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
	т.	otal	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 Contamir	nant Levels, or equivalent standard, for all parameters).
	ow exceeded 50% of the allowable Maximum Contaminant Level, tional testing may be required, please contact your governing agency or
	exceeded allowable Maximum Contaminant Level or equivalent standard) ease contact your governing agency or project engineer immediately.
In accordance with your request and applicable regulations individuals (copies will not be provided to non-regulatory individuals)	s we have sent a copy of this report to the following agencies or duals without your express consent and request):
DEP Central District	☐ DOH Marion County
☐ DEP Southwest District	☐ DOH Lake County
☐ DEP Northeast District	☐ DOH Sumter County
☐ DEP	□ DOH
Other	☐ Not Applicable
Thank you for allowing us to meet your analytical and comp we cultivate with our clients. Please contact us if you have any	pliance needs. We appreciate your business and value the relationships y questions.

This page does not constitute a portion of the NELAC report.

Safe Drinking W	ater Program Laboratory Reporting Format
	# 114795
UBLIC WATER SYSTEM INFORMATION	DN (to be completed by sampler – Please type or print legibly)
System Name: LANDFAIR -	MEADOWIAND PWSI.D.#: 3424690
System Type (check one): Communit Address: NE 78 5 TRE	Nontransient Noncommunity
City: OCATA	State: F1 ZIP Code: 34470
Phone #: (352) 622 -	4949 Fax#:
E-Mail Address:	T ON IT.
SAMPLE INFORMATION (to be completed	by sampler)
Sample Number:	Location Code (if known): NA
Sample Date: 4-26-10	Sample Time: 09/5 (AM) PM (Orde One)
Sample Location (be specific): PDE	
Disinfectant Residual (Required when reporting	results for trihalomethanes and haloacetic acids): M/// mg/L Field pH: M///A
Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?
Entry Point (to Distribution)	
Plant Tap (not for compliance with 62-550)	Composite assessment of
Raw (at well or intake)	
Max Residence Time	Other: Replacement (of Invalidated Sample)
☐Ave Residence Time	Sampling Procedure Used or Other Comments: Grab
Near First Customer	The second of other comments: _GTY (A)
*See 62-550.500(6) for requirem NOTE: See 62-550.512(3) for action for nitrate or nitrite MCL	kilional requirements
Sampler's Name: Pro-Tech Water	& Wastewater Services, Inc.
Sampler's Phone #: (352) 236-244	
Sampler's E-Mail Address Protechwwa	embarqmail.com
CERTIFICATION (to be completed by	sampler)
1 Van Estar	
1, <u>Ken Estes</u> (Print Name)	- OPERATOR
	(Print Title) /e public water system and sample collection information is
Signature:	Date: 4-26-10

Reporting Format 62-550.730 Effective January 1995, Revised January 2004



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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 Address: 10865 E. State Road 40 Silver Springs FL 34488	
ANALYSIS INFORMATION PWS ID: 3424690 System Name: Landfair - Meadowland Sample Location: POE Laboratory Assigned Submission Number: 104745	Sample Number: Not Provided Date Sample(s) Received: 4/26/10
Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F. Inorganics, Partial	.A.C.:
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 F correct and unless noted meet all requirements of the National Environment	ntal Laboratory Accreditation Conference (NELAC).
Certainty & validity of the reported data are based upon method specific calibration at The results presented herein relate only to the samples submitted. If you have questions of Signature:	regarding this report please call Lisa Saupp at (352) 625-2822.
□ Additional Monitoring Required (circle or highlight group(s) above) Reason(s): □ MCL(s) Exceeded □ Detection(s) □	Sample Analysis Info Satisfactory: ☐Yes ☐No ☐Revised Report Requested (circle or highlight group(s) above) Incomplete Report Analysis Unsatisfactory
Other:	
Person Notified: Date Notified: Comments:	
Date Reviewed: DEP / DOH Reviewing Office Reporting Format 62-550.730 Effective January 1995, Revised January 2007	cial:



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

JA PURE WATER & SEWAGE SERVICE, INC.

