.52								1.07	* See Below
31		24			L		<u> </u>	L		l	L	1	<u> </u>	J See Delow
Total				* Well Temporalit	y Out of Service									
Average	and the second													
Maximun	1			1										



See page 4 for instructions.

T. C. LT. C	C AL M. ALGY C DECEMBER 2006			=								
	for the Month/Year of: DECEMBER 2006											
N. Public Water System (T 211 (2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1							
PWS Name: Colonial		7D	N. 0 ':		PWS Identification N	umber: 651-0355						
	Community Non-Transient Non-Community	I ransient	nt Non-Community Consecutive									
	onnections at End of Month: 750+/-		Total Population S	served at E	nd of Month: 1,825 +/-							
	Owner: Colonial Manor Utilities Inc.											
Contact Person: Mel			Contact Person's 1	itle: Fl. C	Operations Services Ma							
	ing Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652						
	phone Number: 727-848-8292		Contact Person's F	ax Numbe	r: 727-848-7701							
	ail Address: mrotteveel@uswatercorp.com											
Water Treatment Plant		· · · · · · · · · · · · · · · · · · ·										
	Manor Water System & II		C. N. B. D.		Plant Telephone Num							
Plant Address: Cantre		1 15: : 1 11	City: New Port Ric	chey	State: Florida	Zip Code: 34652						
Type of Water Treated	a cy riant. Run Ground rure	hased Finished \	Water									
	Day Operating Capacity of Plant, gallons per day: 79	9,000	T									
	bsection 62-699.310(4), F.A.C.): IV	T		bsection 6.	2-699.310(4), F.A.C.):	· · · · · · · · · · · · · · · · · · ·						
Licensed Operators	Name	License Class	License Number		Day(s)/Shift((s) Worked						
Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times pe	er week						
Other Operators:	Travis Pender	С	13956									
•	Ralph Amiott	С	8140									
	Larry Jenkins	C	12036									
	Willis Gainey	C	13083									
	John Bowers	С	13625									
	Angel Caraballo	С	13383									
	Lawrence Russo	С	12592									
	Vasco Thompson	С	13914									
	Raymond Layne	С	7893									
	William Cooper	C	12884									
	Mark Havens	С	13858									
	Howard Aldrich	С	6368									
	Les Bolling	С	6477									
	Gary Heins	С	8521									
	Janet Shirley	А	6333									

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

1] 3	106	KENNETH MARTIN	B - 13237
Signature and Date	J /		Printed or Typed Name	License Number

PWS Identification Number: 651-0355	Plant Name: Colonial Manor Water System						
	, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *						
A. Is any polymer containing the monomer acrylamide used at the water treatment plant? K No Yes, and the polymer dose and the acrylamide level in the polymer are as							
follows:							
Polymer Dose, ppm =	Acrylamide Level, % [†] =						
B. Is any polymer containing the monomer epichlorohydrin us	sed at the water treatment plant? 🔲 No 🔲 Yes, and the polymer dose and the epichlorohydrin level in the						
polymer are as follows:							
Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =						
C. Is any iron or manganese sequestrant used at the water trea	atment plant? 🛮 No 🔲 Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:						
Type of Sequestrant (polyphosphate or sodium silicate):							
Sequestrant Dose, mg/L of phosphate as PO4 or mg/L of si	ilicate as SiO ₂ =						
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =							

