

CFAT H2o, Inc.

Engineering Data

Marion County, Florida

Docket No. 100126

2009 Sodium Hypochlorite at Water Treatment Plant

Date	Quantity	Rate	Price	Dosage
2/5/2009	107	1.54	164.78	
3/4/2009	65	1.49	96.85	0.10
3/24/2009	65	1.49	96.85	0.14
4/21/2009	75	1.49	111.75	0.11
5/26/2009	49	1.49	73.01	0.06
6/23/2009	52	1.49	77.48	0.08
7/27/2009	73	1.49	108.77	0.09
8/31/2009	97	1.49	144.53	0.12
10/1/2009	74	1.45	107.3	0.10
10/27/2009	57	1.45	82.65	0.09
11/30/2009	90	1.45	130.50	0.11

Total 1194.47



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
FAX (352) 625-6638

Landfair - Meadowland

On May 3, 2010 we completed the report for the above referenced water system, identification number 3424690. You should maintain this original report for future reference and proof of compliance. This sample was analyzed under our submission number 104745 for the following parameters (or parameter groups): Inorganics, Partial

The results of the analyses were:

- ☒ **Satisfactory** (below allowable Maximum Contaminant Levels, or equivalent standard, for all parameters).
- ☐ **Satisfactory**. However, the parameters listed below exceeded 50% of the allowable Maximum Contaminant Level, equivalent standard, or regulatory detection limit. Additional testing may be required, please contact your governing agency or project engineer for instructions.
- ☐ **Unsatisfactory** for the parameters listed below (exceeded allowable Maximum Contaminant Level or equivalent standard) and may represent a health risk to your consumers. Please contact your governing agency or project engineer immediately.

In accordance with your request and applicable regulations we have sent a copy of this report to the following agencies or individuals (copies will not be provided to non-regulatory individuals without your express consent and request):

- | | |
|--|--|
| <input checked="" type="checkbox"/> DEP Central District | <input type="checkbox"/> DOH Marion County |
| <input type="checkbox"/> DEP Southwest District | <input type="checkbox"/> DOH Lake County |
| <input type="checkbox"/> DEP Northeast District | <input type="checkbox"/> DOH Sumter County |
| <input type="checkbox"/> DEP | <input type="checkbox"/> DOH |
| <input type="checkbox"/> Other | <input type="checkbox"/> Not Applicable |

Thank you for allowing us to meet your analytical and compliance needs. We appreciate your business and value the relationships we cultivate with our clients. Please contact us if you have any questions.

Safe Drinking Water Program Laboratory Reporting Format

104795

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

System Name: LAND FAIR - MEADOWLAND PWS I.D. #: 3424690

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

Address: NE 78th STREET CR 200A

City: Ocala

State: FL ZIP Code: 34470

Phone #: (352) 622-4949

Fax #:

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): N/A

Sample Date: 4-26-10 Sample Time: 0915 ☒ AM ☐ PM (Circle One)

Sample Location (be specific): PDE

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

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*
- ☐ Composite of Multiple Sites**
- ☐ Violation Resolution
- ☐ Clearance (permitting)
- ☐ Replacement (of Invalidated Sample)
- ☐ Other: _____

Sampling Procedure Used or Other Comments: 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: Pro-Tech Water & Wastewater Services, Inc.

Sampler's Phone #: (352) 236-2444

Sampler's Fax #: (352) 236-2118

Sampler's E-Mail Address: Protechww@embarkmail.com

CERTIFICATION (to be completed by sampler)

I, Ken Estes (Print Name), OPERATOR (Print Title)

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

Signature: Ken Estes Date: 4-26-10



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

Page 2 of 4; including Chain of Custody

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2010
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 3424690 System Name: Landfair - Meadowland Sample Number: Not Provided
Sample Location: POE
Laboratory Assigned Submission Number: 104745 Date Sample(s) Received: 4/26/10

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
Inorganics, Partial

Subcontracted Laboratory DOH Certification Number(s): Not Applicable

Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature:

Date: May 3, 2010

COMPLIANCE DETERMINATION (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: _____



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

System Name: Landfair - Meadowland

PWS ID: 3424690

Submission Number: 104745

INORGANIC CONTAMINANTS 62-550.310(1)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.75		EPA353.2	0.05	4/27/10	1:29 PM	E83265
1041	Nitrite (as N)	1	mg/L	0.03	U	EPA353.2	0.03	4/27/10	1:29 PM	E83265

U - The parameter was analyzed but not detected.

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

JANUARY 2008

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Type of Disinfectant Used and Residual in Distribution System				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
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					UV Dose					Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
				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	69400											1.4		
2	X	24	69400											1.4		
3	X	24	69400											1.4		
4	X	24	69400											1.4		
5	X	24	69900												WEEKEND CHECK	
6		24	91750													
7	X	24	91750											2.1		
8	X	24	91750											2.1		
9	X	24	35200											2.1		
10	X	24	12800											2.0		
11	X	24	12800											2.0		
12	X	24	12800												WEEKEND CHECK	
13		24	17300													
14	X	24	17300											2.0		
15	X	24	11700											1.9	SAMPLE - 1 WELL, 2 LINES	
16	X	24	11700											1.9		
17	X	24	18000											1.9		
18	X	24	18000											1.9		
19	X	24	11767												WEEKEND CHECK	
20		24	11767													
21	X	24	11767											1.5		
22	X	24	37000											1.5		
23	X	24	33400											1.5		
24	X	24	17450											1.5		
25	X	24	17450											1.5		
26	X	24	12433												WEEKEND CHECK	
27		24	12433													
28	X	24	12433											1.5		
29	X	24	35100											2.1		
30	X	24	18200											2.1		
31	X	24	18200											2.1		
Total			1039750													
Average			33540													
Maximum			91750													

*Refer to the instructions for this report to determine which plants must provide this information



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

JANUARY 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 84

Total Population Served at End of Month: 294

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA State: FL Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number:

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators:

Name

License Class

License Number

Day(s)/Shift(s) Worked

Lead/Chief Operator:

JOHN ANDERSON

C

14185

DAY

Other Operators:

RAY MCVEY

C

8623

WEEKEND

MICHAEL HAMMER

C

8519

WEEKEND

TIM FISH

B

7477

WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date

JOHN ANDERSON

Printed or Typed Name

C-14185

License Number

Subst. Alternate

DEP Form 62-555.900(3)

