ORIGINAL

Mr. Joseph G. Gabay
Colonial Manor Utility Co.
P.O. Box 398
New Port Richey, FL 34656-0398

April 4, 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 March 12, 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.

FLORIDA PUBLIC SERVICE COMMISSION
RECEIVED
07 APR -9 PM 4:23
DIVISION OF ECONOMIC REGULATION

1. Used and Useful calculations for the water treatment plant - Schedule F-5

The Utility is enclosing two schedules F-5. One contains information for the historical year ending December 31, 2005; the second contains projected information for a test year ending December 31, 2007.

We have also provided a reference the previous analysis performed per PSC-03-1250-PAA-WU (11/6/2003, Page 44) indicating the Utility was found to be 100% used and useful.

2. Water Operating Reports for all of 2004 and 2005 are being provided.

DOCUMENT NUMBER-DATE
03019 APR 10 07
FPSC-COMMISSION CLERK

April 4, 2007

3. There was a miscommunication regarding our explanation of water usage for submitted Schedules E-2 and E-6. We have modified our reports based on a self audit of detailed customer information, and have reconciled the water usage to the annual report of 39,799,000 gallons.

   Please note that 39,799,000 gallons is the amount of water actually sold to customers in 2005. The amount reported on the annual report page W-4 is arrived at by deducting the 1% estimated amount used for line flushing (405,000 gallons) from the water sold to customers amount of 40,204,000 gallons.

   Detailed records of the water sold to customers amounts are maintained in our books of account and this information has also been downloaded into a spreadsheet for reporting the billing analysis for each class of service by meter size (Schedule E-6).

   Related schedule F-9 is also being submitted showing the revised total gallons sold for the years reported.

Thank you for your consideration of the information submitted.

Sincerely,

Joseph G. Gabay
Accounting Manager

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, 2005

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

1) Capacity of Plant	900 gallons per minute	
2) Maximum Day (166,000 gal/1440*2)	231 gallons per minute	
3) Fire Flow Capacity	500 gallons per minute	
a) Required Fire Flow: 500 gallons per minute for 4 hours		
4) Growth	0 gallons per minute	
a) Test year Customers in ERC's:	Begin	725
	End	718
	Average	721.5
(Use average number of customers)		
b) Customer Growth in ERC's using Regression Analysis for the most recent 5 years including Test Year	0 ERC	
c) Statutory Growth Period	5 Years	
'(b) x (c) x (2/a) = 0 gallons per minute for growth		
5) Excessive Unaccounted for Water	0 gallons per minute	
a) Total Unaccounted for Water	1 gallon per minute	
Percent of Average Daily Flow	0.008%	
b) Reasonable Amount	8 gallons per minute	
(10% of average Daily Flow)		
c) Excessive Amount	0 gallons per minute	

USED AND USEFUL FORMULA

{ (2) + (3) + (4) - (5)} / 1 = ** 81.2% Used and Useful

** The utility is "built-out" and should be considered 100% used and useful.

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

1) Capacity of Plant	900 gallons per minute	
2) Maximum Day (175,000 gal/1440*2)	243 gallons per minute	
3) Fire Flow Capacity	500 gallons per minute	
a) Required Fire Flow: 500 gallons per minute for 4 hours		
4) Growth	0 gallons per minute	
a) Test year Customers in ERC's:	Begin	725
	End	725
	Average	725
(Use average number of customers)		
b) Customer Growth in ERC's using Regression Analysis for the most recent 5 years including Test Year	0 ERC	
c) Statutory Growth Period	5 Years	
'(b) x (c) x (2/a) = 0 gallons per minute for growth		
5) Excessive Unaccounted for Water	0 gallons per minute	
a) Total Unaccounted for Water	1 gallon per minute	
Percent of Average Daily Flow	0.008%	
b) Reasonable Amount	8 gallons per minute	
(10% of average Daily Flow)		
c) Excessive Amount	0 gallons per minute	

USED AND USEFUL FORMULA

{ (2) + (3) + (4) - (5)} / 1 = ** 82.6% Used and Useful

** The utility is "built-out" and should be considered 100% used and useful.

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 (revision 2)
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 Proposed Rates
Residential						
5/8"	7,625		8.02	61,153	17.48	133,312
M Gallons		28,538	2.12	60,501	4.62	131,891
5/8"	639		8.02	5,125	17.48	11,172
M Gallons (over 10K)		10,092	2.65	26,744	5.78	58,301
1" Etc.						
M Gallons Etc.						
Total Residential	8,264	38,630		153,522		334,677
Average Bill	18.58			40.50		
General Service						
5/8"	94		8.02	754	17.48	1,643
M Gallons		273	2.19	598	4.77	1,303
1" Etc.	25		20.06	502	43.73	1,093
M Gallons Etc.		323	2.19	707	4.77	1,542
1.5"	24		40.11	963	87.44	2,099
M Gallons		573	2.19	1,255	4.77	2,736
Total Gen. Serv.	143	1,169		4,778		10,416
Average Bill	33.41			72.84		
List Other Classes As Above						
Totals	8,407	39,799		158,300		345,093
Unbilled Revenues						
Other Revenue				9,316		3,842
Misc. Serv. Charges						
Total Revenue				167,616		348,935
Booked Revenue				165,830		
Difference (Explain)				-1,786		
Miscellaneous charges / credits						

Billing Analysis Schedules	Florida Public Service Commission
Company: Colonial Manor Utility Co.	Schedule: E-6 (revision 2)
Docket No.: 060540-WU	Page 1 of 1
Test Year Ended: December 31, 2007	Preparer: Joseph G. Gabay
Water [x] or Wastewater [ ]	
Customer Class: Commercial	
Meter Size: 5/8"	

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons and begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	
Consumpt. Level	Number of Bills	Gallons In 1000's
0	14	0
1	17	17
2	21	42
3	21	63
4	2	8
5	1	5
6	10	60
7	4	28
8	1	8
9	0	0
10	0	0
11	0	0
12	1	12
13	1	13
14	0	0
15	0	0
16	0	0
17	1	17
18	0	0
19	0	0
20	0	0
21		0
22		0
23		0
24		0
25		0
26		0
27		0
28		0
29		0
30		0
31		0
32		0
34		0
35		0
36		0
37		0
38		0
39		0
41		0
44		0
49		0
50		0
52		0
55		0
57		0

Billing Analysis Schedules			Florida Public Service Commission
Company: Colonial Manor Utility Co.			Schedule: E-6 (revision 2)
Docket No.: 060540-WU			Page 1 of 1
Test Year Ended: December 31, 2007			Preparer: Joseph G. Gabay
Water [x] or Wastewater [ ]			
Customer Class: Commercial			
Meter Size: 5/8"			

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons and begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	
Consumpt. Level	Number of Bills	Gallons In 1000's
60		0
64		0
65		0
69		0
73		0
77		0
102		0
	94	273

Billing Analysis Schedules		Florida Public Service Commission
Company: Colonial Manor Utility Co.		Schedule: E-6 (revision 2)
Docket No.: 060540-WU		Page 1 of 1
Test Year Ended: December 31, 2007		Preparer: Joseph G. Gabay
Water [x] or Wastewater [ ]		
Customer Class: Residential		
Meter Size: 5/8" x 3/4"		

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons and begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	
Consumpt. Level	Number of Bills	Gallons in 1000's
0	838	0
1	795	795
2	1,089	2,178
3	1,163	3,489
4	1,030	4,120
		0
5	882	4,410
		0
6	618	3,708
7	448	3,136
8	343	2,744
9	232	2,088
10	187	1,870
11	141	1,551
12	101	1,212
13	63	819
14	72	1,008
15	47	705
16	34	544
17	40	680
18	13	234
19	22	418
20	16	320
21	14	294
22	14	308
23	11	253
24	6	144
25	6	150
26	4	104
27	5	135
28	1	28
29	4	116
30	2	60
31	2	62
32	3	96
34	2	68
35	1	35
36	1	36
37	2	74
38	1	38
39	2	78
41	1	41
44	1	44
49	1	49
50	0	0
52	1	52
55	0	0
57	1	57
60	1	60
64	0	0
65	0	0
69	1	69
73	1	73

Billing Analysis Schedules			Florida Public Service Commission
Company: Colonial Manor Utility Co.			Schedule: E-6 (revision 2)
Docket No.: 060540-WU			Page 1 of 1
Test Year Ended: December 31, 2007			Preparer: Joseph G. Gabay
Water [x] or Wastewater [ ]			
Customer Class: Residential			
Meter Size: 5/8" x 3/4"			

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons and begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	
Consumpt. Level	Number of Bills	Gallons in 1000's
77	1	77
102	0	0
	8,264	38,630

Billing Analysis Schedules		Florida Public Service Commission
Company: Colonial Manor Utility Co.		Schedule: E-6 (revision 2)
Docket No.: 060540-WU		Page 1 of 1
Test Year Ended: December 31, 2007		Preparer: Joseph G. Gabay
Water [x] or Wastewater [ ]		
Customer Class: Commercial		
Meter Size: 1"		

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons and begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	
Consumpt. Level	Number of Bills	Gallons In 1000's
0	1	0
1	2	2
2	2	4
3	4	12
4	0	0
5	2	10
6	0	0
7	1	7
8	0	0
9	0	0
10	1	10
11	1	11
12	3	36
13	2	26
14	0	0
15	0	0
16	0	0
17	1	17
18	3	54
19	0	0
20	0	0
21		0
22		0
23		0
24		0
25		0
26		0
27		0
28		0
29		0
30		0
31		0
32	1	32
34		0
35		0
36		0
37		0
38		0
39		0
41		0
44		0
49		0
50		0
52		0
55		0
57		0

Billing Analysis Schedules		Florida Public Service Commission
Company: Colonial Manor Utility Co.		Schedule: E-6 (revision 2)
Docket No.: 060540-WU		Page 1 of 1
Test Year Ended: December 31, 2007		Preparer: Joseph G. Gabay
Water [x] or Wastewater [ ]		
Customer Class: Commercial		
Meter Size: 1"		

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons and begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	
Consumpt. Level	Number of Bills	Gallons In 1000's
60		0
64		0
65		0
69		0
73		0
77		0
102	1	102
	25	323

Billing Analysis Schedules		Florida Public Service Commission
Company: Colonial Manor Utility Co.		Schedule: E-6 (revision 2)
Docket No.: 060540-WU		Page 1 of 1
Test Year Ended: December 31, 2007		Preparer: Joseph G. Gabay
Water [x] or Wastewater [ ]		
Customer Class: Commercial		
Meter Size: 1.5"		

Explanation: Provide a billing analysis for each class of service by meter size. For applicants having master metered multiple dwellings, provide number of bills at each level by meter size or number of bills categorized by the number of units. Round consumption to nearest 1,000 gallons and begin at zero. If a rate change occurred during the test year, provide a separate billing analysis which coincides with each period.

(1)	(2)	
Consumpt. Level	Number of Bills	Gallons In 1000's
0	0	0
1	2	2
2	5	10
3	2	6
4	0	0
5	1	5
6	0	0
7	0	0
8	1	8
9	1	9
10	0	0
11		0
12		0
13		0
14		0
15		0
16		0
17		0
18		0
19		0
20		0
21		0
22		0
23		0
24	1	24
25		0
26		0
27		0
28		0
29		0
30	1	30
31	1	31
32	1	32
34	1	34
35		0
36		0
37		0
38		0
39		0
41		0
44	2	88
49		0
50	1	50
52		0
55	1	55
57		0
60	1	60
64	1	64
65	1	65
69		0
73		0
77		0
102		0
	24	573

Equivalent Residential Connections - Water

Florida Public Service Commission

Company: Colonial Manor Utility Co.
Docket No.: 060540-WU
Test Year Ended: December 31, 2007

Schedule F-9 (revised)
Page 1 of 1
Preparer: Joseph G. Gabay

Explanation: Provide the following information in order to calculate the average growth in ERCs for the last five years, including the test year. If the utility does not have single-family residential (SFR) customers, the largest customer class should be used as a substitute.

Line No.	(1) Year		(2) SFR Customers Beginning	(3) SFR Customers Ending	(4) SFR Customers Average	(5) SFR Gallons Sold	(6) Gallons/ SFR (5)/(4)	(7) Total Gallons Sold	(8) Total ERCs (7)/(6)	(9) Annual % Incr. in ERCs
1	TY-4	03	701	701	701	36,092,000	51,486	37,392,000	726	---
2	TY-3	04	701	696	698.5	39,050,000	55,906	40,554,000	725	99.88%
3	TY-2	05	696	698	697	38,630,000	55,423	39,799,000	718	98.99%
4	TY-1	06								
5	TY	07								
					Average Growth Through 5-Year Period (Col. 8)					
										========

*Note-Utility is Built Out - No increase in number of customers anticipated

FLORIDA

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

REVISED 7-19-05

FILE COPY

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: Jan-05

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Identification Number: 6510355

Day of Month	Plant 1 Name: Colonial Manor Well # 1	Plant 2 Name: Colonial Manor Well # 2	Plant 3 Name: Colonial Manor Well # 3	Plant 4 Name: Colonial Manor Well # 4	Plant 5 Name: Colonial Manor Well # 5	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	93,000	53,500	93,000	53,500	93,000						386,000
	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	2,000	-	84,000	21,000	0						107,000
2	2,000	-	84,000	21,000	0						107,000
3	-	-	101,000	24,300	0						125,300
4	-	-	100,000	24,300	0						124,300
5	12,000	2,000	71,000	19,000	0						104,000
6	12,000	3,000	71,000	19,000	0						105,000
7	18,000	1,000	79,000	17,000	0						115,000
8	18,000	1,000	79,000	17,000	0						115,000
9	18,000	1,000	79,000	17,000	0						115,000
10	15,000	-	75,000	26,000	0						116,000
11	14,000	-	75,000	26,000	0						115,000
12	18,000	23,000	58,000	17,000	0						116,000
13	17,000	2,300	58,000	17,000	0						94,300
14	15,000	20,000	48,000	17,000	0						100,000
15	13,000	20,000	48,000	15,000	0						96,000
16	13,000	20,000	48,000	15,000	0						96,000
17	13,000	20,000	48,000	15,000	0						96,000
18	15,000	20,000	57,000	22,000	0						114,000
19	15,000	20,000	57,000	22,000	0						114,000
20	9,000	3,000	48,000	47,000	0						107,000
21	9,000	2,000	47,000	46,000	0						104,000
22	-	-	-	117,000	0						117,000
23	-	-	-	117,000	0						117,000
24	-	4,000	69,000	20,000	0						93,000
25	19,000	3,000	69,000	21,000	0						112,000
26	17,000	20,000	70,000	-	0						107,000
27	17,000	19,000	70,000	-	0						106,000
28	19,000	23,000	60,000	-	0						102,000
29	19,000	23,000	60,000	-	0						102,000
30	19,000	23,000	59,000	-	0						101,000
31	17,000	25,000	77,000	-	0						119,000
Total											3,361,900
Avg.											108,448
Max.											125,300

DOCUMENT NUMBER-DATE
03019 APR 10 05
FPSC-COMMISSION CLERK

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

INSTRUCTIONS: This report shall be completed and submitted by community water systems that are serving, or are designed to serve, 350 or more persons or 150 or more service connections and that have multiple treatment plants connected to the same distribution system. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department (ACHD). All information provided in this report shall be typed or printed in ink.

Enter the names of all plants connected to the same distribution system. Enter the permitted maximum day operating capacity for each plant and compute and enter the total permitted maximum day operating capacity for all plants. Enter the net quantity of finished water produced by each plant for each day as shown on DEP Form 62-555.900(2) or (3); compute and enter the total net quantity of finished water produced by all plants for each day; compute and enter the total net quantity of finished water produced by all plants for the month; compute and enter the average daily net quantity of finished water produced by all plants for the month; and enter the maximum day net quantity of finished water produced by all plants for the month.

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 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I			Plant Telephone Number: 727-848-8292
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
1/20/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W1

III. Daily Data for the Month/Year of: January-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	2,000		1.62								1.10	
2		24	2,000											
3	X	24	-		2.2								1.1	
4		24	-											
5	X	24	12,000		1.92								1.40	
6		24	12,000											
7	X	24	18,000		2.20								1.1	
8		24	18,000											
9		24	18,000											
10	X	24	15,000		2.20								1.1	
11		24	14,000											
12	X	24	18,000		2.20								1.1	
13		24	17,000											
14	X	24	15,000		1.62								0.81	
15		24	13,000											
16		24	13,000											
17	X	24	13,000		1.20								1.05	
18		24	15,000											
19		24	15,000											
20	X	24	9,000		1.85								1.15	
21		24	9,000											
22	X	24	-		1.28								0.64	
23		24	-											
24		24	-											
25	X	24	19,000		1.10								0.96	
26	X	24	17,000		1.25								1.07	
27		24	17,000											
28	X	24	19,000		1.82								1.27	
29		24	19,000											
30		24	19,000											
31	X	24	17,000		1.88								1.35	
Total			375,000											
Average			12,097											
Maximum			19,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey		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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
1/20/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W2

III. Daily Data for the Month/Year of: January-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	-		1.35								0.9	
2		24	-											
3	X	24	-		2.2								1.1	
4		24	-											
5	X	24	2,000		1.96								0.98	
6		24	3,000											
7	X	24	1,000		2.2								1.1	
8		24	1,000											
9		24	1,000											
10	X	24	-		2.2								1.1	
11		24	-											
12	X	24	23,000		2.2								1.1	
13		24	23,000											
14	X	24	20,000		1.78								0.39	
15		24	20,000											
16		24	20,000											
17		24	20,000											
18	X	24	20,000		0.9								0.55	
19		24	20,000											
20	X	24	3,000		1.35								1.01	
21		24	2,000											
22	X	24	-		1.63								0.81	
23		24	-											
24	X	24	4,000		1.1								0.91	
25		24	3,000											
26	X	24	20,000		1.37								1.1	
27		24	19,000											
28	X	24	23,000		1.35								1.1	
29		24	23,000											
30		24	23,000											
31	X	24	25,000		1.22								1	
Total			319,000											
Average			10,290											
Maximum			25,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III			Plant Telephone Number: 727-848-8292
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	*3 times per week*
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
1/20/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: January-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	84,000		1.80								1.15	
2		24	84,000											
3	X	24	101,000		2.20								1.10	
4		24	100,000											
5	X	24	71,000		2.20								1.10	
6		24	71,000											
7	X	24	79,000		2.20								1.10	
8		24	79,000											
9		24	79,000											
10	X	24	75,000		2.20								1.10	
11		24	75,000											
12	X	24	58,000		2.20								1.10	
13		24	58,000											
14	X	24	48,000		2.20								1.10	
15		24	48,000											
16		24	48,000											
17		24	48,000											
18	X	24	57,000		1.81								1.40	
19		24	57,000											
20	X	24	48,000		2.10								1.45	
21		24	47,000											
22	X	0	-		1.97								0.98	
23		0	-											
24	X	24	69,000		1.80								1.01	
25		24	69,000											
26	X	24	70,000		1.93								1.10	
27		24	70,000											
28	X	24	60,000		1.40								1.05	
29		24	60,000											
30		24	59,000											
31	X	24	77,000		1.72								1.22	
Total			1,949,000											
Average			62,871											
Maximum			59,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV		Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
1/20/01	KENNETH MARTIN	C - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W4

III. Daily Data for the Month/Year of: January-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	21,000		1.84								1.20	
2		24	21,000											
3	X	24	24,300		2.20								1.10	
4		24	24,300											
5	X	24	19,000		2.20								1.10	
6		24	19,000											
7	X	24	17,000		2.20								1.10	
8		24	17,000											
9		24	17,000											
10	X	24	26,000		2.17								1.08	
11		24	26,000											
12	X	24	17,000		2.20								1.10	
13		24	17,000											
14	X	24	17,000		2.20								1.10	
15		24	15,000											
16		24	15,000											
17		24	15,000											
18	X	24	22,000		2.20								1.47	
19		24	22,000											
20	X	24	47,000		2.20								1.55	
21		24	46,000											
22	X	24	117,000		2.20								1.10	
23		24	117,000											
24	X	24	20,000		2.20								1.15	
25		24	21,000											
26	X	0	-		1.82								1.45	
27		0	-											
28	X	0	-		1.35								1.15	
29		0	-											
30		0	-											
31	X	0	-		1.40								1.08	
Total			739,600											
Average			23,858											
Maximum			117,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000				
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
1/20/01	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR WS

III. Daily Data for the Month/Year of: January-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2		0	-											
3		0	-											
4		0	-											
5		0	-											
6		0	-											
7		0	-											
8		0	-											
9		0	-											
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14		0	-											
15		0	-											
16		0	-											
17		0	-											
18		0	-											
19		0	-											
20		0	-											
21		0	-											
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26		0	-											
27		0	-											
28		0	-											
29		0	-											
30		0	-											
31			-											
Total			-											
Average			-											
Maximum			-											

U.S. Water
Services Corporation

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: JAN. 2005

Well # 1 C System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	12360	2000	1.62	1.10	58	~~60~~/60	KM B13237		
2	1	2000							
3	2364	0	2.2	1.1	56	20/40	Benedetto Matthiace KM B13237		
4		0 12000							
5	12361	~~24000~~	1.92	1.40	58	54/50	KM B13237		
6		12000 ~~24000~~							
7	12388	18000	1.20	1.1	56	30/70	Benedetto Matthiace ~~KM~~ B13237		
8		18000							
9		18000	~~2.20~~	~~1.1~~			~~Benedetto Matthiace~~ ~~KM~~ B13237		
10	12442	15000	2.20	1.1	54	20/50	Benedetto Matthiace KM B13237		
11		14000							
12	12471	18000	2.20	1.1	56	20/50	Benedetto Matthiace KM B13237		
13		17000							
14	12506	15000	1.66	.81	60	60/80	Benedetto Matthiace KM B13237		
15		13,000							
16		13,000							
17		13,000	1.20	1.05	60	~~20~~ 80	KM B13237		
18	12560	15000							
19		15,000							
20	12590	9000	1.85	115	60	~~60~~ 80	KM B13237		
21		9000							
22	12608	0	1.28	.64	62	20/80	Benedetto Matthiace		
23		0	~~1.28~~						
24		0							
25	12608	19000	110	.96	60	50 60	KM B13237		
26	12627	17000	125	107	60	~~54~~	KM B13237		
27		17000							
28	12661	19000	182	127	60	54/10	KM B13237		
29		19000							
30		19000							
31	12718	17000	188	135	60	52/50	KM B13237		

2/1 12755

RH

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Woods MONTH / YEAR: Jan 2005

Well # 2 Cantrell St System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	70333	0	1.35	.90	50	50/50	Ken B13237		
2		0							
3	70333	0	2.20	1.10	54	60/60	Benedetto Mattiace Ken B13237		
4		0							
5	70333	2000	1.96	.98	46	40/40	Benedetto Mattiace B13237		
6		3000							
7	703333	1000	2.2	1.1	60	50/50	Benedetto Mattiace B13237		
8		1000							
9		1000							
10	703333	0	2.2	1.1	52	40/40	Benedetto Mattiace B13237		
11		0							
12	703333	23000	2.2	1.1	50	40/60	Benedetto Mattiace B13237		
13		23000							
14	70374	23000	.74	.39	54	40/60	Benedetto Mattiace B13237		
15		20,000							
16		20,000							
17		26,000							
18	70454	20,000	.90	.55	52	40/60	B13237	Monthly Bact	
19		20,000							
20	70449	3,000	1.35	1.01	52	40/60	B13237		
21		2000							
22	70507	0	1.63	.81	50	40/60	Benedetto Mattiace B13237		
23		0							
24	70504	3000	1.10	.91	50	40/61	B13237	Reload	check valve
25		3000							
26	70511	20,000	1.37	1.10	50	40/60	B13237		
27		19,000							
28	70540	23,000	1.35	1.10	50	40/60	Ken B13237		
29		23,000							
30		23,000							
31	70609	25,000	1.22	1.00	52	50/45	Ken B13237		

70550 2/1 = 70634

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Woods MONTH / YEAR: Jan 05

Well # 3 Hendon St System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	120636	84000	1.80	1.15	50	40/60	K B13237		
2	~~120800~~	84000			~~44~~	~~30/70~~			
3	120800	104000	2.25	1.10	49	30/70	BH Benedetto Mattrace	B13237	
4		1000 00							
5	121007	71000	2.20	1.10	45	30/70	Benedetto Mattrace	K B13237	
6		71000							
7	121150	79000	2.20	1.10	52	30/70	Benedetto Mattrace	K B13237	
8	~~121150~~	79000							
9		79000							
10	121383	75000	2.20	1.10	50	30/70	Benedetto Mattrace	K B13237	
11	~~121383~~	75000							
12	121533	58000	2.25	1.10	50	30/70	Benedetto Mattrace	K B13237	
13		58000							
14	121630	48000	2.20	1.10	50	30/70	Benedetto Mattrace	K B13237	
15		48000							
16		48000							
17		48000							
18	121842	57000	1.81	1.40	50	30/70	K B13237	Pulled Mud Bags	
19		57000							
20	121956	48000	2.10	1.45	50	30/70	K B13237		
21		47000							
22	122057	ϕ	1.97	.95	60	30/70	Benedetto Mattrace	K B13237	
23		ϕ							
24	122051	69000	1.80	1.01	60	45/55	K B13237		
25		69000							
26	122189	~~70~~000	1.93	1.10	60	~~45~~ 55	K B13237		
27		~~70~~000							
28	122329	~~60~~000	1.90	1.05	60	~~45~~ 55	K B13237		
29	~~122329~~	60,000							
30		59,000							
31	122508	77,000	1.72	1.22	60	~~45~~ 55	K B13237		

1st = 122585

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Jan 05

Well # 4 Linkwood System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	75755	24000	1.84	1.20	46	40/60	[illegible] B1323		Cleaned Inj Port
2		24000							
3	758004	24300	2.20	1.10	46	50/50	Benedetto Mattiace		
4		24,300							
5	758490	19000	2.20	1.10	46	50/50	Benedetto Mattiace		
6		19000							
7	758875	17000	2.20	1.10	42	50/50	Benedetto Mattiace		
8		17 000							
9	759381	17000							
10	759381	26000	2.11	1.08	46	40/60	Benedetto Mattiace [illegible] B1323		
11		26000							
12	759403	17000	2.20	1.10	40	40/60	Benedetto Mattiace [illegible] B1323		
13		17000							
14	760458	17,000	2.20	1.10	48	50/50	Benedetto Mattiace [illegible] B1323		
15		15,000							
16		15,000							
17		15,000							
18	76080	22,000	2.20	1.47	48	50/50	Ken B1323 Pulled motor Rod.		Cleaned Inj. Port
19		22,000							
20	76131	17000	2.20	1.55	48	50/50	Ken B1323		
21		16000							
22	76324	17,000	2.20	1.10	52	60/40	Benedetto Mattiace [illegible] B1323		
23		17,000							
24	76457	20000	2.20	1.15	52	30/70	Ken B1323		
25		21,000							
26	76498	0	1.82	1.15	52	40/60	Ken B1323		
27		0							
28	76498	0	1.31	1.11	52	60/40	Ken B1323		Cleaned Inj Port
29		0							
30		0							
31	76498	0	1.40	1.05	52	60/40	Ken B1323		

RH

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

REVISED 7-19-05

FILE COPY

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: Feb-05

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Identification Number: 6510355

Day of Month	Plant 1 Name Colonial Manor Well # 1	Plant 2 Name Colonial Manor Well # 2	Plant 3 Name Colonial Manor Well # 3	Plant 4 Name Colonial Manor Well # 4	Plant 5 Name Colonial Manor Well # 5	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	93,000	53,500	93,000	53,500	93,000						386,000
	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	17,000	24,500	77,000	-	0						118,500
2	12,000	21,000	65,000	2,000	0						100,000
3	13,000	21,000	65,000	2,000	0						101,000
4	25,000	31,000	59,000	3,000	0						118,000
5	25,000	31,000	59,000	3,000	0						118,000
6	24,000	31,000	59,000	3,000	0						117,000
7	11,000	15,000	82,000	2,000	0						110,000
8	11,000	14,000	81,000	2,000	0						108,000
9	12,000	22,000	49,000	27,000	0						110,000
10	11,000	21,000	48,000	27,000	0						107,000
11	26,000	26,000	56,000	19,000	0						127,000
12	24,000	26,000	56,000	19,000	0						125,000
13	24,000	26,000	56,000	20,000	0						126,000
14	14,000	-	102,000	1,500	0						117,500
15	14,000	-	101,000	1,500	0						116,500
16	8,000	1,000	98,000	-	0						107,000
17	8,000	1,000	97,000	-	0						106,000
18	21,000	-	94,000	-	0						115,000
19	20,000	-	94,000	-	0						114,000
20	20,000	-	94,000	-	0						114,000
21	165,000	-	-	1,000	0						166,000
22	165,000	-	-	500	0						165,500
23	96,000	500	-	1,000	0						97,500
24	96,000	500	-	1,000	0						97,500
25	76,000	23,000	-	16,500	0						115,500
26	75,000	23,000	-	17,000	0						115,000
27	75,000	23,000	-	17,000	0						115,000
28	63,000	21,000	-	29,000	0						113,000
29					0						0
30					0						0
31					0						0
Total											3,260,500
Avg.											105,177
Max.											166,000

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 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
2/18/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W1

III. Daily Data for the Month/Year of: **February-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	17,000											
2	X	24	12,000		1.92								1.37	
3		24	13,000											
4	X	24	25,000		1.89								1.50	
5		24	25,000											
6		24	24,000											
7	X	24	11,000		.91								.40	
8		24	11,000											
9	X	24	12,000		1.97								1.30	
10		24	11,000											
11	X	24	26,000		1.90								1.29	
12		24	24,000											
13		24	24,000											
14	X	24	14,000		1.93								1.54	
15		24	14,000											
16	X	24	8,000		1.95								1.44	
17		24	8,000											
18	X	24	21,000		1.90								1.32	
19		24	20,000											
20		24	20,000											
21	X	24	165,000		1.86								1.45	
22		24	165,000											
23	X	24	96,000		1.92								1.55	
24		24	96,000											
25	X	24	76,000		1.94								1.55	
26		24	75,000											
27		24	75,000											
28	X	24	63,000		1.86								1.45	
29														
30														
31														
Total			1,122,000											
Average			43,154											
Maximum			165,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II		Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
2/18/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W2

III. Daily Data for the Month/Year of: February-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	24,500											
2	X	24	21,000		97								.65	
3		24	21,000											
4	X	24	31,000		72								.45	
5		24	31,000											
6		24	31,000											
7	X	24	15,000		1.02								.70	
8		24	14,000											
9	X	24	22,000		1.75								1.20	
10		24	21,000											
11	X	24	26,000		1.84								1.33	
12		24	26,000											
13	X	24	26,000		.20								1.25	
14		24	-											
15		24	-											
16	X	24	1,000		.20								1.30	
17		24	1,000											
18	X	24	-		1.25								.90	
19		24	-											
20		24	-											
21	X	24	-		1.29								1.01	
22		24	-											
23	X	24	500		1.15								.96	
24		24	500											
25	X	24	23,000		.95								.77	
26		24	23,000											
27		24	23,000											
28	X	24	21,000		1.84								1.29	
29														
30														
31														
Total			402,500											
Average			14,375											
Maximum			31,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
2/18/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month Year of: **February-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	77,000											
2	X	24	65,000		.60									
3		24	65,000											
4	X	24	59,000		.65									
5		24	59,000											
6		24	59,000											
7	X	24	82,000		1.06									
8		24	81,000											
9	X	24	49,000		1.74									
10		24	48,000											
11	X	24	56,000		2.10									
12		24	56,000											
13		24	56,000											
14	X	24	102,000		2.05									
15		24	101,000											
16	X	24	98,000		2.20									
17		24	97,000											
18	X	24	94,000		2.01									
19		24	94,000											
20		24	94,000											
21	X	24	-		2.10									
22		24	-											
23	X	24	-		.20									
24		24	-											
25	X	24	-		.20									
26		24	-											
27		24	-											
28	X	24	-		.25									
29														
30														
31														
Total			1,350,000											
Average			51,923											
Maximum			59,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey		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 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	C - 13237 License Number

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

III. Daily Data for the Month Year of: **February-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	-											
2	X	24	2,000		96								57	
3		24	2,000											
4	X	24	3,000		1.10								.96	
5		24	3,000											
6		24	3,000											
7	X	24	2,000		1.80								1.00	
8		24	2,000											
9	X	24	27,000		1.80								1.45	
10		24	27,000											
11	X	24	19,000		1.45								1.22	
12		24	19,000											
13		24	20,000											
14	X	24	1,500		.20								.20	
15		24	1,500											
16	X	24	-		2.20								1.40	
17		24	-											
18	X	24	-		1.87								1.10	
19		24	-											
20		24	-											
21	X	24	1,000		96								1.05	
22		24	500											
23	X	24	1,000		1.10								1.05	
24		24	1,000											
25	X	24	16,500		.45								1.00	
26		24	17,000											
27		24	17,000											
28	X	24	29,000		1.35								1.20	
29														
30														
31														
Total			213,000											
Average			8,192											
Maximum			29,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000				
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
2/18/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR WS

III. Daily Data for the Month/Year of: **February-05**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2		0	-											
3		0	-											
4		0	-											
5		0	-											
6		0	-											
7		0	-											
8		0	-											
9		0	-											
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14		0	-											
15		0	-											
16		0	-											
17		0	-											
18		0	-											
19		0	-											
20		0	-											
21		0	-											
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26		0	-											
27		0	-											
28		0	-											
29			-											
30			-											
31			-											
Total			-											
Average			-											
Maximum			-											

U.S. Water Services Corporation
4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: Feb 01

Well # 1 System PWS Id Number

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	12735	17,000							
2	12752	12,000	1.92	1.37	60	50/50	K... B13250		
3		13,000							
4	12777	25,000	1.87	1.50	60	50/50	K... B13231		
5		25,000							
6		24,000							
7	12851	11,000	.91	.40	54	60/40	Benedetto Matthace	K... B13257	Cleaned Eq Pond
8		11,000							
9	12873	12,000	1.97	1.30	54	60/40	K... B13257		
10		11,000							
11	12894	26,000	1.90	1.29	54	50/50	K... B13257		
12		24,000							
13		24,000							
14	12930	14,000	1.93	1.54	54	50/50	K... B13257		
15		14,000							
16	2998	8,000	1.95	1.44	54	50/50	K... B13257		
17		8000							
18	13014	21,000	1.90	1.32	54	50/50	K... B13257		
19		20,000							
20		20,000							
21	13075	165,000	1.86	1.45	54	50/50	K... B13257		Cleaned Eq Pond
22		165,000							
23	13405	96,000	1.92	1.55	54	50/50	K... B13257	Purged monthly Bacts	
24		96,000							
25	13547	26,000	1.94	1.55	54	50/50	K... B13257		
26		25,000							
27		25,000							
28	13823	23,000	1.86	1.45	54	50/50	K... B13257		
29	X	X							
30									
31									

1st 13856

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Ingwood MONTH / YEAR: Feb 05

Well # 2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		24,500							
2	70658	21,000	.97	.65	58	50/8	K [illegible] B13257		Chemical Inj Pump
3		21,000							
4	70700	31 000	.72	.45	58	50	K [illegible] B13257		
5		31 000							
6		31000							
7	70794	15,000	102	.70	48	50/50	Benedetto Matthias	K [illegible] B13257	
8		14,000							
9	70823	22,000	1.75	1.20	48	50/48	K [illegible] B13257		
10		21,00							
11	70866	26,000	1.84	1.33	48	50/48	K [illegible] B13257		
12		26,000							
13		26,000	.20	1.25	0	0	K [illegible] B13257		well out of Service
14	70941	0							
15		0							
16	70941	1000	.20	1.30	0	0	K [illegible] B13257	Pulled 1 of 2 Bact.	well of Line
17		1000							
18	70946	0	1.25	90	50	50/48	K [illegible] B13257		well of Line
19		0							
20		0						Pulled 1 of 2 Samples (Bact)	
21	70946	0	1.29	1.01	50	50/50	K [illegible] B13257	Pulled 2 of 2 Samples (Bact)	well of Line
22		0							
23	70946	500	1.15	96	50	50/50	K [illegible] B13257	Pulled monthly sample	well Back on Line
24		500							
25	70947	23000	.95	.71	50	50/50	K [illegible] B13257		
26		23,000							
27		23,000							
28	71014	21000	1.84	1.29	50	50/50	K [illegible] B13257		
29									
30									
31									

1st 7/037

R#

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Feb 07

Well # #3 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	122585	70,000							
2	122663	65,000	.60	.30	43	50/30	KM B13237		Cleaned Eq Pad
3		65,000							
4	122793	54000	.65	.21	43	50/30	KM B13237		
5		54000							
6		54000							
7	122971	32,000	1.06	.90	43	50/30	KM B13237		
8		31,000							
9	123134	49,000	1.74	1.05	43	30/30	KM B13237		
10		43,000							
11	123231	56,000	2.10	1.58	43	30/30	KM B13237		
12		56,000							
13		56,000							
14	123395	102,000	2.05	1.41	43	30/30	KM B13237		Cleaned Eq Pad
15		101,000							
16	123602	98,000	2.20	1.45	43	30/30	KM B13237		
17		97,000							
18	123797	94,000	2.01	1.40	43	50/30	KM B13237		
19		94,000							
20		94,000							
21	124079	0	2.10	1.60	43	50/30	KM B13237		well off Line
22		0							
23	124079	0	.20	.21	0	0	KM B13237		well off Line
24		0							w
25	124079	0	.20	.20	0	0	KM B13237		well off Line
26		0							
27		0							
28	124079	0	25	.20	0	0	KM B13237		well off Line Pulled 1st sample
29	X	X							
30									
31									

1st 124079

7#

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Feb 05

Well # 4 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		0	~~1.46~~						
2	76498	2000	.96	1.15	46	50/50	K B:1828		
3		2000							
4	76502	3000	1.10	.96	46	~~50~~	K B:1327		
5		3000							
6		3000							
7	76511	2000	80	60	42	50/50	Benedetto Mattrace B:1327		Chemical Inj Point
8		2000							
9	76515	2000	.80	1.45	42	50/50	K B:1327		
10		2000							
11	76569	19,000	1.45	1.22	42	50/50	K B:1327		
12		19,000							
13		20,000							
14	76627	1500	.80	.20	40	~~50~~	K B:1327		out of Service
15		1500							
16	76630	0	2.20	1.10	50	2980	K B:1327	Pulled Fast sample Back	
17		0						Slow md Sample Pulled	
18	76630	0	1.87	1.10	50	29/80	K B:1327		well on Line
19		0							
20		0							
21	76630	~~1500~~ 500	1.96	1.05	50	2980	K B:1327		well on Line Raw Comp 30 min
22		500							
23	76631	1000	1.10	1.05	48	2980	K B:1327		
24		1000							
25	76633	~~12,000~~ 17,000	.45	1.00					
26		17,000							
27	7	17,000							
28	76682	29,000	1.35	1.00	50	50/50	K B:1327		
29	X	X							
30									
31									

1st 76711

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

Report Number: T051950 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 3/1/05 1405 TD
Analysis Date & Time: 3-1-05 1442

Sample Acceptance Criteria:
Sample Preservation [x] On Ice [ ] Not On Ice [x] 1 °C
Disinfectant Check [ ] Not Detected [ ] ____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility PWS I.D. 6510355

System Address: Moog Rd City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

Type of Supply: (check only one)
- [x] 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 [x] Other

Sample Collection Date: 2/28/05 Hydro Tank repair

To be completed by collector or sample | To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Hydro Tank #3 Hendrix Rd	1515	D	1.77			A			-076

3/1/05 TD MLSS #

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other _____

Person performing analysis is:
- [ ] A certified operator (# B15257)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: NS

Title: PC

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4095 CROSS BAYOU BLVD.
[illegible] RICHEY, FL 34652
[illegible] (727) 848-8909

DEP/DOH USE ONLY
- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [x] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

AND LABORATORY REPORTING FORMAT

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Environmental Laboratories, Inc.

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9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
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

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 3/1/05 1405 TD

Analysis Date & Time: _____

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☒ 1 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☐ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: Moog Rd City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-343-0150

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: 2/28/05 Hydro Tank repair

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
	Hydro Tank #3 Hendrix H	1515	D	1.77	

To be completed by lab

Total Coliform Analysis Method:
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
				-06

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# B13257) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
PINELLAS PARK, FL 34665
(727) 848-8999

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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 01-04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E53076

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 2-24-05 09:12

Analysis Date & Time: 2-24-05 1405

Sample Acceptance Criteria:

Sample Preservation ☐ On Ice ☐ Not On Ice ☐ _____ °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: 105178 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test

☐ HPC

☐ Other: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: Moog Rd City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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: 2/23/05

To be completed by collector of sample | To be completed by lab

Total Coliform Analysis Method: SM 9222B

Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Lennon Dr	1400	P	0	7.3		A			-01
	Raw well #2 Cantrell St	1415	P	0	7.2		A			-02
	Raw well #4 Linkwood	1420	P	0	7.2		A			-03
	D.U #1 3609 Blayton Dr	1430	D	1.80			A			-04
	D.U #2 3709 Colonial Hill Dr	1435	D	1.37			A			-05

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.44

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# 03437) ☐ Employed by a certified lab

☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

Colonial Manor Utilities
3149 Crews Bayou Blvd
New Port Richey FL
34652

DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

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☐ 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**

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 22405 09:12

Analysis Date & Time: _____

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

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utility **PWS I.D.** 6510335

System Address: Hwy 20 City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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: 2/23/04

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: / Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Conner Dr	1400	R	0	7.3					
	Raw well #2 Central St	1415	R	0	7.2					
	Raw well #4 Lankwood	1420	R	0	7.2					
	D.S #1 3609 Blayton Dr	1430	D	1.50						
	D.S #2 3909 Colonial Hill Dr	1435	D	1.37						

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.44

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒DPD Colorimetric ☐Other: _____

Person performing analysis is:
☐A certified operator (# 03651) ☐Employed by a certified lab
☐Supervised by a cert operator (# _____) ☐Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

Colonial Manor Utility
3149 Cross Bayou Blvd
New Port Richey FL
34652

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☒ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

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

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Environmental Laboratories, Inc.
- ☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
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- ☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: TO 51786

Page _____ of _____

CLIENT NAME:	PROJECT NAME: Colonial Manor
ADDRESS:	P.O. NUMBER / PROJECT NUMBER:
	PROJECT LOCATION:
PHONE: FAX:	Hol. Dy
CONTACT:	SAMPLED BY:

TURN AROUND TIME:
☑ STANDARD
☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE: 500 ml	500 ml	500 ml					LAB NUMBER
							ANALYSIS REQUIRED: HG	HG	Sol					
	Raw well #1 Colonial	G	2/23/05	1400	DW	1	Preserv: I	H	H					
	Raw well #2 Courtesy	G	"	1415	DW	1		X	X	X				
	Raw well #4 Linkwood	G	"	1420	DW	1		X	X	X				

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #
Out	Via:	RB	D/T
		AB	D/T
Ret	Via:	Trip Bl	

	Relinquished by:	Date	Time	Received by:	Date	Time
1		2/24	0912		2/24/05	09:15
2						
3						
4						

☐ received

revised 8/01

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Advanced Environmental Laboratories, Inc.

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9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 2-21-05 1510 VIR

Analysis Date & Time: 2-21-05 1550

Report Number: T051667 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

Sample Acceptance Criteria:

Sample Preservation [x] On Ice [ ] Not On Ice [x] 0 °C

Disinfectant Check [ ] Not Detected [ ] _____ mg/L

This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utilities PWS I.D. 6510355

System Address: Moog Rd. City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

Type of Supply: (check only one)

- [x] 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 [x] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 2/21/05

To be completed by collector or sampler | To be completed by lab

Total Coliform Analysis Method: SM9222B

Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
DI	pump station #2 Hydro tank	0840	D	1.80			A			-01

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards

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

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other: _____

Person performing analysis is:

- [ ] A certified operator (# 13257)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
PINELLAS PARK, FL 34665
(727) 848-8909

DEP/DOH USE ONLY

- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

AND LABORATORY REPORTING FORMAT

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☐ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E53076

Report Number: T05 1667 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 2-24-05 1570 VIR
Analysis Date & Time: 2-24-05 1550

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 0 °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: Moog Rd City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-2430140

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: 2/20/05

To be completed by Collector of Sample						To be completed by Lab				
						Total Coliform Analysis Method: SM9222B				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
01	Pump Station #2 Hydro Tank	1615	D	1.33			A			02

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐DPD Colorimetric ☐Other: _____

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

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: NS

Title: QC

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corp.
4939 Cross Bayou Blvd
New Port Richey, FL 34652

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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 01/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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☐ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597• E53076

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 2/17/05 1540 RT
Analysis Date & Time: 2/17/05 1630

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

Report Number: T051584 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Mobile Hy. PWS I.D. 6 5 J 0 3 5 5

System Address: Moog Road City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T Martin Collector's Phone # 727-243-0140

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 Hydro Tank Replace

Sample Collection Date: 2/17/05

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B				
						Fecal or E. coli Analysis Method:				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	well #1 Lamar Wood	1400	D	1.72			A			-06
	well #2 Cantrell St	1415	D	1.46			A			-07

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.59

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# B.3220) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: NS

Title: PC

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
[illegible] DICHEY, FL 34652
[illegible] 727) 848-8200

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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 01/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • **E84589**
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**

Report Number: [illegible] Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

For Lab Use Only

RECEIVED

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 2/17/05 14:12

Analysis Date & Time: 2/18/05 1630

Sample Acceptance Criteria:

Sample Preservation ☐ On Ice ☐ Not On Ice ☐ _____ °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

System Name: Colonial Mobile Hm Pk **PWS I.D.** 6 5 1 0 3 5 [illegible]

System Address: Moog Road City: Lk Alfred

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T Martin Collector's Phone # 727 443 0140

Type of Supply: (check only one)

- [x] 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 [ ] Replacement [ ] Main Clearance [ ] Well Survey [x] Other

11 pro TANK Replaced

Sample Collection Date: 2/17/05

To be completed by collector of sample						Typed or printed by lab					
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B Fecal or E. coli Analysis Method:				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Well #1 Lime wood	1000	D	[illegible]			A			-16
	Well #2 Control St	1015	"	[illegible]			A			-17

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐DPD Colorimetric ☐Other: _____

Person performing analysis is:

☐A certified operator (# _____) ☐Employed by a certified lab

☐Supervised by a cert operator (# _____) ☐Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: NS

Title: PC

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY

- [x] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: [illegible] 3/1/05

[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 = 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 01/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 2/7/05 1540 RT

Analysis Date & Time: _____

Sample Acceptance Criteria:

Sample Preservation ☐ On Ice ☐ Not On Ice ☐ _____ °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☑ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 J 0 3 5 5

System Address: Moog Road City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T Martin Collector's Phone # 727 943-0140

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 Hydro Tank Replace

Sample Collection Date: 2/7/05

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method:				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Well #1 Lime well	1400	D	1.72						
	Well #2 Control st	1045	D	1.46						

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.59

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# 3.333) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
[illegible] CROSS BAYOU BLVD.
[illegible] DUNEDIN FL 34698
[illegible] 727 848-8000

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☒ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

For Lab Use Only

SCANNED

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 2/17/05 1540 RT

Analysis Date & Time: _____

Sample Acceptance Criteria:

Sample Preservation ☐ On Ice ☐ Not On Ice ☐ _____ °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☑ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 J 0 3 5 5

System Address: Moog Road City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T Martin Collector's Phone # 727-345-0140

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 Hydro Tank Replaced

Sample Collection Date: 2/17/05

To be completed by collector of sample | To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: / Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	well #1 Lift Station	1400	D	1.72						
	well #2 Cantrell St	1415	D	1.46						

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.59

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# 3333) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
3950 CROSS BAYOU BLVD.
PINELLAS PARK, FL 34665
727-848-8000

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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.)

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 2/17/05 1540

Analysis Date & Time: 2-17-05 1630

Sample Acceptance Criteria:

Sample Preservation ☐ On Ice ☐ Not On Ice ☐ _____ °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: TD51586 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: Holiday Moog RD City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Ken Martin Collector's Phone # 727-243-0140

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 Replaced Hydro Tank

Sample Collection Date: 2/18/05 per client

To be completed by collector or sample

To be completed by lab

Total Coliform Analysis Method: SM9222B

Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Well #4 Inwood (POE)	1515	D	1.60			A			04
	Well #2 Central (POE)	1550	D	1.40			P	A		05

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.50

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# 61338) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: NS

Title: QC

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☒ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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**
☐ 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**

SCANNED

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 2/17 1511

Analysis Date & Time: 2-17 0516 30

Sample Acceptance Criteria:

Sample Preservation ☐ On Ice ☐ Not On Ice ☐ _____ °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: 15826 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Well 2 **PWS I.D.** 6 5 1 0 3 5 1

System Address: ~~Holiday~~ Moog Rd City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Ben Martin Collector's Phone # 727-743-0140

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

Replaced Hydro Tank

Sample Collection Date: 2/16/05 per client

To be completed by collector of sample

To be completed by lab

Total Coliform Analysis Method: SM9222B

Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Well # 1 Linwood		D	1.60			A			-14
	Well # 2 Central	1333	D	1.40			P	A		-15
	CIRCLED SAMPLE UNSATISFACTORY. SUBMIT RECHECK SAMPLES UNTIL SATISFACTORY ON TWO (2) CONSECUTIVE DAYS AS REQUIRED BY FLORIDA ADMINISTRATIVE CODE.									

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.50

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐DPD Colorimetric ☐Other: _____

Person performing analysis is:

☐A certified operator (# 5333) ☐Employed by a certified lab
☐Supervised by a cert operator (# _____) ☐Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: NS

Title: QC Well 2

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY

☐ ~~Satisfactory~~ Unsatisfactory
☐ Incomplete Collection Information
☒ Repeat Samples Required Continue Sampling Well 2 until 2 consec. Are Satisfac
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: [illegible] 3/1/05

[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 = 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 01/04]

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Advanced Environmental Laboratories, Inc.

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9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
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 • E83076

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 2/7/05 1540

Analysis Date & Time: _____

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

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: Holiday Moore RD City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Ben Martin Collector's Phone # 727-243-0140

Type of Supply: (check only one)
- [x] 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 Replaced Hydro Tank

Sample Collection Date: 2/1/8/05

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method:				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Well #4 Lake (Rear)	1515	D	1.60						
	Well #2 Control (Front)	1550	D	1.40						

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.50

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒DPD Colorimetric ☐Other: _____

Person performing analysis is:
- ☐A certified operator (# 61313)
- ☐Supervised by a cert operator (# _____)
- ☐Employed by a certified lab
- ☐Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
PINELLAS PARK, FL 34652
PHONE: (727) 848-8999

DEP/DOH USE ONLY
- ☐ Satisfactory
- ☐ Incomplete Collection Information
- ☐ Repeat Samples Required
- ☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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.)

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

REVISED 7-19-05

FILE COPY

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: Mar-05

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Identification Number: 6510355

Day of Month	Plant 1 Name: Colonial Manor Well # 1	Plant 2 Name: Colonial Manor Well # 2	Plant 3 Name: Colonial Manor Well # 3	Plant 4 Name: Colonial Manor Well # 4	Plant 5 Name: Colonial Manor Well # 5	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	93,000	53,500	93,000	53,500	93,000						386,000
	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	74,000	21,000	30,000	30,000	0						155,000
2	12,000	11,000	43,000	21,000	0						87,000
3	12,000	10,000	43,000	21,000	0						86,000
4	27,000	30,000	45,000	18,000	0						120,000
5	27,000	29,000	45,000	18,000	0						119,000
6	27,000	29,000	45,000	18,000	0						119,000
7	24,000	23,000	49,000	28,000	0						124,000
8	23,000	23,000	49,000	28,000	0						123,000
9	24,000	23,000	52,000	28,000	0						127,000
10	24,000	22,000	51,000	27,000	0						124,000
11	29,000	24,000	47,000	19,000	0						119,000
12	28,000	24,000	47,000	19,000	0						118,000
13	28,000	24,000	46,000	18,000	0						116,000
14	16,000	22,000	43,000	23,000	0						104,000
15	16,000	22,000	43,000	22,000	0						103,000
16	23,000	20,000	41,000	21,000	0						105,000
17	22,000	19,000	41,000	21,000	0						103,000
18	30,000	24,000	40,000	18,000	0						112,000
19	30,000	23,000	40,000	18,000	0						111,000
20	27,000	23,000	40,000	17,000	0						107,000
21	17,000	23,000	48,000	21,000	0						109,000
22	16,000	22,000	47,000	20,000	0						105,000
23	23,000	20,000	40,000	23,000	0						106,000
24	22,000	19,000	39,000	23,000	0						103,000
25	24,000	23,000	43,000	19,000	0						109,000
26	24,000	23,000	42,000	18,000	0						107,000
27	24,000	22,000	42,000	18,000	0						106,000
28	23,000	26,000	56,000	23,000	0						128,000
29	23,000	25,000	55,000	23,000	0						126,000
30	25,000	23,000	51,000	8,000	0						107,000
31	24,000	23,000	51,000	8,000	0						106,000
Total											3,494,000
Avg.											112,710
Max.											155,000

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: March 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM		PWS Identification Number: 6510355
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 Inc.		
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 E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
3/10/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR WI

III. Daily Data for the Month/Year of: March-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable *										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
1		24	74,000											
2	x	24	12,000		1.89							1.45		
3		24	12,000											
4	x	24	27,000		1.73							1.41		
5		24	27,000											
6		24	27,000											
7	x	24	24,000		1.82							1.31		
8		24	23,000											
9	x	24	24,000		1.88							1.35		
10		24	24,000											
11	x	24	29,000		1.94							1.40		
12		24	28,000											
13		24	28,000											
14	x	24	16,000		1.91							1.37		
15		24	16,000											
16	x	24	23,000		1.88							1.40		
17		24	22,000											
18	x	24	30,000		1.90							1.45		
19		24	30,000											
20		24	27,000											
21	x	24	17,000		1.94							1.45		
22		24	16,000											
23	x	24	23,000		1.86							1.41		
24		24	22,000											
25	x	24	24,000		1.90							1.48		
26		24	24,000											
27		24	24,000											
28	x	24	23,000		1.92							1.44		
29		24	23,000											
30	x	24	25,000		1.91							1.41		
31		24	24,000											
Total			768,000											
Average			24,774											
Maximum			74,000											

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: March 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
Contact Person: Melisa Rotteveel	Contact Person's Title: FI. 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II		Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
3/10/25	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W2

III. Daily Data for the Month/Year of: March-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity (NQ) of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable									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
				Peak Hourly 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	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	21,000											
2	x	24	11,000		1.80								1.50	
3		24	10,000											
4	x	24	30,000		1.80								1.57	
5		24	29,000											
6		24	29,000											
7	x	24	23,000		2.20								1.75	
8		24	23,000											
9	x	24	23,000		2.15								1.70	
10		24	22,000											
11	x	24	24,000		1.75								1.10	
12		24	24,000											
13		24	24,000											
14	x	24	22,000		1.82								1.30	
15		24	22,000											
16	x	24	20,000		1.84								1.33	
17		24	19,000											
18	x	24	24,000		1.88								1.45	
19		24	23,000											
20		24	23,000											
21	x	24	23,000		1.91								1.50	
22		24	22,000											
23	x	24	20,000		1.93								1.48	
24		24	19,000											
25	x	24	23,000		1.94								1.40	
26		24	23,000											
27		24	22,000											
28	x	24	26,000		1.90								1.50	
29		24	25,000											
30	x	24	23,000		1.92								1.55	
31		24	23,000											
Total			695,000											
Average			22,419											
Maximum			30,000											

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: March 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

DEP Form 62-555.900(3)
Effective August 28, 2003

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	Printed or Typed Name	License Number
3/10/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W3

III. Daily Data for the Month/Year of: March-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Difference Was Abnormal Treatment or Operating Conditions or Repair or Maintenance Work Involved Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	% Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	30,000											
2	x	24	43,000		1.15								.70	
3		24	43,000											
4	x	24	45,000		1.75								1.40	
5		24	45,000											
6		24	45,000											
7	x	24	49,000		2.20								1.60	
8		24	49,000											
9	x	24	52,000		1.90								1.55	
10		24	51,000											
11	x	24	47,000		1.88								1.46	
12		24	47,000											
13		24	46,000											
14	x	24	43,000		1.90								1.50	
15		24	43,000											
16	x	24	41,000		1.82								1.37	
17		24	41,000											
18	x	24	40,000		1.88								1.41	
19		24	40,000											
20		24	40,000											
21	x	24	48,000		1.65								1.32	
22		24	47,000											
23	x	24	40,000		1.75								1.50	
24		24	39,000											
25	x	24	43,000		1.86								1.44	
26		24	42,000											
27		24	42,000											
28	x	24	56,000		2.20								1.70	
29		24	55,000											
30	x	24	51,000		.96								.62	
31		24	51,000											
Total			1,394,000											
Average			44,968											
Maximum			56,000											

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: March 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey		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 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 1 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	Printed or Typed Name	License Number
3/10/05	KENNETH MARTIN	C - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W4

III. Daily Data for the Month/Year of: March-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable *									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
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, in W-sec/cm²	Minimum UV Dose Required, in W-sec/cm²		
1	x	24	30,000		1.96								1.34	
2		24	21,000											
3		24	21,000											
4	x	24	18,000		1.85								1.40	
5		24	18,000											
6		24	18,000											
7	x	24	28,000		2.20								1.76	
8		24	28,000											
9	x	24	28,000		2.10								1.50	
10		24	27,000											
11	x	24	19,000		2.15								1.40	
12		24	19,000											
13		24	18,000											
14	x	24	23,000		2.05								1.70	
15		24	22,000											
16	x	24	21,000		1.85								1.37	
17		24	21,000											
18	x	24	18,000		1.93								1.55	
19		24	18,000											
20		24	17,000											
21	x	24	21,000		1.91								1.47	
22		24	20,000											
23	x	24	23,000		1.87								1.50	
24		24	23,000											
25	x	24	19,000		1.82								1.44	
26		24	18,000											
27	x	24	18,000		1.92								1.55	
28		24	23,000											
29		24	23,000											
30	x	24	8,000		1.90								1.56	
31		24	8,000											
Total			637,000											
Average			20,548											
Maximum			30,000											

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: March 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
3/10/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR WS

III. Daily Data for the Month/Year of: March-05

Means of Achieving Four-Log Virus Inactivation/Removal * — X Free Chlorine — Chlorine Dioxide — Ozone — Combined Chlorine

Ultraviolet Radiation — Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation *	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2	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		0	-											
2		0	-											
3		0	-											
4		0	-											
5		0	-											
6		0	-											
7		0	-											
8		0	-											
9		0	-											
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14		0	-											
15		0	-											
16		0	-											
17		0	-											
18		0	-											
19		0	-											
20		0	-											
21		0	-											
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26		0	-											
27		0	-											
28		0	-											
29		0	-											
30		0	-											
31		0	-											
Total			-											
Average			-											
Maximum			-											

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

REVIEWED

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: March-2005

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Identification Number: 6510355

Day of Month	Plant 1 Name: Colonial Manor Well #1	Plant 2 Name: Colonial Manor Well#2	Plant 3 Name: Colonail Manor Well #3	Plant 4 Name: Colonial Manor Well #4	Plant 5 Name: Colonial Manor Well #5	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	79,000	79,000	98,000	79,000	18,000						353,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	74,000	21,000	30,000	30,000	0						155,000
2	12,000	11,000	43,000	21,000	0						87,000
3	12,000	10,000	43,000	21,000	0						86,000
4	27,000	30,000	45,000	18,000	0						120,000
5	27,000	29,000	45,000	18,000	0						119,000
6	27,000	29,000	45,000	18,000	0						119,000
7	24,000	23,000	49,000	28,000	0						124,000
8	23,000	23,000	49,000	28,000	0						123,000
9	24,000	23,000	52,000	28,000	0						127,000
10	24,000	22,000	51,000	27,000	0						124,000
11	29,000	24,000	47,000	19,000	0						119,000
12	28,000	24,000	47,000	19,000	0						118,000
13	28,000	24,000	46,000	18,000	0						116,000
14	16,000	22,000	43,000	23,000	0						104,000
15	16,000	22,000	43,000	22,000	0						103,000
16	23,000	20,000	41,000	21,000	0						105,000
17	22,000	19,000	41,000	21,000	0						103,000
18	30,000	24,000	40,000	18,000	0						112,000
19	30,000	23,000	40,000	18,000	0						111,000
20	27,000	23,000	40,000	17,000	0						107,000
21	17,000	23,000	48,000	21,000	0						109,000
22	16,000	22,000	47,000	20,000	0						105,000
23	23,000	20,000	40,000	23,000	0						106,000
24	22,000	19,000	39,000	23,000	0						103,000
25	24,000	23,000	43,000	19,000	0						109,000
26	24,000	23,000	42,000	18,000	0						107,000
27	24,000	22,000	42,000	18,000	0						106,000
28	23,000	26,000	56,000	23,000	0						128,000
29	23,000	25,000	55,000	23,000	0						126,000
30	25,000	23,000	51,000	8,000	0						107,000
31	24,000	23,000	51,000	8,000	0						106,000
Total											3,494,000
Avg.											
Max.											155,000

DEP Form 62-555.900(11)
Effective August 28, 2003

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

INSTRUCTIONS: This report shall be completed and submitted by community water systems that are serving, or are designed to serve, 350 or more persons or 150 or more service connections and that have multiple treatment plants connected to the same distribution system. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department (ACHD). All information provided in this report shall be typed or printed in ink.

Enter the names of all plants connected to the same distribution system. Enter the permitted maximum day operating capacity for each plant and compute and enter the total permitted maximum day operating capacity for all plants. Enter the net quantity of finished water produced by each plant for each day as shown on DEP Form 62-555.900(2) or (3); compute and enter the total net quantity of finished water produced by all plants for each day; compute and enter the total net quantity of finished water produced by all plants for the month; compute and enter the average daily net quantity of finished water produced by all plants for the month; and enter the maximum day net quantity of finished water produced by all plants for the month.

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: MARCH 07

Well # 1 CANNON DR System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	13886	74,000							
2	13960	12,000	1.89	1.47	50	40/60	K B13237		
3		12,000							
4	13984	27,000	1.73	1.41	50	40/60	K B13237		
5		27,000							
6		21,000							
7	14065	24,000	1.82	1.31	50	40/60	K B13237	T/C TDS, Cl2 Jar	
8		23,000							
9	14112	24,000	1.86	1.35	50	40/60	K B13237		
10		24,000							
11	14160	29,000	1.94	1.40	50	40/60	K B13237		
12		28,000							
13		28,000							
14	14247	16,000	1.91	1.37	50	40/60	K B13237		
15		16,000							
16	14277	23,000	1.86	1.40	50	40/60	K B13237		Cleaned Trays
17		22,000							
18	14322	30,000	1.98	1.45	50	40/60	K B13237		
19		30,000							
20		27,000							
21	14411	17,000	1.94	1.41	50	40/60	K B13237		
22		16,000							
23	14444	23,000	1.86	1.41	50	40/60	K B13237		
24		22,000							
25	14489	24,000	1.90	1.48	50	40/60	K B13237		Replaced #2 Tube
26		27,000							
27		24,000							
28	14561	23,000	1.92	1.44	50	30/70	K B13237		Ran A.B Comp 40 min
29		23,000							
30	14607	25,000	1.91	1.41	50	40/60	K B13237		
31		24,000							

14656

24

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: March 07

Well # WW #2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	71037	21,000							
2	71058	11,000	180	150	58	~~58~~	Ken B13267		
3		10,000							
4	71079	30,000	185	157	58	~~58~~	Ken B13267		
5		29,000							
6		29,000							
7	71167	23,000	220	175	58	~~58~~	Ken B13267	TC, TDS Cl So4	9-2-00 SLC 10/6
8		23,000							
9	71213	23,000	215	170	58	~~58~~	Ken B13267		
10		22,000							
11	71258	24,000	175	110	58	~~58~~ 50	Ken B13267		
12		24,000							
13		24,000							
14	71330	22,000	182	130	58	~~58~~	Ken B13267		
15		22,000							
16	71374	20,000	184	133	58	~~58~~	Ken B13267		Cleaned by Pool
17		19,000							
18	71413	24,000	186	145	50	~~58~~ 50	Ken B13267		
19		23,000							
20		23,000							
21	71483	23,000	191	150	50	~~58~~	Ken B13267		
22		21,000							
23	71528	20,000	193	148	50	~~58~~	Ken B13267		
24		19,000							
25	71567	23,000	194	140	50	~~58~~ 50	Ken B13267		
26	6	23,000							
27		22,000							
28	71635	26,000	190	150	50	~~58~~	Ken B13267		
29		25,000							
30	71686	23,000	192	155	50	~~58~~	Ken B13267		
31		23,000							

4/1 = 71732

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: March 05

Well # 3 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	124079	3000							
2	124082	43,000	1.15	.70	40	6/10	K — B13237		Cleaned Eq Pond
3		43,000							
4	124168	45,000	175	140	40	5/10	K — B13237		
5		47,000							
6		47,000							
7	124303	47,000	220	160	40	5/10	KM B13237	T/C TDS <1,000	Reduced C/L 10%
8		49,000							
9	124401	52,000	190	155	40	5/10	K — B13237		
10		51,000							
11	124[illegible]	47,000	188	146	40	5/10	K — B13237		
12		47,000							
13		46,000							
14	124641	43,000	150	110	40	5/10	KM B13237		
15		43,000							
16	124750	41,000	182	137	40	5/10	KM B13237		Cleaned Eq Pond
17		41,000							
18	124812	40,000	188	141	40	5/10	KM B13237		
19		40,000							
20		40,000							
21	124933	48,000	165	132	40	5/10	KM B13237		
22		47,000							
23	125078	40,000	175	150	40	5/10	KM B13237		
24	~~124933~~	39,000							
25	125107	43,000	186	144	40	5/10	KM B13237		
26		42,000							
27		42,000							
28	125231	56,000	220	170	40	5/10	KM B13237		
29		55,000							
30	125315	51,000	196	162	40	5/10	K — B13237		
31		51,000							

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U.S. Water
Services Corporation

[illegible] Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor
Well # #1 Lakewood
MONTH / YEAR: March 05
System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air: Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	76711	30,000	1.96	1.34	44	~~50~~ 50	~~Kim~~ B13237		
2	76741	21,000							
3		21,000							
4	76783	18,000	1.85	1.40	44	~~50~~ 50	Kim B13237		Cleaned Inj Pond
5		18,000							
6		18,000							
7	76837	24,000	2.00	1.76	44	~~50~~ 50	Kim B13237	TH TDS Cl SO4	Reduced Cl2 to 1.0 Raw comp 301
8		28,000							
9	76893	28,000	2.10	1.70	44	~~50~~ 50	Kim B13237		
10		27,000							
11	76945	19,000	2.15	1.70	44	~~50~~ 50	Kim B13237		
12		19,000							
13		18,000							
14	77004	23,000	2.05	1.70	44	~~50~~ 50	Kim B13237		
15		22,000							
16	77049	21,000	1.85	1.37	44	~~50~~ 50	Kim B13237		Cleaned Inj Pond
17		21,000							
18	77091	18,000	1.93	1.55	44	~~50~~ 50	Kim B13237		
19		18,000							
20		17,000	~~1.41~~	~~1.47~~	~~44~~	~~50~~	~~Kim B13237~~		
21	77142	21,000	1.91	1.47	44	~~50~~ 50	Kim B13237		
22		20,000							
23	77187	23,000	1.87	1.70	44	~~50~~ 50	Kim B13237		
24		23,000							
25	77231	19,000	1.82	1.44	44	~~50~~ 50	Kim B13237		Replaced #2 Stenner Tube
26		18,000							
27		18,000	1.92	1.55	44	~~50~~ 50	Kim B13237		
28	77286	23,000	↓	↓	↓	↓	↓ ↓ Kim		
29		23,000							
30	77384	18,000	1.90	1.56	44	~~50~~ 50	Kim B13237		
31		18,000							

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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 • E84569
☐ 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

Report Number: 1052502 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test
☐ HPC
☐ Other: _____

TD 3/7/05 (MS)

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 3/7/05 1510 EST
Analysis Date & Time: 3-8-05 1200

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☑ 0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: ~~Hol. Day~~ Kim Moog RD **City:** Hol. Day

System or Owner's Phone #: _____ **Fax #:** _____

Collector: Kenneth T. Martin **Collector's Phone #** 727-863-0140

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: 3/7/05

To be completed by collector of sample | To be completed by lab

Total Coliform Analysis Method: SM 9222B
Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Well #1 Common Dr	0910	R	0	7.3		A			-06
	Well #2 Cantrell St	0917	R	0	7.3		A			07
	Well #3 Hendrix	0921	R	0	7.4		A			-08
	Well #4 Linkwood	0940	R	0	7.3		A			-09
	Dist #1 3509 Bedford Dr	0950	D	1.62			A			-10
	Dist #2 3504 Common Dr	1000	D	1.38			A			-11

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.50

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# BBW7) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: NS

Title: DC

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
[illegible] BAYOU BLVD.
[illegible] PICHEY, FL 34654
[illegible] 828-8999

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

Report Number: 105250 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 3/7/05 1510 EST

Analysis Date & Time: _____

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice 0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: ~~Hol-Day~~ Km Moog Rd City: Hol-Day

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727 863-0140

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: 3/7/05

To be completed by collector or sample						To be completed by lab				
						Total Coliform Analysis Method:				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Well #1 Common Dr	0910	R	0	7.3					-06
	Well #2 Cantrell St	0915	R	0	7.3					07
	Well #3 Hendrix	0925	R	0	7.4					-08
	Well #4 Linkwood	0940	R	0	7.3					-09
	Dist #1 3509 Bedford Dr	0950	D	1.62						-10
	Dist #2 3504 Common Dr	1000	D	1.38						-11

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.50

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# 03347) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8202

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Advanced Environmental Laboratories, Inc.