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

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

Average Maximum 47,774 65,000

III. Daily Means of A	Data for the	Month/Yea	r of: Inactivation/Re	moval *	December-		Free Chlorine		Chlorine I	ioxide		Ozone	Combined (Chlorine
	Kadiation			Other (Des	cribe):									Chlorin
Evne of Dr	sinfectant Res	sidual Maint	amed in Distrib	ution System			X Free Ch	orine		Combine	d Chlorine (Chloramines)		Dioxide
					66-days 124 Capting Designably Cognitive Collators at a principle of Dates at a principle of	CT Calculations, or UV	Dose, to Demonatrate Folis-Lo	Virus Inact	rvation, (CApplication)					
	Daya Diana				6, 40 pr	GT Caleul Fig. 3. 4 a. q. c K ^t illia i b.	Hone (Constraints of the Constraints o			UV_LIOSE_1		Spergetry if Almorn Operating Coddition: Repair or Maintenance Work that, hearies Taki
Day of the	TRUMES of Visited 8 Operator	Hours Plant in	Ne Cuanty I	Peak Flow Kais, and	Erwest Residual Dissilación Collimination (C) Before in at Fifth Customer During Peak Flow may	Disinfectant Contact Tins (T) at C Measurement Point Disting Peak Plow, minutes	Lowest CT Provided Before or at First Customer During Peak Elow mg-min/L	Terap. of Water, *C	pH of Water, if Applicable	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, in W- sec/cm	Minimum UV Disse Raquired, in W-sec/cm ²	Losest Rasidia (Diffu) edital Concentration a Ramore Polic In Distribution System, angli	Repair of Maintenants Work that involves Taki Water System Componer Out of Operation
1	X	24	46,000		1.76								1.23	
2		24	46,000							ļ				
3	1	24	48,000							ļ			ļ	
4	х	24	60,000		1.64					ļ			1,15	
5		24	59,000			***************************************							1,10	
6	х	24	55,000		1.69					 			1.10	
7		24	55,000		1.77								1.20	WF
8	<u>x</u>	24	48,000		1.77					 			1.20	
9		24	48,000							 				
10		24	48,000		1.80					 			1.23	
11	<u> </u>	24	65,000		1.80									
12		24	65,000 48,000		1.75					 -			1,18	
13	X	24	47,000		1.73									
14		24	40,000		1.51					1			1.19	
15 16	X	24	40,000							1				
17	 	24	41,000											
18	×	24	54,000		141								1.15	
19		24	54,000											
20	x	24	56,000		1.50								1.20	
21	1	24	55,000											
22	х	24	31,000		1.62								1.18	
23		24	31,000										1.11	
24	х	24	44,000		1.49			_					1.11	
25		24	44,000							ļ	ļ	 	1.07	
26	х	24	44,000		1.35								1.07	
27		24	44,000							 	ļ .		1.10	
28	х	24	39,000		1,47						 		1,10	
29		24	39,000							 	ļ 			
30:::	<u></u> _	24	40,000										1.07	··· - ·· - ··
31	x	24	47,000		1.31				l	L	L	L	1.07	
tal		7.3856	1,481,000											



See page 4 for instructions.

I. General Information	for the Month/Year of: DECEMBER 2006								
A. Public Water System (
PWS Name: Colonial					PWS Identification Nu	ımber: 651-0355			
PWS Type: X C	Community Non-Transient Non-Community	Transient	Non-Community	ПСо	onsecutive				
Number of Service Co	onnections at End of Month: 750+/-		Total Population S		and of Month: 2500+/-				
PWS Owner: Colonia	Manor Utilities								
Contact Person: Mel	Contact Person: Melisa Rotteveel Contact Person's Title: Fl. Operations Services Manager								
Contact Person's Mail	ontact Person's Mailing Address: P.O. Box 398 City: New Port Richey State: FL Zip Code: 34652								
Contact Person's Telep	phone Number: 727-848-8292		Contact Person's I	ax Numbe	r: 727-848-7701				
Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com			· · · · · · · · · · · · · · · · · · ·					
3. Water Treatment Plant	Information								
Plant Name: Colonial	Manor Water System & III				Plant Telephone Numb	per: 727-848-8292			
Plant Address: Hendri			City: New Port Ri	chey	State: Florida	Zip Code: 34652			
Type of Water Treated		hased Finished \	Water			-			
	Day Operating Capacity of Plant, gallons per day: 98	3,000							
Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per su	bsection 6	2-699.310(4), F.A.C.):	D			
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s	s) Worked			
Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times per week				
Other Operators:	Travis Pender	С	13956						
	Ralph Amiott	С	8140						
	Larry Jenkins	С	12036						
	Willis Gainey	C	13083						
	John Bowers	С	13625						
	Angel Caraballo	С	13383						
	Lawrence Russo	С	12592						
	Vasco Thompson	С	13914						
	Raymond Layne	С	7893						
	William Cooper	С	12884						
	Mark Havens	С	13858						
	Howard Aldrich	С	6368						
	Les Bolling	С	6477						
	Gary Heins	С	8521						
	Janet Shirley	ΑΑ	6333						
		<u> </u>			· · · · · · · · · · · · · · · · · · ·				