Effective August 28, 2003

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

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of: FEBRUARY 2008

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation

☐ Other (Describe):

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
CT Calculations														
UV Dose														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-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	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24	24280										2.0	
2	X	24	24280											WEEKEND CHECK
3		24	24280											
4	X	24	24280										2.0	
5	X	24	24280										2.0	
6	X	24	15100										1.9	
7	X	24	27600										1.9	
8	X	24	34500										1.8	
9	X	24	39600											WEEKEND CHECK
10		24	39600											
11	X	24	39600										1.8	
12	X	24	43800										1.8	
13	X	24	94000										1.7	
14	X	24	0										1.7	
15	X	24	49600										1.8	
16	X	24	38900											WEEKEND CHECK
17		24	38900											
18	X	24	38900										1.7	
19	X	24	23200										1.6	SAMPLE - 1 WELL, 2 LINES
20	X	24	12200										1.5	
21	X	24	105000										1.4	
22	X	24	24500										1.4	
23	X	24	27800											WEEKEND CHECK
24		24	27800											
25	X	24	27800										1.4	
26	X	24	48100										1.5	
27	X	24	38600										1.4	
28	X	24	34600										1.4	
29	X	24	8600										1.3	
30		24												
31		24												
Total			999700											
Average			34472											
Maximum			105000											

*Refer to the instructions for this report to determine which plants must provide this information



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

FEBRUARY 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 84

Total Population Served at End of Month: 294

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA State: FL Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number:

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	RAY MCVEY	C	8623	DAYS & WEEKEND
Other Operators	JOHN H. ANDERSON	C	14185	2/1,4/2008
	TIM FISH	B	7477	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Ray McVey 3-5-08
Signature and Date

RAY MCVEY
Printed or Typed Name

C-8623
License Number

Substitute Alternate
DEP F 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

MARCH 2008

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ 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, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	30900											WEEKEND CHECK
2		24	20200											
3	X	24	20200										1.7	
4	X	24	35400										1.7	
5	X	24	100										1.9	
6	X	24	38400										1.8	
7	X	24	11600										1.8	
8	X	24	39900											WEEKEND CHECK
9		24	39900											
10	X	24	39900										1.7	
11	X	24	42600										1.2	SAMPLED 1 WELL, 2 LINES
12	X	24	26500										1.1	
13	X	24	12900										1.0	
14	X	24	36400										1.0	
15	X	24	40400											WEEKEND CHECK
16		24	40400											
17	X	24	40400										1.1	
18	X	24	38800										1.2	
19	X	24	18300										1.0	
20	X	24	21100										1.0	
21	X	24	35900										1.0	
22	X	24	29800											WEEKEND CHECK
23		24	29800											
24	X	24	29800										1.0	
25	X	24	27700										1.0	
26	X	24	49500										1.0	
27	X	24	0										1.1	
28	X	24	41800										1.0	
29	X	24	40600											WEEKEND CHECK
30		24	40600											
31	X	24	40600										1.2	
Total			960400											
Average			30981											
Maximum			49500											

*Refer to the instructions for this report to determine which plants must provide this information



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

See page 4 for instructions.

General Information for the Month/Year

MARCH 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 84

Total Population Served at End of Month: 294

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA

State: FL

Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number:

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA

State: FL

Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators

Lead/Chief Operator:

RAY MCVEY

Name

License Class

License Number

Day(s)/Shift(s) Worked

Other Operators:

TIM FISH

C

8623

DAY

MICHAEL HAMMER

C

7477

WEEKEND

C

8519

WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

RAY MCVEY 4-2-08
Signature and Date

RAY MCVEY
Printed or Typed Name

C-8623
License Number

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

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of: APRIL 2008

Means of Achieving Four-Log Virus Inactivation/Removal: • ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

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
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations					UV Dose						
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at G 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	30900											1.6		
2	X	24	43000											1.5	SAMPLED 2 WELLS, 2 LINES	
3	X	24	42700											1.5		
4	X	24	34400											1.5		
5	X	24	14100												WEEKEND CHECK	
6		24	14100													
7	X	24	14100											1.3		
8	X	24	76600											1.4		
9	X	24	40600											1.4		
10	X	24	0											1.3		
11	X	24	11500											1.2		
12	X	24	38200												WEEKEND CHECK	
13		24	38200													
14	X	24	38200											1.4		
15	X	24	74200											1.5		
16	X	24	0											1.4		
17	X	24	20800											1.5		
18	X	24	36400											1.5		
19	X	24	25800												WEEKEND CHECK	
20		24	25800													
21	X	24	25800											1.6		
22	X	24	35900											1.9		
23	X	24	27000											1.6		
24	X	24	13600											0.4	CL2 PUMP AIRLOCK	
25	X	24	37400											0.3		
26	X	24	26400													WEEKEND CHECK
27		24	26400													
28	X	24	26400											0.3		
29	X	24	4100											0.4		
30	X	24	37200											0.3		
31		24														
Total			879800													
Average			29327													
Maximum			76600													

*Refer to the instructions for this report to determine which plants must provide this information



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

See page 4 for instructions.

General Information for the Month/Year APRIL 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 84

Total Population Served at End of Month: 294

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA

State: FL

Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number:

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA

State: FL

Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	RAY MCVEY	C	8623	DAY
Other Operators:	AMANDA HULON	C	15214	4/14 THROUGH 4/30
	TIM FISH	B	7477	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

AMANDA L. HULON 5-8-08
Signature and Date

AMANDA HULON
Printed or Typed Name

C-15214
License Number

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

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of: MAY 2008

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

Type of Disinfectant Residual Maintained in Distribution System: ☒ 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	CT Calculations				UV Dose						
					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	19600										0.7		
2	X	24	14400										1.5		
3	X	24	28000											WEEKEND CHECK	
4		24	28000												
5	X	24	28000										1.6		
6	X	24	29600										1.4		
7	X	24	44000										1.9		
8	X	24	34700										1.6		
9	X	24	0										1.7		
10	X	24	29700											WEEKEND CHECK	
11		24	29700												
12	X	24	29700										1.6		
13	X	24	25300										1.7		
14	X	24	42400										1.7		
15	X	24	36100										1.8		
16	X	24	0										1.8		
17	X	24	37900											WEEKEND CHECK	
18		24	37900												
19	X	24	37900										1.8		
20	X	24	0										1.8		
21	X	24	49400										1.8		
22	X	24	35600										1.8		
23	X	24	0										1.8		
24	X	24	25400											WEEKEND CHECK	
25		24	25400												
26	X	24	25400										0.8	SAMPLE - 2 WELLS, 2 LINES	
27	X	24	42300										1.9		
28	X	24	58600										0.7		
29	X	24	35200										0.7		
30	X	24	0										0.7		
31	X	24	27673											WEEKEND CHECK	
Total			857873												
Average			27673												
Maximum			58600												