J865 East State Road 40 Silver Springs, Florida 34488-2349 / (352) 625-2822 • FAX (352) 625-6638

Drinking Water Chain of Custody

Time Received / Date Received

PRO INCHIMANT IN	Submission Number: 04745	
Report to: (Name & Mailing Address)	Parameter(s) Requested	Sample Numbe
Pro-Tech Water & Wassers and	Inorganic Contaminants	
P.O. Box 3	NO_3 NO_2 F	104745-A
Silver Springs, FL Sidary 1 of	CN	
Copy to: DEP Central DEP Southwest	All Metals Sb As Ba Be Cd	and the same of th
DEP Northeast DEP Other:	Cr Pb Hg Ni Se Na TI	A Section 2
DOH Marion County DOH Other:	Asbestos	1 3 36 6
N/A (for information only)	Secondary Contaminants	1
PO Number:	CI SO ₄ TDS F Color	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
Contact Name:	Odor	7
Contact Phone:	Foaming Agents	198
System Information	All Metals Al Cu Fe Mn Ag Z	1
System Name: LANCY ALIA A Microbia Asia	Disinfection Byproducts	
System ID Number:	And the second s	
S le Information	HAA (All 5) HAA Partial:	_
Sample Location:	Other:	_
Sampler Name:	Radionuclides	
Date Sample Collected:		
Time Sample Collected:		_
Field Test Results (if applicable) Cl ₂ Residual:		
Temp: /// pH: / / DO:		
Other: (1/1/1/1)	Partial:	
Sample Custody	Synthetic Organic Contaminants	
Relinquished Signature:	All Except Dioxin	
Date: Time: Condition:	Partial:	
Relinquished Signature:		
Date: Time: Condition:	Conductivity	
Received By: 11/1 11/2000		
	°C Dissolved Metals (Field Filtered):	
On Ice Not on Ice	Other:	
PaicrCheck or Receipt Number:	Other:	
Comments:	Other:	
Comments:	Other:	

INIONITILI OPERATION KEPOKI FOK PAASSIKENTING KAAA QUODIAD AANTEV OK LOVOUWSED LIMISUED AANTEV PWS Identification Number: Plant Name: LANDFAIR-MEADOWLAND WTP 3424690 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 T Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chorine (Chloramines) Clorine Dioxide CT Galculations, or UV Dosesto Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Döse Days . Lowest Lowest Residual Disinfectant Residual Control Plant Staffed or Disinfectanct Contact Time Visited Concentration Concentration (T) at C Lowest CT Lowest (C) Before or at Measurement Provided Before or Temp Operating UV Dose at Remote by Minimum · CT UV Dose, Point in Point During at First Customer Required Day of Operator Hours Net Quantity of First Customer of pH of Emergency or Abnormal Operating Conditions, Repair on the (Place Plant in Finished Water Peak Flow During Peak Flow, Peak Flow. During Peak Flow Water Water, if Required mWmW-"≠ Distribution Maintenance Work that Involves Taking Water System Month Produced, gal Rate, gpd mg/L sec/cm2. System, mg/:L Components Out of Operation "X") Operation minutes mg-min/L oC Applicable mg-min/L sec/cm2 X 24 69400 1.4 2 24 69400 X 1.4 24 3 69400 X 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 12800 24 10 X 2.0 11 X 24 12800 2.0 12 24 12800 X WEEKEND CHECK 13 24 17300 24 17300 14 2.0 15 24 11700 1.9 SAMPLE - 1 WELL, 2 LINES X 16 X 24 11700 1.9 24 18000 17 X 1.9 18 X 24 18000 1.9 19 X 24 11767 WEEKEND CHECK 20 24 11767 24 11767 21 X 1.5 22 X 24 37000 1.5 23 X 24 33400 1.5 24 17450 24 X 1.5 24 17450 25 X 1.5 X 24 12433 26 WEEKEND CHECK 27 24 12433 24 12433 28 X 1.5 29 24 35100 2.1 24 18200 2.1 30 31 X 24 18200 2.1 1039750 Total 33540 Average Maximum 4 91750 *Refer to the instructions for this report to determine which plants muxt provide this information Page 2 Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003



See page 4 for instructions.