II. Certification by Lead/Chief Operator

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

Signature and Date

KENNETH MARTIN

Printed or Typed Name

B - 13237

License Number

PWS Identification Number: 651-0355	Plant Name: Colonial Manor Water System
	Control Contro
	mide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *
A. Is any polymer containing the monomer <u>acrylamide</u> u	used at the water treatment plant? 📝 No 🔲 Yes, and the polymer dose and the acrylamide level in the polymer are as
follows:	
Polymer Dose, ppm =	Acrylamide Level, % [†] =
B. Is any polymer containing the monomer epichlorohyc	drin used at the water treatment plant? No Yes, and the polymer dose and the epichlorohydrin level in the
polymer are as follows:	
Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =
C. Is any iron or manganese sequestrant used at the water	er treatment plant? 🛮 No 🔲 Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:
Type of Sequestrant (polyphosphate or sodium silica	te):
Sequestrant Dose, mg/L of phosphate as PO4 or mg/L	of silicate as SiO ₂ =
If sodium silicate is used, the amount of added plus n	naturally occurring silicate, in mg/L as SiO ₂ =
* Cl L L	the mouthly enquetion report for December of each year and only for water treatment plants using polymer containing
* Complete and submit Part IV of this report only with t	the monthly operation report for December of each year and only for water treatment plants using polymer containing

acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

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

	Data for the			moval. •	December-		Fenn Chlorina		Chle-i C	Vianida .		0	Caratteria	Chlesia
Means of A Ultraviolet		IT-LOG VITU	s Inactivation/Re	moval: * Other (Des	scribe).	X	Free Chlorine		Chlorine D	Hoxide		Ozone	Combined	Chlorine
							***************************************							Chlor
	infectant Res	idual Main	tained in Distribi	ition System	20-ts Residual Deiniertal Concentration (C) Blace or as first Customer Diting Past Flow, mg/	Table Comment	X Free Ch	lorine		Combine	d Chlorine	Chloramines)		Dioxio
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			200 - 200 Marie Se S S	and the second second		4.40.5 ₀			AS PENNS				ngananan ya
THE			77.7			CT Calculations or U	Dose, la Demonstrate Four-La	Virus Inact	ivation, if Applicable*		34.0K.35		AVIOLET Read of ID Sentence of Concerning of the Manual Print in Distributions System, may be	
			4		Signatura de la companya de la companya de la companya de la companya de la companya de la companya de la comp	CT Celaju	ajidda:	Nguren.		da esta	Single Loke A	LIV_Dose		
	Dayl Plant						Lowest CT Provided Before or							Emergency or Abhor
	Visited by Operator		1000		Lowest Residual Disinfectant	2007	at First Customer During Peak			Manamun	Lowest	Paragraph of the	and the second second	Repair of Mairienan
Duy of the	57.	Hours Plant la	Net Quantity of Finished Willow		Pirst Customer During Peak	at C Measurement Point		Temp, of		Required,	Dose, mW-	Minimum UV Dose Required	Concentration at Remote Point	Work that Involves Ta Water System Compon
Month	(Place "X")	Operation	Produced, gal	Peak Flow Rate, gpd	Flow, mg/L	During Peak Flow, minutes	mg-mir/L	Water, °C	pH of Water, if Applicable	mg-min/L	sec/cm²	niW-sec/em²	in Distribution System, mg/L	Out of Operation
2	x	24	54,000 54,000		1.91					ļ			1.21	
3		24	56,000					~		-			<u> </u>	
4	x	24	55,000		1.75					 		 	1.15	
5		24	54,000		1.72								1.1.5	
6	х	24	40,000		1.86					<u> </u>		~~~~~	1.21	
7		24	39,000					_						
8	Х	24	59,000		1.91								1.30	
9		24	59,000											
10		24	59,000											···
11	X	24	59,000		1.86							ļ	1.28	
12		24	58,000		1.72								1.20	
. 13	X	24	43,000		1.72								1.30	
14		24	57,000		1.81								1.26	
16	X	24	57,000		1.01								1,20	
17		24	59,000				A							
18	x	24	52,000		1.87								1.19	
19		24	51,000											
20	x	24	63,000		1.90								1.22	
21		24	63,000											
22	x	24	52,000		1.86	<u> </u>							1.19	
23		24	52,000		1 79	···						· · · · · · · · · · · · · · · · · · ·	1.11	
24	<u> </u>	24	57,000 58.000		1.79								1.11	
25		24	49,000		1.65								1.09	
27	x	24	48,000		1.03									
28	x	24	64,000		1.72								1.15	
29		24	64,000											
30		24	65,000											
31	х	24	45,000		1.67								1.09	
otal	4.20°		1,688,000											
verage	A.P. Carlotte	n de la companya de l	54,452											
laximum		7.455	65,000											



See page 4 for instructions.