*Refer to the instructions for this report to determine which plants must provide this information



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 MAY 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 84

Total Population Served at End of Month: 294

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA

State: FL

Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number:

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA

State: FL

Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	AMANDA HULON	C	15214	DAY
Other Operators:	RAY MCVEY	C	8623	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date

6-6-08

AMANDA HULON
Printed or Typed Name

C-15214
License Number

Substitute/Alternate

DEP F 62-555.900(3)

Effective August 28, 2003

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

JUNE 2008

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation

☐ Other (Describe):

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ 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 Point 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 Point 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	38400												
2	X	24	38400										1.7		
3	X	24	0										1.7		
4	X	24	49200										1.7		
5	X	24	36000										1.6		
6	X	24	0										1.5		
7	X	24	42500											WEEKEND CHECK	
8		24	42500												
9	X	24	42500										1.6		
10	X	24	37300										1.7		
11	X	24	44800										1.7		
12	X	24	39100										1.7		
13	X	24	45100										1.7		
14	X	24	40600											WEEKEND CHECK	
15		24	40600												
16	X	24	40600										1.8		
17	X	24	49500										1.6	SAMPLE - 2 WELLS, 2 LINES	
18	X	24	46600										1.7		
19	X	24	32200										1.7		
20	X	24	52100										1.6		
21		24	39100												
22	X	24	39100											WEEKEND CHECK	
23	X	24	39100										1.4		
24	X	24	129300										1.7		
25	X	24	76700										1.8		
26	X	24	39700										1.8		
27	X	24	42700										1.8		
28	X	24	25200											WEEKEND CHECK	
29		24	25200												
30	X	24	25200										1.8		
31		24													
Total			1239300												
Average			41310												
Maximum			129300												

*Refer to the instructions for this report to determine which plants must provide this information



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

See page 4 for instructions.

General Information for the Month/Year JUNE 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA State: FL Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number: (352) 732-4366

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

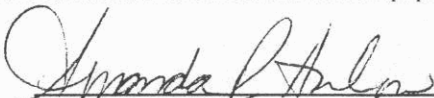
Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	AMANDA HULON	C	15214	DAY
Other Operators:	MICHAEL HAMMER	C	8519	WEEKEND
	RAY MCVEY	C	8623	WEEKEND
	TIM FISH	B	7477	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)


Signature and Date 7-7-08

AMANDA HULON
Printed or Typed Name

C-15214
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

JULY 2008

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month				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
Operator (Place "X")	Days Plant Staffed or Visited by	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point 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	34100									1.9			
2	X	24	34100									1.8			
3	X	24	76600									1.9			
4	X	24	33800									1.8			
5	X	24	80133										WEEKEND CHECK		
6		24	80133												
7	X	24	80133									1.7			
8	X	24	65200									1.7			
9	X	24	61400									1.6			
10	X	24	28600									1.8			
11	X	24	65000									1.8			
12	X	24	39933										WEEKEND CHECK		
13		24	39933												
14	X	24	39933									1.7			
15	X	24	23000									1.5			
16	X	24	65600									1.6	SAMPLE - 2 WELLS, 2 LINES		
17	X	24	69800									1.5			
18	X	24	60900									1.3			
19	X	24	53033										WEEKEND CHECK		
20		24	53033												
21	X	24	53033									1.3	RESAMPLE - 1 WELL, 6 LINES		
22	X	24	62900									1.4	RESAMPLE - 1 WELL		
23	X	24	68700									1.4			
24	X	24	47000									1.6			
25	X	24	50200									1.4			
26	X	24	57166										WEEKEND VCHECK		
27		24	57166												
28	X	24	57166									1.0			
29	X	24	54400									0.9			
30	X	24	74100									1.0			
31	X	24	64400									1.0			
Total			1730595												
Average			55826												
Maximum			80133												

*Refer to the instructions for this report to determine which plants must provide this information



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 JULY 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA

State: FL

Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number: (352) 732-4366

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA

State: FL

Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	QUINCY JONES	C	14369	DAY
Other Operators:	TIM FISH	B	7477	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND
	RAY MCVEY	C	8623	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Quincy Jones 8-4-08
Signature and Date

QUINCY JONES
Printed or Typed Name

C-14369
License Number

Substitute/Alternate
DEP F 32-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of: AUGUST 2008

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System: _____															
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	60966										1.2		
2		24	60966												
3		24	60966												
4	X	24	60966										1.3		
5	X	24	62900										1.3		
6	X	24	49100										1.2		
7	X	24	50900										1.2		
8	X	24	65200										1.2		
9	X	24	48766											WEEKEND CHECK	
10		24	48766											SAMPLE - 2 WELLS, 5 LINES	
11	X	24	48766										1.1		
12	X	24	69700										1.2		
13	X	24	29000										1.1		
14	X	24	48500										1.3		
15	X	24	68100										1.2		
16	X	24	38766											WEEKEND CHECK	
17		24	38766												
18	X	24	38766										1.1		
19	X	24	29100										1.2		
20	X	24	62900										0.9		
21	X	24	50900												
22	X	24	36100										0.9		
23	X	24	60466											WEEKEND CHECK	
24		24	60466												
25	X	24	60466										1.1		
26	X	24	35100										0.9		
27	X	24	2900										0.4		
28	X	24	37100										0.8		
29	X	24	42100										0.7		
30	X	24	49223											WEEKEND CHECK	
31		24	49223												
Total			1525904												
Average			49223												
Maximum			69700												

*Refer to the instructions for this report to determine which plants must provide this information



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

See page 4 for instructions.