General Information Public Wat PWS Name:	er System (PWS) Information	JANUARY 2008 MEADOWLAND WTP			PWS Identification		3424690
PWS Type: Number of Service Co PWS Owner:	Community Connections at End of Month: CHARLES DEMENZES	Non-Transient Non-Communit 84	у		ent Non-Community lation Served at En		
Contact Person: Contact Person's Mail Contact Person's Tele Contact Person's E-M	phone Number: (352) 622-		City:	OCALA	erson's Title:erson's Fax Number	State: FL	Zip Code: <u>34478</u>
	atment Plant Information LANDFAIR-MEADOWLAND NE 78TH ST CR 200A		City:	Plant Telep	phone Number:	(352) 622-4949 State: FL	Zip Code: 34478
	by Plant: Raw G lay Operating Capacity of Plan ubsection 62-699.310(4), F.A.C	t, gallons per day:	Purcha	sed Finishe 360000		ubsection 62-699.310	(4), F.A.C.): <u>C</u>
Licensed Operators	Name			e Class	License Numbe	r Day(s)/Shift(s) Worked
Lead/Chief Operator.	JOHN ANDERSON			<u> </u>	14185 8623	WEEKEND	
Other Operators:	RAY MCVEY				8519	WEEKEND	
	MICHAEL HAMMER TIM FISH			B	7477		WEEKEND
				1			
II. Certification by Lea I, the undersigned war	ter treatment plant operator lic	ensed in Florida, am the lead/c	hief opera	tor of the w	ater treatment plant	identified in Part I of	this report. I certify that the
NSF International Star plant were prepared e rates; and (2) if applic owner can retain them	ndard 60 or other applicable si ach day that a licensed operat able, appropriate treatment pro with copies of this report, at a	or staffed or visited this plant d cess performance records. For convenient location for at leas	tion 62-555 during the durthermore at ten years	5.320(3), F., month indic e, I agree to s.**	A.C.* I also certify the ated above: (1) recomprovide these additional areas and a second control of the secon	that the following addi ords of amounts of ch tional operations reco	s used at this plant conform to itional operations records for this emicals used and chemical feed ords to the PWS owner so the PWS
(*Our clients furnish the chlor	ne and have been advised of the proper to	ppe to purchase) (**Our clients are pro	vided with cop	JOHN ANE		etaining them)	C-14185
Signature	and Date	and all		the second second second second	Typed Name		License Number
Subst Alternate DEP Form 62-555.9 Effective August 28	900(3)		Page	1			artherios

PWS I	dentific	ation Nur	Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP											
			onth/Year of:		FEBRUARY 200									
			og Virus Inacti			Free Ch	lorine	T Ch	lorine Dioxi	de	☐ Ozone		Combine	d Chlorine (Chloramines)
		Radiation	lual Maintaine	Other (Free Chlor	ine		Comb	ined Chorin	ne (Chloran	nines)	☐ Clorine Dioxide
		mant Kesic	luai Maintaine	a in Distrib	CT Calculations	or IV Dosesi	n Demonstrate Fo	ur-Log	Virus Inactiv					
100				terra de la companya		CTC	o Demonstrate Fo	da are maia	Swell Constitution	n maketi	UVUV	Dose -	and the second	
out of the second	Days Plant	41.45		Secretor ve u	Lowest Residual		CONTRACTOR STATE OF	2 1 20000	电影影		2270		Residual	
	Staffed or	parti orak da			- Disinfectanct	Contact Time	1000						Disinfectant*	
17-112-11	Visited:	The state of the s	10000000000000000000000000000000000000		Concentration		Lowest CT		500		Lowest	Minimum	Concentration	的种类 的表示。可以用于1967年
14.13	by	1972	All and the second		C Refore or at	Measurement	Provided Before or	Temp	图 人名英西斯特里尔	Munimum	Operating	UV Dose	at Remote	你是我们是这个人,我们们也是一个人的。 第15章
Day of	Operator	Hours	Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CT		Required		Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow, mg/L	Peak Flow, minutes	During Peak Flow,	Water	Water, if	Required	mW			Maintenance Work that Involves Taking Water System Components Out of Operation
Month	"X")			Rate; gpd	mg/L	minutes	mg-min/L	oC:	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L 2.0	Components Out of Operation
1.	X	24	24280	72/ 87 m) 16-5 m	CONTRACTOR NEW	Brett, U.S. Str.	her man il tar inch	1	Part March	D. E. E. A. E.	101 101 101	Vegal and I	2.0	WEEKEND CHECK
2	X	24	24280	E-10-10-10-10-10-10-10-10-10-10-10-10-10-										WELKEND CIMEK
3	v	24	24280 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	F-R								19. del	1-	WEEKEND CHECK
10	K WATER	24	39600	F. 76	1,141	Market of the sale		Y Armstan						
11	Х	24	39600					14					1.8	1/24/
12	X	24	43800	altranyti ,									1.8	
13	X	24	94000	L. C. L. S. F. S.		4)						18.88	1.7	
14	X	24	0						16.07			E. B. F. Saldon	1.7	
15	Х	24	49600				ļ	-	-		+	-	1.8	WEEKEND CHECK
16	X	24	38900					-				F (E)		WEEKEND CIECK
. 17	X	24	38900 38900		22 X 128 - 28 - 28				-				1.7	
18:	X	24	23200	-	1 (31)		 	-		-	-		1.6	SAMPLE - 1 WELL, 2 LINES
20	X	24	12200										1.5	
21.	X	24	105000										1.4	
22	X	24	24500	7	711								1.4	
23	X	24	27800											WEEKEND CHECK
24		24	27800											
25	X	24	27800	le a c									1.4	
26	X	24	48100										1.5	
27	X	24	38600								Acres de S		1.4	
28	X	24	34600	-			-				-	-	1.4	
29	X	24	8600				-	-			-		1.3	
30	7	24	-			 	 		-	-	-		 	
31		24	999700							L	<u> </u>			
		on aller	34472	-										
			105000	1										
Two was a street	THE PERSON NAMED IN COLUMN TWO	any first or a first to the	1	-		and the second second								