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X 9610 Princess Palm Ave. • Tampa, FL 33619 • 813 630 9616 • Fax 813 630 4327 • E84589
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528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407 937 1594 • Fax 407 937 1597 • E53076

For Lab Use Only

The lab performing this analysis is checked on the left

Lab Receipt Date & Time: 5/1/05 1405 TD

Analysis Date & Time: 5-1-05 1440

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 1 °C

Disinfectant Check ☐ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements: ____

Report Number: T051950 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test

☐ HPC

☐ Other: ____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: Moog Rd **City:** Holiday

System or Owner's Phone #: ____ **Fax #:** ____

Collector: Kenneth T. Martin **Collector's Phone #** 727-243-0140

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: 3/1/05 Repair Hydro Tank

To be completed by collector or sampler

To be completed by lab

Total Coliform Analysis Method: SM9222B

Fecal or E. coli Analysis Method: ____

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Hydro Tank #3 Heading	1000	D	1.75			A			=AE07

3/1/05 MLS

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.75

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: ____

Person performing analysis is:

☒ A certified operator (# B1225) ☐ Employed by a certified lab

☐ Supervised by a cert operator (# ____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: ____

Date State notified by lab of positive results: ____

Lab Signature: DS

Title: QC

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
PINELLAS PARK, FL 34665
(727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH: ____

DEP/DOH Reviewing Official: ____

[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 = 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

AND LABORATORY REPORTING FORMAT

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
❑ 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

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 3/1/05 1405 TD

Analysis Date & Time: _____

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☑ 01 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: Moog Rd City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-943-0110

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: 3/1/05 Repair Hydro Tank

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: / Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Hydro Tank #3 Heading	1000	D	1.75						-05

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.75

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☒ A certified operator (# B1525) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE # (727) 848-8999

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client:	US Water Services	**Report No.:**	T052150
Project Name:	Colonial Manor	**Date Sampled:**	03/07/2005
Project Number:		**Date Received:**	3/7/05 15:10
PWS ID#:	6510355	**Date Reported:**	03/23/2005
Attention:	Melisa Rotteveel		
Phone Number:	7278488292		
Address:	4939 Cross Bayou Blvd.		
	New Port Richey, Fl 34652		

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: _____

Tammie Heslin, Project Manager

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

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

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

Total Number of Pages = 9

P. 1

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #1 Connon Drive
Site: Holiday
Sample Number: T052150-01

Report No.: T052150
Date/Time Sampled: 03/07/05 09:10
Date/Time Received: 3/7/05 15:10

Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**40**		SM4500CL-E	**1.3**	03/14/2005	11:00	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**23**		E375.4	**1.4**	03/15/2005	08:45	E84589
1930	**Total Dissolved Solids**	500	mg/L	**390**		E160.1	**10**	03/10/2005	17:30	E84589

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

P.2

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #2 Cantrell Drive
Site: Holiday
Sample Number: T052150-02

Report No.: T052150
Date/Time Sampled: 03/07/05 09:15
Date/Time Received: 3/7/05 15:10

Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**51**		SM4500CL-E	**1.3**	03/14/2005	11:00	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**25**		E375.4	**1.4**	03/15/2005	08:45	E84589
1930	**Total Dissolved Solids**	500	mg/L	**390**		E160.1	**10**	03/10/2005	17:30	E84589

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

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #3 Hendrix Street
Site: Holiday
Sample Number: T052150-03

Report No.: T052150
Date/Time Sampled: 03/07/05 09:25
Date/Time Received: 3/7/05 15:10

Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**74**		SM4500CL-E	**1.3**	03/14/2005	11:00	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**30**		E375.4	**1.4**	03/15/2005	08:45	E84589
1930	**Total Dissolved Solids**	500	mg/L	**440**		E160.1	**10**	03/10/2005	17:30	E84589

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

P.4

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #4 Linkwood Drive
Site: Holiday
Sample Number: T052150-04

Report No.: T052150
Date/Time Sampled: 03/07/05 09:40
Date/Time Received: 3/7/05 15:10

Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**74**		SM4500CL-E	**1.3**	03/14/2005	11:00	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**45**		E375.4	**1.4**	03/15/2005	08:45	E84589
1930	**Total Dissolved Solids**	500	mg/L	**460**		E160.1	**10**	03/10/2005	17:30	E84589

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

P.5

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Colonial Manor PWS I.D. #: 6510355

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TO-3150-01-01 Location Code (if known): _____

Sample Date: 3/7/05 Sample Time: 0910/0915/0935/0940 AM PM (Circle One)

Sample Location (be specific): well #1, 2, 3 + 4

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

☐Distribution
☐Entry Point (to Distribution)
☐Plant Tap (not for compliance with 62-550)
☐Raw (at well or intake)
☐Max Residence Time
☐Ave Residence Time
☐Near First Customer

Reason(s) for Sample (Check all that apply)

☐Routine Compliance (with 62-550) ☐Quarterly (Which Quarter? _____)
☐Confirmation of MCL Exceedance* ☐Special (not for compliance with 62-550)
☐Composite of Multiple Sites** ☐Violation Resolution
☐Clearance (permitting) ☐Replacement (of Invalidated Sample)
☐Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Kenneth Martin

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Kenneth Martin (Print Name), _____ (Print Title),

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

Signature: _____ Date: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa — Florida Certification #: E84589

Address: 9610 Princess Palm Avenue — Certification Expiration Date: 06/30/2005

Tampa, Florida 33619 — phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): 6510355 — Date Sample(s) Received: 03/07/2005 15:10:0

Lab Assigned Report Number or Job ID T052150 — Sample Number (From page 1) T052150-01-04

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Triha
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloaceti
☐ Nitrate	☐ Partial	Radionuclides	☐ Bromate
☐ Nitrite	☐ Dioxin Only	☐ Single Samp	☐ Chlorite
☐ Asbestos Only		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☑ Partial

Were any analyses subcontracted? ☐ Yes ☑ No

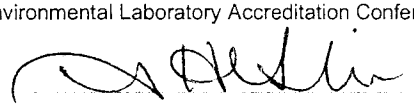
If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin , Project Manager
(Print Name)

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

Signature:  **Date:**

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No — Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments

Date Reviewed: DEP/DOH Reviewing Official:

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

Date/Time Rcvd: 3/7/05 1510 Log-In request number: TD52150

Received by: TD Completed by: TD

Cooler/Shipping Information:

Courier: ☐ AEL ☑ Client ☐ UPS ☐ Pony Express ☐ FedEx ☐ Other (describe): _____

Type: ☐ Cooler ☐ Box ☐ Other (describe) _____

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

Cooler ID					
Temp (°C)	0°C				
Temp taken from	☐ Temp blank ☐ Sample bottle ☑ Ice Water	☐ Temp blank ☐ Sample bottle ☐ Ice Water	☐ Temp blank ☐ Sample bottle ☐ Ice Water	☐ Temp blank ☐ Sample bottle ☐ Ice Water	☐ Temp blank ☐ Sample bottle ☐ Ice Water
Temp measured with	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other information:
Any "NO" responses or discrepancies should be explained in the "Comments" section below.

	CHECKLIST	YES	NO	NA
1.	Were custody seals on shipping container(s) intact?			—
2.	Were custody papers properly included with samples?	—		
3.	Were custody papers properly filled out (ink, signed, match labels)?	—		
4.	Did all bottles arrive in good condition (unbroken)?	—		
5.	Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	—		
6.	Did the sample labels agree with the chain of custody?	—		
7.	Were correct bottles used for the tests indicated?	—		
8.	Were proper sample preservation techniques indicated on the label?	—		
9.	Were samples received within holding times?	—		
10.	Were all VOA vials checked for the presence of air bubbles?			—
11.	Were there air bubbles present in the VOA vials?			—
12.	Were samples in direct contact with wet ice? If "No," check one: ☐ NO ICE ☐ BLUE ICE	—		
13.	Was the cooler temperature less than 6°C?	—		
14.	Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			—
15.	Were the sample containers provided by AEL?	—		
16.	Were samples accepted into the laboratory?	—		

Comments:

Kit ID:

P.8

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: 1052150

Page _____ of _____

CLIENT NAME:

PROJECT NAME: Colonial Manor Utility

ADDRESS: U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD
NEW PORT RICHEY, FL 34
PHONE: FAX:
PHONE (727) 848-82

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: Hol. Day

CONTACT:

SAMPLED BY: KENNETH MARTIN

TURN AROUND TIME:
☑ STANDARD
☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

6'8

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	LAB NUMBER
							40 ml VOA	250 ml AG	500 ml AG
							Preserv: HCl	HCl	H2SO4
	Well #1 Connon Dr	G	3/7/05	0910	DW	1	X	X	X	-01
	Well #2 Cantrell St	|	|	0915	DW	1	X	X	X	-02
	Well #3 Hendrix St	|	|	0925	DW	1	X	X	X	-03
	Well #4 Linkwood Dr	|		0940	DW	1	X	X	X	-04
				~~0950~~	~~DW~~					
				~~1000~~						

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #		Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via: _____	RB_____	D/T_____	1		3/7/05	1510		3/7/05	1510
		AB_____	D/T_____	2						
Ret: / /	Via:	Trip Bl.		3						
07 5/10T N		☐	☐	4						

Received on ice: Yes No QC Sent Received

revised 8/01

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 3-24-05 1435 VIR

Analysis Date & Time: _____

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☐ 0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:
_____

System Name: Colonial manor utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: Holiday City: _____

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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: 3/24/05

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: / Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well # 5 valve	1230	R	0	7.1					

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒DPD Colorimetric ☐Other: _____

Person performing analysis is:
☐A certified operator (# 3233257) ☐Employed by a certified lab
☐Supervised by a cert operator (# _____) ☐Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. Water Services
4939 Cross Bayou Blvd
New Port Richey FL.
34652

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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 01/04

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ❑ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER:

Page _____ of _____

CLIENT NAME:

PROJECT NAME:

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: FAX:

CONTACT:

SAMPLED BY:

TURN AROUND TIME:

☑ STANDARD

❑ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.
		G	3/24/05	1230	DW	2

BOTTLE SIZE & TYPE								
ANALYSIS REQUIRED	1 L Amber	Chlor.	Sulfate	Nitrate				LAB NUMBER
Preserv								
	X	X	X	X				

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #
Out: / /	Via:	RB:	D/T:
		AB:	D/T:
Ret: / /	Via:	Trip Bl:	

	Relinquished by:	Date	Time	Received by:	Date	Time
1		3/24/05	1435	V. Zimmi	3-24-05	1435
2						
3						
4						

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

REVISED 7-19-05

FILE COPY

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: April-2005

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Identification Number: 6510355

Day of Month	Plant 1 Name: Colonial Manor Well #1	Plant 2 Name: Colonial Manor Well#2	Plant 3 Name: Colonail Manor Well #3	Plant 4 Name: Colonial Manor Well #4	Plant 5 Name: Colonial Manor Well #5	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	93,000	53,500	93,000	53,500	93,000						386,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	30,000	23,000	44,000	19,000	0						116,000
2	30,000	23,000	44,000	19,000	0						116,000
3	30,000	22,000	43,000	19,000	0						114,000
4	27,000	32,000	70,000	27,000	0						156,000
5	27,000	31,000	70,000	26,000	0						154,000
6	29,000	20,000	62,000	20,000	0						131,000
7	28,000	19,000	62,000	20,000	0						129,000
8	32,000	24,000	54,000	20,000	0						130,000
9	31,000	24,000	54,000	20,000	0						129,000
10	31,000	24,000	53,000	20,000	0						128,000
11	20,000	25,000	71,000	29,000	0						145,000
12	19,000	26,000	71,000	29,000	0						145,000
13	17,000	25,000	52,000	24,000	0						118,000
14	17,000	24,000	51,000	23,000	0						115,000
15	27,000	28,000	59,000	27,000	0						141,000
16	27,000	28,000	59,000	27,000	0						141,000
17	27,000	28,000	58,000	27,000	0						140,000
18	22,000	26,000	70,000	27,000	0						145,000
19	22,000	26,000	70,000	26,000	0						144,000
20	26,000	22,000	56,000	27,000	0						131,000
21	25,000	22,000	56,000	26,000	0						129,000
22	29,000	23,000	49,000	23,000	0						124,000
23	29,000	23,000	49,000	23,000	0						124,000
24	29,000	22,000	49,000	22,000	0						122,000
25	18,000	22,000	52,000	24,000	0						116,000
26	18,000	22,000	52,000	24,000	0						116,000
27	23,000	19,000	44,000	28,000	0						114,000
28	23,000	19,000	43,000	27,000	0						112,000
29	21,000	23,000	43,000	19,000	0						106,000
30	21,000	23,000	43,000	19,000	0						106,000
31					0						0
Total											3,837,000
Avg.											127,900
Max.											156,000

DEP Form 62-555.900(11)
Effective August 28, 2003

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

INSTRUCTIONS: This report shall be completed and submitted by community water systems that are serving, or are designed to serve, 350 or more persons or 150 or more service connections and that have multiple treatment plants connected to the same distribution system. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department (ACHD). All information provided in this report shall be typed or printed in ink.

Enter the names of all plants connected to the same distribution system. Enter the permitted maximum day operating capacity for each plant and compute and enter the total permitted maximum day operating capacity for all plants. Enter the net quantity of finished water produced by each plant for each day as shown on DEP Form 62-555.900(2) or (3); compute and enter the total net quantity of finished water produced by all plants for each day; compute and enter the total net quantity of finished water produced by all plants for the month; compute and enter the average daily net quantity of finished water produced by all plants for the month; and enter the maximum day net quantity of finished water produced by all plants for the month.

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: April 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I			Plant Telephone Number: 727-848-8292
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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: April 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
4/22/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W3

III. Daily Data for the Month/Year of: April-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	GT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	44,000		1.80								1.55	
2		24	44,000											
3		24	43,000											
4	X	24	70,000		1.83								1.44	
5		24	70,000											
6	X	24	62,000		1.91								1.51	
7		24	62,000											
8	X	24	54,000		1.88								1.41	
9		24	54,000											
10		24	53,000											
11	X	24	71,000		1.62								1.21	
12		24	71,000											
13	X	24	52,000		1.75								1.30	
14		24	51,000											
15	X	24	59,000		1.81								1.36	
16		24	59,000											
17		24	58,000											
18	X	24	70,000		2.01								1.41	
19		24	70,000											
20	X	24	56,000		1.71								1.36	
21		24	56,000											
22	X	24	49,000		1.75								1.30	
23		24	49,000											
24		24	49,000											
25	X	24	52,000		1.72								1.25	
26		24	52,000											
27	X	24	44,000		1.55								1.10	
28		24	43,000											
29	X	24	43,000		1.85								1.30	
30		24	43,000											
31														
Total			1,653,000											
Average			55,100											
Maximum			71,000											

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: April 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV		Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
4/22/05	KENNETH MARTIN	C - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W4

III. Daily Data for the Month/Year of: April-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	19,000		1.91								1.40	
2		24	19,000											
3		24	19,000											
4	X	24	27,000		1.86								1.37	
5		24	26,000											
6	X	24	20,000		1.88								1.31	
7		24	20,000											
8	X	24	20,000		1.90								1.41	
9		24	20,000											
10		24	20,000											
11	X	24	29,000		1.98								1.77	
12		24	29,000											
13	X	24	24,000		1.95								1.55	
14		24	23,000											
15	X	24	27,000		1.89								1.41	
16		24	27,000											
17		24	29,000											
18	X	24	27,000		1.90								1.37	
19		24	26,000											
20	X	24	27,000		1.72								1.36	
21		24	26,000											
22	X	24	23,000		1.75								1.22	
23		24	23,000											
24		24	22,000											
25	X	24	24,000		1.78								1.30	
26		24	24,000											
27	X	24	28,000		1.81								1.22	
28		24	27,000											
29	X	24	19,000		1.90								1.30	
30		24	19,000											
31														
Total			713,000											
Average			23,767											
Maximum			29,000											

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: April 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000				
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
4/22/05	KENNETH MARTIN	b - 13237

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

III. Daily Data for the Month/Year of: April-05

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

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											
2		0	-											
3		0	-											
4		0	-											
5		0	-											
6		0	-											
7		0	-											
8		0	-											
9		0	-											
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14		0	-											
15		0	-											
16		0	-											
17		0	-											
18		0	-											
19		0	-											
20		0	-											
21		0	-											
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26		0	-											
27		0	-											
28		0	-											
29		0	-											
30		0	-											
31			-											
Total			-											
Average			-											
Maximum			-											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: April 05

Well # #1 Cannon Dr System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	141656	30,000	186	135	50	40/60	[signature]		
2		30,000							
3		30,000							
4	141746	27,000	189	142	50	40/60	K [illegible]		
5		27,000					K [illegible]	Monthly Bact	Clean Ig Pads
6	141800	29,000	180	137	50	40/60	K [illegible]		
7		29,000							
8	141857	32,000	189	141	50	40/60	K [illegible]		
9		31,000							
10		31,000							
11	141951	20,000	196	151	50	50/60	K [illegible]		
12		19,000							
13	141990	17,000	193	141	50	50/60	K [illegible]		
14		17,000							
15	150241	27,000	190	137	50	50	K [illegible]		
16		27,000							
17		27,000							
18	15105	22,000	184	129	50	50/60	K [illegible]		Clean Ig Pads
19		22,000							
20	15149	25,000	185	121	50	50	K [illegible]		Run comp 30 min.
21		25,000							
22		27,000	187	1.10	50	50	K [illegible]		
23		27,000							
24		27,000							
25	15277	18,000	184	1.05	50	50/60	K [illegible]		
26		18,000							
27	15315	23,000	177	1.10	50	50	K [illegible]		
28		23,000							
29	15359	24,000	181	1.16	50	50/60	K [illegible]		
30		24,000							
31									

1st 15401

RH

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Cabinet Maker MONTH / YEAR: April 05

Well # 2 (Control) System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	71752	23,000	189	1.57	50	50/50	RM B13237		
2		23,000							
3		22,000							
4	71800	32,000	191	1.41	50	50/50	KM B13237		
5		31,000						Monthly Bact.	Cleaned Ig Pond
6	71863	20,000	197	1.36	50	50/50	KM B13237		
7		19,000							
8	71902	24,000	184	1.41	50	50/50	RM B13237		
9		24,000							
10		24,000	176	1.37	50	50/50	KM B13237		
11	71972	25,000							
12		26,000							
13	72023	25,000	1.80	1.45	50	50/50	KM B13237		
14		24,000							
15	72072	28,000	186	1.40	50	50/50	KM B13237		
16		28,000							
17		24,000							
18	72157	26,000	190	1.37	50	50/50	KM B13237		Cleaned Ig Pond
19		26,000							
20	72209	22,000	196	1.41	50	50/50	KM B13237		
21		22,000							
22	72253	23,000	195	1.22	50	50/50	KM B13237		
23		23,000							
24		22,000							
25	72321	22,000	181	1.17	50	50/50	KM B13237		
26		22,000							
27	72365	19,000	180	1.10	50	50/50	KM B13237		
28		19,000							
29	72401	23,000	185	1.17	50	50/50	KM B13237		
30		23,000							
31									

77441

U.S. Water
Services Corporation

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: April 07

Well # #3 Hendrix System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	125447	44,000	1.80	1.55	40	60/40	Ken B13257		
2		44,000							
3		43,000							
4	125578	70,000	1.83	1.44	40	60/40	Ken B13257		
5		70,000							
6	125718	62,000	1.91	1.51	40	60/60	Ken B13257	Daily Bact	
7		63,000							
8	125841	54,000	1.88	1.41	40	60/60	Ken		Cleaned Trip Pump
9		54,000							
10		53,000							
11	126003	71,000	1.62	1.21	40	60/60	Ken B13257		
12		71,000							
13	126145	52,000	1.75	1.30	40	60/60	Ken B13257		
14		51,000							
15	126248	59,000	1.81	1.36	40	60/60	Ken B13257		
16		59,000							
17		58,000							
18	126424	70,000	2.01	1.51	40	60/60	Ken B13257		Cleaned Trip Pump
19		72,000							
20	126564	56,000	1.71	1.36	40	60/60	Ken B13257		
21		56,000							
22	126674	49,000	1.75	1.30	40	60/60	Ken B13257		
23		49,000							
24		49,000							
25	126823	53,000	1.72	1.25	40	60/60	Ken B13257		
26		53,000							
27	126927	44,000	1.55	1.10	40	60/60	Ken B13257		
28		43,000							
29	127014	43,000	1.85	1.20	40	60/60	Ken B13257		
30		43,000							
31									

1st 127100

U.S. Water
Services Corporation

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652.
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: April 05

Well # #4 Linkwood System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	77400	19,000	1.11	1.10	44	50	K BI523		
2		19,000							
3		19,000							
4	77457	26,000	1.86	137	44	50	K BI523		
5		26,000					K BI523		
6	77510	20,000	1.88	1.31	44	50	K BI523	Monthly Bact	Cleaned Taps
7		20,000							
8	77550	20,000	1.90	141	44	50	K BI523		
9		20,000							
10		20,000	1.99						
11	77610	24,000	1.98	1.37	44		K BI523		Replaced P.R.V.
12		24,000							
13	77668	24,000	1.95	1.55	44	50	K BI523		
14		23,000							
15	77715	27,000	1.89	141	44	50	K BI523		
16		27,000							
17		27,000							
18	77786	27,000	1.90	137	44	50	K BI523		
19		26,000							
20	77849	27,000	1.72	136	44	50	K BI523		
21		26,000							
22	77902	23,000	1.75	122	44	50	K BI523		
23		23,000							
24		23,000	1.78	1.30	44	50	K BI523		
25	77969	24,000	1.78	130	44	50	K BI523		
26		24,000							
27	78017	28,000	1.81	122	44	50	K BI523		
28		27,000							
29	78062	19,000	1.90	130	44	50	K		
30		19,000							
31									

1st 78100

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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 • E83076

Report Number: D053714 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

COPY

Lab Receipt Date & Time: 4/5/05 1545 TL

Analysis Date & Time: 4/6/05 1315 m2

Sample Acceptance Criteria:
Sample Preservation [x] On Ice [ ] Not On Ice [x] 0 °C
Disinfectant Check [ ] Not Detected [ ] ____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 6 5

System Address: _____ City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: KENNETH T. MARTIN Collector's Phone # 727-243-0140

Type of Supply: (check only one)
- [x] 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 [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 4/5/05

To be completed by collector or sample | To be completed by lab

Total Coliform Analysis Method: SM9223

Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Common Dr	1030	R	0	7.2		A			-13
	Raw well #2 Cantrell	1035	R	0	7.3		A			-14
	Raw well #3 Henderson	1040	R	0	7.3		A			-15
	Raw well #4 Linkwood	1050	R	0	7.2		A			-16
	Dist #1 3609 Blayton Dr	1100	D	1.62			A			-17
	Dist #2 3709 Colonial Hills Dr	1105	D	1.37			A			-18

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.50

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other _____

Person performing analysis is:
- [ ] A certified operator (# 81319)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: Lm

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
727 848-8909

DEP/DOH USE ONLY
- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

Report Number: D53214 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

COPY

Lab Receipt Date & Time: 4/5/05 1545

Analysis Date & Time: 4/6/05 1315

Sample Acceptance Criteria:
Sample Preservation [x] On Ice [ ] Not On Ice [x] 0 °C
Disinfectant Check [ ] Not Detected [ ] _____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

Type of Supply: (check only one)
- [x] 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 [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 4/5/05

To be completed by collector or sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9223				
						Fecal or E. coli Analysis Method:				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Johnson Dr	1030	R	0	7.2		A			-13
	Raw well #2 Cantrell St	1035	R	0	7.3		A			-14
	Raw well #3 Hendrix	1040	R	0	7.3		A			-15
	Raw well #4 Linkwood	1050	R	0	7.2		A			-16
	Dist #1 3609 Blayton Dr	1100	D	1.62			A			-17
	Dist #2 3709 Colonial Hills Dr	1105	D	1.37			A			-18

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.50

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other _____

Person performing analysis is:
- [ ] A certified operator (# B1350)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: Lab

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8909

DEP/DOH USE ONLY
- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 4/5/05 1545

Analysis Date & Time: _____

Sample Acceptance Criteria:

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

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: KENNETH T. MARTIN Collector's Phone # 727-848-0140

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: 4/5/05

To be completed by collector or sample | To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: / Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Common Dr	1030	R	0	7.3					
	Raw well #2 Control	1035	R	0	7.3					
	Raw well #3 Hendrix	1040	R	0	7.3					
	Raw well #4 Linkwood	1050	R	0	7.2					
	Dist #1 3609 Blayton Dr	1100	D	1.62						
	Dist #2 3709 Colonial Hills Dr	1105	D	1.37						

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.50

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# 81350) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE # (727) 848-8999

Lab Signature: _____

Title: _____

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☒ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

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

REVISED 7-19-05 **FILE COPY**

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: May-2005

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Identification Number: 6510355

Day of Month	Plant 1 Name: Colonial Manor Well #1	Plant 2 Name: Colonial Manor Well#2	Plant 3 Name: Colonail Manor Well #3	Plant 4 Name: Colonial Manor Well #4	Plant 5 Name: Colonial Manor Well #5	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	93,000	53,500	93,000	53,500	93,000						386,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	21,000	22,000	43,000	18,000	0						104,000
2	17,000	24,000	45,000	26,000	0						112,000
3	17,000	24,000	44,000	25,000	0						110,000
4	21,000	17,000	39,000	20,000	0						97,000
5	21,000	16,000	39,000	19,000	0						95,000
6	19,000	22,000	45,000	19,000	0						105,000
7	19,000	21,000	45,000	18,000	0						103,000
8	18,000	21,000	44,000	18,000	0						101,000
9	23,000	26,000	64,000	31,000	0						144,000
10	23,000	25,000	63,000	30,000	0						141,000
11	24,000	23,000	54,000	24,000	0						125,000
12	23,000	22,000	53,000	23,000	0						121,000
13	38,000	36,000	60,000	25,000	0						159,000
14	38,000	36,000	60,000	25,000	0						159,000
15	37,000	36,000	60,000	24,000	0						157,000
16	16,000	17,000	60,000	30,000	0						123,000
17	16,000	16,000	60,000	30,000	0						122,000
18	20,000	34,000	44,000	21,000	0						119,000
19	21,000	33,000	43,000	21,000	0						118,000
20	32,000	40,000	50,000	23,000	0						145,000
21	32,000	40,000	50,000	23,000	0						145,000
22	32,000	39,000	50,000	22,000	0						143,000
23	15,000	25,000	78,000	16,000	0						134,000
24	15,000	25,000	77,000	16,000	0						133,000
25	21,000	24,000	75,000	0	0						120,000
26	20,000	23,000	74,000	0	0						117,000
27	32,000	21,000	46,000	18,000	0						117,000
28	34,000	20,000	46,000	17,000	0						117,000
29	34,000	20,000	46,000	17,000	0						117,000
30	31,000	40,000	72,000	18,000	0						161,000
31	30,000	39,000	71,000	18,000	0						158,000
Total											3,922,000
Avg.											126,516
Max.											161,000

DEP Form 62-555 900(11)
Effective August 28, 2003

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

INSTRUCTIONS: This report shall be completed and submitted by community water systems that are serving, or are designed to serve, 350 or more persons or 150 or more service connections and that have multiple treatment plants connected to the same distribution system. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department (ACHD). All information provided in this report shall be typed or printed in ink.

Enter the names of all plants connected to the same distribution system. Enter the permitted maximum day operating capacity for each plant and compute and enter the total permitted maximum day operating capacity for all plants. Enter the net quantity of finished water produced by each plant for each day as shown on DEP Form 62-555.900(2) or (3); compute and enter the total net quantity of finished water produced by all plants for each day; compute and enter the total net quantity of finished water produced by all plants for the month; compute and enter the average daily net quantity of finished water produced by all plants for the month; and enter the maximum day net quantity of finished water produced by all plants for the month.

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 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I			Plant Telephone Number: 727-848-8292
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
6/1/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR WI

III. Daily Data for the Month/Year of: May-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	21,000											
2	X	24	17,000		1.80								1.55	
3		24	17,000											
4	X	24	21,000		1.84								1.62	
5		24	21,000											
6	X	24	19,000		1.80								1.65	
7		24	19,000											
8		24	18,000											
9	X	24	23,000		1.78								1.22	
10		24	23,000											
11	X	24	24,000		1.81								1.30	
12		24	23,000											
13	X	24	38,000		1.79								1.24	
14		24	38,000											
15		24	37,000											
16	X	24	16,000		1.81								1.31	
17		24	16,000											
18	X	24	20,000		1.84								1.29	
19		24	21,000											
20	X	24	32,000		1.00								0.75	
21		24	32,000											
22		24	32,000											
23	X	24	15,000		1.25								1.05	
24		24	15,000											
25	X	24	21,000		1.30								1.05	
26		24	20,000											
27	X	24	32,000		1.55								1.10	
28		24	34,000											
29		24	34,000											
30	X	24	31,000		1.71								1.20	
31		24	30,000											
Total			760,000											
Average			24,516											
Maximum			38,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System		PWS Identification Number: 6510355
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: 1,825 +/-	
PWS Owner: Colonial Manor Utilities Inc.		
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 E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street		City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
6/1/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W2

III. Daily Data for the Month/Year of: May-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	22,000											
2	X	24	24,000		1.75								1.19	
3		24	24,000											
4	X	24	17,000		1.81								1.29	
5		24	16,000											
6	X	24	22,000		1.80								1.22	
7		24	21,000											
8		24	21,000											
9	X	24	26,000		1.84								1.29	
10		24	25,000											
11	X	24	23,000		1.80								1.30	
12		24	22,000											
13	X	24	36,000		1.74								1.21	
14		24	36,000											
15		24	36,000											
16	X	24	17,000		1.80								1.30	
17		24	16,000											
18	X	24	34,000		1.84								1.22	
19		24	33,000											
20	X	24	40,000		1.85								1.22	
21		24	40,000											
22		24	39,000											
23	X	24	25,000		1.72								1.31	
24		24	25,000											
25	X	24	24,000		1.81								1.22	
26		24	23,000											
27	X	24	21,000		1.90								1.30	
28		24	20,000											
29		24	20,000											
30	X	24	40,000		1.96								1.41	
31		24	39,000											
Total			827,000											
Average			26,677											
Maximum			40,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III			Plant Telephone Number: 727-848-8292
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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.

6/1/00	KENNETH MARTIN	b - 13237
Signature and Date	Printed or Typed Name	License Number

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W3

III. Daily Data for the Month/Year of: May-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*: CT Calculations: Peak Flow Rate, gpd	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations: Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	CT Calculations: Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	CT Calculations: Temp. of Water, °C	CT Calculations: pH of Water, if Applicable	CT Calculations: Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	UV Dose: Minimum UV Dose Required, mW-sec/cm²	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		24	43,000											
2	X	24	45,000		1.81								1.37	
3		24	44,000											
4	X	24	39,000		1.80								1.42	
5		24	39,000											
6	X	24	45,000		1.82								1.50	
7		24	45,000											
8		24	44,000											
9	X	24	64,000		1.80								1.60	
10		24	63,000											
11	X	24	54,000		1.81								1.59	
12		24	53,000											
13	X	24	60,000		1.80								1.54	
14		24	60,000											
15		24	60,000											
16	X	24	60,000		1.80								1.41	
17		24	60,000											
18	X	24	44,000		1.88								1.50	
19		24	43,000											
20	X	24	50,000		1.35								0.75	
21		24	50,000											
22		24	50,000											
23	X	24	78,000		1.62								1.05	
24		24	77,000											
25	X	24	75,000		1.80								1.21	
26		24	74,000											
27	X	24	46,000		1.81								1.27	
28		24	46,000											
29		24	46,000											
30	X	24	72,000		1.84								1.11	
31		24	71,000											
Total			1,700,000											
Average			54,839											
Maximum			78,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV		Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
6/1/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W4

III. Daily Data for the Month/Year of: May-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	18,000											
2	x	24	26,000		1.87								1.40	
3		24	25,000											
4	x	24	20,000		1.80								1.42	
5		24	19,000											
6	x	24	19,000		1.72								1.45	
7		24	18,000											
8		24	18,000											
9	x	24	31,000		1.74								1.50	
10		24	30,000											
11	x	24	24,000		1.80								1.62	
12		24	23,000											
13	x	24	25,000		1.74								1.55	
14		24	25,000											
15		24	24,000											
16	x	24	30,000		1.80								1.49	
17		24	30,000											
18	x	24	21,000		1.86								1.51	
19		24	21,000											
20	x	24	23,000		1.55								1.00	
21		24	23,000											
22		24	22,000											
23	x	24	16,000		1.62								1.05	
24		24	16,000											
25	x	24	-		1.81								1.21	
26		24	-											
27	x	24	18,000		1.75								1.20	
28		24	17,000											
29		24	17,000											
30	x	24	18,000		1.80								1.05	
31		24	18,000											
Total			635,000											
Average			20,484											
Maximum			31,000											

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 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
Contact Person: Melisa Rotteveel	Contact Person's Title: FI. 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
6/1/05	KENNETH MARTIN	b - 13237

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: May 05

Well # Capitol #2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		22,000							Chemical Feed
2	72469	24,000	175	1.19	50	55/60	R B13237		
3		24,000							
4	72517	17,000	181	1.27	50	55/60	B13237		
5		16,000							
6	72550	22,000	180	122	50	55/60	B13237		
7		21,000							
8		21,000							
9	72614	26,000	184	1.21	50	55/60	B13237		
10		25,000							
11	72665	23,000	182	130	50	55/60	B13237		
12		22,000							Chemical Feed
13	72708	36,000	174	121	50	55/60	B13237		
14		36,000							
15		36,000							
16	72816	17,000	180	130	50	55/60	B13237		
17		16,000							
18	72849	34000	184	122	50	55/60	B13237		
19		33000							
20	72916	40,000	185	1.23	58	40/60	Benedetto Mattiace trainee B13237		
21		40,000							
22		39,000							
23	73035	25,000	172	131	50	40/60	R B13237		
24		25,000							
25	73085	29,000	181	122	50	40/60	B13237		
26		23,000							
27	73132	21,000	190	130	50	40/60	B13237		
28		20,000							
29		20,000							
30	73195	40,000	196	141	50	40/60	B13237		
31		39,000							

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4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: May 07

Well # 3 Hc-Qvix 5 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	12[illegible]000	43,000							
2	127143	45,000	181	137	40	40/60	[illegible] B13237		
3		44,000							
4	127242	39,000	180	1.12	40	40/60	[illegible] B13237		
5		39,000							
6	127320	45,000	182	150	40	40/60	[illegible] B13237		
7		45,000							
8		44,000							
9	127454	44,000	180	160	40	30/70	[illegible] B13237		
10		43,000					[illegible] B13237	Pulled Bacts (mw5)	
11	127581	52,000	181	159	40	30/70	[illegible] B13237		Closed Loop
12		53,000							
13	127688	60,000	180	154	40	30/70	[illegible] B13237	[illegible]	
14		60,000							
15		60,000							
16	127869	60,000	180	1.44	40	30/70	[illegible] B13237		
17		60,000							
18	127988	44000	181	150	40	30/70	[illegible] B13237		
19		43000							
20	128075	50,000	1.35	0.75	50	29/80	Benedetto Matthew	trainee [illegible] B13237	
21		50,000							
22		50,000							
23	128225	76,000	182	1.05	50	30/70	[illegible] B13237		
24		77,000							
25	128380	75,000	180	1.01	50	30/70	[illegible] B13237		
26		74,000							
27	128529	46,000	181	1.27	50	30/70	[illegible] B13237		
28		46,000							
29		46,000							
30	128647	72,000	184	1.11	50	30/70	[illegible] B13237		
31		71,000							

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: May 05

Well # 4 Lamar Road System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		18,000							
2	78118	26,000	1.87	1.40	44	50/50	BJ3237		
3		25,000							
4	78169	20,000	1.80	1.42	44	50/50	BJ3237		
5		14,000							
6	78203	19,000	1.72	1.45	44	50/50	BJ3237		
7		18,000							
8		18,000							
9	78263	31,000	1.74	1.50	44	50/50	BJ3237		
10		30,000					BJ3237	Routine work	Took sample
11	78324	27,000	1.80	1.62	44	50/50	BJ3237		Chemical Tag Pass
12		25,000							
13	78371	25,000	1.71	1.57	44	50/50	BJ3237		
14		25,000							
15		24,000							
16	78445	30,000	1.80	1.49	44	50/50	BJ3237		
17		30,000							
18	78505	21,000	1.86	1.51	44	50/50	BJ3237		
19		21,000							
20	78547	23,000	1.55	1.00	44	40/60	Benedetto Mattace Trainee		BJ3237
21		21,000							
22		22,000							
23	78615	16,000	1.62	1.05	44	40/60	BJ3237		
24		16,000							
25	78647	0	1.81	1.21	44	40/60	BJ3237		
26		0							
27	78647	18,000	1.75	1.20	44	40/60	BJ3237		
28		17,000							
29		17,000							
30	78699	18,000	1.81	1.07	44	40/60	BJ3237		
31		18,000							

1st 78753

3rd

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

For Lab Use Only

The lab performing this analysis is checked on the left. (KW)

Lab Receipt Date & Time: 5/10/05 15:20

Analysis Date & Time: 5/10/05 16:00

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☐ 0 °C
Dissolved Cl Check ☒ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 105575 Sub-Contract Lab

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

RECEIVED
MAY 23 2005
Department of Environmental Protection
SOUTHWEST DISTRICT

System Name: Colonial Manor **PWS I.D.** 6 5 1 0 3 5 5

System Address: Moog Rd City: New Port Richey

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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: 5/10/05

Total Coliform Analysis Method: SM9222B
Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1	1010	R	0	7.3		P	A		-06
	Raw well #2	1105	R	0	7.3		A			-07
	Raw well #3	1115	R	0	7.1		A			-08
	Raw well #4	1100	R	0	7.4		A			-09
	Dist #1 3609 Blayton	1140	D	1.36			A			-10
	Dist #2 3709 Colonial Hills	1150	D	1.40			A			-11

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.38

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒DPD Colorimetric ☐Other: _____

Person performing analysis is:
☐A certified operator (# 31327)
☐Supervised by a cert operator (# _____)
☐Employed by a certified lab
☐Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

CHLORINATED SAMPLE UNSATISFACTORY. SUBMIT RECHECK SAMPLES UNTIL SATISFACTORY ON TWO (2) CONSECUTIVE DAYS AS REQUIRED BY FLORIDA ADMINISTRATIVE CODE.

Lab Signature: N. Mah

Title: QA

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☒ Repeat Samples Required well 1 advised operator
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____ 5/23/05

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 5/19/05 1252 AL

Analysis Date & Time: _____

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☑ 0 °C
Disinfectant Check ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

_____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: Moog Rd City: New Port Richey

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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: 5/18/05 2 of 2

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: / Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Well #1 Connon Dr	0915	R	0	7.3				FILE	

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

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☒ A certified operator (# B18230)
☐ Supervised by a cert operator (# _____)
☐ Employed by a certified lab
☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 5/18/05 1252 AM

Analysis Date & Time: _____

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 0 °C

Disinfectant Check ☒ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: Moog Rd City: New Port Richey

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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: 5/17/05 1 of 2 Days

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: / Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Well #1 - Connon Dr	1700	R	0	7.3					-01

FILE

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# 0003230) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
- 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

For Lab Use Only

The lab performing this analysis is checked on the left. (Kar)

Lab Receipt Date & Time: 5/10/05 15:20

Analysis Date & Time: _____

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☐ 0 °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: Moog Rd City: New Port Richey

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T Martin Collector's Phone # 727-243-0140

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: 5/10/05

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: / Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1	1010	R	0	7.3					
	Raw well #2	1105	R	0	7.3					
	Raw well #3	1115	R	0	7.2					
	Raw well #4	1100	R	0	7.4					
	Dist #1 3609 Blayton	1140	D	136						
	Dist #2 3709 Colonial Hills	1150	D	140						

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.37

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# _____) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

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

REVISED 7-19-05

FILE COPY

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: Jun-05

Community Water System (CWS) Name Colonial Manor

Public Water System (PWS) Identification Number 6510355

Day of Month	Plant 1 Name: Colonial Manor Well # 1	Plant 2 Name: Colonial Manor Well # 2	Plant 3 Name: Colonial Manor Well # 3	Plant 4 Name: Colonial Manor Well # 4	Plant 5 Name: Colonial Manor Well # 5	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	93,000	53,500	93,000	53,500	93,000						386,000
	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	16,000	16,000	36,000	17,000	0						85,000
2	16,000	15,000	36,000	17,000	0						84,000
3	25,000	27,000	39,000	17,000	0						108,000
4	24,000	27,000	39,000	17,000	0						107,000
5	24,000	26,000	39,000	16,000	0						105,000
6	25,000	29,000	57,000	26,000	0						137,000
7	25,000	29,000	56,000	26,000	0						136,000
8	25,000	25,000	40,000	20,000	0						110,000
9	24,000	25,000	40,000	19,000	0						108,000
10	24,000	25,000	33,000	17,000	0						99,000
11	24,000	25,000	33,000	17,000	0						99,000
12	24,000	24,000	32,000	16,000	0						96,000
13	17,000	25,000	45,000	23,000	0						110,000
14	17,000	25,000	45,000	22,000	0						109,000
15	15,000	33,000	43,000	25,000	0						116,000
16	14,000	32,000	43,000	24,000	0						113,000
17	29,000	32,000	48,000	19,000	0						128,000
18	28,000	31,000	48,000	19,000	0						126,000
19	28,000	31,000	48,000	19,000	0						126,000
20	27,000	32,000	45,000	24,000	0						128,000
21	27,000	32,000	44,000	24,000	0						127,000
22	29,000	22,000	44,000	32,000	0						127,000
23	29,000	22,000	44,000	32,000	0						127,000
24	20,000	29,000	39,000	17,000	0						105,000
25	19,000	29,000	39,000	17,000	0						104,000
26	19,000	24,000	38,000	17,000	0						98,000
27	29,000	24,000	37,000	20,000	0						110,000
28	29,000	24,000	37,000	19,000	0						109,000
29	12,000	24,000	33,000	15,000	0						84,000
30	12,000	23,000	33,000	15,000	0						83,000
31					0						0
Total											3,304,000
Avg.											106,581
Max.											137,000

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

INSTRUCTIONS: This report shall be completed and submitted by community water systems that are serving, or are designed to serve, 350 or more persons or 150 or more service connections and that have multiple treatment plants connected to the same distribution system. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department (ACHD). All information provided in this report shall be typed or printed in ink.

Enter the names of all plants connected to the same distribution system. Enter the permitted maximum day operating capacity for each plant and compute and enter the total permitted maximum day operating capacity for all plants. Enter the net quantity of finished water produced by each plant for each day as shown on DEP Form 62-555.900(2) or (3); compute and enter the total net quantity of finished water produced by all plants for each day; compute and enter the total net quantity of finished water produced by all plants for the month; compute and enter the average daily net quantity of finished water produced by all plants for the month; and enter the maximum day net quantity of finished water produced by all plants for the month.

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: JUNE 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
Contact Person: Melisa Rotteveel	Contact Person's Title: FI. 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Hems	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
6/30/05	KENNETH MARTIN	b - 13237

PWS Identification Number 6510055
Plant Name COLONIAL MANOR WT

III. Daily Data for the Month/Year of: June-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	16,000		1.74								1.21	
2		24	16,000											
3	X	24	25,000		1.83								1.10	
4		24	24,000											
5		24	24,000											
6	X	24	25,000		1.81								1.15	
7		24	25,000											
8	X	24	25,000		1.80								1.20	
9		24	24,000											
10	X	24	24,000		1.85								1.31	
11		24	24,000											
12		24	24,000											
13	X	24	17,000		1.90								1.40	
14		24	17,000											
15	X	24	15,000		1.86								1.39	
16		24	14,000											
17	X	24	29,000		1.85								1.41	
18		24	28,000											
19		24	28,000											
20	X	24	27,000		1.84								1.37	
21		24	27,000											
22	X	24	29,000		1.96								1.30	
23		24	29,000											
24	X	24	20,000		1.10								1.30	
25		24	19,000											
26		24	19,000											
27	X	24	29,000		1.05								.99	
28		24	29,000											
29	X	24	12,000		1.10								1.21	
30		24	12,000											
31														
Total			676,000											
Average			22,533											
Maximum			29,000											

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: JUNE 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey		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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Arnott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
6/30/05	KENNETH MARTIN	b - 13237

PWS Identification Number 6514355
Plant Name COLONIAL MANOR W2

III. Daily Data for the Month/Year of: June-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	16,000		1.80								1.02	
2		24	15,000											
3	X	24	27,000		1.86								1.11	
4		24	27,000											
5		24	26,000											
6	X	24	29,000		1.80								1.15	
7		24	29,000											
8	X	24	25,000		1.80								1.20	
9		24	25,000											
10	X	24	25,000		1.82								1.33	
11		24	25,000											
12		24	24,000											
13	X	24	25,000		1.85								1.22	
14		24	25,000											
15	X	24	33,000		1.82								1.30	
16		24	32,000											
17	X	24	32,000		1.62								1.27	
18		24	31,000											
19		24	31,000											
20	X	24	32,000		1.82								1.29	
21		24	32,000											
22	X	24	22,000		1.91								1.17	
23		24	22,000											
24	X	24	29,000		1.10								1.10	
25		24	29,000											
26		24	24,000											
27	X	24	24,000		1.45								1.22	
28		24	24,000											
29	X	24	24,000		1.10								1.21	
30		24	23,000											
31														
Total			787,000											
Average			26,233											
Maximum			33,000											

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: JUNE 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III			Plant Telephone Number: 727-848-8292
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Arniott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
6/30/10	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W3

III. Daily Data for the Month/Year of: June-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	36,000		1.74								1.09	
2		24	36,000											
3	X	24	39,000		1.85								1.15	
4		24	39,000											
5		24	39,000											
6	X	24	57,000		1.86								1.09	
7		24	56,000											
8	X	24	40,000		1.90								1.11	
9		24	40,000											
10	X	24	33,000		1.91								1.20	
11		24	33,000											
12		24	32,000											
13	X	24	45,000		1.84								1.30	
14		24	45,000											
15	X	24	43,000		1.96								1.23	
16		24	43,000											
17	X	24	48,000		2.10								1.50	
18		24	48,000											
19		24	48,000											
20	X	24	45,000		2.05								1.29	
21		24	44,000											
22	X	24	44,000		2.01								1.19	
23		24	44,000											
24	X	24	39,000		1.16								1.10	
25		24	39,000											
26		24	38,000											
27	X	24	37,000		1.35								1.20	
28		24	37,000											
29	X	24	33,000		1.10								1.21	
30		24	33,000											
31														
Total			1,233,000											
Average			41,100											
Maximum			57,000											

SCANNED

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: JUNE 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Arnott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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.

6/30/07	KENNETH MARTIN	b - 13237
Signature and Date	Printed or Typed Name	License Number

PWS Identification Number 6514035
Plant Name COLONIAL MANOR W4

III. Daily Data for the Month/Year of: June-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
					CT Calculations						UV Dose			
				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-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	17,000		1.80									
2		24	17,000										1.60	
3	X	24	17,000		1.83									
4		24	17,000										1.45	
5		24	16,000											
6	X	24	26,000		1.77									
7		24	26,000										1.38	
8	X	24	20,000		1.81									
9		24	19,000										1.27	
10	X	24	17,000		1.87									
11		24	17,000										1.22	
12		24	16,000											
13	X	24	23,000		1.81									
14		24	22,000										1.30	
15	X	24	25,000		1.77									
16		24	24,000										1.22	
17	X	24	19,000		1.80									
18		24	19,000										1.30	
19		24	19,000											
20	X	24	24,000		1.78									
21		24	24,000										1.29	
22	X	24	32,000		1.82									
23		24	32,000										1.31	
24	X	24	17,000		1.87									
25		24	17,000										1.10	
26		24	17,000											
27	X	24	20,000		1.94									
28		24	19,000										1.40	
29	X	24	15,000		1.11									
30		24	15,000										1.21	
31														
Total			608,000											
Average			20,267											
Maximum			32,000											

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: JUNE 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
6/30/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR 3&5

III. Daily Data for the Month/Year of: June-05

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

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

Day of the Month	Date Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				Peak Flow Rate, gpm	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	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											
2		0	-											
3		0	-											
4		0	-											
5		0	-											
6		0	-											
7		0	-											
8		0	-											
9		0	-											
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14		0	-											
15		0	-											
16		0	-											
17		0	-											
18		0	-											
19		0	-											
20		0	-											
21		0	-											
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26		0	-											
27		0	-											
28		0	-											
29		0	-											
30		0	-											
31		0	-											
Total			-											
Average			-											
Maximum			-											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Advanced Environmental Laboratories, Inc.

☐ 6601 Southpoint Pkwy • Jacksonville, FL 32216 • 904 363 9350 • Fax 904 363 9354 • E82574
☒ 9510 Princess Palm Ave • Tampa, FL 33619 • 813 630 9616 • Fax 813 630 4327 • E84589
☐ 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 • E83076

Report Number: 105558 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 6/8/05 1400

Analysis Date & Time: 6-8-05 1700

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice 6 °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements:

System Name: Colonial Manor Utility PWS I.D. 6 5 1 0 3 5 5

System Address: Moog Rd City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: KENNETH MARTIN Collector's Phone #: 727-243-0140

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: 6/7/05

Total Coliform Analysis Method: SM 9222B

Fecal or E. coli Analysis Method: _____

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 COMMON DR	1400	R	0	7.3		A			-01
	Raw well #2 CANTRELL	1411	R	0	7.3		A			-02
	Raw well #3 HENDRIX	1430	R	0	7.4		A			-03
	Raw well #4 LINKWOOD	1445	R	0	7.2		A			-04
	Dist #1 3509 BEDFORD	1500	D	1.41			A			-05
	Dist #2 3504 COMMON	1507	D	1.55			A			-06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.48

[1] Defined in Florida Administrative Code Rule 62-550, Table 1

[2] All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method ☒ DPD Colorimetric ☐ Other _____

Person performing analysis is:
☐ A certified operator (# 0B13457) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: V. Byrnes

Title: MS

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: June 07

Well # 1 Common DR System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Time in / Time Out / License Number / Initials	Sampling Performed	Remarks
1	16165	16,000	1.74	1.31	50	50/10	K — B13237		Check Eq Pad
2		16,000							
3	16197	25,000	1.83	1.10	50	50/10	K — B13237		
4		24,000							
5		24,000							
6	16270	25,000	1.81	1.15	50	50/10	K — B13237		
7		25,000							
8	16320	25,000	1.80	1.20	50	50/10	K — B13237		
9		24,000					K — B13237		
10	16371	24,000	1.85	1.31	50	50	K — B13237	No s	
11		24,000							
12		24,000							
13	16413	17,000	1.90	1.40	50	50	K — B13237		
14		17,000							
15	16477	15,000	1.85	1.39	50	50	K — B13237		Check Eq Pad
16		14,000							
17	16506	29,000	1.85	1.41	50	50	K — B13237		
18		29,000							
19		29,000							
20	16591	29,000	1.84	1.37	50	50	K — B13237		
21		29,000							
22	16641	29000	1.96	1.30	50	50	K — B13237		
23		29000							
24	16703	20,000	1.10	1.30	60	40/60	Benedetto Mattiace K — B13237		
25		19,000							
26		19000							
27	16761	29000	1.05	.99	58	60/0	K — B13237		
28		29000							
29	16819	12000	1.10	1.21	50	40/60	Benedetto Mattiace K — B13237		
30		12000							
31									

16,543,000

24

4621 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor — MONTH / YEAR: June 05

Well #: 2 Cantrell street — System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Time in - Time Out License Number / Initials	Sampling Performed	Remarks
1	73271	16000	1.80	1.02	70	50/10	~~BEN~~ B13237		Cleaned Inj Point added Bucket
2		15000							
3	73302	27000	1.86	1.11	50	50/10	~~BEN~~ B13237		Replace 1 female Installed by Ballard
4		27000							
5		26000							
6	75584	29000	1.80	1.15	50	~~50~~/50	~~BEN~~ B13237		
7		29000							
8	73442	25000	1.80	1.20	50	~~50~~/50	~~BEN~~ B13237		
9		25000					~~BEN~~ B13237	NO3 (quarterly)	
10	73491	25000	1.82	1.33	50	~~50~~/50	~~BEN~~ B13237		
11		25000							
12		24000							
13	73566	25000	1.85	1.22	50	~~50~~/50	~~BEN~~ B13237		
14		25000							
15	73616	33000	1.82	1.30	50	~~50~~/50	~~BEN~~ B13237		Cleaned Inj. Pt.
16		32000							
17	73671	32000	1.61	1.27	50	~~50~~/50	~~BEN~~ B13237		
18		31000							
19		31000							
20	73765	32000	1.82	1.29	50	~~50~~/50	~~BEN~~ B13237		
21		32000							
22	73829	22000	1.91	1.17	50	40/60	~~BEN~~ B13237		
23		22000							
24	73873	29000	1.10	1.10	50	40/60	Benedetto / Mattiace ~~BEN~~ B13237		
25		29000							
26		24000							
27	73960	24000	1.45	1.22	50	40/60	~~BEN~~ B13237		
28		24000							
29	74005	24000	1.10	1.21	50	40/60	Benedetto / Mattiace ~~BEN~~ B13237		
30		23000							
31									

74045000

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Crystal Manor MONTH / YEAR: June 07

Well # 3 Henderson System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Tune in / Time Out License Number / Initials	Sampling Performed	Remarks
1	128812	36,000	174	1.09	50	30/70	Ian B/13237		Cleaned Inj Pump
2		36,000							
3	128884	39,000	185	1.15	50	30/70	Ian B/13237		
4		39,000							
5		39,000							
6	129001	57,000	186	1.09	50	30/70	Ian B/13237		
7		56,000							
8	129113	90,000	190	1.11	50	30/70	Ian B/13237		Installed ½ Ball valve, Tube, Check
9		40,000	~~171~~	~~1.22~~	~~5~~		K B/13237	N/C	
10	129193	33,000	191	1.22	50	30/70	K B/13237		
11		33,000							
12		32,000							
13	129291	45,000	184	1.30	50	30/70	Ian B/13237		
14		45,000							
15	129381	43,000	196	1.23	50	30/70	K B/13237		Cleaned Inj Pump
16		43,000							
17	129461	48,000	2.10	1.50	50	30/70	Ian B/13237		
18		48,000							
19		48,000							
20	129601	45,000	2.05	1.24	50	30/70	K B/13237		
21		44,000							
22	129702	44,000	2.01	1.19	50	30/70	Ian B/13237		
23		44,000			~~50~~				
24	129780	39,000	1.10	1.10	50	30/70	Benedetto Mattace K B/13237		
25		39,000							
26		38,000							
27	129896	37,000	1.35	1.20	50	30/70	K B/13237		
28		37,000							
29	129970	33,000	1.10	1.21	45	30/70	Benedetto Mattace		
30		33,000							
31									

Rob

Jul 130,056,000

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652.
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: JUNE 05

Well #: #4 LINKWOOD System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	Cl2 Residual @ plant	Cl2 Residual @ remote tap	PSI	Air Water Ratio	Time In Time Out License Number Initials	Sampling Performed	Remarks
1	78953	17,000	180	160	44	50/50	B13237		clean Eq Pond
2		17,000							
3	78980	17,000	183	145	44	50/50	B13237		
4		17,000							
5		16,000							
6	78837	26,000	177	138	44	50/50	B13237		
7		26,000							
8	78889	20,000	181	127	44	50/50	B13237		
9		19,000					B13237	NO	
10	78928	17,000	187	122	44	50/50	B13237		
11		17,000							
12		16,000							
13	78978	23,000	181	130	44	50/50	B13237		Installed Brass Ball valve @ Injection pump
14		22,000							
15	79023	25,000	177	122	44	50/50	B13237		
16		24,000							
17	79072	19,000	180	130	44	50/50	B13237		
18		19,000							
19		19,000							
20	79125	24,000	178	129	44	50/50	B13237		
21		24,000							
22	79177	32,000	182	131	44	50/50	B13237		
23		32,000							
24	79209	17,000	1.57	1.10	40	50/50	Benedette Mattiace	B13237	
25		17,000							
26		17,000							
27	79260	20,000	194	140	42	50/50	B13237		
28		14,000							
29	79299	15000	1.11	1.21	45	50/50	Benedette Mattiace	B13237	
30		15000							
31									

15 79329,000

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

Report Number: 1055582 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 6/8/05 1400 hr

Analysis Date & Time: _____

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice 6.0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

_____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: Moog Rd City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: KENNETH MARTIN Collector's Phone # 727-243-0140

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: 6/7/05

To be completed by collector of sample | To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: / Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 COMMON DR	1400	R	0	7.3					-01
	Raw well #2 Cantrell	1415	R	0	7.3					-02
	Raw well #3 Hendrix	1430	R	0	7.4					-03
	Raw well #4 Linkwood	1445	R	0	7.2					-04
	Dist #1 3509 Bedford	1502	D	1.41						-05
	Dist #2 3504 COMMON	1505	D	1.55						-06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.48

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# B13437) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

Lab Signature: _____

Title: _____

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

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

See page 2 for instructions.

FILE COPY

Daily Finished-Water Production for the Month/Year of: Jul-05

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Identification Number: 6510355

Day of Month	Plant 1 Name: Colonial Manor Well # 1	Plant 2 Name: Colonial Manor Well # 2	Plant 3 Name: Colonial Manor Well # 3	Plant 4 Name: Colonial Manor Well # 4	Plant 5 Name: Colonial Manor Well # 5	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	93,000	53,500	93,000	53,500	93,000						386,000
	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	25,000	28,000	33,000	13,000	0						99,000
2	24,000	27,000	33,000	13,000	0						97,000
3	33,000	29,000	41,000	21,000	0						124,000
4	33,000	28,000	41,000	21,000	0						123,000
5	16,000	28,000	41,000	20,000	0						105,000
6	16,000	28,000	43,000	19,000	0						106,000
7	15,000	27,000	42,000	19,000	0						103,000
8	23,000	24,000	33,000	19,000	0						99,000
9	23,000	24,000	33,000	19,000	0						99,000
10	22,000	23,000	32,000	19,000	0						96,000
11	18,000	27,000	50,000	17,000	0						112,000
12	18,000	26,000	50,000	16,000	0						110,000
13	32,000	22,000	37,000	17,000	0						108,000
14	32,000	22,000	36,000	17,000	0						107,000
15	24,000	27,000	35,000	17,000	0						103,000
16	23,000	27,000	35,000	16,000	0						101,000
17	23,000	27,000	34,000	16,000	0						100,000
18	16,000	26,000	44,000	24,000	0						110,000
19	15,000	26,000	43,000	24,000	0						108,000
20	28,000	26,000	37,000	22,000	0						113,000
21	28,000	26,000	36,000	21,000	0						111,000
22	27,000	32,000	43,000	19,000	0						121,000
23	27,000	32,000	42,000	19,000	0						120,000
24	27,000	32,000	42,000	19,000	0						120,000
25	25,000	24,000	40,000	24,000	0						113,000
26	24,000	24,000	40,000	23,000	0						111,000
27	11,000	25,000	36,000	25,000	0						97,000
28	10,000	25,000	25,000	24,000	0						84,000
29	29,000	24,000	37,000	16,000	0						106,000
30	29,000	24,000	36,000	16,000	0						105,000
31	31,000	24,000	36,000	16,000	0						107,000
Total											3,318,000
Avg.											107,032
Max.											124,000

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: JULY 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM		PWS Identification Number: 6510355
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 Inc.		
Contact Person: Melisa Rotteveel	Contact Person's Title: FI. 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 E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I			Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive		City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
8/1/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W1

III. Daily Data for the Month/Year of: July-05

Means of Achieving Four-Log Virus Inactivation/Removal * \ Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/l.	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	\	24	25,000		1.45								1.20	
2		24	24,000											
3	\	24	33,000		1.48								1.19	
4		24	33,000											
5	\	24	16,000		1.62								1.05	
6		24	16,000											
7		24	15,000											
8	\	24	23,000		1.85								1.21	
9		24	23,000											
10		24	22,000											
11	\	24	18,000		1.85								1.09	
12		24	18,000											
13	\	24	32,000		1.09								96	
14		24	32,000											
15	\	24	24,000		2.20								1.25	
16		24	23,000											
17		24	23,000											
18	\	24	16,000		2.20								1.62	
19		24	15,000											
20	\	24	28,000		2.20								1.74	
21		24	28,000											
22	\	24	27,000		2.20								1.74	
23		24	27,000											
24		24	27,000											
25	\	24	25,000		2.20								1.80	
26		24	24,000											
27	\	24	11,000		2.10								1.50	
28		24	10,000											
29	\	24	29,000		2.05								1.44	
30		24	29,000											
31		24	31,000											
Total			727,000											
Average			23,452											
Maximum			33,000											

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: JULY 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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.

8/1/05	KENNETH MARTIN	b - 13237
Signature and Date	Printed or Typed Name	License Number

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W2

III. Daily Data for the Month/Year of: July-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work But Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	28,000		1.91								1.33	
2		24	27,000											
3	X	24	29,000		1.94								1.39	
4		24	28,000											
5		24	28,000											
6	X	24	28,000		1.86								1.22	
7		24	27,000											
8	X	24	24,000		1.77								1.32	
9		24	24,000											
10		24	23,000											
11	X	24	27,000		1.80								1.39	
12		24	26,000											
13	X	24	22,000		1.77								1.41	
14		24	22,000											
15	X	24	27,000		1.71								1.50	
16		24	27,000											
17		24	27,000											
18	X	24	26,000		1.82								1.39	
19		24	26,000											
20	X	24	26,000		1.90								1.50	
21		24	26,000											
22	X	24	32,000		1.91								1.55	
23		24	32,000											
24	X	24	32,000		1.31								1.50	
25	X	24	24,000										1.50	
26		24	24,000											
27	X	24	25,000		1.81								1.36	
28		24	25,000											
29	X	24	24,000		1.79								1.35	
30		24	24,000											
31		24	24,000											
Total			814,000											
Average			26,258											
Maximum			32,000											

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: JULY 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System		PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
8/1/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W3

III. Daily Data for the Month/Year of: July-05

Means of Achieving Four-Log Virus Inactivation/Removal * — X Free Chlorine — Chlorine Dioxide — Ozone — Combined Chlorine

Ultraviolet Radiation — Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	33,000		1.80								1.20	
2		24	33,000											
3	X	24	41,000		1.84								1.09	
4		24	41,000											
5		24	41,000											
6	X	24	43,000		1.91								1.15	
7		24	42,000											
8	X	24	33,000		1.85								1.17	
9		24	33,000											
10		24	32,000											
11	X	24	50,000		1.81								1.25	
12		24	50,000											
13	X	24	37,000		1.71								1.22	
14		24	36,000											
15	X	24	35,000		1.81								1.30	
16		24	35,000											
17		24	34,000											
18	X	24	44,000		1.79								1.22	
19		24	43,000											
20	X	24	37,000		1.81								1.30	
21		24	36,000											
22	X	24	43,000		1.80								1.45	
23		24	42,000											
24		24	42,000											
25	X	24	40,000		1.71								1.30	
26		24	40,000											
27	X	24	36,000		1.81								1.25	
28		24	25,000											
29	X	24	37,000		1.85								1.32	
30		24	36,000											
31		24	36,000											
Total			1,186,000											
Average			38,258											
Maximum			50,000											

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: JULY 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System		PWS Identification Number: 6510355
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 Inc.		
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 E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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	Printed or Typed Name	License Number
8/1/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W4

III. Daily Data for the Month/Year of: July-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	13,000		1.30								1.22	
2		24	13,000											
3		24	21,000											
4	X	24	21,000		1.41								1.10	
5		24	20,000											
6	X	24	19,000		1.65								1.19	
7		24	19,000											
8		24	19,000											
9		24	19,000											
10		24	19,000											
11	X	24	17,000		1.70								1.20	
12		24	16,000											
13	X	24	17,000		1.72								1.41	
14		24	17,000											
15	X	24	17,000		1.81								1.55	
16		24	16,000											
17		24	16,000											
18	X	24	24,000		1.85								1.45	
19		24	24,000											
20	X	24	22,000		1.91								1.50	
21		24	21,000											
22	X	24	19,000		1.89								1.44	
23		24	19,000											
24		24	19,000											
25	X	24	24,000		1.86								1.50	
26		24	23,000											
27	X	24	25,000		1.88								1.44	
28		24	24,000											
29	X	24	16,000		1.90								1.41	
30		24	16,000											
31		24	16,000											
Total			591,000											
Average			19,065											
Maximum			25,000											

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: JULY 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System		PWS Identification Number: 6510355
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 Inc.		
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 E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Lawrence Russo	C	12592	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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Signature and Date	Printed or Typed Name	License Number
8/1/05	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR WS

III. Daily Data for the Month/Year of: July-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2		0	-											
3		0	-											
4		0	-											
5		0	-											
6		0	-											
7		0	-											
8		0	-											
9		0	-											
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14		0	-											
15		0	-											
16		0	-											
17		0	-											
18		0	-											
19		0	-											
20		0	-											
21		0	-											
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26		0	-											
27		0	-											
28		0	-											
29		0	-											
30		0	-											
31		0	-											
Total			-											
Average			-											
Maximum			-											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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 • E83076

For Lab Use Only

The lab performing this analysis is checked on the left

Lab Receipt Date & Time: 7/6/05 1340 IC

Analysis Date & Time: 7.6.05 1430

Report Number: TDS0529 Sub-Contract Lab ID:

Analysis Requested: (please check all that apply)

- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other:

Sample Acceptance Criteria:

Sample Preservation: [x] On Ice [ ] Not On Ice [x] 2 °C

Disinfectant Check: [ ] Not Detected [ ] ____ mg/L

This sample does not meet the following NELAC requirements:

System Name: Colonial Manor Utility PWS I.D. 6 5 1 0 3 F F

System Address: City: Holiday

System or Owner's Phone #: Fax #:

Collector: Kenneth T. Martin Collector's Phone # 727-343-0140

Type of Supply: (check only one)

- [x] 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 [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 7/6/05

To be completed by collector or sample

To be completed by lab

Total Coliform Analysis Method: SM 9222B

Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Linkwood Dr	0830	R	0	7.3		A			-01
	Raw well #2 Cantrell St	0810	R	0	7.4		A			-02
	Raw well #3 Hendrix St	0825	R	0	7.3		A			-03
	Raw well #4 Linkwood Dr	0840	R	0	7.2		A			-04
	Dist #1 3505 Linkwood Dr	850	D	1.40			A			-05
	Dist #2 3505 Hendrix St	5100	D	1.30			A			-06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.37

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other:

Person performing analysis is:

- [ ] A certified operator (# D1323)
- [ ] Supervised by a cert operator (#)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results:

Date State notified by lab of positive results:

Lab Signature: V. Lynn

Title: MSO

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY

- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

[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 = 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

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER:

Page _____ of _____

CLIENT NAME:	PROJECT NAME:
[illegible] water service	Colonial manor apts
ADDRESS: [redacted] 4939 cross Bayou Blvd	P.O. NUMBER / PROJECT NUMBER: —
New Port Richey Fl 34652	PROJECT LOCATION:
PHONE: 727-848-8222 FAX:	[illegible]
CONTACT: [illegible] R	SAMPLED BY: —

TURN AROUND TIME:
- ☐ STANDARD
- ☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.
	Raw well #1 common	G	7/6/05	0800	DW	1
	Raw well #2 entrance	G		0810	DW	1
	Raw well #3 Headers	G		0820	DW	1
	Raw well #4 Line out	G		0830	DW	1

BOTTLE SIZE & TYPE: 500 ml

ANALYSIS REQUIRED: [illegible]

LAB NUMBER

Preserv: 1

l = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #
Out	Via	FB	D/T
		AB	D/T
Rec	Via	FD	D/T

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[illegible]	7/6/05	[illegible]			
2						
3						
4						

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

LAB NUMBER:

Page _____ of _____

CLIENT NAME: [illegible] TER

PROJECT NAME: Colonial Manor

ADDRESS: [illegible] Crossingpoint Blvd

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: [illegible] 2392 FAX:

CONTACT:

SAMPLED BY: [illegible] Costantino

TURN AROUND TIME:

☐ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE

ANALYSIS REQUIRED: HAlK 07

LAB NUMBER

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 / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	
	WTP #1 POE Temp 28°C	G	7-19-05	10 20	DW	1	✓
	WTP #2 POE Temp 28°C	G	7-19-05	9 50	DW	1	✓
	WTP #3 POE Temp 27°C	G	7-19-05	10 00	DW	1	✓
	WTP #4 POE Temp 27°C	G	7-19-05	10 10	DW	1	✓

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment Out: / / Rec: / /

Method Via: _____ Via: _____

Sample Kit Cooler
RB D T
AB D T
Trip Bl
[illegible]

	Relinquished by:	Date	Time	Received by:	Date	Time
1	R Costantino	7-19-05		[illegible]	[illegible]	[illegible]
2						
3						
4						

Received on ice: ☐ yes ☐ no QC ☐ sent ☐ received

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652.
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: July 07

Well # 1 Commons PR System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	168413	25,000	1.61	1.20	50	55	KW B13237		Cleaned Iron Feed
2		24,000							
3	168912	33,000	1.48	1.19	50	55	KW B13237		
4		33,000							
5	169588	46,000	1.62	1.05	50	55	KW B13237	Bulk Sample	Installed Relay #2 Tube 1/4 Ball Valve, Check Bill, Check Valve
6		46,000							
7		15,000							
8	170005	23,000	1.85	1.21	50	55	KW B13237		
9		23,000							
10		22,000							
11	170113	18,000	1.55	1.09	50	55	KW B13237		
12		18,000							
13	170109	30,000	1.09	.96	50	55	KW B13237		Cleaned Iron Point changed Disc, Bill, check valve
14		30,000							
15	170173	24,000	2.20	1.25	50	55	KW B13237		Raised Flo to 30%
16		23,000							
17		23,000							
18	172401	16,000	2.30	1.62	50	55	KW B13237		
19		15,000							
20	172715	28,000	2.50	1.74	50	55	KW B13237		
21		28,000							
22	173311	27,000	2.30	1.74	50	55	KW B13237		
23		27,000							
24		27,000							
25	173912	25,000	2.30	1.80	50	55	KW B13237		
26		24,000							
27	174151	11,000	2.10	1.50	50	55	KW B13237		
28		10,000							
29	174472	29,000	2.05	1.44	50	55	KW B13237		
30		29,000							
31		21,000							

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: July 05

Well # 2 Control System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	74055	28,000	191	133	48	50/50	K BJ3237		Changed #1 STEAM TUBE
2		27,000							
3	74110	29,000	194	135	48	50/50	K BJ3237		Cleaned Eq Pad
4		28,000							
5		28,000							
6	74195	28,000	186	122	48	50/50	K BJ3237	Pulled Bacti Sample	
7		27,000							
8	74250	24,000	177	132	48	50/50	K BJ3237		
9		27,000							
10		23,000							
11	74331	22,000	180	139	48	50/50	K BJ3237		
12		26,000							
13	74374	22,000	179	141	48	50/50	K BJ3237		
14		22,000							
15	74418	27,000	171	150	48	50/50	K BJ3237		Cleaned Eq Pad
16		27,000							
17		27,000							
18	74499	25,000	182	139	48	50/50	K BJ3237		
19		26,000							
20	74552	26,000	190	150	50	50/50	K BJ3237		
21		26,000							
22	74604	32,000	191	155	50	50/50	K BJ3237		
23		32,000							
24		32,000	131	150	50	50/50	~~K BJ3237~~		
25	74702	24,000		150	50	50/50	K BJ3237		
26		24,000							
27	74748	28,000	181	136	50	50/50	K BJ3237		
28		25,000							
29	74798	24,000	179	125	50	50/50	K BJ3237		
30		24,000							
31		24,000							

1H 74870

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: July 01

Well # 3 Hamilton System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	130036	33,000	180	120	47	50/50	[illegible] B13480		Cleaned Ivy Pond
2		33,000							
3	130102	41,000	184	105	47	50/50	[illegible] B13280		
4		41,000							
5		41,000							
6	130225	43,000	191	115	47	50/50	[illegible] B13480	[illegible]	
7		43,000							
8	130310	33,000	185	117	47	50/50	[illegible] B13280		
9		33,000							
10		33,000							
11	130488	50,000	181	125	47	50/50	[illegible] B13280		
12		50,000							
13	130508	37,000	171	122	47	50/50	[illegible] B13480		Cleaned Ivy Pond
14		36,000							
15	130581	35,000	1.81	130	47	50/50	[illegible] B13280		
16		35,000							
17		34,000							
18	130685	44,000	1.74	122	47	50/50	[illegible] B13280		
19		43,000							
20	130772	37,000	181	130	47	50/50	[illegible] B13280		
21		36,000							
22	130845	43,000	180	125	47	50/50	[illegible] B13280		Changed #2 Steam Tub
23		42,000							
24		42,000							
25	130972	40,000	171	1.30	47	50/50	[illegible] B13280		Repaired Leak (#2) Back Tub
26		40,000							
27	131052	36,000	181	125	47	50/50	[illegible] B13280		
28		37,000							
29	131213	37,000	185	132	47	50/50	[illegible] B13280		
30		36,000							
31		36,000							

1st 131132

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: ~~Colonial~~ Colonial Manor
Well # 4 LINLWood
MONTH / YEAR: July 05
System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	79529	13,000	1.30	1.22	41T	9/10	Jcw B13237	~~Chemical~~	Cleaned Iron Pond
2		13,000							
3		21,000							
4	79355	20,000	1.41	1.10	41T	10/10	K B13237		
5		20,000							
6	79417	19,000	1.65	1.19	4T	10/10	K B13237	Bacteriological Test.	
7		19,000							
8	79454	19,000							
9	~~79459~~	19,000							
10		19,000							
11	79511	17,000	1.70	1.20	4T	10/10	K B13237		Change #2 Tube
12		16,000							
13	79577	17,000	1.72	1.41	40	10/10	K B13237		Cleaned Iron Pond
14		17,000							
15	79611	17,000	1.81	1.55	40	10/10	K B13237		Replaced 15' Black Tubing
16		16,000							
17		16,000							
18	79660	24,000	1.35	1.17	40	10/10	K B13237		
19		24,000							
20	79708	22,000	1.91	1.50	40	10/10	K B13237		
21		21,000							
22	79751	19,000	1.89	1.41	40	10/10	K B13237		
23		19,000							
24		19,000							
25	79808	24,000	1.86	1.50	40	10/10	K B13237		
26		23,000							
27	79855	25,000	1.88	1.44	40	10/10	K B13237		
28		24,000							
29	79894	12,000	1.50	1.41	40	10/10	K B13237		
30		16,000							
31		16,000							

15 79942

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 7/6/05 1340 ☐

Analysis Date & Time: _____

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 0 °C

Disinfectant Check ☒ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 F F

System Address: _____ City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-343-0140

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: 7/6/05

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method:				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Conway Dr	0800	R	0	7.3					
	Raw well #2 Control St	0810	R	0	7.4					
	Raw well #3 Hendrix St	0825	R	0	7.3					
	Raw well #4 Linkwood Dr	0830	R	0	7.2					
	Dist #1 3505 Linkwood Dr	0850	D	1.40						
	Dist #2 3505 Hendrix St	0900	D	1.30						

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.35

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# B1333) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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 01/04

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

See page 2 for instructions.