General Information for the Month/Year AUGUST 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA State: FL Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number: (352) 732-4366

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	QUINCY JONES	C	14369	DAY
Other Operators:	RAY MCVEY	C	8623	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Quincy A Jones 9-5-08
Signature and Date

QUINCY JONES
Printed or Typed Name

C-14369
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

SEPTEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

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							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	X	24	42100										0.6	
2	X	24	31000										0.9	
3	X	24	29000										0.9	
4	X	24	22000										0.6	
5	X	24	66900										0.8	
6	X	24	48700											WEEKEND CHECK
7		24	48700											
8	X	24	48700										0.7	
9	X	24	76800										1.0	
10	X	24	26000										0.8	
11	X	24	23000										0.5	
12	X	24	57300										0.5	
13	X	24	56633											WEEKEND CHECK
14		24	56633											SAMPLE - 2 WELLS, 2 LINES
15	X	24	56633										0.6	
16	X	24	69000										0.7	
17	X	24	62500										0.6	
18	X	24	59700										0.4	
19	X	24	17900										0.8	
20	X	24	41000											WEEKEND CHECK
21		24	41000											
22	X	24	41000										0.6	
23	X	24	36500										0.7	
24	X	24	72000										1.0	
25	X	24	55200										1.0	
26	X	24	68200										0.8	
27	X	24	53566											WEEKEND CHECK
28		24	53566											
29	X	24	53566										1.1	
30	X	24	65200										1.1	
31		24												
Total			1479997											
Average			49333											
Maximum			76800											

*Refer to the instructions for this report to determine which plants must provide this information



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 SEPTEMBER 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA State: FL Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number: (352) 732-4366

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	QUINCY JONES	C	14369	DAY
Other Operators:	RAY MCVEY	C	8623	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Quincy A Jones 10-7-08
Signature and Date

QUINCY JONES
Printed or Typed Name

C-14369
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

OCTOBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal:

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*														
CT Calculations														
UV Dose														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-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	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24	61200										1.1	
2	X	24	61200										1.1	
3	X	24	60600										1.1	
4	X	24	51400											WEEKEND CHECK
5		24	51400											
6	X	24	51400										1.1	
7	X	24	64500										1.0	
8	X	24	73700										1.1	
9	X	24	46200										1.1	
10	X	24	48600										1.2	
11	X	24	65900											WEEKEND CHECK
12		24	65900											SAMPLE - 2 WELLS, 2 LINES
13	X	24	65900										1.2	
14	X	24	68400										1.2	
15	X	24	71200										1.1	
16	X	24	26000										0.8	
17	X	24	68800										0.7	
18	X	24	58033											WEEKEND CHECK
19		24	58033											
20	X	24	58033										0.6	
21	X	24	68400										0.5	
22	X	24	25000										0.9	
23	X	24	69400										0.4	
24	X	24	64900										0.5	
25	X	24	52167										0.7	WEEKEND CHECK
26		24	52167											
27	X	24	52167										0.9	
28	X	24	67300										0.7	
29	X	24	72900										1.1	
30	X	24	67600										0.8	
31	X	24	27000										1.0	
Total			1795400											
Average			57916											
Maximum			73700											

*Refer to the instructions for this report to determine which plants must provide this information



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 OCTOBER 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Type: ☒ Community ☐ Non-Transient Non-Community

Number of Service Connections at End of Month: 232

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Mailing Address: P.O. BOX 5220

Contact Person's Telephone Number: (352) 622-4949

Contact Person's E-Mail Address: Steve Carroll - 208-4509

PWS Identification Number: 3424690

☐ Transient Non-Community ☐ Consecutive

Total Population Served at End of Month: 580

Contact Person's Title:

City: OCALA State: FL Zip Code: 34478

Contact Person's Fax Number: (352) 732-4366

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Address: NE 78TH ST CR 200A

Plant Telephone Number: (352) 622-4949

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	QUINCY JONES	C	14369	DAY
Other Operators:	RAY MCVEY	C	8623	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Quincy A Jones 11-5-08
Signature and Date

QUINCY JONES
Printed or Typed Name

C-14369
License Number

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

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of: NOVEMBER 2008

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													
CT Calculations							UV Dose						
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-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
1	X	24	65758										
2		24	65758										
3	X	24	65758										0.8
4	X	24	71100										0.4
5	X	24	25000										0.3
6	X	24	79600										0.3
7	X	24	23000										0.4
8	X	24	42788										
9		24	42788										
10	X	24	42788										1.2
11	X	24	66700										1.1
12	X	24	51700										1.0
13	X	24	79500										1.1
14	X	24	29100										1.2
15	X	24	68932										
16		24	68932										
17	X	24	68932										1.1
18	X	24	66300										1.0
19	X	24	50000										0.9
20	X	24	53000										0.8
21	X	24	62700										0.8
22	X	24	54983										0.8
23		24	54983										
24	X	24	54983										0.9
25	X	24	70750										1.1
26	X	24	82800										1.1
27	X	24	23300										1.1
28	X	24	23300										1.0
29	X	24	23300										
30		24	23300										
31		24											
Total			1601833										
Average			53394										
Maximum			82800										

*Refer to the instructions for this report to determine which plants must provide this information



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 NOVEMBER 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Type: ☒ Community ☐ Non-Transient Non-Community

Number of Service Connections at End of Month: 232

PWS Owner: CHARLES DeMENZES

Contact Person: _____

Contact Person's Mailing Address: P.O. BOX 5220

Contact Person's Telephone Number: (352) 622-4949

Contact Person's E-Mail Address: Steve Carroll - 208-4509

PWS Identification Number: 3424690

☐ Transient Non-Community ☐ Consecutive

Total Population Served at End of Month: 580

Contact Person's Title: _____

City: OCALA State: FL Zip Code: 34478

Contact Person's Fax Number: (352) 732-4366

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Address: NE 78TH ST CR 200A

Plant Telephone Number: (352) 622-4949

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	QUINCY JONES	C	14369	DAY
Other Operators:	RAY MCVEY	C	8623	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date JOHN W. BRYANT C-7566