	General Information	for the Month/Year of: DECEMBER 2006	· · · · · · · · · · · · · · · · · · ·				
Ā.	Public Water System (PWS) Information					
	PWS Name: Colonial	Manor Water System				PWS Identification No	umber: 651-0355
	PWS Type: X C	Community Non-Transient Non-Community	Transient	Non-Community	☐ Co	nsecutive	
	Number of Service Co	onnections at End of Month: 750+/-		Total Population	Served at E	nd of Month: 2500+/-	
	PWS Owner: Colonia	Manor Utilities Inc.					
	Contact Person: Mel	isa Rotteveel		Contact Person's	Γitle: Fl. C	Operations Services Mar	nager
	Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Ri	chey	State: FL	Zip Code: 34652
		ohone Number: 727-848-8292		Contact Person's I	ax Numbe	r: 727-848-7701	
	Contact Person's E-Ma	ail Address: mrotteveel@uswatercorp.com					
B.	Water Treatment Plant	Information					
	Plant Name: Colonial	Manor Water System & IV				Plant Telephone Numl	ber: 727-848-8292
	Plant Address: Linkwo	ood Lane		City: New Port Ri	chey	State: Florida	Zip Code: 34652
	Type of Water Treated	d by Plant: ✓ Raw Ground ☐ Pu	rchased Finished \	Water			
		Day Operating Capacity of Plant, gallons per day:	79,000				
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV			bsection 62	- 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D
	Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked
i	Lead/Chief Operator:	KENNETH MARTIN	В	13237		3 times pe	r week
	Other Operators:	Travis Pender	С	13956			
		Ralph Amiott	С	8140			
		Larry Jenkins	С	12036			
		Willis Gainey	С	13083			
		John Bowers	С	13625			
		Angel Caraballo	С	13383			
		Lawrence Russo	С	12592			
ĺ		Vasco Thompson	С	13914			
ĺ		Raymond Layne	С	7893			
Ī		William Cooper	С	12884			
-		С	13858				
Ì		Howard Aldrich	С	6368			
İ		Les Bolling	С	6477			
		Gary Heins	С	8521			
		Janet Shirley	A	6333			
ı							

II. Certification by Lead/Chief Operator

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

	3/06	KENNETH MARTIN	B - 13237
Signature and Date) -/	Printed or Typed Name	License Number

PWS Identification Number: 651-0355 Plan	nt Name: Colonial Manor Water System						
	er Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *						
	er treatment plant? 🗹 No 🔲 Yes, and the polymer dose and the acrylamide level in the polymer are as						
follows:							
Polymer Dose, ppm =	Acrylamide Level, % [†] =						
B. Is any polymer containing the monomer epichlorohydrin used at the	B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? 🔲 No 🔲 Yes, and the polymer dose and the epichlorohydrin level in the						
polymer are as follows:	'						
Polymer Dose, ppm =	Epichlorohydrin Level, % [†] =						
C. Is any iron or manganese sequestrant used at the water treatment pla	ant? X No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:						
Type of Sequestrant (polyphosphate or sodium silicate):	,						
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =						
If sodium silicate is used, the amount of added plus naturally occur	ring silicate, in mg/L as SiO ₂ =						