FILE COPY

Daily Finished-Water Production for the Month/Year of: Aug-05

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Idenitication Number: 6510355

	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 Well # 1	Colonial Manor Well # 2	Colonial Manor Well # 3	Colonial Manor Well # 4	Colonial Manor Well # 5						
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	93,000	53,500	93,000	53,500	93,000						386,000
Month	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	19,000	30,000	50,000	22,000	0						121,000
2	19,000	29,000	49,000	22,000	0						119,000
3	17,000	28,000	49,000	21,000	0						115,000
4	17,000	28,000	48,000	20,000	0						113,000
5	28,000	30,000	26,000	18,000	0						102,000
6	28,000	30,000	26,000	18,000	0						102,000
7	30,000	30,000	26,000	18,000	0						104,000
8	11,000	22,000	40,000	25,000	0						98,000
9	11,000	22,000	40,000	24,000	0						97,000
10	21,000	22,000	39,000	20,000	0						102,000
11	22,000	23,000	40,000	20,000	0						105,000
12	22,000	25,000	38,000	18,000	0						103,000
13	22,000	25,000	37,000	18,000	0						102,000
14	22,000	25,000	37,000	17,000	0						101,000
15	26,000	28,000	50,000	28,000	0						132,000
16	26,000	27,000	51,000	28,000	0						132,000
17	8,000	23,000	35,000	20,000	0						86,000
18	7,000	23,000	35,000	20,000	0						85,000
19	27,000	28,000	36,000	19,000	0						110,000
20	27,000	28,000	36,000	19,000	0						110,000
21	27,000	28,000	36,000	19,000	0						110,000
22	25,000	25,000	37,000	24,000	0						111,000
23	24,000	24,000	37,000	24,000	0						109,000
24	9,000	21,000	35,000	20,000	0						85,000
25	8,000	21,000	35,000	19,000	0						83,000
26	26,000	25,000	34,000	18,000	0						103,000
27	26,000	24,000	33,000	17,000	0						100,000
28	26,000	23,000	33,000	17,000	0						99,000
29	23,000	25,000	36,000	23,000	0						107,000
30	23,000	25,000	36,000	22,000	0						106,000
31	18,000	17,000	35,000	20,000	0						90,000
Total											3,242,000
Avg.											104,581
Max.											132,000

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: AUGUST 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
8/24/05	KENNETH MARTIN	B - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W1

III. Daily Data for the Month/Year of: August-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable†									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, or Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24	19,000		2.10								1.32	
2		24	19,000											
3	x	24	17,000		2.15								1.40	
4		24	17,000											
5	x	24	28,000		2.10								1.29	
6		24	28,000											
7		24	30,000											
8	x	24	11,000		1.25								1.21	
9		24	11,000											
10	x	24	21,000		1.82								1.37	
11		24	22,000											
12	x	24	22,000		1.84								1.22	
13		24	22,000											
14		24	22,000											
15	x	24	26,000		1.91								1.30	
16		24	26,000											
17	x	24	8,000		1.93								1.24	
18		24	7,000											
19	x	24	27,000		1.20								1.05	
20		24	27,000											
21		24	27,000											
22	x	24	25,000		1.81								1.25	
23		24	24,000											
24	x	24	9,000		1.78								1.29	
25		24	8,000											
26	x	24	26,000		1.76								1.21	
27		24	26,000											
28		24	26,000											
29	x	24	23,000		1.81								1.25	
30		24	23,000											
31	x	24	18,000		1.89								1.31	
Total			645,000											
Average			20,806											
Maximum			30,000											

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: AUGUST 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
Contact Person: Melisa Rotteveel	Contact Person's Title: FI. 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey		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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
8/21/07	KENNETH MARTIN	B - 13237

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

III. Daily Data for the Month/Year of: August-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24	30,000		1.86								1.15	
2		24	29,000											
3	x	24	28,000		1.91								1.21	
4		24	28,000											
5	x	24	30,000		1.96								1.31	
6		24	30,000											
7		24	30,000											
8	x	24	22,000		1.96								1.21	
9		24	22,000											
10		24	22,000											
11		24	23,000											
12		24	25,000		1.82								1.22	
13		24	25,000											
14		24	25,000											
15	x	24	28,000		1.91								1.30	
16		24	27,000											
17	x	24	23,000		1.86								1.40	
18		24	23,000											
19	x	24	28,000		1.81								1.50	
20		24	28,000											
21		24	28,000											
22	x	24	25,000		1.85								1.44	
23		24	24,000											
24	x	24	21,000		1.86								1.50	
25		24	21,000											
26	x	24	25,000		1.91								1.47	
27		24	24,000											
28		24	23,000											
29	x	24	25,000		1.86								1.39	
30		24	25,000											
31	x	24	17,000		1.91								1.42	
Total			784,000											
Average			25,290											
Maximum			30,000											

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: AUGUST 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	B	13237	3 times per week
Other Operators:	Travis Pender	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
8/24/05	KENNETH MARTIN	B - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: August-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; or Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24	50,000		1.86								1.21	
2		24	49,000											
3	x	24	49,000		1.91								1.30	
4		24	48,000											
5	x	24	26,000		1.97								1.40	
6		24	26,000											
7		24	26,000											
8	x	24	40,000		1.52								1.21	
9		24	40,000											
10	x	24	39,000		1.65								1.29	
11		24	40,000											
12	x	24	38,000		1.30								1.22	
13		24	37,000											
14		24	37,000											
15	x	24	50,000		1.61								1.30	
16		24	51,000											
17	x	24	35,000		1.79								1.40	
18		24	35,000											
19	x	24	36,000		1.81								1.50	
20		24	36,000											
21		24	36,000											
22	x	24	37,000		1.89								1.43	
23		24	37,000											
24	x	24	35,000		1.96								1.50	
25		24	35,000											
26	x	24	34,000		1.88								1.41	
27		24	33,000											
28		24	33,000											
29	x	24	36,000		1.90								1.42	
30		24	36,000											
31	x	24	35,000		1.87								1.36	
Total			1,175,000											
Average			37,903											
Maximum			51,000											

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: AUGUST 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
3/24/05	KENNETH MARTIN	B - 13237

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

III. Daily Data for the Month/Year of: August-05

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

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24	22,000		1.80								1.10	
2		24	22,000											
3	x	24	21,000		1.82								1.15	
4		24	20,000											
5	x	24	18,000		1.84								1.22	
6		24	18,000											
7		24	18,000											
8	x	24	25,000		1.72								1.21	
9		24	24,000											
10	x	24	20,000		1.84								1.29	
11		24	20,000											
12	x	24	18,000		1.12								1.22	
13		24	18,000											
14		24	17,000											
15	x	24	28,000		1.55								1.21	
16		24	28,000											
17	x	24	20,000		1.18								1.09	
18		24	20,000											
19	x	24	19,000		1.39								1.05	
20		24	19,000											
21		24	19,000											
22	x	24	24,000		1.22								1.96	
23		24	24,000											
24	x	24	20,000		1.39								1.05	
25		24	19,000											
26	x	24	18,000		1.51								1.21	
27		24	17,000											
28		24	17,000											
29	x	24	23,000		1.62								1.29	
30		24	22,000											
31	x	24	20,000		1.72								1.25	
Total			638,000											
Average			20,581											
Maximum			28,000											

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: AUGUST 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	B	13237	3 times per week
Other Operators:	Travis Pender	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
D ——— 8/2/05	KENNETH MARTIN	B - 13237

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

III. Daily Data for the Month/Year of: August-05

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration in 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
				CT Calculations							UV Dose				
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum* CT Required, mg-min/L	Lowest UV Operating Dose, mW-s/cm²	Minimum UV Dose Required, mW-s/cm²			
1		0	-												
2		0	-												
3		0	-												
4		0	-												
5		0	-												
6		0	-												
7		0	-												
8		0	-												
9		0	-												
10		0	-												
11		0	-												
12		0	-												
13		0	-												
14		0	-												
15		0	-												
16		0	-												
17		0	-												
18		0	-												
19		0	-												
20		0	-												
21		0	-												
22		0	-												
23		0	-												
24		0	-												
25		0	-												
26		0	-												
27		0	-												
28		0	-												
29		0	-												
30		0	-												
31		0	-												
Total			-												
Average			-												
Maximum			-												

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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 · E83076

Report Number: T057932 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 8/10/5 15:40

Analysis Date & Time: 8-10-5 1630

Sample Acceptance Criteria:

Sample Preservation [x] On Ice [ ] Not On Ice [x] 07 °C

Disinfectant Check [ ] Not Detected [ ] _____ mg/L

This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility PWS I.D. 6 5 1 0 3 3 1

System Address: Moog 29 City: Hol. Dy

System or Owner's Phone #: _____ Fax #: _____

Collector: Ken Martin Collector's Phone # 727 943 0140

Type of Supply: (check only one)

- [x] 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 [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 8/10/05

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: SM9222B				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1	1015	R	0	7.3		A			-04
	Raw well #2	1020	R	0	7.3		A			-05
	Raw well #3	1025	R	0	7.4		A			-06
	Raw well #4	1030	R	0	7.3		A			-07
	Dist #1 3509 Bedford	1045	D	1.55			A			-08
	Dist #2 3504 Connecticut	1055	D	1.47			A			-09

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.51

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other _____

Person performing analysis is:

- [ ] A certified operator (# 3328)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: A

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY

- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER:

Page _____ of _____

CLIENT NAME:	PROJECT NAME:
US Water	Colonial Manor
ADDRESS: 4939 Cross Bayou Blvd NPR	P.O. NUMBER / PROJECT NUMBER:
	PROJECT LOCATION:
PHONE: FAX:	
CONTACT:	SAMPLED BY: Donna H Tamulo

TURN AROUND TIME:
☐ STANDARD
☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW = waste water **SW** = surface water **GW** = ground water **DW** = drinking water **OIL** **A** = air **SO** = soil **SL** = sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	LAB NUMBER
	Cl2-1.56 3504 Connon Dr.	G	8-15-05	9:40	DW	6		THM's		
	Cl2-1.27 3709 Colonials Hill Dr	G	8-15-05	10:00	DW	6		HAA's		
	Cl2-1.32 3505 Linkwood St	G	8-15-05	10:20	DW	6				
	Cl2-1.19 3374 Jarvis St	G	8-15-05	10:40	DW	6				

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #
Out: / /	Via: _____	RB _____	D/T _____
		AB _____	D/T _____
Ret: / /	Via: _____	Trip Bl. ☐	☐

	Relinquished by:	Date	Time	Received by:	Date	Time
1	D H Tamulo	8-23	1530		8/23/05	16:0
2						
3						
4						

Received on ice: ☐ yes ☐ no QC ☐ sent ☐ received

revised 8/01

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Aug 05

Well # 1 Cantrell System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	17541	5,000	2.10	1.32	50	5/50	[illegible] B13237		cleaned Inj Point
2		19,000							
3	17599	17,000	2.15	1.40	50	50	[illegible] B13237		
4		17,000							
5	17633	28,000	2.10	1.25	50	50	[illegible] B13237		
6		28,000							
7		30,000							
8	17719	11,000	1.25	1.21	50	50/50	Benedetto Matthiace B13237		
9		11,000							
10	17741	21,000	1.82	1.37	50	50	[illegible] B13237	monthly Bact.	
11		22,000							
12	17784	22,000	1.84	1.22	50	50/50	Benedetto Matthiace	[illegible] B13237	cleaned Inj Point
13		22,000							
14		22,000							
15	17850	26,000	1.91	1.30	50	50	[illegible] B13237		
16		26,000							
17	17902	8000	1.93	1.24	50	50	[illegible] B13237		
18		7,000							
19	17917	27,000	1.20	1.05	50	50	[illegible] B13237		
20		27,000							
21		27,000							
22	17998	35,000	1.91	1.25	50	50	[illegible] B13237		
23		34,000							
24	18047	7,000	1.78	1.29	50	50	[illegible] B13237		
25		8,000							
26	18064	25,000	1.76	1.21	50	50	[illegible] B13237		
27		26,000							
28		26,000							
29	18143	23,000	1.81	1.25	50	50	[illegible] B13237	NO2 NO3	
30	[illegible]	23,000							
31	18186	18,000	1.89	1.31	50	50/50	[illegible] B13237		

1st

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Aug 05

Well # 2 Control System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	74870	30,000	1.86	1.15	50	50/50	[illegible] B1323)		Cleaned Ivy Pond
2		27,000							
3	74929	27,000	1.91	1.21	50	50/50	Ken B1323)		
4		27,000							
5	74981	30,000	1.96	1.31	50	50/50	Ken B1323		
6		30,000							
7		30,000							
8	75075	22,000	1.94	1.21	60	50/50	Benedetto Matthews [illegible] B13237		
9		22,000							
10		22,000							
11		23,000							
12	75164	25,000	1.82	1.22	60	50/50	Benedetto Matthews Ken B13237		
13		25,000							
14		25,000							
15	75239	28,000	1.91	1.30	60	50/50	Ken B1323)		Cleaned Ivy Pond
16		27,000							
17	75294	23,000	1.86	1.40	50	50/50	Ken B1323)		
18		23,000							
19	75340	28,000	1.81	1.18	50	50/50	Ken B1323)		
20		28,000							
21		28,000							
22	75425	25,000	1.85	1.41	50	50/50	Ken B1323)		
23		24,000							
24	75485	21,000	1.86	1.50	50	50/50	Ken B1323)		
25		21,000							
26	75517	25,000	1.91	1.47	50	50/50	Ken B1323)		
27		24,000							
28		23,000							
29	75540	27,000	1.86	1.39	50	50/50	Ken B13237		
30		27,000							
31	75640	17,000	1.91	1.42	50	50/50	Ken B1323)		

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U.S. Water
Services Corporation

Treatment Plant Name: Cypress Manor MONTH / YEAR: August 01

Well # 3 - Hendry System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	131232	50,000	1.84	1.21	47	30/70	KM B13237		Cleaned Fog Pond
2		49,000							
3	131331	47,000	1.91	1.30	47	30/70	KM B13237		
4		48,000							
5	131458	26,000	1.57	1.40	45	30/70	KM B13237		
6		26,000							
7		26,000							
8	131536	40,000	1.52	1.21	50	30/70	KM B13237		
9		40,000	1.52						
10	131616	39,000	1.65	1.29	48	50/50	KM B13237	Monthly Bact.	Cleaned Fog Pond
11		40,000							
12	131695	38,000	1.30	1.22	50	20/80	Benedetto Mattace		
13		37,000					KM B13237		
14		37,000							
15	131801	36,000	1.61	1.30	50	20/80	KM B13237		Cleaned Fog pond
16		31,000							
17	131908	35,000	1.74	1.40	50	20/80	KM B13237		
18		37,000							
19	131978	36,000	1.81	1.70	50	20/80	KM B13237		KM B13237
20		36,000							
21		36,000							
22	132096	37,000	1.87	1.43	50	50/50	KM B13237		
23		37,000							
24	132175	35,000	1.96	1.40	54	50/50	KM B13237		
25		35,000							
26	132245	34,000	1.88	1.41	54	50/50	KM B13237		changed Benedetto Mattace Black tube & Check valve
27		33,000							
28		33,000							
29	132315	36,000	1.90	1.42	54	50/50	KM B13237		
30		36,000							
31	132417	35,000	1.87	1.36	54	50/50	KM B13237		

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U.S. Water
Services Corporation

Treatment Plant Name: Colonial Woods MONTH / YEAR: Aug 05

Well # 4 Lindwood System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	79912	23,000	1.80	1.10	40	50/50	K B13237		Cleaned Iron Pond
2		23,000							
3	79988	21,000	1.82	1.15	40	50/50	K B13237		
4		20,000							
5	800 47	18000	1.84	1.32	40	50/50	K B13237		
6		18000							
7		18000							
8	80063	25,000	1.72	1.21	40	50/50	Benedetto Matthew B13237		
9		24,000							
10	80132	20,000	1.84	1.29	40	50/50	K B13237	Monthly Back	Cleaned Iron Pond
11		20000							
12	80172	18,000	1.12	1.22	40	50/50	Benedetto Matthew B13237		
13		18,000							
14		18,000							
15	80225	28,000	1.57	1.21	40	50/50	K B13237		
16		28,000							
17	80281	20,000	1.18	1.09	40	50/50	K B13237		
18		20,000							
19	80321	19,000	1.39	1.05	40	50/50	K B13237		
20		19,000							
21		19,000							
22	80378	24,000	1.22	1.96	40	50/50	K B13237		
23		24,000							
24	80426	20,000	1.38	1.05	40	50/50	K B13237		
25		19,000							
26	80465	18,000	1.51	1.21	40	50/50	K B13237		
27		17,000							
28		17,000							
29	80517	23000	1.62	1.29	40	50/50	K B13237	Rolled Nov 2 Mos	
30		22,000							
31	80562	20000	1.72	1.25	40	50/50	K B13237		

24

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

See page 2 for instructions.

FILE COPY

Daily Finished-Water Production for the Month/Year of: September-05

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Idenitication Number: 6510355

Day of Month	Plant 1 Name: Colonial Manor Well # 1	Plant 2 Name: Colonial Manor Well # 2	Plant 3 Name: Colonial Manor Well # 3	Plant 4 Name: Colonial Manor Well # 4	Plant 5 Name: Colonial Manor Well # 5	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										386,000
	93,000	53,500	93,000	53,500	93,000						Total
	Net Quanity of Finished Water Produced by Each Plant, gallons										
1	18,000	17,000	35,000	19,000	0						89,000
2	22,000	27,000	36,000	18,000	0						103,000
3	22,000	27,000	36,000	19,000	0						104,000
4	23,000	28,000	37,000	19,000	0						107,000
5	18,000	26,000	69,000	12,000	0						125,000
6	18,000	26,000	69,000	11,000	0						124,000
7	-	26,000	70,000	-	0						96,000
8	-	25,000	70,000	-	0						95,000
9	-	30,000	75,000	-	0						105,000
10	-	29,000	75,000	-	0						104,000
11	-	29,000	74,000	-	0						103,000
12	-	36,000	100,000	-	0						136,000
13	-	35,000	100,000	-	0						135,000
14	-	28,000	81,000	-	0						109,000
15	-	28,000	80,000	-	0						108,000
16	-	35,000	86,000	-	0						121,000
17	-	36,000	86,000	-	0						122,000
18	-	36,000	86,000	-	0						122,000
19	-	35,000	106,000	-	0						141,000
20	-	35,000	106,000	-	0						141,000
21	-	23,000	62,000	-	0						85,000
22	-	24,000	63,000	-	0						87,000
23	-	30,000	80,000	-	0						110,000
24	-	30,000	80,000	-	0						110,000
25	-	30,000	80,000	-	0						110,000
26	-	31,000	83,000	-	0						114,000
27	-	31,000	83,000	-	0						114,000
28	-	32,000	94,000	-	0						126,000
29	-	31,000	94,000	-	0						125,000
30	-	36,000	86,000	-	0						122,000
31											0
Total											3,393,000
Avg.											109,452
Max.											141,000

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: SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I			Plant Telephone Number: 727-848-8292
Plant Address: Connon Drive		City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
10-7-05	KENNETH MARTIN	B - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W1

III. Daily Data for the Month/Year of: September-05

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations						UV Dose				
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	18,000											
2	x	24	22,000		1.61								1.15	
3		24	22,000											
4		24	23,000											
5	x	24	18,000		1.61								1.15	
6		24	18,000											
7	x	24	-		1.50								1.20	* See Below
8		24	-											* See Below
9	x	24	-		1.41								1.21	* See Below
10		24	-											* See Below
11		24	-											* See Below
12	x	24	-		1.10								1.30	* See Below
13		24	-											* See Below
14	x	24	-		.50								1.10	* See Below
15		24	-											* See Below
16	x	24	-		.70								1.33	* See Below
17		24	-											* See Below
18		24	-											* See Below
19	x	24	-		.60								1.20	* See Below
20		24	-											* See Below
21	x	24	-		0.8								1.36	* See Below
22		24	-											* See Below
23	x	24	-		0.6								1.20	* See Below
24		24	-											* See Below
25		24	-											* See Below
26	x	24	-		.65								1.30	* See Below
27		24	-											* See Below
28	x	24	-		.60								1.25	* See Below
29		24	-											* See Below
30	x	24	-		.61								1.30	* See Below
31														
Total			121,000	* Well Temporality Out of Service										
Average			4,033											
Maximum			23,000											

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: SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II		Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
1 6 A - 0 5	KENNETH MARTIN	B - 13237

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

III. Daily Data for the Month/Year of: September-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	CT Minimum CT Value Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	17,000											
2	x	24	27,000		1.61								1.15	
3		24	27,000											
4		24	28,000											
5	x	24	26,000		1.65								1.15	
6		24	26,000											
7	x	24	26,000		1.61								1.30	
8		24	25,000											
9	x	24	30,000		1.72								1.50	
10		24	29,000											
11		24	29,000											
12	x	24	36,000		1.82								1.41	
13		24	35,000											
14	x	24	28,000		1.89								1.37	
15		24	28,000											
16	x	24	35,000		1.85								1.31	
17		24	36,000											
18		24	36,000											
19	x	24	35,000		1.20								1.05	
20		24	35,000											
21	x	24	23,000		1.13								1.36	
22		24	24,000											
23	x	24	30,000		1.19								1.20	
24		24	30,000											
25		24	30,000											
26	x	24	31,000		1.80								1.30	
27		24	31,000											
28	x	24	32,000		1.86								1.39	
29		24	31,000											
30	x	24	36,000		1.91								1.50	
31														
Total			892,000											
Average			29,733											
Maximum			36,000											

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: SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	B	13237	3 times per week
Other Operators:	Travis Pender	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
10-1-05	KENNETH MARTIN	B - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: September-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	35,000											
2	x	24	36,000		1.61								1.15	
3		24	36,000											
4		24	37,000											
5	x	24	69,000		1.54								1.15	
6		24	69,000											
7	x	24	70,000		1.61								1.20	
8		24	70,000											
9	x	24	75,000		1.25								1.10	
10		24	75,000											
11		24	74,000											
12	x	24	100,000		1.72								1.41	
13		24	100,000											
14	x	24	81,000		1.61								1.33	
15		24	80,000											
16	x	24	86,000		1.74								1.55	
17		24	86,000											
18		24	86,000											
19	x	24	106,000		1.20								1.30	
20		24	106,000											
21	x	24	62,000		1.65								1.36	
22		24	63,000											
23	x	24	80,000		1.60								1.20	
24		24	80,000											
25		24	80,000											
26	x	24	83,000		2.00								1.45	
27		24	83,000											
28	x	24	94,000		2.01								1.30	
29		24	94,000											
30	x	24	86,000		2.10								1.41	
31														
Total			2,282,000											
Average			76,067											
Maximum			106,000											

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: SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV		Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
10-1-05	KENNETH MARTIN	B - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W4

III. Daily Data for the Month/Year of: September-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations						UV Dose					
				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-min/L	Temp. of Water, oC	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	19,000												
2	x	24	18,000		1.31									1.15	
3		24	19,000												
4		24	19,000												
5	x	24	12,000		1.32									1.15	
6		24	11,000												
7	x	24	-		1.30									1.10	* See Below
8		24	-												* See Below
9	x	24	-		1.10									.96	* See Below
10		24	-												* See Below
11		24	-												* See Below
12	x	24	-		1.02									.87	* See Below
13		24	-												* See Below
14	x	24	-		.96									1.77	* See Below
15		24	-												* See Below
16	x	24	-		.96									1.73	* See Below
17		24	-												* See Below
18		24	-												* See Below
19	x	24	-		1.03									1.44	* See Below
20		24	-												* See Below
21	x	24	-		1.45									1.36	* See Below
22		24	-												* See Below
23	x	24	-		1.51									1.20	* See Below
24		24	-												* See Below
25		24	-												* See Below
26	x	24	-		1.47									1.36	* See Below
27		24	-												* See Below
28	x	24	-		1.03									1.31	* See Below
29		24	-												* See Below
30	x	24	-		.95									1.21	* See Below
31															
Total			98,000	* Well Temporality Out of Service											
Average			3,267												
Maximum			19,000												

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: SEPTEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	B	13237	3 times per week
Other Operators:	Travis Pender	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
10-1-05	KENNETH MARTIN	B - 13237

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

III. Daily Data for the Month/Year of: September-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable: CT Calculations							UV Dose		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
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											
2		0	-											
3		0	-											
4		0	-											
5		0	-											
6		0	-											
7		0	-											
8		0	-											
9		0	-											
10		0	-											
11		0	-											
12		0	-											
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15		0	-											
16		0	-											
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21		0	-											
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26		0	-											
27		0	-											
28		0	-											
29		0	-											
30		0	-											
31														
Total			-											
Average			-											
Maximum			-											

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

Report Number: T059351 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 9/15/5, 14:40
Analysis Date & Time: 9.16.5 14cx

Sample Acceptance Criteria:
Sample Preservation ☐ On Ice ☐ Not On Ice ☐ 4.0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

System Name: Colonial Manor Utility PWS I.D. 6 5 1 0 3 5 5

System Address: Moog Rd City: Holiday
System or Owner's Phone #: _____ Fax #: _____
Collector: Kim Martin Collector's Phone # 727-243-0140

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: 9/15/05

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B				
						Fecal or E. coli Analysis Method:				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Common	0900	R	0	7.3		A			-01
	Raw well #2 Control	0910	R	0	7.4		A			-02
	Raw well #3 Hendrix	0915	R	0	7.4		A			-03
	Raw well #4 Linkwood	0920	R	0	7.3		A			-04
	Dist #1 3504 Bedford	0930	D	1.50			A			-05
	Dist #2 3504 Common	0940	D	1.37			A			-06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.43

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
Person performing analysis is:
☐ A certified operator (# D1227) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

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

Lab Signature: _____
Title: A

Name and Mailing Address of Person to Receive Report
U.S. Water Services
4939 Cross Bayou Blvd
New Port Richey FL, 34652

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

[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 = 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

U.S. Water
Services Corporation

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: Sept 05

Well # 1 Common System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		18000							
2	18222	22000	1.61	1.15	50	50/50	Benedetto Mattice B13237		
3		22000							
4		23000							
5	18289	18,000	1.61	1.15	50	50/50	Benedetto Mattice B13237		
6		18,000							
7	18325	0	1.50	1.20	50	50	B13237		well Temp out of Serv
8		0							
9	18325	0	1.41	1.21	50	50	B13237		Temp out of serv Sleeping
10		0							
11		0							
12	18325	0	1.10	1.30	50	50	B13237	Required Mo	Temp out of serv
13		0							
14	18325	0	1.50	1.10	50	50	B13237	Monthly Complete Hardness	
15		0							
16	18325	0	.70	1.33	50	50	B13237		Temp out of serv
17		0							
18		0							
19	18325	0	.60	1.20	50	50	B13237		
20		0							
21	18325	0	0.8	1.36	48	50/50	MC CALL		
22		0							
23	18305	0	1.6	1.20	48	50/50	MC CALL		
24		0							
25		0							
26	18325	0	.65	1.30	48	50	B13237		Temp out of serv
27		0							
28	18325	0	.60	1.25	48	50	B13237		Temp out of Serv 24
29		0							
30	18325	0	.61	1.30	48	50	B13237		Temp out of serv
31									

1 = 18325

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Wood MONTH / YEAR: Sept 07

Well # 2 Cantrell System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		17,000							
2	75694	27000	1.61	1.15	50	50/50	Benedetta McHale BI363		
3		27,000							
4		28,000							
5	75776	26,000	1.65	1.15	50	30/70	Benedetta McHale BI323		
6		26,000							
7	75828	26,000	1.61	1.30	50	30/70	K BI323		
8		25,000							
9	75879	30,000	1.72	1.50	50	30/70	BI323		Cleaned Eq Pad
10		29,000							
11		29,000							
12	75967	36,000	1.82	1.41	50	30/70	K BI323		Ran D.E comp 30 M.P.
13		35,000							
14	76038	28,000	1.89	1.37	50	30/70	K BI323		
15		28,000							
16	76094	35,000	1.85	1.31	50	50/50	K BI323		
17		36,000							
18		36,000							
19	76201	35,000	1.20	1.05	50	50/50	K BI323		
20		35,000							
21	76271	23,000	1.13	1.36	50	50/50	mc Clain		
22		24000							
23	76318	30,000	1.19	1.20	50	50/50	mcClain		
24		30,000							
25		30,000							
26	76408	31,000	1.80	1.30	50	50/50	K BI323		Cleaned Eq Pad
27		31,000							
28	76470	32,000	1.86	1.39	50	50/50	K BI323		
29		31,000							
30	76533	36,000	1.91	1.50	50	50/50	K BI323		
31									

24

ID 76569

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone 727-848-8292 / Fax 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Sept 07

Well # 3 Hamden System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		35200							
2	132487	36000	1.61	1.15	54	50/50	Benedetto Matthew R— B.1321		cleaned Ivy Pond
3		36,000							
4		37,000							
5	132596	69,000	1.54	1.15	54	40/60	Benedetto Matthew J— B.1321		
6		69,000							
7	132731	70,000	1.61	1.20	54	50/50	J— B.1321		
8		70,000							
9	132871	75,000	1.57	1.10	54	50/50	K— B.1321		
10		75,000							
11		94,000							
12	133054	100,000	1.72	1.41	54	50/50	K— B.1321		
13		100,000							
14	133294	81,000	1.61	1.33	52	50/50	K— B.1321		
15	~~133451~~	80,000							
16	133455	86,000	1.74	1.55	54	50/50	K— B.1321		
17		86,000							
18		86,000							
19	133713	106,000	1.80	1.30	54	50/50	K— B.1321		
20		106,000							
21	133925	103,000	1.65	1.36	48	50/50	MR C.1011		
22		103000							
23	134050	80,000	1.60	1.20	54	50/50	MR C.1011		
24		80,000							
25		80,000							
26	134290	83,000	2.00	1.45	54	50/50	K— B.1321		
27		83,000							
28	134458	99,000	2.01	1.30	54	50/50	K— B.1321		
29		99,000							
30	134646	86,000	2.10	1.41	54	50/50	K— B.1321		
31									

134732

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652.
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor #4 MONTH / YEAR: Sept 05

Well # Linkwood #4 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		19000							
2	80661	18000	1.31	1.15	46	50/50	Benedetto Matthace B1323J		
3		19000							
4		19000							
5	80657	12,000	1.32	1.15	50	50/50	Benedetto Matthace B1323J		
6		16,000							well Temp. outside screen
7	80680	0	1.30	1.10	50	50/50	Ken B1323J		" " " "
8		0							" " " "
9	80680	0	1.10	.94	50	50/50	Ken B 1323J		" " " "
10		0							" " " "
11		0							" " " "
12	80680	0	1.02	.87	50	50/50	Ken B1323J	NO3	well Temp out of screen
13		0							" "
14	80680	0	96	1.47	50	50/50	Ken B1323J		" "
15		0							" "
16	80680	0	96	1.73	50	50/50	Ken B1323J		Temp out of screen
17		0							"
18		0							"
19	80680	0	1.03	1.41	50	50/50	Ken B1323J		"
20		0							"
21	80680	0	1.45	1.36	50	50/50	MC C10111		"
22		0							"
23	80680	0	1.51	1.20	50	50/50	MC10111		"
24		0							"
25		0							"
26	80680	0	1.47	1.36	50	50/50	Ken B1323J		"
27		0							Temp out of screen
28	80680	0	1.03	1.31	50	50/50	Ken B1323J		Temp out of screen
29		0							
30	80680	0	.95	1.21	50	50/50	Ken B1323J		Temp out of screen
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 Finished-Water Production for the Month/Year of: October-05

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Identification Number: 6510355

Day of Month	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 Well # 1	Colonial Manor Well # 2	Colonial Manor Well # 3	Colonial Manor Well # 4	Colonial Manor Well # 5						
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	93,000	53,500	93,000	53,500	93,000						386,000
	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	-	35,000	86,000	-	0						121,000
2	-	34,000	86,000	-	0						120,000
3	-	31,000	88,000	-	0						119,000
4	-	31,000	88,000	-	0						119,000
5	-	26,000	70,000	-	0						96,000
6	-	26,000	70,000	-	0						96,000
7	-	27,000	71,000	-	0						98,000
8	-	27,000	71,000	-	0						98,000
9	-	27,000	71,000	-	0						98,000
10	-	30,000	96,000	-	0						126,000
11	-	29,000	95,000	-	0						124,000
12	-	28,000	74,000	-	0						102,000
13	-	28,000	74,000	-	0						102,000
14	-	32,000	90,000	-	0						122,000
15	-	32,000	90,000	-	0						122,000
16	-	32,000	90,000	-	0						122,000
17	-	31,000	92,000	-	0						123,000
18	-	30,000	92,000	-	0						122,000
19	-	34,000	68,000	-	0						102,000
20	-	33,000	68,000	-	0						101,000
21	-	24,000	75,000	-	0						99,000
22	-	24,000	75,000	-	0						99,000
23	-	25,000	75,000	-	0						100,000
24	-	24,000	69,000	-	0						93,000
25	-	24,000	69,000	-	0						93,000
26	-	28,000	76,000	-	0						104,000
27	-	28,000	76,000	-	0						104,000
28	-	28,000	72,000	-	0						100,000
29	-	28,000	72,000	-	0						100,000
30	-	28,000	72,000	-	0						100,000
31	-	53,500	67,000	-	0						120,500
Total											3,345,500
Avg.											107,919
Max.											126,000

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: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	13858	
	Howard Aldrich	C	6368	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	Janet Shirley	A	6333	

II. Certification by Lead/Chief Operator

DEP Form 62-555.900(3)
Effective August 28, 2003

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	Printed or Typed Name	License Number
11/1/05	KENNETH MARTIN	B - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR WI

D1. Daily Data for the Month/Year of: October-05

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

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

Day of the Month	Was Plant Operating? (Yes/No)	Hours of Operation	Net Quantity of Finished Water Produced - gal	CT Calculation or UV Dose to Demonstrate Four-Log Virus Inactivation, If Applicable											Emergency or Abnormal Operating Conditions, Reported to WI DNR, Which Involved Taking Water System Components Out of Operation *
				Peak Flow Rate - gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer - mg/L	Disinfectant Contact Time (T) During Peak Flow - minutes	Lowest Measured CT Value - mg/L x minutes	Log Inactivation Being Credited	Temperature of Water Applied - °C	pH of Water Applied	Lowest Measured UV Dose - mJ/cm²	Minimum UV Dose Required to Demonstrate Credited Log Inactivation - mJ/cm²	Lowest Residual Disinfectant Concentration (C) Measured in Distribution System - mg/L		
1		24	-												* See Below
2		24	-												* See Below
3	x	24	-		50									1.20	* See Below
4		24	-												* See Below
5	x	24	-		50									1.35	* See Below
6		24	-												* See Below
7		24	-												* See Below
8	x	24	-		50									1.31	* See Below
9		24	-												* See Below
10	x	24	-		50									1.29	* See Below
11		24	-												* See Below
12		24	-		50									1.21	* See Below
13		24	-												* See Below
14	x	24	-		50									1.29	* See Below
15		24	-												* See Below
16		24	-												* See Below
17	x	24	-		50									1.30	* See Below
18		24	-												* See Below
19	x	24	-		50									1.32	* See Below
20		24	-												* See Below
21	x	24	-		50									1.30	* See Below
22		24	-												* See Below
23		24	-												* See Below
24	x	24	-		0.5									1.26	* See Below
25		24	-												* See Below
26	x	24	-		0.50									1.26	* See Below
27		24	-												* See Below
28	x	24	-		0.50									1.26	* See Below
29		24	-												* See Below
30		24	-												* See Below
31	x	24	-		50									1.30	* See Below
Total			-												
Average			-												
Maximum			-												

* Well Temporality Out of Service

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: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Arniott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	13858	
	Howard Aldrich	C	6368	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	Janet Shirley	A	6333	

II. Certification by Lead/Chief Operator

DEP Form 62-555.900(3)
Effective August 28, 2003

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	Printed or Typed Name	License Number
11/1/05	KENNETH MARTIN	B - 13237

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

III. Daily Data for the Month/Year of: October-05

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

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

Day of the Month	Was Plant Operating? (Place "X")	Hours Plant Was In Operation	Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) in Water Delivered to Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) During Peak Flow, minutes	Log Inactivation Achieved at Peak Flow	Type of Water (G, S, GU)	Source Water Temperature, °C	Minimum Turbidity Measured, NTU	Maximum Turbidity Measured, NTU	Was Maximum Turbidity Value Reported to the State within 48 Hours? (Yes/No)	Highest Heterotrophic Plate Count (HPC) Measurement, cfu/mL	Emergency or Abnormal Operating Conditions Limiting Production, Maintenance, Repairs, Loss of Leaking Water, Valve Operations, Other Operation
1		24	35,000											
2		24	34,000											
3	x	24	31,000		1.60								1.25	
4		24	31,000											
5	x	24	26,000		1.81								1.40	
6		24	26,000											
7	x	24	27,000		1.91								1.32	
8		24	27,000											
9		24	27,000											
10	x	24	30,000		1.89								1.41	
11		24	29,000											
12	x	24	28,000		1.85								1.37	
13		24	28,000											
14	x	24	32,000		1.96								1.41	
15		24	32,000											
16		24	32,000											
17	x	24	31,000		2.01								1.46	
18		24	30,000											
19	x	24	34,000		2.10								1.50	
20		24	33,000											
21	x	24	24,000		1.85								1.41	
22		24	24,000											
23		24	25,000											
24	x	24	24,000		1.60								1.26	
25		24	24,000											
26	x	24	28,000		1.60								1.26	
27		24	28,000											
28	x	24	28,000		1.69								1.26	
29		24	28,000											
30		24	28,000											
31	x	24	53,500		1.74								1.30	
Total			917,500											
Average			29,597											
Maximum			53,500											

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: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III			Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey		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: 98000				
Plant Category (per subsection 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	B	13237	3 times per week
Other Operators:	Travis Pender	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	13858	
	Howard Aldrich	C	6368	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	Janet Shirley	A	6333	

II. Certification by Lead/Chief Operator

DEP Form 62-555 900(3)
Effective August 28, 2003

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 W3

III. Daily Data for the Month/Year of: October-05

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Was Plant Operated & Water Delivered to Distribution System Today? (Enter "x")	Hours Plant in Operation	Finished Water Quantity Produced, gal	Item 1 Peak Flow Rate, gpm *	Item 2 Lowest Residual Disinfectant Concentration (C) in Water Entering Distribution System, mg/l	Item 3 Disinfectant Contact Time (T) During Peak Flow, min	Item 4 Lowest Chlorine Residual Entering Distribution System, mg/l	Item 5 Disinfectant Contact Time (T) During Peak Flow, min	Item 6 Lowest Ozone Residual Entering Distribution System, mg/l	Item 7 Disinfectant Contact Time (T) During Peak Flow, min	Item 8 Lowest Chlorine Dioxide Residual Entering Distribution System, mg/l	Item 9 Disinfectant Contact Time (T) During Peak Flow, min	Item 10 Lowest Combined Chlorine Residual Entering Distribution System, mg/l	Item 11 Disinfectant Contact Time (T) During Peak Flow, min	Item 12 Lowest Residual Disinfectant Concentration (C) in Water Entering First Customer in Distribution System, mg/l	Item 13 "Emergency or Abnormal Operating Conditions, Repair or Maintenance Work Affecting Water System Components Out Of Operation"
1		24	86,000													
2		24	86,000													
3	x	24	88,000		1.30										1.10	
4		24	88,000													
5	x	24	70,000		1.07										1.25	
6		24	70,000													
7	x	24	71,000		1.86										1.31	
8		24	71,000													
9		24	71,000													
10	x	24	96,000		1.91										1.50	
11		24	95,000													
12	x	24	74,000		1.84										1.41	
13		24	74,000													
14	x	24	90,000		1.89										1.47	
15		24	90,000													
16		24	90,000													
17	x	24	92,000		1.74										1.25	
18		24	92,000													
19	x	24	68,000		1.65										1.30	
20		24	68,000													
21	x	24	75,000		1.75										1.31	
22		24	75,000													
23		24	75,000													
24	x	24	69,000		1.8										1.26	
25		24	69,000													
26	x	24	76,000		1.8										1.26	
27		24	76,000													
28	x	24	72,000		1.6										1.15	
29		24	72,000													
30		24	72,000													
31	x	24	67,000		1.74										1.30	
Total			2,428,000													
Average			78,323													
Maximum			96,000													

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: OCTOBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
11/1/07	KENNETH MARTIN	B - 13237

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

III. Daily Data for the Month/Year of: October-05

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe):

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

Day of Month	Did Plant Operate? (Enter "x")	Hours Plant Operated	Finished Water Pumped, gals	Disinfectant Residual Entering Distribution System, mg/L	Lowest Residual Disinfectant Concentration in Any Water Leaving Any Customer, mg/L	Time Duration That Disinfectant Residual Was Below Minimum Value in Any Water Leaving Any Customer, minutes	Disinfectant Residual Measured at Same Location and Time as Lowest Residual, mg/L	Temperature of Water, °C	pH of Water, Before Application of Chemicals	Contact Time (CT) Value Achieved, minutes	Log Inactivation (CT) Achieved	Minimum UV Dose Applied, mJ/cm²	Lowest Residual Disinfectant Concentration in Remote Point in Distribution System, mg/L	Unusual Occurrences or Operational Problems, Including Interruptions in Water Taking, Water Distribution, Water Treatment, Power Failures, Chemical Feed Problems, Water System Components Out of Operation, etc.
1		24	-											
2		24	-											
3	x	24	-		.50								1.30	
4		24	-											
5	x	24	-		.49								1.45	
6		24	-											
7	x	24	-		.50								1.41	* See Below
8		24	-											* See Below
9		24	-											* See Below
10	x	24	-		.51								1.59	* See Below
11		24	-											* See Below
12	x	24	-		.50								1.48	* See Below
13		24	-											* See Below
14	x	24	-		.50								1.39	* See Below
15		24	-											* See Below
16		24	-											* See Below
17	x	24	-		.50								1.41	* See Below
18		24	-											* See Below
19	x	24	-		.50								1.39	* See Below
20		24	-											* See Below
21	x	24	-		.50								1.50	* See Below
22		24	-											* See Below
23		24	-											* See Below
24	x	24	-		.50								1.26	* See Below
25		24	-											* See Below
26	x	24	-		.50								1.26	* See Below
27		24	-											* See Below
28	x	24	-		.50								1.15	* See Below
29		24	-											* See Below
30		24	-											* See Below
31	x	24	-		.50								1.25	
Total			-											
Average			-											
Maximum			-											

* Well Temporality Out of Service

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: OCTOBER 2005

A. Public Water System (PWS) Information

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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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	B	13237	3 times per week
Other Operators:	Travis Pender	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	13858	
	Howard Aldrich	C	6368	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	Janet Shirley	A	6333	

II. Certification by Lead/Chief Operator

DEP Form 62-555 900(3)
Effective August 28, 2003

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.

11/1/05	KENNETH MARTIN	B - 13237
Signature and Date	Printed or Typed Name	License Number

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

III. Daily Data for the Month/Year of: October-05

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

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Plant Flow Reading (MGD)	Hours Plant Operated	Gallons Produced (gal)	Peak Flow Rate (gpd)	Lowest Free Chlorine Concentration Measured at Customer Tap During Peak Flow (mg/l)	Lowest Free Chlorine Concentration Measured in Plant Effluent During Peak Flow (mg/l)	Lowest Combined Chlorine Concentration Measured in Plant Effluent During Peak Flow (mg/l)	Lowest Chlorine Dioxide Concentration Measured in Plant Effluent During Peak Flow (mg/l)	Contact Calculation for UV Dose: Minimum Transmittance of Water Entering UV Disinfection Application (%)	Contact Calculation for UV Dose: Minimum Operating Flow Rate Entering UV Disinfection Application (gpm)	Contact Calculation for UV Dose: Minimum Operating Lamp Power Setting (%)	Contact Calculation for UV Dose: Minimum UV Dose Required (mJ/cm²)	Lowest Residual Disinfectant Concentration in Plant Effluent (mg/l)	Water System Components Out of Operation
1		0	-											
2		0	-											
3		0	-											
4		0	-											
5		0	-											
6		0	-											
7		0	-											
8		0	-											
9		0	-											
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14		0	-											
15		0	-											
16		0	-											
17		0	-											
18		0	-											
19		0	-											
20		0	-											
21		0	-											
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26		0	-											
27		0	-											
28		0	-											
29		0	-											
30		0	-											
31														
Total			-											
Average			-											
Maximum			-											

AND LABORATORY REPORTING FORMAT

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
☐ 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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 16:40 10-5-05
Analysis Date & Time: 10-6-5 1050

Sample Acceptance Criteria:
Sample Preservation ☐ On Ice ☐ Not On Ice ☐ ____ °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 10510181 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: ____

System Name: Colonial Manor Utility PWS I.D. 6 5 1 0 3 3 5

System Address: Massy Rd City: Holiday

System or Owner's Phone #: ____ Fax #: ____

Collector: Ken Martin Collector's Phone # 727-243-0140

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: 10/5/05

To be completed by collector of sample | To be completed by Lab

Total Coliform Analysis Method: SM9222B
Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Common Dr	1105	D	0	7.3		A			-01
	Raw well #2 Cantrell	1110	D	0	7.3		A			-02
	Raw well #3 Hendrix	1115	D	0	7.2		A			-03
	Raw well #4 Linkwood	1120	D	0	7.3		A			-04
	D.S. #1 3505 Linkwood Dr	1125	D	1.40			A			-05
	D.S. #2 3505 Hendrix St	1135	D	1.55			A			-06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.47

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: ____

Person performing analysis is:
☐ A certified operator (# 613283) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# ____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: ____

Date State notified by lab of positive results: ____

Lab Signature: [signature]

Title: A

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: ____

DEP/DOH Reviewing Official: ____

[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 = 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

U.S. Water
Services Corporation

X for please see Melisa

Treatment Plant Name: COLONIAL MANOR MONTH / YEAR: OCT-05

Well #: 1 CONNELL DR System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Tune in / Time Out License Number / Initials	Sampling Performed	Remarks
1	18325	Ø	.50						
2		Ø							
3	18325	Ø	.50	120	50	50/50	Kim B13237		Temp out of service
4		Ø							
5	18325	Ø	.50	135	50	50/50	Kim B13237	Recalib Back to normal	Temp out of service
6		Ø							
7		Ø							
8	18325	Ø	.50	131	50	50/50	Kim B13237		Temp out of service
9		Ø							
10	18325	Ø	.50	129	50	50/50	Kim B13237		Temp out of service
11		Ø							
12	18325	Ø	.50	121	50	50/50	Kim B13237		Temp out of service
13		Ø							
14	18325	Ø	.50	125	50	50/50	Kim B13237		Temp out of service
15		Ø							
16		Ø							
17	18325	Ø	.50	130	50	50/50	Kim B13237		
18		Ø							
19	18325	Ø	.50	132	50	50/50	Kim B13237		
20		Ø							
21	18325	Ø	.50	130	50	50/50	Kim B13237		
22		Ø							
23		Ø							
24	18325	Ø	0.5	1.26	50	50/50	me ~~CLOSE~~ 10111		
25		Ø							
26	18325	Ø	0.50	1.26	50	50/50	Benedetto Mattiace Kim B13237		
27		Ø							
28	18325	Ø	0.50	1.24	50	50/50	Benedetto Mattiace Kim B13237		
29		Ø							
30		Ø							
31	18325	Ø	.50	130	50	50/50	Kim B13237		out of service

11/2 - 18325

operator error

1/4

U.S. Water
Services Corporation

4621 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone 727-848-8292 / Fax 727-842-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: Oct - 07

Well #: 1 Colonial DR System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	Cl2 Residual @ plant	Cl2 Residual @ remote tap	PSI	Air / Water Ratio	Tune in - Time Out License Number / Initials	Sampling Performed	Remarks
1	18325	0	.52						
2		0							
3	18325	0	.50	120	50	50/50	Ken B13231		Temp out of service
4		0							
5	18325	0	.50	135	50	50/50	Ken B13231	Bacti Sample 10:15 AM	Temp out of service
6		0							
7		0							
8	18325	0	.50	131	50	50/50	Ken B13231		Temp out of service
9		0							
10	18325	0	.50	129	50	50/50	Ken B13231		Temp out of service
11		0							
12	18325	0	.50	121	50	50/50	Ken B13231		Temp out of service
13	77	0							
14	18325	0	.50	125	50	50/50	Ken B13231		Temp out of service
15		0							
16		0							
17	18325	0	.50	130	50	50/50	Ken B13231		
18		0							
19	18325	0	.50	132	50	50/50	Ken B13231		
20		0							
21	18325	0	.50	130	50	50/50	Ken B13231		
22		0							
23		0							
24	18325	0	0.5	1.26	50	50/50	me [illegible]		
25		0							
26	98325	0	0.50	1.26	50	50/50	Benedetto Matthew B13231		
27		0							
28	18325	0	0.50	1.24	50	50/50	Benedetto Matthew B13231		
29		0							
30		0							
31	18325	0	.50	130	50	50/50	Ken B13231		Out of Service

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4821 U.S. Highway 19 Suite 24 New Port Richey, FL 34652
Phone 727-848-8292 / Fax 727-848-7701

U.S. Water
Service Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Oct 05

Well #: 2 Cantrell System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	Cl2 Residual at plant	Cl2 Residual at remote tap	PSI	Air / Water Ratio	Tune in / Tune Out License Number / Initials	Sampling Performed	Remarks
1	76569	35000							
2		34000							Cleaned Irr Pond
3	76638	31,000	1.60	1.25	50	50/50	Ken B 13237		
4		31,000						TDS, Sol, Cl and Hardness Bacti-	
5	76800	26,000	1.83	1.40	50	50/50	Ken B 13254		
6		24,000							
7	76952	27,000	1.91	1.32	50	50/50	Ken B 13252		
8		27,000							
9		27,000							
10	76835	30,000	1.89	1.41	50	50/50	Ken B 13243		
11		29,000							
12	76852	28,000	1.85	1.31	50	50/50	Ken B 13237		
13		28,000							
14	76948	32,000	1.96	1.41	50	50/50	Ken B 13243		
15	77044	32,000							
16		32,000							
17	77054	34000	2.01	1.46	50	50/50	Ken B 13233		Cleaned Irr Pond
18		30,000							
19	77105	34,000	2.10	1.50	50	50/50	Ken B 13245		
20		33,000							
21	77162	24,000	1.85	1.41	50	50/50	Ken B 13233		
22		24,000							
23		25000							
24	77245	24000	1.61	1.26	48	40/60	Mr Clean		
25		24000							
26	77293	25000	1.60	1.26	48	20/80	Benedetto Mattress		
27		28,000							
28	77349	28,000	1.69	1.26	54	20/80	Benedetto Mattress		
29		28,000							
30		28,000							
31	77432	53500	1.74	1.30	54	20/80	Ken B 13259		

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652.
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH - YEAR: OCT 01

Well #: 3 Henderson System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	Cl2 Residual @ plant	Cl2 Residual @ remote tap	PSI	Air Water Ratio	Tune in - Time Out License Number - Initials	Sampling Performed	Remarks
1	134732	86,000							
2		86,000							
3	134904	88,000	1.30	1.10	54	50/50	K— B/325)		Cleaned Eq Pond
4		88,000							
5	135080	90,000	1.60	1.25	54	50/50	K— B/323)	Routine Bact, IOC, Sec 2L	
6		90,000							
7	135230	91,000	1.86	1.31	54	50/50	K— B/323)		
8		91,000							
9		91,000							
10	135433	96,000	1.71	1.50	54	50/50	K— B/323)		Cleaned Eq Pond
11		95,000							
12	135524	94,000	1.64	1.41	54	50/50	K— B/323)		
13		94,000							
14	135723	90,000	1.87	1.47	54	50/50	K— B/323)		
15		90,000							
16		90,000							
17	136044	92,000	1.74	1.2	54	50/50	K— B/323)		Cleaned Eq Pond Changed #2 Impeller
18		92,000							
19	136223	68,000	1.65	1.30	54	50/50	K— B/323)		Installed Duck Bill Check Valve
20		68,000							
21	136364	75,000	1.75	1.31	54	50/50	K— B/323)		
22		75,000							
23		75,000							
24	136599	69,000	1.8	1.26	54	50/50	MCC10111		
25		69,000							
26	136737	76,000	1.8	1.26	54	50/50	Benedetto Mattiace K— B/323		
27		76,000							
28	136889	72,000	1.6	1.15	54	50/50	MCC10111		
29		72,000							
30		72,000							
31	137105	67,000	1.74	1.30	54	50/50	K— B/323)		

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH - YEAR: Oct. 05

Well #: 4 - Linkwood System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	Cl2 Residual at plant	Cl2 Residual at remote tap	PSI	Air/Water Ratio	Tune in / Time Out License Number / Initials	Sampling Performed	Remarks
1	480680	Ø							
2		Ø							
3	80680	Ø	.50	1.30	50	50/50	Kim B13257		Temp out of serv
4		Ø							"
5	480680	Ø	.49	1.47	50	50	Kim B13237	TDS, 324 Cl Bacti	Temp out of serv
6		Ø	.50						"
7	80680	Ø	.50	1.41	50	50	Kim B13237		Temp out of serv
8		Ø	.51						Temp coming on
9		Ø							"
10	80680	Ø	.51	1.50	50	50/50	Kim B13237		Temp out of serv
11		Ø							"
12	80680	Ø	.50	1.49	50	50	Kim B13237		Temp out of serv
13		Ø							"
14	80680	Ø	.50	1.39	50	50	Kim B13237		"
15		Ø							"
16		Ø							"
17	80680	Ø	.50	1.41	50	50	Kim B13237		"
18		Ø							"
19	80680	Ø	.50	1.39	50	50/50	Kim B13237		"
20		Ø							"
21	80680	Ø	.50	1.30	50	50/50	Kim B13237		"
22		Ø							"
23		Ø							"
24	80680	Ø	.50	1.26	50	50/50	MR C10111		"
25		Ø							"
26	80680	Ø	.50	1.26	50	50/50	Brandon Matthew B13237		"
27		Ø							"
28	80680	Ø	.50	1.15	50	50/50	MR C10111		"
29		Ø							"
30		Ø							"
31	80680	Ø	.50	1.25	50	50/50	Kim B13237		Temp out of serv

24

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

Report Number: T0510181 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 16:40 10-5-05

Analysis Date & Time: _____

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

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: Moog RD City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Ken Martin Collector's Phone # 727-243-0140

Type of Supply: (check only one)

- [x] 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 [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 10/5/05

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: / Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Common DR	1105	R	0	7.3					-01
	Raw well #2 Cantrell	1110	R	0	7.3					-02
	Raw well #3 Hendrix	1115	R	0	7.2					-03
	Raw well #4 Linkwood	1120	R	0	7.3					-04
	D.S. #1 3505 Linkwood Dr	1125	D	1.40						-05
	D.S. #2 3505 Hendrix W	1135	D	1.55						-06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.47

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other: _____

Person performing analysis is:
- [ ] A certified operator (# 3:3227)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY
- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

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

See page 2 for instructions.

FILE COPY

Daily Finished-Water Production for the Month/Year of: November-05

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Idenitication Number: 6510355

	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 Well # 1	Colonial Manor Well # 2	Colonial Manor Well # 3	Colonial Manor Well # 4	Colonial Manor Well # 5						
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	93,000	53,500	93,000	53,500	93,000						386,000
Month	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	-	102,000	-	-	0						102,000
2	-	112,000	-	-	0						112,000
3	-	111,000	-	-	0						111,000
4	-	131,000	-	-	0						131,000
5	-	131,000	-	-	0						131,000
6	-	131,000	-	-	0						131,000
7	-	120,000	1,000	-	0						121,000
8	-	120,000	1,000	-	0						121,000
9	-	121,000	-	-	0						121,000
10	-	121,000	-	-	0						121,000
11	-	33,000	74,000	-	0						107,000
12	-	33,000	74,000	-	0						107,000
13	-	33,000	74,000	-	0						107,000
14	-	31,000	81,000	-	0						112,000
15	-	30,000	81,000	-	0						111,000
16	-	30,000	59,000	-	0						89,000
17	-	30,000	59,000	-	0						89,000
18	-	31,000	75,000	-	0						106,000
19	-	31,000	75,000	-	0						106,000
20	-	31,000	75,000	-	0						106,000
21	-	25,000	75,000	-	0						100,000
22	-	25,000	74,000	-	0						99,000
23	-	26,000	62,000	-	0						88,000
24	-	25,000	62,000	-	0						87,000
25	-	30,000	75,000	-	0						105,000
26	-	30,000	75,000	-	0						105,000
27	-	30,000	74,000	-	0						104,000
28	-	25,000	72,000	-	0						97,000
29	-	24,000	72,000	-	0						96,000
30	-	22,000	47,000	-	0						69,000
31	-			-	0						0
Total											3,192,000
Avg.											102,968
Max.											131,000

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: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
11/29/07	KENNETH MARTIN	B - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W1

III. Daily Data for the Month/Year of: November-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation*	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	-											* See Below
2	x	24	-		0.6								1.15	* See Below
3		24	-											* See Below
4	x	24	-		60								1.20	* See Below
5		24	-											* See Below
6		24	-											* See Below
7	x	24	-		.67								1.25	* See Below
8		24	-											* See Below
9	x	24	-		.65								1.30	* See Below
10		24	-											* See Below
11	x	24	-		.60								1.25	* See Below
12		24	-											* See Below
13		24	-											* See Below
14	x	24	-		.61								1.22	* See Below
15		24	-											* See Below
16	x	24	-		.50								1.31	* See Below
17		24	-											* See Below
18	x	24	-		.51								1.29	* See Below
19		24	-											* See Below
20		24	-											* See Below
21	x	24	-		.61								1.31	* See Below
22		24	-											* See Below
23	x	24	-		.65								1.20	* See Below
24		24	-											* See Below
25	x	24	-		.50								1.18	* See Below
26		24	-											* See Below
27		24	-											* See Below
28	x	24	-		.50								1.19	* See Below
29		24	-											* See Below
30	x	24	-		.52								1.21	* See Below
31			-											* See Below
Total			-											
Average			-											
Maximum			-											

* Well Temporality Out of Service

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: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey		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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
11/29/05	KENNETH MARTIN	B - 13237

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

III. Daily Data for the Month/Year of: November-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	102,000											
2	x	24	112,000		1.36								1.15	
3		24	111,000											
4	x	24	131,000		1.50								1.22	
5		24	131,000											
6		24	131,000											
7	x	24	120,000		1.60								1.37	
8		24	120,000											
9	x	24	121,000		1.74								1.46	
10		24	121,000											
11	x	24	33,000		1.86								1.55	
12		24	33,000											
13		24	33,000											
14	x	24	31,000		1.91								1.41	
15		24	30,000											
16	x	24	30,000		1.77								1.31	
17		24	30,000											
18	x	24	31,000		1.90								1.39	
19		24	31,000											
20		24	31,000											
21	x	24	25,000		1.84								1.42	
22		24	25,000											
23	x	24	26,000		1.39								1.20	
24		24	25,000											
25	x	24	30,000		2.10								1.39	
26		24	30,000											
27		24	30,000											
28	x	24	25,000		1.15								.86	
29		24	24,000											
30	x	24	22,000		1.50								1.21	
31														
Total			1,775,000											
Average			59,167											
Maximum			131,000											

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: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	B	13237	3 times per week
Other Operators:	Travis Pender	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
11/29/05	KENNETH MARTIN	B - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: November-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	-											* Cleaned Pond
2	x	24	-		1.52								1.15	* Cleaned Pond
3		24	-											* Cleaned Pond
4	x	24	-		1.46								1.01	* Cleaned Pond
5		24	-											* Cleaned Pond
6		24	-											* Cleaned Pond
7	x	24	1,000		1.41								1.15	
8		24	1,000											* Well Out of Service
9	x	24	-		1.55								1.20	* Well Out of Service
10		24	-											* Well Out of Service
11	x	24	74,000		1.30								1.21	
12		24	74,000											
13		24	74,000											
14	x	24	81,000		1.32								1.22	
15		24	81,000											
16	x	24	59,000		1.45								1.10	
17		24	59,000											
18	x	24	75,000		1.30								1.29	
19		24	75,000											
20		24	75,000											
21	x	24	75,000		1.31								1.20	
22		24	74,000											
23	x	24	62,000		1.46								1.20	
24		24	62,000											
25	x	24	75,000		1.30								1.09	
26		24	75,000											
27		24	74,000											
28	x	24	72,000		1.56								1.01	
29		24	72,000											
30	x	24	47,000		1.63								1.55	
31														
Total			1,417,000											
Average			47,233											
Maximum			81,000											

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: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
11/22/01	KENNETH MARTIN	B - 13237

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

III. Daily Data for the Month/Year of: November-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations* or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	-											* See Below
2	x	24	-		0.82								1.15	* See Below
3		24	-											* See Below
4	x	24	-		.81								1.10	* See Below
5		24	-											* See Below
6		24	-											* See Below
7	x	24	-		.86								1.15	* See Below
8		24	-											* See Below
9		24	-		.76								1.20	* See Below
10		24	-											* See Below
11	x	24	-		.77								1.22	* See Below
12		24	-											* See Below
13		24	-											* See Below
14	x	24	-		.85								1.30	* See Below
15		24	-											* See Below
16	x	24	-		.83								1.31	* See Below
17		24	-											* See Below
18	x	24	-		.80								1.39	* See Below
19		24	-											* See Below
20		24	-											* See Below
21	x	24	-		.68								1.31	* See Below
22		24	-											* See Below
23	x	24	-		.92								1.20	* See Below
24		24	-											* See Below
25	x	24	-		.78								1.25	* See Below
26		24	-											* See Below
27		24	-											* See Below
28	x	24	-		.65								1.31	* See Below
29		24	-											* See Below
30	x	24	-		.68								1.29	* See Below
31		24	-											
Total			-											
Average			-											
Maximum			-											

* Well Temporality Out of Service

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: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	B	13237	3 times per week
Other Operators:	Travis Pender	C	13956	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Thomas Willard	B	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
11/29/05	KENNETH MARTIN	B - 13237

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

III. Daily Data for the Month Year of:	November-05													
Means of Achieving Four-Log Virus Inactivation/Removal: *						x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine		
Ultraviolet Radiation		Other (Describe):												
Type of Disinfectant Residual Maintained in Distribution System:						X Free Chlorine				Combined Chlorine (Chloramines)				Chlorine Dioxide

Day														
1		0	-											
2		0	-											
3		0	-											
4		0	-											
5		0	-											
6		0	-											
7		0	-											
8		0	-											
9		0	-											
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14		0	-											
15		0	-											
16		0	-											
17		0	-											
18		0	-											
19		0	-											
20		0	-											
21		0	-											
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26		0	-											
27		0	-											
28		0	-											
29		0	-											
30		0	-											
31														
Total			-											
Average			-											
Maximum			-											

AND LABORATORY REPORTING FORMAT

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
☐ 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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 15:20 11-15-05

Analysis Date & Time: 11-16-05 1109

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☐ ____ °C

Disinfectant Check ☐ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements:

Report Number: 10511768 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☐ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utilities PWS I.D. 6 5 1 0 3 5 5

System Address: Moog RD City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Ken Martin Collector's Phone # 727-243-0140

Type of Supply: (check only one)

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

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

Sample Collection Date: 11/15/05

For Completion by Collector of Sample — For Completion by Lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222D Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1	1030	R	0	7.3		A			-07
	Raw well #2	1040	R	0	7.2		A			-08
	Raw well #3	1045	R	0	7.3		A			-09
	Raw well #4	1050	R	0	7.3		A			-10
	D.S #1 3609 Blayton Dr	1055	D	1.35			A			-11
	D.S #2. 3709 Colonial Hills Dr	1100	D	1.31			A			-12

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# 82137) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: A

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

☐ 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 32606 • (352) 367-1500 Fax (352) 367-0050
☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER: TO 511767

Page _____ of _____

CLIENT NAME: U.S. Water Services Corporation
ADDRESS: 4939 Cross Bayou Boulevard, New Port Richey, Florida 34652
PHONE: Phone (727) 848-8292 FAX:
CONTACT: Melissa R.

PROJECT NAME: Colonial Manor Utilities
P.O. NUMBER / PROJECT NUMBER:
PROJECT LOCATION: Hol, Day,
SAMPLED BY: Ken Martin

TURN AROUND TIME:
☐ STANDARD
☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW = waste water SW = surface water GW = ground water DW = drinking water OIL A = air SO = soil SL = sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	BOTTLE SIZE & TYPE: 500 ml	500 ml	500 ml	ANALYSIS REQUIRED: RDS	J	SOLT	LAB NUMBER
	Raw well #1	G	11/15/01	1030	DW	1		X	X	X				-01
	Raw well #2	G		1040	DW	1		X	X	X				-02
	Raw well #3	G		1045	DW	1		X	X	X				-03
	Raw well #4	G		1050	DW	1		X	X	X				-04

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment Method / Sample Kit / Cooler
Out: Via: FB D/T
TB D/T
Ret: Via: Trip B

	Relinquished by:	Date	Time	Received by:	Date	Time
1						
2		11/15/01	15:20	K Mandell		15:20
3						
4						

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Nov 05

Well # 1. Connan Drive System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Tune In / Time Out License Number / Initials	Sampling Performed	Remarks
1		0							Weekly check of Sewer
2	18325	0	1.6	1.15	50	50/50	MR CIOIII		"
3		0							"
4	18325	0	.60	120	50	50/50	K — B13257		"
5		0							"
6		0							"
7	18325	0	67	125	50	50/50	K — B13257		"
8		0							"
9	18325	0	.65	1.30	50	50/50	K — B13257		"
10		0							"
11	18325	0	60	1.25	50	50/50	K — B13257		"
12		0							"
13		0							"
14	18325	0	.61	1.22	50	50/50	K — B13257		"
15		0						Pulled monthly samples	"
16	18325	0	50	131	50	50/50	K — B13257		"
17	~~18325~~	0	~~.50~~	~~131~~	~~50~~	~~50/50~~	~~K — B13257~~		"
18	18325	0	.51	129	50	50/50	K — B13257		"
19		0							"
20		0							"
21	18325	0	.61	131	50	50/50	K — B13257		"
22		0							"
23	18325	0	.65	1.20	40	50/50	RB B-13257		"
24		0							"
25	18325	0	.50	1.18	40	50/50	K — B13257		"
26		0							"
27		0							"
28	18325	0	.50	1.19	40	50/50	K — B13257		"
29	~~18325~~	0							
30	18325	0	.52	1.21	40	50/50	K — B13257		
31									

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone 727-848-8292 / Fax 727-848 7701

U.S. Water
Services Corporation

Treatment Plant Name Colonial Manor MONTH / YEAR: Nov 05

31-77432 Well # 2 Cantrell System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Time In Time Out License Number / Initials	Sampling Performed	Remarks
1									
2	77553	112,000	1.36	1.15	54	20/80	MCCLOUD		
3		111,000							
4	77762	131,000	1.50	1.22	54	50/50	Ken B13237		Cleaned inj pond
5		131,000							
6		131,000							
7	78256	120,000	1.60	1.31	54	50/50	Ken B13237		
8		120,000							
9	78596	121,000	1.74	1.46	54	50/50	Ken B13237		Cleaned Inj Pond
10		121,000							
11	78650	33,000	1.86	1.55	54	50/50	Ken B13237		
12		33,000							
13		33,000							
14	78749	31,000	1.91	1.41	54	50/50	Ken B13237		
15		30,000						Drilled monthly Samples	
16	78810	30,000	1.77	1.31	54	50/50	Ken B13237		Cleaned Inj Pond
17		30,000							
18	78870	31,000	1.90	1.39	54	50/50	Ken B13237		
19		31,000							
20		31,000							
21	78961	25,000	1.84	1.42	54	50/50	Ken B13237		
22		25,000							
23	79011	26,000	1.39	1.20	42	60/40	Rick B13245		
24		27,000							
25	79062	30,000	2.10	1.59	50	50/50	Ken B13237		
26		30,000							
27		30,000							
28	79152	25,000	1.15	.86	42	50/50	Ken B13237		Cleaned Inj Pond
29		24,000							
30	79201	22,000	1.55	1.21	42	50/50	Ken B13237		
31									

3821 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Nov 05

31st - 137105 Well #: 3 Hendrix System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Tune in - Time Out License Number / Initials	Sampling Performed	Remarks
1									cleaned Tag Pond
2	137239	ø	1.52	1.15	54	50/50			
3		ø							
4	137239	ø	1.46	1.01	54	50	KM B13231		
5		ø							
6		ø							
7	137235	1000	1.41	1.15	54	50/50	KM B13231		
8		1000							well out of SERV
9	137241	ø	1.55	1.20	54	50/50	KM B13231		
10		ø							
11	137241	74,000	1.30	1.21	54	50/50	KM B13231		Placed well on Line
12		74000							
13		74000							
14	137461	81,000	1.32	1.22	54	50/50	KM B13231		
15		81,000						Pulled monthly Bact	
16	137621	59,000	1.47	1.10	54	50/50	KM B13231		
17		59000							
18	137741	75,000	1.30	1.29	54	50/50	KM B13231		Replaced Check Ball check valve
19		75,000							
20		75,000							
21	137970	75,000	1.31	1.20	54	50/50	KM B13231		
22		74,000							
23	138119	62,000	1.46	1.20	54	40/60	RB D:13309		
24		62,000							
25	138243	95,000	1.30	1.09	54	50/50	KM B13231		Added D.E. to Tank
26		75,000							
27		74,000							
28	138467	22,000	1.56	1.01	54	50/50	KM B13231		
29		22,000							
30	138613	47,000	1.63	1.11	54	50/50	KM B13231		
31									

138666

4821 US Highway 19, Suite 2[illegible]
Phone 727-848-8292 / Fax 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Nov 05

Well #: 4 - Cinkwood System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		0							
2	80080	0	0.82	1.15	50	50/50	MCCLOUD		acid & serv
3		0							
4	80680	0	.81	1.10	50	50/50	K— B13231		
5		0							
6		0							
7	80680	0	.86	1.15	50	50	K— B13		
8		0							
9	80680	0	.76	1.20	50	50/50	K— B1323		
10		0	.77	1.22	50	50			
11	80680	0	.77	1.22	50	50	K— B13231		
12		0							
13		0							
14	80680	0	.85	1.30	50	50	K— B1323	Pulled quarterly NOx-NO	
15		0							
16	80680	0	.83	131	50	50	K— B13237		
17		0	.80						
18	80680	0	.80	1.39	50	50	K— B13237		
19		0							
20		0							
21	80680	0	.68	131	50	50	K— B1323		
22		0	.62	1.30					
23	80680	0	.92	1.20	50	50	RUB D-13309		
24		0							
25	80680	0	.78	1.25	60	50	K— B13237		
26		0							
27		0							
28	80680	0	.65	1.31	50	50	K— B13237		
29		0							
30	80680	0	.65	1.29	50	50	K— B13237		
1st	80680								

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

See page 2 for instructions.