QUINCY JONES
Printed or Typed Name

C-14369
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

DECEMBER 2008

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ 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	23200										2.0		
2	X	24	44600										1.9		
3	X	24	39100										2.0		
4	X	24	34500										2.0		
5	X	24	37700										1.8		
6	X	24	25766											WEEKEND CHECK	
7		24	25767												
8	X	24	25767										1.8		
9	X	24	35200										2.0		
10	X	24	39000										1.7		
11	X	24	34200										1.8		
12	X	24	0										1.9		
13	X	24	37566											WEEKEND CHECK	
14		24	37566												
15	X	24	37566										2.2	SAMPLE - 2 WELLS, 2 LINES	
16	X	24	10700										1.8		
17	X	24	38000										1.2		
18	X	24	31100										2.2		
19	X	24	34900										2.2		
20	X	24	24900											WEEKEND CHECK	
21		24	24900												
22	X	24	24900										1.0		
23	X	24	30000										1.5		
24	X	24	12600										1.0		
25	X	24	28850										1.0	HOLIDAY VISIT	
26	X	24	28850										1.4		
27	X	24	35866											WEEKEND CHECK	
28		24	35866												
29	X	24	35866										1.7		
30	X	24	17900										1.5		
31	X	24	16300										1.4		
Total			908996												
Average			29322												
Maximum			44600												

*Refer to the instructions for this report to determine which plants must provide this information



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 DECEMBER 2008

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA

State: FL

Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number: (352) 732-4366

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA

State: FL

Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	MARK HAVENS	C	13858	12/1, 3, 4/2008
Other Operators:	RAY MCVEY	C	8623	12/2/08 & WEEKENDS
	JOHN W. BRYANT	C	7566	12/5, 8, 9, 10, 11, 12/2008
	EDWARD URBANEK	C	14560	12/15 THRU 12/31/2008
	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND

II. Certification by Lead/Chief Operator

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(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Richard Walsh
Signature and Date

1-6-09

QUINCY JONES
Printed or Typed Name

C-14369
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

JANUARY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: •

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Type of Disinfectant Residual Maintained in Distribution System:				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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						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	X	24	41100										1.2		
2	X	24	30000										1.0		
3	X	24	22333											WEEKEND CHECK	
4		24	22333												
5	X	24	22333										1.0		
6	X	24	41400										1.0		
7	X	24	37300										1.0		
8	X	24	10300										1.3		
9	X	24	19900										1.4		
10	X	24	76110											WEEKEND CHECK	
11		24	76110												
12	X	24	76110										0.5		
13	X	24	9900										1.0		
14	X	24	43900										1.3		
15	X	24	0										0.6		
16	X	24	43900										0.7		
17	X	24	28133											WEEKEND CHECK	
18		24	28133												
19	X	24	28133										1.4		
20	X	24	40900										1.5		
21	X	24	40900										1.2		
22	X	24	22600										1.3		
23	X	24	17200										1.4		
24	X	24	33766											WEEKEND CHECK	
25		24	33766												
26	X	24	33766										1.5		
27	X	24	0										1.5	SAMPLE - 2 WELLS, 2 LINES	
28	X	24	41400										1.5		
29	X	24	31400										1.6		
30	X	24	37900										0.7		
31	X	24	33034											WEEKEND CHECK	
Total			1024060												
Average			33034												
Maximum			76110												

*Refer to the instructions for this report to determine which plants must provide this information



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 JANUARY 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA State: FL Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number: (352) 732-4366

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	MICHAEL HAMMER	C	8519	WEEKEND
	RAY MCVEY	C	8623	WEEKEND
	TIM FISH	B	7477	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Edward T. Urbanek
Signature and Date

2-3-09

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Substitute/Alternate
DEP F 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of: FEBRUARY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
CT Calculations														
UV Dose														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-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		24	23933											
2	X	24	23933										0.7	
3	X	24	30300										0.7	REPEAT WELL
4	X	24	0										0.5	REPEAT WELL
5	X	24	38800										0.7	
6	X	24	29800										1.0	
7	X	24	23600											WEEKEND CHECK
8		24	23600											
9	X	24	23600										1.0	
10	X	24	42500										1.5	
11	X	24	38700										1.5	
12	X	24	0										1.5	
13	X	24	31600										1.5	
14	X	24	24866											WEEKEND CHECK
15		24	24866											
16	X	24	24866										1.5	
17	X	24	39400										1.5	
18	X	24	0										1.4	
19	X	24	42900										1.5	
20	X	24	29900										1.4	
21	X	24	24700											WEEKEND CHECK
22		24	24700											
23	X	24	24700										1.3	SAMPLE- 2 WELLS, 2 LINES
24	X	24	0										1.3	
25	X	24	44200										1.4	
26	X	24	23500										1.5	
27	X	24	5800										1.3	
28	X	24	24621											WEEKEND CHECK
29		24												
30		24												
31		24												
Total			689385											
Average			24621											
Maximum			44200											

*Refer to the instructions for this report to determine which plants must provide this information



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

See page 4 for instructions.

General Information for the Month/Year FEBRUARY 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA State: FL Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number: (352) 732-4366

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	TIM FISH	B	7477	WEEKENDS
	VINCENT BROWN	C	14184	WEEKENDS
	MICHAEL HAMMER	C	8519	WEEKENDS

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Edward Urbanek 3-5-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Substitute/Alternate
DEF m 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of: APRIL 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System														
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 Point 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 Point 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	39100										1.0	
2	X	24	0										1.0	
3	X	24	31000										1.1	
4	X	24	23566											WEEKEND CHECK
5		24	23567											
6	X	24	23567										1.4	
7	X	24	42100										1.3	
8	X	24	11500										1.2	
9	X	24	31100										1.3	
10	X	24	32000										1.3	
11	X	24	28633											WEEKEND CHECK
12		24	28633											
13	X	24	28633										1.2	
14	X	24	0										1.1	
15	X	24	42400										1.4	
16	X	24	29700										1.5	
17	X	24	0										1.5	
18	X	24	27700											WEEKEND CHECK
19		24	27700											
20	X	24	27700										1.5	
21	X	24	0										1.5	
22	X	24	41800										1.6	
23	X	24	0										2.2	UNPLUGGED CL2 PUMP - CL2 VERY HIGH
24	X	24	93400										1.5	
25	X	24	22233											WEEKEND CHECK
26		24	22233											
27	X	24	22233										0.7	SAMPLE - 2 WELLS, 2 LINES
28	X	24	0										0.8	
29	X	24	45300										0.4	
30	X	24	30100										0.4	
31		24												
Total			775898											
Average			25863											
Maximum			93400											

*Refer to the instructions for this report to determine which plants must provide this information



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 APRIL 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA State: FL Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number: (352) 732-4366