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

A. Public Water System (PWS) Information				
PWS Name: LANDFAIR-MEADOWLAND WTP		PWS Identifica		3424690
PWS Type: Community Number of Service Connections at End of Month: 84	1	Transient Non-Comm Total Population Served a		
PWS Owner: CHARLES DeMENZES		Total Population Served a	at End of Month: 294	
Contact Person:		Contact Person's Title:		
Contact Person's Mailing Address: P.O. BOX 5220	City	OCALA	State: FL	7in Codo: 24470
Contact Person's Telephone Number: (352) 622-4949	City.	Contact Person's Fax Nur		Zip Code: 34478
Contact Person's E-Mail Address: Steve Carroll - 208-4509		Contact Persons Pax Nui		
Steve Carroll - 200-4509		-		
B. Water Treatment Plant Information				
Plant Name: LANDFAIR-MEADOWLAND WTP		Plant Telephone Number:	(353) 633 4040	
Plant Address: NE 78TH ST CR 200A	City	OCALA	(352) 622-4949 State: FL	Zip Code: 34478
Tiant Address.	City.	OCALA	State. FL	Zip Code. 34478
Type of Water Treated by Plant:	Purchs	sed Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	I di cità	360000		
Plant Category (per subsection 62-699.310(4), F.A.C.): 5			er subsection 62-699.31	0(4), F.A.C.); C
7 fairt = atogory (por ease-cotor of 2 coc.o.fo(4), 1 .7 t.c.).		- 1 Idill Oldos (p	C1 30D3C00011 02-033.51	O(4), 1 .A.O.).
Licensed Operators Name	Licens	e Class License Nu	mber Day	(s)/Shift(s)-Worked
Lead/Chief Operator RAY MCVEY	The second second second	C 8623	DAYS & WEEK	FND
Other Operators: JOHN H. ANDERSON		C 14185		LIND
TIM FISH		B 7477	WEEKEND	
MICHAEL HAMMER		C 8519	WELKEND	WEEKEND
		0010		VVEENEIVE
egger (18 to 18 to 18 Plants St. 18 to 18				
II.: Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida, am the lead/ch	nief onera	tor of the water treatment r	lant identified in Part Lo	of this report. I certify that the
information provided in this report is true and accurate to the best of my knowledge	and helie	f I certify that all drinking	vator treatment chemics	ole used at this plant conform to
NSF International Standard 60 or other applicable standards referenced in subsection				
plant were prepared each day that a licensed operator staffed or visited this plant du	uring the	month indicated above: (1)	records of amounts of a	homicals used and chamical food
rates; and (2) if applicable, appropriate treatment process performance records. Full	thormore	Lagran to provide these	records or amounts or c	nemicals used and chemical feed
owner can retain them with copies of this report, at a convenient location for at least	top voor	e, ragree to provide these a	additional operations rec	ords to the PVVS owner so the PVV
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provi-			for rataining them)	
(Our chems familian and charine and have been advised of the proper type to parenase). (Our chems are provin	dea willi cop	nes of all reports and are responsible	for retaining them)	
D mall 2.5 mg				
Rug McVeg 3.5-08 Signature and Date		RAY MCVEY		C-8623
Signature and Date		Printed or Typed Name		License Number
Substite	0.00			
DEP F 62-555.900(3))			1979
Effective August 28, 2003	Page	1		
Lifective August 20, 2000	i aye	• · · · · · · · · · · · · · · · · · · ·		