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

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

Maximum

h/Year of: Virus Inactivation/Rer	Removal *	December-0		ree Chlorine		Chlorine D	ioxide		Ozone	Combined	Chlorine
vitus mactivation/Rei	Other (Desc	ribe):		.ce calornic		Cinorine	TOATUE		Ozoile	Contonied	Cinotine
											Chlor
Maintained in Distribu	GALLERY OF THE STATE OF THE STA	3979	CONTROL CONTROL CONTROL CONTROL	X Free Ch	lorine	C2040-982362365	Combine	d Chlorine (I	Chloramines)		Dioxid
		programme and the second	CT Calculations, or) IV						(IV Dose (IV Dose Minimum IV Dose Require) MY-sector		
100			CT Calculations, or UV	Dose, to Demonstrate Four Lo	g'Vinus Ináct	vation, if Applicable*					
	WAS CONTRACTOR AND A SECOND STORY OF THE SECOND SEC		CT Colonia	Hane	100 St. W. W. Co.	esista terren	2.08,024	da e o e e	CIV Dose	10.76	100
		4.4	Disinfectani Conjust Time (1) hi C Messiferich Potht Diring Pak Flow, minutes			April 1					Service of Above
3 177 SPS							3335			104	Openiting Condition
Net Custoff are	West	Lower Residual Disinfectant Concentration (C) Before or at	Disinfectant Contact Time (T)	at First Customer During Peak			Minimum CT	Lowest Operating UV		Invest Residual Disinfectant	Repair de Maintenar Work hat involves Ta
Net Quantity of Plant in Produced, gal		Pirst Customer During Peak	at C Measurement Point	Flow,	Temp of		Required,	Dose, mW-	Minimum UV Dose Required;	Coptentration at Remote Poin	Water System Compor
atlon Produced, get	Peak Flow Rale, gpd	Flow, mg/L 50	During Peak Flow, minutes	my-min/L	Water. °C	pfi of Water, if Applicable	mg-mm/L	/ sec/cm*	mW-sec/cm	1.22	* See Below
4 -	•									1.22	* See Below
4 -											* See Below
4 -		.50								1.21	* See Below
4 -											* See Below
4 -		.50								1.20	* See Below
4 -											* See Below
4 -		50								1,26	* See Below
4 -											* See Below
4 -											* See Below
4 -		.50								1.21	* See Below
4 -											* See Below
4 -		.50								1.22	* See Below
4 -											* See Below
4 -		.50								1.24	* See Below
4 -											* See Below
4 -											* See Below
4 -		.50								1.18	* See Below
4 -										.,	* See Below
4 -		.50								1.21	* See Below
4 -											* See Below
4 -		.50								1.19	* See Below
4 -											* See Below
1 -		.50								1.13	* See Below
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-		.50								1.09	* See Below
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1 -		.50								1.10	* See Below
-											* See Below
-											* See Below
-		.50					T			1,10	
	* Well Temporality	Out of Service									
	-	- * Well Temporality	50 - * Well Temporality Out of Service								



See page 4 for instructions.

I.	General Information	for the Month/Year of: DECEMBER 200	06				- Line Control of the		
	Public Water System (1								
	PWS Name: Colonial					PWS Identification Nu	mber: 651-0355		
		ommunity Non-Transient Non-Commu	nity Transient	t Non-Community Consecutive					
	Number of Service Co	onnections at End of Month: 750+/-		Total Population S	Served at E	nd of Month: 2500+/-			
	PWS Owner: Colonia	Manor Utilities Inc.							
	Contact Person: Mel	sa Rotteveel		Contact Person's T	itle: Fl. C	Operations Services Mana	ager		
	Contact Person's Mail	ing Address: P.O. Box 398		City: New Port Ric		State: FL	Zip Code: 34652		
	Contact Person's Tele	ohone Number: 727-848-8292		Contact Person's F	ax Numbe	r: 727-848 - 7701			
		ail Address: mrotteveel@uswatercorp.com							
B.	Water Treatment Plant								
i		Manor Water System & V				Plant Telephone Numb			
	Plant Address: Valima			City: New Port Ric	hey	State: Florida	Zip Code: 34652		
	Type of Water Treated		Purchased Finished \	Water					
	Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18,000								
	Plant Category (per su	bsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D					
	Licensed Operators	Name	License Class	License Number	License Number Day(s)/Shift(s) Worked				
	Lead/Chief Operator:	KENNETH MARTIN	В	13237		week			
	Other Operators:	Travis Pender	С	13956					
1	•	Ralph Amiott	С	8140					
		Larry Jenkins	С	12036					
ĺ		Willis Gainey	C	13083			And the second s		
ŀ		John Bowers	C	13625					
		Angel Caraballo	С	13383					
		Lawrence Russo	С	12592					
]		Vasco Thompson	С	13914					
ļ		Raymond Layne	C	7893					
		William Cooper	С	12884					
		Mark Havens	С	13858					
		Howard Aldrich	C	6368					
-		Les Bolling	C	6477					
		Gary Heins	C	8521					
		Janet Shirley	A	6333					

II. Certification by Lead/Chief Operator

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

| Signature and Date | Signature and Date | KENNETH MARTIN | B - 13237 | License Number