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	MICHAEL HAMMER	C	8519	WEEKEND
	JOHN W. BRYANT	C	7566	4/6/2009
	TIM FISH	B	7477	WEEKEND
	VINCENT BROWN	C	13891	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Edward UrbaneK
Signature and Date

5-4-09

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

MAY 2009

Means of Achieving Four-Log Virus Inactivation/Removal:

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ 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	0										0.6		
2	X	24	29600											WEEKEND CHECK	
3		24	29600												
4	X	24	29600										0.6		
5	X	24	26700										0.5		
6	X	24	42900										0.6		
7	X	24	30700										0.7		
8	X	24	0										0.8		
9	X	24	36900											WEEKEND CHECK	
10		24	36900												
11	X	24	36900										1.0		
12	X	24	3500										0.9		
13	X	24	46800										1.0		
14	X	24	29900										1.0		
15	X	24	26300										0.9		
16	X	24	21500											WEEKEND CHECK	
17		24	21500												
18	X	24	21500										0.5		
19	X	24	45300										0.5		
20	X	24	26700										0.6		
21	X	24	14000										0.6		
22	X	24	33000										0.5		
23	X	24	28600											WEEKEND CHECK	
24		24	28600												
25	X	24	28600										0.7		
26	X	24	29300										0.6		
27	X	24	37800										0.7		
28	X	24	0										0.7	SAMPLE - 2 WELLS, 2 LINES	
29	X	24	32500										0.8		
30	X	24	26731											WEEKEND CHECK	
31		24	26731												
Total			828662												
Average			26731												
Maximum			46800												

*Refer to the instructions for this report to determine which plants must provide this information



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

See page 4 for instructions.

General Information for the Month/Year MAY 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP
PWS Type: ☒ Community ☐ Non-Transient Non-Community
Number of Service Connections at End of Month: 232
PWS Owner: CHARLES DeMENZES
Contact Person:
Contact Person's Mailing Address: P.O. BOX 5220
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: Steve Carroll - 208-4509

PWS Identification Number: 3424690
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 580

Contact Person's Title:
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: (352) 732-4366

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP
Plant Address: NE 78TH ST CR 200A

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL Zip Code: 34478

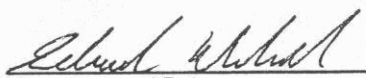
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	EDWARD URBANEK	C	14560	DAY
Other Operators:	TIM FISH	B	7477	WEEKENDS
	VINCENT BROWN	C	14184	WEEKENDS
	MICHAEL HAMMER	C	8519	WEEKENDS

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)


Signature and Date 6-2-09

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Substitute/Alternate
DEP F 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

JUNE 2009

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ 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 Measurement Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C	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	25433										0.5	
2	X	24	2200										0.6	
3	X	24	43900										0.6	
4	X	24	4300										0.7	
5	X	24	29100										0.7	
6	X	24	36900											WEEKEND CHECK
7		24	36900											
8	X	24	36900										0.9	
9	X	24	0										0.8	
10	X	24	28137										0.7	
11	X	24	28137										0.8	
12	X	24	28137										0.8	
13	X	24	3766											WEEKEND CHECK
14		24	3766											
15	X	24	3766										0.8	
16	X	24	3933										0.7	
17	X	24	3933										0.8	
18	X	24	3933										0.7	
19	X	24	3800										0.8	
20	X	24	0											WEEKEND CHECK
21		24	0											
22	X	24	0										0.8	
23	X	24	142300										0.6	
24	X	24	37300										0.6	
25	X	24	700										0.9	
26	X	24	29800										0.7	
27	X	24	29900											WEEKEND CHECK
28		24	29900											
29	X	24	29900										0.7	SAMPLE - 2 WELLS, 2 LINES
30	X	24	0										0.7	
31		24												
Total			626741											
Average			20891											
Maximum			142300											

*Refer to the instructions for this report to determine which plants must provide this information



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

See page 4 for instructions.

General Information for the Month/Year JUNE 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Type: ☒ Community ☐ Non-Transient Non-Community

Number of Service Connections at End of Month: 232

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Mailing Address: P.O. BOX 5220

Contact Person's Telephone Number: (352) 622-4949

Contact Person's E-Mail Address: Steve Carroll - 208-4509

PWS Identification Number: 3424690

☐ Transient Non-Community ☐ Consecutive

Total Population Served at End of Month: 580

Contact Person's Title:

City: OCALA

State: FL

Zip Code: 34478

Contact Person's Fax Number: (352) 732-4366

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Address: NE 78TH ST CR 200A

Plant Telephone Number: (352) 622-4949

City: OCALA

State: FL

Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND
	VINCENT BROWN	C	13891	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Edward Urbanek 7-7-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Subs: ☐ Alternate
DEP ☐ n 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

JULY 2009

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ 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	63700										0.8		
2	X	24	11400										0.7		
3	X	24	0										0.8		
4	X	24	31300											WEEKEND CHECK	
5		24	31300												
6	X	24	31300										0.7		
7	X	24	41000										1.0		
8	X	24	38800										0.9		
9		24	0												
10	X	24	0										0.8		
11	X	24	19675										0.7	WEEKEND CHECK	
12		24	19675												
13	X	24	19675										0.9		
14	X	24	19675										0.8		
15	X	24	47700										1.0		
16	X	24	0										0.9		
17	X	24	62900										0.9		
18	X	24	42466											WEEKEND CHECK	
19		24	42466												
20	X	24	42466										0.9		
21	X	24	0										1.0		
22	X	24	0										1.1		
23	X	24	38600										1.0		
24	X	24	0										0.8		
25	X	24	91000											WEEKEND CHECK	
26		24	91000												
27	X	24	91000										0.7		
28	X	24	52200										0.4		
29	X	24	53100										0.5		
30	X	24	33876										0.7	SAMPLE 2 WELLS, 2 LINES	
31	X	24	33876												
Total			1050150												
Average			33876												
Maximum			91000												

*Refer to the instructions for this report to determine which plants must provide this information



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 JULY 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA State: FL Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number: (352) 732-4366

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	TIM FISH	B	7477	WEEKENDS
	VINCENT BROWN	C	14184	WEEKENDS
	MICHAEL HAMMER	C	8519	WEEKENDS

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Substitute/Alternate
DEP 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of: AUGUST 2009