FILE COPY

Daily Finished-Water Production for the Month/Year of:					December-05						
Community Water System (CWS) Name: Colonial Manor											
Public Water System (PWS) Identification Number: 6510355											
	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 Well # 1	Colonial Manor Well # 2	Colonial Manor Well # 3	Colonial Manor Well # 4	Colonial Manor Well # 5						
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of	93,000	53,500	93,000	53,500	93,000						386,000
Month	Net Quanity of Finished Water Produced by Each Plant, gallons										Total
1	-	24,000	73,000	-	0						97,000
2	-	29,000	73,000	-	0						102,000
3	-	29,000	73,000	-	0						102,000
4	-	24,000	72,000	-	0						96,000
5	-	29,000	66,000	-	0						95,000
6	-	28,000	66,000	-	0						94,000
7	-	24,000	59,000	-	0						83,000
8	-	29,000	58,000	-	0						87,000
9	-	25,000	67,000	-	0						92,000
10	-	24,000	67,000	-	0						91,000
11	-	24,000	67,000	-	0						91,000
12	-	28,000	66,000	-	0						94,000
13	-	27,000	66,000	-	0						93,000
14	-	27,000	50,000	-	0						77,000
15	-	27,000	49,000	-	0						76,000
16	-	22,000	77,000	-	0						99,000
17	-	22,000	77,000	-	0						99,000
18	-	22,000	77,000	-	0						99,000
19	-	27,000	77,000	-	0						104,000
20	-	27,000	76,000	-	0						103,000
21	-	25,000	64,000	-	0						89,000
22	-	25,000	64,000	-	0						89,000
23	-	26,000	71,000	-	0						97,000
24	-	26,000	71,000	-	0						97,000
25	-	26,000	71,000	-	0						97,000
26	-	29,000	78,000	-	0						107,000
27	-	28,000	77,000	-	0						105,000
28	-	27,000	60,000	-	0						87,000
29	-	26,000	60,000	-	0						86,000
30	-	23,000	50,000	-	0						73,000
31	-	22,000	50,000	-	0						72,000
Total											2,873,000
Avg.											92,677
Max.											107,000

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: DECEMBER 2005

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM		PWS Identification Number: 6510355
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 Inc.		
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 E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I			Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive		City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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.

[redacted] 12/14/07	Kenneth Martin	B - 13237
Signature and Date	Printed or Typed Name	License Number

PWS Identification Number: 6510355	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: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (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 manganese sequestrant.*

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

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

III. Daily Data for the Month/Year of: December-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest UV Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	-											* See Below
2	X	24	-		.66								1.29	* See Below
3		24	-											* See Below
4		24	-											* See Below
5	X	24	-		.55								1.18	* See Below
6		24	-											* See Below
7	X	24	-		.65								1.12	* See Below
8		24	-											* See Below
9	X	24	-		.66								1.15	* See Below
10		24	-											* See Below
11		24	-											* See Below
12	X	24	-		.59								1.22	* See Below
13		24	-											* See Below
14	X	24	-		.55								1.20	* See Below
15		24	-											* See Below
16	X	24	-		.56								1.27	* See Below
17		24	-											* See Below
18		24	-											* See Below
19	X	24	-		.55								1.25	* See Below
20		24	-											* See Below
21	X	24	-		.59								1.31	* See Below
22		24	-											* See Below
23	X	24	-		.55								1.22	* See Below
24		24	-											* See Below
25		24	-											* See Below
26	X	24	-		.56								1.25	* See Below
27		24	-											* See Below
28	X	24	-		.52								1.31	* See Below
29		24	-											* See Below
30	X	24	-		.53								1.28	* See Below
31		24	-											* See Below
Total			-											
Average			-											
Maximum			-											

* Well Temporality Out of Service

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: DECEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System		PWS Identification Number: 6510355
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: 1,825 +/-	
PWS Owner: Colonial Manor Utilities Inc.		
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 E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II		Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Kenneth Martin Printed or Typed Name	B - 13237 License Number

PWS Identification Number: 6510355	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: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (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 manganese sequestrant.*

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

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W2

III. Daily Data for the Month/Year of: December-05

Means of Achieving Four-Log Virus Inactivation/Removal * — X Free Chlorine — Chlorine Dioxide — Ozone — Combined Chlorine

Ultraviolet Radiation — Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	24,000										1.11	
2	X	24	29,000		1.62									
3		24	29,000											
4		24	24,000										1.41	
5	X	24	29,000		1.70									
6		24	28,000										1.39	
7	X	24	24,000		1.86									
8		24	29,000										1.41	
9	X	24	25,000		1.99									
10		24	24,000											
11		24	24,000										1.49	
12	X	24	28,000		1.96									
13		24	27,000										1.39	
14	X	24	27,000		1.84									
15		24	27,000										1.33	
16	X	24	22,000		1.85									
17		24	22,000											
18		24	22,000										1.39	
19	X	24	27,000		1.84									
20		24	27,000										1.32	
21	X	24	25,000		1.81									
22		24	25,000										1.40	
23	X	24	26,000		1.96									
24		24	26,000											
25		24	26,000										1.25	
26	X	24	29,000		2.20									
27		24	28,000										1.31	
28	X	24	27,000		1.65									
29		24	26,000										1.30	
30	X	24	23,000		1.75									
31		24	22,000											
Total			801,000											
Average			25,839											
Maximum			29,000											

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: DECEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System		PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III			Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street		City: New Port Richey	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: 98000				
Plant Category (per subsection 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	B	13237	3 times per week
Other Operators:	Travis Pender	C	13956	
	Ralph Amiott	C	8140	
	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
1/24/01	Kenneth Martin	B - 13237

PWS Identification Number: 6510355	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: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (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 manganese sequestrant.*

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

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: December-05

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

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L*	Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	CT Calculations: Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations: Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	CT Calculations: Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	CT Calculations: Temp. of Water, °C	CT Calculations: pH of Water, if Applicable	CT Calculations: Minimum CT* Required, mg-min/L	UV Dose Requirements: Lowest UV Operating UV Dose, mW-sec/cm²	UV Dose Requirements: Minimum UV Dose Required, mW-sec/cm²		
1		24	73,000											
2	X	24	73,000		1.72								1.25	
3		24	73,000											
4		24	72,000											
5	X	24	66,000		1.69								1.15	
6		24	66,000											
7	X	24	59,000		1.82								1.25	
8		24	58,000											
9	X	24	67,000		1.91								1.37	
10		24	67,000											
11		24	67,000											
12	X	24	66,000		1.51								1.15	
13		24	66,000											
14	X	24	50,000		1.71								1.22	
15		24	49,000											
16	X	24	77,000		1.86								1.31	
17		24	77,000											
18		24	77,000											
19	X	24	77,000		1.41								1.01	
20		24	76,000											
21	X	24	64,000		1.65								96	
22		24	64,000											
23	X	24	71,000		89								1.27	
24		24	71,000											
25		24	71,000											
26	X	24	78,000		1.31								1.05	
27		24	77,000											
28	X	24	60,000		1.22								1.21	
29		24	60,000											
30	X	24	50,000		1.89								1.30	
31		24	50,000											
Total			2,072,000											
Average			66,839											
Maximum			78,000											

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: DECEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System		PWS Identification Number: 6510355
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 Inc.		
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 E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV		Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(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	C	13956	
	Ralph Amiott	C	8140	
	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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.

[redacted] 8/14/07	Kenneth Martin	B - 13237
Signature and Date	Printed or Typed Name	License Number

PWS Identification Number: 6510355	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: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (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 manganese sequestrant.*

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

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

III. Daily Data for the Month/Year of: December-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	-											* See Below
2	X	24	-		63								1.39	* See Below
3		24	-											* See Below
4		24	-											* See Below
5	X	24	-		55								1.29	* See Below
6		24	-											* See Below
7	X	24	-		58								1.23	* See Below
8		24	-											* See Below
9	X	24	-		55								1.26	* See Below
10		24	-											* See Below
11		24	-											* See Below
12	X	24	-		59								1.22	* See Below
13		24	-											* See Below
14	X	24	-		55								1.30	* See Below
15		24	-											* See Below
16	X	24	-		50								1.28	* See Below
17		24	-											* See Below
18		24	-											* See Below
19	X	24	-		61								1.30	* See Below
20		24	-											* See Below
21	X	24	-		53								1.31	* See Below
22		24	-											* See Below
23	X	24	-		55								1.32	* See Below
24		24	-											* See Below
25		24	-											* See Below
26	X	24	-		56								1.28	* See Below
27		24	-											* See Below
28	X	24	-		53								1.30	* See Below
29		24	-											* See Below
30	X	24	-		55								1.28	* See Below
31		24	-											
Total			-											
Average			-											
Maximum			-											

* Well Temporality Out of Service

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: DECEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	B	13237	3 times per week
Other Operators:	Travis Pender	C	13956	
	Ralph Amiott	C	8140	
	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	C	7893	
	William Cooper	C	12884	
	Mark Havens	C	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	Printed or Typed Name	License Number
12/19/05	Kenneth Martin	B - 13237

PWS Identification Number: 6510355	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: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☑ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☑ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (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 manganese sequestrant.*

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

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

III. Daily Data for the Month/Year of: December-05

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable: CT Calculations: 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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	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		0	-											
2		0	-											
3		0	-											
4		0	-											
5		0	-											
6		0	-											
7		0	-											
8		0	-											
9		0	-											
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14		0	-											
15		0	-											
16		0	-											
17		0	-											
18		0	-											
19		0	-											
20		0	-											
21		0	-											
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26		0	-											
27		0	-											
28		0	-											
29		0	-											
30		0	-											
31		0	-											
Total			-											
Average			-											
Maximum			-											

AND LABORATORY REPORTING FORMAT

Advanced
Environmental Laboratories, Inc.

☐ 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
☒ 4610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
☐ 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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 12/1/05 1300hrs

Analysis Date & Time: 12-1-5 1600

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice 4.0 °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: T051231 7 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utilities PWS I.D. 6 5 1 0 3 5 5

System Address: Moog Rd City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Ken Martin Collector's Phone # 727-863-0140

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: 12/1/05

To be completed by Collector of Samples | To be completed by Lab

Total Coliform Analysis Method: SM9222B
Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1	0915	R	0	7.3		A			-07
	Raw well #2	0930	R	0	7.3		A			-08
	Raw well #3	0925	R	0	7.2		A			-09
	Raw well #4	0930	R	0	7.3		A			-10
	Dist #1 - 3509 Bedford Dr.	0940	D	1.29			A			-11
	Dist #2 - 3504 Connon Dr.	0945	D	1.22			A			-12

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.26

[1]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# BB33) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, Florida 34652
Phone (727) 848-8292

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: T05123188

Page _____ of _____

CLIENT NAME: US Water Services Corporation

ADDRESS: 4939 Cross Bayou Boulevard, New Port Richey, FL 34652

PHONE:

CONTACT:

PROJECT NAME: Colonial Manor Utilities

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: Hol. Dy, FL

SAMPLED BY: Ken Martin

TURN AROUND TIME:

☐ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE: 500 ml P	500 ml P	500 ml P	250 ml P				LAB NUMBER
							ANALYSIS REQUIRED: TDS	Cl	SO4	Nitrate				
	Raw well #1	G	12/1/05	0915	DW	2	X	X	X	X				-01
	Raw well #2	G		0920	DW	2	X	X	X	X				-02
	Raw well #3	G		0925	DW	2	X	X	X	X				-03
	Raw well #4	G		0930	DW	2	X	X	X	X				-04

Preserv

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler
Out	Via	FE	Dt
		AE	Dt
Ret	Via	Tracking #	

	Relinquished by:	Date	Time	Received by:	Date	Time
1		12/1/05			12/1/05	1300
2						
3						
4						

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Colonial Manor Utility PWS I.D. #: 6 5 1 0 3 5 5

System Type (check one): [X] Community [ ] Nontransient Noncommunity [ ] Transient Noncommunity

Address: 8005 RD

City: Holiday State: FL ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 12/21/05 Sample Time: 1330/1355 AM (PM) (Circle One)

Sample Location (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- [ ] Distribution
- [X] Entry Point (to Distribution)
- [ ] Plant Tap (not for compliance with 62-550)
- [ ] Raw (at well or intake)
- [ ] Max Residence Time
- [ ] Ave Residence Time
- [ ] Near First Customer

Reason(s) for Sample (Check all that apply)

- [ ] Routine Compliance (with 62-550)
- [ ] Confirmation of MCL Exceedance*
- [ ] Composite of Multiple Sites**
- [ ] Clearance (permitting)
- [ ] Other: _____
- [ ] Quarterly (Which Quarter? _____)
- [X] Special (not for compliance with 62-550)
- [ ] Violation Resolution
- [ ] Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: N03 - Grab

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Kenneth T. Martin

Sampler's Phone #: 727-243-0140 Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Kenneth T. Martin (Print Name), operator (Print Title),

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

Signature: _____ Date: 12/21/05

☐ Tampa: 5601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
☐ Gainesville: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
☐ Orlando: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER: T25131 92

Page ____ of ____

CLIENT NAME: U.S. Water Services Corporation

ADDRESS: 4939 Cross Bayou Boulevard, New Port Richey, Florida 34652

PHONE: Phone (727) 848-8292 FAX:

CONTACT:

PROJECT NAME: Colonial Manor utility

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: Moog Rd, Holiday

SAMPLED BY: Ken Martin

TURN AROUND TIME:

☒ STANDARD

☐ RUSH ____

REMARKS / SPECIAL INSTRUCTIONS:

WW = waste water SW = surface water GW = ground water DW = drinking water OIL A = air SO = soil SL = sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	LAB NUMBER
	Plant P.O.E #2 Cantrell st	G	12/21/05	1330	DW	1		250 mL	N03	
	Plant P.O.E #3 Hendrix st	G	12/21/05	1355	DW	1				

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipped Via: FedEx / Ground / Hand Delivered

Method of Shipment: Samples Kept Locally / Other

Sample Containers: Properly Labeled / Intact / Missing

Cooler: Present / Not Present

Temperature Upon Receipt: 0°C

	Relinquished by:	Date	Time	Received by:	Date	Time
1		12/22/05			12/22/05	9:55
2						
3						
4						

U.S. Water Services Corporation
4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: DEC. 05

Well # 1 CONNAUGHT DR System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Tune in / Time Out License Number / Initials	Sampling Performed	Remarks
1	18325	0						Bact. Neg TDS, 504 Cl.	well off line
2	18325	0	.66	1.29	39	9/50	K B13231		
3		0							
4		0							
5	18325	0	.55	1.18	39	50/50	K B13231		
6		0							
7	18325	0	.65	1.12	39	9/50	K B13231		
8		0							
9	18325	0	.66	1.15	39	50	K B13231		
10		0							
11		0							
12	18325	0	.59	1.22	39	50	K B13231		
13		0							
14	18325	0	.55	1.20	39	50	K B13231		
15		0							
16	18325	0	.56	1.27	39	50	K B13231		
17		0							
18		0							
19	18325	0	.55	1.25	39	50	K B13231		
20		0							
21	18325	0	.59	1.31	39	50	K B13231		
22		0							
23	18325	0	.55	1.22	39	50	K B13231		
24		0							
25		0							
26	18325	0	.51	1.25	39	50	K B13231		
27		0							
28	18325	0	.52	1.31	39	50	K B13231		
29		0							
30	18325	0	.53	1.28	39	50	K B13231		
31		0							

M = 18325

RA

4821 US Highway 19, Suite 2A, New Port Richey, FL
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: DEC 05

Well #: 2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Tune in / Time Out License Number / Initials	Sampling Performed	Remarks
1	79228	24,000						Bact, TOC, Sec, Cl, NO3	
2	79252	24,000	1.62	1.11	42	55	K B13237		
3		24000							
4		24000							
5	79339	24,000	176	(5) 1.41	42	55	K B13237		Cleaned Inj Point
6		23,000					K B13237	Repeat NO3	
7	79396	24,000	186	135	42	55	K B13237		
8		24000							
9	79444	25,000	1.99	141	42	55	K B13237		
10		24,000							
11		24,000							
12	79517	25,000	1.96	1.49	42	55	K B13237		Cleaned Inj Point Replaced Check valve assembly
13		24,000							
14	79572	24,000	1.84	1.39	42	55	K B13237		
15		24,000							
16	79625	22,000	165	133	42	55	K B13237		
17		22,000							
18		22,000							
19	79690	27,000	1.84	139	42	55	K B13237		
20		27,000							
21	79744	25,000	1.81	132	42	55	K B13237		
22		24,000							
23	79794	26,000	196	1.40	42	55	K B13237		
24		26,000							
25		26,000							
26	79872	29,000	220	125	42	55	K B13237		
27		23,000							
28	79929	27,000	1.65	131	42	55	K B13237		Cleaned Inj Point
29		26,000							
30	79982	23,000	1.75	130	42	55	K B13237		
31		22,000							

80,217

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Service Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: DEC 07

Well #: 3 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Time In / Time Out License Number / Initials	Sampling Performed	Remarks
1	138655	73,000	~~1.72~~					TDJ, Bact, Surf, NO3	
2	138733	73,000	1.72	1.25	54	50/50	(illegible B1323)		
3		73,000							
4		73,000							
5	138951	66,000	1.69	1.15	54	50/50	(illegible B13283)		Cleaned Filters
6		66,000							
7	139054	59,000	1.82	1.27	54	50/50	(illegible B1328)		
8		53,000							
9	139201	68,000	1.91	1.37	54	50/50	(illegible B13231)		
10		68,000							
11		68,000							
12	139401	66,000	1.51	1.15	54	50/50	(illegible B1322)		
13		66,000							
14	139535	50,000	1.71	1.22	54	50/50	(illegible B1323)		Replaced 2" PRV
15		49,000					(illegible B1323)		Replaced Air Release Valve
16	139631	77,000	1.86	1.31	52	50/50	(illegible B1328)		
17		77,000							
18		77,000							
19	139862	77,000	1.41	1.01	54	50/50	(illegible B1328)		
20		76,000							
21	140015	64,000	1.65	1.15	54	50/50	(illegible B1323)	NO3	
22		64,000							
23	140143	77,000	1.89	1.27	52	50/50	(illegible B1328)		
24		77,000							
25		77,000							
26	140317	78,000	1.81	1.01	54	50/50	(illegible B1323)		
27		77,000							
28	140510	60,000	1.24	1.21	54	50/50	(illegible B1321)		
29		60,000							
30	140630	50,000	1.89	1.30	54	50/50	(illegible B1328)		
31		50,000							

3821 US Highway 19, Suite 2A, New Port Richey, FL 34652.
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor — MONTH / YEAR: DEC. 05

Well #: 4 — System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air / Water Ratio	Tune in / Time Out License Number / Initials	Sampling Performed	Remarks
1	80680	0						NO3, TDS, Bact, Sat, Cl	well off-line
2	80680	0	.63	1.39	50	50/50	KM B13237		
3		0							
4		0							
5	80680	0	.55	1.25	50	50/50	KM B13237		
6		0							
7	80680	0	.58	1.23	50	50/50	KM B13237		
8		0							
9	80680	0	.56	1.26	50	50/50	KM B13237		
10		0							
11		0							
12	80680	0	.59	1.22	50	50/50	KM B13237		
13		0							
14	80680	0	.57	1.30	50	50/50	KM B13237		
15		0							
16	80680	0	.50	1.28	50	50/50	KM B13237		
17		0							
18		0							
19	80680	0	.61	1.30	50	50/50	KM B13237		
20	80680	0	.53	1.31	50	50/50	KM B13237		
21	80680	0	.53	1.31	50	50/50	KM B13237		
22		0							
23	80680	0	.57	1.32	50	50/50	KM B13237		
24		0							
25		0							
26	80680	0	.56	1.28	50	50/50	KM B13237		
27		0							
28	80680	0	.53	1.30	50	50/50	KM B13237		
29		0							
30	80680	0	.55	1.28	50	50/50	KM B13237		
31		0							

REVISED
10/21/04

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

FLORIDA

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person: Floralino Properties Inc.	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Park Way Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number:	
Plant Address: Connon Drive	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

03019 APR 10 05

FPSC-COMMISSION CLERK

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
WRDenise 2-3-04	WILLIAM DENISE	C - 12068

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

III. Daily Data for the Month/Year of: January-04

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	36,000											
2	x	24	47,000		1.7								0.83	
3		24	47,000											
4		24	47,000											
5	x	24	25,000		1.75								0.86	
6		24	25,000											
7	x	24	31,000		1.69								0.79	
8		24	31,000											
9	x	24	39,000		1.72								0.84	
10		24	39,000											
11		24	38,000											
12	x	24	35,000		1.66								0.73	
13		24	36,000											
14	x	24	28,000		1.73								0.85	
15		24	28,000											
16	x	24	41,000		1.69								0.8	
17		24	40,000											
18		24	40,000											
19	x	24	31,000		1.73								0.82	
20		24	30,000											
21	x	24	20,000		1.68								0.74	
22		24	20,000											
23	x	24	42,000		1.62								0.72	
24		24	43,000											
25		24	43,000											
26	x	24	26,000		0.64								0.89	
27		24	26,000											
28	x	24	26,000		0.72								0.75	
29		24	30,000											
30	x	0	-		0.99								0.69	
31		0	-											
Total			990,000											
Average			31,935											
Maximum			47,000											

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 2004

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person: Floralino Properties Inc.	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Park Way Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number:	
Plant Address: Connon Drive	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
WRDenise 2-3-04	WILLIAM DENISE	C - 12068

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W1

III. Daily Data for the Month/Year of: January-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable							UV Dose	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Presence of Abnormal or Changing Conditions Which Require Maintenance or Which Involve Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	CT Calculations: 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	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	36,000										
2	x	24	47,000		1.7							0.83	
3		24	47,000										
4		24	47,000										
5	x	24	25,000		1.75							0.86	
6		24	25,000										
7	x	24	31,000		1.69							0.79	
8		24	31,000										
9	x	24	39,000		1.72							0.84	
10		24	39,000										
11		24	38,000										
12	x	24	35,000		1.66							0.73	
13		24	36,000										
14	x	24	28,000		1.73							0.85	
15		24	28,000										
16	x	24	41,000		1.69							0.8	
17		24	40,000										
18		24	40,000										
19	x	24	31,000		1.73							0.82	
20		24	30,000										
21	x	24	20,000		1.68							0.74	
22		24	20,000										
23	x	24	42,000		1.62							0.72	
24		24	43,000										
25		24	43,000										
26	x	24	26,000		0.64							0.89	
27		24	26,000										
28	x	24	30,000		0.72							0.75	
29		24	30,000										
30	x	24	-		0.99							0.69	
31		24	-										
Total			994,000										
Average			32,065										
Maximum			47,000										

U.S. Water
Services Corporation
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: Jan. 2004

Well # 1 System PWS Id Number: 6511-0355

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		36000							
2	3217	47000	1.70	.83	50	50/50	ZRD		
3		47000							
4		47000							
5	3358	25000	1.75	.86	41	50/50	ZRD		
6		25000							
7	3408	31000	1.69	.79	54	40/60	ZRD		
8		31000							
9	3470	39000	1.72	.84	50	50/50	ZRD		
10		39000							
11		38000							
12	3586	35000	1.66	.73	50	40/60	ZRD		
13		36000							
14	3657	28000	1.73	.85	45	50/50	ZRD		
15		28000							
16	3713	41000	1.69	.80	52	50/50	ZRD		
17		40000							
18		40000							
19	3834	34000	1.73	.82	49	50/50	ZRD		
20		30000							
21	3895	20000	1.68	.74	48	50/50	ZRD		
22		20000							
23	3935	42000	1.62	.72	49	50/50	ZRD	BACT$_s$, Cl, SO_4, TDS	
24		43000							
25		43000							
26	4063	26000	.64	.89	41	50/50	ZRD		
27		26000							
28	4115	30000	.72	.75	50	50/50	ZRD		
29		30000							
30	4175	0	.99	.69	48	50/50	ZRD		
31		0							

PAGE 04
UTILITY SERVICES
02/04/2004 16:33 17278487701

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
(813) 847-8902

FOR LAB USE ONLY

DHRS #44237
E44123

DATE RCVD: 1-16-04
TIME RCVD: 14:50
DATE RUN: 1-16-04
TIME RUN: 1530

DRINKING WATER BACTERIOLOGICAL ANALYSIS

STEM NAME Colonial Manor SYSTEM ID NO 651-0355 SYSTEM PHONE # _____

DRESS _____ COUNTY Pasco DER DISTRICT _____

LLECTOR William R Denise COLLECTOR PHONE # 7272435876

MPLE SITE (Locality or Subdivision) 3325 Blayton, 3312 Blayton

TE AND TIME COLLECTED 1-15-04, 1650

PE OF SUPPLY (Circle one) (Community water system) Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

PE OF SAMPLE (Circle one) Compliance (Check Box) (X) Distribution ( ) Raw Repeat Replacement (Check Box) ( ) TNTC or C ( ) Turbid ( ) (Main clearance) Well survey Other _____ (Specify)

EMARKS

ANALYST: AB

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD	MF	MTF	MMO-MUG	PA
COLI NO	SAMPLE POINT (Specific Address)	CL RES D	pH	SAMPLE NUMBER	NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL
	3325 Blayton DIST	1.85		413		A		
	3312 Blayton DIST	1.91		4111		A		

*Results in this column are preliminary. Fecal coliform confirmation on community and noncommunity water systems and total coliform confirmation on all types of water systems will follow in 24-48 hours.

P - Coliforms are present
A - Coliforms are absent
C - Confluent growth
TNTC - Too numerous to count
TA - Turbid. Absence of gas or acid

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON FIRM TO RECEIVE REPORT

US Water
1640 Solomon Street
Orange Park, FL 32073

( ) ✓ SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL Blaylock
TITLE EIT

Laboratory Reviewer: Edna E. Thilla Title: Lab MGR

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
(813) 847-8902

FOR LAB USE ONLY
DHRS #44237
E44123
DATE RCVD: 1-16-04
TIME RCVD: 14.50
DATE RUN: 1-16-04
TIME RUN: 1530

DRINKING WATER BACTERIOLOGICAL ANALYSIS

STEM NAME Colonial Manor SYSTEM I D NO 651-0355 SYSTEM PHONE # _____
DRESS _____ COUNTY Pasco DER DISTRICT _____
LECTOR William R Denise COLLECTOR PHONE # 7272435876
MPLE SITE (Locality or Subdivision) 3325 Blayton, 3312 Blayton
TE AND TIME COLLECTED 1-16-04, 1101
PE OF SUPPLY (Circle one) (Community water system) Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system
PE OF SAMPLE (Circle one) Compliance (Check Box) [X] Distribution [ ] Raw Repeat Replacement (Check Box) [ ] TNTC or C [ ] Turbid [ ] (Main clearance) Well survey Other _____ (Specify)
EMARKS
ANALYST: AS

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD	MF	MTF	MMO-MUG	PA
COLL NO	SAMPLE POINT (Specific Address)	CL RES D	pH	SAMPLE NUMBER	NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL
	3325 Blayton DIST	1.61		4115		A		
	3312 Blayton DIST	1.53		4116		A		

*Results in this column are preliminary Fecal coliform confirmation on community and noncommunity water systems and total coliform confirmation on all types of water systems will follow in 24-48 hours

P - Coliforms are present
A - Coliforms are absent
C - Confluent growth
TNTC - Too numerous to count
TA - Turbid Absence of gas or acid

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON FIRM TO RECEIVE REPORT

45 Water
1640 Solomon St.
Orange Park, FL 32073

[ ] SATISFACTORY
[ ] INCOMPLETE COLLECTION INFORMATION
[ ] REPEAT SAMPLES
[ ] REPLACEMENT SAMPLES

REVIEWING OFFICIAL _____
TITLE _____

Laboratory Reviewer: _____ Title: Lab MGR

Advanced
Environmental Laboratories, Inc.
9610 Princess Palm Avenue • Tampa, Florida 33619
(813) 630-9616 • FAX (813) 630-4327

FOR LAB USE ONLY

HRS #E84589
DATE/TIME RECEIVED: 1/23/04 1300
DATE/TIME ANALYZED: 1-23-04 1400
APPROVED BY: DML
CONTACT: NISSA MULNICK
TITLE: QUALITY ASSURANCE
(813) 630-9616

DRINKING WATER BACTERIOLOGICAL ANALYSIS

STEM NAME: Colonial Manor SYSTEM I.D. NO: 6510355 SYSTEM PHONE #:
DRESS: COUNTY: Pasco DISTRICT:
LLECTOR: William R Denise COLLECTOR PHONE #: 7272435876
MPLE SITE (Locality or Subdivision): Well #1, 2, 3, 4, 3505 Linkwood, 3505 Hendrix
TE AND TIME COLLECTED: 1-23-04, 800

PE OF SUPPLY(Circle one): (Community water system) Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Limited Use system

PE OF SAMPLE(Circle one): (Compliance) Repeat Replacement Main clearance Well survey Other
(Check Box)
[X] Distribution
[X] Raw

[ ] Check here if payment made to county public health unit

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD:		(MF) CONFIRM	MTF	MMO-MUG PA
COLL. NO.	SAMPLE POINT (Specific Address)	Cl RES'D	pH	NON COLIFORM	*TOTAL	TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER
	Well #1 Raw				A			T040770-14
	" 2 "				A			15
	" 3 "				A			16
	" 4 "				A			17
	3505 Linkwood DIST	1.10			A			18
	3505 Hendrix DIST	1.15			A			19

Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
A - Coliforms are absent TNTC - Too numerous to count

NVOICE ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

US Water
1640 Salmon Ct.
Orange Park, FL 32073

( )
(✓) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: B Maylard
TITLE: EST

U.S. Water
Services Corporation

Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor

Well # 1

MONTH / YEAR: Jan. 2004

System PWS Id Number: 651-0355

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		36000							
2	3217	47000	1.70	.83	50	50/50	ZRD		
3		47000							
4		47000							
5	3358	25000	1.75	.86	41	50/50	ZRD		
6		25000							
7	3408	31000	1.69	.79	54	40/60	ZRD		
8		31000							
9	3470	39000	1.72	.84	50	50/50	ZRD		
10		39000							
11		38000							
12	3586	35000	1.66	.73	50	40/60	ZRD		
13		36000							
14	3657	28000	1.73	.85	45	50/50	ZRD		
15		28000							
16	3713	41000	1.69	.80	52	50/50	ZRD		
17		40000							
18		40000							
19	3834	31000	1.73	.82	49	50/50	ZRD		
20		30000							
21	3895	20000	1.68	.74	48	50/50	ZRD		
22		20000							
23	3935	42000	1.62	.72	49	50/50	ZRD	BACTs, Cl, SO4, TDS	
24		43000							
25		43000							
26	4063	26000	.64	.89	41	50/50	ZRD		
27		26000							
28	4115	30000	.72	.75	50	50/50	ZRD		
29		30000							
30	4175	0	.99	.69	48	50/50	ZRD		
31		0							

FAXED

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Floralino Properties Inc.			
Contact Person: Floralino Properties Inc.	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II		Plant Telephone Number:	
Plant Address: Cantrel Street	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
WRDenise 2-3-04	WILLIAM DENISE	C - 12068

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

III. Daily Data for the Month/Year of: January-04

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

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

Day of the Month	Was Plant Started or Visited by an Operator? (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable: 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-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Unusual Occurrences/Abnormal Operating Conditions: Repair & Maintenance Work that Involves Taking Water System Components Out of Operation
1		0	-											
2	x	0	-		0.21								0.83	
3		0	-											
4		0	-											
5	x	0	-		0.22								0.86	
6		0	-											
7	x	0	-		0.23								0.79	
8		0	-											
9	x	0	-		0.21								0.84	
10		0	-											
11		0	-											
12	x	0	-		0.22								0.73	
13		0	-											
14	x	0	38,000		0.21								0.85	
15		0	-											
16	x	0	-		2.2								0.8	
17		0	-											
18		0	-											
19	x	0	1,000		0.23								0.82	
20		0	-											
21	x	0	-		0.35								0.74	
22		0	-											
23	x	0	-		1								0.72	
24		0	-											
25		0	-											
26	x	0	-		1.05								0.89	
27		0	-											
28	x	0	-		1.14								0.75	
29		0	-											
30	x	0	-		1.18								0.69	
31		0	-											
Total			39,000											
Average			1,258											
Maximum			38,000											

REVISED 10/21/04

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Floralino Properties Inc.			
Contact Person: Floralino Properties Inc.	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II		Plant Telephone Number:	
Plant Address: Cantrel Street	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
WDenise 2-3-04	WILLIAM DENISE	C - 12068

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

III. Daily Data for the Month/Year of: January-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2	x	0	-		0.21								0.83	
3		0	-											
4		0	-											
5	x	0	-		0.22								0.86	
6		0	-											
7	x	0	-		0.23								0.79	
8		0	-											
9	x	0	-		0.21								0.84	
10		0	-											
11		0	-											
12	x	0	-		0.22								0.73	
13		0	-											
14	x	24	38,000		0.21								0.85	
15		0	-											
16	x	0	-		2.2								0.8	
17		0	-											
18		0	-											
19	x	24	1,000		0.23								0.82	
20		0	-											
21	x	0	-		0.35								0.74	
22		0	-											
23	x	0	-		1								0.72	
24		0	-											
25		0	-											
26	x	0	-		1.05								0.89	
27		0	-											
28	x	0	-		1.14								0.75	
29		0	-											
30	x	0	-		1.18								0.69	
31		0	-											
Total			39,000											
Average			1,258											
Maximum			38,000											

Phone: 727-848-6292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Jan 2004

Well # 2 System PWS Id Number: 6SI - 0355

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		Ø							
2	65378	Ø	.21	.83	44	40/60	ZRD		
3		Ø							
4		Ø							
5	65378	Ø	.22	.86	40	30/70	ZRD		
6		Ø							
7	65378	Ø	.23	.79	42	30/70	ZRD		
8		Ø							
9	65378	Ø	.21	.84	44	30/70	ZRD		
10		Ø							
11		Ø							
12	65378	Ø	.22	.73	38	30/70	ZRD		
13		Ø							
14	65378	38000	.21	.85	40	30/70	ZRD		
15		Ø							
16	65416	Ø	2.20	.80	41	40/60	ZRD		
17		Ø							
18		Ø							
19	65416	1000	.23	.82	42	40/60	ZRD		
20		Ø							
21	65417	Ø	.35	.74	64	40/60	ZRD		
22		Ø							
23	65417	Ø	1.00	.72	50	50/50	ZRD	BACT	
24		Ø							
25		Ø							
26	65417	Ø	1.05	.89	47	50/50	ZRD		
27		Ø							
28	65417	Ø	1.14	.75	46	40/60	ZRD		
29		Ø							
30	65417	Ø	1.18	.69	45	40/60	ZRD		
31		Ø							

PAGE 03
UTILITY SERVICES
17278487701
02/04/2004 16:33

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Jan 2004

Well # 2 System PWS Id Number: 6510355

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		Ø							
2	65378	Ø	.21	.83	44	40/60	ZRD		
3		Ø							
4		Ø							
5	65378	Ø	.22	.86	40	30/70	ZRD		
6		Ø							
7	65378	Ø	.23	.79	42	30/70	ZRD		
8		Ø							
9	65378	Ø	.21	.84	44	30/70	ZRD		
10		Ø							
11		Ø							
12	65378	Ø	.22	.73	38	30/70	ZRD		
13		Ø							
14	65378	38000	.21	.85	40	30/70	ZRD		
15		Ø							
16	65416	Ø	2.20	.80	41	40/60	ZRD		
17		Ø							
18		Ø							
19	65416	1000	.23	.82	42	40/60	ZRD		
20		Ø							
21	65417	Ø	.35	.74	64	40/60	ZRD		
22		Ø							
23	65417	Ø	1.00	.72	50	50/50	ZRD	BACT	
24		Ø							
25		Ø							
26	65417	Ø	1.05	.89	47	50/50	ZRD		
27		Ø							
28	65417	Ø	1.14	.75	46	40/60	ZRD		
29		Ø							
30	65417	Ø	1.18	.69	45	40/60	ZRD		
31		Ø							

FAXED

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties			
Contact Person: Floralino Properties	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number:	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

WRDenise 2-3-04	WILLIAM DENISE	C - 12068
Signature and Date	Printed or Typed Name	License Number

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: January-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable: 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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mWs/cm² or sec/cm²	Minimum UV Dose Required, mWs/cm² or mW-sec/cm²	Lowest Residual Disinfectant Concentration in Remote Point in Distribution System, mg/L	Findings for Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24	60,000											
2	x	24	63,000		1.93								0.83	
3		24	62,000											
4		24	62,000											
5	x	24	63,000		1.72								0.86	
6		24	63,000											
7	x	24	54,000		0.91								0.79	
8		24	55,000											
9	x	24	58,000		1.48								0.84	
10		24	58,000											
11		24	57,000											
12	x	24	70,000		1.85								0.73	
13		24	71,000											
14	x	24	62,000		2.2								0.85	
15		24	63,000											
16	x	24	64,000		0.91								0.8	
17		24	64,000											
18		24	63,000											
19	x	24	56,000		2.2								0.82	
20		24	56,000											
21	x	24	46,000		2.2								0.74	
22		24	46,000											
23	x	24	58,000		1.2								0.72	
24		24	58,000											
25		24	59,000											
26	x	24	50,000		2.2								0.89	
27		24	49,000											
28	x	24	54,000		1.28								0.75	
29		24	54,000											
30	x	24	83,000		1.02								0.69	
31		24	83,000											
Total			1,864,000											
Average			60,129											
Maximum			83,000											

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties			
Contact Person: Floralino Properties	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number:	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
WDenise 2-3-04	WILLIAM DENISE	C - 12068

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W3

III. Daily Data for the Month/Year of: January-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	60,000											
2	x	24	63,000		1.93								0.83	
3		24	62,000											
4		24	62,000											
5	x	24	63,000		1.72								0.86	
6		24	63,000											
7	x	24	54,000		0.91								0.79	
8		24	55,000											
9	x	24	58,000		1.48								0.84	
10		24	58,000											
11		24	57,000											
12	x	24	70,000		1.85								0.73	
13		24	71,000											
14	x	24	62,000		2.2								0.85	
15		24	63,000											
16	x	24	64,000		0.91								0.8	
17		24	64,000											
18		24	63,000											
19	x	24	56,000		2.2								0.82	
20		24	56,000											
21	x	24	46,000		2.2								0.74	
22		24	46,000											
23	x	24	58,000		1.2								0.72	
24		24	58,000											
25		24	59,000											
26	x	24	50,000		2.2								0.89	
27		24	49,000											
28	x	24	54,000		1.28								0.75	
29		24	54,000											
30	x	24	83,000		1.02								0.69	
31		24	83,000											
Total			1,864,000											
Average			60,129											
Maximum			83,000											

Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Jan 2004

Well # 3 System PWS Id Number: 6510355

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		60000							
2	100278	63000	1.93	.83	44	50/50	ZD		
3		62000							
4		62000							
5	100465	63000	1.72	.86	40	50/50	ZD		
6		63000							
7	100591	54000	.91	.79	44	50/50	ZD		
8		55000							
9	100700	58000	1.48	.84	51	50/50	ZD		
10		58000							
11		57000							
12	100873	70000	1.85	.73	49	50/50	ZD		
13		71000							
14	101014	62000	2.20	.85	48	50/50	ZD		
15		63000							
16	101139	64000	.91	.80	49	50/50	ZD		
17		64000							
18		63000							
19	101330	56000	2.20	.82	43	50/50	ZD		
20		56000							
21	101442	46000	2.20	.74	49	50/50	ZD		
22		46000							
23	101534	58000	1.20	.72	50	50/50	ZD	Bact, Cl, SO4, TDS	
24		58000							
25		59000							
26	101709	50000	2.20	.89	41	50/50	ZD		
27		49000							
28	101808	54000	1.28	.75	47	50/50	ZD		
29		54000							
30	101916	83000	1.02	.69	49	50/50	ZD		
31		83000							

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4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Jan 2004

Well # 3 System PWS Id Number: 6510355

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		60 000							
2	100278	63000	1.93	.83	44	50/50	ZRD		
3		62000							
4		62000							
5	100465	63000	.72	.86	40	50/50	ZRD		
6		63000							
7	100591	54 000	.91	.79	44	50/50	ZRD		
8		55000							
9	100700	58 000	1.48	.84	51	50/50	ZRD		
10		58 000							
11		57000							
12	100873	70 000	1.85	.73	49	50/50	ZRD		
13		71000							
14	101014	62 000	2.20	.85	48	50/50	ZRD		
15		63000							
16	101139	64000	.91	.80	49	50/50	ZRD		
17		64000							
18		63000							
19	101330	56000	2.20	.82	43	50/50	ZRD		
20		56000							
21	101442	46000	2.20	.74	49	50/50	ZRD		
22		46000							
23	101534	58000	1.20	.72	50	50/50	ZRD	Bact, Cl, SO4, TDS	
24		58000							
25		59000							
26	101709	50000	2.20	.89	41	50/50	ZRD		
27		49000							
28	101808	54000	1.28	.75	47	50/50	ZRD		
29		54000							
30	101916	83000	1.02	.69	49	50/50	ZRD		
31		83000							

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person: Floralino Properties Inc.	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV		Plant Telephone Number:	
Plant Address: Linkwood Lane	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
WDenise 2-3-04	WILLIAM DENISE	C - 12068

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W4

III. Daily Data for the Month/Year of: January-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations						UV Dose				
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	25,000											
2	x	24	26,000		1.54								0.83	
3		24	26,000											
4		24	26,000											
5	x	24	36,000		1.67								0.86	
6		24	35,000											
7	x	24	33,000		1.17								0.79	
8		24	34,000											
9	x	24	28,000		1.52								0.84	
10		24	27,000											
11		24	27,000											
12	x	24	36,000		1.41								0.73	
13		24	37,000											
14	x	24	36,000		1.6								0.85	
15		24	36,000											
16	x	24	23,000		1.58								0.8	
17		24	22,000											
18		24	22,000											
19	x	24	32,000		0.75								0.81	
20		24	33,000											
21	x	24	25,000		1.34								0.74	
22		24	24,000											
23	x	24	23,000		1.31								0.72	
24		24	23,000											
25		24	24,000											
26	x	24	26,000		1.38								0.89	
27		24	27,000											
28	x	24	26,000		0.75								0.65	
29		24	26,000											
30	x	24	21,000		0.99								0.69	
31		24	21,000											
Total			866,000											
Average			27,935											
Maximum			37,000											

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person: Floralino Properties Inc.	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV		Plant Telephone Number:	
Plant Address: Linkwood Lane	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
WDenise 2-3-04	WILLIAM DENISE	C - 12068

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

III. Daily Data for the Month/Year of: January-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable									Lowest Residual Disinfectant Concentration in Distribution System, mg/L	Unusual Water Conditions, Operating Conditions or Maintenance Which May Have Affected Water Quality Parameters or Caused Plant Shutdown
				CT Calculations					UV Dose					
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum UV Dose (Reduction Equivalent Dose), mW-sec/cm²	Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		Out of Operation
1		24	25,000											
2	x	24	26,000		1.54								0.83	
3		24	26,000											
4		24	26,000											
5	x	24	36,000		1.67								0.86	
6		24	35,000											
7	x	24	33,000		1.17								0.79	
8		24	34,000											
9	x	24	28,000		1.52								0.84	
10		24	27,000											
11		24	27,000											
12	x	24	36,000		1.41								0.73	
13		24	37,000											
14	x	24	36,000		1.6								0.85	
15		24	36,000											
16	x	24	23,000		1.58								0.8	
17		24	22,000											
18		24	22,000											
19	x	24	32,000		0.75								0.81	
20		24	33,000											
21	x	24	25,000		1.34								0.74	
22		24	24,000											
23	x	24	23,000		1.31								0.72	
24		24	23,000											
25		24	24,000											
26	x	24	26,000		1.38								0.89	
27		24	27,000											
28	x	24	26,000		0.75								0.65	
29		24	26,000											
30	x	24	21,000		0.99								0.69	
31		24	21,000											
Total			866,000											
Average			27,935											
Maximum			37,000											

4621 US Highway 19, Suite 2A, New Port Richey, FL 34652
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U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor
Well #: 4
MONTH / YEAR: Jan 2004
System PWS Id Number: 6510355

Day of the Month	Meter Reading	Gallons Pumped	Cl2 Residual @ plant	Cl2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		25000							
2	65586	26000	1.54	.83	42	50/50	ZRD		
3		26000							
4		26000							
5	65664	36000	1.67	.86	40	40/60	ZRD		
6		35000							
7	65735	33000	1.17	.79	47	50/50	ZRD		
8		34000							
9	65802	28000	1.52	.84	45	40/60	ZRD		
10		27000							
11		27000							
12	65884	36000	1.41	.73	40	40/60	ZRD		
13		37000							
14	65957	36000	1.60	.85	42	40/60	ZRD		
15		36000							
16	66029	23000	1.58	.80	48	40/60	ZRD		
17		22000							
18		22000	~~.75~~	~~.81~~	~~44~~	~~40/60~~	~~ZRD~~		
19	66096	32000	.75	.81	44	40/60	ZRD		
20		33000							
21	66161	25000	1.34	.74	40	40/60	ZRD		
22		24000							
23	66210	23000	1.31	.72	42	30/70	ZRD	BACT	
24		23000							
25		24000							
26	66280	26000	1.38	.81	38	40/60	ZRD		
27		27000							
28	66333	26000	.75	.65	45	30/70	ZRD		
29		26000							
30	66385	21000	.99	.69	40	40/60	ZRD		
31		21000							

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4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
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U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Jan 2004

Well # 4 System PWS Id Number: 6511-0355

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		25000							
2	65586	26000	1.54	.83	42	50/50	ZRD		
3		26000							
4		26000							
5	65664	36000	1.67	.86	40	40/60	ZRD		
6		35000							
7	65735	33000	1.17	.79	47	50/50	ZRD		
8		34000							
9	65802	28000	1.52	.84	45	40/60	ZRD		
10		27000							
11		27000							
12	65884	36000	1.41	.73	40	40/60	ZRD		
13		37000							
14	65957	36000	1.60	.85	42	40/60	ZRD		
15		36000							
16	66029	23000	1.58	.80	48	40/60	ZRD		
17		22000							
18		22000	~~.75~~	~~.81~~	~~44~~	~~40/60~~	~~ZRD~~		
19	66096	32000	.75	.81	44	40/60	ZRD		
20		33000							
21	66161	25000	1.34	.74	40	40/60	ZRD		
22		24000							
23	66210	23000	1.31	.72	42	30/70	ZRD	BACT	
24		23000							
25		24000							
26	66280	26000	1.38	.81	38	40/60	ZRD		
27		27000							
28	66333	26000	.75	.65	45	30/70	ZRD		
29		26000							
30	66385	21000	.99	.69	40	40/60	ZRD		
31		21000							

FAXED

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person: Floralino Properties Inc.	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & V		Plant Telephone Number:	
Plant Address: Valimar Street	City: New Port Richey	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: 18000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
WDenise 2-3-04	WILLIAM DENISE	C - 12068

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W5

III. Daily Data for the Month/Year of: January-04

Means of Achieving Four-Log Virus Inactivation/Removal: • x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, If Applicable											
				CT Calculations							UV Dose				
				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-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Value Required, mg-min/L	Most Powerful Operating UV Dose, in W-sec/cm²	Minimum UV Dose Required, in W-sec/cm²	Lowest Residual Disinfectant Concentration at a Remote Point in Distribution System, mg/l	Indicate Any Abnormal Operating Conditions or Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
1		0	-												
2	x	0	-											0.83	
3		0	-												
4		0	-												
5	x	0	-											0.86	
6		0	-												
7	x	0	-											0.79	
8		0	-												
9	x	0	-											0.84	
10		0	-												
11		0	-												
12	x	0	-											0.73	
13		0	-												
14	x	0	-											0.85	
15		0	-												
16	x	0	-											0.8	
17		0	-												
18		0	-												
19	x	0	-											0.82	
20		0	-												
21	x	0	-											0.74	
22		0	-												
23	x	0	-											0.72	
24		0	-												
25		0	-												
26	x	0	-											0.89	
27		0	-												
28	x	0	-											0.75	
29		0	-												
30	x	0	-											0.69	
31		0	-												
Totals			-												
Averages			-												
Maximum			-												

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person: Floralino Properties Inc.	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & V		Plant Telephone Number:	
Plant Address: Valimar Street	City: New Port Richey	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: 18000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
WDenise 2-3-04	WILLIAM DENISE	C - 12068

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W5

III. Daily Data for the Month/Year of: January-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Beneficial or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											
2	x	0	-											
3		0	-										0.83	
4		0	-											
5	x	0	-											
6		0	-										0.86	
7	x	0	-											
8		0	-										0.79	
9	x	0	-											
10		0	-										0.84	
11		0	-											
12	x	0	-											
13		0	-										0.73	
14	x	0	-											
15		0	-										0.85	
16	x	0	-											
17		0	-										0.8	
18		0	-											
19	x	0	-											
20		0	-										0.82	
21	x	0	-											
22		0	-										0.74	
23	x	0	-											
24		0	-										0.72	
25		0	-											
26	x	0	-											
27		0	-										0.89	
28	x	0	-											
29		0	-										0.75	
30	x	0	-											
31		0	-										0.69	
Total			-											
Average			-											
Maximum			-											

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 2004

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Park Way Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM I		Plant Telephone Number:	
Plant Address: Connon Drive	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

for Melissa Gottschall 3/4/04

Signature and Date	WILLIAM DENISE	C - 12068
	Printed or Typed Name	License Number

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W1

III. Daily Data for the Month/Year of: February-04

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Identify Any Abnormal Operating Conditions or Repairs or Maintenance Work that Involved Taking Water System Components Out of Operation
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											
2	x	0	-		1.45								0.74	
3		0	-											
4	x	0	-		1.39								0.88	
5		0	-											
6	x	0	-		1.29								0.91	
7		0	-											
8		0	-											
9	x	0	-		1.21								0.83	
10		0	-											
11	x	0	-		1.18								0.75	
12		0	-											
13	x	0	-		1.04								0.81	
14		0	-											
15		0	-											
16	x	0	-		0.99								0.8	
17		0	-											
18	x	0	-		0.95								0.81	
19		0	-											
20	x	0	-		1.14								0.75	
21		0	-											
22		24	13,000											
23	x	24	46,000		1.44								0.69	
24		24	46,000											
25	x	24	14,000		1.47								0.72	
26		24	14,000											
27	x	24	26,500		1.42								0.66	
28		24	26,500											
29		24	26,500											
30														
31														
Total			212,500											
Average			7,328											
Maximum			46,000											

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 2004

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Park Way Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM I		Plant Telephone Number:	
Plant Address: Connon Drive	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

for Melissa Gottschall 3/4/04

Signature and Date	WILLIAM DENISE	C - 12068
	Printed or Typed Name	License Number

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W1

III. Daily Data for the Month/Year of: February-04

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

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

Day of the Month	CT Plant Shutdown or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, If Applicable										
				CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration in Remote Part of Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involved Taking Water System Components Out of Operation
				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-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											
2	x	0	-		1.45								0.74	
3		0	-											
4	x	0	-		1.39								0.88	
5		0	-											
6	x	0	-		1.29								0.91	
7		0	-											
8		0	-											
9	x	0	-		1.21								0.83	
10		0	-											
11	x	0	-		1.18								0.75	
12		0	-											
13	x	0	-		1.04								0.81	
14		0	-											
15		0	-											
16	x	0	-		0.99								0.8	
17		0	-											
18	x	0	-		0.95								0.81	
19		0	-											
20	x	0	-		1.14								0.75	
21		0	-											
22		24	13,000											
23	x	24	46,000		1.44								0.69	
24		24	46,000											
25	x	24	14,000		1.47								0.72	
26		24	14,000											
27	x	24	26,500		1.42								0.66	
28		24	26,500											
29		24	26,500											
30														
31														
Total			212,500											
Average			7,328											
Maximum			46,000											

U.S. Water Services Corporation

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: Feb 2004

Well #: 1 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		Ø							
2	4175	Ø	1.45	.74	44	30/70	280 CI2068		
3		Ø							
4	4175	Ø	1.39	.88	48	30/70	280		
5		Ø							
6	4175	Ø	1.29	.91	47	30/70	280		
7		Ø							
8		Ø							
9	4175	Ø	1.21	.83	50	30/70	280		
10		Ø							
11	4175	Ø	1.18	.75	44	50/50	280		
12		Ø						NO3	
13	4175	Ø	1.04	.81	50	50/50	280		
14		Ø							
15		Ø							
16	4175	Ø	.99	.80	42	50/50	280		
17		Ø							
18	4175	Ø	.95	.81	50	50/50	280		
19		Ø							
20	4175	Ø	1.14	.75	44	50/50	280		
21		Ø							
22		13000							
23	4188	46000	1.44	.69	50	50/50	280		
24		46000							
25	4280	14000	1.47	.72	48	50/50	280		
26		14000							
27	4308	26500	1.42	.66	52	40/60	280		
28		26500							
29		26500							
30		Ø							
31	18	26500							

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System II		Plant Telephone Number:	
Plant Address: Cantrel Street	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
for Melissa Kottwee 3/4/04	WILLIAM DENISE	C - 12068

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W2

III. Daily Data for the Month/Year of: February-04

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

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

Day of the Month	Was Plant Staffed or Visited by Operator? (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Hour Flow Rate, gpm	Disinfectant Residual 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 Value Before or At First Customer During Peak Flow, mg-min/L	Actual Temp of Water, °C	Ph of Water, if Applicable	Minimum UV Intensity Setting, mW/cm²	Lowest Operating UV Dose in Water, mJ/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration (C) in Entire Distribution System, mg/L	Was a Routine Abnormal Operating Condition or Reportable Water Quality Problem Experienced While Water System Was in Operation
		0	-											
2	x	0	-		1.1								0.74	
3		0	-											
4	x	0	-		1.04								0.88	
5		0	-											
6	x	0	-		0.98								0.91	
7		0	-											
8		0	-											
9	x	0	-		1.09								0.83	
10		0	-											
11	x	0	-		0.92								0.79	
12		0	-											
13	x	0	-		0.95								0.81	
14		0	-											
15		0	-											
16	x	0	-		0.92								0.8	
17		0	-											
18	x	0	-		0.9								0.81	
19		0	-											
20	x	0	-		0.95								0.75	
21		0	-											
23		0	-											
23	x	0	-		0.92								0.69	
24		0	-											
25	x	0	-		0.89								0.72	
26		0	-											
27	x	0	-		0.9								0.66	
28		0	-											
29		0	-											
30		0	-											
31		0	-											
Total			-											
Average			-											
Maximum			-											

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

REVISED 10/21/04

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System II		Plant Telephone Number:	
Plant Address: Cantrel Street	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
for Melissa Rottweed 3/4/04	WILLIAM DENISE	C - 12068

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

III. Daily Data for the Month/Year of: February-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant In Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2	x	0	-		1.1								0.74	
3		0	-											
4	x	0	-		1.04								0.88	
5		0	-											
6	x	0	-		0.98								0.91	
7		0	-											
8		0	-											
9	x	0	-		1.09								0.83	
10		0	-											
11	x	0	-		0.92								0.79	
12		0	-											
13	x	0	-		0.95								0.81	
14		0	-											
15		0	-											
16	x	0	-		0.92								0.8	
17		0	-											
18	x	0	-		0.9								0.81	
19		0	-											
20	x	0	-		0.95								0.75	
21		0	-											
22		0	-											
23	x	0	-		0.92								0.69	
24		0	-											
25	x	0	-		0.89								0.72	
26		0	-											
27	x	0	-		0.9								0.66	
28		0	-											
29		0	-											
30														
31														
Total			-											
Average			-											
Maximum			-											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Feb 2004

Well # 2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		Ø							
2	65417	Ø	1.10	.74	44	40/60	2RD C120668		
3		Ø							
4	65417	Ø	1.04	.88	42	40/60	2RD		
5		Ø							
6	65417	Ø	.98	.91	43	40/60	2RD		
7		Ø							
8		Ø							
9	65417	Ø	1.09	.83	44	40/60	2RD		
10		Ø							
11	65417	Ø	.92	.75	45	40/60	2RD		
12		Ø						NO3	
13	65417	Ø	.95	.81	43	40/60	2RD		
14		Ø							
15		Ø							
16	65417	Ø	.92	.80	44	40/60	2RD		
17		Ø							
18	65417	Ø	.90	.81	45	40/60	2RD		
19		Ø							
20	65417	Ø	.95	.75	44	40/60	2RD		
21		Ø							
22		Ø							
23	65417	Ø	.92	.69	44	40/60	2RD		
24		Ø							
25	65417	Ø	.89	.72	40	40/60	2RD		
26		Ø							
27	65417	Ø	.90	.66	42	40/60	2RD		
28		Ø							
29		Ø							
30									
31	1ST	Ø							

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Feb 2004

Well # 2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		Ø							
2	65417	Ø	1.10	.74	44	40/60	ZRD CI20068		
3		Ø							
4	65417	Ø	1.04	.88	42	40/60	ZRD		
5		Ø							
6	65417	Ø	.98	.91	43	40/60	ZRD		
7		Ø							
8		Ø							
9	65417	Ø	1.09	.83	44	40/60	ZRD		
10		Ø							
11	65417	Ø	.92	.75	45	40/60	ZRD		
12		Ø						NO3	
13	65417	Ø	.95	.81	43	40/60	ZRD		
14		Ø							
15		Ø							
16	65417	Ø	.92	.80	44	40/60	ZRD		
17		Ø							
18	65417	Ø	.90	.81	45	40/60	ZRD		
19		Ø							
20	65417	Ø	.95	.75	44	40/60	ZRD		
21		Ø							
22		Ø							
23	65417	Ø	.92	.69	44	40/60	ZRD		
24		Ø							
25	65417	Ø	.89	.72	40	40/60	ZRD		
26		Ø							
27	65417	Ø	.90	.66	42	40/60	ZRD		
28		Ø							
29		Ø							
30									
31	1ST	Ø							

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System IV		Plant Telephone Number:	
Plant Address: Linkwood Lane	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
for Melissa Patterson 3/4/04	WILLIAM DENISE	C - 12068

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

III. Daily Data for the Month/Year of: February-04

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

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Was Plant Started or Operated (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*							UV Dose		Lowest Residual Disinfectant Concentration in Entire Public Water System, mg/L	Unusual Operating Conditions (Explain for Calculations or Other Information for Public Water System Components Out of Operation)
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or At First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) Before or At First Customer During Peak Flow, minutes	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, in W-sec/cm²	Minimum UV Dose Required, in W-sec/cm²		
1		24	21,000											
2	x	24	25,000		1.25								0.74	
3		24	26,000											
4	x	24	26,000		1.79								0.88	
5		24	27,000											
6	x	24	20,000		1.65								0.91	
7		24	20,000											
8		24	21,000											
9	x	24	30,000		1.51								0.83	
10		24	29,000											
11	x	24	28,000		1.6								0.82	
12		24	28,000											
13	x	24	20,000		1.49								0.81	
14		24	21,000											
15		24	21,000											
16	x	24	28,000		1.24								0.8	
17		24	29,000											
18	x	24	28,000		0.99								0.81	
19		24	28,000											
20	x	24	23,000		1.62								0.75	
21		24	23,000											
22		24	24,000											
23	x	24	27,000		1.3								0.69	
24		24	28,000											
25	x	24	24,000		1.35								0.65	
26		24	24,000											
27	x	24	17,500		1.42								0.66	
28		24	17,500											
29		24	17,500											
30		24												
31		24												
Total			701,500											
Average			24,190											
Maximum			30,000											

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

REVISED 10/21/04

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System IV		Plant Telephone Number:	
Plant Address: Linkwood Lane	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
for Melissa Patterson 3/4/04	WILLIAM DENISE	C - 12068

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

III. Daily Data for the Month/Year of: February-04

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	21,000											
2	x	24	25,000		1.25								0.74	
3		24	26,000											
4	x	24	26,000		1.79								0.88	
5		24	27,000											
6	x	24	20,000		1.65								0.91	
7		24	20,000											
8		24	21,000											
9	x	24	30,000		1.51								0.83	
10		24	29,000											
11	x	24	28,000		1.6								0.82	
12		24	28,000											
13	x	24	20,000		1.49								0.81	
14		24	21,000											
15		24	21,000											
16	x	24	28,000		1.24								0.8	
17		24	29,000											
18	x	24	28,000		0.99								0.81	
19		24	28,000											
20	x	24	23,000		1.62								0.75	
21		24	23,000											
22		24	24,000											
23	x	24	27,000		1.3								0.69	
24		24	28,000											
25	x	24	24,000		1.35								0.65	
26		24	24,000											
27	x	24	17,500		1.42								0.66	
28		24	17,500											
29		24	17,500											
30														
31														
Total			701,500											
Average			24,190											
Maximum			30,000											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Feb 2004

Well # 4 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		21000							
2	66448	25000	1.25	.74	41	40/60	ZRD CL2068		
3		26000							
4	66499	26000	1.79	.88	42	30/70	ZRD		
5		27000							
6	66552	20000	1.65	.91	42	40/60	ZRD		
7		20 000							
8		21000							
9	66613	30000	1.51	.83	47	40/60	ZRD		
10		29000							
11	66672	28000	1.60	.82	40	30/70	ZRD		
12		28000							
13	66728	20000	1.49	.81	43	40/60	ZRD		
14		21 000							
15		21 000							
16	66790	28000	1.34	.80	44	40/60	ZRD		
17		29000							
18	66847	28000	.99	.81	45	40/60	ZRD		
19		28000							
20	66903	23000	1.62	.75	43	40/60	ZRD		
21		23000							
22		24000							
23	66973	27000	1.30	.69	40	30/70	ZRD		
24		28000							
25	67028	24000	1.35	.65	42	40/60	ZRD		
26		24000							
27	67076	17500	1.42	.66	40	40/60	ZRD		
28		17500							
29		17500							
30									
31	1500	17500							

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Feb 2004

Well # 4 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		21000							
2	66448	25000	1.25	.74	41	40/60	ZRD C120G8		
3		26000							
4	66499	26000	1.79	.88	42	30/70	ZRD		
5		27000							
6	66552	20000	1.65	.91	42	40/60	ZRD		
7		20 000							
8		21000							
9	66613	30000	1.51	.83	47	40/60	ZRD		
10		29000							
11	66672	28000	1.60	.82	40	30/70	ZRD		
12		28000							
13	66728	20000	1.49	.81	43	40/60	ZRD		
14		21000							
15		21000							
16	66790	28000	1.24	.80	44	40/60	ZRD		
17		29000							
18	66847	28000	.99	.81	45	40/60	ZRD		
19		28000							
20	66903	23000	1.62	.75	43	40/60	ZRD		
21		23000							
22		24000							
23	66973	27000	1.30	.69	40	30/70	ZRD		
24		28000							
25	67028	24000	1.35	.65	42	40/60	ZRD		
26		24000							
27	67076	17500	1.42	.66	40	40/60	ZRD		
28		17500							
29		17500							
30									
31	1500	17500							

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

REVISED 10/21/04

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System V		Plant Telephone Number:	
Plant Address: Valimar Street	City: New Port Richey	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: 18000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
for Melissa Rattenni 3/4/04	WILLIAM DENISE	C - 12068

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

III. Daily Data for the Month/Year of: February-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2	x	0	-										0.74	
3		0	-											
4	x	0	-										0.88	
5		0	-											
6	x	0	-										0.91	
7		0	-											
8		0	-											
9	x	0	-										0.83	
10		0	-											
11	x	0	-										0.79	
12		0	-											
13	x	0	-										0.81	
14		0	-											
15		0	-											
16	x	0	-										0.8	
17		0	-											
18	x	0	-										0.81	
19		0	-											
20	x	0	-										0.75	
21		0	-											
22		0	-											
23	x	0	-										0.69	
24		0	-											
25	x	0	-										0.72	
26		0	-											
27	x	0	-										0.66	
28		0	-											
29		0	-											
30														
31														
Total			-											
Average			-											
Maximum			-											

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System V		Plant Telephone Number:	
Plant Address: Valimar Street	City: New Port Richey	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: 18000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
for Melissa Rottenwell 3/4/04	WILLIAM DENISE	C - 12068

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

III. Daily Data for the Month/Year of: February-04

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Did Peak Hour Occur on Weekday (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable								UV Data		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Chlorine Dioxide Only: Chlorine Dioxide Concentration Used to Control Microorganisms or Used for Maintenance or Work That Involves Taking a Water System Component Out of Operation **
				Peak Hour Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Hour, mg/L	Disinfectant Contact Time (T) Measurement Point and During Peak Flow, minutes	Flow (Q) Provided Before or at First Customer During Peak Hour, mgd	Temp. of Water, °C	pH of Water, if Applicable	Resulting Minimum CT Required, mg-min/L	Lowest Operating UV Dose in W-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-												
2	x	0	-											0.74	
3		0	-												
4	x	0	-											0.88	
5		0	-												
6	x	0	-											0.91	
7		0	-												
8		0	-												
9	x	0	-											0.83	
10		0	-												
11	x	0	-											0.79	
12		0	-												
13	x	0	-											0.81	
14		0	-												
15		0	-												
16	x	0	-											0.8	
17		0	-												
18	x	0	-											0.81	
19		0	-												
20	x	0	-											0.75	
21		0	-												
22		0	-												
23	x	0	-											0.69	
24		0	-												
25	x	0	-											0.72	
26		0	-												
27	x	0	-											0.66	
28		0	-												
29		0	-												
30		0	-												
31		0	-												
Total			-												
Average			-												
Maximum			-												

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

Pg. 6

PUBLIC WATER SYSTEM INFORMATION

System Name: Colonial Manor ID#: 6511-0355

Address: ON->I-Connen 2->Cantrell 3->Hendrix 4->Linkwood Phone#:

Type(check one): (✓)Community ( )Nontransient Noncommun ( )Noncommunity ( )Limited Use

SAMPLE INFORMATION

Sample Date (MM/DD/YY) 2-12-04 Time: ~~1100~~, 1150, 1200, 1220, 1210

Sample Location (be specific) WTP POE 1, 2, 3, 4

Sampler's Name (Print): Donna Altamuro

Sampler's Signature: Donna Altamuro Phone #: 727-848-8292

Type(s):

( )Distribution
( )Clearance
(✓)Dist. Entry pt.
( )Recheck of MCL
( )THM Maz Res Time
( )Raw
( )Resample of Lab Invalidated Sample
( )Plant Tap
( )Composite of Multiple Sites
:Attach a form for each site

LABORATORY CERTIFICATION INFORMATION (to be completed by lab)

Lab Name: Advanced Environmental Laboratories, Inc. DOH#: E84589

Address: 5810D Breckenridge Parkway /Tampa, FL 33610 Expiration Date: 6/30/~~03~~04

Sub. Lab DOH# E82574 E86188 E83033 Phone#: (813) 630-9616

Circle if sub-lab used

Date/Time Samples Received: 2/12/04@1450

Lab Sample Number: I04143001-04

ANALYSIS INFORMATION

Group(s) Analyzed & Results attached for compliance with 62-550,F.A.C

( ) Nitrite (✓)Nitrate (✓) Asbestos ( )Turbidity ( )Lead ( )Copper

Inorganics	Trihalomethanes	Volatile Organics	Secondaries
( )All 18 ( ) Partial	( ) All 4 ( ) Parial	( ) All 21 ( ) Partial	( ) All 14 ( )Partial

Pesticide & PCB's	Group I Unregulated	Group II Unregulated	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	( ) Single Sample ( ) Qrtly Composite*

*Provide radiochemicals sample dates & locations for each quarter

I, Michael Cammarata, do **HEREBY CERTIFY** that all attached analytical data are correct.

Signature: for Date: 2/18/04

Title: Laboratory Manager

COMPLIANCE INFORMATION:

Sample Collection Satisfactory: Sample Analysis Satisfactory:

Resample Requested For: Reason:

Person Notified To Resample:

DER/ACPHU Reviewing Official: Date Notified:

Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client:	US Water Services	**Report No.:**	T041430
Project Name:	Colonial Manor	**Date Sampled:**	2/12/04
Project Number:		**Date Received:**	2/12/04 14:50
PWS ID#:	6510355	**Date Reported:**	2/18/04
Attention:	Melisa Rottveel		
Phone Number:	7278488292		
Address:	4821 US HWY 19 Suite 2		
	New Port Richey, Fl 34652		

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: _____

Tammie Heslin, Project Manager

If you have any questions, the above named should be contacted.