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP										-				
Means T U	of Achiev traviolet F	ring Four-L Radiation	onth/Year of: og Virus Inacti	1 Outer (1	Describe):	Free Chle	orine	lorine Dioxi				Combined Chlorine (Chloramines)		
Type o	f Disinfec	tant Resid	1 136 1 . 1	11 701 . 11	.1 0		Free Chlor	ine		I Comb	ined Chorin	ne (Chloran	nines)	☐ Clorine Dioxide
1		M. Street		Residents a	CT Calculations	or UV Dosest	Demonstrate Fo alculations Lowest CT Provided Before or	ur-Log	/irus Inactiv	ation, if Ap	phicable*	用分类的	Sales and	
	- Days:			(数) 对于 - 1.00 m		CI C	liculations			district and	C NA LANGE	DUSC AND A	Lowest	
	Plant				Lowest Residual	Disinfectant				The state of the s	Contractor		Résidual	
	Statted or				Concentration	COntact Time	Lowest CT				Lowest	Minimum	Concentration	
4.17	by				(C) Before or at	Measurement	Provided Before or	Temp		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	Net Quantity of	\$14.5 m. day	First Customer	Point During	at First Customer	of g	pH of	CI	UV Dose;	Required,	Point in	Emergency of Abnormal Operating Conditions, Repair or
the	Place *	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow	During Peak Flow, mg-min/L	Water	Water, if Applicable	Required	mW- sec/cm2	mW-	Distribution System, mg/:L	
Month 11.1	*!"X")	Operation 24	30900	Kare; gpd	mg/L	mnutes	ing-nuive-se	00.5	**Applicables	ang-nuvi	SCOCIIZ	- SECICINZ	System, utg. L	WEEKEND CHECK
1.12	A .	24	20200											
3	X	24	20200										1.7	
4.	Χ · ·	24	35400										1.7	Para and the same
5	X	24	100	and the second of the second				II. America	rate material des				1.9	
6	X	24	38400								-		1.8	
\mathcal{J}^{a}	X	24	11600					-			-	-	1.8	WEEKEND CHECK
2 10 8 M	X	.24	39900					-			-	-		WEEREND CHECK
1 10	X	24	39900 39900		-			-				-	1.7	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X	24	42600										1.2	SAMPLED 1 WELL, 2 LINES
12	X	24	26500							1.00			1.1	
-13	X·.	24	12900	200					100 to 10				1.0	
114	X	24	36400						15				1.0	P3 CARCUAL
	X	· 24	40400										 	WEEKEND CHECK
1.2167		24	40400					-			-		-	
17 .	X	24	40400				<u> </u>	-		24-70			1.1	
18.	X	24	38800 18300			3 3 1 2 2 2 4 2 2		-			 	 	1.0	
20 -	X	24	21100		-			-			1	 	1.0	
21	X	. 24	35900										1.0	
22	X	24	29800											WEEKEDN CHECK
23		24	29800		2181R)		-							
24	X	. 24	29800										1.0	
1 25	X	24.	27700					-			-		1.0	
- 26	X	24	49500					-					1.0	
9 27	X -	24	0	-				-					1.1	
28	X	24	41800	-				-			-	-	1.0	WEEKEND CHECK
29	X	24	40600					1	-		 	-	1	1.7 Support S. Natura, S. Parer 1964 S. Albert Nation S. C. S. No. (1965) S. Albert Natural State of Control o
1,31	X	24	40600	-			i -	-					1.2	
Total			960400	17 (B)J								-	-	

Averages 14 C *Refer to the instructions for this report to determine which plants muxt provide this information

30981 49500

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003



See page 4 for instructions.

General Information for the Month Yea MARCH 2008 Public Water System (PWS) Information					
PWS Name: LANDFAIR-MEADOWLAND WTP		PWS Identification N	umber:	3424690	
PWS Type: Community Non-Transient Non-Communit	ty		Consecutive		
Number of Service Connections at End of Month: 84		Total Population Served at End	of Month: 294		
PWS Owner: CHARLES DeMENZES		Contact Bornania Title:			
Contact Person:	Ciba	Contact Person's Title: OCALA	State: FL	Zip Code:	24470
Contact Person's Mailing Address: P.O. BOX 5220 Contact Person's Telephone Number: (352) 622-4949	City.	Contact Person's Fax Number:	State. FL	Zip Code.	34470
Contact Person's E-Mail Address: Steve Carroll - 208-4509		Contact i craon a radinber.			•
Official Follows E Mail Address.		-			
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 trade of the control of the	☐ Purcha	ased 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 subs	section 62-699.310(4	4), F.A.C.):	<u>C</u>
	Compression of the second second second		r pastero (alexandro pare de la composito	TOTAL STATE OF THE PROPERTY.	TANKARA CALIFORNIA CALIFORNIA CALIFORNIA CALIFORNIA CALIFORNIA CALIFORNIA CALIFORNIA CALIFORNIA CALIFORNIA CAL
	i Licens			/Shift(s) Worker	
Lead/Chief Operator: RAY MCVEY		C 8623	DAY		
Other Operators TIM FISH		C 7477 C 8519	WEEKEND		
MICHAEL HAMMER		0519	VVEEKEND		
			 		