PWSI	Identification Number: 651-0355 Plant Name: C	Plant Name: Colonial Manor Water System					
IV. S	ummary of Use of Polymer Containing Acrylamide, Polymer Contain	ing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *					
A. Is an	ny polymer containing the monomer <u>acrylamide</u> used at the water treatme	nt plant? 💹 No 🔲 Yes, and the polymer dose and the acrylamide level in the polymer are as					
follo	ows:	,					
	ymer Dose, ppm =	Acrylamide Level, % [†] =					
B. Is ar	ny polymer containing the monomer epichlorohydrin used at the water tre	atment plant? No Yes, and the polymer dose and the epichlorohydrin level in the					
	mer are as follows:						
Poly	ymer Dose, ppm =	Epichlorohydrin Level, % [†] =					
C. Is ar	ny iron or manganese sequestrant used at the water treatment plant? 🔎 1	No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:					
Тур	e of Sequestrant (polyphosphate or sodium silicate):						
Seq	uestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =						
If so	odium silicate is used, the amount of added plus naturally occurring silicate	e, in mg/L as SiO ₂ =					

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

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

	AND LABORATORY REPORTING FORMAT			'	OI LAD	USE UTILY				
10	Advanced Environmental Laboratories, Inc.			Т	he lab pe	rforming th	iis analys	is is che	cked on the	left.
2 9610 Prince 2 2106 NW 6 2 528 S. Nort Report Nui Analysis	point Pkwy Jacksonville, FL 32216 - 904.363.9350 - Fax 904.363.9354 - E82 ess Palm Ave Tampa, FL 33619 - 813.630.9616 - Fax 813.630.4327 - E84589 7th Place, Ste. 7 - Gainesville, FL 32606 - 352.367.1500 - Fax 352.367.0050 - th Lake Blvd., Ste. 1016 - Altamonte Springs, FL 32701 - 407.937.1594 - Fax 40 mber: Requested: (please check all that apply) rd Coliform Test	A S S D	Lab Receipt Date & Time: Analysis Date & Time: Sample Acceptance Criteria: Sample Preservation On Ice Not On Ice Disinfectant Check Not Detected Model M							
System I	Name: Colonis Manor W	+ 1.1. A	<u> </u>		PWS	I.D. 6	5) () [3]	<u>r</u> [5-]
System Ad	tdress: MOOC RO		7		City:	5/4	0.10	<u></u>		
System or	Owner's Phone #:		Fa	x #: _	,)		
Collector	Owner's Phone #:		Cc	lector	's Phone	#				
	Supply: (check only one)									
Comm	unity Water System Noncommunity Water System Well Swimming Pool		ontransie ottled Wa		ncommun	ity Water S	iystem		ted Use Sy er	
	for Sampling: (check only one) 🔀 Routine Compliance	Repe	eat []	Replac	ement	Main Cl	earance	☐ Wel	Survey [Other
Sample	Collection Date: 4 6 6 6									
	to be completed by called and sample								स्ट्रश हिंदू विदेश	
Sample	Sample Point	Collection	Sample	Disinfe	ct			lysis Meth alysis Met		
Number	(Location or Specific Address)	Time	Type ¹	Res'	1 '	Non	Total	Fecal or	Data	Lab
						Coliform	Coliform	E. coli	Qualifier ²	Sample Number
,	D1441-2509 BCDCoD	0900	$\omega \mathcal{Q}$	1.17			Ä		_	08
	D. 422-3504 Connon	1000	200	121		-	A			o9
	Reward 1 1 CONNON	07.1-	00	ϕ	13	-	A		_	20
	Rawwollt 2 Cantrel	0920	Dw.	8	73		H			1/
	Paroworts Hendry	0750	wa.	\$	J.J.		A			12
	Rewinty Linkwas	094	w a	\$	J [.] 7		H		-	13
communi	e of disinfectant residuals for routine and repeat samples. ((ity and nontransient noncommunity systems serving populations up to not include raw or plant samples in the average.)	•		1.19	All tes				Code Rule 6	
Person		er. ed by a certiced by DEP o		1		ied by lab of ied by lab of				
Nai	me and Mailing Address of Person to Receive R		Lat Titl	J o Sign: e:	ature:		<u></u>			
	U.S. Water Services Corpora 4939 Cross Bayou Boulevan New Port Richey, Florida 34 Phone (727) 848-8292	rd 652	D] Inco] Rep] Rep ate Re	eat Sam acemen viewed b		iired Require H:	ion ed	EP/DOH U	
		Page 1	of 1							

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

[62-550,730 Reporting Format - Effective 01/95, Revised 01/95]