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

Total Number of Pages = 7

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Water
PWS ID#: 6510355

Report No.: T041430
Date/Time Sampled: 2/12/04 11:50
Date/Time Received: 2/12/04 14:50

Client Sample ID: POE #1
Site: WTP

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Inorganic Analysis

Parameter ID	Analytes:	MCL	Sample Number	Results	Units	Qualifier	Analysis Method	Analysis Date/Time	MDL	Lab Analyst
1040	Nitrate (as N)	10	T041430-01	7.6	mg/L		SM4500NO3-F	2/13/04 14:00	0.14	T CLB

T DOH cenification #E84589, Compqap #980174 (AEL-Tampa)

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

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Water
PWS ID#: 6510355

Report No.: T041430
Date/Time Sampled: 2/12/04 12:00
Date/Time Received: 2/12/04 14:50

Client Sample ID: POE #2
Site: WTP

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Inorganic Analysis

Parameter ID	Analytes:	MCL	Sample Number	Results	Units	Qualifier	Analysis Method	Analysis Date/Time	MDL	Lab	Analyst
1040	Nitrate (as N)	10	T041430-02	8.4	mg/L		SM4500NO3-F	2/13/04 14:00	0.14	*T*	CLB

T DOH certification #E84589, Compqap #980174 (AEL-Tampa)

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

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Water
PWS ID#: 6510355

Report No.: T041430
Date/Time Sampled: 2/12/04 12:10
Date/Time Received: 2/12/04 14:50

Client Sample ID: POE #3
Site: WTP

Sampled By: *Donna Altamuro*
Shipping Method: Client drop off

Inorganic Analysis

Parameter ID	Analytes:	MCL	Sample Number	Results	Units	Qualifier	Analysis Method	Analysis Date/Time	MDL	Lab Analyst
1040	Nitrate (as N)	10	T041430-03	7.5	mg/L		SM4500NO3-F	2/13/04 14:00	0.14	*T* CLB

T DOH certification #E84589, Compqap #980174 (AEL-Tampa)

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

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Water
PWS ID#: 6510355

Report No.: T041430
Date/Time Sampled: 2/12/04 12:20
Date/Time Received: 2/12/04 14:50

Client Sample ID: POE #4
Site: WTP

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Inorganic Analysis

Parameter ID	Analytes:	MCL	Sample Number	Results	Units	Qualifier	Analysis Method	Analysis Date/Time	MDL	Lab Analyst
1040	Nitrate (as N)	10	T041430-04	9.1	mg/L		SM4500NO3-F	2/13/04 14:00	0.14	T CLB

T DOH certification #E84589, Compqap #980174 (AEL-Tampa)

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

Advanced
Environmental Laboratories, Inc.
☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
☐ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER: T041430

CLIENT NAME: US Water Services

PROJECT NAME: Colonial Manor

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: WTP

PHONE: 727-848-8292 FAX:

CONTACT:

SAMPLED BY: Donna A Hamuro

TURN AROUND TIME:

☐ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

ANALYSIS REQUIRED

BOTTLE SIZE & TYPE: NO3

LAB NUMBER

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 / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.		LAB NUMBER
	WTP POE #1	G	2-12-04	11:50	DW	1	✓	T041430-01
	WTP POE #2	G	2-12-04	12:00	DW	1	✓	02
	WTP POE #3	G	2-12-04	12:10	DW	1	✓	03
	WTP POE #4	G	2-12-04	12:20	DW	1	✓	04

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	D A Hamuro	2/12/04	14:50	A Joyce	2/12/04	14:50
2						
3						
4						

Shipment Out: / / Method Via: Sample Kit RB AB Trip Bl Cooler # D/T D/T

Ret: / / Via:

☐ sent ☒ received

revised 8/01

FLORIDA DEPARTMENT OF HEALTH
Bureau of Laboratories
Jacksonville, Miami, Pensacola, Tampa, West Palm Beach

D 120000

069609

For Lab Use Only

2004 FEB 17 PM 3:25

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER BACTERIOLOGICAL ANALYSIS

Press hard, (5) copies (Page 1 of 1)

Sample Acceptance Criteria:
Sample Preservation ☐ on ice ☐ not on ice ☐ ____°C
Chlorine Check ☐ not detected ☐ ____ mg/L
☐ This sample does not meet the following NELAC requirements:

Analysis Requested: (please check all that apply):
☑ Standard Coliform Test
☐ HPC
☐ Other: _____

System/Owner's Name: Country Road MHP

County: Duval **Collector:** A. Lewis **Collector Phone #:** (904) 334 0688

Collection Address: 6534 Townsend

Collection City: Jacksonville **Collection State:** FL **Collection Zip:** 32244

Comments: _____

The following information must be completed if requesting DEP compliance drinking water analysis

System I.D. Number: 216-0025 **System Phone Number:** 757-8[illegible]42 **District:** _____

Type of Supply *(check appropriate box):*
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity ☐ Limited Use System
☐ Private well ☐ Swimming pool ☐ Bottled water ☐ Other _____

Type of Sample *(check appropriate box):*
☑ Compliance ☐ Main Clearance ☐ Well Survey
☐ Repeat ☐ Replacement well ☐ Other _____

	To be completed by collector of sample						To be completed by lab				
							Analysis Method:	MF	MTF	MMO-MUG	HPC
Coll. No.	Sample Point (Location or Specific Address)	Date Coll.	Time Coll.	Raw/ Dist.	Cl Res'd	pH	Non-Coliform	Total Coliform	E.coli/FC	Lab Number	
2#	Well	2/17/04	1355		0	7.5				2467	
3#	LOT #3	2/17/04	1405		2.1	7.4				2468	
4#	LOT #222	2/17/04	1410		2.2	7.4				2469	

All tests are performed in accordance with NELAC standards.
A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count
MF = SM9222B + D; MTF = 9221B + E/MUG; MMO-MUG = SM9223B; HPC = SM9215B

Comments: _____

Name and Mailing Address of Person to Receive Report:
[illegible]
[illegible]
Orange Park FL 32073

☑ Satisfactory
☑ Incomplete Collection Information
☑ Repeat Samples
☑ Replacement Samples

Date Reported: _____

Reviewing Official: _____

Title: _____

DH 655, 10/00 (5740-000-0655-5)

Advanced
Environmental Laboratories, Inc.
9610 Princess Palm Avenue • Tampa, Florida 33619
(813) 630-9616 • FAX (813) 630-4327

FOR LAB USE ONLY

HRS #E84589
DATE/TIME RECEIVED: 2/26/04 14:25
DATE/TIME ANALYZED: 2-26-04 1500
APPROVED BY:
CONTACT: NISSA MULNICK
TITLE: QUALITY ASSURANCE
(813) 630-9616

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Colonial Manor SYSTEM I.D. NO: 651-0355 SYSTEM PHONE #:

ADDRESS: COUNTY: Pasco DISTRICT:

COLLECTOR: William R Denise COLLECTOR PHONE #: 7272435876

SAMPLE SITE (Locality or Subdivision): Well, 1,2,3,4, Hendrix, Blayton

DATE AND TIME COLLECTED: 2-26-04, 1045

TYPE OF SUPPLY(Circle one): (Community water system) Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): (Compliance) Repeat Replacement Main clearance Well survey Other
(Check Box)
[X] Distribution
[X] Raw

[ ] Check here if payment made to county public health unit

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD:		MF	MTF	MMO-MUG PA
COLL. NO.	SAMPLE POINT (Specific Address)	Cl RES'D	pH	NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER
	Well #1 Raw				A			T041960-06
	2				A			07
	3				A			08
	4				A			09
	3505 Hendrix DIST	1.50			A			10
	3609 Blayton DIST	1.45			A			11

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

US Water

U.S. WATER SERVICES CORP
4821 US HWY 19 STE 2
NEW PORT RICHEY, FL 34652

( )
( ) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL:

TITLE:

Advanced
Environmental Laboratories, Inc.
9610 Princess Palm Avenue • Tampa, Florida 33619
(813) 630-9616 • FAX (813) 630-4327

FOR LAB USE ONLY

HRS #E84589
DATE/TIME RECEIVED: 2/26/04 14:25
DATE/TIME ANALYZED: 2-26-04 1500
APPROVED BY:
CONTACT: NISSA MULNICK
TITLE: QUALITY ASSURANCE
(813) 630-9616

DRINKING WATER BACTERIOLOGICAL ANALYSIS

NAME: Colonial Manor SYSTEM I.D. NO: 651-0355 SYSTEM PHONE #:

: COUNTY: Pasco DISTRICT:

'OR: William R Denise COLLECTOR PHONE #: 7272435876

SITE (Locality or Subdivision): Well, 1,2,3,4, Hendrix, Blayton

ID TIME COLLECTED: 2-26-04, 1045

: SUPPLY(Circle one): (Community water system) Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Limited Use system

: SAMPLE(Circle one): (Compliance) Repeat Replacement Main clearance Well survey Other

(Check Box)
[X] Distribution
[X] Raw

[ ] Check here if payment made to county public health unit

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB					
--	SAMPLE POINT (Specific Address)	Cl RES'D	pH	ANALYSIS METHOD: (MF)		MTF		MMO-MUG	PA
				NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER	
	Well #1 Raw				A			TU41960-06	
	2				A				07
	3				A				08
	4				A				09
	3505 Hendrix DIST	1.50			A				10
	3609 Blayton DIST	1.45			A				11
		1.48							

lts in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
A - Coliforms are absent TNTC - Too numerous to count

E ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

US Water
U.S. WATER SERVICES CORP
4821 US HWY 19 STE 2
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8292

( )
(✓) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL:

TITLE:

Advanced
Environmental Laboratories, Inc.
9610 Princess Palm Avenue • Tampa, Florida 33619
(813) 630-9616 • FAX (813) 630-4327

FOR LAB USE ONLY

HRS #E84589
DATE/TIME RECEIVED: 2/26/04 14:25
DATE/TIME ANALYZED: 2 26 04 1500
APPROVED BY:
CONTACT: NISSA MULNICK
TITLE: QUALITY ASSURANCE
(813) 630-9616

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Colonial Manor SYSTEM I.D. NO: 651-0355 SYSTEM PHONE #:

ADDRESS: COUNTY: Pasco DISTRICT:

COLLECTOR: William R Denise COLLECTOR PHONE #: 7272435876

SAMPLE SITE (Locality or Subdivision): Well, 1,2,3,4, Hendrix, Blayton

DATE AND TIME COLLECTED: 2-26-04, 1045

TYPE OF SUPPLY(Circle one): (Community water system) Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): (Compliance) Repeat Replacement Main clearance Well survey Other
(Check Box)
[X] Distribution
[X] Raw

[ ] Check here if payment made to county public health unit

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD:		(MF)	MTF	MMO-MUG PA
COLL. NO.	SAMPLE POINT (Specific Address)	Cl RES'D	pH	NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER
	Well #1 Raw				A			T041960-06
	2				A			07
	3				A			08
	4				A			09
	3505 Hendrix DIST	1.50			A			10
	3609 Blayton DIST	1.45			A			11

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

US Water
U.S. WATER SERVICES CORP
4821 US HWY 19 STE 2
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8292

( )
(✓) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL:

TITLE:

Advanced
Environmental Laboratories, Inc.
- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1600 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER: T041960

Page _____ of _____

CLIENT NAME: US Water

PROJECT NAME: Colonial Manor

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: FAX:

CONTACT:

SAMPLED BY: William R Denise

TURN AROUND TIME:

❑ STANDARD

❑ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

ANALYSIS REQUESTED

BOTTLE SIZE & TYPE: BACT

Preserv

LAB NUMBER

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	
	Well #1	G	2-26-04	1015	DW	1	✓ T041960
	2	"	"	1025	"	1	✓
	3	"	"	1035	"	1	✓
	4	"	"	1045	"	1	✓
	3505 Hendrix	"	"	1000	"	1	✓
	3609 Blayton	"	"	1010	"	1	✓

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	WRenise	2-26-04	1425		2/26/04	1425
2						
3						
4						

Shipment Out: / / Ret: / /

Method Via: _____ Via: _____

Sample Kit Cooler #_____

RB_____ D/T_____

AB_____ D/T_____

Trip Bl. ❑ ❑

Advanced
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❑ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
❑ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER:

Page _____ of _____

CLIENT NAME: US Water

PROJECT NAME: Colonial Manor

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: FAX:

CONTACT:

SAMPLED BY: William R Denise

TURN AROUND TIME:

❑ STANDARD

❑ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv.	BACT							LAB NUMBER
	Well #1	G	2-26-04	1015	DW	1		✓							
	2	"	"	1025	"	1		✓							
	3	"	"	1035	"	1		✓							
	4	"	"	1045	"	1		✓							
	3505 Hendrix	"	"	1000	"	1		✓							
	3609 Blayton	"	"	1010	"	1		✓							

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[illegible]	2-26-04	1425	[illegible]	2/26/04	1425
2						
3						
4						

Advanced
Environmental Laboratories, Inc.
❑ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
❑ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
❑ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER:

Page _____ of _____

CLIENT NAME: US Water

PROJECT NAME: Various

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: FAX:

CONTACT:

SAMPLED BY: William R Denise

TURN AROUND TIME:

❑ STANDARD

❑ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: FS	CL	SO4					LAB NUMBER
	Colonial Manor Well #1	G	2-27-04	0830	DW	1			✓	✓	✓					
	" " " 3	"	"	0840	"	1			✓	✓	✓					
	Westwood Well #1	G	"	0820	"	1			✓	✓	✓					
	Anclote Well #2	"	"	0700	"	1			✓	✓	✓					

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	WRDenise	2-27-04	1345		2/27/04	1345
2						
3						
4						

Shipment: Out / Ret. — Method: Via / Air bill # — Sample Kit: Cooler # / Temp °C / Initials

CHAIN OF CUSTODY RECORD

LAB NUMBER:

Advanced
Environmental Laboratories, Inc.
- ☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- ☐ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- ☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

Page_____ of _____

CLIENT NAME: US Water Services	PROJECT NAME: Colonial Manor
ADDRESS:	P.O. NUMBER / PROJECT NUMBER:
	PROJECT LOCATION: WTP
PHONE: 727-848-1292 FAX:	
CONTACT:	SAMPLED BY: Donald Hamm

TURN AROUND TIME:
- ☐ STANDARD
- ☐ RUSH: _____

REMARKS / SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE

ANALYSIS REQUIRED

LAB NUMBER

NO3

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 Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	
	WTP POE #1	G	2-12-04	11:50	DW	1	✓
	WTP POE #2	G	2-12-04	12:00	DW	1	✓
	WTP POE #3	G	2-12-04	12:10	DW	1	✓
	WTP POE #4	G	2-12-04	12:20	DW	1	✓

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	Donald Hamm	2-12-04	14:50	Cheryl Ice	2/12/04	14:50
2						
3						
4						

Southwest Florida Water Management District
Water Use Permit Report Form

Permit Granted To: Floralino Properties, Inc. Permit # 003677

SWFWMD	Permits W/D ID#	TDS	Chlorides	Sulfate	Sample Taken	Method of Analysis
1	1	380	50	25	2/27/04 @ 8:30	EPA160.1, SM4500CLE, EPA375.4
3	3	450	65	27	2/27/04 @ 8:40	EPA160.1, SM4500CLE, EPA375.4

Permits Data Section
Southwest Florida Water Management District
2379 Broad Street
Brooksville, FL 34609-6899

Reporter's Name: U.S. Water Services Corporation
Address: 4821 US Highway 19, Suite 2
City, State, Zip New Port Richey, FL 34652
Telephone No. 727-848-8292

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Various
Matrix: Water
PWS ID#:
Client Sample ID: Well #1
Site: *Colonial Manor*
Sample Number: T042010-01

Report No.: T042010
Date/Time Sampled: 2/27/04 8:30
Date/Time Received: 2/27/04 13:45

Sampled By: William Denise
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**50**		SM4500CL-E	**1.3**	3/11/04	9:00	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**25**		E375.4	**1.4**	3/2/04	15:15	E84589
1930	**Total Dissolved Solids**	500	mg/L	**380**		E160.1	**10**	3/4/04	9:00	E84589

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

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Various
Matrix: Water
PWS ID#:
Client Sample ID: Well #3
Site: Colonial Manor
Sample Number: T042010-02

Report No.: T042010
Date/Time Sampled: 2/27/04 8:40
Date/Time Received: 2/27/04 13:45

Sampled By: William Denise
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**65**		SM4500CL-E	**1.3**	3/11/04	9:00	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**27**		E375.4	**1.4**	3/2/04	15:15	E84589
1930	**Total Dissolved Solids**	500	mg/L	**450**		E160.1	**10**	3/4/04	9:00	E84589

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

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System III		Plant Telephone Number:	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
for Melissa Patterson 3/4/04	WILLIAM DENISE	C - 12068

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: February-04

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Was Plant Staffed or Visited by Operator? (Place "X")	Hours Plant in Operation	Total Finished Water Produced, gals	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) Used to Calculate CT During Peak Flow, minutes	Actual CT Provided Before First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Chlorine Residual Before UV, mg/L	UV Dose (Fluence) Applied, mJ/cm²	Minimum UV Dose (Fluence) Required, mJ/cm²	Highest Residual Disinfectant Concentration in Entry Point to Distribution System, mg/L	Was Water Delivered to the Public Meeting Applicable Requirements for Operating Conditions, Residual Maintenance, Water Quality Monitoring, Treating Water, System Components Out of Operation
1		24	84,000											
2	x	24	82,000		2.1								0.74	
3		24	83,000											
4	x	24	94,000		2.2								0.88	
5		24	95,000											
6	x	24	76,000		1.87								0.91	
7		24	77,000											
8		24	77,000											
9	x	24	84,000		1.84								0.83	
10		24	84,000											
11	x	24	89,000		2.2								0.79	
12		24	90,000											
13	x	24	91,000		2.2								0.81	
14		24	91,000											
15		24	92,000											
16	x	24	72,000		2.2								0.8	
17		24	72,000											
18	x	24	92,000		2.2								0.81	
19		24	92,000											
20	x	24	105,000		2.2								0.75	
21		24	105,000											
22		24	105,000											
23	x	24	47,000		1.89								0.69	
24		24	47,000											
25	x	24	47,000		1.81								0.72	
26		24	47,000											
27	x	24	42,750		1.85								0.66	
28		24	42,750											
29		24	42,750											
30		24												
31		24												
Total			2,248,250											
Average			77,526											
Maximum			105,000											

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

REVISED 10/21/04

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System III		Plant Telephone Number:	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	WILLIAM DENISE	C	12068	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	William Denise	C	12068	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Charles Andre	C	12702	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
for Melissa Patterson 3/4/04	WILLIAM DENISE	C - 12068

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: February-04

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	84,000											
2	X	24	82,000		2.1								0.74	
3		24	83,000											
4	X	24	94,000		2.2								0.88	
5		24	95,000											
6	X	24	76,000		1.87								0.91	
7		24	77,000											
8		24	77,000											
9	X	24	84,000		1.84								0.83	
10		24	84,000											
11	X	24	89,000		2.2								0.79	
12		24	90,000											
13	X	24	91,000		2.2								0.81	
14		24	91,000											
15		24	92,000											
16	X	24	72,000		2.2								0.8	
17		24	72,000											
18	X	24	92,000		2.2								0.81	
19		24	92,000											
20	X	24	105,000		2.2								0.75	
21		24	105,000											
22		24	105,000											
23	X	24	47,000		1.89								0.69	
24		24	47,000											
25	X	24	47,000		1.81								0.72	
26		24	47,000											
27	X	24	42,750		1.85								0.66	
28		24	42,750											
29		24	42,750											
30														
31														
Total			2,248,250											
Average			77,526											
Maximum			105,000											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Feb 2004

Well # 3 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		84000							
2	102166	82000	2.10	.74	44	50/50	3RD C120688		
3		83000							
4	102331	94000	2.20	.88	40	50/50	3RD		
5		95000							
6	102520	76000	1.87	.91	46	50/50	3RD		
7		77000							
8		77000							
9	102750	84000	1.84	.83	43	50/50	2RD		
10		84000							
11	102918	89000	2.20	.79	42	50/50	3RD		
12		90000						NO3	
13	103097	91000	2.20	.81	52	50/50	2RD		
14		91000							
15		92000							
16	103371	72000	2.20	.80	47	50/50	3RD		
17		72000							
18	103515	92000	2.20	.81	46	50/50	3RD		
19		92000							
20	103699	105000	2.20	.75	54	50/50	3RD		
21		105000							
22		105000							
23	104014	47000	1.89	.69	40	50/50	3RD		
24		47000							
25	104108	47000	1.81	.72	44	50/50	3RD		
26		47000							
27	104202	42750	1.85	.66	48	50/50	2RD		
28		42750							
29		42750							
30									
31	151	42750							

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Feb 2004

Well # 3 System PWS Id Number:

Day of the month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		84000							
2	102166	82000	2.10	.74	44	50/50	2RD CL20168		
3		83000							
4	102331	94000	2.20	.88	40	50/50	3RD		
5		95000							
6	102520	76000	1.87	.91	46	50/50	2RD		
7		77000							
8		77000							
9	102750	84000	1.84	.83	43	50/50	2RD		
10		84000							
11	102918	89000	2.20	.79	42	50/50	2RD		
12		90000						NO3	
13	103097	91000	2.20	.81	52	50/50	2RD		
14		91000							
15		92000							
16	103371	72000	2.20	.80	47	50/50	2RD		
17		72000							
18	103515	92000	2.20	.81	46	50/50	2RD		
19		92000							
20	103699	105000	2.20	.75	54	50/50	2RD		
21		105000							
22		105000							
23	104014	47000	1.89	.69	40	50/50	3RD		
24		47000							
25	104108	47000	1.81	.72	44	50/50	2RD		
26		47000							
27	104202	42750	1.85	.66	48	50/50	2RD		
28		42750							
29		42750							
30									
31	151	42750							

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: March 2004

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Park Way Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number:	
Plant Address: Connon Drive	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	THOMAS HAIGH	C	8609	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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

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 t 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 th 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	THOMAS HAIGH	C - 8609
	Printed or Typed Name	License Number

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W1

III. Daily Data for the Month/Year of: March-04

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

Ultraviolet Radiation | Other (Describe):

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

1	x	24	35,800		1.41									1.01	
2		24	34,000												
3	x	24	31,000		1.33									0.96	
4		24	31,000												
5	x	24	37,000		1.27									0.81	
6		24	38,000												
7		24	38,000												
8		24	38,000												
9	x	24	17,000		1.4									0.73	
10		24	20,000												
11	x	24	39,000		1.31									0.8	
12		24	39,000												
13	x	24	41,000		1.42									0.89	
14		24	41,000												
15	x	24	47,000		1.54									0.81	
16		24	46,000												
17	x	24	27,000		1.29									0.6	
18		24	27,000												
19	x	24	49,000		1.37									0.77	
20		24	48,000												
21		24	48,000												
22	x	24	33,000		1.52									0.88	
23		24	34,000												
24	x	24	33,000		1.46									0.81	
25		24	33,000												
26	x	24	45,000		1.68									1.04	
27		24	45,000												
28		24	45,000												
29	x	24	52,000		1.54									0.79	
30		24	52,000												
31	x	24	36,000		1.54									0.68	
			1,179,800												
			38,058												
			52,000												

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: March 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II		Plant Telephone Number:	
Plant Address: Cantrel Street	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	THOMAS HAIGH	C	8609	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
	THOMAS HAIGH	C - 8609

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

III. Daily Data for the Month/Year of: March-04

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

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

1	x	0	-		0.89									0.66	
2		0	-												
3	x	0	-		0.91									0.7	
4		0	-												
5	x	0	-		0.89									0.88	
6		0	-												
7		0	-												
8		0	-												
9	x	0	-		0.2									0.73	
10		0	-												
11	x	0	-		0.77									0.81	
12		0	-												
13	x	0	-		0.47									0.73	
14		0	-												
15	x	0	-		0.51									0.7	
16		0	-												
17	x	0	-		0.26									0.6	
18		0	-												
19	x	0	-		0.3									0.71	
20		0	-												
21		0	-												
22	x	0	-		0.22									0.88	
23		0	-												
24	x	0	-		0.22									0.81	
25		0	-												
26	x	0	-		0.2									0.74	
27		0	-												
28		0	-												
29		0	-												
30		0	-												
31	x	0	-		0.21									0.68	
TOTAL			-												
AVERAGE			-												
MAXIMUM			-												

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: March 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number:	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	THOMAS HAIGH	C	8609	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
	THOMAS HAIGH	C - 8609

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: March-04

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

Ultraviolet Radiation Other (Describe):

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

	x	24	42,750		1.41									0.81	
	x	24	50,000		1.41									0.81	
	x	24	61,000		1.34									0.96	
		24	61,000												
	x	24	60,000		1.3									0.8	
		24	61,000												
		24	61,000												
		24	61,000												
	x	24	50,000		1.52									0.63	
		24	50,000												
	x	24	65,000		1.33									0.78	
		24	65,000												
	x	24	68,500		1.61									0.79	
		24	68,500												
	x	24	60,000		1.39									0.51	
		24	60,000												
	x	0	-		1.48									0.6	
		0	-												
	x	24	79,000		1.51									0.69	
		24	76,000												
		24	76,000												
	x	24	59,000		1.19									0.88	
		24	58,000												
	x	24	68,000		1.15									0.81	
		24	68,000												
	x	24	76,000		1.33									0.76	
		24	76,000												
		24	77,000												
	x	24	81,000		1.33									0.7	
		24	81,000												
	x	24	67,000		1.21									0.68	
			60,863												
			81,000												

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: March 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV		Plant Telephone Number:	
Plant Address: Linkwood Lane	City: New Port Richey	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.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	THOMAS HAIGH	C	8609	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	THOMAS HAIGH Printed or Typed Name	C - 8609 License Number

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

III. Daily Data for the Month/Year of:	March-04													
Means of Achieving Four-Log Virus Inactivation/Removal: *				x Free Chlorine				Chlorine Dioxide			Ozone		Combined Chlorine (Chloramines)	
Ultraviolet Radiation			Other (Describe):											
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine				Combined Chlorine (Chloramines)						Chlorine Dioxide
	x	24	31,000		1.2								0.79	
	x	24	31,000		1.2								0.79	
	x	24	23,060		1.31								0.7	
		24	30,000											
	x	24	24,000		1.24								0.84	
		24	24,000											
		24	24,000											
		24	24,000											
	x	24	29,000		0.82								0.63	
		24	30,000											
	x	24	27,000		1								0.77	
		24	27,000											
	x	24	26,000		1.04								0.73	
		24	26,000											
	x	24	27,000		0.91								0.49	
		24	27,000											
	x	24	31,000		0.79								0.6	
		24	31,000											
	x	24	30,000		1.24								0.77	
		24	30,000											
		24	30,000											
	x	24	42,000		1.11								0.88	
		24	42,000											
	x	24	37,000		1.08								0.81	
		24	37,000											
	x	24	35,000		1.03								0.79	
		24	35,000											
		24	35,000											
	x	24	47,000		1.24								0.81	
		24	48,000											
	x	24	36,000		1.53								0.68	
			976,060											
			31,486											
			48,000											

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: March 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: Floralino Properties Inc.			
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address: 5147 Marine Parkway Suite C	City: New Port Richey	State:	Zip Code: 34652
Contact Person's Telephone Number: 727-843-0064	Contact Person's Fax Number:		
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & V		Plant Telephone Number:	
Plant Address: Valimar Street	City: New Port Richey	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: 18000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	THOMAS HAIGH	C	8609	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
	THOMAS HAIGH	C - 8609

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

III. Daily Data for the Month/Year of: March-04

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

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

		0	-											
		0	-										0.74	
		0	-											
		0	-										0.88	
		0	-											
		0	-										0.91	
		0	-											
		0	-											
		0	-										0.83	
		0	-											
		0	-										0.79	
		0	-											
		0	-										0.81	
		0	-											
		0	-											
		0	-										0.8	
		0	-											
		0	-										0.81	
		0	-											
		0	-										0.75	
		0	-											
		0	-											
		0	-										0.69	
		0	-											
		0	-										0.72	
		0	-											
		0	-										0.66	
		0	-											
		0	-											
		0	-											
		0	-											
			-											
			-											
			-											

U.S. Water Services Corporation

Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: 03/04

Well # 1 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	4414	~~35000~~ 31050	1.41	1.01	46	30/70	10M HAIG		
2	~~4444000~~	31000	1.44	1.01	46	~~50/50~~	TM C8609		
3	4483	31000	1.33	.96	42	50/50	~~TM C8609~~		
4		31000							
5	4545	37000	1.27	.81	43	40/60	TA		
6		35000							
7		39000							
8		35000							
9	4696	17060	1.40	.73	46	50/50			
10		20660						BACTS	
11	4733	35000	1.31	.80	44	50/50	TA		
12		34600							
13	4811	41000	1.42	.84	47	50/50	TA		
14		41000							
15	4893	47000	1.54	.81	44	30/80	TA		
16		46000							
17	N9986	27000	1.29	.60	48	40/60			
18		27000							
19	5039	49000	1.37	.77	48	30/70	TA		
20		48000							
21		48000							
22	5184	33000	1.52	.88	52	40/60			
23		34000							
24	5251	33000	1.46	.81	52	30/70			
25		33000							
26	5317	45000	1.68	1.04	50	30/70	TA		
27		45000							
28		45000							
29	5452	52000	1.54	.79	46	50/50	TA		
30		52000							
31	5556	36000	1.51	.68	60	40/60			

ETC.

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Feb 2004

Well # 1 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		Ø							
2	4175	Ø	1.45	.74	44	30/70	2RD CI2068		
3		Ø							
4	4175	Ø	1.39	.88	48	30/70	2RD		
5		Ø							
6	4175	Ø	1.29	.91	47	30/70	2RD		
7		Ø							
8		Ø							
9	4175	Ø	1.21	.83	50	30/70	2RD		
10		Ø							
11	4175	Ø	1.18	.75	44	50/50	2RD		
12		Ø						NO3	
13	4175	Ø	1.04	.81	50	50/50	2RD		
14		Ø							
15		Ø							
16	4175	Ø	.99	.80	42	50/50	2RD		
17		Ø							
18	4175	Ø	.95	.81	50	50/50	2RD		
19		Ø							
20	4175	Ø	1.14	.75	44	50/50	2RD		
21		Ø							
22		13000							
23	4188	46000	1.44	.69	50	50/50	2RD		
24		46000							
25	4280	14000	1.47	.72	48	50/50	2RD		
26		14000							
27	4308	2650	1.42	.66	52	70/60	2RD		
28		2650							
29		2650							
30		Ø							
31	158	2650							

Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: 03/04

Well # 2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	65417	0	.89	.66	40	50/50	TT CR609		
2	65417	0	.89	.66	40	50/50			
3	65417	0	.91	.70	40	50/50	TT		
4		0							
5	65417	0	.89	.88	53	50/50	TT		
6		0							
7		0							
8		0							
9	65417	0	.20	.73	42	50/50			
10		0							
11	65417	0	.77	.81	40	50/50			
12		0							
13	65417	0	.47	.73	44	55/45			
14		0							
15	65417	0	.51	.70	42	50/50			
16		0							
17	65417	0	.36	.60	44	50/50			
18		0							
19	65417	0	.30	.71	44	50/50			
20		0							
21		0							
22	65417	0	.22	.85	42	50/50			
23		0							
24	65417	0	.22	.81	44	50/50			
25		0							
26	65417	0	.20	.74	44	50/50			
27		0							
28		0							
29		0							
30		0							
31	65417	0	.21	.68	42	50/50			

65417

U.S. Water
Services Corporation

Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: COBIA C MANOR MONTH / YEAR: 03/04

Well # 3 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	104373	42750	1.41	.81	50	60/40	TA		
2	104373	50000	1.41	.81	50	60/40	CS 1535/1545 TA		RSI O.K H20/Air 9 (1-11).
3	104473	61000	1.34	.96	52	60/60	TA		
4		61000							
5	104595	60000	1.30	.80	48	40/60	TA		
6		60000							
7		60000							
8		60000							
9	104938	50060	1.52	.63	46	40/60			
10		5000							
11	104938	65000	1.33	.78	48	40/60	TA		
12		6560							
13	105068	6850	1.61	0.79	50	40/60	TA		
14		6850							
15	105205	60000	1.34	.51	48	40/60	TA		
16		60000							
17	105335		1.48	.60	48	40/60			
18									
19	105433	7400	1.51	.69	44	40/60	TA		
20		7400							
21		7400							
22	105602	5900	1.19	.88	48	40/60			
23		5800							
24	105779	6800	1.15	.81	46	40/60			
25		6800							
26	105915	7600	1.33	.76	44	40/60	TA		
27		7600							
28		7700							
29	106144	8000	1.33	.70	46	40/60	TA		
30		8000							
31	106306	6700	1.21	.68	52	30/40			

TA 4.1.04

Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR 03/02

Well # 4 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	67146	31000	1.2	.79	42	60/40	TH		
2	67146	[redacted]	1.2	.79	42	60/40	THC-8605 / 5 20 / 55		
3	67208	23060	1.31	.70	40	60/40	TH		
4		30000							
5	67261	24000	1.24	.84	44	50/50	TH		
6		24000							
7		24000							
8		24000							
9	67357	29000	.83	.63	46	40/60			
10		30000							
11	67416	27000	1.0	.77	44	50/50	TH		
12		27000							
13	67470	26000	1.04	.73	44	50/50			
14		26000	.97	.49	44				
15	67522	27000	.91	.49	44	50/50	TH		
16		27000							
17	67576	31000	.79	.60	42	30/70			
18	[redacted]	31000							
19	67638	30000	1.24	.77	43	50/50			
20		30000							
21		30000							
22	67728	42000	1.11	.88	42	30/70			
23		42000							
24	67812	37000	1.08	.81	44	30/70			
25		37000							
26	67887	35000	1.03	.79	44	50/50			
27		35000							
28		35000							
29	67991	47000	1.24	.81	42	50/50			
30		48000							
31	68086	36000	1.53	.68	54	30/70			

Advanced
Environmental Laboratories, Inc.
9610 Princess Palm Avenue • Tampa, Florida 33619
(813) 630-9616 • FAX (813) 630-4327

Done

DRINKING WATER
BACTERIOLOGICAL ANALYSIS

FOR LAB USE ONLY

HRS #E84589
DATE/TIME RECEIVED: 3/11/04 14:35
DATE/TIME ANALYZED: 3/11/04 1700
APPROVED BY: AM
CONTACT: NISSA MULNICK
TITLE: QUALITY ASSURANCE
(813) 630-9616

SYSTEM NAME: Colonial Manor Utilities SYSTEM I.D. NO: 6511-0355 SYSTEM PHONE #: 727-348-8092
ADDRESS: _____ COUNTY: Pasco DISTRICT: _____
COLLECTOR: Thomas Heinz COLLECTOR PHONE #: 727-2435876
SAMPLE SITE (Locality or Subdivision): _____
DATE AND TIME COLLECTED: 3/10/03 (1745-1825)
TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Limited Use system
TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____
(Check Box)
[X] Distribution
[ ] Raw
[ ] Check here if payment made to county public health unit

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD:		(MF)	MTF	MMO-MUG PA
COLL. NO.	SAMPLE POINT (Specific Address)	Cl RES'D	pH	NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER
1	Raw #1	—	7.4		A			T042452-01
2	Raw #2	—	7.4		A			02
3	Raw #3	—	7.4		A			03
4	Raw #4	—	7.4		A			04
5	3509 Bedford Dr.	1.03	7.4		A			05
6	3504 Connon Dr.	.53	7.4		A			06

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

US Water

( )
( ) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: _____

TITLE: _____

Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client:	US Water Services	**Report No.:**	T042895
Project Name:	Colonial Manor	**Date Sampled:**	3/23/04
Project Number:		**Date Received:**	3/23/04 17:00
PWS ID#:	6510355	**Date Reported:**	3/30/04
Attention:	Melisa Rottveel		
Phone Number:	7278488292		
Address:	4939 Cross Bayou Blvd. New Port Richey, Fl 34652		

FILE
MAR 2004

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: _____

Tammie Heslin, Project Manager

If you have any questions, the above named should be contacted.

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

Total Number of Pages = 12

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: #1 POE
Site: WTP
Sample Number: T042895-01

Report No.: T042895
Date/Time Sampled: 3/23/04 14:45
Date/Time Received: 3/23/04 17:00

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Ortho-phosphate (as P)		*mg/L*	**0.18**	I	E365.1	**0.052**	3/24/04	8:26	E84589
	Total Alkalinity (as CaCO3		mg/L	**170**		SM2320B	**5.0**	3/25/04	10:00	E84589

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: #1 POE
Site: WTP
Sample Number: T042895-01

Report No.: T042895
Date/Time Sampled: 3/23/04 14:45
Date/Time Received: 3/23/04 17:00

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1925	pH	6.5-8.5	pH Units	7.4	, Q	E150.1		3/23/04	17:25	E84589

Q Sample held beyond the acceptable hold time.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: #2 POE
Site: WTP
Sample Number: T042895-02

Report No.: T042895
Date/Time Sampled: 3/23/04 15:15
Date/Time Received: 3/23/04 17:00

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Ortho-phosphate (as P)		mg/L	**0.059**	I	E365.1	**0.052**	3/24/04	8:26	E84589
	Total Alkalinity (as CaCO3		mg/L	**200**		SM2320B	**5.0**	3/25/04	10:00	E84589

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: #2 POE
Site: WTP
Sample Number: T042895-02

Report No.: T042895
Date/Time Sampled: 3/23/04 15:15
Date/Time Received: 3/23/04 17:00

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1925	pH	6.5-8.5	pH Units	7.7	Q	E150.1		3/23/04	17:25	E84589

Q Sample held beyond the acceptable hold time.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

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Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: #3 POE
Site: WTP
Sample Number: T042895-03

Report No.: T042895
Date/Time Sampled: 3/23/04 14:55
Date/Time Received: 3/23/04 17:00

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Ortho-phosphate (as P)		mg/L	**0.052**	U	E365.1	**0.052**	3/24/04	8:26	E84589
	Total Alkalinity (as CaCO3		mg/L	**220**		SM2320B	**5.0**	3/25/04	10:00	E84589

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: #3 POE
Site: WTP
Sample Number: T042895-03

Report No.: T042895
Date/Time Sampled: 3/23/04 14:55
Date/Time Received: 3/23/04 17:00

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1925	pH	6.5-8.5	pH Units	7.4	, Q	E150.1		3/23/04	17:25	E84589

Q Sample held beyond the acceptable hold time
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.7

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: #4 POE
Site: WTP
Sample Number: T042895-04

Report No.: T042895
Date/Time Sampled: 3/23/04 15:05
Date/Time Received: 3/23/04 17:00

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Ortho-phosphate (as P)		mg/L	**0.052**	U	E365.1	**0.052**	3/24/04	8:26	E84589
	Total Alkalinity (as CaCO3		mg/L	**180**		SM2320B	**5.0**	3/25/04	10:00	E84589

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

P.8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: #4 POE
Site: WTP
Sample Number: T042895-04

Report No.: T042895
Date/Time Sampled: 3/23/04 15:05
Date/Time Received: 3/23/04 17:00

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1925	pH	6.5-8.5	pH Units	7.4	, Q	E150.1		3/23/04	17:25	E84589

Q Sample held beyond the acceptable hold time.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Colonial Manor PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: _____ Sample Time: _____ AM PM (Circle One)

Sample Location (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

☐Distribution
☐Entry Point (to Distribution)
☐Plant Tap (not for compliance with 62-550)
☐Raw (at well or intake)
☐Max Residence Time
☐Ave Residence Time
☐Near First Customer

Reason(s) for Sample (Check all that apply)

☐Routine Compliance (with 62-550) ☐Quarterly (Which Quarter? _____)
☐Confirmation of MCL Exceedance* ☐Special (not for compliance with 62-550)
☐Composite of Multiple Sites** ☐Violation Resolution
☐Clearance (permitting) ☐Replacement (of Invalidated Sample)
☐Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title),

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

Signature: _____ Date: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Florida Certification #: E84589
Address: 9610 Princess Palm Avenue
Certification Expiration Date: 6/30/04
Tampa, Florida 33619
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): 6510355
Date Sample(s) Received: 3/23/04 5:00:00 P
Lab Assigned Report Number or Job ID T042895
Sample Number (From page 1) T042895-01-04

Group(s) Analyzed .Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Triha
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloaceti
☐ Nitrate	☐ Partial	Radionuclides	☐ Bromate
☐ Nitrite	☐ Dioxin Only	☐ Single Samp	☐ Chlorite
☐ Asbestos Only		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

A1K, Q, F4

Were any analyses subcontracted? ☐ Yes ☑ No

If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin (Print Name), Project Manager,

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

Signature: [signature] **Date:** 3/31/04

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates .locations for each quarter.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No
Sample Analysis Info Satisfactory: ☐ Yes ☒ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above)
☒ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☒ MCL(s) Exceeded ☐ Detection(s) ☒ Incomplete Report
☒ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☒ Other:

Person Notified: Date Notified:

Comments

Date Reviewed: DEP/DOH Reviewing Official:

P.1

Advanced
Environmental Laboratories, Inc.

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER: T042895

CLIENT NAME: U.S. Water Services	PROJECT NAME: Colonial Manor
ADDRESS:	P.O. NUMBER / PROJECT NUMBER:
	PROJECT LOCATION:
PHONE: 727-848-8292 FAX:	
CONTACT:	SAMPLED BY: D.A. Tamuro

TURN AROUND TIME:

- ❑ STANDARD
- ❑ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

ANALYSIS REQUIRED: WQP, Ortho, pH, Alkalinity, pH

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	LAB NUMBER
	Temp 25°C WTP#1 POE Temp 25°C	G	3-23-04	1445	DW	1	✓	T042895-01
	Temp 21°C WTP#2 POE	G	3-23-04	1515	DW	1	✓	02
	Temp 26°C WTP#3 POE	G	3-23-04	1455	DW	1	✓	03
	Temp 25°C WTP#4 POE	G	3-23-04	1505	DW	1	✓	04

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #		Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via: _____	RB _____	D/T _____	1	D.A. Tamuro	3-23-04	1700	[illegible]	3/23/04	1700
		AB _____	D/T _____	2						
Ret: / /	Via:	Trip Bl.		3						
	3/24/04	❑	❑	4						

revised 8/01

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION

System Name: Colonial Manor ID#: 651-0355

Address: _____ Phone#: _____

Type(check one): (✓)Community( )Nontransient Noncommun ( )Noncommunity ( )Limited Use

SAMPLE INFORMATION

Sample Date (MM/DD/YY) 3-23-04 Time: 1445, 1455, 1505, 1515

Sample Location (be specific) In PW Pot #1, 2, 3, 4

Sampler's Name (Print): Donna M. Tamuro

Sampler's Signature: Donna M. Tamuro Phone #: 727-848-5292

Type(s):

( )Distribution ( )Recheck of MCL

( )Clearance ( )THM Maz Res Time

(✓)Dist. Entry pt. ( )Raw

( )Resample of Lab Invalidated Sample

( )Plant Tap

( )Composite of Multiple Sites

:Attach a form for each site

LABORATORY CERTIFICATION INFORMATION(to be completed by lab)

Lab Name: Advanced Environmental Laboratories, Inc. DOH#: E84589

Address: 9610 Princess Palm Ave, Tampa, Fl 33619 Expiration Date: 6/30/04

Sub. Lab DOH# E82574 E83033 E84129 Phone#: (813) 630-9616

Circle if sub-lab used

Date/Time Samples Received: _____

Lab Sample Number: _____

ANALYSIS INFORMATION

Group(s) Analyzed & Results attached for compliance with 62-550,F.A.C

( ) Nitrite ( )Nitrate ( ) Asbestos ( )Turbidity ( )Lead ( )Copper

Inorganics	Trihalomethanes	Volatile Organics	Secondaries
( )All 18 ( ) Partial	( ) All 4 ( ) Parial	( ) All 21 ( ) Partial	( ) All 14 ( )Partial

Alka, pH, Orthophos.

Pesticide & PCB's	Group I Unregulated	Group II Unregulated	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	( ) Single Sample ( ) Qrtly Composite*

*Provide radiochemicals sample dates & locations for each quarter

I, Michael Cammarata, do **HEREBY CERTIFY** that all attached analytical data are correct.

Signature: _____ Date: _____

Title: Laboratory Manager

COMPLIANCE INFORMATION:

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Requested For: _____ Reason: _____

Person Notified To Resample: _____ _____

DER/ACPHU Reviewing Official: _____ Date Notified: _____

CHAIN OF CUSTODY RECORD

LAB NUMBER:

Advanced Environmental Laboratories, Inc.
- Jacksonville: 6681 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 620-9616 Fax (813) 620-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

Page ____ of ____

CLIENT NAME: US Water Services	PROJECT NAME: [illegible]	BOTTLE SIZE & TYPE	
ADDRESS:	P.O. NUMBER / PROJECT NUMBER:	ANALYSIS REQUIRED	LAB NUMBER
PHONE: [illegible] FAX:	PROJECT LOCATION:		
CONTACT:	SAMPLED BY:		

TURNAROUND TIME:
- ☐ STANDARD
- ☐ RUSH

REMARKS / SPECIAL INSTRUCTIONS:

WW=wastewater SW=surface water GW=groundwater DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv
Temp 25°c	W/F ### [illegible]						
Temp 21°c	W/F ### [illegible]						
Temp 26°c	W/F ### [illegible]						
Temp 25°c	W/F ### [illegible]						

I=Ice H=(HCl) S=(H2SO4) N=(HNO3) T=(Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[illegible]					
2						
3						
4						

Shipment Method: Sample Cond: Cooler #:
Quote #: VOA: RAD: CT:
Rel. #: VOA: TPH:

Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client:	US Water Services	**Report No.:**	T042950
Project Name:	Colonial Manor	**Date Sampled:**	3/24/04
Project Number:		**Date Received:**	3/24/04 14:50
PWS ID#:	6510355	**Date Reported:**	4/8/04
Attention:	Melisa Rottveel		
Phone Number:	7278488292		
Address:	4939 Cross Bayou Blvd.		
	New Port Richey, Fl 34652		

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: _____

Tammie Heslin, Project Manager

If you have any questions, the above named should be contacted.

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: 1
Site: 4933 Manor Dr.
Sample Number: T042950-01

Report No.: T042950
Date/Time Sampled: 3/24/04 12:15
Date/Time Received: 3/24/04 14:50

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Ortho-phosphate (as P)		mg/L	0.052	U	E365.1	0.052	3/26/04	11:29	E84589
	Total Alkalinity (as CaCO3		mg/L	170		SM2320B	5.0	4/1/04	9:30	E84589

U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: 1
Site: 4933 Manor Dr.
Sample Number: T042950-01

Report No.: T042950
Date/Time Sampled: 3/24/04 12:15
Date/Time Received: 3/24/04 14:50

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1925	pH	6.5-8.5	pH Units	7.8	Q	E150.1		3/25/04	10:10	E84589

Q Sample held beyond the acceptable hold time.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: 2
Site: 3619 Monticello
Sample Number: T042950-02

Report No.: T042950
Date/Time Sampled: 3/24/04 12:30
Date/Time Received: 3/24/04 14:50

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Miscellaneous Analytes

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
	Ortho-phosphate (as P)		mg/L	0.075		E365.1	0.052	3/26/04	11:29	E84589
	Total Alkalinity (as CaCO3		mg/L	170		SM2320B	5.0	4/1/04	9:30	E84589

U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: 2
Site: 3619 Monticello
Sample Number: T042950-02

Report No.: T042950
Date/Time Sampled: 3/24/04 12:30
Date/Time Received: 3/24/04 14:50

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1925	pH	6.5-8.5	pH Units	7.8	, Q	E150.1		3/25/04	10:10	E84589

Q Sample held beyond the acceptable hold time
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Colonial Manor PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: TO429S0-01-02 Location Code (if known): _____

Sample Date: _____ Sample Time: _____ AM PM (Circle One)

Sample Location (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

☐Distribution
☐Entry Point (to Distribution)
☐Plant Tap (not for compliance with 62-550)
☐Raw (at well or intake)
☐Max Residence Time
☐Ave Residence Time
☐Near First Customer

Reason(s) for Sample (Check all that apply)

☐Routine Compliance (with 62-550) ☐Quarterly (Which Quarter? _____)
☐Confirmation of MCL Exceedance* ☐Special (not for compliance with 62-550)
☐Composite of Multiple Sites** ☐Violation Resolution
☐Clearance (permitting) ☐Replacement (of Invalidated Sample)
☐Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title),

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

Signature: _____ Date: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa — Florida Certification #: E84589

Address: 9610 Princess Palm Avenue — Certification Expiration Date: 6/30/04

Tampa, Florida 33619 — phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): 6510355 — Date Sample(s) Received: 3/24/04 2:50:00 P

Lab Assigned Report Number or Job ID T042950 — Sample Number (From page 1) T042950-01-02

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
All 17	All 30	All 21	Triha
Partial	All Except Dioxin	Partial	Haloaceti
Nitrate	Partial	Radionuclides	Bromate
Nitrite	Dioxin Only	Single Samp	Chlorite
Asbestos Only		Qtrly Composite**	Secondaries
			All 14
			Partial

WQP

Were any analyses subcontracted? Yes ☑ No

If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin (Print Name), Project Manager,

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

Signature: [signature] **Date:** 4/8/04

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No — Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) — Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded; Detection(s); Incomplete Report; Missing Analyte Sheet(s); Location Unsatisfactory; Analysis Unsatisfactory; Other:

Person Notified: — Date Notified:

Comments

Date Reviewed: — DEP/DOH Reviewing Official:

Advanced
Environmental Laboratories, Inc.

❑ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
❑ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
❑ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER: T042950

CLIENT NAME: U.S. Water Services

PROJECT NAME: Colonial Manor

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: 727-848-8292 FAX:

CONTACT:

SAMPLED BY: Donna A. Tamuso

TURN AROUND TIME:

❑ STANDARD

❑ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW = waste water SW = surface water GW = ground water DW = drinking water OIL A = air SO = soil SL = sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: PH	Alkalinity	Ortho PHOS	LAB NUMBER
	4933 Manor Dr. Temp 22°C	G	3-24-04	1215	DW	1			✓	✓	✓	T042950-01
	3619 Monticello Temp 22°C	G	3-24-04	1230	DW	1			✓	✓	✓	" -02

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Relinquished by:	Date	Time	Received by:	Date	Time
1 D.A. Tamuso	3-24-04	1450		3/24/04	1450
2					
3					
4					

Shipment	Method	Sample Kit	Cooler #
Out: / /	Via: _____	RB _____	D/T _____
		AB _____	D/T _____
Ret: / /	Via: _____	Trip Bl. ❑	❑ Rec'd 3/24/04

REVISED
10/21/04

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: APRIL 2004

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & 1		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
4/30/21	KENNETH MARTIN	C - 13237

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

III. Daily Data for the Month/Year of: April-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	37,000											
2	x	24	56,000		1.44								0.77	
3		24	56,000											
4		24	56,000											
5	x	24	69,000		1.46								0.8	
6		24	69,000											
7	x	24	45,000		0.52								0.63	
8		24	46,000											
9	x	24	6,000		2.2								0.83	
10		24	6,000											
11		24	8,000											
12	x	0	-		2.2								0.75	
13		0	-											
14	x	24	20,000		2.2								0.85	
15	x	0	-		1.63								0.89	
16		0	-											
17		0	-											
18		0	-											
19	x	0	-		1.99								1.02	
20		0	-											
21	x	0	-		1.54								0.82	
22		0	-											
23	x	0	-		1.57								0.96	
24		0	-											
25		0	-											
26	x	24	13,750		1.58								1.01	
27		24	13,750											
28	x	24	13,750		1.03								0.8	
29		24	13,750											
30	x	24	38,000		1.98								0.95	
31														
Total			567,000											
Average			18,900											
Maximum			69,000											

REVISED
10/21/04

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: APRIL 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II		Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
4/30/04	KENNETH MARTIN	C - 13237

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

III. Daily Data for the Month/Year of: April-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2	x	0	-		0.2								0.77	
3		0	-											
4		0	-											
5	x	0	-		0.2								0.8	
6		0	-											
7	x	0	-		0.21								0.63	
8		0	-											
9	x	0	-		0.2								0.73	
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14	x	0	-		0.2								0.75	
15		0	-											
16	x	0	-		0.2								0.75	
17		0	-											
18		0	-											
19	x	0	-		0.2								0.77	
20		0	-											
21	x	0	-		0.22								0.82	
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26	x	0	-		0.25								0.81	
27		0	-											
28	x	0	-		0.21								0.8	
29		0	-											
30	x	0	-		0.96								0.96	
31														
Total			-											
Average			-											
Maximum			-											

REVISED
10/8/04

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: APRIL 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
4/30/04	KENNETH MARTIN	C - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: April-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	66,000											
2	x	24	63,000		1.3								0.78	
3		24	63,000											
4		24	63,000											
5	x	24	19,000		1.17								0.8	
6		24	18,000											
7	x	24	69,000		0.5								0.63	
8		24	69,000											
9	x	24	69,000		1.23								0.81	
10		24	69,000											
11		24	69,000											
12	x	24	32,700											
13		24	37,500											
14	x	24	152,000		0.59								0.32	
15	x	24	80,000		1.9								0.96	
16		24	80,000											
17		24	80,000											
18		24	82,000											
19	x	24	104,000		1.85								0.94	
20	x	24	104,000		1.7								1.63	
21	x	24	89,000		1.2								0.82	
22		24	89,000											
23	x	24	106,000		1.84								1.2	
24		24	106,000											
25		24	106,000											
26	x	24	109,000		1.95								1.03	
27		24	108,000											
28	x	24	65,000		1.83								0.8	
29		24	65,000											
30	x	24	65,000		1.72								0.94	
31														
Total			2,297,200											
Average			76,573											
Maximum			152,000											

REVISED
10/21/04

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: APRIL 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
1/30/01	KENNETH MARTIN	C - 13237

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

III. Daily Data for the Month/Year of: April-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	35,000											
2	x	24	27,000		1.38								0.77	
3		24	27,000											
4		24	27,000											
5	x	24	42,000		1.08								0.8	
6		24	41,000											
7	x	24	41,000		1.62								0.63	
8		24	42,000											
9	x	24	35,000		1.44								0.72	
10		24	35,000											
11		24	35,000											
12		24	35,000											
13		24	35,000											
14	x	24	38,000		0.7								0.5	
15		24	38,000											
16		24	38,000											
17		24	39,000											
18		24	39,000											
19		24	39,000											
20	x	24	39,000		2.14								1.63	
21	x	24	36,000		2.09								0.82	
22		24	36,000											
23	x	24	34,000		2.01								0.96	
24		24	33,000											
25		24	33,000											
26	x	24	49,000		2.2								1.12	
27		24	48,000											
28	x	24	37,000		1.88								0.8	
29		24	36,000											
30	x	24	28,000		1.64								0.97	
31														
Total			1,097,000											
Average			36,567											
Maximum			49,000											

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

REVISED 10/21/04

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
K. Martin 4/30/04	KENNETH MARTIN	C - 13237

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

III. Daily Data for the Month/Year of: April-04

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2	X	0	-										0.74	
3		0	-											
4	X	0	-										0.88	
5		0	-											
6	X	0	-										0.91	
7		0	-											
8		0	-											
9	X	0	-										0.83	
10		0	-											
11	X	0	-										0.79	
12		0	-											
13	X	0	-										0.81	
14		0	-											
15		0	-											
16	X	0	-										0.8	
17		0	-											
18	X	0	-										0.81	
19		0	-											
20	X	0	-										0.75	
21		0	-											
22		0	-											
23	X	0	-										0.69	
24		0	-											
25	X	0	-										0.72	
26		0	-											
27	X	0	-										0.66	
28		0	-											
29		0	-											
30		0	-											
31														
Total			-											
Average			-											
Maximum			-											

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: APRIL 2004

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I			Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey		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 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
4/30/04	KENNETH MARTIN	C - 13237

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

III. Daily Data for the Month/Year of: February-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	37,000											
2	x	24	56,000			1.44							0.77	
3		24	56,000											
4		24	56,000											
5	x	24	69,000			1.46							0.8	
6		24	69,000											
7	x	24	45,000			0.52							0.63	
8		24	46,000											
9	x	24	6,000			2.2							0.83	
10		24	6,000											
11		24	8,000											
12	x	0	-			2.2							0.75	
13		0	-											
14	x	24	20,000			2.2							0.85	
15	x	0	-			1.63							0.89	
16		0	-											
17		0	-											
18		0	-											
19	x	0	-			1.99							1.02	
20		0	-											
21	x	0	-			1.54							0.82	
22		0	-											
23	x	0	-			1.57							0.96	
24		0	-											
25		0	-											
26	x	24	13,750			1.58							1.01	
27		24	13,750											
28	x	24	13,750			1.03							0.8	
29		24	13,750											
30	x	24	38,000			1.98							0.95	
31		24												
Total			567,000											
Average			18,900											
Maximum			69,000											

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: APRIL 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
4/30/04	KENNETH MARTIN	C - 13237

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

III. Daily Data for the Month/Year of: April-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2	x	0	-		0.2								0.77	
3		0	-											
4		0	-											
5	x	0	-		0.2								0.8	
6		0	-											
7	x	0	-		0.21								0.63	
8		0	-											
9	x	0	-		0.2								0.73	
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14	x	0	-		0.2								0.75	
15		0	-											
16	x	0	-		0.2								0.75	
17		0	-											
18		0	-											
19	x	0	-		0.2								0.77	
20		0	-											
21	x	0	-		0.22								0.82	
22		0	-											
23		0	-											
24		0	-											
25		0	-											
26	x	0	-		0.25								0.81	
27		0	-											
28	x	0	-		0.21								0.8	
29		0	-											
30	x	0	-		0.96								0.96	
31		0	-											
Total			-											
Average			-											
Maximum			-											

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: APRIL 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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Signature and Date	Printed or Typed Name	License Number
4/30/04	KENNETH MARTIN	C - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: April-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	66,000											
2	x	24	63,000		1.3								0.78	
3		24	63,000											
4		24	63,000											
5	x	24	19,000		1.17								0.8	
6		24	18,000											
7	x	24	69,000		0.5								0.63	
8		24	69,000											
9	x	24	69,000		1.23								0.81	
10		24	69,000											
11		24	69,000											
12	x	24	32,700											
13		24	37,500											
14	x	24	152,000		0.59								0.82	
15	x	24	80,000		1.9								0.96	
16		24	80,000											
17		24	80,000											
18		24	82,000											
19	x	24	104,000		1.85								0.94	
20	x	24	104,000		1.7								1.63	
21	x	24	89,000		1.72								0.82	
22		24	89,000											
23	x	24	106,000		1.84								1.2	
24		24	106,000											
25		24	106,000											
26	x	24	109,000		1.95								1.03	
27		24	108,000											
28	x	24	65,000		1.83								0.8	
29		24	65,000											
30	x	24	65,000		1.72								0.94	
31		24												
Total			2,297,200											
Average			76,573											
Maximum			152,000											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: 04-04

Well # 1 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	55932	3700			~~54~~	~~30/70~~	TRC 6609		
2	56029	5600	1.44	.77	54	30/70			
3		5600							
4		5600							
5	57796	69000	1.46	.80	40	40/60			
6		69000				~~30/70~~			
7	59234	4500	.52	.63	52	30/70			
8		4600							
9	60225	10,000	2.20	.83	56	20/80			
10		~~16,000~~	~~3.20~~	~~.75~~	~~58~~				
11		8,000							
12	60237	0	2.10	.75	58	40/60	KmB13237		
13		0	~~2.20~~						
14	60271	20,000	2.20	.85	50	30/70	KmB13237		
15	60279	0	1.63	.89	50	10/90	KmB13237		
16		0							
17		0							
18		0							
19	60279	0	1.99	1.02	50	20/80	KmB13237		
20	60279	0							
21	60279	0	1.54	.82	46	30/70			
22	60279	0							
23	60279	0	1.57	.96	45	30/70	Km		
24		0							
25		0							
26	60279	13,750	1.58	1.01	45	30/70	Km		
27		13,750							
28	60279	13,750	1.03	.80	42	30/70			
29		13,750							
30	60841	28000	1.98	95	45	30/70	Km		
31									

5/1
MR = 6122

U.S. Water
Services Corporation

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: COLONIAL MANOR MONTH / YEAR: 04-04

Well # 2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	65417	0					TH C860		
2	65417	0	.20	.77	44	50/50			
3		0							
4		0							
5	65417	0	.20	.80	42	50/50			
6		0							
7	65417	0	.21	.63	40	40/60			
8		0							
9	65417	0	.20	.73	42	40/60			
10		0	~~.2~~	~~.75~~	~~42~~	~~40/60~~			
11		0							
12		0							
13		0							
14	65417	0	.20	.75	41	40/60	KM 13237		
15	65417								
16	65417	0	.20	.75	41	40/60	KM		
17									
18									
19	65417	0	.20	.77	42	40/60	KM 13237		
20		0							
21	65417	0	.22	.82	40	40/60			
22		0							
23		0	.20	.91	41	40/60	KM		
24		0							
25		0	.25	.87	42	40/60	KM		
26	65417	0	↓	↓	↓	↓	↓		
27		0							
28	65417	0	.21	.80	42	40/60			
29		0	.25	.96	42	40/60	KM		
30	65417	0	↓	↓	↓	↓	↓		
31									

5/1
MIR 65417

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: 04-04

Well # 3 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	146373	61000							
2	1616439	63000	1.30	.78	50	40/60			
3		68000							
4		63000							
5	1066729	19000	1.17	.54	40	50/50			
6		18000							
7	1084606	69000	.50	.63	50	50/50			
8		69000							
9	1016804		1.23	.81	54	40/60			
10									
11									
12	1097131	32700	1.26		50	<16/60			
13		37500							
14	1073812	157,000	.59	.82	50	40/60	KM 13277		
15	1074139	80,000	1.91	.96	55	50/50	KM B 13337		
16		80,000							
17		80,000							
18		82,000							
19	1077666	104000	1.85	.94	55	50/50	KM B 13737		
20		104000	1.70	1.03	48				
21	1079744	89,000	1.72	.82	46	50/50			
22		89,000							
23	108152	106,000	1.84	1.00	50	50/50	KM B 13237		
24		106,000							
25		106000	1.95	1.03	50	50/50	KM B 13237		
26	1084771	104000	↓	↓	↓	↓	↓		
27		68000							
28	1085185	65000	1.23	80	42	50/50			
29		65000							
30	1088118	65000	1.72	94	54	50/0			
31									

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: 04-04

Well # 4 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	68122	3500							
2	68157	2700	1.38	.77	50	44/60	TH CS6605		
3		2700							
4		2700							
5	68235	42000	1.08	.80	52	40/60	TH		
6		41000							
7	68321	41000	1.02	.63	52	30/70			
8		42000							
9	68904	35000	1.44	.72	51	40/60			
10		35000							
11		35000							
12		35000	~~.70~~	.					
13		35000							
14	68545	38000	.70	.50	50	50/50	12 pm 1533		
15		38000							
16		38000							
17		39000							
18		39000							
19		39000							
20		39000	2.14	1.63	50	40/60			
21	68815	36,000	2.09	.82	48	40/60			
22		66,000							
23	68897	34000	2.01	.96	48	40/60	1K mD 13327		
24		33,000							
25		33000							
26	68987	49000	2.00	1.12	48	40/60	Km B13300		
27		49000							
28	69077	37,000	1.88	.80	44	30/70			
29		36,000							
30	69150	38000	1.64	.97	44	30/70	Km B13357		
31									

611

Advanced
Environmental Laboratories, Inc.
9610 Princess Palm Avenue • Tampa, Florida 33619
(813) 630-9616 • FAX (813) 630-4327

FOR LAB USE ONLY

HRS #E84589
DATE/TIME RECEIVED: 3/11/04 1435
DATE/TIME ANALYZED: 3/11/04 1700
APPROVED BY:
CONTACT: NISSA MULNICK
TITLE: QUALITY ASSURANCE
(813) 630-9616

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Colonial Manor Utilities SYSTEM I.D. NO: 6511-0355 SYSTEM PHONE #: 727 848-8292
ADDRESS: _____ COUNTY: Pasco DISTRICT: _____
COLLECTOR: Thomas Hargis COLLECTOR PHONE #: 727 2435876
SAMPLE SITE (Locality or Subdivision): _____
DATE AND TIME COLLECTED: 3/10/04 1245-1320

TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____
(Check Box)
[ ] Distribution
[ ] Raw

[ ] Check here if payment made to county public health unit

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB					
				ANALYSIS METHOD:		MF	MTF	MMO-MUG	PA
COLL. NO.	SAMPLE POINT (Specific Address)	Cl RES'D	pH	NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER	
1	Raw #1	—	7.1		A			TO42457 01	
2	Raw #2	—	7.1		A				02
3	Raw #3	—	7.1		A				03
4	Raw #4	—	7.1		A				04
5	3509 Bedford Dr.	.53	7.1		A				05
6	3504 Cannon Dr.	.53	7.1		A				06

• Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

U.S. Water
U.S. WATER SERVICES CORP
4821 US HWY 19 STE 2
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8292

( )
(✓) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: Billy Cook
TITLE: ESI

Colonial Manor Utilities
Well Production

April 28, 2004

	Well 1	Well 2	Well 3	Well 4
June-03	1,239,000	936,000	1,585,000	0
July-03	577,000	685,000	1,913,000	496,000
August-03	1,067,296	360,000	1,971,000	584,000
September-03	807,000	0	1,678,000	725,000
October-03	1,749,000	0	991,000	807,000
November-03	1,020,000	1,000	1,744,000	793,000
December-03	955,000	1,000	1,731,000	775,000
January-04	994,000	39,000	1,864,000	866,000
February-04	212,500	0	2,248,250	701,500
March-04	1,179,800	0	1,887,000	976,060
TOTAL	9,800,596	2,022,000	17,612,250	6,723,560

Colonial Manor Utilities
Well Production

April 28, 2004

	Well 1	Well 2	Well 3	Well 4
October-03	1,749,000	0	991,000	807,000
November-03	1,020,000	1,000	1,744,000	793,000
December-03	955,000	1,000	1,731,000	775,000
January-04	994,000	39,000	1,864,000	866,000
February-04	212,500	0	2,248,250	701,500
March-04	1,179,800	0	1,887,000	976,060
TOTAL	6,110,300	41,000	10,465,250	4,918,560
Average	1,018,383	6,833	1,744,208	819,760

Colonial Manor Utilities
Well Production

April 28, 2004

	Well 1	Well 2	Well 3	Well 4
December-03	955,000	1,000	1,731,000	775,000
January-04	994,000	39,000	1,864,000	866,000
February-04	212,500	0	2,248,250	701,500
March-04	1,179,800	0	1,887,000	976,060
TOTAL	3,341,300	40,000	7,730,250	3,318,560
Average	835,325	10,000	1,932,563	829,640

Advanced
Environmental Laboratories, Inc.
9610 Princess Palm Avenue • Tampa, Florida 33619
(813) 630-9616 • FAX (813) 630-4327

FOR LAB USE ONLY

HRS #E84589
DATE/TIME RECEIVED: 04/05/04 B'ca.
DATE/TIME ANALYZED: 4/5 @1 1515
APPROVED BY: DMA
CONTACT: NISSA MULNICK
TITLE: QUALITY ASSURANCE
(813) 630-9616

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Colonial Manor Utilities SYSTEM I.D. NO: 6511-0355 SYSTEM PHONE #: 727-847-8292
ADDRESS: New Port Richey COUNTY: Pasco DISTRICT: SWD
COLLECTOR: Thomas Haign COLLECTOR PHONE #: 8488913
SAMPLE SITE (Locality or Subdivision): Colonial Manor utilities
DATE AND TIME COLLECTED: 4/4/04 1410 1430

TYPE OF SUPPLY(Circle one): (Community water system) Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Limited Use system

TYPE OF SAMPLE(Circle one): Compliance (Check Box) [X] Distribution [ ] Raw Repeat Replacement Main clearance Well survey Other _____

[ ] Check here if payment made to county public health uni

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB					
				ANALYSIS METHOD: (MF)		MTF		MMO-MUG	PA
COLL. NO.	SAMPLE POINT (Specific Address)	Cl RES'D	pH	NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER	
1	Raw - well #1	—	7.4		A			T043285	
2	Raw - well #2	—	7.4		A				
3	Raw - well #3	—	7.4		A				
4	Raw well #4	—	7.4		A				
5	3505 Linkwood Dr.	1.13	7.4		A				
6	3505 Hendrix Dr.	0.90	7.4		A				
		AVG 1.02							BB

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present C - Confluent growth TA - Turbid, Absence of gas or acid
A - Coliforms are absent TNTC - Too numerous to count

INVOICE ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

U.S.WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8292

( )
( ) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATIO
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: _____

TITLE: _____

Advanced
Environmental Laboratories, Inc.
9610 Princess Palm Avenue • Tampa, Florida 33619
(813) 630-9616 • FAX (813) 630-4327

FOR LAB USE ONLY

HRS #E84589
DATE/TIME RECEIVED: 04/05/04 8:00
DATE/TIME ANALYZED: 4-5-04 1515
APPROVED BY: DMW
CONTACT: NISSA MULNICK
TITLE: QUALITY ASSURANCE
(813) 630-9616

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Colonial Manor Utilities SYSTEM I.D. NO: 6510355 SYSTEM PHONE #: 727-849-8292
ADDRESS: New Port Richey COUNTY: Pasco DISTRICT: SWD
COLLECTOR: Thomas Hargis COLLECTOR PHONE #: 8488292
SAMPLE SITE (Locality or Subdivision): Colonial Manor Utilities
DATE AND TIME COLLECTED: 4/4/04 1410-1430
TYPE OF SUPPLY(Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Limited Use system
TYPE OF SAMPLE(Circle one): Compliance (Check Box) [ ] Distribution [ ] Raw Repeat Replacement Main clearance Well survey Other _____
[ ] Check here if payment made to county public health unit

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD: MF	MTF	MMO-MUG	PA	
COLL. NO.	SAMPLE POINT (Specific Address)	Cl RES'D	pH	NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL E. COLI	SAMPLE NUMBER
1	Raw - well #1	—	7.4		A			T043285-33
2	Raw - well #2	—	7.4		A			-34
3	Raw - well #3	—	7.4		A			-35
4	Raw well #4	—	7.4		A			-36
5	3505 Linkwood Dr.	1.13	7.4		A			-37
6	3505 Hendrix Dr.	0.90	7.4		A			-38
		AVG 1.02						-39

* Results in this column are presumptive. Total coliform and fecal coliform or E. coli confirmation will follow in 24-48 hours.

P - Coliforms are present
A - Coliforms are absent
C - Confluent growth
TNTC - Too numerous to count
TA - Turbid, Absence of gas or acid

INVOICE ADDRESS (if different than address below):

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8292

( )
(✓) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: Billy Ford

TITLE: _____

Advanced
Environmental Laboratories, Inc.

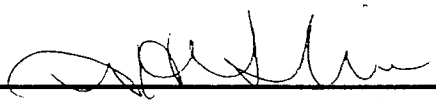
9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client:	US Water Services	**Report No.:**	T043287
Project Name:	Colonial Manor	**Date Sampled:**	4/4/04
Project Number:		**Date Received:**	4/5/04 13:00
PWS ID#:	6510355	**Date Reported:**	4/27/04
Attention:	Melisa Rottveel		
Phone Number:	7278488292		
Address:	4939 Cross Bayou Blvd.		
	New Port Richey, Fl 34652		

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: 

Tammie Heslin, Project Manager

If you have any questions, the above named should be contacted.

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

Total Number of Pages = 8

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #1
Site: WTP
Sample Number: T043287-01

Report No.: T043287
Date/Time Sampled: 4/4/04 14:10
Date/Time Received: 4/5/04 13:00

Sampled By: Tom Haigh
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**8.7**		SM4500CL-E	**1.3**	4/11/04	16:00	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**1.4**	U	E375.4	**1.4**	4/20/04	12:30	E84589
1930	**Total Dissolved Solids**	500	mg/L	**260**		E160.1	**10**	4/6/04	8:00	E84589

U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #2
Site: WTP
Sample Number: T043287-02

Report No.: T043287
Date/Time Sampled: 4/4/04 14:15
Date/Time Received: 4/5/04 13:00

Sampled By: Tom Haigh
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	9.8		SM4500CL-E	1.3	4/11/04	16:00	E84589
1055	Sulfate (as SO4)	250	mg/L	1.4	U	E375.4	1.4	4/20/04	12:30	E84589
1930	Total Dissolved Solids	500	mg/L	240		E160.1	10	4/6/04	8:00	E84589

U The compound was analyzed for but not detected
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #3
Site: WTP
Sample Number: T043287-03

Report No.: T043287
Date/Time Sampled: 4/4/04 14:20
Date/Time Received: 4/5/04 13:00

Sampled By: Tom Haigh
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**9.0**		SM4500CL-E	**1.3**	4/11/04	16:00	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**1.4**	U	E375.4	**1.4**	4/20/04	12:30	E84589
1930	**Total Dissolved Solids**	500	mg/L	**250**		E160.1	**10**	4/6/04	8:00	E84589

U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Well #4
Site: WTP
Sample Number: T043287-04

Report No.: T043287
Date/Time Sampled: 4/4/04 14:25
Date/Time Received: 4/5/04 13:00

Sampled By: Tom Haigh
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	9.7		SM4500CL-E	1.3	4/11/04	16:00	E84589
1055	Sulfate (as SO4)	250	mg/L	1.4	U	E375.4	1.4	4/20/04	12:30	E84589
1930	Total Dissolved Solids	500	mg/L	240		E160.1	10	4/6/04	8:00	E84589

U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Colonial Manor PWS I.D. #: 6 5 1 0 3 5 5

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): 1043287-01-04

Sample Date: _____ Sample Time: _____ AM PM (Circle One)

Sample Location (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

☐Distribution
☐Entry Point (to Distribution)
☐Plant Tap (not for compliance with 62-550)
☐Raw (at well or intake)
☐Max Residence Time
☐Ave Residence Time
☐Near First Customer

Reason(s) for Sample (Check all that apply)

☐Routine Compliance (with 62-550)
☐Confirmation of MCL Exceedance*
☐Composite of Multiple Sites**
☐Clearance (permitting)
☐Other: _____

☐Quarterly (Which Quarter? _____)
☐Special (not for compliance with 62-550)
☐Violation Resolution
☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title),

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

Signature: _____ Date: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Florida Certification #: E84589

Address: 9610 Princess Palm Avenue
Certification Expiration Date: 6/30/04

Tampa, Florida 33619
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): 6510355
Date Sample(s) Received: 4/5/04 1:00:00 PM

Lab Assigned Report Number or Job ID T043287
Sample Number (From page 1) T043287-01-04

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
All 17	All 30	All 21	Triha
Partial	All Except Dioxin	Partial	Haloaceti
Nitrate	Partial	Radionuclides	Bromate
Nitrite	Dioxin Only	Single Samp	Chlorite
Asbestos Only		Qtrly Composite**	Secondaries
			All 14
			Partial

Were any analyses subcontracted? Yes No

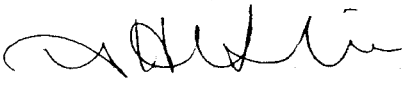
If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin (Print Name), Project Manager,

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

Signature:  Date: 4/27/04

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates .locations for each quarter.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No
Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above)
Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded; Detection(s); Incomplete Report; Missing Analyte Sheet(s); Location Unsatisfactory; Analysis Unsatisfactory; Other:

Person Notified: Date Notified:

Comments

Date Reviewed: DEP/DOH Reviewing Official:

Environmental Laboratories, Inc.
❑ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
❑ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
❑ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

LAB NUMBER: 107528

CLIENT NAME: US WATER

PROJECT NAME: COLONIAL MANOR

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: FAX:

CONTACT:

SAMPLED BY: Tom Haigh

TURN AROUND TIME:

~~❑ STANDARD~~

❑ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

MONTHLY WATER Samples

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	LAB NUMBER
07	Well #1	✓	4/4/04	1440	DW	1			✓	T04.3287-01
08	" ~~#~~ 2	✓	"	1415	DW	1			✓	-02
09	" ~~#~~ 3	✓	"	1420	DW	1			✓	-03
10	" ~~#~~ 4	✓	"	1425	DW	1			✓	-04

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #		Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via: _____	RB _____	D/T 04/01	1		4/5/04	13:30			
Ret: / /	Via: _____	AB _____	D/T _____	2						
04/05 BK		Trip Bl. ❑	❑	3						
				4						

Received on ice: ✓ yes ❑ no QC ❑ sent ✓ received

revised 8/01

Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

FILE

Client:	US Water Services	**Report No.:**	T044096
Project Name:	Colonial Manor	**Date Sampled:**	4/26/04
Project Number:		**Date Received:**	4/26/04 16:50
PWS ID#:	6510355	**Date Reported:**	5/17/04
Attention:	Melisa Rottveel		
Phone Number:	7278488292		
Address:	4939 Cross Bayou Blvd.		
	New Port Richey, Fl 34652		

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: _____

Tammie Heslin, Project Manager

If you have any questions, the above named should be contacted.