The state of the s					
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed in Florida, am the lead/c	chief opera	tor of the water treatment plant id	entified in Part I of th	his report. I cen	ify that the
information provided in this report is true and accurate to the best of my knowledge	and belie	f. I certify that all drinking water tr	eatment chemicals	used at this plan	nt conform to
NSF International Standard 60 or other applicable standards referenced in subsect	tion 62-55	5.320(3), F.A.C.* I also certify tha	t the following additi	ional operations	records for this
plant were prepared each day that a licensed operator staffed or visited this plant of	during the	month indicated above: (1) record	s of amounts of che	micals used and	d chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Fi	urthermore	e, I agree to provide these addition	nal operations recor	ds to the PWS of	wner so the PV
owner can retain them with copies of this report, at a convenient location for at least	st ten year	S.**			
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pro-	vided with co	pies of all reports and are responsible for retain	ning them)		
Ra MCU 4-2-08		RAY MCVEY		C-8	
Signature and Date		Printed or Typed Name	(5)	License Nu	mber
Culpatition / Altamata	0.00				77 4 C 18
Substitution Alternate	*********)				described.
DEP 1 62-555.900(3)	Page	1			
Effective August 28, 2003	, age	* <u>*</u>			x 'y .

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP														
III. Da	aily Data f	for the Mo	onth/Year of:		APRIL 2008									
			og Virus Inacti			Free Chl	orine	T Ch	lorine Dioxi	de	☐ Ozone	9	□ Combine	d Chlorine (Chloramines)
Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System:					Describe):					F 0 1		1011		
Type	f Disintec	tant Resid	lual Maintaine	d in Distrib	ution System:	Service Value Variable	Free Chlor	ine	or and the second	☐ Comb	ined Choru	ne (Chloran	nines)	Clorine Dioxide
	16 1 21 19		and the second second	Section Control	OrCalminions	or UV Dose	o Demonstrate Lo	ur-Log	virus inactiv	auon, II Ap	piicable	Dagasta		
	Days	20.0		CONTRACTOR AND CONTRACTOR		E a a a a a a a a a a a a a a a a a a a	uculations	200			A LAGRAGA CO. VO	DUSC STR	Lowest	
	Plant			A TRANSPORTER	Lowest Residual	- Disinfectant						41.01.01.01.01	Residual Disinfectant	Control of the Contro
	Staffed or Visited				Disinfeguntee : Concentration	Contact I ime					114	Minimum		The second section is a second se
	by	a de	Service Charles		(C) Before or at	Measurement	Lowest CT Provided Before or	Temp	3. S. M	Minimum			at Remote	
Day of	Operator	Hours	Net Quantity of		First Customer	Point During	at First Customer	of	pH of	WEC1	UV Dose,		Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	First Customer. During Peak Flow,	Peak Flow,	During Peak Flow,	Water	Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation		Rate, gpd	mg/L	minutes	mg-min/L	□ oC	-Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	Components Out of Operation
1	X	24	30900	IN LAST, GIVE			OSL SUBJECTS	OLCO18	Line Miles (Inc.	Grand v	11111111111	Com Stor	1.6	N.C. State Color Color Color Annual Color Color
2	X	24	43000										1.5	SAMPLED 2 WELLS, 2 LINES
3	X	24	42700 34400										1.5	
5	X	24	14100										1.3	WEEKEND CHECK
6	A	24	14100											WEREND CIECK
7	X	24	14100									 	1.3	
8	X	24	76600										1.4	
9	X	24	40600										1.4	
10.	X	24	0		Viji i-							100	1.3	
11	X	24	11500										1.2	the state of the s
12	X	24	38200		Figure 1 to the second			-		-			IN LESS	WEEKEND CHECK
13	5.2.6	24	38200	277					Vi.			T.3.3	- 1978	
. 14	X	24	38200		Paga and			12.52				ten a se	1.4	
15	X	24	74200					-			-		1.5	
16	X	24	20800	Part Control				-				St. 10012	1.4	
18	X	24	36400	23 7 10 27 10 2							-	 	1.5	
19	X	24	25800					-			- OT- L		1.5	WEEKEND CHECK
20		24	25800											
21	X	24	25800	14					CIP THE				1.6	
22	X	24	35900										1.9	
23	X	24	27000	100									1.6	
24	X	24	13600										0.4	CL2 PUMP AIRLOCK
25	X	24	37400	(02:	6. (28.								0.3	
26	X	24	26400	Test to the										WEEKEND CHECK
27		24	26400					-			-		0.3	
28	X	24	26400					-			2		0.3	
29	X	24	4100 37200					-					0.4	
30	Α	24	37200								-	-	0.3	
	Charles Sound		879800		1	1 9	751.1							
_	and after the		29327											
	m			lan an										