Well II LONGON System PWS Id Number

1		· · · · · · · · · · · · · · · · · · ·	eli II	9 4 9 P P	 ·	System F	PWS Id Numb	er;			
Color Colo	Day			CL2		7					
Rotting Perspect Sir place Sir pla	of the	Meter	Gallons	Residual	1	1	1	T:			
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18334 0 .50 1.17 1.10 1.21 1.10	4	18334	6	,50	1.15-	40	50/57	1 - 10/2 2/2			
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8 18 23 L) 9 . TO 1.2.1 L10 TO L D13237 10 18 33 L) 9 . TO 1.2.3 L10 TO/A 1 = B13227 11 18 33 L) 9 . TO 1.2.3 L10 TO/A 1 = B13227 11 18 33 L) 9 . TO 1.2.3 L10 TO/A 1 = B13227 11 18 33 L) 9 . TO 1.2.3 L10 TO/A 1 = B13227 12 18 33 L/Y 9 . TO/A 1.2.3 L10 TO/A 1 = B13227 12 18 33 L/Y 9 . TO/A 1.2.1 L10 TO/A 1 = B13227 12 18 33 L/Y 9 . TO/A 1.2.1 L10 TO/A 1 = B13237 12 18 33 L/Y 9 . TO/A 1.2.1 L10 L10 TO/A 1 = B13237 13 18 33 L/Y 9 . TO/A 1.2.1 L10 TO/A 1 = B13237 14 18 33 L/Y 9 . TO/A 1.2.1 L10 L10 L10 TO/A 1 = B13237 15 18 33 L/Y 9 . TO/A 1.2.1 L10 L10 L10 TO/A 1 = B13237 16 18 33 L/Y 9 . TO/A 1.2.1 L10 L10 L10 L10 L10 L10 L10 L10 L10 L1	6	1 9 334		্ৰ, ১১১	11.17	40	1000	de 21119	1 2 1 2		
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23	22	8334		.0	1	7.5	130				01,000
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25	2.5	.0222		•							
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27 8 1833L 8 . 170 1.10 40 8 P3733	26	8336		(7)	110		100				
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30 4 .52 1.07 40 50 7 50/2313	30		4	52	1.07	40	50/2/	7 10 10 = = =			
31 18326 6	24 /	8721	al				750	1-8612313		/	
11/03/6	31/	1506	<i>SO</i>								

A.

U.S. Waler Recognized Commenced

Treatment Plant Name Colonial Mand WONT

ONTHEWEAR: DEC. OS

•	Well#	2 can	Upoll	_ S	yslem PWS	S Id Number:			-
Day			CF3	CL2		Air/		·	
of sty;	Meter	Gallons	Residual	Residual	D.3.	Water	Time in / Time Out	Sampling	
Moreh	Reading	Pumped 46	iā; plani	1 23	PSI	Ratio	License Number / Initials 10 , 3720	Perlamed	Remarks
1	<u>&d</u> 2,000	4600	176	1 22		न्य	\$ 1300		Cheaner Tay Point
2		4800	 		1				
3			1///	1.15	55-	5950			
4	1039	60,000		1.73	22	9/30	Ted C/23/3		
5		59,000		<u> </u>	ļ				
6	1108	\$ 500r	1.65	1.10	22	23	K BIJLY)	151, 5, C/ c/ Bas	
7		55,000						1 -) 1 .) 1	
8	1268	418,000	1.71	1.20	55	200	10 B 13237		
9		4800							
10		48,001							
11	1410	65,000	1.40	12-3	55-	50)10	10 B13237		Cleaned In Paul
12		65000		, , , , , , , , , , , , , , , , , , ,			10/12/2		The same of the sa
13	1540	48000	1.75	81.	5	20/22	Kn B13231		
14	13270	47000	· · · · · · · · · · · · · · · · · · ·			7.7			
15	ं किन्न प	40000	1.51	1.)9	50	520	Ja B1325		
16	1.000	Chow		 	3		1		
17		you	†·			<u> </u>		<u> </u>	
18	1756	54000	1.41	1.15	55	5950	Ty 0/23/3		
19		17100				/ -	10		
20	1864)		1.50	1.20	61-	100	14 313237		Claus In Box
	1307	C.C."	,	7.55		, 0			-07.000
21	1915	3/00	1.62	1.19	5-1-	-220 -220	B13237		7
	- \ 1 \	3/00	7.02	1.1		20	100 N. 0 20 /		
23	2038 .	Adon	1.45	1.11	55	3900	Ta 012313		
	1	Hon	' ' ' '	<u>'</u>		/•	10 6,2313		
25	2126	1-1-1-	, 95	1.07	55	5950	J-5 012313		
	4100	44/000		1.01	23	-	1-0		
27		44000							
28	39-17)	39our	1.47	1.10	21	20/20	F 1377		Clean Taboo
29		39~							•
30		40000							
	2772	Kh and	1.31	1.07	55	53/10	C42313		