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

Total Number of Pages = 6

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: 1
Site: 3505 Linkwood
Sample Number: T044096-01

Report No.: T044096
Date/Time Sampled: 4/26/04 12:40
Date/Time Received: 4/26/04 16:50

Sampled By: Donna Altamuro
Shipping Method: Client drop off

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform		ug/L	1.1	I	E502.2	0.31	5/6/04	12:06	E82574
2942	Bromoform		ug/L	7.0		E502.2	0.36	5/6/04	12:06	E82574
2943	Bromodichloromethane		ug/L	3.2		E502.2	0.38	5/6/04	12:06	E82574
2944	Dibromochloromethane		ug/L	6.4		E502.2	0.28	5/6/04	12:06	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Colonial Manor PWS I.D. #: 6 5 1 0 3 5 5

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

Address: Colonial Manor Utilities Inc
P.O Box 398

City: New Port Richey State: FL ZIP Code: 34652

Phone #: 727-848-8292 Fax #:

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: I044096-01 Location Code (if known):

Sample Date: 4-26-04 Sample Time: 1240 AM (PM) (Circle One)

Sample Location (be specific): 3505 Linkwood

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- ☑ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☐ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Quarter? _____)
- ☑ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Donna A Tamuro

Sampler's Phone #: 727-848-8292 Sampler's Fax #:

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Donna A Tamuro (Print Name), Operations Service Tech (Print Title)

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

Signature: Donna A Tamuro Date: 4-26-04

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa — Florida Certification #: E84589

Address: 9610 Princess Palm Avenue — Certification Expiration Date: 6/30/04

Tampa, Florida 33619 — phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): 6510355 — Date Sample(s) Received: 4/26/04 4:50:00 P

Lab Assigned Report Number or Job ID T044096 — Sample Number (From page 1) T044096-01

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☑ Triha
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloaceti
Nitrate	Partial	Radionuclides	☐ Bromate
Nitrite	Dioxin Only	☐ Single Samp	☐ Chlorite
Asbestos Only		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☑ Yes ☐ No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin (Print Name), Project Manager,

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

Signature: [signature] **Date:** 5/7/04

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No — Sample Analysis Info Satisfactory: ☐ Yes ☐ No

Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
Other:

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ *DEP/DOH Reviewing Official:* _____

Chain-of-Custody for AEL Tampa to AEL Jax

AEL Tampa
5810-D Breckinridge Parkway
Tampa, FL 33610
813-630-9616 Fax 813-630-4327
Contact Person: Michael Cammarata

AEL Jax
6601 Southpoint Parkway
Jacksonville, FL 32216
904-363-9350 Fax 904-363-9354
Contact Person: Sean Hyde

Project #: T044096
CustomerName: US Water Services
Collector: Donna Altamuro

☐ **Check if Rush**

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
T044096-01	1	THMs (DW)	Drinking Water	4/26/2004	12:40	4/26/04 16:50	**5/10/2004**		40mL VOC vial

Tampa Relinquisher: _____ **Shipping Receiver:** _____ **Date/Time:** 4/27/04 1600

Shipping Relinquisher: _____ **Jacksonville Receiver:** _____ **Date/Time:** 4/28/04 0800

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 32606 • (352) 367-1500 Fax (352) 367-0050

CLIENT NAME: U.S. Water

PROJECT NAME: Colonial Manor

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: ~~727~~ FAX:

CONTACT: 727-848-8292

SAMPLED BY: D. A. Stamuro

TURN AROUND TIME:
❑ STANDARD
❑ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	LAB NUMBER
	3505 Linkwood	G	4-26-04	1240	DW	3	1 liter	THM ✓	T044096-01

Preserv

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	D. A. Stamuro	4-26-04	1650		4/26/04	1650
2						
3						
4						

Shipment Out: / / Via: / / Ret: / / Via: / /
Method: 4/26/04
Sample Kit: RB: D/I AB: D/I Trip B:
Cooler #: FED-04

Received on ice: ☒ yes ❑ no ❑ sent ☒ received

revised 8/01

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 2004

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
6-3-04	KENNETH MARTIN	C - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W1

III. Daily Data for the Month/Year of: May-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	39,000											
2		24	38,000											
3	x	24	31,000		1.76								1.16	
4		24	30,000											
5	x	24	25,000		0.92								0.58	
6		24	25,000											
7	x	24	42,600		1.22								0.78	
8		24	42,600											
9		24	42,600											
10	x	24	41,000		1.25								0.9	
11		24	41,000											
12	x	24	32,000		1.61								0.59	
13		24	31,000											
14	x	24	38,000		1.72								0.86	
15		24	37,000											
16		24	37,000											
17	x	24	24,000		1.5								1.07	
18		24	24,000											
19	x	24	25,000		1.21								0.81	
20		24	24,000											
21	x	24	48,000		1.32								1.01	
22		24	41,000											
23		24	46,000											
24	x	24	23,000		1.72								0.99	
25		24	23,000											
26	x	24	28,000		0.82								0.7	
27		24	28,000											
28	x	24	10,000		1.03								0.99	
29		24	10,000											
30		24	10,000											
31	x	24	26,000		1.15								0.74	
			962,800											
Average			31,058											
Maximum			48,000											

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
6-3-04	KENNETH MARTIN	C - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W2

III. Daily Data for the Month/Year of: May-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant In Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2		0	-											
3	x	0	-		0.27								0.91	
4		0	-											
5	x	0	-		0.2								0.58	
6		0	-											
7	x	0	-		0.27								0.6	
8		0	-											
9		0	-											
10	x	0	-		0.25								0.62	
11		0	-											
12	x	0	-		0.22								0.59	
13		0	-											
14	x	0	-		0.27								0.63	
15		0	-											
16		0	-											
17	x	0	-		0.3								0.74	
18		0	-											
19	x	0	-		0.24								0.81	
20		0	-											
21	x	0	-		0.36								0.74	
22		0	-											
23		0	-											
24	x	0	-		0.37								0.86	
25		0	-											
26	x	0	-		0.28								0.7	
27		0	-											
28	x	0	-		0.3								0.76	
29		0	-											
30		0	-											
31	x	0	-		0.39								0.54	
Total			-											
Average			-											
Maximum			-											

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III			Plant Telephone Number: 727-848-8292
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: May-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	69,000											
2		24	69,000											
3	x	24	69,000		1.31								1.18	
4		24	68,000											
5	x	24	63,000		0.88									
6		24	62,000										0.58	
7	x	24	79,000		1.81									
8		24	70,000										1.01	
9		24	70,000											
10	x	24	104,000		1.5								0.97	
11		24	104,000											
12	x	24	73,000		0.82								0.59	
13		24	44,000											
14	x	24	43,000		1.1								0.69	
15		24	122,000											
16		24	132,000											
17	x	24	55,000		1.3								0.86	
18		24	54,000											
19	x	24	52,000		0.52								0.81	
20		24	52,000											
21	x	24	62,000		0.96								0.54	
22		24	62,000											
23		24	62,000											
24	x	24	71,000		0.43								0.74	
25		24	70,000											
26	x	24	77,000		0.57								0.7	
27		24	77,000											
28	x	24	71,000		0.58								0.72	
29		24	70,000											
30		24	70,000											
31	x	24	81,000		0.96								0.72	
Total			2,227,000											
Average			71,839											
Maximum			132,000											

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
6-3-04	KENNETH MARTIN	C - 13237

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

III. Daily Data for the Month/Year of: May-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	28,000											
2		24	27,400											
3	x	24	37,000		1.71								1.01	
4		24	37,000											
5	x	24	38,000		0.85								0.58	
6		24	37,000											
7	x	24	35,000		1.51								1.22	
8		24	35,000											
9		24	35,000											
10	x	24	38,000		1.42								0.97	
11		24	37,000											
12	x	24	33,000		1								0.59	
13		24	32,000											
14	x	24	34,000		1.1								0.72	
15		24	34,000											
16		24	34,000											
17	x	24	40,000		1.82								1.03	
18		24	39,000											
19	x	24	44,000		1.65								0.81	
20		24	44,000											
21	x	24	39,000		1.5								0.9	
22		24	39,000											
23		24	39,000											
24	x	24	48,000		1.42								0.84	
25		24	47,000											
26	x	24	44,000		1.72								0.7	
27		24	44,000											
28	x	24	36,600		1.64								0.96	
29		24	36,600											
30		24	36,600											
31	x	24	48,000		1.7								1.02	
Total			1,176,200											
Average			37,942											
Maximum			48,000											

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 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Printed or Typed Name	License Number
6-304	KENNETH MARTIN	C - 13237

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

III. Daily Data for the Month/Year of: May-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											
2	x	0	-										0.74	
3		0	-											
4	x	0	-										0.88	
5		0	-											
6	x	0	-										0.91	
7		0	-											
8		0	-											
9	x	0	-										0.83	
10		0	-											
11	x	0	-										0.79	
12		0	-											
13	x	0	-										0.81	
14		0	-											
15		0	-											
16	x	0	-										0.8	
17		0	-											
18	x	0	-										0.81	
19		0	-											
20	x	0	-										0.75	
21		0	-											
22		0	-											
23	x	0	-										0.69	
24		0	-											
25	x	0	-										0.72	
26		0	-											
27	x	0	-										0.66	
28		0	-											
29		0	-											
30		0	-											
31		0	-											
Total			-											
Average			-											
Maximum			-											

U.S. Water

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
/ Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: 05/04

Well # 1 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	6122	39000							
2		38000							
3	6199	37000	1.76	1.16	45	30/70	1455 1505 KmB13237		
4		36000							
5	6260	35,000	.92	.58	52	20/80			
6		25,000							
7	6310	42,600	1.22	.78	52	20/80	1155 1145 KmB13237		
8		42,600					1255 1145 KmB13237		
9		42,600							
10	6438	41000	125	.90	52	20/80	1305 1310 KmB 13237	Initial Required Samples	
11		41000							
12	6520	38000	1.61	.59	36	40/60			
13		31000							
14	6583	28,000	172	.86	45	40/60	KmB13237		
15		37,000							
16		37,000							
17	6695	24000	1.50	1.07	45	40/60	KmB13237		
18		24000							
19	6743	25,000	1.31	.81	42	40/60			
20		24,000							
21	6792	48,000	132	1.01	45	40/60	KmB1322		
22		47,000							
23		46,000							
24	6882	23000	172	99	45	40/60	KmB1322		Cleaned Eq Pond
25		23000							
26	6928	28,000	.82	.70	50	40/60			
27		28,000							
28	6984	10,000	1.03	.99	50	40/60	KmB1322		
29		10,000							
30		10,000							
31	7109	21,000	1.15	74	50	40/60	KmB1322		

U.S. Water

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: 05/04

Well # 2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	65417	0	.						
2	65417	0							
3	65417		.27	.91	42	40/60	1345 KM B13233		
4		Ø					1445		
5	65417	Ø	.30	.55	42	40/60			
6		Ø							
7	65417	0	.27	.60	42	40/60	1330 1400 KM B13237		
8		0							
9		0							
10	65417	0	.25	.69	42	40/60	1380-1340 KM B13237		
11		0							
12	65417	0	.22	.59	44	40/60			
13		0							
14	65417	0	27	.63	41	40/60			
15		0							
16		0							
17	65417	0	.30	.74	45	40/60	1420 1430 KM B13287		
18		0							
19	65417	0	.24	.81	42	40/60			
20		0							
21	65417	Ø	.36	.74	45	40/60	KM		
22		Ø							
23		Ø							
24	65417	0	.37	86	45	40/60	KM		
25		0							
26	65417	Ø	.28	.70	44	40/60			
27		Ø							
28	65417	Ø	.30	.75	44	40/60	KM		
29		Ø							
30		Ø							
31	65417	0	.39	.66	44	40/60			

U.S. Water

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652.
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: 05/04

Well # 3 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	108887	69000							
2		69000							
3	109025	69000	1.31	1.18	42	50/50	BW35 1145 Km B13237		
4		68000							
5	109162	63,000	.88	.58	44	50/50			
6		62,000							
7	109287	90,000	1.21	1.01	45	50/50	1205 1215 Km B13237		
8		90,000							
9	109495	70,000							
10	109587	100000	1.50	.97	45	50/50	Km B13237		
11		104000							
12	109705	33000	.82	.59	50	50/50			
13	25	84000							
14	109792	43,000	.110	.69	50	50/50	Km B13237		
15		132,000							
16		132,000							
17	110056	55000	1.30	.86	50	50/50	Km B13237		
18		54000							
19	110165	52,000	.52	.81	38	50/50			
20		52,000							
21	110269	62,000	.96	.54	48	50/50	Km B13237		
22		62,000							
23		62,000							
24	110455	71000	1.43	.74	45	40/60	Km B13237		Cleaned Evap Pond
25		70000							
26	110596	77,000	.57	.70	50	40/60			Replaced Stainless Tube
27		77,000							↓ 5128 ↓
28	110750	71,000	.58	.72	45	50/50	Km B13237		
29		70,000							
30		70,000	.56	.72	45	50/50	Km		
31	110941	81000							

U.S. Water

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: 05/04

Well # 4 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	69178	28,000							
2		27,400	~~1.71~~	~~1.01~~	~~44~~	~~2~~			
3	69233	37000	1.71	1.01	44	30/70	1420-1430 KM B13237		
4		37000							
5	69307	38,000	.85	.58	46	40/60			
6		37,000							
7	69377	35,000	1.51	1.22	50	40/60	KM B13237		
8		35,000							
9		35,000							
10	69482	38000	1.12	97	50	40/60	KM B13237		
11		37000							
12	69557	33,000	1.00	.59	52	30/70			
13		32,000							
14	69682	34,000	1.10	72	52	30/70	KM B13237		
15		34,000							
16		34,000							
17	69724	40000	1.82	1.03	52	40/60	KM B13237		
18		39000							
19	69803	44,000	1.65	.81	50	30/70			
20		44,000							
21	69891	39,000	1.50	.90	50	40/60	KM B13237		Rain comp 30 min w
22		39000							
23		39,000							
24	70009	48000	1.92	84	50	40/60	KM B13237		Attempt to clean [illegible] Log Down
25		47000							
26	70103	44,000	1.72	.70	50	30/70			Valve is Frozen
27		44,000							
28	70191	36,600	1.64	.96	50	40/60	KM B13237		
29		36,600							
30		36,600							
31	70304	[illegible]	1.74	[illegible]	[illegible]	40/60	[illegible]		

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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 • 111.111.1111 • Fax 111.111.1111 • E53076

Report Number: TO44636 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left. PM

Lab Receipt Date & Time: 5/10/04 17:30
Analysis Date & Time: 5-11-04 1210

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☑ 10 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: COLONIAL MANOR WATER SYSTEM PWS I.D. 6 5 1 0 3 5 5

System Address: 4939 CROSS BAYOU BLVD City: NEW PORT RICHEY
System or Owner's Phone #: 727-848-8292 Fax #: _____
Collector: KENNETH MARTIN B13237 Collector's Phone # 866-753-8292

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: 5-10-04

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
	RAW WELL I - CANNON DRIVE	1:22 PM	R	0.0	7.7
	RAW WELL II - CANTREL ST.	1:12 PM	R	0.0	7.6
	RAW WELL III - HENDRIX ST.	1:30 PM	R	0.0	7.6
	RAW WELL IV - LINKWOOD LANE	1:35 PM	R	0.0	7.7
	DIST#1 3609 BLATTON DR	1:15 PM	D	.75	7.8
	DIST#2 3709 COLONIAL HILLS DR	1:25 PM	D	1.03	7.7

To be completed by lab

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			TO44636-0
	A			02
	A			03
	A			04
	A			05
	A			06

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
Person performing analysis is:
☒ A certified operator (# B13237) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

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

Lab Signature: _____
Title: P.M.

Name and Mailing Address of Person to Receive Report

U.S. Water Services
4939 Cross Bayou Blvd
New Port Richey, FL 34652
Ph: 727-848-8292 Fx: 727-848-7701

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

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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 • 111.111.1111 • Fax 111.111.1111 • E53076

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 5/10/04 17:30

Analysis Date & Time: 5-11-04 1210

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☑ 0 °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: T044636 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

FILE

System Name: COLONIAL MANOR WATER SYSTEM **PWS I.D.** 6 5 1 0 3 5 5

System Address: 4939 CROSS BAYOU BLVD City: NEW PORT RICHEY

System or Owner's Phone #: 727-848-8292 Fax #: _____

Collector: KENNETH MARTIN B13237 Collector's Phone # 866-753-8292

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: 5-10-04

Total Coliform Analysis Method: MF

Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	RAW WELL I - CANNON DRIVE	1:22 PM	R	0.0	7.7		A			T044636-C
	RAW WELL II - CANTREL ST.	1:12 PM	R	0.0	7.6		A			01
	RAW WELL III - HENDRIX ST.	1:30 PM	R	0.0	7.6		A			03
	RAW WELL IV - LINKWOOD LANE	1:31 PM	R	0.0	7.7		A			04
	DIST#1 3609 BLATTON DR	1:15 PM	D	.75	7.8		A			05
	DIST#2 3709 COLONIAL HILLS DR	1:21 PM	D	1.03	7.7		A			06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.89

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☒ A certified operator (# B13237) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: P.M.

Name and Mailing Address of Person to Receive Report

U.S. Water Services
4939 Cross Bayou Blvd
New Port Richey, FL 34652
Ph: 727-848-8292 Fx: 727-848-7701

DEP/DOH USE ONLY

☑ Satisfactory
☐ Incomplete Collection Information Please enter raw(
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

CHAIN OF CUSTODY RECORD

Advanced Environmental Laboratories, Inc.
- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

LAB NUMBER:

Page _____ of _____

CLIENT NAME: **U.S. Water Services**

ADDRESS: **4939 Cross Bayou Blvd, New Port Richey, FL 34652**
Ph: 727-848-8292 Fx: 727-848-7701

PHONE: FAX:

CONTACT:

PROJECT NAME: COLONIAL MANOR WATER SYSTEM

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: NEW PORT RICHEY

SAMPLED BY: KEN MARTIN B13237

TURN AROUND TIME:
- [X] STANDARD
- [ ] RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE	100ml	16oz	16oz	16oz				LAB NUMBER
							ANALYSIS REQUIRED	BACT	CHLORIDE	TDS	SULFATE				
							Preserv	ICE	ICE	ICE	ICE				
	RAW WELL 1	G	5/10/04	1:22 PM	DW	2		X	X	X	X				
	RAW WELL 2	G	5/10/04	1:12 PM	DW	2		X	X	X	X			1	
	RAW WELL 3	G	5/10/04	1:30 PM	DW	2		X	X	X	X				
	RAW WELL 4	G	5/10/04	1:35 PM	DW	2		X	X	X	X				
	DIST 1	G	5/10/04	1:15 PM	DW	2		X							
	DIST 2	G	5/10/04	1:25 PM	DW	1		X							

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[signature]	5/10/04	1730	Patricia Norman	5/11/04	17:30
2						
3						
4						

Received on Ice? Yes ☐ No ☐ COC ☐ Labels ☐

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ❑ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER:

CLIENT NAME: U.S. Water Services

PROJECT NAME: Colonial Manor

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: 727-848-8292 FAX:

CONTACT:

SAMPLED BY: Donna Altamuro

TURN AROUND TIME:

❑ STANDARD

❑ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE

ANALYSIS REQUIRED: $NaNO_3$

LAB NUMBER

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 / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.		
	WTP #1 POE	G	5-26-04	12:10	DW	1	✓	
	WTP #2 POE	G	5-26-04	12:00	DW	1	✓	
	WTP #3 POE	G	5-26-04	11:45	DW	1	✓	
	WTP #4 POE	G	5-26-04	11:30	DW	1	✓	

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	D Altamuro	5-26-04	565	Federal Express	5/27	1425
2						
3						
4						

REVISED
10/8/04

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: JUNE 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Glen Brough	C	8407	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	John George	C	8267	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
7/1/04	KENNETH MARTIN	C - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W5

III. Daily Data for the Month/Year of: June-04

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											
2	x	0	-										0.74	
3		0	-											
4	x	0	-										0.88	
5		0	-											
6	x	0	-										0.91	
7		0	-											
8		0	-											
9	x	0	-										0.83	
10		0	-											
11	x	0	-										0.79	
12		0	-											
13	x	0	-										0.81	
14		0	-											
15		0	-											
16	x	0	-										0.8	
17		0	-											
18	x	0	-										0.81	
19		0	-											
20	x	0	-										0.75	
21		0	-											
22		0	-											
23	x	0	-										0.69	
24		0	-											
25	x	0	-										0.72	
26		0	-											
27	x	0	-										0.66	
28		0	-											
29		0	-											
30		0	-											
31														
Total			-											
Average			-											
Maximum			-											

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: JUNE 2004

A. Public Water System (PWS) Information

PWS Name: **COLONIAL MANOR WATER SYSTEM**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I			Plant Telephone Number: 727-848-8292
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Glen Brough	C	8407	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	John George	C	8267	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	C - 13237
	Printed or Typed Name	License Number

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

III. Daily Data for the Month/Year of: June-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	26,000											
2	x	24	25,000		1.32								0.66	
3		24	24,000											
4	x	24	29,000		1.45								0.99	
5		24	27,000											
6		24	27,000											
7	x	24	22,000		1.42								1.01	
8		24	25,000											
9	x	24	20,000		1.28								0.83	
10		24	19,000											
11	x	24	26,000		1.17								0.96	
12		24	27,000											
13		24	27,000											
14	x	24	16,000		1.22								1.01	
15		24	16,000											
16	x	24	26,000		0.89								0.66	
17		24	26,000											
18	x	24	29,000		1.25								0.88	
19		24	28,000											
20		24	28,000											
21	x	24	33,000		0.81								0.54	
22		24	32,000											
23	x	24	37,000		1.02								0.63	
24		24	37,000											
25		24	37,000											
26	x	24	36,000		0.99								0.62	
27		24	36,000											
28	x	24	32,000		0.8								0.61	
29		24	32,000											
30	x	24	9,000		0.94								0.54	
31														
Total			814,000											
Average			27,133											
Maximum			37,000											

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: JUNE 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey		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 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Glen Brough	C	8407	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
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	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

II. Certification by Lead/Chief Operator

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

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W2

III. Daily Data for the Month/Year of: June-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2	x	0	-	0.2									0.66	
3		0	-											
4	x	0	-	0.32									0.45	
5		0	-											
6		0	-											
7	x	0	-	0.32									0.45	
8		0	-											
9	x	0	-	0.24									0.83	
10		0	-											
11		0	-											
12		0	-											
13		0	-											
14	x	0	-	0.27									0.65	
15		0	-											
16	x	0	-	0.24									0.66	
17		0	-											
18	x	0	-	0.27									0.39	
19		0	-											
20		0	-											
21	x	0	-										0.54	
22		0	-											
23	x	0	-										0.63	
24		0	-											
25		0	-											
26	x	0	-										0.62	
27		0	-											
28	x	0	-										0.61	
29		0	-											
30	x												0.54	
31														
Total			-											
Average			-											
Maximum			-											

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: JUNE 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**		PWS Identification Number: 6510355
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: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator	
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Glen Brough	C	8407	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	John George	C	8267	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	C - 13237 License Number

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: June-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	81,000											
2	x	24	79,000		0.75								0.66	
3	x	24	78,000		0.96								0.54	
4		24	70,000											
5		24	70,000											
6		24	70,000											
7	x	24	61,000		1.02								0.76	
8		24	61,000											
9	x	24	52,500		0.94								0.83	
10		24	52,500											
11	x	24	52,500		0.84								0.72	
12		24	52,600											
13		24	52,600											
14	x	24	50,000		1.03								0.66	
15		24	50,000											
16	x	24	57,000		0.74								0.66	
17		24	57,000											
18	x	24	58,000		1.05								0.73	
19		24	59,000											
20		24	59,000											
21	x	24	55,000		0.68								0.54	
22		24	55,000											
23	x	24	61,000		1.06								0.63	
24		24	61,000											
25		24	61,000											
26	x	24	59,000		1.01								0.54	
27		24	58,000											
28	x	24	49,000		0.86								0.61	
29		24	50,000											
30	x	24	51,000		0.63								0.54	
31														
Total			1,782,700											
Average			59,423											
Maximum			81,000											

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: JUNE 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV		Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Glen Brough	C	8407	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	John George	C	8267	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	C - 13237 License Number

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

III. Daily Data for the Month/Year of: June-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	49,000											
2	x	24	44,000		0.5								0.66	
3		24	44,000											
4	x	24	39,000		1.85								0.99	
5		24	39,000											
6		24	40,000											
7	x	24	36,000		1.8								1.01	
8		24	35,000											
9	x	24	36,000		1.42								0.83	
10		24	36,000											
11	x	24	26,000		1.76								1.01	
12		24	26,000											
13		24	26,000											
14	x	24	36,000		1.66								0.94	
15		24	37,000											
16	x	24	37,000		1.11								0.66	
17		24	37,000											
18	x	24	30,000		1.17								0.78	
19		24	31,000											
20		24	31,000											
21	x	24	31,000		1.03								0.54	
22		24	30,000											
23	x	24	29,000		1.18								0.63	
24		24	29,000											
25		24	29,000											
26	x	24	28,000		1.21								0.72	
27		24	28,000											
28	x	24	36,000		0.85								0.61	
29		24	35,000											
30	x	24	31,000		0.58								0.54	
31														
Total			1,021,000											
Average			34,033											
Maximum			49,000											

Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: June 04

Well # 1 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		26000							
2	71161	25,000	1.32	.66	46	40/60			
3		24,000							
4	7210	25,000	1.45	.99	46	50/50	KmBJW		Chemical In, PM
5		27,000							
6		27,000							Pulled Sample
7	7293	22000	1.42	1.01	46	50/50	KmBJW25116507700		Rutter
8		21000							
9	73356	20000	1.28	.83	42	60/50			
10		19000							
11	7375	24000	1.17	.96	45	40/60	KmBJW		
12		27000							
13		27000							
14	7455	16000	1.22	1.01	48	40/60	KmBJW		
15		16000							
16	7487	26,000	.89	.66	52	50/50			
17		26,000							
18	7539	29000	1.25	.88	52	50/50	KmBJW		
19		28000							
20		28000							
21	7624	33000	.81	.54	46	40/40			
22		32000							
23	7689	37,000	1.02	.63	46	50/50			
24		27,000							
25		37,000	~~.99~~	~~.62~~	46	~~50/50~~	~~KmBJW~~		
26	7800	31000	.99	62	46	50/50	KmBJW		
27		30000							
28	7872	32000	.80	.61	48	40/60			
29		32000							
30	7936	9000	.94	.51	44	40/60			
31	7945								

Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: June 04

Well # 2 System PWS Id Number: 6510355

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		0							
2	65417	0	.20	.66	0				
3		0							
4	65417	0	.32	.45	54	40/60	KMB 1325 1560-1740		
5		0							
6		0							
7	65417	0	.32	45	54	40/60	KMB 1325		
8		0							
9	65418	0	.24	.83	0				
10		0							
11		0							
12		0							
13		0							
14	65418	0	.27	.65	0	60/60	KMB 1325		
15		0							
16	65418	0	.24	.66	0				
17		0			0		"		
18	65418	0	.27	.39	0		KMB 1325		
19		0							
20		0							
21	65418	0	/	.55	0				
22		0							
23	65418	0	/	.63					
24		0							
25		0							
26	65418	0		.62	0		KMB 1325		
27		0							
28	65418	0	/	.61	0				
29		0							
30	65418	0	/	.55	0				
31	65418								

U.S. Water Services Corporation
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: June 04

Well # 3 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Tune in / Time Out License Number / Initials	Sampling Performed	Remarks
1		8,000							
2	111123	79,000	.75	[illegible]	42	40/60	[illegible]		
3		78,000	.96	.54	42	40/60	KM		
4	111280	70,000							
5		70,000							
6		70,000							
7	111490	61,000	1.02	.76	42	40/60	KM B13237 1615-1630		Cleaned inj. Point
8		61000							
9	111612	52,500	.94	.83	42	30/70	[illegible]		
10		52500							
11	111717	52,600	.84	.72	45	30/70	KM B1327		
12		52606							
13		52,600							
14	111875	50,000	1.03	.66	45	30/70	[illegible]		
15		50,000							
16	111975	51,000	.74	.600	52	30/70			
17		51,000							
18	112089	58,000	1.05	.73	52	30/70	KM B1327		
19		59000							
20		59000							
21	112265	55000	.88	.54	40	30/70			
22		55000							
23	112375	61,000	1.06	.63	38	30/70			
24		61,000							
25		61,000							
26	112558	59000	1.01	.54	44	30/70	KM B1327		Cleaned Inj. Point
27		58000							
28	112675	49000	.86	.61	42	30/70			
29		50000							
30	112774	51000	1.03	.54	40	30/70			
1/2	112825								

U.S. Water Services Corporation
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: June 04

Well # 4 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		49000							
2	70398	24,000	.50	.66	48	30/0	KM 1315-1330		cleaning pt
3		49,000							
4	70486	39,000	1.85	.99	48	50/50	Km B13237-1500 1510		
5		39,000							
6		40,000							
7	70604	36,000	1.80	1.01	48	50/50	Km B13237 1618		Pulled 5 samples Km B1323
8		35,000							
9	70675	36,000	1.42	.83	46	30/0	Km		Rem comp 20 min
10		36,000							
11	70747	36,000	1.76	1.01	44	30/30	Km B13237		Rem Comp 30 min
12		36,000							
13		36,000							
14	70825	36,000	1.66	.94	48	30/30	Km B13237		Rem Comp 30 min
15		37000							
16	70898	37,000	1.11	.666	50	30/0			
17		37,000							
18	70972	30,000	1.17	.78	50	30/30	Km B13237		Rem Comp 30 min
19		31,000							
20		31,000							
21	71064	31,000	1.03	.54	42	30/0			cleaning pt
22		30,000							
23	71125	29,000	1.18	.63	42	40/60			
24		29,000							
25		29,000	~~1.21~~	.72	44	~~40/60~~	~~Rem B1323~~		
26	71212	28,000	1.21	.72	44	40/60	Rem B1323		
27		28,000							
28	71268	35,000	.85	.61	42	30/0			
29		35,000							
30	71339	31,000	.58	.54	42	40/0			
31	71371								

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Advanced Environmental Laboratories, Inc.
6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
8610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
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 • 111.111.1111 • Fax 111.111.1111 • E53076

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 6/7/04 8:35
Analysis Date & Time: 6/7/04 11:45

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ 6 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: ~~Colonial Manor Utilities~~

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: New Port Richey

System or Owner's Phone #: 727-848-8292 Fax #: _____

Collector: KENNETH T. MARTIN B13237 Collector's Phone # 866-753-8292

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: 6/6/04

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method: MF

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	RAW #1 - WELL # 1 CANNON DR	1200	R	0.0	7.8		A			T045654-16
	RAW #2 - WELL # 2 CONTRELL ST.	1225	R	0.0	7.6		A			12
	RAW #3 - WELL # 3 HENDRIX ST.	1220	R	0.0	7.8		A			13
	RAW #4 - WELL # 4 LINKWOOD LN.	1215	R	0.0	7.6					14
	DIST #1, 3509 BEDFORD DR.	1205	D	1.42			A			10
	DIST #2 3504 CONNON DR	1210	D	1.37			A			11

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.39 AW

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☒ A certified operator (# B13237) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

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

Lab Signature: _____
Title: Lm

Name and Mailing Address of Person to Receive Report

WS Water Services
4939 Cross Bayou Blvd.
New Port Richey, FL
34652

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

[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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Advanced
Environmental Laboratories, Inc.
☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
☑ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER:

Page _____ of _____

CLIENT NAME:	PROJECT NAME: Colonial Manor Utilities
ADDRESS:	P.O. NUMBER / PROJECT NUMBER:
	PROJECT LOCATION: New Port Richey FL.
PHONE: FAX:	
CONTACT:	SAMPLED BY: KENNETH T. MARTIN 813201

TURN AROUND TIME:
☑ STANDARD
☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE	100 ML	1602	1602	1602				LAB NUMBER
							ANALYSIS REQUIRED	Total Coliform Bact.	Chlorides	TDS	Sulfate				
							Preserv	I	I	I	I	X			
	RAW #1 - WELL #1 CANNON DR	G	6/6/04	1200	DW	2		X	X	X	X				
	RAW #2 - WELL #2 Cantrell ST.	G	6/6/04	1230	DW	2		X	X	X	X				
	RAW #3 - WELL #3 HENDRIX ST	G	6/6/04	1220	DW	2		X	X	X	X				
	RAW #4 - WELL #4 LINKWOOD LN.	G	6/6/04	1215	DW	2		X	X	X	X				
	Dist #1 3509 BELFORD DR ~~3507 SHELTON DR~~	G	6/6/04	1200	DW	1		X							
	Dist #2 3504 CANNON DR	G	6/6/04	1210	DW	1		X							

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[signature]	6/10/04	0825	[signature]	6/7/04	1825
2						
3						
4						

Shipment Method: _____ Sample Kit: _____
Courier: _____ Package Count: _____
Fed Ex: _____ Temperature: _____

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: JULY 2004

A. Public Water System (PWS) Information

PWS Name: **COLONIAL MANOR WATER SYSTEM**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

FILE COPY

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I			Plant Telephone Number: 727-848-8292
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Glen Brough	C	8407	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	John George	C	8267	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
7/09/04	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR WT

III. Daily Data for the Month/Year of: July-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24	43,000											
2		24	42,000											
3	x	24	30,000		0.9									
4		24	30,000										0.77	
5	x	24	32,000		1.03									
6		24	32,000										0.86	
7		24	32,000											
8	x	24	40,000		1.14									
9		24	39,000										0.96	
10	x	24	49,000		1.09									
11		24	49,000										0.81	
12	x	24	31,000		1.01									
13		24	31,000										0.54	
14	x	24	21,000		0.96									
15		24	21,000										0.58	
16		24	21,000											
17	x	24	47,000		1.05									
18		24	48,000										0.72	
19	x	24	26,000		0.63									
20		24	26,000										0.59	
21	x	24	37,000		0.2									
22		24	34,000										0.55	
23		24	34,000											
24		24	34,000		0.65									
25		24	29,000										0.44	
26	x	24	29,000		1.97									
27	x	24	36,000		1.85								0.58	
28		24	34,000										0.69	
29		24	34,000											
30	x	24	18,000		1.9									
31		24	18,000										0.88	
Total			1,027,000											
Average			33,129											
Maximum			49,000											

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: JULY 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II		Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Glen Brough	C	8407	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	John George	C	8267	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
1/29/04	KENNETH MARTIN	b - 13237

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

III. Daily Data for the Month/Year of: July-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											
2		0	-											
3	x	0	-										0.52	
4		0	-											
5	x	0	-										0.49	
6		0	-											
7	x	0	-										0.49	
8		0	-											
9		0	-											
10		0	-											
11		0	-											
12	x	0	-										0.54	
13		0	-											
14	x	0	-										0.58	
15		0	-											
16		0	-											
17	x	0	-										0.54	
18		0	-											
19		0	-											
20		0	-											
21		0	-											
22		0	-											
23		0	-											
24		0	-											
25	x	0	-										0.54	
26		0	-											
27	x	0	-										0.69	
28		0	-											
29		0	-											
30	x	0	-										0.57	
31		0	-											
Total			-											
Average			-											
Maximum			-											

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: JULY 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Glen Brough	C	8407	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	John George	C	8267	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
12/10/04	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W3

III. Daily Data for the Month/Year of: July-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24	46,000											
2		24	45,000											
3	x	24	48,000		0.56								0.44	
4		24	48,000											
5	x	24	65,000		0.94								0.5	
6		24	65,000											
7	x	24	59,000		0.88								0.34	
8		24	57,000											
9		24	57,000											
10	x	24	67,000		0.56								0.43	
11		24	67,000											
12	x	24	64,000		0.61								0.54	
13		24	63,000											
14	x	24	50,000		0.54								0.58	
15		24	50,000											
16		24	50,000											
17	x	24	52,000		0.6								0.45	
18		24	52,000											
19	x	24	48,000		1.75								0.59	
20		24	49,000											
21	x	24	47,000		1.96								0.55	
22		24	47,000											
23		24	47,000											
24	x	24	47,000		1.8								0.96	
25		24	51,000											
26		24	52,000											
27	x	24	61,000		1.65								0.69	
28		24	61,000											
29		24	61,000											
30	x	24	35,000		1.55								1.01	
31		24	34,000											
Total			1,645,000											
Average			53,065											
Maximum			67,000											

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: JULY 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey		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 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Glen Brough	C	8407	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	John George	C	8267	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
7/29/04	KENNETH MARTIN	C - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W4

III. Daily Data for the Month/Year of: July-04

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	25,000											
2		24	25,000										0.65	
3	X	24	39,000		0.8									
4		24	29,000										0.55	
5	X	24	44,000		0.67									
6		24	43,000										0.42	
7	X	24	31,000		0.92									
8		24	31,000										0.4	
9		24	31,000		0.86									
10	X	24	30,000										0.54	
11		24	29,000											
12	X	24	46,000		0.87								0.58	
13		24	45,000											
14	X	24	25,000		0.83								0.62	
15		24	25,000											
16		24	25,000										0.59	
17	X	24	27,000		1.05									
18		24	27,000										0.55	
19	X	24	28,000		0.94									
20		24	27,000											
21	X	24	23,000		1.01									
22		24	23,000										0.42	
23		24	23,000											
24		24	23,000										0.69	
25	X	24	31,000		0.75									
26		24	30,000										0.77	
27	X	24	37,000		0.88									
28		24	36,000											
29		24	36,000											
30	X	24	20,000		0.91									
31		24	18,000											
Total			932,000											
Average			30,065											
Maximum			46,000											

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: JULY 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000				
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Glen Brough	C	8407	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	John George	C	8267	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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Signature and Date	Printed or Typed Name	License Number
7/29/04	KENNETH MARTIN	b - 13237

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

III. Daily Data for the Month/Year of: July-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											
2	x	0	-										0.74	
3		0	-											
4	x	0	-										0.88	
5		0	-											
6	x	0	-										0.91	
7		0	-											
8		0	-											
9	x	0	-										0.83	
10		0	-											
11	x	0	-										0.79	
12		0	-											
13	x	0	-										0.81	
14		0	-											
15		0	-											
16	x	0	-										0.8	
17		0	-											
18	x	0	-										0.81	
19		0	-											
20	x	0	-										0.75	
21		0	-											
22		0	-											
23	x	0	-										0.69	
24		0	-											
25	x	0	-										0.72	
26		0	-											
27	x	0	-										0.66	
28		0	-											
29		0	-											
30		0	-											
31		0	-											
Total			-											
Average			-											
Maximum			-											

Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Cabana Shores MONTH / YEAR: July 04

Well # 1 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time In / Time Out License Number / Initials	Sampling Performed	Remarks
1	7945	13,000							
2		13,000							
3	8050	30,000	.40	.77	41	30/70	1300 1310 KM B13237		
4		30,000							
5	8090	30,000	1.03	.86	41	30/70	0930 0940 KM B13237		
6	~~8186~~	~~35,000~~							
7	~~8186~~	32,000	1.74	~~.96~~	~~45~~	~~30/70~~	~~1100-1410 B13237~~		
8	8186	40,000	1.14	.96	45	30/70	1100-1410 B13237 KM		
9		39,000							
10	8265	49000	1.09	.81	45	30/70	1130/1145 / KM B13237		Cleaned Fil / Pit A
11		49000							
12	83603	31000	1.01	.54	41	30/70	KM		
13		31000							
14	8425	21,000	.96	.58	46	40/60			cleaning pt
15		21,000							
16		21,000							
17	8488	47000	1.05	.72	46	~~40~~/60	KM B13237		
18		48000							
19	8583	26,000	.63	.59	40	40/60			
20		26,000							
21	8635	37,000	.72	.55	40	40/60			
22		34,000							
23		34,000							
24		34,000	.65	.44	42	40/60	KM B13237 1530-1540		pulled sample Cleaned Inj Point, Entered for O Rate
25	8774	29,000							
26	8803	29000	1.97	.58	40	30/70			
27	8832	36,000	1.85	.69	44	30/70	KM		
28		34,000							
29		34,000							
30	8936	18,000	1.90	.88	41	30/70	KM B13237 1325-1335		
31		18,000							

Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: July 04

Well # 2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	654118	0							
2		0							
3	654118	0		.52			KMB.3237		
4		0							
5	654118	0		.49			KMB.3237		
6		0							
7	654118			.49			KMB.3237		
8									
9									
10									
11									
12	654119	0	✓	.54	✓				
13		0							
14	654119	0	✓	.58	✓				
15		0	✓						
16		0	✓						
17	654119	0		54	✓		KMB3237		
18		0							
19		0							
20		0							
21		0							
22		0							
23		0							
24		0							
25	654119	0		54			KMB3237		Pulled morning sample
26		0							
27	654119	0		.69					
28		0							
29		0							
30	654119	0		.57			KMB3237		
31		0							

U.S. Water
Services Corporation

Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Cedarwood Mobile MONTH / YEAR: July 04

Well # 3 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time In / Time Out License Number / Initials	Sampling Performed	Remarks
1	112825	46,000							
2		45,000			~~45~~	~~30/70~~	~~[illegible]~~		
3	112936	48,000	.56	.44	45	30/70	[illegible] Km B:3200		cleaned Ivy Pond
4		48,000							
5	113012	65,000	.94	.57	45	30/70	09:15 09:25 Km B:3201		
6		65,000							
7	113142	57,000	.88	.34	45	30/70	11:25 11:35		
8		57,000							
9		57,000							
10	113315	67,000	.56	.43	45	30/70	11:55 11:44 Km B:3207		cleaned Ivy Pond
11		67,000							
12	113449	64,000	.61	.54	38	30/70			
13		63,000							
14	113576	50,000	.54	.58	40	30/70			cleaning pit, pump tank
15		50,000							
16		50,000							
17	113726	52,000	.60	.45	40	30/70	Km B:3207		cleaned Ivy Pond
18		52,000							
19	113830	48,000	1.75	.59	41	40/60			
20		49,000							
21	113927	47,000	1.96	.55	46	40/60			
22	~~114115~~	47,000							
23		47,000							
24		47,000	1.80	.96	46	40/61	Km B:3207		cleaned IVY Pond pulled for bacteria sample
25	114115	51,000							
26		53,000							
27	114218	61,000	1.65	.69	40	40/60			
28		61,000							
29		61,000							
30	114401	35,000	1.55	1.01	48	40/60	Km B:3207		cleaned Ivy Pond
31	114436	34,000							

U.S. Water
Services Corporation
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: [illegible] MONTH / YEAR: July 04

Well # 4 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	71351	25,000							
2		25,000			50	30/70			
3	71421	30,000	.80	.65	50	30/70	KM B13257 1230-1240		
4	~~71481~~	25,000				30/70	KM B13257 0900-0910		
5	71480	41,000	.67	.55	42	30/70	KM B13257 900-915		
6		21,000							
7	71560	31,000	.92	~~42~~	44	30/70	KM B13257 1135-1145		
8		31,000							
9		31,000	.86	~~40~~	44	30/70	KM B13257 1050-1100		Cleaned Inj Point
10	71660	30,000							
11		29,000							
12	71719	46,000	.87	~~.54~~	46	30/70			mixed out Cl2 10% Nun comp
13		15,000							
14	71810	25,000	.83	~~.58~~	38	30/70			cleaning pit Nun comp
15		25,000							
16		25,000	1.05	.62	42	30/30	KM B13257 1210 1220		Raw comp 30 min
17	71885	27000	↓	↓	↓	↓	↓		
18		27000							
19	71939	28000	.94	.59	44	30/70			
20		29000							
21	71994	23,000	1.01	~~.55~~	42	30/70			
22		23,000							
23		23,000							
24		23,000							
25	~~72086~~	31,000	.75	42	44	30/70	KM D13257 1620-1630	7/14/04 monthly Samp	Cleaned Inj Point / Raw comp 30 m
26		29,000							
27	72147	37,000	.88	.69	42	30/70			
28		36,000							
29		36,000							
30	72256	20,000	.91	.77	44	30/70	KM B13257 1405-1415		Cleaned Inj Point changed Roller Tube
31	72276	18,000							

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 7/26/04 1420
Analysis Date & Time: 7.26.04 1430

Sample Acceptance Criteria:
Sample Preservation ☐ On Ice ☐ Not On Ice ☒ 4 °C
Disinfectant Check ☒ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements: ____

Report Number: T047935 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: ____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: ____ City: New Port Richey

System or Owner's Phone #: 727-848-8292 Fax #: ____

Collector: KENNETH T. MARTIN Collector's Phone # 866-753-8292

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: 7/25/04 KM

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: MF Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw #1 Well #1 Connun Dr	1530	R	0.0	7.6		A			T047935-01
	Raw #2 Well #2 Cantrell	1540	R	0.0	7.6		A			02
	Raw #3 Well #3 Hendrix St	1555	R	0.0	7.7		A			03
	Raw #4 Well #4 Linkwood Ln	1615	R	0.0	7.5		A			04
	Dist #1 3509 Bedford Dr	1635		1.7	7.6		A			05
	Dist #2 3504 Connun Dr	1550		1.80	7.6		A			06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.77

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: ____

Person performing analysis is:
☐ A certified operator (# ____) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# ____) ☐ Employed by DEP or DOH

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

Lab Signature: ____
Title: M.S

Name and Mailing Address of Person to Receive Report
US Water Services
4935 Cross Bayou Blvd
New Port Richey FL
34652

DEP/DOH USE ONLY
☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: ____
DEP/DOH Reviewing Official: ____ 8/16

[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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Advanced
Environmental Laboratories, Inc.

9610 Princess Palm Avenue
Tampa, Florida 33619
(813) 630-9616
FAX (813) 630-4327

Client:	US Water Services	Report No.:	T047939
Project Name:	Colonial Manor	Date Sampled:	7/25/04
Project Number:		Date Received:	7/26/04 14:10
PWS ID#:	6510355	Date Reported:	8/9/04
Attention:	Melisa Rottveel		
Phone Number:	7278488292		
Address:	4939 Cross Bayou Blvd.		
	New Port Richey, Fl 34652		

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: _____

Tammie Heslin, Project Manager

If you have any questions, the above named should be contacted.

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

Total Number of Pages = 8

P.1

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Raw #1 Connon Drive Well #1
Site: New Port Richey
Sample Number: T047939-01

Report No.: T047939
Date/Time Sampled: 7/25/04 15:30
Date/Time Received: 7/26/04 14:10

Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	50		SM4500CL-E	1.3	7/27/04	10:00	E84589
1055	Sulfate (as SO4)	250	mg/L	30		E375.4	1.4	8/4/04	11:00	E84589
1930	Total Dissolved Solids	500	mg/L	420		E160.1	10	7/29/04	16:15	E84589

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

P.2

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Raw #2 Cantrell Street Well #2
Site: New Port Richey
Sample Number: T047939-02

Report No.: T047939
Date/Time Sampled: 7/25/04 15:40
Date/Time Received: 7/26/04 14:10
Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	Total Chlorides	250	mg/L	85		SM4500CL-E	1.3	7/27/04	10:00	E84589
1055	Sulfate (as SO4)	250	mg/L	35		E375.4	1.4	8/4/04	11:00	E84589
1930	Total Dissolved Solids	500	mg/L	480		E160.1	10	7/29/04	16:15	E84589

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

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Raw #3 Hendrix Street Well #3
Site: New Port Richey
Sample Number: T047939-03

Report No.: T047939
Date/Time Sampled: 7/25/04 15:55
Date/Time Received: 7/26/04 14:10

Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**83**		SM4500CL-E	**1.3**	7/27/04	10:00	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**35**		E375.4	**1.4**	8/4/04	11:00	E84589
1930	**Total Dissolved Solids**	500	mg/L	**480**		E160.1	**10**	7/29/04	16:15	E84589

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

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Raw #4 Linkwood Lane Well #4
Site: New Port Richey
Sample Number: T047939-04

Report No.: T047939
Date/Time Sampled: 7/25/04 16:15
Date/Time Received: 7/26/04 14:10

Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	93		SM4500CL-E	1.3	7/27/04	10:00	E84589
1055	**Sulfate (as SO4)**	250	mg/L	50		E375.4	1.4	8/4/04	11:00	E84589
1930	**Total Dissolved Solids**	500	mg/L	570		E160.1	10	7/29/04	16:15	E84589

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

P.5

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Colonial Manor Utilities PWS I.D. #: 6511D355

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

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: T04A39-01-04 Location Code (If known): _____

Sample Date: 4/25/04 Sample Time: 1530-1605 AM (PM) (Circle One)

Sample Location (be specific): well #s 1, 2, 3, 4

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
☐Distribution	☐Routine Compliance (with 62-550)	☐Quarterly (Which Quarter? _____)
☐Entry Point (to Distribution)	☐Confirmation of MCL Exceedance*	☐Special (not for compliance with 62-550)
☐Plant Tap (not for compliance with 62-550)	☐Composite of Multiple Sites**	☐Violation Resolution
☐Raw (at well or intake)	☐Clearance (permitting)	☐Replacement (of Invalidated Sample)
☐Max Residence Time	☐Other: _____	
☐Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
☐Near First Customer		

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Ken Martin

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Ken Martin (Print Name), _____ (Print Title),

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

Signature: _____ Date: _____

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

P.6

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Florida Certification #: E84589
Address: 9610 Princess Palm Avenue
Certification Expiration Date: 6/30/05
Tampa, Florida 33619
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): 6510355
Date Sample(s) Received: 7/26/04 2:10:00 P
Lab Assigned Report Number or Job ID T047939
Sample Number (From page 1) T047939-01-04

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Triha
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloaceti
☐ Nitrate	☐ Partial	Radionuclides	☐ Bromate
☐ Nitrite	☐ Dioxin Only	☐ Single Samp	☐ Chlorite
☐ Asbestos Only		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☑ Partial cl, SO4, TDS

Were any analyses subcontracted? ☐ Yes ☑ No

If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin (Print Name), Project Manager,

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

Signature: Date: 8/9/04

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No
Sample Analysis Info Satisfactory: ☐ Yes ☒ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above)
☐ Revised Report Requested (circle or highlight group(s) above)
☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☒ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☒ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments

Date Reviewed: DEP/DOH Reviewing Official:

P.7

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: T047439

Page 8 of 8

CLIENT NAME:	PROJECT NAME:
US water SERVICES	Colonial Manor Utilities
ADDRESS: 4939 Cross Bayou Blvd	P.O. NUMBER / PROJECT NUMBER:
New Port Richey FL. 34652	PROJECT LOCATION: New Port Richey
PHONE: FAX:	
CONTACT:	SAMPLED BY: Ben Martin

TURN AROUND TIME: ☑ STANDARD ☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: Total Coliform BACT. (Local)	1602	Chloride	TDS	Sulfate				LAB NUMBER
	Raw #1 Connon DR- well #1	G	7/25/04	1530	DW	2			X	X	X	X					T047439-01
	Raw #2 Cantrell St well #2	G	7/25/04	1540	DW	2			X	X	X	X					02
	Raw #3 Hendrix St well #3	G	7/25/04	1555	DW	2			X	X	X	X					03
	Raw #4 Linkwood Ct well #4	G	7/25/04	1615	DW	2			X	X	X	X					04
		G															
		G															
	Dist #1 - 3509 Bedford Dr	G	7/25/04	1625	DW	1			X								
	Dist #2 - 3504 Conway Dr	G	7/25/04	1550	DW	1			X								

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #
Out: / /	Via:	RB D/T	
		AB D/T	
Ret: / /	Via: 7/26/04 UPS	Trip Bl. ☐	☐

	Relinquished by:	Date	Time	Received by:	Date	Time
1		7/26/04	1200	D. A. Ramos	7-26-04	1200
2	D. A. Ramos	7/26/04	1410	TD		1410
3						
4						

Received on Ice: ☑ yes ☐ no QC ☐ sent ☑ received

revised 8/01

Aug 09 04 05:37p REL 1-813-630-4327 p.20

Brett's have own # on it

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 7/26/04 1420

Analysis Date & Time: 7-26-04 1430

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 7 °C

Disinfectant Check ☐ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements:

Report Number: T047935 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: New Port Richey

System or Owner's Phone #: 727-848-8292 Fax #: _____

Collector: KENNETH T. MARTIN Collector's Phone # 866-753-8292

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: 7/25/04 KM

To be completed by collector or sample

To be completed by lab

Total Coliform Analysis Method: mf

Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw #1 WELL #1 CONNON DR	1530	R	0.0	7.6		A			T047935-01
	Raw #2 WELL #2 CANTRELL	1540	R	0.0	7.6		A			02
	Raw #3 WELL #3 · Hendricks	1555	R	0.0	7.7		A			03
	Raw #4 WELL #4 LINKWOOD LN	1615	R	0.0	7.5		A			04
	Dist #1 3509 BEDFORD DR	1635		1.74	7.6		A			05
	Dist #2 3504 CONNON DR	1550		1.80	7.6		A			06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.77

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# _____) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: M.S

Name and Mailing Address of Person to Receive Report

US WATER SERVICES
4939 CROSS BAYOU BLVD
NEW PORT RICHEY FL
34652

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER:

CLIENT NAME: [redacted] water services

PROJECT NAME: Colonial Manor Utilities

ADDRESS: 6139 Cross Bayou Blvd

P.O. NUMBER / PROJECT NUMBER:

New Port Richey FL. 34652

PROJECT LOCATION: New Port Richey

PHONE: FAX:

CONTACT:

SAMPLED BY:

TURN AROUND TIME:
- ☐ STANDARD
- ☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	BOTTLE SIZE & TYPE	100ML	1602						LAB NUMBER
								ANALYSIS REQUIRED	Total Coliform Bact.	Chloride	TDS	Sulfate	[redacted]			
	Raw #1 Common DR well #1	G	7/5/04	1530	DW	2			X	X	X	X				
	Raw #2 Control St well #2	G	7/6/04	1540	DW	2			X	X	X	X				
	Raw #3 Hendrix St well #3	G	7/6/04	1555	DW	2			X	X	X	X				
	Raw #4 Linkwood Ln Hwell #4	G	7/7/04	1100	DW	2			X	X	X	X				
		G														
		G														
	[illegible] DR	G	7/6/04	1625	DW	1			X							
	Duplicate 3 Common DR	G	7/6/04	1250	DW	1			X							

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[redacted]	7/6/04	1200	D. A. Ramos	7-6-04	1200
2	D. A. Ramos	7/6/04	1410	FD		1410
3						
4						

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER:

CLIENT NAME: US Water

PROJECT NAME: Colonial Manor

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: 727-848-8592 FAX:

CONTACT:

SAMPLED BY: Donna A Thomas

TURN AROUND TIME:

☐ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: THMs	ANALYSIS REQUIRED: HAA5s	LAB NUMBER
	3505 Linkwood	G	7-20-04	1045	DW	6			✓	✓	
	3504 Connon Dr.	G	7-20	1050	DW	6			✓	✓	
	3347 Jarvis	G	7-20	1055	DW	6			✓	✓	
	3709 Colonial Hills	G	7-20	1100	DW	6			✓	✓	

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	Donna A Thomas	7-20-04	1145	[illegible]	7/20/04	1145
2						
3						
4						

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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: **COLONIAL MANOR WATER SYSTEM**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
8/27/04	KENNETH MARTIN	b - 13237

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

III. Daily Data for the Month/Year of: August-04

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	18,000											
2	x	24	47,000		1.4								0.99	
3		24	46,000											
4	x	24	32,000		1.32								0.88	
5		24	31,000											
6	x	24	37,000		1.55								0.74	
7		24	34,000											
8		24	34,000											
9	x	24	28,000		1.35								1.01	
10		24	27,000											
11	x	24	37,000		1.34								0.85	
12		24	36,000											
13		24	36,000											
14		24	36,000											
15	x	24	20,000		1.42								0.98	
16	x	24	14,000		1.24								1.01	
17		24	13,000											
18	x	24	17,000		1.19								0.84	
19		24	16,000											
20	x	24	33,000		1.35								1.01	
21		24	32,000											
22		24	32,000										0.99	
23	x	24	33,000		1.4									
24		24	32,000										0.82	
25	x	24	19,000		1.35									
26		24	19,000										0.9	
27	x	24	38,000		1.15									
28		24	37,000										0.9	
29	x	24	31,000		1.2									
30		24	31,000											
31		24	31,000											
Total			927,000											
Average			29,903											
Maximum			47,000											

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: AUGUST 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey		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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
8/27/04	KENNETH MARTIN	b - 13237

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

III. Daily Data for the Month/Year of: August-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	x	0	-										0.54	
2		0	-											
3		0	-											
4	x	0	-										0.88	
5		0	-											
6	x	0	-										0.52	
7		0	-											
8		0	-											
9	x	0	-										0.6	
10		0	-											
11	x	0	-										0.85	
12		0	-											
13		0	-											
14		0	-											
15	x	0	-										0.68	
16	x	24	44,000										0.6	
17		24	44,000											
18	x	24	81,000		1								0.84	
19		24	80,000											
20	x	24	69,000		1.05								0.79	
21		24	69,000											
22		24	69,000											
23	x	24	56,000		0.99								0.65	
24		24	55,000											
25	x	24	56,000		1.03								0.59	
26		24	55,000											
27	x	24	70,000		1.09								0.6	
28		24	70,000											
29	x	24	101,000		1.15								0.7	
30		24	101,000											
31		24	101,000											
Total			1,121,000											
Average			36,161											
Maximum			101,000											

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: AUGUST 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
8/27/04	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: August-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	34,000											
2	x	24	62,000		1.53								0.95	
3		24	62,000											
4	x	24	57,000		1.62								0.88	
5		24	56,000											
6	x	24	56,000		1.65								1.02	
7		24	56,000											
8		24	56,000											
9	x	24	79,000		1.9								1.01	
10		24	79,000											
11	x	24	74,000		1.26								0.85	
12		24	73,000											
13		24	73,000											
14		24	73,000											
15	x	24	82,000		1.3								1.05	
16	x	24	48,000		1.58								1	
17		24	48,000											
18	x	24	12,000		1.77								0.84	
19		24	11,000											
20	x	0	-		1.8								0.96	
21		0	-											
22		0	-											
23	x	24	13,000		1.72								0.8	
24		24	13,000											
25	x	0	-		1.5								0.92	
26		0	-											
27	x	0	-		0.9								0.62	
28		0	-											
29	x	24	14,000		0.72								0.6	
30		24	14,000											
31		24	14,000											
Total			1,159,000											
Average			37,387											
Maximum			82,000											

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: AUGUST 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(4), F.A.C.): D			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
8/27/04	KENNETH MARTIN	C - 13237

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

III. Daily Data for the Month/Year of: August-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Disinfection System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	18,000											
2	X	24	34,000		1.89								1.02	
3		24	34,000											
4	X	24	27,000		1.21								0.85	
5		24	27,000											
6	X	24	20,000		1.58								0.92	
7		24	20,000											
8		24	20,000											
9	X		-		1.45								0.86	
10			-											
11	X		-		0.67								0.85	
12			-											
13			-											
14			-											
15	X		-		0.82								0.63	
16	X	24	30,000		0.9								0.6	
17		24	30,000											
18	X	24	22,000		0.85								0.84	
19		24	27,000											
20	X	24	26,000		1.02								0.77	
21		24	26,000											
22		24	26,000											
23	X	24	26,000		1.5								0.99	
24		24	26,000											
25	X	24	27,000		1.52								0.75	
26		24	27,000											
27	X	24	27,000		1.55								0.96	
28		24	27,000											
29	X	24	27,000		1.2								0.96	
30		24	27,000											
31		24	27,000											
Total			628,000											
Average			20,258											
Maximum			34,000											

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: AUGUST 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
8/27/04	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR WS

III. Daily Data for the Month/Year of: February-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2	X	0	-										0.74	
3		0	-											
4	X	0	-										0.88	
5		0	-											
6	X	0	-										0.91	
7		0	-											
8		0	-											
9	X	0	-										0.83	
10		0	-											
11	X	0	-										0.79	
12		0	-											
13	X	0	-										0.81	
14		0	-											
15		0	-											
16	X	0	-										0.8	
17		0	-											
18	X	0	-										0.81	
19		0	-											
20	X	0	-										0.75	
21		0	-											
22		0	-											
23	X	0	-										0.69	
24		0	-											
25	X	0	-										0.72	
26		0	-											
27	X	0	-										0.66	
28		0	-											
29		0	-											
30		0	-											
31		0	-											
Total			-											
Average			-											
Maximum			-											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652.
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water

Treatment Plant Name: Colonial Manor MONTH / YEAR: Aug 04

Well # 1 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	8973	18000							
2	8991	~~44~~000	1.40	.99	44	60/40	Km B13237		Clear well Inj Point / Raw Comp.
3		46000							
4	9084	32,000	1.32	.88	44	60/40	JBm		
5		34,000							
6	9147	34,000	1.55	.74	45	40/60	Km B:13237		Clear well Inj point / Raw Comp
7		34,000							
8		34,000					Km B:13237 1140		Pulled monthly samples
9	9249	28000	1.85	1.01	45	40/60	Km B13237 1600-1615		
10		27000							
11	9304	31,000	1.34	.85	46	40/60	JBm		
12		36,000							
13		36,000							
14		36,000							
15	9449	20,000	1.42	.98	46	40/60	KM B13237 1245-1255		Raw Comp. 30 min / Clear well Inj Point.
16	9469	14000	1.74	1.01	46	40/60	KM B13237-0910-0920		Raw Comp 30 min.
17		13000							
18	9496	17,000	1.19	.84	50	60/40	JBm		
19		16,000							
20	9525	33,000	1.35	1.01	52	50/50	Km B13237 1445-1500		
21		32,000							
22		32,000							
23	9626	33,000	1.40	.99	52	50/50	KM B13237 - 1150 1205		
24	~~9659~~	33,000							
25	9685	19,000	1.35	.82	52	50/50	K — B13237 1440-1450		
26		19,000							
27	9727	38,000	1.11	.90	52	50/50	K — B13237 940-958		
28		37,000							
29	9802	31,000	1.20	.90	.52	50/50	KM B13237 - 1210-1220		
30		31,000							
31									

U.S. Water Services Corporation
4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

Treatment Plant Name: Colonial Manor MONTH / YEAR: Aug/04

Well # 2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	654119			50			Kim B/3237		well off Cir
2									
3									
4	65419			.88					
5									
6	654,19			.52			Kim B/3237		well off Cir
7									
8							Kim B/3237 1105		Pull meter temp
9	654,19			.60			Kim B/3237 1625-1635		well off Cir
10									
11	654,19			.85			[illegible]		
12									
13									
14									
15	654,19			.68			Kim B/3237 1250-1300		off Cir
16	65415	44600		.60			Kim B/3237 925-935		off Cir
17		44000							
18	65507	81,000	1.00	.84	48	40/60			
19		80,000	1.05	~~.79~~	45	50/50	~~Kim B/3237 1425-1435~~		
20	65669	69,000	105	.79	45	50/50	Kim B/3237 1420-1430		
21		69,000							
22		69,000							
23	65809	56,000	.99	.65	50	50/50	Kim B/3237 1210-1220		
24		55,000							
25	65990	56,000	1.03	.55	50	50/50	Kim B/3237 1430-1440		
26		55,000							
27	66101	90,000	1.09	.68	50	50/50	Kim B/3237 930-940		
28	66241	90,000							
29	66~~345~~	101,000	1.15	.70	50	50/50	Kim B/3237 1150-1205		Cleaned Inj Point Reduced Time on Cork 4 HRS
30		101,000							
31		101,000							

9/1 = 66544

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Aug / 04

Well # 3 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	114470	34000							
2	114504	62000	1.57	99	48	40/60	KM 1312 1225-1315		Cleaned Irr Pond
3		62000							
4	114628	57000	1.62	.88	42	40/60			
5		56,000							
6	114741	57000	1.65	1.12	40	50/50	KM 1312 1550-1600		Cleaned Irr Pond
7	1	56000	1.65	1.02	50	50/50	KM 1312 1550-1600		
8		56000					KM 1312 1135	Pull Sample	
9	114909	79000	1.70	1.01	40	50/50	KM 1312 1630-1635		
10		79000							
11	115069	74,000	1.26	.85	52	50/50	KM		
12		73,000							
13		73,000							
14		73,000							
15	115362	82,000	1.30	1.05	52	50/50	KM 1312 1305-1315		Cleaned Irr Pond
16	115441	48000	1.58	1.00	52	50/50	KM 1312 940-950		
17		48000							
18	115540	12,000	1.77	.81	42	40/60	KM		
19		11,000							
20	115563	6	1.80	96	40	40/60	KM 1312 1415-1425		
21		6							
22		6							
23	115563	13,000	1.72	.80	40	40/60	KM 1312 1225-1235		
24		13,000				40/60	KM 1312 1445-1455		
25	115589	0	1.50	.98	40	40/60	KM 1312 1415-1425		
26		0							
27	115589	0	.90	.62	40	40/60	KM 1312 0910-0920		Cleaned Irr Pond
28		0							
29	115589	14000	.72	.60	45	40/60	KM 1312 1145-1150		well has not Run/24 hr.
30		14,000							
31		14,000							

9/1:
115633

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Cypress Manor MONTH / YEAR: Aug/04

Well # 13 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	72294	18,000							
2	72312	34000	1.85	1.02	44	40/60	KM B-13237-0845-0910		Chem Inj Pump / Raw Comp
3		34000							
4	72380	27000	1.21	.85	42	30/70			
5		27,000			L				
6	72432	30,000	1.58	.92	42	30/70	KM B13237-1540-1550		Raw Comp 30 min
7		30,000					KM		
8		30,000					KM B13237 1145	Pump mech sply	
9	72494	0	1.45	.86	42	30/70	KM B13237-1635-1640		
10		0							
11	72494	0	.67	.85	40	40/60	KM		
12		0							
13		0							
14		0							
15	72494	0	.82	.63	42	40/60	KM B13237-1315-1325		Chem Inj Pump
16	72544	30000	1.10	60	42	40/60	KM B13237-0855-1015		
17		30000							
18	72554	27000	.85	.84	40	30/70	KM		
19		27,000							
20	72605	26,000	1.02	.77	42	30/70	KM B13237 1405 1415		Raw Comp 30 min
21		26,000							
22		26,000	1.50	.99	42	30/70			
23	72687	26,000	1.50	99	42	30/70	KM B13237 1240 1250		
24		26,000							
25	72748	27000	1.52	.75	42	30/70	KM B13237 1400-1415		
26		26,000							
27	72801	27000	1.55	.96	42	50/50	KM B13237/0855-0905		
28		27000							
29	72855	27,000	1.20	.96	42	50/50	KM B13237 1130-1140		
30		27,000							
31		27,000							

1st 72936

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

DUPLICATE

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
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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 8/9/04 800
Analysis Date & Time: 8.9.04 1250

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 3 °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: T048514 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: ____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: ____ City: New Port Richey
System or Owner's Phone #: 727-848-8292 Fax #: ____
Collector: KENNETH T. MARTIN Collector's Phone # 866-753-8292

Type of Supply: (check only one)
☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other ____

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

Sample Collection Date: 8/6/04

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: MF Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw # 1- Connon Dr.	0840	R	0.0	7.6		A			T048514-04
	Raw # 2- Cantrell St.	0845	R	0.0	7.6		A			05
	Raw # 3- Hendrix St.	0855	R	0.0	7.6		A			06
	Raw # 4- Linkwood Ln.	0905	R	0.0	7.9		A			07
	Dist # 1 3509 Bedford Dr ~~3609 Blanton Dr~~	0915	D	4.54			A			08
	Dist # 2 3504 Connon Dr	0920	D	1.49			A			09

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.52

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: ____

Person performing analysis is:
☐ A certified operator (# 81237) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# ____) ☐ Employed by DEP or DOH

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

Lab Signature: [signature]
Title: M.S.

Name and Mailing Address of Person to Receive Report
US Water Services
11939 Cross Bayou Blvd
New Port Richey FL
34652

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

[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 = 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 01/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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**
☐ 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**

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 8/9/04 800

Analysis Date & Time: 8.9.04 1230

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 3 °C

Disinfectant Check ☐ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements: ____

Report Number: T048514 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: ____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: ____ City: New Port Richey

System or Owner's Phone #: 727-845-8292 Fax #: ____

Collector: Kenneth T. Martin Collector's Phone # 866-703-8292

Type of Supply: (check only one)

☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other ____

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

Sample Collection Date: 8/8/04

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: MF Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
--	Raw #1- Connon Dr. KW	0840	R	0.0	%		A			T048514-04
	Raw #2- Cantrell St. KW	0845	R	0.0	%		A			05
	Raw #3 Hendrix St. KW	0855	R	0.0	%		A			06
	Raw #4- Linkwood Ln. KW	1205	R	0.0	%		A			07
	Dist #1 3509 Boyd Dr KW	0915	D	1.54	%		A			08
	Dist #2 3504 Connon Dr KW	0920	D	1.49			A			09

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.52

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: ____

Person performing analysis is:

☐ A certified operator (# 813237) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# ____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: ____

Date State notified by lab of positive results: ____

Lab Signature: [signature]

Title: M.S.