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

DEP 1 62-555.900(3)

Effective August 28, 2003

I. General Information						
	ter System (PWS) Information		514.6			
PWS Name:	LANDFAIR-MEADOWLAND WTP		PWS Identification N		3424690	
PWS Type:	Community Non-Transient Non-Commun	ity	Transient Non-Community	☐ Consecutive		
	onnections 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 Mail	ing Address: P.O. BOX 5220	City:	OCALA	State: FL	Zip Code:	34478
Contact Person's Tele	ephone Number: (352) 622-4949		Contact Person's Fax Number:			
Contact Person's E-M	ail Address: Steve Carroll - 208-4509					
			-			
B. Water Trea	atment 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
i lant / laarooo.	THE FORM OF CITY OF COMME	. Oity.				01110
Type of Water Treated	by Plant: Raw Ground Water	T Purchs	ased Finished Water			
	Day Operating Capacity of Plant, gallons per day:	1 Turcha	360000			
				tion 60 600 310	(4) FAC):	C
Plant Category (per st	ubsection 62-699.310(4), F.A.C.): 5		Plant Class (per sub	section 62-699.3 ru((4), F.A.C.).	<u>C</u>
		and the first of the con-			VOCIOCANA CENTRAL	# 20 # (**) (A *)
Licensed Operators	Name Name		e Class License Number)/Shift(s) Worked	GATE STATE
	RAY MCVEY		C 8623	DAY	1/00	
Other Operators:	AMANDA HULON		C 15214	4/14 THROUGH	4/30	
	TIM FISH		B 7477	WEEKEND		
II. Certification by Lea	ad/Chief Operator					
	ter treatment plant operator licensed in Florida, am the lead/	chief opera	ator of the water treatment plant in	lentified in Part Lof t	this report. I cert	fy that the
	n this report is true and accurate to the best of my knowledg					
	ndard 60 or other applicable standards referenced in subsec					
	ach day that a licensed operator staffed or visited this plant					
	able, appropriate treatment process performance records. F			nai operations recoi	rds to the PWS o	wner so the PV
	with copies of this report, at a convenient location for at lea					
(*Our clients furnish the chlor	ine and have been advised of the proper type to purchase) (**Our clients are pro	ovided with cor	pies of all reports and are responsible for retain	ning them)		
	// / /					
\ \/	1 // 4/ //					
XM	nna 1 Them 5-8-08		AMANDA HULON		C-15	214
Signature	and Date		Printed or Typed Name		License Nu	mber
0.3			, p =			
Substi (Alternate		£				