U.S. Waler

Well II 3 Handra System PWS Id Number:

	Vell 11 3 Handra	System F	PWS ld Number	mec.vo		
nus Meter Monin Reading	CL2 Ciations Residual Pumped \(\hat{a_i}\) plant	CL2 Residual iū; řemote tap PSI	Air/ Water	Time in / Time Our	Sampling	
1 1203010	54000 191	in; femore rap PSI	Ratio	License Number / Initials	Performed	Remarks
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159560		115 52	3950	1 -4 01 212	-	
5	54300			Tog C12313		
15945		.41 52	30	F (1771)	(spot 20)	
15971	1	.30 52	60/70	E BISKS	,	
	57000		3,.0	01201		
15-589	7. 59,000 1.86	.38 L7	10			
	58,000		90	10 B1323		Clero DI Ha
160 et	4 413000 1.72	30 03	OPE	Jes B1323)		0
16010	9 57000 1 81 1	26 52	10/1v	1- B1323)		
	57000		1.0	1 = 13/3/25		
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	2000 1.01 1.	19 52	750	To C113/3		
160347	630001.90	22 12	10	to B3(23)		
160511	530.0 1.96 1.	15.	100			Claus Infant
	42000	19 52	2000	Jan 81253		7
160615	57000 1.79 1.	11 52	3750	1-0 C123/3		
160730		09 52	50/60			
	7) 8'041	32	180	1-6012313		
160827	Chan 137 11	2 25	0%	-B13257		
	6500 Ho					Clean Intos
16/020		09 52	5952 -			V
16/020		09 52	182 -	To C/23/3		

A. C.

· U.S. Waler

Treatment Plant Name Colonial many MONTH YEAR DECOL Sysiem PWS Id Number:

Marie Californ Property Aspert Aspert Californ Property Property Property Asperty Proper	1	uny		CF3	CL2	7	Air/			
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1			1	1		1	Time in / Time Out	Sampling	
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		40680	Puniped					License Number / Initials	1	Remarks
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19		8084		(2)	110	~~	113			
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	30	car 570.								
\$ 20684\000			<u> </u>	.80	1,10 5	2	1991	Ing C/23/3		
	155	2068410	00							



☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327

Orlando:

Gainesville: 21 Griando: 52	904) 363-9350 Fax (904) 363-9354 06 NW 67th Place, Suite 7, Gainesville, FL 32606 • (813) 630-9616 Fax (813) 630-4327 8 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937 488-	EAB NUMBER - 10613746
CLIENT NAME:	PROJECT NAME (407) 937-1594 Fax (407) 937-1594 Fax (407) 937-159	597 Page - t
U.S. Water Services 4939 Cross Bayou New Port Richey, FI PHONE: Phone (727) 84	Corporation Colonial Manon utility Boulevard PO, NUMBER / PROJECT NUMBER:	POTT F
CONTACT:	tol. Day	A Q L U Y I S R
TURN AROUND TIME:	REMARKS / SPECIAL INSTRUCTIONS:	I E S D
☐ STANDARD	INSTRUCTIONS:	
🗆 RUSH		1 1 7 9
NW=waste water SW=surface water	GW = ground water DW = dripking	
CAMPIE	DESCRIPTION Grab SAMPLING	
Raco woll#	Composite DATE TIME MATRIX CO.	IO. DNT.
Paco well #	J-C 1200 0412 1000 1	XXX
Vacu wal	(#3 Hendr) 0930	7 7 7
1900.000	Himburgod 0945	X X T 7 7 7 7 3
		toy
12/0/04		
e $H = (HCI)$ $S = (H_2SO_4) \cdot N = (H_2SO_4) $	INO ₃) T = (Sodlum Thiosulfate)	
Menoja Stimplakli Viti	Cooler Helinquished by: Date	Time Received by: Pate
	2 L/6/d.	1997 Ilme
Wet West	3	THE NO MIN