Name and Mailing Address of Person to Receive Report

US Water Services
4939 Cross Bayou Blvd
New Port Richey FL.
34652

DEP/DOH USE ONLY

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: ____

DEP/DOH Reviewing Official: [signature] 8/23/04

[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 = 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

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER:

Page _____ of _____

CLIENT NAME:	PROJECT NAME:
GS Water Services	Colonial Manor Utilities
ADDRESS: 4434 Trout Bayou Blvd	P.O. NUMBER / PROJECT NUMBER:
New Port Richey FL. 34652	PROJECT LOCATION:
PHONE: 727-848-3292 FAX:	New Port Richey
CONTACT: Melissa Rotundi	SAMPLED BY: KENNETH T. MARTIN

TURN AROUND TIME:	REMARKS / SPECIAL INSTRUCTIONS:
☒ STANDARD	
☐ RUSH _____	

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv.	BOTTLE SIZE & TYPE: 100 mL	1602	1602	1602				LAB NUMBER
								ANALYSIS REQUIRED: Total Coliforms BAC.	Chloride	TDS	Sulfate				
	Raw #1 Common Dr well	G	8/8/01	1140 hrs	DW	2		X	X	X	X				
	Raw #2 Cantrell St well	G		1145 hrs	DW	2		X	X	X	X				
	Raw #3 Hendrix St well	G		1155 hrs	DW	2		X	X	X	X				
	Raw #4 Linkwood Ln well	G		1205 hrs	DW	2		X	X	X	X				
	Dist #1 3504 Bedford Dr	G		1125 hrs	DW	1		X							
	Dist #2 3504 Common Dr	G		1220 hrs	DW	1		X							

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1		8/9/01	0800			
2						
3						
4						

Received on ice: ☐ yes ☐ no QC ☐ sent ☐ received

revised 8/01

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER:

Page _____ of _____

CLIENT NAME: US Water

PROJECT NAME: Colonial Manor

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: 727-848-8292 FAX:

CONTACT:

SAMPLED BY: Donna A Stamus

TURN AROUND TIME:

☐ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE

ANALYSIS REQUIRED

LAB NUMBER

NO_2 NO_3

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 Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.									
	WKP POE #1	G	8-26-04	11.00	DW	1	✓								

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

		Relinquished by:	Date	Time	Received by:	Date	Time
QC	1	D A Stamus	8-26-04	1375		8/26/04	1375
	2						
	3						
	4						

Received on ice: ☑ yes ☐ no QC ☐ sent ☑ received

revised 8/01

Advanced
Environmental Laboratories, Inc.
- ☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- ☐ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- ☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CHAIN OF CUSTODY RECORD

LAB NUMBER:

CLIENT NAME: US Water

PROJECT NAME: Colonial Manor

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: 727-848-8292 FAX:

CONTACT:

SAMPLED BY: Donna A Thomas

TURN AROUND TIME:

☐ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: NO_3	ANALYSIS REQUIRED: THMs, HAAs	LAB NUMBER
	WTP POE #3	G	8-12-04	9:50	DW	1			✓		
	WTP POE #1	G	8-12-04	10:00	DW	1			✓		
	WTP POE #4	G	8-12-04	10:10	DW	1			✓		
	3709 Colonial Hills	G	8-12-04	10:30	DW	6				✓	

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	Donna Thomas	8-12-04	1605	[illegible]	8/12/04	1605
2						
3						
4						

Received on ice: ☐ yes ☐ no QC ☐ sent ☐ received

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

REVISED 10/19/04

See page 4 for instructions.

FILE COPY

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

A. Public Water System (PWS) Information

PWS Name: **COLONIAL MANOR WATER SYSTEM**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Helms	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
9/28/16	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W1

III. Daily Data for the Month/Year of: September-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24	30,000		1.15								0.86	
2		24	28,000											
3		24	28,000											
4	x	24	25,000		1.02								0.92	
5		24	25,000											
6		24	25,000											
7	x	24	14,000		0.96								0.62	
8		24	14,000											
9	x	24	16,000		1.1								0.76	
10		24	13,000											
11		24	13,000											
12		24	13,000											
13	x	24	15,000		1.1								0.75	
14		24	14,000											
15	x	24	23,000		1.75								0.78	
16		24	23,000											
17	x	24	22,000		1.74								0.99	
18		24	21,000											
19		24	21,000											
20	x	24	14,000		1.65								1.01	
21		24	14,000											
22	x	24	17,000		1.74								0.97	
23		24	17,000											
24	x	24	28,000		1.82								1.05	
25		24	26,000											
26		24	26,000											
27	x	24	7,500		1.25								0.99	
28		24	7,500											
29	x	24	7,500		1.72								1.1	
30		24	7,500											
31		0	-											
Total			555,000											
Average			17,903											
Maximum			30,000											

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

REVISED 10/19/04

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey		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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
9/28/04	KENNETH MARTIN	b - 13237

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

III. Daily Data for the Month/Year of: September-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	50,000											
2		24	57,000											
3		24	56,000											
4	x	24	56,000		2.2								1.05	
5		24	56,000											
6		24	56,000											
7	x	24	77,000		1.95								1.1	
8		24	77,000											
9	x	24	71,000		1.95								1.02	
10		24	71,000											
11		24	71,000											
12		24	71,000											
13	x	24	65,000		1.84								1.1	
14		24	65,000											
15	x	24	56,000		1.8								1.05	
16		24	56,000											
17	x	24	60,000		1.75								1.01	
18		24	60,000											
19		24	6,000											
20	x	24	80,000		1.8								0.99	
21		24	80,000											
22	x	24	73,000		0.9								1.1	
23		24	73,000											
24	x	24	8,000		1.5								0.98	
25		24	7,000											
26		24	7,000											
27	x	24	500		1.6								1	
28		24	500											
29	x	0	-		1.7								0.98	
30		0	-											
31		0	-											
Total			1,466,000											
Average			47,290											
Maximum			80,000											

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

REVISED 10/19/04

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III			Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey		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: 98000				
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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 W3

III. Daily Data for the Month/Year of: September-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		24	14,000											
2	x	0	-		1.1								0.95	
3		0	-											
4	x	0	-		1.5								1.1	
5		0	-											
6		0	-											
7	x	0	-		1.6								1.05	
8		0	-											
9	x	0	-		1.4								1.02	
10		0	-											
11		0	-											
12		0	-											
13	x	0	-		1.5								0.9	
14		0	-											
15	x	0	-		1.55								0.82	
16		0	-											
17	x	0	-		1.48								0.86	
18		0	-											
19		0	-											
20	x	0	-		1.3								0.99	
21		0	-											
22	x	24	2,500		1.7								0.99	
23		24	2,500											
24	x	24	78,000		1.64								0.89	
25		24	78,000											
26		24	78,000											
27	x	24	16,000		1.8								1.05	
28		24	15,000											
29	x	24	3,500		1.05								0.98	
30		24	3,500											
31		0	-											
Total			291,000											
Average			9,387											
Maximum			78,000											

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

REVISED 10/19/04

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	C - 13237 License Number

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

III. Daily Data for the Month/Year of: *September-04*

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

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24	27,000											
2	x	24	23,000		1.85								0.96	
3		24	20,000											
4	x	24	20,000		1.75								0.9	
5		24	20,000											
6		24	20,000											
7	x	24	26,000		1.8								1.1	
8		24	26,000											
9	x	24	20,000		2.01								0.96	
10		24	20,000											
11		24	20,000											
12		24	20,000											
13	x	24	28,000		1.25								0.94	
14		24	28,000											
15	x	24	24,000		1.5								1.1	
16		24	23,000											
17	x	24	22,000		1.55								0.99	
18		24	21,000											
19		24	21,000											
20	x	24	24,000		1.58								1.01	
21		24	23,000											
22	x	24	21,000		1.65								0.92	
23		24	21,000											
24	x	24	28,000		1.7								1.1	
25		24	27,000											
26		24	27,000											
27	x	24	110,000		1.78								1.01	
28		24	109,000											
29	x	24	109,000		1.5								0.92	
30		24	108,000											
31														
Total			1,036,000											
Average			34,533											
Maximum			110,000											

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

REVISED 10/19/04

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**		PWS Identification Number: 6510355
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 Inc.		
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator	
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000				
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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 W5

III. Daily Data for the Month/Year of: September-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1		0	-											
2	x	0	-											
3		0	-											
4	x	0	-											
5		0	-											
6		0	-											
7	x	0	-											
8		0	-											
9	x	0	-											
10		0	-											
11		0	-											
12		0	-											
13	x	0	-											
14		0	-											
15	x	0	-											
16		0	-											
17	x	0	-											
18		0	-											
19		0	-											
20	x	0	-											
21		0	-											
22	x	0	-											
23		0	-											
24	x	0	-											
25		0	-											
26		0	-											
27	x	0	-											
28		0	-											
29	x	0	-											
30		0	-											
31			-											
Total			-											
Average			-											
Maximum			-											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Sept 04

Well # 1 Common #2 System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	9893	30,000	1.15	86	52	50/50	KMB13237 - 1000-1015		
2	9923	28,000							
3		28,000							
4	9979	26,000	1.02	.92	52	30/30	KMB13237 1205-1230		
5		25,000							
6		25,000							
7	10034	14,000	96	.62	52	30/30	KMB13237 1045-1100		
8		14,000							
9	10082	14,000	1.10	.76	52	50/50	KMB13237 1250-1300		
10		13,000							
11		13,000							
12		13,000							
13	10137	15,000	1.10	.75	52	50/50	KMB13237 1130-1140		Cleaned Ig Pool added 1 hour To clock
14		14,000							
15	101666	23,000	1.15	.78	52	50/50	KMB13237 1140-1150		
16		23,000					KMB13237 1415	Build sample	
17	10212	22,000	1.14	.99	52	50/50	KMB13237 1345-1355		
18		21,000							
19		21,000							
20	10276	14,000	1.15	1.01	52	50/50	KMB13237 1100-1110		
21		14,000							
22	10304	17,000	1.14	.97	52	50/50	KMB13237 1220-1230		
23		17,000							
24	10336	28,000	1.12	1.05	52	50/50	KMB13237 1330-1340		Cleaned Ig Pool
25		26,000							
26		26,000							
27	10402	7500	1.25	.99	40	50/50	KMB13237 1130-1140		
28	10417	7500							
29	10436		1.12	1.10	40	30/30	KMB13237 1305-1315		
30									
31									

1SF = 10420

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U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: 09/04

Well # 3 HENDRY System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	115633	14,000	+						
2	115647	0	1.10	.95	45	40/60	KMB13257 - 0935-0945		
3		0							
4	115647	0	1.50	1.10	45	40/60	KMB13257 - 1240-1250		
5		0							
6		0	1						
7	115647	0	1.60	1.05	45	40/60	KMB13257-1200-1215		Cleaned Eq
8		0							
9	115647	0	1.40	1.02	45	40/60	KMB13257 1220-1230		
10		0							
11		0							
12		0							
13	115647	0	1.50	.90	45	40/60	KMB13257 1100-1115		
14		0							
15	115647	0	1.55	.82	45	40/60	KMB13257 1115-1125		
16		0					KMB13257 1425	Rec'd sample	
17	115647	0	1.40	.86	45	30/70	KMB13257 1320-1330		
18		0							
19		0							
20	115647	0	1.30	.91	45	30/70	KMB13257 1130-1140		
21		0							
22	115647	2,500	1.30	.99	45	30/70	KMB13257 1600-1611		
23		2,500	~~1.40~~	~~.89~~	~~45~~				
24	115652	26,000	1.64	.89	45	30/70	KMB13257 1305-1315		
25		28,000							
26		28,000	~~1.80~~	~~1.05~~	~~45~~	~~30/70~~	~~KMB13257 1450-1500~~		
27	115664	16,000	1.80	1.05	45	30/70	KMB13257 1150-1200		
28		15,000							
29	115995	33,000	1.65	.98	45	30/70	KMB13257 1240-1250		Cleaned Eq
30		33,000							
31									

1# = 115602

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U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: 9/04

Well # 2 Control System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	66394	50,000							
2	66444	57,000							
3		56,000							
4	66557	56,000	220	1.05	50	50/50	KM B3237 1220-1230		
5		56,000							
6		56,000							
7	66725	78,000	195	1.10	50	50/50	KM B3237 1115-1130		Cleaned Eq Pad
8		77,000							
9	66880	71,000	195	1.02	50	50/50	KM B3237 1235-1244		
10		71,000							
11		71,000							
12		71,000							
13	67164	65,000	184	1.10	50	50/50	KM B3237 1125-1135		Cleaned Eq Pad
14	56000	65,000							
15	67294	56,000	180	1.05	50	50/50	KM B3237 1130-1140		
16	~~67294~~	56,000	~~180~~	~~1.05~~	~~50~~	~~50/50~~	~~KM B3237 1130-1140~~	Purged monthly sample 1420 - KM B3237	
17	67406	60,000	175	1.01	50	50/50	KM B3237 1335-1340		
18		60,000							
19		60,000							
20	67587	80,000	180	99	50	50/50	KM B3237 1115-1125		
21		80,000							
22	67747	73,000	90	1.10	50	50/50	KM B3237 1245-1255		
23		73,000							
24	67894	70,000	150	98	50	50/50	KM B3237 1320-1330		Cleaned Eq Pad
25		70,000							
26		70,000							
27	67916	5000	160	1.01	50	50/50	KM B3237 1145 1155		
28		5000							
29	67917	0	170	.98	50	50/50	KM B3237-1255-1305		
30		0							
31									

67917

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Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor

Well # 4 - Linkwood Dr

MONTH / YEAR: 09/04

System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		27,000							
2	72963	23,000	1.85	.96	40	50/50	KM B13237 - 0920-0930		
3		28,000				50/50	~~KM B13237 - 1200-1230~~		
4	73008	28,000	1.74	90	40	50/50	KM B13237 - 1250-1300		
5		28,000	~~1.94~~				~~KM B13237~~		
6		20,000							
7	73066	26,000	1.80	1.10	40	50/50	KM B13237 1220-1230		
8		26,000							
9	73118	26,000	2.01	.96	40	50/50	KM B13237 - 1200-1215		Reduced Feed Rate cleaned Eng Fl
10		26,000							
11		26,000							
12		26,000							
13	73198	28,000	1.25	.94	40	50/50	KM B13237 1120-1130		Raw comp / hour
14		28,000							
15	73254	24,000	1.50	1.10	40	50/50	KM B13237 - 1100-1110		
16	73307	23,000					KM B13237 1150	Sampled monthly sample	
17	73307	22,000	1.55	99	48	50/50	KM B13237 1310-1320		
18		21,000							
19		21,000							
20	73371	24,000	1.58	1.01	48	60/60	KM B13237 1145-1155		
21		23,000							
22	73418	21,000	1.65	52	48	~~50~~/50	~~KM B13237~~ 1340-1355		
23		21,000							
24	73460	28,000	1.20	1.10	48	~~50~~/50	KM B13237 1250-1300		Cleaned Eng Floor
25		27,000							
26		27,000							
27	73542	100,000	1.78	1.01	48	60/60	KM B13237 1205-1215		
28		109,000							
29	13760	109,000	1.50	92	48	60/60	KM B13237 - 1225-1235		
30		109,000							
31									

1st 73477

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 9-30-04 1220 VIR

Analysis Date & Time: 9/30/04 1305

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 0 °C

Disinfectant Check ☐ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements: ____

Report Number: T0410731 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)

☐ Standard Coliform Test DUPLICATE

☐ HPC

☐ Other: ____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: ____ City: Holiday

System or Owner's Phone #: ____ Fax #: ____

Collector: KENNETH J. MARTIN Collector's Phone # 727-243-0140

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: 9/30/04

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
	DOWN STREAM Dist#1 3306 Cantrell St	0800	D	1.46	
	UP STREAM Dist#2 3330 Cantrell St	0805	D	1.37	

To be completed by lab

Total Coliform Analysis Method: MF

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			-11
	A			-12

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.41

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: ____

Person performing analysis is:

☐ A certified operator (# ____) ☐ Employed by a certified lab

☐ Supervised by a cert operator (# ____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: ____

Date State notified by lab of positive results: ____

Lab Signature: TMH

Title: P.M.

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: ____

DEP/DOH Reviewing Official: ____

[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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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☒ 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • **E84589**
☐ 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**

Report Number: T0410731 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☐ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 9-30-04 1220 UIR
Analysis Date & Time: 9/30/04 1305

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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: 9/30/04

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
	Down Stream Dist #1 3306 Cantrell St	0800	D	1.46	
	Up Stream Dist #2 3330 Cantrell St	0805	D	1.37	

To be completed by lab

Total Coliform Analysis Method: MF

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			-11
	A			-12

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.41

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

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

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: TMH

Title: _____

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY
☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____ 10/11

[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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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DUPLICATE

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528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 9.30.04 1220 U/R

Analysis Date & Time: 9/30/04 1305

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 0 °C

Disinfectant Check ☒ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements:

Report Number: T04/0731 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: ____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: ____ City: Hol. Day

System or Owner's Phone #: 727-848-8292 Fax #: ____

Collector: KENNETH T. MARTIN Collector's Phone # 727-243-0140

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: 9/29/04

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: MF				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Down stream (K-99) Dist #1 3306 Cantrell St	1330	D	1.30			A			-09
	Upstream Dist #2 3330 Cantrell St	1335	D	1.35			A			-10

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.32

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: ____

Person performing analysis is:

☐ A certified operator (# ____) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# ____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: ____

Date State notified by lab of positive results: ____

Lab Signature: TMH

Title: P.A.

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: ____

DEP/DOH Reviewing Official: ____

[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 = 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 01/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 9.30.04 1200 VIR
Analysis Date & Time: 9/30/04 1305

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 0 °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

Report Number: 704/0731 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor [illegible] **PWS I.D.** 6 S 1 0 3 [illegible]

System Address: _____ City: Holder

System or Owner's Phone #: 727-[illegible] Fax #: _____

Collector: Kenneth [illegible] Collector's Phone # 727-743-0140

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: 9/29/04

To be completed by collector of sample | To be completed by lab

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Down stream Dist # 1 3306 Cantrell St	1330	D	1.30			A			-09
	Upstream Dist # 2 3330 Cantrell St	1335	D	1.35			A			-10

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. *Do not include raw or plant samples in the average.*) 1.32

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

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

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: TMH

Title: P.M

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: [illegible] 10/11

[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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
[illegible] P = coliforms are present; C = confluent growth; TNTC = too numerous to count

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 9/20/04 1540 TD

Analysis Date & Time: 9-20-04 1605

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 2 °C

Disinfectant Check ☐ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: 1D410272 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

DUPLICATE

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 3 5

System Address: _____ City: New Port Richey

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0170

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: 9/20/04

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: MF				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or (E. coli)	Data Qualifier[2]	Lab Sample Number
#1	Repeat Rawwell #3 Hendrix St	1130	R	0	7.6		P	P		01

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# _____) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: MS

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Advanced Environmental Laboratories, Inc.

☐ 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • **E82574**
☐ 5610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • **E84589**
☐ 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**

Report Number: TD410272 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 9/20/04 1540 TD
Analysis Date & Time: 9-20-04 1605

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 2 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

System Name: Colonial Mobile Homes **PWS I.D.** 6 5 1 0 3 3 5

System Address: _____ City: New Port Richey

System or Owner's Phone #: _____ Fax #: _____

Collector: J. Scott T. Hart IV Collector's Phone # 727-243-0140

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: 9/20/04

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
#1	Repeat Rainwell #3 Hendrix	1130	R	0	7.6

To be completed by lab

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	P	P		01

CIRCLED SAMPLE UNSATISFACTORY. SUBMIT RECHECK SAMPLES UNTIL SATISFACTORY ON TWO (2) CONSECUTIVE DAYS AS REQUIRED BY FLORIDA ADMINISTRATIVE CODE.

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

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

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: M.S

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corp.
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

DEP/DOH USE ONLY

☐ ~~Satisfactory~~ Unsatisfactory
☐ Incomplete Collection Information
☒ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____ 10/4

[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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 Government Drive
New Port Richey, FL 34654
(727) 847-8902
Contacts: Gloria Krueger; Bill Wargo

For Lab Use Only

NELAC Certification # E44123
This documnent meets NELAC standards

Lab Receipt Date & Time: 9/24/04 8:12
Analysis Date & Time: 9/24/04 1053
Sample Acceptance Criteria:
Sample Preservation ☐ On Ice ☐ Not One Ice ☐ ____°C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements: _____

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

System Name: Colonial Manor Util. **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday
System or Owner's Phone #: _____ Fax#: _____
Collector: Kenneth T. Martin Collector's Phone #: 727-243-0140

Type of Supply: (check one one)

☐ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☒ Private Well ☐ Swimming Pool ☐ Other _____
Reason for Sampling: (check only one) ☐ Routine Compliance ☒ Repeat ☐ Replacment ☒ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 9/23/04

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: SM9223B				
						Fecal or E. Coli Analysis Method: SM9223B				
Sample Number	Sample point (Location of Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. Coli	Data Quantifier [2]	Lab Sample Number
	Well Clearance									
1 of 2	RAW Well #3 Hendrix	14:45	R	0	7/6		A			6686

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systemserving populations up to and including 4,900. Do not include raw or plant samples in the average.)

[2] Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
A certified operator (#_____)
Supervised by a cert operator (#_____)
☐ Employeed by a certified lab
☒ Employeed by DEP or DOH

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

Lab Signature: Julia E. Thelen
Title: Lab MGR

Name and Mailing Address of Person to Receive Report
US Water Serv.
4939 Cross Bayou Blvd.
NPR, 34652
727 848-8292

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacment Samples Required
Date Reviewed by DEP/DOH: 10/11
DEP/DOH Reviewing POfficial: _____

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 Government Drive
New Port Richey, FL 34654
(727) 847-8902
Contacts: Gloria Krueger; Bill Wargo

DUPLICATE

For Lab Use Only

NELAC Certification # E44123
This docunment meets NELAC standards

Lab Receipt Date & Time: 9/24/04 8:12
Analysis Date & Time: 9/24/04 1055
Sample Acceptance Criteria:
Sample Preservation ☐ On Ice ☐ Not One Ice ☐ ____ °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

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

System Name: Colonial Manor Util. **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday
System or Owner's Phone #: _____ Fax#: _____
Collector: Kenneth T. Martin Collector's Phone #: 727-243-0140

Type of Supply: (check one one)

☐ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____
Reason for Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☐ Replacment ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 9/23/04

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: SM9223B				
						Fecal or E. Coli Analysis Method: SM9223B				
Sample Number	Sample point (Location of Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. Coli	Data Quantifier [2]	Lab Sample Number
	Well Clearance									
1 of 2	RAW well #3 Hendrix	14:45	R	Q	7/6		A			6686

Average of disinfectant residuals for *routine and repeat samples*. (Complete for community and non-transient non-community systemserving populations up to and including 4,900. Do not include raw or plant samples in the average.)

[2] Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
A certified operator (#_____) ☐ Employeed by a certified lab
Supervised by a cert operator (#_____) ☐ Employeed by DEP or DOH

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

Lab Signature: Julia E. Thelen
Title: Lab MGR

Name and Mailing Address of Person to Receive Report
US Water Serv.
4939 Cross Bayou Blvd.
NPR, 34652
727 848-8292

DEP/DOH USE ONLY
Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacment Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing POfficial: _____

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

PASCO COUNTY ENVIRONMENTAL LABORATORY

8864 Government Drive
New Port Richey, FL 34654
(727 847-8902
Contacts: Gloria Krueger; Bill Wargo

FILE COPY

For Lab Use Only

NELAC Certification # E44123
This docunment meets NELAC standards

Lab Receipt Date & Time: 9/24/04 8:12
Analysis Date & Time: 9/24/04 1030
Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not One Ice ☐ ____ °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements: ____

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

System Name: Colonial Manor Util. **PWS I.D.** 6 5 1 0 3 5 5

System Address: ____ City: Holiday
System or Owner's Phone #: ____ Fax#: ____
Collector: Kenneth T. Martin Collector's Phone #: 727-243-0140

Type of Supply: (check one one)

☐ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☒ Limited Use System ☐ Bottled Water ☒ Private Well ☒ Swimming Pool ☒ Other ____
Reason for Sampling: (check only one) ☐ Routine Compliance ☐ Repeat ☐ Replacment ☐ Main Clearance ☒ Well Survey ☐ Other

Sample Collection Date: 9/23/04

To be completed by collector of sample							To be completed by lab				
							Total Coliform Analysis Method: SM9223B				
							Fecal or E. Coli Analysis Method: SM9223B				
Sample Number	Sample point (Location of Specific Address) Well Clearance	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH		Non Coliform	Total Coliform	Fecal or E. Coli	Data Quantifier [2]	Lab Sample Number
1 of 2	RAW well #3 Hendrix	14:45	R	Q	7/6			A			6686

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systemserving populations up to and including 4,900. Do not include raw or plant samples in the average.)

[2] Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: ____
Person performing analysis is (Please see instructions on reverse):
A certified operator (# ____) ☒ Employeed by a certified lab
Supervised by a cert operator (# ____) ☐ Employeed by DEP or DOH

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

Lab Signature: Celia E. Thomas
Title: Lab Mgr

Name and Mailing Address of Person to Receive Report

US Water Serv.
4939 Cross Bayou Blvd.
NPR, 34652
727 848-8292

DEP/DOH USE ONLY

Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacment Samples Required
Date Reviewed by DEP/DOH: ____
DEP/DOH Reviewing POfficial: ____

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 Government Drive
New Port Richey, FL 34654
(727) 847-8902
Contacts: Gloria Krueger; Bill Wargo

For Lab Use Only

NELAC Certification # E44123
This docunment meets NELAC standards

Lab Receipt Date & Time: 9/24/04 7:12
Analysis Date & Time: 9/24/04 1032
Sample Acceptance Criteria:
Sample Preservation ☐ On Ice ☐ Not One Ice ☐ ____°C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

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

System Name: Colonial Manor Util. **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Hudson
System or Owner's Phone #: _____ Fax#: _____
Collector: Kennell T. Martin Collector's Phone #: 727-243-0140

Type of Supply: (check one one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____
Reason for Sampling: (check only one) ☐ Routine Compliance ☒ Repeat ☐ Replacment ☐ Main Clearance ☐ Well Survey ☐ Other

Sample Collection Date: 9/23/04

To be completed by collector of sample							To be completed by lab				
							Total Coliform Analysis Method: SM9223B				
							Fecal or E. Coli Analysis Method: SM9223B				
Sample Number	Sample point (Location of Specific Address) Well Clearance	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH		Non Coliform	Total Coliform	Fecal or E. Coli	Data Quantifier [2]	Lab Sample Number
1 of 2	F.P.U. well #3 Hendrix	1145	R	X	7/6			A			6686

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systemserving populations up to and including 4,900. Do not include raw or plant samples in the average.)

[2] Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: _____
Person performing analysis is (Please see instructions on reverse):
A certified operator (# _____) ☐ Employeed by a certified lab
Supervised by a cert operator (# _____) ☐ Employeed by DEP or DOH

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

Lab Signature: Celia E. Miller
Title: Lab Mgr

Name and Mailing Address of Person to Receive Report
US Water Serv.
493 U.S. Water Services Corp.
NP 4939 Cross Bayou Blvd.
New Port Richey, FL 34652

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacment Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing POfficial: _____ 10/7

C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
(727) 847-8902

FOR LAB USE ONLY
DHRS #44237
E44123

DATE RCVD: 9/24/04
TIME RCVD: 14.50
DATE RUN: 9/25/04
TIME RUN: 12:00

DRINKING WATER BACTERIOLOGICAL ANALYSIS

[redacted] NAME Colonial Manor utilities SYSTEM ID NO 6510355 SYSTEM PHONE # 727-848-8812
ADDRESS Address of Colonial Manor COUNTY Pasco DER DISTRICT
COLLECTOR KENNETH MARTIN B-15257 ✓ COLLECTOR PHONE # 727-243-0140
SAMPLE SITE (Locality or Subdivision) Colonial Manor
DATE AND TIME COLLECTED 9/24/04 1215 PM

TYPE OF SUPPLY (Circle one) Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one) Compliance (Check Box) [ ] Distribution [ ] Raw | Repeal | Replacement (Check Box) [ ] TNTC or C [ ] Turbid [ ] | Main clearance | Well survey | Other well clearance (Specify)

REMARKS 10/7/04 125pm Spoke w/operator These Are Follow-up to Unsatisfactory Well Sample

ANALYST: WW

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD	MF	MTF	MMO-MUG	PA
COLL NO	SAMPLE POINT (Specific Address)	CL RES'D	pH	SAMPLE NUMBER	NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL
	Raw well #3 Hendricks	0	7.6	6699		A		

*Results in this column are preliminary. Fecal coliform confirmation on community and noncommunity water systems and total coliform confirmation on all types of water systems will follow in 24-48 hours.

P - Coliforms are present
A - Coliforms are absent
C - Confluent growth
TNTC - Too numerous to count
TA - Turbid. Absence of gas or acid

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

✓ NAME AND MAILING ADDRESS OF PERSON, FIRM TO RECEIVE REPORT

US Water Services
4939 Cross Bayou Blvd
New Port Richey FL
34652
ATTN: Melissa R.

✓ SATISFACTORY
INCOMPLETE COLLECTION INFORMATION
REPEAT SAMPLES
REPLACEMENT SAMPLES

REVIEWING OFFICIAL
TITLE
~~Title~~: Lab MGR 10/7/04

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
(727) 847-8902

FOR LAB USE ONLY

DHRS #44237
E44123

DATE RCVD: 9/24/04
TIME RCVD: 14:50
DATE RUN: 9/25/04
TIME RUN: 12:00

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME Colonial Manor Utilities SYSTEM ID NO 6510355 SYSTEM PHONE # 727-848-8292
ADDRESS Hendrix St. (New Port Richey COUNTY Pasco DER DISTRICT
COLLECTOR Kenneth T. Martin Bibler ✓ COLLECTOR PHONE # 727-245-0170
SAMPLE SITE (Locality or Subdivision) Colonial Manor
DATE AND TIME COLLECTED 9/24/04 1215 PM

TYPE OF SUPPLY (Circle one) Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one) Compliance (Check Box) ( ) Distribution ( ) Raw | Repeat | Replacement (Check Box) ( ) TNTC or C ( ) Turbid | Main clearance | Well survey | (Other) well Clearance (Specify)

REMARKS

ANALYST: WW

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD	MF	MTF	MMO-MUG	PA
COLL NO	SAMPLE POINT (Specific Address)	CL RES D	pH	SAMPLE NUMBER	NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL
	Raw well #3 Hendrix St	0	7.6	6699		A		

*Results in this column are preliminary. Fecal coliform confirmation on community and noncommunity water systems and total coliform confirmation on all types of water systems will follow in 24-48 hours.

P - Coliforms are present
A - Coliforms are absent
C - Confluent growth
TNTC - Too numerous to count
TA - Turbid Absence of gas or acid

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

✓ NAME AND MAILING ADDRESS OF PERSON FIRM TO RECEIVE REPORT

US Water Services
4143 Cross Bayou Blvd
New Port Richey FL 34652
ATTN: Melissa R.

✓ SATISFACTORY
INCOMPLETE COLLECTION INFORMATION
REPEAT SAMPLES
REPLACEMENT SAMPLES

REVIEWING OFFICIAL
TITLE
DATE 10/11/04

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
(727) 847-8902

DUPLICATE

DRINKING WATER BACTERIOLOGICAL ANALYSIS

FOR LAB USE ONLY

DHRS #44237
E44123

DATE RCVD: 9/24/04
TIME RCVD: 14.50
DATE RUN: 9/25/04
TIME RUN: 12:00

SYSTEM NAME Colonial Manor Utilities SYSTEM ID NO 6510355 SYSTEM PHONE # 727-848-8992
ADDRESS Hendrix St. (New Port Richey) COUNTY Pasco DER DISTRICT
COLLECTOR Kenneth T. Martin Bibby ✓ COLLECTOR PHONE # 727-243-0170
SAMPLE SITE (Location or Subdivision) Colonial Manor
DATE AND TIME COLLECTED 9/24/04 1215 PM
TYPE OF SUPPLY (Circle one) Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system
TYPE OF SAMPLE (Circle one) Compliance (Check Box) [ ] Distribution [ ] Raw Repeat Replacement (Check Box) [ ] TNTC or C [ ] Turbid Main clearance Well survey Other well Clearance (Specify)
REMARKS

ANALYST: WW

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD	MF	MTF	MMO-MUG	PA
COLL NO	SAMPLE POINT (Specific Address)	CL RES D	pH	SAMPLE NUMBER	NON COLIFORM	*TOTAL	CONFIRM TOTAL	CONFIRM FECAL
	Raw well #3 Hendrix St	0	7.6	6699		A		

*Results in this column are preliminary. Fecal coliform confirmation on community and noncommunity water systems and total coliform confirmation on all types of water systems will follow in 24-48 hours.

P Coliforms are present
A Coliforms are absent
C Confluent growth
TNTC Too numerous to count
TA Turbid Absence of gas or acid

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

✓ NAME AND MAILING ADDRESS OF PERSON FIRM TO RECEIVE REPORT

US Water Services
4137 Cross Bayou Blvd
New Port Richey FL 34652
Attn: Melissa R.

SATISFACTORY
INCOMPLETE COLLECTION INFORMATION
REPEAT SAMPLES
REPLACEMENT SAMPLES

REVIEWED BY (Initial) _____
TITLE _____
DATE _____

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
(727) 847-8902

FILE COPY

FOR LAB USE ONLY
DHRS #44237
E44123
DATE RCVD: 9/24/04
TIME RCVD: 14:50
DATE RUN: 9/25/04
TIME RUN: 12:00

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Colonial Manor Utilities SYSTEM ID NO: 6510355 SYSTEM PHONE #: 727-848-8292
ADDRESS: Hendrix St. (New Port Richey) COUNTY: Pasco DER DISTRICT:
COLLECTOR: Kenneth Martin Bibby ✓ COLLECTOR PHONE #: 727-245-0170
SAMPLE SITE (Locality or Subdivision): Colonial Manor
DATE AND TIME COLLECTED: 9/24/04 1215 PM

TYPE OF SUPPLY (Circle one): Community water system Noncommunity water system Nontransient noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one): Compliance (Check Box) ( ) Distribution ( ) Raw | Repeat | Replacement (Check Box) ( ) TNTC or C ( ) Turbid | Main clearance | Well survey | (Other) well Clearance (Specify)

REMARKS:

ANALYST: WW

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD	MF	MTF	MMO-MUG	PA
COLL NO	SAMPLE POINT (Specific Address)	CL RES D	pH	SAMPLE NUMBER	NON COLIFORM	TOTAL	CONFIRM TOTAL	CONFIRM FECAL
	Raw well #3 Hendrix St	0	7.6	6699		A		

*Results in this column are preliminary. Fecal coliform confirmation on community and noncommunity water systems and total coliform confirmation on all types of water systems will follow in 24-48 hours.

P - Coliforms are present
A - Coliforms are absent
C - Confluent growth
TNTC - Too numerous to count
TA - Turbid Absence of gas or acid

INTERPRETATIONS/REMARKS BY PROGRAM REVIEWER

✓ NAME AND MAILING ADDRESS OF PERSON FIRM TO RECEIVE REPORT

US Water Services
4193 Cross Bayou Blvd
New Port Richey FL 34652
ATTN: Melissa R

SATISFACTORY
INCOMPLETE COLLECTION INFORMATION
REPEAT SAMPLES
REPLACEMENT SAMPLES

REVIEWER (Print):
TITLE:

Laboratory Reviewer: Carlos E. Valle Title: Lab MGR

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

Report Number: T0410149 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

FILE COPY

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 9-17-04 0755 gm

Analysis Date & Time: 9-17-04 1125

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 0 °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: [redacted] City: New Port Richey

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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: 9/16/04

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: MF				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Common DR	1415	R	0	7.5		A			-01
	Raw well #2 Cantrell St	1420	R	0	7.5		A			-02
	Raw well #3 Hendrix St	1425	R	0	7.6	TNTC				-03
	Raw well #4 Linkwood DR	1430	R	0	7.5		A			-04
	Def #1 3509 Deford DR	1440	D	1.50			A			-05
	Def #2 3504 Common DR	1450	D	1.40			A			-06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.35

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# _____) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: [signature]

Title: MS

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

Report Number: T0410149 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 9-17-04 0755 pm
Analysis Date & Time: 9-17 04 1125

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: New Port Richey

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727 243 0140

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: 9/16/04

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: mf Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Common DR	1415	R	0	7.5		A			-01
	Raw well #2 Control #	1420	R	0	7.5		A			-02
	Raw well #3 Hendricks	1425	R	0	7.6	TNTC				-03
	Raw well #4 Linwood DR	1430	R	0	7.5		A			-04
	Dist #1 3509 Bridle DR	1410	D	1.30			A			-05
	Dist #2 3504 Common DR	1410	D	1.40			A			-06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. *Do not include raw or plant samples in the average.*) 1.35

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
Person performing analysis is:
☐ A certified operator (# _____) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

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

SUBMIT 1 replacement sample

Lab Signature: _____
Title: MS

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☒ Replacement Samples Required
Date Reviewed by DEP/DOH: 9/29
DEP/DOH Reviewing Official: _____

[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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Advanced
Environmental Laboratories, Inc.

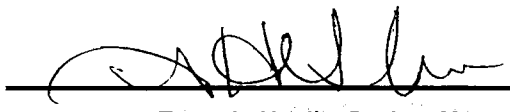
6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client:	US Water Services	**Report No.:**	T0410147
Project Name:	Colonial Manor	**Date Sampled:**	09/16/2004
Project Number:		**Date Received:**	9/17/04 07:55
PWS ID#:	6510355	**Date Reported:**	10/08/2004
Attention:	Melisa Rotteveel		
Phone Number:	7278488292		
Address:	4939 Cross Bayou Blvd.		
	New Port Richey, Fl 34652		

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Colonial Manor

Approved By: 

Tammie Heslin, Project Manager

If you have any questions, the above named should be contacted.

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

Total Number of Pages = 9

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Raw Well #1 Connon Drive
Site: New Port Richey
Sample Number: T0410147-01

Report No.: T0410147
Date/Time Sampled: 09/16/20 14:15
Date/Time Received: 9/17/04 07:55

Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**55**		SM4500CL-E	**1.3**	09/17/2004	15:37	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**32**		E300.0	**2.1**	10/05/2004	09:50	E84589
1930	**Total Dissolved Solids**	500	mg/L	**450**		E160.1	**10**	09/18/2004	13:30	E84589

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

P.2

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Raw Well #2 Contrell Street
Site: New Port Richey
Sample Number: T0410147-02

Report No.: T0410147
Date/Time Sampled: 09/16/20 14:20
Date/Time Received: 9/17/04 07:55

Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**50**		SM4500CL-E	**1.3**	09/17/2004	15:37	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**26**		E300.0	**2.1**	10/05/2004	09:50	E84589
1930	**Total Dissolved Solids**	500	mg/L	**410**		E160.1	**10**	09/18/2004	13:30	E84589

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

P.2

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Raw Well #3 Hendrix
Site: New Port Richey
Sample Number: T0410147-03

Report No.: T0410147
Date/Time Sampled: 09/16/20 14:25
Date/Time Received: 9/17/04 07:55

Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**54**		SM4500CL-E	**1.3**	09/17/2004	15:37	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**29**		E300.0	**2.1**	10/05/2004	09:50	E84589
1930	**Total Dissolved Solids**	500	mg/L	**460**		E160.1	**10**	09/18/2004	13:30	E84589

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

P.4

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: US Water Services
Project Name: Colonial Manor
Matrix: Drinking Water
PWS ID#: 6510355
Client Sample ID: Raw Well #4 Linkwood
Site: New Port Richey
Sample Number: T0410147-04

Report No.: T0410147
Date/Time Sampled: 09/16/20 14:30
Date/Time Received: 9/17/04 07:55

Sampled By: Kenneth Martin
Shipping Method: Client drop off

Secondary Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1017	**Total Chlorides**	250	mg/L	**69**		SM4500CL-E	1.3	09/17/2004	15:37	E84589
1055	**Sulfate (as SO4)**	250	mg/L	**47**		E300.0	2.1	10/05/2004	09:50	E84589
1930	**Total Dissolved Solids**	500	mg/L	**530**		E160.1	10	09/18/2004	13:30	E84589

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

P. 5

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

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler – Please type or print legibly)

System Name: Colonial Manor Utilities PWS I.D. #: 6510355

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

Address: _____

City: New Port Richey State: FL ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: IG4101447-01-04 Location Code (if known): _____

Sample Date: 9/16/04 Sample Time: 1415, 1420, 1425, 1430 AM (PM) (Circle One)

Sample Location (be specific): Well 1, 2, 3, 4

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

☐Distribution
☐Entry Point (to Distribution)
☐Plant Tap (not for compliance with 62-550)
☐Raw (at well or intake)
☐Max Residence Time
☐Ave Residence Time
☐Near First Customer

Reason(s) for Sample (Check all that apply)

☐Routine Compliance (with 62-550) ☐Quarterly (Which Quarter? _____)
☐Confirmation of MCL Exceedance* ☐Special (not for compliance with 62-550)
☐Composite of Multiple Sites** ☐Violation Resolution
☐Clearance (permitting) ☐Replacement (of Invalidated Sample)
☐Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: ken martin

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, ken Martin (Print Name), _____ (Print Title),

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

Signature: _____ Date: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Tampa
Florida Certification #: E84589

Address: 9610 Princess Palm Avenue
Certification Expiration Date: 06/30/2005

Tampa, Florida 33619
phone #: (813) 630-9616

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): 6510355
Date Sample(s) Received: 09/17/2004 07:55:0

Lab Assigned Report Number or Job ID T0410147
Sample Number (From page 1) T0410147-01-04

Group(s) Analyzed Results attached for compliance with chapter 62-550, F.A.C. (check all that appl

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Triha
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloaceti
☐ Nitrate	☐ Partial	Radionuclides	☐ Bromate
☐ Nitrite	☐ Dioxin Only	☐ Single Samp	☐ Chlorite
☐ Asbestos Only		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☑ Partial

Were any analyses subcontracted? ☐ Yes ☑ No

If yes, please provide DOH certification number

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Tammie Heslin , Project Manager ,
(Print Name)

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

Signature: _____ **Date:** 10/8/04

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates .locations for each quarter.

COMPLIANCE DETERMINATIO (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No
Sample Analysis Info Satisfactory: ☐ Yes ☐ No

☐ Replacement Sample(s) Requested (circle or highlight group(s) above)
☐ Revised Report Requested (circle or highlight group(s) above)

☐ Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Other:

Person Notified: Date Notified:

Comments

Date Reviewed: DEP/DOH Reviewing Official:

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

Date/Time Rcvd: 9/17/04 755 Log-In request number: TD410147

Received by: JH Completed by: TO

Cooler/Shipping Information:

Courier: ☑ AEL ☐ Client ☐ UPS ☐ Pony Express ☐ FedEx ☐ Other (describe): _____

Type: ☑ Cooler ☐ Box ☐ Other (describe) _____

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

Cooler ID					
Temp (°C)	0°C				
Temp taken from	☐ Temp blank ☐ Sample bottle ☑ Ice Water	☐ Temp blank ☐ Sample bottle ☐ Ice Water	☐ Temp blank ☐ Sample bottle ☐ Ice Water	☐ Temp blank ☐ Sample bottle ☐ Ice Water	☐ Temp blank ☐ Sample bottle ☐ Ice Water
Temp measured with	☑ IR gun ☐ Thermometer (enter ID)	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:
Any "NO" responses or discrepancies should be explained in the "Comments" section below.

	CHECKLIST	YES	NO	NA
1.	Were custody seals on shipping container(s) intact?			—
2.	Were custody papers properly included with samples?	—		
3.	Were custody papers properly filled out (ink, signed, match labels)?	—		
4.	Did all bottles arrive in good condition (unbroken)?	—		
5.	Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	—		
6.	Did the sample labels agree with the chain of custody?	—		
7.	Were correct bottles used for the tests indicated?	—		
8.	Were proper sample preservation techniques indicated on the label?	—		
9.	Were samples received within holding times?	—		
10.	Were all VOA vials checked for the presence of air bubbles?			—
11.	Were there air bubbles present in the VOA vials?			—
12.	Were samples in direct contact with wet ice? If "No," check one: ☐ NO ICE ☐ BLUE ICE	—		
13.	Was the cooler temperature less than 6°C?	—		
14.	Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			—
15.	Were the sample containers provided by AEL?	—		
16.	Were samples accepted into the laboratory?	—		

Comments:

Kit ID:

P. 1 of 8

Advanced
Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

LAB NUMBER: T041014.7

- ❑ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- ❑ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- ❑ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

Page _____ of _____

CLIENT NAME:

ADDRESS: U.S. Water Services
4939 Cross Bayou Blvd
New Port Richey, FL 34652
Ph: 727-848-8292 Fx: 727-848-7741

PHONE: FAX:

CONTACT:

PROJECT NAME: Colonial Manor Utilities

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: New Port Richey ~~Colonial Manor Utilities~~

SAMPLED BY: Ken Martin

TURN AROUND TIME:

☒ STANDARD

❑ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	LAB NUMBER
							100mL Bacteria		
							1602	TDS	
							1602	Chlorides	
							1602	Sulfate	
							Preserv	#	
	Raw well #1 Cannon Dr.	G	9/16/04	1415	DW	2		X X X X	-01
	Raw well #2 Cantrell St	G	9/16/04	1420	DW	2		X X X X	-02
	Raw well #3 Henderson	G	9/16/04	1425	DW	2		X X X X	-03
	Raw well #4 Linkwood	G	9/16/04	1430	DW	2		X X X X	-04
	Dist #1 3509 Bedford Dr.	G	9/16/04	1440	DW	1		X X X X FTM	
	Dist #2 3504 Cannon Dr.	G	9/16/04	1450	DW	1		X X X X FTM	
								*	

Bacteria sent to Pinellas

*PH. Results sent to their own #

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #		Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via:	RB	D/T	1		9/17/04	0755		9.17.04	0755
		AB	D/T	2						
Ret: / /	Via:	Trip Bl:		3						
	00 FH 9/17/04	❑	❑	4						

Received on ice: Yes No DC ☐ cont ☑ received

revised 8/01

CHAIN OF CUSTODY RECORD

LAB NUMBER:

Advanced
Environmental Laboratories, Inc.
- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

Page _____ of _____

CLIENT NAME:

PROJECT NAME: Colonial Manor Utilities

ADDRESS: **U.S. Water Services**
4939 Cross Bayou Blvd
New Port Richey, FL 34652

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: New Port Richey

PHONE: **Ph: 727-848-8292 Fx: 727-848-7701** FAX

CONTACT:

SAMPLED BY:

TURN AROUND TIME:

☒ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID.	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	LAB NUMBER
							100ANL		
							1602		
							1602		
							1602		
	Raw well #1 Colonial SR	G	9/16/04	1415	DW	2	Preserv H	X	
	Raw well #2 Courtesy	G	9/16/04	1420	DW	2	H	X	
	Raw well #3 Hamilton	G	9/16/04	1425	DW	2	H	X	
	Raw well #4 Lockwood	G	9/16/04	1430	DW	2	H	X	
	Unit #1 3[illegible]	G	9/16/04	1440	DW	1	H	X	
	Unit #2 3[illegible]	G	9/16/04	1450	DW	1	H	X	

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1		9/17/04	0955			0955
2						
3						
4						

☐ cont. ☐ received

revised 8/01

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ❑ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: T0410272

Page _____ of _____

CLIENT NAME: U.S. WATER SERVICES CO.	PROJECT NAME: Colonial manor Utilities
ADDRESS: 4939 CROSS BAYOU BLVD NEW PORT RICHEY, FL 346	P.O. NUMBER / PROJECT NUMBER:
PHONE: PHONE (727) 848-8292 FAX:	PROJECT LOCATION:
CONTACT:	SAMPLED BY:

TURN AROUND TIME:

☒ STANDARD

❑ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED: Total coliform Rule	LAB NUMBER
#1	Report Raw well #3 Hendrix St	G	9/20/04	1130	DW	1	T&B	X	

Preserv: H

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Relinquished by:	Date	Time	Received by:	Date	Time
Out:	1	9/20/04	1540		9/20/04	1540
	2					
Ret:	3					
	4					

Shipment Out: Via: Method: Sample Kit: Cooler #: RB: Ice: Y / N Temp: °C Ambient: °C

revised 8/01

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: T041073I

Page _____ of _____

CLIENT NAME:

ADDRESS: U.S. WATER SERVICES COR
4939 CROSS BAYOU BL
NEW PORT RICHEY, FL

PHONE: PHONE (727) 848 FAX:

CONTACT:

PROJECT NAME: Colonial Manor

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: Holiday

SAMPLED BY:

TURN AROUND TIME:

☒ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE: 1 Liter

ANALYSIS REQUIRED: Total Coliform

LAB NUMBER

WW = waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

Preserv: H

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.		
	Down Stream Dist#1 3306 Cantrell st	G	9/30/04	0800	DW	1	X	
	up Stream Dist#2 3330 Cantrell st	G	9/30/04	0805	DW	1	X	

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #		Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via: _____	RB _____	D/T _____	1		9/30/04	1015	D. Altamuro	9/30/04	1015
		AB _____	D/T _____	2	D. Altamuro	9.30.04	1220	V. Lynn	9.30.04	1220
Ret: / /	Via: _____	Trip Bl.		3						
0°C, 9-30 04 VLR		☐	☐	4						

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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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: T0410731

Page _____ of _____

CLIENT NAME:

PROJECT NAME: Colonial Manor Utilities

ADDRESS: U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: Hol. Dwy

PHONE: PHONE (727) 848-8292 FAX:

CONTACT: Melissa R.

SAMPLED BY: Kenneth T. Martin

TURN AROUND TIME:

☒ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE: 100 mL	ANALYSIS REQUIRED: Total Coliform only	LAB NUMBER
	Dist #1 3306 Cantrell St (DOWN STREAM)	G	9/29/04	1330	DW	1		X	
	Dist #2 3330 Cantrell St (UP STREAM)	G	9/29/04	1335	DW	1		X	

Preserv: H

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #		Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via: _____	RB _____	D/T _____	1	[signature]	9/30/04	1015	D A Tamuro	9/30/04	1015
		AB _____	D/T _____	2	D A Tamuro	9.30.04	1210	V. Izmir	9.30.04	1220
Ret: / / 0°C	Via: 9.30.04	Trip Bl. VR ☐	☐	3						
				4						

revised 8/01

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER:

Page _____ of _____

CLIENT NAME:	PROJECT NAME: Colonial Manor Apts
ADDRESS:	P.O. NUMBER / PROJECT NUMBER:
	PROJECT LOCATION:
PHONE: FAX:	
CONTACT:	SAMPLED BY:

TURN AROUND TIME:
- ☐ STANDARD
- ☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE: 1L

ANALYSIS REQUIRED: TOTAL COLIFORM

LAB NUMBER

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

Preserv: X

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.		
1012	Raw Well #3 Henry St	G	9/2/04 KT	1414	DW	1	X	

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[redacted]	9/2/04	0815		9/2/04	0812
2						
3						
4						

revised 8/01

Pasco County Environmental Laboratory
8864 Government Drive
New Port Richey, FL 34654
(727) 847-8902 Fax: (727) 847-8112

CHAIN OF CUSTODY RECORD

Page ___ of ___

FOR LAB USE ONLY
Temp of Contents: _____ °C (or Received on Ice, ROI)
Condition of Contents: _____

FOR LAB USE ONLY
LOG IN NO.

1. Client: (Company or Individual)
Address: 4135 Cross Bayou Blvd
Phone: ( ) 727-848-2242 Ext 217
City: New Port Richey State FL Zip Code 34652
Fax: ( )

2. Report to: (if different from above)
Address:
Phone: ( )
City State Zip Code
Fax: ( )

3. Client Project Name:

4. Sampled by: (Print)

5. Sampled by: (Signature)

6. Shipping Method:

Water Sample Codes (for Item 13)	Container Codes (for Item 16)
DW - Drinking Water	V - VOA vial
GW - Ground Water	G - Glass
SW - Surface Water	P - Plastic
PW - Processed Water	M - Micro Bag/Cup
WW - Waste Water	O - Other

14. No. of Containers
15. Preservatives T/I
16. Containers T C B
17. Analysis Requested

Preservative Codes (for Item 15)
C - Cool Only
H - Hydrochloric Acid
M - Monochicroacetic Acid
N - Ntric Acid
OH - Sodium Hydroxide
S - Sulfuric Acid
T - Sodium Thiosulfate

Item	9. Sample ID or No.	10. Sample Description	11. Sample Date	11. Sample Time	12. Comp.	12. Grab	13. Water (Codes)	13. Leachate	13. Soil	13. Sludge	13. Other	14. No. of Containers	17. Analysis Requested	20. REMARK	For Lab Use Only LAB SAMPLE NO.
1.	2012	[illegible] #3	9/10/14	[illegible] PM		X	DW					1	X		
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															

21. RELINQUISHED BY	DATE	TIME	22. RECEIVED BY	DATE	TIME
1. [signature]	9/11/14	[illegible]	[signature]	9/11/14	14:30
2.					
3.					
4.					

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER:

Page _____ of _____

CLIENT NAME:

PROJECT NAME: Cedar Manor Villas

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION:

PHONE: FAX:

CONTACT:

SAMPLED BY:

TURN AROUND TIME:

☐ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE: 1LP

ANALYSIS REQUIRED: Fecal Coliform

LAB NUMBER

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

Preserv: I

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.								
#1	Recent Raw Well #3 Hendrix	G	7/20/01	1130	DW	1	X							

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

[redacted]

	Relinquished by:	Date	Time	Received by:	Date	Time
1		7/20/01	1540		7/20/01	1540
2						
3						
4						

revised 8/01

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

See page 4 for instructions.

FILE COPY

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

A. Public Water System (PWS) Information

PWS Name: **COLONIAL MANOR WATER SYSTEM**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I			Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey		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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
10/20/06	KENNETH MARTIN	b - 13237

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

III. Daily Data for the Month/Year of: October-04

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

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

Day of the Month	Days Plant Shutdown (Unless Operation Necessary) (Yes=X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24	38,000		1.8								0.94	
2		24	36,000											
3		24	26,000											
4	x	24	12,000		1.74								1.19	
5		24	11,000											
6	x	24	16,000		1.55								1.09	
7		24	16,000											
8	x	24	19,000		1.8								1.1	
9		24	18,000											
10		24	28,000											
11	x	24	14,000		1.9								0.99	
12		24	14,000											
13	x	24	23,000		1.75								1.02	
14		24	22,000											
15	x	24	18,000		1.8								1.05	
16		24	18,000											
17		24	18,000											
18	x	24	18,000		1.74								0.99	
19		24	18,000											
20	x	24	21,000		1.82								1.03	
21		24	21,000											
22	x	24	25,000		1.9								1.1	
23		24	25,000											
24		24	25,000											
25	x	24	26,000		1.9								1.05	
26		24	25,000											
27	x	24	13,000		1.87								1.1	
28		24	12,000											
29	x	24	31,000		1.75									
30		24	31,000										1.01	
31		24	31,000											
Total			669,000											
Average			21,581											
Maximum			38,000											

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: October 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**		PWS Identification Number: 6510355
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: 1,825 +/-	
PWS Owner: Colonial Manor Utilities Inc.		
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator	
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701	
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com		

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey		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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

tion 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	Printed or Typed Name	License Number
10/30/07	KENNETH MARTIN	b - 13237

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

III. Daily Data for the Month/Year of: October-04

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

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

Day of the Month	Days Plant Shutdown Unrelated to Operation (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*:									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	0	-		1.8								0.99	
2		0	-											
3		0	-											
4	x	24	38,000		1.72								1.05	
5		24	37,000											
6	x	24	33,000		1.85								0.99	
7		24	82,000											
8	x	24	58,000		1.89								1.03	
9		24	53,000											
10		24	53,000											
11	x	0	-		1.94								1.15	
12		0	-											
13	x	24	80,000		1.74								1.14	
14	x	24	79,000		1.8								1.05	
15		24	79,000											
16		24	79,000											
17		24	79,000											
18	x	24	35,000		1.85								1.1	
19		24	34,000											
20	x	0	-		1.9								1.01	
21		0	-											
22	x	24	84,000		1.84								1	
23		24	83,000											
24		24	83,000											
25	x	24	92,000		1.75								1.04	
26		24	91,000											
27	x	24	72,000		1.82								1.01	
28		24	72,000											
29	x	0	-		1.85								1.05	
30		0	-											
31		0	-											
Total			1,396,000											
Average			45,032											
Maximum			92,000											

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: October 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
10/21/04	KENNETH MARTIN	B- 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: October-04

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

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

Day of the Month	Days Plant Started or Is Being Operated (Place "X")	Hours Plant is in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24	50,000		1.25								0.74	
2		24	30,000											
3		24	30,000											
4	x	24	15,000		1.45								0.92	
5		24	15,000											
6	x	24	43,000		2								1.1	
7		24	42,000											
8	x	24	53,000		1.49								1.02	
9		24	53,000											
10		24	39,000											
11	x	24	67,000		1.55								0.98	
12		24	67,000											
13	x	0	-		1.74								1.09	
14		0	-											
15	x	0	-		1.8								1.1	
16		0	-											
17		0	-											
18	x	24	76,000		1.7								1.1	
19		24	76,000											
20	x	24	61,000		1.8								0.99	
21		24	61,000											
22	x	0	-		1.74								1.03	
23		0	-											
24		0	-											
25	x	0	-		1.82								1.03	
26		0	-											
27	x	0	-		1.74								1.03	
28		0	-											
29	x	24	64,000		1.65								1.15	
30		24	64,000											
31		24	65,000											
Total			971,000											
Average			31,323											
Maximum			76,000											

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: October 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
10/20/04	KENNETH MARTIN	C - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W-I

III. Daily Data for the Month/Year of: October-04

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

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

Day of the Month	Days Plant Started or Valve(s) Operated (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable†									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24	20,000		1.72								1.1	
2		24	19,000											
3		24	19,000											
4	x	24	22,000		1.82								0.95	
5		24	22,000											
6	x	24	18,000		1.85								1.1	
7		24	17,000											
8	x	24	17,000		1.65								1.09	
9		24	17,000											
10		24	17,000											
11	x	24	22,000		1.72								0.94	
12		24	22,000											
13	x	24	21,000		1.65								0.94	
14		24	20,000											
15	x	24	18,000		1.82								0.98	
16		24	16,000											
17		24	16,000											
18	x	24	28,000		1.8								1.01	
19		24	27,000											
20	x	24	21,000		1.75								0.99	
21		24	21,000											
22	x	24	18,000		1.82								1.03	
23		24	16,000											
24	x	24	16,000		1.8								1.05	
25		24	25,000											
26		24	24,000											
27	x	24	25,000		1.74								1.02	
28		24	25,000											
29	x	24	16,000		1.75								1.01	
30		24	16,000											
31		24	16,000											
Total			617,000											
Average			19,903											
Maximum			28,000											

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: October 2004

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
10/8/04	KENNETH MARTIN	b - 13237

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

III. Daily Data for the Month/Year of: October-04

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

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

Day of the Month	Days Plant Meter is Verified by Operator (Place "X")	Hours Plant is in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations*							UV Dose*			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											out of service
2		0	-											out of service
3		0	-											out of service
4		0	-											out of service
5		0	-											out of service
6		0	-											out of service
7		0	-											out of service
8		0	-											out of service
9		0	-											out of service
10		0	-											out of service
11		0	-											out of service
12		0	-											out of service
13		0	-											out of service
14		0	-											out of service
15		0	-											out of service
16		0	-											out of service
17		0	-											out of service
18		0	-											out of service
19		0	-											out of service
20		0	-											out of service
21		0	-											out of service
22		0	-											out of service
23		0	-											out of service
24		0	-											out of service
25		0	-											out of service
26		0	-											out of service
27		0	-											out of service
28		0	-											out of service
29		0	-											out of service
30		0	-											out of service
31			-											out of service
Total			-											
Average			-											
Maximum			-											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: OCT 2004

Well # 1 COMMON DR System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	10420	~~38~~,000	180	99	50	30/10	KM B13237 915 95		
2		~~36~~,000							
3		~~26~~,000							
4	10500	12,000	170	199	50	30/10	KM B13237-1445-NJT		Cleaned Eq Pond
5		11,000							
6	10523	16,000	175	109	50	30/10	KM B13237 1030-1050	Monthly Sample	replaced Rotor Assembly on Pump
7		16,000							Cleaned Eq. Pond
8	10555	29,000	180	110	50	30/10	KM B13237-0940-1000		
9		~~28~~,000							
10		~~28~~,000							
11	10610	14,000	190	99	50	30/10	KM B13237-1400-1415		
12		14,000							
13	10606	~~23~~,000	175	102	50	45/55	KM B13237-1145-NJT		
14		~~23~~,000							
15	10713	~~28~~,000	180	1.05	50	45/55	KM B13237-1500-1515		
16		~~18~~,000							
17	~~10967~~	~~18,000~~	~~174~~	~~99~~	~~50~~	~~50/10~~	~~KM B13237-1030-1045~~		Cleaned Eq Point Changed Chart
18	10767	18,000	174	99	50	50/10	KM B13237-1030-1045		
19		18,000							
20	10803	21,000	182	103	50	50/10	KM B13237-1215-1230		
21		21,000							
22	10845	~~25~~,000	190	110	50	~~50~~	KM B13237-1300-1330		
23		~~25~~,000							
24		~~25~~,000							
25	10920	26,000	190	105	50	50/10	KM B13237 1350-1400		
26		21,000							
27	10971	13,000	187	110	50	50/10	KM B13237-1455-1510		Added Vlv valve FOR INT. Acid Cleaning
28		12,000							
29	10996	31,000	175	101	50	50/10	KM B13237-1120-1140		
30		31,000							
31		31,000							

11/=11089

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water
Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Oct / 04
Well # 2 Cantrell St System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	67917	0	1.80	99	50	50/50	KmB 13237		
2		0							
3		0							
4	67917	30,000	1.72	1.05	50	50/50	KmB 13237 1450-1457		Cleaned Fly Pond
5		31,000							
6	68092	33,000	1.85	99	50	50/50	KmB 13237 1105-1115	Pulled sample	
7		32,000							
8	68157	51,000	1.89	1.03	50	50/50	KmB 13237 930-940		
9		53,000							
10		53,000							
11	68317	0	1.94	1.15	50	50/50	KmB 13237 1430-1441		
12		0							
13	68357	80,000	1.74	1.19	50	50/50	KmB 13237 1315-1330		Cleaned Fly Pond
14		79,000	1.80	1.05	50	50/50	KmB 13237 1526-1530		
15	68476	74,000							
16		74,000							
17		74,000							
18	68715	500	1.85	1.10	50	50/50	KmB 13237 1025-1035		
19		500							
20	68715	0	1.50	1.01	50	50/50	1150-1200 KmB 13237		
21		0							
22	68716	84,000	1.84	1.00	50	50/50	KmB 13237 1315-1322		
23	~~68966~~	83,000							
24		83,000							
25	68966	92,000	1.75	1.04	50	50/50	KmB 13237 1340-1350		
26		91,000							
27	69149	72,000	1.82	1.01	50	50/50	KmB 13237 1425-1435		Added 2" valve for Fly Pond cleaning
28		72,000							
29	69313	0	1.85	1.05	50	50/50	KmB 13237 1147-1200		
30		0							
31		0							

11/12 69313

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: OCT / 04

Well # 3 Hendry System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	116002	5000	1.25	.74	45	~~25~~/80	KMB3250		
2		3000							
3		3000							
4	116213	1500	1.45	.92	45	20/80	KMB3250 1015-1045		Cleaned Inj Point
5		1500							
6	116216	4[illegible]000	2.90	1.10	45	20/80	KMB3250 1130-1145	Pulled sample	
7		4[illegible]000							
8	116301	23,000	1.49	1.02	45	20/80	KMB3250 0915-0925		Cleaned Inj. Point
9		23,000							
10		23,000							
11	116370	67,000	1.55	.98	45	~~20~~/80	KMB3250 1015-1030		
12		67,000							
13	116505	0	1.24	1.05	45	20/80	KMB3250 - 1235-1245		
14		0							
15	116505	0	1.80	1.10	45	20/80	KMB3250 - 1530-1540		
16		0							
17		0							
18	116505	76,000	1.70	1.10	45	~~20~~/80	KMB3250 1045-1055		
19		76,000							
20	116657	61,000	1.80	.95	45	~~20~~/80	KMB3250 1135-1145		
21		61,000							
22	116779	0	1.24	1.03	45	~~20~~/80	KMB3250 1300-1310		
23		0							
24		0							
25	116779	0	1.82	1.03	45	~~20~~/80	KMB3250 1330-1340		Cleaned Inj Point
26		0							
27	116779	0	1.74	1.09	45	20/80	KMB3250 1420 - 1430		
28	~~116779~~	0	~~1.74~~	~~1.09~~	~~45~~	~~20/80~~	~~KMB3250 1420-1430~~		
29	116779		1.65	1.15	45	20/80	KMB3250 - 1205-1215		
30									
31									

116773

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: OCT. / 04

Well # 4 Lakewood System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	73977	20,000	1.72	1.10	45	50/50	0840-0850 KmB3420		Cleaned Eq Pond
2		19,000							
3		19,000							
4	74035	20,000	1.82	95	45	50/50	1400-1410 KmB3420		
5		20,000							
6	74079	19,000	1.85	1.10	47	50/50	1140-1150 KmB3420	Pulled monthly Sample	
7	~~74094~~	19,000							
8	74114	17,000	1.65	1.09	45	50/50	0900-0910 KmB3420		
9		17,000							
10		17,000							
11	74165	22,000	1.72	94	45	50/50	1430-1440		
12		22,000							
13	74205	21,000	1.65	.94	45	50/50	1030-1040 KmB3420		
14	~~74250~~	20,000							
15	74250	18,000	1.82	98	45	50/50	1545-1555 KmB3420		
16		16,000							
17		16,000							
18	74300	20,000	1.80	1.01	45	50/50	KmB3420 - 1000-1010		Cleaned Eq Pond
19		21,000					KmB3420 - 1120-1130		
20	74355	21,000	1.75	99	45	50/50			
21		21,000							
22	74397	18,000	1.82	1.03	45	50/50	KmB3420 - 1250-1300		
23		16,000							
24		16,000	1.80	1.05	45	50/50	KmB3420 1310-1320		
25	74447	25,000							
26		24,000							
27	74496	25,000	1.74	1.02	45	50/50	KmB3420 - 1345-1355		Cleaned Eq Pond
28		25,000							
29	74546	16,000	1.75	1.01	45	50/50	KmB3420 - 1215-1230		
30		16,000							
31		16,000							

Added K" value for Eq. Pond Cleaning

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
(727) 847-8902

FOR LAB USE ONLY
DHRS #44237
E44123
DATE RCVD: 10/21
TIME RCVD: 9
DATE RUN: 10/21/04
TIME RUN: 1130

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME Colonial Manor MHP SYSTEM ID NO 651-0355 SYSTEM PHONE # 847-3252
ADDRESS 4401 Oak COUNTY Pasco DER DISTRICT
COLLECTOR Kenneth T. Wright, JD COLLECTOR PHONE #
SAMPLE SITE (Locality or Subdivision) 3523 Cantrell St
DATE AND TIME COLLECTED 10/20/04 - 1200
TYPE OF SUPPLY (Circle one) Community water system Noncommunity water system Nontransient noncommunity water system
Private well Swimming pool Bottled water Other public water system
TYPE OF SAMPLE (Circle one) Compliance Repeat Replacement Main clearance Well survey Other Request by Resid
(Check Box) (Check Box) (Specify)
(X) Distribution ( ) TNTC or C
( ) Raw ( ) Turbid
( )
REMARKS

ANALYST: AB

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD	MF	MTF	MMO-MUG	PA
TOLL NO	SAMPLE POINT (Specific Address)	CL RES D	pH	SAMPLE NUMBER	NON COLIFORM	TOTAL	CONFIRM TOTAL	CONFIRM FECAL
	Dist # 3523 Cantrell St	1.60	7.6	7481		A		

*Results in this column are preliminary. Fecal coliform confirmation on community and noncommunity water systems and total coliform confirmation on all types of water systems will follow in 24-48 hours.

P - Coliforms are present
A - Coliforms are absent
C - Confluent growth
TNTC - Too numerous to count
TA - Turbid Absence of gas or acid

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON FIRM TO RECEIVE REPORT

U.S. Water Services Corp.
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

SATISFACTORY
INCOMPLETE COLLECTION INFORMATION
REPEAT SAMPLES
REPLACEMENT SAMPLES

REVIEWING OFFICIAL
TITLE 11/3

Laboratory Reviewer: Title: Lab MGR

PC940140311A

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
(727) 847-8902

FOR LAB USE ONLY
DHRS #44237
E44123
DATE RCVD: 10/6/04
TIME RCVD: 14:15
DATE RUN: 10/7/04
TIME RUN: 1003

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME Colonial Manor Utility SYSTEM ID NO 6510355 SYSTEM PHONE # 727 848-8292
ADDRESS Moog Rd / Holiday COUNTY Pasco DER DISTRICT
COLLECTOR Kenneth T. COLLECTOR PHONE # 727-243-0190
Building/Subdivision Colonial Manor

[redacted] DUPLICATE

[X] Distribution [X] Raw [ ] TNTC or C [ ] Turbid

REMARKS

ANALYST: AB

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD	MF	MTF	MMO-MUG	PA
COLL NO	SAMPLE POINT (Specific Address)	CL RES D	pH	SAMPLE NUMBER	NON COLIFORM	TOTAL	CONFIRM TOTAL	CONFIRM FECAL
	Dist#1 3505 Linkwood Dr	1.64	7.6	7068		A		
	Dist#2 3505 Hendrix St	1.55	7.7	7069		A		
	Raw well#1 Conalon Dr	ϕ	7.6	7070		P	P	A
	Raw well#2 Cantrell st	ϕ	7.7	7071		P	P	A
	Raw well#3 Hendrix	ϕ	7.5	7072		A		
	Raw well#4 Linkwood	ϕ	7.8	7073		P	P	A

*Results in this column are preliminary. Fecal coliform confirmation on community and noncommunity water systems and total coliform confirmation on all types of water systems will follow in 24-48 hours.

P - Coliforms are present
A - Coliforms are absent
C - Confluent growth
TNTC - Too numerous to count
TA - Turbid, Absence of gas or acid

INTERPRETATIONS/REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

US Water Services
4939 Cross Bayou Blvd
New Port Richey FL 34652

[ ] SATISFACTORY
[ ] INCOMPLETE COLLECTION INFORMATION
[ ] REPEAT SAMPLES
[ ] REPLACEMENT SAMPLES

REVIEWER'S NAME

TITLE

Laboratory Reviewer: [signature] Title: Lab MGR

C94014031/A

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

DUPLICATE

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
☐ 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

Report Number: 704116 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 10-12-04 1455 VIR
Analysis Date & Time: 10-12-04 1625

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 1 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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~~ RAN ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey ☒ Other 10PD2 Day Consec. Samples

Sample Collection Date: 10/11/04

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: MF				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	~~Dist #1 3505 Linkwood Dr~~ KM		~~D~~	~~1.54~~						
	~~Dist #2 3505 Hendrix Dr~~ KM		~~D~~	~~1.65~~						
	Raw well #1 Connon Dr	1530	R	0	7.6		A			-01
	Raw well #2 Cantrell	1540	R	0	7.6		P	A		-02
	~~Raw well #3 Hendrix~~		R							
	Raw well #4 Linkwood	1545	R	0	7.7		A			-03

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.60

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☒ A certified operator (# D18225)
☐ Supervised by a cert operator (# _____)
☐ Employed by a certified lab
☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: M.S

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES C
4939 CROSS BAYOU B
NEW PORT RICHEY, FL
PHONE (727) 84

DEP/DOH USE ONLY
☐ Satisfactory
☒ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

DUPLICATE

Advanced Environmental Laboratories, Inc.
6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
8610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
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

Report Number: T041216 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 10/2/04 1455 VIR

Analysis Date & Time: 10-12-04 1625

Sample Acceptance Criteria:

Sample Preservation [x] On Ice [ ] Not On Ice [x] 1 °C

Disinfectant Check [ ] Not Detected [ ] _____ mg/L

This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: 727 848-8292 Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

Type of Supply: (check only one)

- [x] 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 [x] Other 2 of 2 Consec Day Sample

Sample Collection Date: 10/12/04

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
	Raw well #1 Commodore	0720	R	0	7.6
	Raw well #2 Control	0725	R	0	7.6
	Raw well #4 Linkwood	0730	R	0	7.7

To be completed by lab

Total Coliform Analysis Method: MF

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			-12
	A			-13
	P	P		-14

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other: _____

Person performing analysis is:
- [ ] A certified operator (# 51323)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: M.S

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CO
4939 CROSS BAYOU BL
NEW PORT RICHEY, FL 3
PHONE (727) 848-8

DEP/DOH USE ONLY
- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

DUPLICATE

For Lab Use Only

The lab performing this analysis is checked on the left.