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ 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	21800											WEEKEND CHECK	
2		24	21800												
3		24	21800												
4	X	24	0										0.2		
5	X	24	38000										1.4		
6	X	24	0										1.2		
7	X	24	0										1.1		
8	X	24	0											WEEKEND CHECK	
9		24	0												
10	X	24	0										1.2		
11	X	24	0										2.0		
12	X	24	43700										1.9		
13	X	24	39300										1.8		
14	X	24	0										1.8		
15	X	24	12800											WEEKEND CHECK	
16		24	12800												
17	X	24	12800										1.8	SAMPLE - 2 WELLS, 2 LINES	
18	X	24	37000										1.6		
19	X	24	12800										1.4		
20	X	24	0										1.4		
21	X	24	42000										1.5		
22	X	24	42000											WEEKEND CHECK	
23		24	0												
24	X	24	0										1.2		
25	X	24	57000										1.4		
26	X	24	0										1.2		
27	X	24	80000										1.0		
28	X	24	0										1.1		
29	X	24	43000											WEEKEND CHECK	
30		24	47000												
31	X	24	47000										1.2		
Total			632600												
Average			20406												
Maximum			80000												

*Refer to the instructions for this report to determine which plants must provide this information



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

See page 4 for instructions.

General Information for the Month/Year AUGUST 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA State: FL Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number: (352) 732-4366

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day:

360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	AMANDA HULON	C	15214	DAY
Other Operators:	JOHN W. BRYANT	C	7566	8/11,12,13/2009
	OLIVER SHOCKLEY	C	13924	8/19 THRU 8/31/2009
	VINCENT BROWN	C	14184	WEEKENDS
	MICHAEL HAMMER	C	8519	WEEKENDS
	TIM FISH	B	7477	WEEKENDS

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Signature and Date

9-4-09

AMANDA HULON
Printed or Typed Name

C-15214
License Number

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

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of: SEPTEMBER 2009

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

Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> 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	Peak Flow Rate, gpd	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
					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	X	24	0											1.2		
2	X	24	0											1.0		
3	X	24	58200											1.3		
4	X	24	0											1.2		
5	X	24	0												WEEKEND CHECK	
6		24	0													
7	X	24	0											1.2		
8	X	24	41800											1.1		
9	X	24	37900											1.2		
10	X	24	1500											1.3		
11	X	24	0											1.2		
12	X	24	27333												WEEKEND CHECK	
13		24	27333													
14	X	24	27333											1.0		
15	X	24	62100											1.1		
16	X	24	0											2.2		
17	X	24	41300											1.5	SAMPLE - 2 WELLS, 2 LINES	
18	X	24	40900											1.5		
19	X	24	37233												WEEKEND CHECK	
20		24	37233													
21	X	24	37233											1.6	RESAMPLE - 1 WELL	
22	X	24	0											1.5		
23	X	24	42200											1.5		
24	X	24	54100											1.2	RESAMPLE - 1 WELL	
25	X	24	42000											1.1		
26	X	24	33433												WEEKEND CHECK	
27		24	33433													
28	X	24	33433											1.0		
29	X	24	41900											0.9		
30	X	24	42100											0.9		
31		24														
Total			799997													
Average			26667													
Maximum			62100													

*Refer to the instructions for this report to determine which plants must provide this information



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 SEPTEMBER 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP
PWS Type: ☒ Community ☐ Non-Transient Non-Community
Number of Service Connections at End of Month: 232
PWS Owner: CHARLES DeMENZES
Contact Person: _____
Contact Person's Mailing Address: P.O. BOX 5220
Contact Person's Telephone Number: (352) 622-4949
Contact Person's E-Mail Address: Steve Carroll - 208-4509

PWS Identification Number: 3424690
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 580

Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: (352) 732-4366

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP
Plant Address: NE 78TH ST CR 200A

Plant Telephone Number: (352) 622-4949
City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: _____
Plant Category (per subsection 62-699.310(4), F.A.C.): 5

☐ Purchased Finished Water
360000
Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	OLIVER V. SHOCKLEY	C	13924	9/1,2/2009
	TIM FISH	B	7477	WEEKEND
	VINCENT BROWN	C	14184	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Edward Urbanek 10-2-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

OCTOBER 2009

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ 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	0										1.0		
2	X	24	33500										0.9		
3	X	24	32400											WEEKEND CHECK	
4		24	32400												
5	X	24	32400										0.8		
6	X	24	37500										0.7		
7	X	24	41200										0.6		
8	X	24	0										0.7		
9	X	24	77200										0.8		
10	X	24	54800											WEEKEND CHECK	
11		24	54800												
12	X	24	54800										0.9		
13	X	24	42900										0.9		
14	X	24	34600										0.8		
15	X	24	33800										0.8		
16	X	24	6800										0.7		
17	X	24	36900											WEEKEND CHECK	
18		24	36900												
19	X	24	36900										0.8		
20	X	24	38900										0.8		
21	X	24	37700										1.1		
22	X	24	0										1.0		
23	X	24	35800										1.1		
24	X	24	33766											WEEKEND CHECK	
25		24	33766												
26	X	24	33766										1.1	SAMPLE - 2 WELLS, 2 LINES	
27	X	24	19400										1.3		
28	X	24	45900										1.2		
29	X	24	35500										1.0		
30	X	24	7200										1.2		
31	X	24	33383											WEEKEND CHECK	
Total			1034881												
Average			33383												
Maximum			77200												

*Refer to the instructions for this report to determine which plants must provide this information



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

See page 4 for instructions.