VR 10-18-04 wrong time

Lab Receipt Date & Time: 10-18-04 13 1520 VR

Analysis Date & Time: 10-18-04 1355

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☑ 0 °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: T0411369 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: 727-848-8292 Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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: 10/16/04 1 of 2 Day Consec Sample

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: mf				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #2 Central St	1200	R	Ø	7.6		A			-03
	Raw well #4 Linkwood St	1147	R	Ø	7.6		A			-04

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒DPD Colorimetric ☐Other: _____

Person performing analysis is:

☐A certified operator (# B13237) ☐Employed by a certified lab
☐Supervised by a cert operator (# _____) ☐Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: M.S

Name and Mailing Address of Person to Receive Report

U.S. Water Services
4939 Cross Bayou Blvd
New Port Richey FL.
34652

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

DUPLICATE

For Lab Use Only

The lab performing this analysis is checked on the left.

VIR 10-18-04 w wrong time

Lab Receipt Date & Time: 10·18·04 1320 (13) VIR

Analysis Date & Time: 10-18-04 1355

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 0 °C

Disinfectant Check ☐ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements: ____

Report Number: 7041369 Sub-Contract Lab ID: ____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: ____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: ____ City: Holiday

System or Owner's Phone #: ____ Fax #: ____

Collector: Kenneth T Martin Collector's Phone # 727-243-0140

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: 10/18/04

a. 2 of 2 CONFIRM DAY SAMPLE

To be completed by collector of sample						To be completed by lab				
						Total Coliform Analysis Method: MF				
						Fecal or E. coli Analysis Method:				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #2 Control	0930	R	Ø	7.6		A			-01
	Raw well #4 Linkwood	0940	R	Ø	7.7		A			-02

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: ____

Person performing analysis is:

☐ A certified operator (# 11027) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# ____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: ____

Date State notified by lab of positive results: ____

Lab Signature: [signature]

Title: MS

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE (727) 848-8292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: ____

DEP/DOH Reviewing Official: ____

[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 = 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

PASCO COUNTY ENVIRONMENTAL LABORATORY
8864 GOVERNMENT DRIVE
NEW PORT RICHEY, FL 34654
(727) 847-8902

DUPLICATE

FOR LAB USE ONLY
DHRS #44237
E44123
DATE RCVD: 10/21/04
TIME RCVD: 9:45
DATE RUN: 10/21/04
TIME RUN: 1130

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME Colonial Manor MHP SYSTEM ID NO 651-0355 SYSTEM PHONE # 848-8212
ADDRESS 7701 Old COUNTY Pasco DER DISTRICT
COLLECTOR Kenneth T. Martin COLLECTOR PHONE #
SAMPLE SITE (Locality or Subdivision) 3523 Cantrell St
DATE AND TIME COLLECTED 10/20/04 - 1200

TYPE OF SUPPLY (Circle one) Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

Compliance (Check Box) [X] Distribution [ ] Raw
Repeat
Replacement (Check Box) [ ] TNTC or C [ ] Turbid
Main clearance Well survey Other Request by Resid (Specify)

REMARKS

ANALYST: AB

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
				ANALYSIS METHOD	MF	MTF	MMO-MUG	PA
COLL NO	SAMPLE POINT (Specific Address)	CL RES D	pH	SAMPLE NUMBER	NON COLIFORM	TOTAL	CONFIRM TOTAL	CONFIRM FECAL
	D.d#1 3523 Cantrell St	1.60	7.6	7481		A		

*Results in this column are preliminary. Fecal coliform confirmation on community and noncommunity water systems and total coliform confirmation on all types of water systems will follow in 24-48 hours.

P Coliforms are present
A Coliforms are absent
C Confluent growth
TNTC Too numerous to count
TA Turbid Absence of gas or acid

INTERPRETATIONS-REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON FIRM TO RECEIVE REPORT

US Water Services
4939 Crow Bayou Blvd
New Port Richey FL.
34652

SATISFACTORY
INCOMPLETE COLLECTION INFORMATION
REPEAT SAMPLES
REPLACEMENT SAMPLES

REVIEWER (PRINT) _____
TITLE _____

Laboratory Reviewer: Linda E. Phillips Title: Lab MGR

PC94014031/A

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER: T041216

Page _____ of _____

CLIENT NAME:

ADDRESS: U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652

PHONE: PHONE (727) 848-8292

CONTACT:

PROJECT NAME: Colonial Manor Utility

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: Hol. Bay

SAMPLED BY: Kenneth T. Martin

TURN AROUND TIME:

☒ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE: Total Coliform Bact 100ML	ANALYSIS REQUIRED	LAB NUMBER
	Raw well #1 Common DR	G	10/11/04	1530	DW	1	X		
	Raw well #2 Control	G	10/11/04	1540	DW	1	X		
	Raw well #4 Linkwood	G	10/11/04	1545	DW	1	X		

Preserv: I

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #		Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via: _____	RB _____	D/T _____	1		10/[illegible]	1455	V. Izzo	10-12-04	1455
		AB _____	D/T _____	2						
Ret: / /	Via: _____	Trip Bl.		3						
	10-12-04	VLR ☐	☐	4						

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CHAIN OF CUSTODY RECORD

LAB NUMBER: 704 11 216

Page _____ of _____

CLIENT NAME: U.S. WATER SERVICES CORP	PROJECT NAME: Colonial Manor Utility
ADDRESS: 4939 CROSS BAYOU BLVD. NEW PORT RICHEY, FL 3465	P.O. NUMBER / PROJECT NUMBER:
PHONE: PHONE (727) 848-8292 FAX	PROJECT LOCATION: Hol. Day
CONTACT:	SAMPLED BY: KENNETH T. Martin

TURN AROUND TIME:
- [X] STANDARD
- [ ] RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE: 40 ML	ANALYSIS REQUIRED	LAB NUMBER
	Raw well #1 Lemon Dr	G	10/12/04	0720	DW	1		X	
	Raw well #3 Cantrell St	G	10/12/04	0725	DW	1		X	
	Raw well #2 Linkwood	G	10/12/04	0730	DW	1		X	

Preserv: I

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #	Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via: _____	RB _____	D/T _____	1	10/12/04	1455	V. Izumi	10-12-04	1455
		AB _____	D/T _____	2					
Ret: / /	Via: _____	Trip Bl.		3					
		10C 10.12.04 VCR ☐	☐	4					

revised 8/01

CHAIN OF CUSTODY RECORD

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LAB NUMBER:

Page _____ of _____

CLIENT NAME: U.S. WATER SERVICES CORP

ADDRESS: 4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652

PHONE: PHONE (727) 848-8292

CONTACT:

PROJECT NAME: Colonial Manor Utility

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: Holiday

SAMPLED BY: KENNETH MARTIN

TURN AROUND TIME:
- ☐ STANDARD
- ☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE	ANALYSIS REQUESTED: Total coliform Bact. 100ML	LAB NUMBER
	Raw well # 2 Control st	G	10/17/04	1200	DW	1	Preserv	X	
	Raw well # 4 Linkwood	G	10/17/04	1145	DW	1		X	

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #		Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via:	RB	D/T	1						
		AB	D/T	2	D.A. Ramirez	10/18/04	1000	D.A. Ramirez	10/18/04	10:00
Ret: / /	Via:	Trip Bl.		3	D.A. Ramirez	10/18/04	1520	V. Izumi	10-18-04	1520
nc 10-18-04	VIR ☐	☐		4			13			13

VIR 10-18 unm fin

CHAIN OF CUSTODY RECORD

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- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER:

Page _____ of _____

CLIENT NAME:

ADDRESS: U.S. WATER SERVICES COR.
4939 CROSS BAYOU BLVD
NEW PORT RICHEY, FL 346
PHONE (727) 848-8

PHONE: FAX:

CONTACT:

PROJECT NAME: Colonial Manor Utility

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: Hol. Day

SAMPLED BY: Kenneth T. Martin

TURN AROUND TIME:
☒ STANDARD
☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

BOTTLE SIZE & TYPE: 1 liter

ANALYSIS REQUIRED: Total Coliform

LAB NUMBER

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 / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	
	Raw well #2 Cantrell	G	10/18/04	0930 KM	DW	1	X
	Raw well #4 Linkwood	G	10/18/04	KM 0940	DW	1	X

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #		Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via: _____	RB _____	D/T _____	1		10/18/04	1000	D A Ramuso	10-18-04	10:00
		AB _____	D/T _____	2	D A Ramuso	10-18-04	1520 13	V. Izumi	10-18-04	1520 13
Ret: / /	Via: _____	Trip Bl.		3						
		☐	☐	4						

revised 8/01

VII 10-1 Wr Ti

CHAIN OF CUSTODY RECORD

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

LAB NUMBER:

Page ____ of ____

CLIENT NAME:	PROJECT NAME: Colonial Manor Mobile
ADDRESS:	P.O. NUMBER / PROJECT NUMBER:
	PROJECT LOCATION: Hardee
PHONE: FAX:	
CONTACT:	SAMPLED BY: [redacted] T. Mathis

TURN AROUND TIME:

☒ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	[redacted]
	Raw well #1 common DR	G	10/1/04	1530	DW	1	X
	Raw well #2 Control	G	10/1/04	1540	DW	1	X
	Raw well #4 / Lab Control	G	10/1/04	1545	DW	1	X

BOTTLE SIZE & TYPE: 40 ml Total Col. Form Bact. 100ml

ANALYSIS REQUIRED

LAB NUMBER

Preserv: HCl

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[redacted]	10/1/04	1435	V. Izzi	10-2-04	1455
2						
3						
4						

CHAIN OF CUSTODY RECORD

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

LAB NUMBER:

Page _____ of _____

CLIENT NAME:

ADDRESS:

PHONE: FAX:

CONTACT:

PROJECT NAME: Colonial Manor Utility

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: Hot Dog

SAMPLED BY: Kenneth T. Martin

TURN AROUND TIME:

☒ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE	ANALYSIS REQUIRED	LAB NUMBER
							1 Liter		
	Raw well #1 Common Pt	G	10/12/04	0720	DW	1		X	
	Raw well #3 Control St	G	10/12/04	0725	DW	1		X	
	Raw well #4 Linkwood	G	10/12/04	0730	DW	1		X	

Preserv: I

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[redacted]	10/12/04	1455	V. Izumi	10-12-04	1455
2						
3						
4						

Received on ice: ☒ yes ☐ no QC ☐ cont ☐ received

Pasco County Environmental Laboratory
8864 Government Drive
New Port Richey, FL 34654
(727) 847-8902 Fax: (727) 847-8112

CHAIN OF CUSTODY RECORD

Page ___ of ___

FOR LAB USE ONLY
Condition of Contents: _____
Temp of Contents: _____ °C (or Received on Ice, ROI)

FOR LAB USE ONLY
LOG IN NO.

1. Client: (Company or Individual) — Address: — Phone: ( )
2. Report to: (if different from above) — Address: — Phone: ( )
City — State — Zip Code — Fax: ( )
3. Client Project Name: Pasco County water Sys
4. Sampled by: (Print) Kenneth Mynard
5. Sampled by: (Signature) Colonial Manor
6. Shipping Method:

Water Sample Codes (for Item 13)	Container Codes (for Item 16)
DW - Drinking Water	V - VOA vial
GW - Ground Water	G - Glass
SW - Surface Water	P - Plastic
PW - Processed Water	M - Micro Bag/Cup
WW - Waste Water	O - Other

14. No. of Containers
15. Preservatives 1 / 2
16. Containers P
17. Analysis Requested: Total Coliform Bact

Preservative Codes (for Item 15)
C - Cool Only
H - Hydrochloric Acid
M - Monochloroacetic Acid
N - Nitric Acid
OH - Sodium Hydroxide
S - Sulfuric Acid
T - Sodium Thiosulfate

Item	9. Sample ID or No.	10. Sample Description	11. Sample Date	11. Sample Time	12. Comp.	12. Grab	13. Water (Codes)	13. Leachate	13. Soil	13. Sludge	13. Other	No. of Containers	Analysis Requested	20. REMARK	For Lab Use Only LAB SAMPLE NO.
1.		RSH Permit	10/20/21	0915		G	DW					1	X		
2.		Dist Permit Permit	10/20/21	3:20		G	DW					1	X		
3.		3523 Cantrell													
4.															
5.															
6.															
7.															
8.															
9.															
10.															

21. RELINQUISHED BY	DATE	TIME	22. RECEIVED BY	DATE	TIME
1.	10/20/21	1045			
2.					
3.					
4.					

Pasco County Environmental Laboratory
8804 Government Drive
New Port Richey, FL 34654
(727) 847-8902 Fax: (727) 847-8112

CHAIN OF CUSTODY RECORD

Page ___ of ___

FOR LAB USE ONLY
Temp of Contents: _____ °C (or Received on Ice, ROI)
Condition of Contents: _____

FOR LAB USE ONLY
LOG IN NO.

1. Client: (Company or Individual) US Water Services
Address:
City: State Zip Code
Phone: ( )
Fax: ( )

2. Report to: (if different from above)
Address:
City State Zip Code
Phone: ( )
Fax: ( )

3. Client Project Name: Colonial Manor Utility
4. Sampled by: (Print) Kenneth T Markham
5. Sampled by: (Signature)
6. Shipping Method:

Water Sample Codes (for Item 13)		Container Codes (for Item 16)	
DW	Drinking Water	V	VOA vial
GW	Ground Water	G	Glass
SW	Surface Water	P	Plastic
PW	Processed Water	M	Micro Bag/Cup
WW	Waste Water	O	Other

14. No. of Containers
15. Preservatives T/C
16. Containers FG 1 to 1
17. Analysis Requested — Total Coliform

Preservative Codes (for Item 15)	
C	Cool Only
H	Hydrochloric Acid
M	Monochloroacetic Acid
N	Ntric Acid
OH	Sodium Hydroxide
S	Sulfuric Acid
T	Sodium Thiosulfate

Item	9. Sample ID or No.	10. Sample Description	11. Sample Date	11. Sample Time	12. Comp.	12. Grab	13. Water (Codes)	13. Leachate	13. Soil	13. Sludge	13. Other	No. of Containers	17. Analysis Requested	20. REMARK	For Lab Use Only LAB SAMPLE NO.
1.		D.I. BS23 Cantrell	10/[illegible]/04	1200		X	W					1	X		
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															

	21. RELINQUISHED BY	DATE	TIME	22. RECEIVED BY	DATE	TIME
1.	[signature]	10/21/04	0945	[signature]	10/21/04	0945
2.						
3.						
4.						

Pasco County Environmental Laboratory
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New Port Richey, FL 34654
(727) 847-8902 Fax: (727) 847-8112

CHAIN OF CUSTODY RECORD

Page ___ of ___

FOR LAB USE ONLY
Temp of Contents: _____ °C (or Received on Ice, ROI)
Condition of Contents: _____

FOR LAB USE ONLY
LOG IN NO.

1. Client: (Company or Individual) — Address: — Phone: ( )
City: State Zip Code — Fax: ( )
2. Report to: (if different from above) — Address: — Phone: ( )
City State Zip Code — Fax: ( )
3. Client Project Name:
4. Sampled by: (Print)
5. Sampled by (Signature)
6. Shipping Method:

Water Sample Codes (for Item 13)	Container Codes (for Item 16)
DW - Drinking Water	V - VOA vial
GW - Ground Water	G - Glass
SW - Surface Water	P - Plastic
PW - Processed Water	M - Micro Bag/Cup
WW - Waste Water	O - Other

14. 15. Preservatives
16. Containers
17. Analysis Requested

Preservative Codes (for Item 15)
C - Cool Only
H - Hydrochloric Acid
M - Monochicroacetic Acid
N - Ntric Acid
OH - Sodium Hydroxide
S - Sulfuric Acid
T - Sodium Thiosulfate

Item	9. Sample ID or No.	10. Sample Description	11. Sample Date	11. Sample Time	12. Comp.	12. Grab	13. Water (Codes)	13. Leachate	13. Soil	13. Sludge	13. Other	No. of Containers	20. REMARK	For Lab Use Only LAB SAMPLE NO.
1.			10/20/04	1200		X	DW					1		
2.			10/20/04	1405		X	DW					1		
3.		3523 Cantrell												
4.														
5.														
6.														
7.														
8.														
9.														
10.														

21. RELINQUISHED BY	DATE	TIME	22. RECEIVED BY	DATE	TIME
1.	10/20/04	1045			
2.					
3.					
4.					

Pasco County Environmental Laboratory
8804 Government Drive
New Port Richey, FL 34654
(727) 847-8902 Fax: (727) 847-8112

CHAIN OF CUSTODY RECORD

Page ___ of ___

FOR LAB USE ONLY
Temp of Contents: _____ °C (or Received on Ice, ROI)
Condition of Contents:

FOR LAB USE ONLY
LOG IN NO.

1. Client: (Company or Individual)
Address:
Phone: ( )
City: State Zip Code
Fax: ( )

2. Report to: (if different from above)
Address:
Phone: ( )
City State Zip Code
Fax: ( )

3. Client Project Name:

4. Sampled by: (Print)

5. Sampled by: (Signature)

6. Shipping Method:

Water Sample Codes (for Item 13)	Container Codes (for Item 16)
DW - Drinking Water	V - VOA vial
GW - Ground Water	G - Glass
SW - Surface Water	P - Plastic
PW - Processed Water	M - Micro Bag/Cup
WW - Waste Water	O - Other

14. 15. Preservatives
16. Containers
17. Analysis Requested

Preservative Codes (for Item 15)
C - Cool Only
H - Hydrochloric Acid
M - Monochicroacetic Acid
N - Ntric Acid
OH - Sodium Hydroxide
S - Sulfuric Acid
T - Sodium Thiosulfate

Item	9. Sample ID or No.	10. Sample Description	11. Sample Date	11. Sample Time	12. Comp.	12. Grab	13. Water (Codes)	13. Leachate	13. Soil	13. Sludge	13. Other	No. of Containers	20. REMARK	For Lab Use Only LAB SAMPLE NO.
1.			10/6/04	1125		X	DW					1		
2.			10/6/04	1120		X	DW					1		
3.			10/6/04	1100		X	DW					2		
4.			10/6/04	1115		X	DW					2		
5.			10/6/04	1130		X	DW					2		
6.			10/6/04	1135		X	DW					2		
7.														
8.														
9.														
10.														

21. RELINQUISHED BY	DATE	TIME	22. RECEIVED BY	DATE	TIME
1.	10/6/04	1415			
2.					
3.					
4.					

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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**
☐ 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**

Report Number: 7041369 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 10·18·04 1320 VR

Analysis Date & Time: 10·19·04 1355

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holly Hill

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-343-0140

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: 10/18/04

2 of 2 consec wq samples

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: MF				
						Fecal or E. coli Analysis Method:				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #2 Control	0930	R	0	7.6		A			-01
	Raw well #4 Linkwood	0940	R	0	7.7		A			-02

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# 11423) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: MS

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____ 10/25

[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 = 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 01/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Advanced Environmental Laboratories, Inc.

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☐ 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

Report Number: T041369 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

VIR 10-18-04 wrong time

Lab Receipt Date & Time: 10-18-04 1520 VIR 13

Analysis Date & Time: 10-18-04 1355

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☑ 0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: 727-848-8292 Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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: 10/18/04 1 of 2 DSY Consec Sample.

For completion by collector of sample | For completion by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: MF; Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #2 Cantrell St	1200	R	0	7.6		A			-03
	Raw well #4 Linkwood St	1145	R	0	7.6		A			-04

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# B12233) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: M.S

Name and Mailing Address of Person to Receive Report

U.S. Water Services
11939 Cross Bayou Blvd
New Port Richey FL.
34654

DEP/DOH USE ONLY

☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: [illegible] 10/28

[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 = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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**
☐ 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**

Report Number: 704 11216 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 10/12/04 1455 VIR

Analysis Date & Time: 10-17-04 1625

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 1 °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: 727-848-8222 Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727 243-0140

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

2 of 2 consec Day Sample

Sample Collection Date: 10/12/04

Total Coliform Analysis Method: MF

Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 / Community	0720	R	0	7.6		A			-12
	Raw well #2 Cantrell	0735	R	0	7.6		A			-13
	Raw well #4 / Linkwood	0730	R	0	7.7		P	P		-14

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# 61323) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: M. S

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☒ Repeat Samples Required
☐ Replacement Samples Required

well #4

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: [illegible] 10/28

[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 = 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 01/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

Report Number: T041216 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 10-12-04 1455 VR

Analysis Date & Time: 10-12-04 1625

Sample Acceptance Criteria:
Sample Preservation [x] On Ice [ ] Not On Ice [x] 1 °C
Disinfectant Check [ ] Not Detected [ ] _____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

Type of Supply: (check only one)
- [x] 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 [ ] Replacement [ ] Main Clearance [ ] Well Survey [x] Other 12 Day Consec Sample

Sample Collection Date: 10/11/04

Fields completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
	~~Dist #1 3505 Linkwood Dr~~ KM		D	~~1.54~~	
	~~Dist #2 3505 Hendrix Dr~~ KM		D	~~1.65~~	
	Raw Well #1 Connon Dr	1530	R	0	7.6
	Raw Well #2 Cantrell	1540	R	0	7.6
	~~Raw Well #3 Hendrix~~		R		
	Raw Well #4 Linkwood	1545	R	0	7.7

Fields completed by laboratory

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			-01
	P	A		-02
	A			-03

Average of disinfectant residuals for routine and repeat samples: (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.60

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other: _____

Person performing analysis is:
- [x] A certified operator (# B13227)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: MS

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY
- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [x] Repeat Samples Required Well 2
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____ 10/28

[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 = 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 01/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 10-12-04 1455 VIR

Analysis Date & Time: 10-12-04 1625

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 1 °C

Disinfectant Check ☐ Not Detected ☐ _____ mg/L

This sample does not meet the following NELAC requirements: _____

Report Number: T041216 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Hol. Day

System or Owner's Phone #: _____ Fax #: _____

Collector: KENNETH T. Martin Collector's Phone # 727 243-0140

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

1 of 2 Day Connect Sample

Sample Collection Date: 10/11/04

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
	~~Dist #1 3505 Linkwood Dr~~ KM		~~D~~	~~1.54~~	
	~~Dist #2 3505 Hendrix Dr~~ KM		~~D~~	~~1.65~~	
	Raw well #1 Connon Dr	1530	R	0	7.6
	Raw well #2 Control	1540	R	0	7.6
	~~Raw well #3 Hendrix~~				
	Raw well #4 Linkwood	1545	R	0	7.7

To be completed by lab

Total Coliform Analysis Method: MF

Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			-01
	P	A		-02
	A			-03

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.60

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

Asterisk(s) denote(s) unsatisfactory results.

CIRCLED SAMPLE UNSATISFACTORY. SUBMIT RECHECK SAMPLES UNTIL SATISFACTORY ON TWO (2) CONSECUTIVE DAYS AS REQUIRED BY FLORIDA ADMINISTRATIVE CODE.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☒ A certified operator (# B13225) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: M.S

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES C
4939 CROSS BAYOU B
NEW PORT RICHEY, FL
PHONE (727) 84

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☒ Repeat Samples Required
☐ Replacement Samples Required

Week 2

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: Josh 11/5

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Advanced Environmental Laboratories, Inc.

6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
6610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
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

Report Number: 7041369 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

VIR received wrong time

Lab Receipt Date & Time: 10·18·04 1320 VIR (13)

Analysis Date & Time: 10-18-04 1355

Sample Acceptance Criteria:
Sample Preservation [x] ~~On~~ Ice [ ] Not On Ice [x] 0 °C
Disinfectant Check [ ] Not Detected [ ] _____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: _____ Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

Type of Supply: (check only one)

[x] 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 [x] Other

a. 2 of 2 consec Day Sample

Sample Collection Date: 10/18/04

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
	Raw well #2 Control	0930	R	Ø	7.6
	Raw well #4 Linkwood	0940	R	Ø	7.7

To be completed by lab

Total Coliform Analysis Method: mf
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			-01
	A			-02

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other: _____

Person performing analysis is:
- [ ] A certified operator (# 11935)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: [signature]

Title: M.S

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34655
PHONE (727) 848-8292

DEP/DOH USE ONLY
- [x] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: 11/5

DEP/DOH Reviewing Official: [signature]

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Advanced Environmental Laboratories, Inc.

☐ 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574
☐ 8610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589
☐ 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

Report Number: 704112216 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 10/12/04 1455 VIR
Analysis Date & Time: 10-12-04 1625

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☒ 1 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 8 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: 727 848-8292 Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727 243-0140

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 2 of 2 consec Day Sample

Sample Collection Date: 10/12/04

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: MF Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1 Commodore	0720	R	ϕ	7.6		A			-12
	Raw well #2 control	0725	R	ϕ	7.6		A			-13
	Raw well #4 Linkwood	0730	R	ϕ	7.7		P	P		-14

CIRCLED SAMPLE UNSATISFACTORY. SUBMIT RECHECK SAMPLES UNTIL SATISFACTORY ON TWO (2) CONSECUTIVE DAYS AS REQUIRED BY FLORIDA ADMINISTRATIVE CODE.

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# B1323) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: [signature]

Title: M.S

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CO
4939 CROSS BAYOU BL
NEW PORT RICHEY, FL 34
PHONE (727) 848-8

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☒ Repeat Samples Required
☐ Replacement Samples Required

well 4

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____ 11/5

[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 = 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 01/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

Report Number: T0411369 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

VR 10-18-04 wrong format

Lab Receipt Date & Time: 10-18-04 1320 VR (13)

Analysis Date & Time: 10-18-04 1355

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☑ 0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: Holiday

System or Owner's Phone #: 727-848-8292 Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0140

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: 10/18/04 1 of 2 Day Consec Sample

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: mf Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #2 Cantrell St	1200	R	ϕ	7.6		A			-03
	Raw well #4 Linkwood St	1147	R	ϕ	7.6		A			-04

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# 1332) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: MS

Name and Mailing Address of Person to Receive Report

U.S. Water Services
4939 Cross Bayou Blvd
New Port Richey FL.
34652

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: 11/5

DEP/DOH Reviewing Official: _____

[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 = 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 01/04

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

See page 4 for instructions.

FILE COPY

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

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV		Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

II. Certification by Lead/Chief Operator

DEP Form 62-555.900(3)
Effective August 28, 2003

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	Printed or Typed Name	License Number
12/6/04	KENNETH MARTIN	C - 13237

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

III. Daily Data for the Month/Year of: November-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24	23,000		1.70								0.99	
2		24	22,000											
3	x	24	19,000		1.64								1.01	
4		24	18,000											
5	x	24	17,000		1.70								0.99	
6		24	15,000											
7		24	15,000											
8	x	24	22,000		1.72								2.02	
9		24	21,000											
10	x	24	17,000		1.70								0.99	
11		24	17,000											
12	x	24	14,000		1.75								1.03	
13		24	14,000											
14		24	14,000											
15	x	24	23,000		1.72								1.10	
16		24	23,000											
17	x	24	19,000		1.81								0.99	
18		24	19,000										0.96	
19	x	24	19,000		1.75									
20		24	19,000											
21		24	19,000											
22	x	24	21,000		1.80								1.10	
23		24	21,000											
24	x	24	17,000		1.72								1.05	
25		24	17,000											
26	x	24	12,000		1.62								1.11	
27		24	12,000											
28	x	24	19,000		1.65								1.09	
29		24	19,000											
30	x	24	18,000		1.72								1.10	
31		24												
Total			545,000											
Average			18,167											
Maximum			23,000											

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: **COLONIAL MANOR WATER SYSTEM**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

II. Certification by Lead/Chief Operator

DEP Form 62-555.900(3)
Effective August 28, 2003

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	Printed or Typed Name	License Number
12/6/04	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W1

III. Daily Data for the Month/Year of: November-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24	20,000		1.85								1.10	
2		24	19,000											
3	x	24	21,000		1.80								1.05	
4		24	20,000											
5	x	24	22,000		1.82								0.97	
6		24	22,000											
7		24	22,000											
8	x	24	21,000		1.75								1.01	
9		24	21,000											
10	x	24	25,000		1.84								1.10	
11		24	27,000											
12	x	24	25,000		1.90								1.15	
13		24	25,000											
14		24	25,000											
15	x	24	18,000		1.25								1.03	
16		24	18,000											
17	x	24	14,000		1.74								1.10	
18		24	13,000											
19	x	24	36,000		1.70								0.96	
20		24	36,000											
21		24	36,000											
22	x	24	12,000		1.78								0.99	
23		24	11,000											
24	x	24	38,000		1.74								0.99	
25		24	37,000											
26	x	24	13,000		1.62								1.04	
27		24	12,000											
28	x	24	29,000		1.70								1.10	
29		24	28,000											
30	x	24	18,500		1.74								1.09	
31		0												
Total			684,500											
Average			22,817											
Maximum			38,000											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Nov/04

Well # 1 Continuous System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	11089	20,000	1.85	1.10	52	50/50	KM B13237 1405-1415		Cleaned Tank
2		15,000							
3	11120	21,000	1.80	1.05	52	50/50	KM B13237-1340-1350		
4		20,000							
5	11169	22,000	1.82	.97	52	50/50	KM B13237 - 1450-1340		
6		22,000							
7		22,000							
8	11235	23,000	1.75	1.01	52	50/50	KM B13237 - 1010-1020		
9		24,000							
10	11277	25,000	1.84	1.10	52	50/50	KM B13237 - 0950 1000	Pulled monthly	Bact. Sample
11	11326	24,000							
12	11326	25,000	1.90	1.15	52	50/50	KM B13237 - 1230-1240		
13		25,000							
14		25,000							
15	11426	16,000	1.75	1.03	52	50/50	KM B13237 1620-1630		
16	11462	18,000							
17	11462	18,000	1.74	1.10	52	50/50	KM B13237 - 1430 - 1440		
18		13,000							
19	11489	36,000	1.70	96	52	50/50	KM B13237 - 1115-1125		
20		36,000							
21		36,000							
22	11597	12,000	1.78	99	52	50/50	KM B13237 - 1505-1515		
23		11,000							
24	11620	36,000	1.74	99	52	50/50	KM B13237 - 0820-0830		
25		37,000							
26	11695	13,000	1.62	1.01	52	50/50	KM B13237 - 1500 - 1510		
27		12,000							
28	11720	29,000	1.70	1.10	52	50/50	KM B13237 - 1015-1025		
29		28,000							
30	11771	18,500	1.74	1.09	52	50/50	KM B13237 - 1530-1540		
31									

12/6/04

23

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

FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II		Plant Telephone Number: 727-848-8292	
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
12/6/21	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W2

III. Daily Data for the Month/Year of: November-04

Means of Achieving Four-Log Virus Inactivation/Removal * x Free Chlorine Chlorine Dioxide Ozone Combined Chlorine

Ultraviolet Radiation Other (Describe)

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24	90,000		1.77								0.96	
2		24	90,000											
3	x	24	-		1.62								0.91	
4		24	-											
5	x	24	-		1.40								0.85	
6		24	-											
7		24	-											
8	x	24	500		1.83								0.72	
9		24	500											
10	x	24	-		1.40								0.82	
11		24	-											
12	x	24	86,000		0.37								0.72	
13		24	84,000											
14		24	84,000											
15	x	24	66,000		1.65								0.99	
16		24	65,000											
17	x	24	-		1.71								0.99	
18		24	-											
19	x	24	-		1.61								0.91	
20		24	-											
21		24	-											
22	x	24	38,500		1.55								0.90	
23		24	37,000											
24	x	24	24,000		1.42								0.95	
25		24	23,000											
26	x	24	22,000		1.65								1.10	
27		24	21,000											
28	x	24	24,000		1.70								1.15	
29		24	24,000											
30	x	24	26,000		1.85								1.10	
31		0												
Total			805,500											
Average			26,850											
Maximum			90,000											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: Nov / 04

Well # 2 Controll System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	693 13	90,000	177	96	55	50/50	KW B13237 1350-1400		
2		90,000							
3	694 93	0	162	91	55	50/50	KW B13237 1430 1450		
4	6e	0							
5	694 93	0	140	85	52	50/50	KW B13237 1432-1445		
6		0							
7		0							
8	69493	5000	183	102	52	50/50	KW B13237 -0955-1005		
9		5000							
10	694494	0	140	82	52	50/50	KW B13237 0940-0950	Pulled and sample	
11		0							
12	695 961	86,000	137	172	52	50/50	KW B13237 1247-1300		
13		84,000							
14		84,000							
15	697 48	66,000	165	99	52	50/50	KW B13237 - 1630-1641		
16		65,000							
17	698 43	0	171	99	52	50/50	KW B13237 1615-1630		
18		0							
19	698 43	0	161	191	52	50/50	KW B13237 - 1050-1100		
20		0							
21		0							
22	69843	38000	155	190	52	50/50	KW B13237 1445 1500		
23		37000							
24	699 18	23,000	142	195	52	50/50	KW B13237 0810-0815		
25		23,000							
26	699 55	22,000	165	1.10	52	50/50	KW B13237 1445-1455		
27		21000							
28	699 98	24,000	170	1,15	50	50/50	KW B13237 0955-1005		
29		24,000							
30	700 46	26 000	185	1,10	50	50/50	KW B13237 1500-1520		
31									

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2
3

11/16/04

3.D 7434

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

See page 4 for instructions.

FILE COPY

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

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III			Plant Telephone Number: 727-848-8292
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
12/6/04	KENNETH MARTIN	b - 13237

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: November-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-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	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24	50,000		1.71								1.15	
2		24	50,000											
3	x	24	70,000		1.62								0.98	
4		24	70,000											
5	x	24	65,000		1.74								0.99	
6		24	64,000											
7		24	64,000											
8	x	24	77,000		1.68								1.01	
9		24	76,000											
10	x	24	78,000		1.71								0.96	
11		24	77,000											
12	x	24	-		1.84								1.02	
13		24	-											
14		24	-											
15	x	24	38,000		1.73								1.10	
16		24	38,000											
17	x	24	70,000		1.64								1.17	
18		24	69,000											
19	x	24	79,000		1.72								1.05	
20		24	78,000											
21		24	78,000											
22	x	24	43,000		1.77								1.10	
23		24	43,000											
24	x	24	53,000		1.71								1.05	
25		24	53,000											
26	x	24	45,000		1.8								1.10	
27		24	44,000											
28	x	24	62,000		1.77								1.08	
29		24	61,000											
30	x	24	60,000		1.7								1.1	
31		0												
Total			1,655,000											
Average			55,167											
Maximum			79,000											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: NOV/04

Well # 3 Hendrix System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	116933	5000	1.71	1.15	45	9/80	Kim B 13237 1330-1345		Cleaned Ivy Pool
2		5000							
3	116934	1000	1.62	98	45	9/80	Kim B 13237 1355-1405		
4	~~117113~~	70,000							
5	117113	65000	174	99	45	9/80	Kim B 13237 1420-1430		
6		64,000							
7		64,000							
8	117306	77000	168	1.01	45	9/80	Kim B 13237 1540-0915		
9		76,000							
10	117455	78,000	171	98	45	9/80	Kim B 13237 0925-0935 Refill Dact. Samp		
11	~~117455~~	77,000	~~171~~	~~1.16~~	~~44~~	~~9/80~~	~~Kim B 13237 0945-0950 Bact Samp~~		
12	117614	0	184	1.02	45	9/80	Kim B 13237 1245-1255		
13		0							
14		0							
15	117614	28,000	173	1.10	45	9/80	Kim B 13237 1645-1700		
16		38,000							
17	117690	70,000	164	1.17	45	9/80	Kim B 13237 1500-1510		
18		69,000							
19	117895	78,000	1.72	105	45	9/80	Kim B 13237 1035-1045		
20		78,000							
21		78,000							
22	118064	43,000	177	110	45	9/80	Kim B 13237 1435-1445		Cleaned Ivy Pool
23		43,000							
24	118150	53,000	171	1.05	45	9/80	Kim B 13237 - 0800-810		
25		53,000							
26	118254	45000	180	110	45	9/80	Kim B 13237 1430-1440		
27		44,000							
28	118345	62,000	1.77	1.08	45	9/80	Kim B 13237 - 0940-0950		
29		61,000							
30	118468	60000	170	1.11	45	9/80	Kim B 13237 1500-1510		
31									

ADD 4" Ball Valve TO Ivy Pool

12/6/04

END 118440

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

See page 4 for instructions.

FILE COPY

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

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV		Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey	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 62-699.310(4), F.A.C.): D		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

II. Certification by Lead/Chief Operator

DEP Form 62-555.900(3)
Effective August 28, 2003

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	Printed or Typed Name	License Number
12/6/04	KENNETH MARTIN	C - 13237

PWS Identification Number 651-0355
Plant Name COLONIAL MANOR W4

III. Daily Data for the Month/Year of: November-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	x	24	23,000		1.70								0.99	
2		24	22,000											
3	x	24	19,000		1.64								1.01	
4		24	18,000											
5	x	24	17,000		1.70								0.99	
6		24	15,000											
7		24	15,000											
8	x	24	22,000		1.72								2.02	
9		24	21,000											
10	x	24	17,000		1.70								0.99	
11		24	17,000											
12	x	24	14,000		1.75								1.03	
13		24	14,000											
14		24	14,000											
15	x	24	23,000		1.72								1.10	
16		24	23,000											
17	x	24	19,000		1.81								0.99	
18		24	19,000										0.96	
19	x	24	19,000		1.75									
20		24	19,000											
21		24	19,000											
22	x	24	21,000		1.80								1.10	
23		24	21,000											
24	x	24	17,000		1.72								1.05	
25		24	17,000											
26	x	24	12,000		1.62								1.11	
27		24	12,000											
28	x	24	19,000		1.65								1.09	
29		24	19,000											
30	x	24	18,000		1.72								1.10	
31		0												
Total			545,000											
Average			18,167											
Maximum			23,000											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652,
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

Treatment Plant Name: Colonial Manor MONTH / YEAR: 11 / 04

Well # 4 Linkwood Dr. System PWS Id Number:

Day of the Month	Meter Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1	74594	23,000	1.70	.99	45	50/50	KmB13257 1315-1325		Cleaned Inj Pump
2		22,000							
3	74639	19,000	1.64	1.01	45	50/50	KmB13257 1410-1420		
4		18,000							
5	74676	17,000	1.70	.95	45	50/50	KmB13257-1400-1415		
6		15,000							
7		15,000							
8	74723	22,000	1.72	1.02	45	50/50	KmB13257-0920-0930		
9		21,000							
10	74766	17,000	1.70	99	45	50/50	KmB13257-0915-0930		Pulled month sample (Bact.)
11		17,000							
12	74800	14,000	1.75	1.03	45	50/50	KmB13257-1305-1315		
13		14,000							
14		14,000							
15	74842	23,000	1.72	1.10	45	50/50	KmB13257-1705-1715		
16		23,000							
17	74888	19,000	1.81	99	45	50/50	KmB13257 1705-1715		
18		19,000							
19	74926	19,000	1.75	96	45	50/50	KmB13257-1015-1030		
20		19,000							
21		19,000							
22	74977	21,000	1.80	1.10	45	50/50	KmB13257-1420-1430		Cleaned Inj Pump
23		21,000							
24	75019	17,000	1.72	1.05	45	50/50	KmB13257-0745-0755		
25		17,000							
26	75053	12,000	1.62	1.11	45	50/50	KmB13257-1415-1425		
27		12,000							
28	75077	19,000	1.65	1.09	45	50/50	KmB13257-0930-0940		
29		19,000							
30	75115	18,000	1.72	1.10	45	50/50	KmB13257-1445-1455		
31		18,000							

12/16/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

Report Number: D41232 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 11-10-04 1525 VIR
Analysis Date & Time: 11-10-04 1155

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☑ 0 °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: _____ City: New Port Richey

System or Owner's Phone #: _____ Fax #: _____

Collector: KENNETH T. MARTIN Collector's Phone # 727-243-0140

Type of Supply: (check only one)
☑ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other _____

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

Sample Collection Date: 11/10/04

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: mf Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #1	0910	R	0	7.6		A			-01
	Raw well #2	0915	R	0	7.5		TNTC			-02
	Raw well #3	0920	R	0	7.5		A			-03
	Raw well #4	0925	R	0	7.1		A			-04
	Dist #1 3609 Brighton Dr	0935	D	1.60			A			-05
	Dist #2 3709 Colonial Hills Dr	0940	D	1.40			A			-06

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.50

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☒ A certified operator (# B13237) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

SUBMIT AN ADDITIONAL SAMPLE FOR EACH SAMPLE CIRCLED

Lab Signature: _____

Title: MS

Name and Mailing Address of Person to Receive Report

U.S. Water Services Corp.
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☒ Replacement Samples Required well 2

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____ 11/23

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

Report Number: TA12433 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 11/15/04 1045 TD

Analysis Date & Time: 11-15-04 14:00

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☑ 0 °C

Disinfectant Check ☐ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utility **PWS I.D.** 6 5 1 0 3 5 5

System Address: 1000 Road City: New Port Richey

System or Owner's Phone #: 727-848-8282 Fax #: _____

Collector: Kenneth T. Mathis Collector's Phone # 727-243-0140

Type of Supply: (check only one)

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

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

Sample Collection Date: 11/14/04

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: MF Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well #2 control D	1030	R	0	7.6		A			-08

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# 03363) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: NS

Title: PC

Name and Mailing Address of Person to Receive Report

U.S. WATER SERVICES CORP
4939 CROSS BAYOU BLVD.
NEW PORT RICHEY, FL 34652
PHONE (727) 849-0292

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

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

See page 4 for instructions.

FILE COPY

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

A. Public Water System (PWS) Information

PWS Name: **Colonial Manor Water System**			PWS Identification Number: 6510355
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 Inc.			
Contact Person: KENNETH MARTIN	Contact Person's Title: Lead/Chief Operator		
Contact Person's Mailing Address: 4939 Cross Bayou Boulevard	City: New Port Richey	State: FL	Zip Code: 34652
Contact Person's Telephone Number: 7272430140	Contact Person's Fax Number: 727-848-7701		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lee Cain	C	7791	
	Melisa Rotteveel	C	10111	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	William Sossamon	A	7619	
	Gary Heins	C	8521	
	David Sams	A	2439	
	Kenneth Martin	B	13237	

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	Printed or Typed Name	License Number
12/6/06	KENNETH MARTIN	b - 13237

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

III. Daily Data for the Month/Year of: November-04

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									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
				CT Calculations							UV Dose			
				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-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		0	-											
2		0	-											
3		0	-											
4	x	0	-											
5		0	-											
6	x	0	-											
7		0	-											
8		0	-											
9	x	0	-											
10		0	-											
11	x	0	-											
12		0	-											
13	x	0	-											
14		0	-											
15		0	-											
16	x	0	-											
17		0	-											
18	x	0	-											
19		0	-											
20	x	0	-											
21		0	-											
22		0	-											
23	x	0	-											
24		0	-											
25	x	0	-											
26		0	-											
27	x	0	-											
28		0	-											
29		0	-											
30		0	-											
31		0	-											
Total			-											
Average			-											
Maximum			-											

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER:

CLIENT NAME:

ADDRESS:

PHONE: FAX:

CONTACT:

PROJECT NAME: Colonial Manor Utility

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: New Port Richey

SAMPLED BY: Kenneth T. Martin

TURN AROUND TIME:

☐ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv.	BOTTLE SIZE & TYPE: 1 Liter Colorless Bottle	1032	1032	1032	#2				ANALYSIS REQUESTED	LAB NUMBER
	Raw well #1 Connor DR	G	11/10/04	0	DW	2		X	X	X	X						
	Raw well #2 Cantrell ST			0		2		X	X	X	X						
	Raw well #3 Hendrix ST			0		2		X	X	X	X						
	Raw well #4 / Linkwood DR			0		2		X	X	X	X						
	D.I. #1 / 3604 Boylan DR			0		1		X									
	D.I. #2 3104 Columbia Hill DR			0		1		X									

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[redacted]	11/10/04	1515	Val Zamm	11-10-04	1525
2						
3						
4						

Received on ice: ☐ no OC ☐ sent ☐ received

revised 8/01

D /ATER BACTERIOLOGICAL SAMPLE COLLECTION ,D LABORATORY REPORTING FORMAT

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**
❑ 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**

Report Number: T41433 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test
☐ HPC
☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 11/15/04 1445 R
Analysis Date & Time: 11-15-04 14:00

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☑ 2 °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements:

System Name: Colonial Manor Mobile Home Park **PWS I.D.** 6 5 1 0 3 5 F

System Address: 1100 Road 2 City: New Port Richey

System or Owner's Phone #: 727 848-3312 Fax #: _____

Collector: Kenneth Maund Collector's Phone # 727 842 0140

Type of Supply: (check only one)

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

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

Sample Collection Date: 11/14/04

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: MF Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Raw well 2 Cantwell	1030	R	0	7.6		A			-08

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☐DPD Colorimetric ☐Other: _____

Person performing analysis is:
☐A certified operator (# D1363) ☐Employed by a certified lab
☐Supervised by a cert operator (# _____) ☐Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: NS

Title: PC

Name and Mailing Address of Person to Receive Report

DEP/DOH USE ONLY
☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: [illegible] 4/23

[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.)
[2]Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Data Qualifiers: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

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

CHAIN OF CUSTODY RECORD

LAB NUMBER: TCA12433

Page _____ of _____

CLIENT NAME:

PROJECT NAME: Colonial Manor Utility

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: New Port Richey

PHONE: FAX:

CONTACT: Melissa R.

SAMPLED BY: Ken Martin

TURN AROUND TIME:

☒ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.
	Raw Well #2 Control #4	G	11/15/04	1030	DW	1

BOTTLE SIZE & TYPE: 100 mL

ANALYSIS REQUIRED: Total Coliform Bact

Preserv: H

LAB NUMBER: X

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1		11/15/04	1045		11/15/04	1045
2						
3						
4						

Shipment Out: / /

Method Via:

Sample Kit Cooler #

RB D/T

AB D/T

Trip Bl

Ret: / /

Via:

revised 8/01

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

CHAIN OF CUSTODY RECORD

LAB NUMBER: TD412433

Page ____ of ____

CLIENT NAME:	PROJECT NAME:
ADDRESS:	P.O. NUMBER / PROJECT NUMBER:
	PROJECT LOCATION:
PHONE: FAX:	
CONTACT:	SAMPLED BY:

TURN AROUND TIME:
☑ STANDARD
☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.
	[illegible]	G	11/13/01	1030	DW	1

BOTTLE SIZE & TYPE: 1 liter

ANALYSIS REQUIRED: [illegible]

Preserv

LAB NUMBER

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[illegible]	11/15/01	1045	[illegible]	11/15/01	1045
2						
3						
4						

Received on ice: ☑ yes ☐ no QC ☐ sent ☐ received

revised 8/01

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

FILE COPY

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: December-04

Community Water System (CWS) Name: Colonial Manor

Public Water System (PWS) Identification Number: 6510355

	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	Total
	Colonial Manor Well #1	Colonial Manor Well#2	Colonail Manor Well #3	Colonial Manor Well #4	Colonial Manor Well #5						
	Permitted Maximum Day Operating Capacity of Plant in gallons per day										
Day of Month	79,000	79,000	98,000	79,000	18,000						353,000
	Net Quantity of Finished Water Produced by Plant in gallons										Total
1	0	33,000	60,000	18,000	0						111,000
2	0	33,000	60,000	18,000	0						111,000
3	17,000	16,000	51,000	18,000	0						102,000
4	17,000	15,000	50,000	17,000	0						99,000
5	17,000	15,000	50,000	17,000	0						99,000
6	33,000	26,000	63,000	24,000	0						146,000
7	33,000	26,000	62,000	24,000	0						145,000
8	13,000	17,000	52,000	19,000	0						101,000
9	12,000	17,000	51,000	19,000	0						99,000
10	22,000	23,000	55,000	19,000	0						119,000
11	22,000	23,000	55,000	19,000	0						119,000
12	22,000	23,000	55,000	19,000	0						119,000
13	15,000	4,000	76,000	26,000	0						121,000
14	15,000	4,000	75,000	26,000	0						120,000
15	13,000	0	67,000	19,000	0						99,000
16	12,000	0	67,000	19,000	0						98,000
17	21,000	0	68,000	19,000	0						108,000
18	20,000	0	68,000	19,000	0						107,000
19	18,000	0	88,000	27,000	0						133,000
20	18,000	0	87,000	26,000	0						131,000
21	19,000	0	84,000	23,000	0						126,000
22	18,000	0	88,000	23,000	0						129,000
23	19,000	0	81,000	20,000	0						120,000
24	19,000	0	80,000	20,000	0						119,000
25	19,000	0	80,000	20,000	0						119,000
26	19,000	0	80,000	20,000	0						119,000
27	26,000	0	71,000	22,000	0						119,000
28	26,000	0	71,000	22,000	0						119,000
29	19,000	0	76,000	16,000	0						111,000
30	19,000	0	76,000	15,000	0						110,000
31	19,000	0	76,000	15,000	0						110,000
Total											3,588,000
Avg											
Max											146,000

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

INSTRUCTIONS: This report shall be completed and submitted by community water systems that are serving, or are designed to serve, 350 or more persons or 150 or more service connections and that have multiple treatment plants connected to the same distribution system. WITHIN TEN DAYS AFTER THE END OF EACH MONTH, complete this report and submit it to the appropriate Department of Environmental Protection District Office or Approved County Health Department (ACHD). All information provided in this report shall be typed or printed in ink.

Enter the names of all plants connected to the same distribution system. Enter the permitted maximum day operating capacity for each plant and compute and enter the total permitted maximum day operating capacity for all plants. Enter the net quantity of finished water produced by each plant for each day as shown on DEP Form 62-555.900(2) or (3); compute and enter the total net quantity of finished water produced by all plants for each day; compute and enter the total net quantity of finished water produced by all plants for the month; compute and enter the average daily net quantity of finished water produced by all plants for the month; and enter the maximum day net quantity of finished water produced by all plants for the month.

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: December 2004

A. Public Water System (PWS) Information

PWS Name: COLONIAL MANOR WATER SYSTEM			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: COLONIAL MANOR WATER SYSTEM & I		Plant Telephone Number: 727-848-8292	
Plant Address: Connon Drive	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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

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	Printed or Typed Name	License Number
12/29/04	KENNETH MARTIN	b - 13237

PWS Identification Number: 6510355	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: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (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 manganese sequestrant.*

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

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: December 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 1,825 +/-		
PWS Owner: Colonial Manor Utilities Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & II			Plant Telephone Number: 727-848-8292
Plant Address: Cantrel Street	City: New Port Richey	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 62-699.310(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:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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

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	Printed or Typed Name	License Number
12-29-04	KENNETH MARTIN	b - 13237

PWS Identification Number: 6510355	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: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (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 manganese sequestrant.*

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

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: December 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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: 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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & III		Plant Telephone Number: 727-848-8292	
Plant Address: Hendrix Street	City: New Port Richey	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: 98000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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

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	Printed or Typed Name	License Number
12/29/06	KENNETH MARTIN	b - 13237

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: December 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

Plant Name: Colonial Manor Water System & IV			Plant Telephone Number: 727-848-8292	
Plant Address: Linkwood Lane	City: New Port Richey		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 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH MARTIN	C	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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

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	Printed or Typed Name	License Number
12/29/04	KENNETH MARTIN	B - 13237

PWS Identification Number: 6510355	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: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (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 manganese sequestrant.*

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

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: December 2004

A. Public Water System (PWS) Information

PWS Name: Colonial Manor Water System			PWS Identification Number: 6510355
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 Inc.			
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 E-Mail Address: mrotteveel@uswatercorp.com			

B. Water Treatment Plant Information

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 by Plant: ✓ Raw Ground ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 18000			
Plant Category (per subsection 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	b	13237	3 times per week
Other Operators:	Gary Deremer	A	5894	
	Ralph Amiott	C	8140	
	Sharon Maluk	C	13268	
	Alfred Lewis	C	7228	
	Larry Jenkins	C	12036	
	Lori Gray	C	12165	
	Melisa Rotteveel	C	10111	
	Otto Krucker	C	7790	
	Thomas Haigh	C	8609	
	Mark Brumage	B	13044	
	Raymond Layne	C	7893	
	William Cooper	C	12884	
	Larry Rust	C	12094	
	Edward Rose	C	5683	
	Les Bolling	C	6477	
	Gary Heins	C	8521	
	David Sams	A	2439	

II. Certification by Lead/Chief Operator

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

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	Printed or Typed Name	License Number
12/29/01	KENNETH MARTIN	b - 13237

PWS Identification Number: 6510355	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: *

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (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 manganese sequestrant.*

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

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

III. Daily Data for the Month/Year of:	December-04												
Means of Achieving Four-Log Virus Inactivation/Removal: *					x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine		
Ultraviolet Radiation			Other (Describe)										
Type of Disinfectant Residual Maintained in Distribution System					X Free Chlorine				Combined Chlorine (Chloramines)				Chlorine Dioxide
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]		0	-										
[redacted]		0	-										
[redacted]	X	24	17,000		1.58							0.63	
[redacted]		24	17,000										
[redacted]		24	17,000										
[redacted]	X	24	33,000		1.75							1.05	
[redacted]		24	33,000										
[redacted]	X	24	13,000		1.76							1.2	
[redacted]		24	12,000										
[redacted]	X	24	22,000		1.72							1.1	
[redacted]		24	22,000										
[redacted]		24	22,000										
[redacted]	X	24	15,000		1.64							0.96	
[redacted]		24	15,000										
[redacted]	X	24	13,000		1.72							1.01	
[redacted]		24	12,000										
[redacted]	X	24	21,000		1.8							1.15	
[redacted]		24	20,000										
[redacted]	X	24	18,000		1.85							1.05	
[redacted]		24	18,000										
[redacted]	X	24	19,000		1.7							1.05	
[redacted]		24	18,000										
[redacted]	X	24	19,000		1.8							1.1	
[redacted]		24	19,000										
[redacted]		24	19,000										
[redacted]		24	19,000										
[redacted]	X	24	26,000		1.75							1.09	
[redacted]		24	26,000										
[redacted]	X	24	19,000		1.79							1.1	
[redacted]		24	19,000										
[redacted]		24	19,000										
Total [redacted]			562,000										
Average [redacted]			18,129										
Maximum [redacted]			33,000										

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

III. Daily Data for the Month/Year of: December-04

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

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

Day of Month	Plant Flow Was Recorded	Hours Plant Was Operated	Total Gallons Pumped	Disinfectant Residual Entering Distribution System (mg/L)	Lowest Disinfectant Residual Entering Distribution System (mg/L)	Disinfectant Residual Measured in Distribution System (mg/L)	Lowest Disinfectant Residual Measured in Distribution System (mg/L)	Turbidity Measurements (NTU)	Turbidity Measurements (NTU)	Turbidity Measurements (NTU)	Turbidity Measurements (NTU)	Turbidity Measurements (NTU)	Lowest Disinfectant Residual Measured in Distribution System (mg/L)	Lowest Disinfectant Residual Measured in Distribution System (mg/L)
1		24	33,000											
2		24	33,000											
3	X	24	16,000		1.64								0.63	
4		24	15,000											
5		24	15,000											
6	X	24	26,000		1.25								0.99	
7		24	26,000											
8	X	24	17,000		1.65								1.01	
9		24	17,000											
10	X	24	23,000		1.72								1.1	
11		24	23,000											
12		24	23,000											
13	X	24	4,000		1.8								1.15	
14		24	4,000											
15	X	0	-		1.8								1.1	
16		0	-											
17	X	0	-		1.65								1	
18		0	-											
19	X	0	-		1.5								1.02	
20		0	-											
21	X	0	-		1.5								1	
22		0	-											
23	X	0	-		1.45								0.97	
24		0	-											
25		0	-											
26		0	-											
27	X	0	-		1.4								0.9	
28		0	-											
29	X	0	-		1.57								0.92	
30		0	-											
31		0	-											
Total			275,000											
Average			8,871											
Maximum			33,000											

PWS Identification Number 651-0355
Plant Name: COLONIAL MANOR W3

III. Daily Data for the Month/Year of: December-04

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

Ultraviolet Radiation Other (Describe):

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

Day of Month	Source Water Turbidity Exceeds 5 NTU? (Yes or No)	Source Water Disinfection Contact Time (Hours)	Source Water Flow Rate (gpm)	Free Chlorine Residual Entering Distribution System (mg/L)	Combined Chlorine Residual Entering Distribution System (mg/L)	Chlorine Dioxide Residual Entering Distribution System (mg/L)	Lowest Free Chlorine Residual in Distribution System (mg/L)	Date	Lowest Combined Chlorine Residual in Distribution System (mg/L)	Date	Lowest Chlorine Dioxide Residual in Distribution System (mg/L)	Date	Total Trihalomethanes (TTHM) (ug/L)	Chlorite (ug/L)
1		24	60,000											
2		24	60,000											
3		24	51,000											
4		24	50,000											
5		24	50,000											
6	X	24	63,000		1.1								0.88	
7		24	62,000											
8	X	24	52,000		1.4								1.01	
9		24	51,000											
10	X	24	55,000		1.65								1.05	
11		24	55,000											
12		24	55,000											
13	X	24	76,000		1.7								1.15	
14		24	75,000											
15	X	24	67,000		1.78								1.01	
16		24	67,000											
17	X	24	68,000		1.84								1.1	
18		24	68,000											
19	X	24	88,000		1.75								1	
20		24	87,000											
21	X	24	84,000		1.84								1.1	
22		24	88,000											
23	X	24	81,000		1.79								1.15	
24		24	80,000											
25		24	80,000											
26		24	80,000											
27	X	24	71,000		1.84								1	
28		24	71,000											
29	X	24	76,000		1.8								1.1	
30		24	76,000											
31		24	76,000											
Total			2,123,000											
Average			68,484											
Maximum			88,000											

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

III. Daily Data for the Month/Year of: December-04

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

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

Day of Month	Virus Inactivation Ratio	Hours of Operation	Net Quantity Water Produced	Free Chlorine Residual Entering Distribution System (mg/L)	Lowest Free Chlorine Residual in Distribution System (mg/L)	Number of Distribution System Samples with No Detectable Free Chlorine Residual	Turbidity of Treated Water Entering Distribution System (NTU)	Lowest Daily Chlorine Residual in Distribution System (mg/L)	Minimum % of Daily Samples with Detectable Chlorine Residuals	Chlorine Dioxide Residual Entering Distribution System (mg/L)	Chlorite Residual Entering Distribution System (mg/L)	Lowest Combined Chlorine Residual in Distribution System (mg/L)	Lowest Chlorine Dioxide Residual in Distribution System (mg/L)
1		24	18,000										
2		24	18,000										
3	X	24	18,000		0.8							0.63	
4		24	17,000										
5		24	17,000										
6	X	24	24,000		1.15							0.88	
7		24	24,000										
8	X	24	19,000		1.45							1.15	
9		24	19,000										
10	X	24	19,000		1.65							1.09	
11		24	19,000										
12		24	19,000										
13	X	24	26,000		1.72							1.05	
14		24	26,000										
15	X	24	19,000		1.63							0.96	
16		24	19,000										
17	X	24	19,000		1.55							0.99	
18		24	19,000										
19	X	24	27,000		1.64							1.01	
20		24	26,000										
21	X	24	23,000		1.72							0.99	
22		24	23,000										
23	X	24	20,000		1.84							1.03	
24		24	20,000										
25		24	20,000										
26		24	20,000										
27	X	24	22,000		1.92							1.1	
28		24	22,000										
29	X	24	16,000		1.96							1.09	
30		24	15,000										
31		24	15,000										
Total			628,000										
Average			20,258										
Maximum			27,000										

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

III. Daily Data for the Month/Year of:	December-04													
Means of Achieving Four-Log Virus Inactivation/Removal: *				x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine				
Ultraviolet Radiation			Other (Describe):											
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine				Combined Chlorine (Chloramines)						Chlorine Dioxide
Day of Month	Was Virus Inactivation Practice Used?	Was Plant in Operation?	If Not, Why Not? (Enter Number Provided Below)											
1		0	-											
2	x	0	-											
3		0	-											
4	x	0	-											
5		0	-											
6		0	-											
7	x	0	-											
8		0	-											
9	x	0	-											
10		0	-											
11		0	-											
12		0	-											
13	x	0	-											
14		0	-											
15	x	0	-											
16		0	-											
17	x	0	-											
18		0	-											
19		0	-											
20	x	0	-											
21		0	-											
22	x	0	-											
23		0	-											
24	x	0	-											
25		0	-											
26		0	-											
27	x	0	-											
28		0	-											
29	x	0	-											
30		0	-											
31			-											
Total			-											
Average			-											
Maximum			-											

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

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Treatment Plant Name: Colonial Manor MONTH / YEAR: Dec 04

Well # 1 System PWS Id Number:

Day of the Month	Pump #1 Reading	Pump #2 Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1										
2										
3	11824		17,000	1.58	.63	48				
4			17,000							
5			17,000							
6	11873		33,000	1.75	1.01	48	60/40	Km B13237		Cleaned Inj Point
7			33,000							
8	11915		13,000	1.76	1.20	48	50/50	Km B13237		
9			13,000							
10	11940		23,000	1.72	1.10	48	50/10	Km B13237		
11			23,000							
12			23,000							
13	12006		15,000	1.64	.96	48	50/50	Km B13237		
14			15,000						Monthly Bact sample Km B13237	
15	12036		13,000	1.72	1.01	48	5900	Km B13237		
16			13,000							
17	12061		21,000	1.80	1.15	48	50/50	Km B13237		
18			21,000							
19	12102		19,000	1.85	1.05	48	50/50	Km B13237		
20			19,000							
21	12138		17,000	1.70	1.05	48	50/50	Km B13237		Cleaned Inj Point
22			18,000							
23	12175		17,000	1.80	1.10	48	50/50	Km B13237		
24			17,000							
25			17,000							
26			17,000							
27	12251		26,000	1.75	1.04	48	40/60	Km B13237		
28			26,000							
29	12303		19,000	1.79	1.10	48	40/61	Km B13237		
30			19,000							
31			19,000							

1/1 = 12300

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

TB

Treatment Plant Name: Calonia Manor MONTH / YEAR: Dec 04

Well # 2 System PWS Id Number:

Day of the Month	Pump #1 Reading	~~Pump #2~~ GALS Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		33[illegible]00								
2		33[illegible]00								
3	70124	16,000	44	~~164~~	~~68~~	50				
4		15,[illegible]00								
5		11,[illegible]00								
6	70170	26,000	125	~~185~~	99	50	40/60	Kwb 13257		
7		26,000								
8	70222	17,000		165	101	50	40/60	Kwb 13257		
9		17,000								
10	70256	23,000		172	1.10	50	40/60	Kwb 13257		
11		23,000								
12		23,000								
13	70325	4,000		180	115	50	40/60	Kwb 13257		
14		4,000							Replacement Bad. Kwb 13257	
15	70333	0		180	110	50	40/60	Kwb 13257		
16		0								
17	70333	0		165	1.00	50	40/60	Kwb 13257		
18		0								
19	70333	0		150	1.02	50	40/60	Kwb 13257		
20		0								
21	70333	0		132	1.00	50	40/60	Kwb 13257		
22		0								
23	70333	0		145	.97	50	40/60	Kwb 13257		
24		0								
25		0								
26		0								
27	70333	0		140	.90	50	50/50	Kwb 13257		
28		0								
29	70333	0		157	.92	50	50/50	Kwb 13257		
30		0								
31		0								

4821 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone: 727-848-8292 / Fax: 727-848-7701

U.S. Water Services Corporation

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Treatment Plant Name: Bahama Manor MONTH / YEAR: Dec 04

Well # 3 System PWS Id Number:

Day of the Month	Pump #1 Reading	Pump #2 Reading	Gallons Pumped	Cl2 Residual @ plant	Cl2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1			45000				40/60			
2			45000							
3	118640		51,000				40/60			
4			59,000							
5			50,000							
6	118791		63,000	1.10	.88	48	40/60	KmB13237		
7			62,000							
8	118916		52,000	1.40	1.01	48	40/60	KmB13237		
9			51,000							
10	119019		55,000	1.65	1.05	48	40/60	KmB13237		Clean D Ing Pond
11	~~119079~~		55,000							
12			55000							
13	119184		76,000	1.30	1.15	48	40/60	KmB13237		
14			77,000						Routine Weekly	Bact: KmB13237 Pos
15	119337		67,000	1.78	1.01	48	40/60	KmB13237		
16			67,000							
17	119469		68,000	1.84	1.10	48	40/60	KmB13237		
18			68,000							
19	119605		87,000	1.75	1.05	48	40/60	KmB13237		
20			87,000							
21	119780		87,000	1.84	1.10	48	40/60	KmB13237		
22	~~119971~~		88,000							
23	119957		81,000	1.79	1.15	48	40/60	KmB13237		
24			80,000							
25			80,000							
26			80,000							
27	120278		71,000	1.84	1.20	48	40/60	KmB13237		
28			71,000							
29	120400		76,000	1.80	1.10	48	40/60	KmB13237		
30			76,000							
31			76,000							

1/2 120617

U.S. Water Services Corporation
4821 US Highway 19, Suite 2A, New Port Richey, FL 34652
Phone: 727-848-8292 / Fax: 727-848-7701

13

Treatment Plant Name: Cabana Manor MONTH / YEAR: Dec 04

Well # 4 System PWS Id Number:

Day of the Month	Pump #1 Reading	Pump #2 Reading	Gallons Pumped	CL2 Residual @ plant	CL2 Residual @ remote tap	PSI	Air/ Water Ratio	Time in / Time Out License Number / Initials	Sampling Performed	Remarks
1		18000								
2		18000								
3	75169	18,000		.80	.63	46				
4		17,000								
5		17,000								
6	75221	24,000		1.15	.89	46	50/50	Kim B:3237		
7		24,000								
8	75269	19,000		1.15	1.15	46	50/50	B:3237		
9	~~75269~~	19,000		~~1.15~~	~~1.15~~	~~46~~	~~50/50~~			
10	75301	19,000		1.65	1.09	46	50/50	B:3237		Cleaned Inj Pond
11		19,000								
12		19,000								
13	75363	26,000		1.22	1.05	46	~~50/50~~	Kim B:3237		
14		26,000						Kim B:3237	Monthly Bact's	
15	75414	19,000		1.63	96	46	50/50	Kim B:3237		
16		19,000								
17	75452	19,000		1.55	95	46	50/50	Kim B:3237		
18		19,000								
19	75490	27,000		1.64	1.01	46	50/50	Kim B:3237		
20	~~75490~~	26,000								
21	75543	23,000		1.72	99	46	60/60	Kim B:3237		Cleaned Inj Pond
22		23,000								
23	75585	20,000		1.84	1.23	46	60/60	Kim B:3237		
24		20,000								
25		20,000								
26		20,000								
27	75669	22,000		1.92	1.10	46	60/60	Kim B:3237		
28		22,000								
29	75713	16,000		1.96	1.09	46	60/60	Kim B:3237		
30		15,000								
31		15,000								

1/1 = 75759

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 12-14-04 1534 VIR

Analysis Date & Time: 12-14-04 1630

Sample Acceptance Criteria:

Sample Preservation ☑ On Ice ☐ Not On Ice ☒ 0 °C

Disinfectant Check ☐ Not Detected ☐ ____ mg/L

This sample does not meet the following NELAC requirements:

Report Number: 7041507 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☑ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 3 5

System Address: [redacted] Moog Rd City: Holiday

System or Owner's Phone #: 727-848-8292 Fax #: _____

Collector: Kenneth T. Martin Collector's Phone # 727-243-0113

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: 12/14/04

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: MF Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	Dist #1 3509 Bilford	0911	D	162			A			-19
	Dist #2 3504 Commun Dr.	0917	D	150			A			-20
	Raw well #1 Commun Dr	1000	R	0	7.2		A			-21
	Raw well #2 Central H	1003	R	0	7.3		A			-22
	Raw well #3 Windsor #	1015	R	0	7.2		A			-23
	Raw well #4 Linwood	1020	R	0	7.3		A			-24

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.56

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:

☐ A certified operator (# 3-2201) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: [signature]

Title: MS

Name and Mailing Address of Person to Receive Report

Colonial Manor Utilities
6103 Cross Bayou Blvd
New Port Richey FL 34652

DEP/DOH USE ONLY

☑ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: MH 12/23

[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 = 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 01/04

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
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

Report Number: R413507 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- ☑ Standard Coliform Test
- ☐ HPC
- ☐ Other: _____

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 12-14-04 1534 VIR

Analysis Date & Time: 12-14-04 1630

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice 0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 3 5

System Address: [redacted] Moog Rd City: Holiday

System or Owner's Phone #: 727-848-8292 Fax #: _____

Collector: Kenneth T. Mathew Collector's Phone # 727-243-0143

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: 12/14/04

To be completed by collector of sample | To be completed by lab

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: MF Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	D.S. #1 3509 Bidford	0945	D	162			A			-19
	D.S. #2 3504 Common Dr.	0955	D	150			A			-20
	Raw well #1 Common Dr.	1000	R	0	7.2		A			-21
	Raw well #2 Cantrell St	1005	R	0	7.3		A			-22
	Raw well #3 Wendover St	1015	R	0	7.2		A			-23
	Raw well #4 Linwood	1020	R	0	7.3		A			-24

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 156

[2]Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# B-2227) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: MS

Name and Mailing Address of Person to Receive Report

US Water Services
4939 Crew Bayou Blvd
New Port Richey FL 34652

DEP/DOH USE ONLY
- ☐ Satisfactory
- ☐ Incomplete Collection Information
- ☐ Repeat Samples Required
- ☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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
☐ 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

For Lab Use Only

The lab performing this analysis is checked on the left.

Lab Receipt Date & Time: 12-14-04 1534 VIR

Analysis Date & Time: 12-14-04 1630

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice 4 0 °C
Disinfectant Check ☐ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements: _____

Report Number: RM13507 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
☑ Standard Coliform Test
☐ HPC
☐ Other: _____

System Name: Colonial Manor Utilities **PWS I.D.** 6 5 1 0 3 3 5

System Address: [redacted] Moog Rd City: Holiday

System or Owner's Phone #: 727-848-8292 Fax #: _____

Collector: Kenneth T. Mabton Collector's Phone # 727-243-0123

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: 12/14/04

To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH
	D.S. #1 3509 Bidford	0945	D	1.62	
	D.S. #2 3504 Common Dr.	0955	D	1.50	
	Raw well #1 Common Dr.	1000	R	0	7.2
	Raw well #2 Central St.	1005	R	0	7.3
	Raw well #3 Wendover St.	1015	R	0	7.2
	Raw well #C1 Linwood	1020	R	0	7.3

To be completed by lab

Total Coliform Analysis Method: MF
Fecal or E. coli Analysis Method:

Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
	A			-19
	A			-20
	A			-21
	A			-22
	A			-23
	A			-24

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.56

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
☐ A certified operator (# [redacted]) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: [signature]

Title: M.S

Name and Mailing Address of Person to Receive Report

US Water Services
4939 Crew Bayou Blvd
New Port Richey FL 34652

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[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 = 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

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, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ☐ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB NUMBER:

Page _____ of _____

CLIENT NAME:

PROJECT NAME: Colonial Manor Utility

ADDRESS:

P.O. NUMBER / PROJECT NUMBER:

PROJECT LOCATION: Holiday

PHONE: FAX:

CONTACT:

SAMPLED BY: Kenneth T. Mueller

TURN AROUND TIME:

☑ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

WW= waste water **SW**=surface water **GW**=ground water **DW**=drinking water **OIL** **A**=air **SO**=soil **SL**=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE: 1 Gal Plastic	1 Gal Plastic	1 Gal Plastic	1 Gal Plastic				LAB NUMBER
							ANALYSIS REQUESTED: Total Coliform	E. Coli	Total Coliform	E. Coli				
							Preserv: None							
	D.W. #1 3509 Bedford Ave	G	12/14/09	0945	DW	1	X							
	D.W. #2 3504 Conroy Drive			0955		1	X							
	Raw well #1 Conroy Dr			1000		2	X	X	X	X				
	Raw well #2 Cantrell			1005		2	X	X	X	X				
	Raw well #3 Hondran			1015		2	X	X	X	X				
	Raw well #4 Lockwood			1020		2	X	X	X	X				

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

	Relinquished by:	Date	Time	Received by:	Date	Time
1	[redacted]	12/14/09	1534	V. Jones	12/14/09	1534
2						
3						
4						