General Information for the Month/Year: OCTOBER 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Type: ☒ Community ☐ Non-Transient Non-Community

Number of Service Connections at End of Month: 232

PWS Owner: CHARLES DeMENZES

Contact Person: _____

Contact Person's Mailing Address: P.O. BOX 5220

Contact Person's Telephone Number: (352) 622-4949

Contact Person's E-Mail Address: Steve Carroll - 208-4509

PWS Identification Number: 3424690

☐ Transient Non-Community ☐ Consecutive

Total Population Served at End of Month: 580

Contact Person's Title: _____

City: OCALA State: FL Zip Code: 34478

Contact Person's Fax Number: (352) 732-4366

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Address: NE 78TH ST CR 200A

Plant Telephone Number: (352) 622-4949

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	VINCENT BROWN	C	14184	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Edward Urbanek 11-3-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

DECEMBER 2009

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ 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	33100										1.0	
2	X	24	42300										1.3	
3	X	24	0										1.2	
4	X	24	36500										1.3	
5	X	24	24900											WEEKEND CHECK
6		24	24900											
7	X	24	24900										1.1	
8	X	24	45000										1.2	
9	X	24	39700										1.3	
10	X	24	35800										1.1	
11	X	24	0										1.0	
12	X	24	29433											WEEKEND CHECK
13		24	29433											
14	X	24	29433										1.2	
15	X	24	44700										1.3	
16	X	24	0										1.1	SAMPLE - 2 WELLS, 2 LINES
17	X	24	44300										1.2	
18	X	24	37500										1.1	
19	X	24	26166											WEEKEND CHECK
20		24	26166											
21	X	24	26166										1.2	
22	X	24	43900										1.5	
23	X	24	39400										1.3	
24	X	24	36100										1.6	
25	X	24	29725										1.4	
26	X	24	29725											WEEKEND CHECK
27		24	29725											
28	X	24	29725										1.5	
29	X	24	0										1.8	
30	X	24	46200										0.9	
31	X	24	34100										0.9	
Total			918997											
Average			29645											
Maximum			46200											

*Refer to the instructions for this report to determine which plants must provide this information



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 DECEMBER 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

PWS Type: ☒ Community ☐ Non-Transient Non-Community

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person: _____

Contact Person's Title: _____

Contact Person's Mailing Address: P.O. BOX 5220

City: OCALA State: FL Zip Code: 34478

Contact Person's Telephone Number: (352) 622-4949

Contact Person's Fax Number: (352) 732-4366

Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	VINCENT BROWN	C	14184	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Edward Urbanek 1-7-10
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

Sub: e/Alternate
DEP: m 62-555.900(3)
Effective August 28, 2003

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

NOVEMBER 2009

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ 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	36733												
2	X	24	36733										1.0		
3	X	24	0										1.2		
4	X	24	47100										1.2		
5	X	24	0										1.2		
6	X	24	39000										1.1		
7	X	24	39800											WEEKEND CHECK	
8		24	39800												
9	X	24	39800										1.3		
10	X	24	0										1.2		
11	X	24	43600										1.3		
12	X	24	34100										1.2		
13	X	24	39200										1.1		
14	X	24	26133											WEEKEND CHECK	
15		24	26133												
16	X	24	26133										1.0		
17	X	24	0										1.1		
18	X	24	50400										1.0		
19	X	24	0										1.1		
20	X	24	62600										1.0		
21	X	24	29233											WEEKEND CHECK	
22		24	29233												
23	X	24	29233										1.0		
24	X	24	0										1.1	SAMPLE - 2 WELLS, 2 LINES	
25	X	24	55000										0.9		
26	X	24	21600										1.0		
27	X	24	40800										1.1		
28	X	24	27566											WEEKEND CHECK	
29		24	27566												
30	X	24	27566										1.0		
31		24													
Total			875062												
Average			29169												
Maximum			62600												

*Refer to the instructions for this report to determine which plants must provide this information



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 NOVEMBER 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP PWS Identification Number: 3424690
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive
Number of Service Connections at End of Month: 232 Total Population Served at End of Month: 580
PWS Owner: CHARLES DeMENZES
Contact Person: _____ Contact Person's Title: _____
Contact Person's Mailing Address: P.O. BOX 5220 City: OCALA State: FL Zip Code: 34478
Contact Person's Telephone Number: (352) 622-4949 Contact Person's Fax Number: (352) 732-4366
Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP Plant Telephone Number: (352) 622-4949
Plant Address: NE 78TH ST CR 200A City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	VINCENT BROWN	C	14184	WEEKENDS
	TIM FISH	B	7477	WEEKENDS
	MICHAEL HAMMER	C	8519	WEEKENDS

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 with copies of this report, at a convenient location for at least ten years.**

(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided with copies of all reports and are responsible for retaining them)

Edward Urbanek 12-3-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

OCTOBER 2009

Means of Achieving Four-Log Virus Inactivation/Removal: *

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ 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	0										1.0		
2	X	24	33500										0.9		
3	X	24	32400											WEEKEND CHECK	
4		24	32400												
5	X	24	32400										0.8		
6	X	24	37500										0.7		
7	X	24	41200										0.6		
8	X	24	0										0.7		
9	X	24	77200										0.8		
10	X	24	54800											WEEKEND CHECK	
11		24	54800												
12	X	24	54800										0.9		
13	X	24	42900										0.9		
14	X	24	34600										0.8		
15	X	24	33800										0.8		
16	X	24	6800										0.7		
17	X	24	36900											WEEKEND CHECK	
18		24	36900												
19	X	24	36900										0.8		
20	X	24	38900										0.8		
21	X	24	37700										1.1		
22	X	24	0										1.0		
23	X	24	35800										1.1		
24	X	24	33766											WEEKEND CHECK	
25		24	33766												
26	X	24	33766										1.1	SAMPLE - 2 WELLS, 2 LINES	
27	X	24	19400										1.3		
28	X	24	45900										1.2		
29	X	24	35500										1.0		
30	X	24	7200										1.2		
31	X	24	33383											WEEKEND CHECK	
Total			1034881												
Average			33383												
Maximum			77200												

*Refer to the instructions for this report to determine which plants must provide this information



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

See page 4 for instructions.

General Information for the Month/Year OCTOBER 2009

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Type: ☒ Community ☐ Non-Transient Non-Community

Number of Service Connections at End of Month: 232

PWS Owner: CHARLES DeMENZES

Contact Person: _____

Contact Person's Mailing Address: P.O. BOX 5220

Contact Person's Telephone Number: (352) 622-4949

Contact Person's E-Mail Address: Steve Carroll - 208-4509

PWS Identification Number: 3424690

☐ Transient Non-Community ☐ Consecutive

Total Population Served at End of Month: 580

Contact Person's Title: _____

City: OCALA State: FL Zip Code: 34478

Contact Person's Fax Number: (352) 732-4366

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Address: NE 78TH ST CR 200A

Plant Telephone Number: (352) 622-4949

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000

Plant Category (per subsection 62-699.310(4), F.A.C.): 5

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
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Other Operators:	VINCENT BROWN	C	14184	WEEKEND
	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND

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Edward Urbanek 11-3-09
Signature and Date

EDWARD URBANEK
Printed or Typed Name

C-14560
License Number