PWS	dentifica	ation Nur	nber:		3424690		Plant Name:		LANDFAIR	R-MEADO	WLAND W	TP		-
Means		ing Four-L	onth/Year of: og Virus Inactiv	ration/Remo		Free Chl	orine	「 Ch	lorine Dioxi	de	┌ Ozone	•	☐ Combine	d Chlorine (Chloramines)
			lual Maintaine				✓ Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
7,000						or UV Dose t	o Demonstrate Fo		/irus Inactiv					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							alculations					Dose	The second second	
	Days			gag Marada, Arabaya	Lowest Residual	Disinfectant	10-30 (B) (B)			8.65	- 3 to -25.5	(T 1 2 9 4 9 L	Lowest	The second secon
	Plant				Disinfectanct	THE COLUMN TWO STREET,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$00 Sept 1	9 1990				Residual Disinfectant	
	Staffed or Visited				Concentration	Contact Time (T) at C	Lowest CT		96) EL SE 243	THE PARTY	Lowest	Minimum	Concentration	
	by				(C) Before or at	Measurement	Company of the Compan	A STATE OF THE PARTY OF THE PAR		Minimum	CONTRACTOR CONTRACTOR AND ADDRESS OF THE	PERSONAL PROPERTY.	at Remote	
Day of	Operator	Hours	Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CT ·	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water		During Peak Flow,	Peak Flow,	During Peak Flow,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	The St. Harris of Control Section 2 (No. 16)		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO SHAPE OF THE	minutes	mg-min/L	οС	Applicable		sec/cm2	sec/cm2	System, mg/:L	
1	X	24	19600										0.7	在是他们的10年1月中,1970年中华中国的10年1月中国的10日
. 2	X	24	14400										1.5	
3	X	24	28000											WEEKEND CHECK
4		24	28000											
5	X	24	28000							12-1			1.6	
6	X	24	29600	-772- 7				-					1.4	
7	X	24	44000		Manageria	per				And the Continues and the continues of			1.9	Secretary and a control of the contr
8	X	24	34700	Art of the American Company									1,6	
9	X	24	0										1,7	
10.	X	24	29700						i e				Mr.5.4.7	WEEKEND CHECK
11		24	29700											Augusta and a second
12	X	24	29700										1.6	The state of the second of the
13	X	24	25300									and the second	1.7	the second of th
14	X	24	42400									The State of	1.7	
15	X	24	36100										1.8	
16	X	24	0								That of a	TL	1.8	
17	X	24	37900	arasion in		100000								WEEKEND CHECK
18	Tana	24	37900	EUL	L B PUM L	2-14 Linn 25				241.00	I San			
19	X	24	37900										8.1	
20	X	24	0 /		Eligib				L. UT	2			1.8	
21	X	24	49400	ar Mater Att		A 1							1.8	
22	X	24	35600										1.8	
- 23	X	24	0										1.8	
24	X	24	25400											WEEKEND CHECK
25		24	25400		20 Mars - 1,	7								
26	X	24	25400			ples y					30 33		0.8	SAMPLE - 2 WELLS, 2 LINES
27	X	24	42300					-					1.9	
28	X	24	58600								distribution of		0.7	
29	X	24	35200			The second second							0.7	
30	X	24	0										0.7	
31	X	24	27673				1							WEEKEND CHECK
Total		110000	857873	and the party of the same										
Average	AND INCOME.	CAN THE LAND	27673											

58600

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Maximum



^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General Informatio	on for the Month/Yes MAY 2008						
A. Public Wa	ater System (PWS) Information	•					
PWS Name:	LANDFAIR-MEADOWLAND WTP			VS Identification N	lumber:	3424690	-
PWS Type:		ity		Non-Community	☐ Consecut	ive	
	onnections at End of Month: 84		Total Populati	on Served at End	of Month: 2	94	
PWS Owner:	CHARLES DeMENZES						
Contact Person:		•	Contact Perso	on's Title:			
Contact Person's Ma		City:	: OCALA		State: F	L Zip Cod	e: <u>34478</u>
Contact Person's Tel			Contact Perso	on's Fax Number:			
Contact Person's E-N	Mail Address: Steve Carroll - 208-4509		_				
B. Water Tre	eatment Plant Information						
Plant Name:	LANDFAIR-MEADOWLAND WTP		Plant Telepho	ne Number:	(352) 622-49	149	
Plant Address:	NE 78TH ST CR 200A	City:	OCALA		State: F		: 34478
						and the same of th	
Type of Water Treate	ed by Plant: Raw Ground Water	☐ Purch	ased Finished V	Vater			
	Day Operating Capacity of Plant, gallons per day:		360000				
	subsection 62-699.310(4), F.A.C.): 5		Pla	ant Class (per sub	section 62-699.	310(4), F.A.C.);	С
Licensed Operators	Name	Licens	se Class	License Number	D	ay(s)/Shift(s) Work	ed 🐪
Lead/Chief Operator.	AMANDA HULON		C	15214	DAY		
Other Operators:	RAY MCVEY		C	8623	WEEKEND		
	MICHAEL HAMMER		C	8519	WEEKEND		
	TIM FISH		В	7477		WEEKEND	
Commission of preference							
II. Certification by Le	ad/Chief Operator		and the second second second second				AND DESCRIPTION OF THE PARTY OF
	ater treatment plant operator licensed in Florida, am the lead/	chief opera	ator of the water	treatment plant id	entified in Part	Lof this report. Lo	ertify that the
	in this report is true and accurate to the best of my knowledge						
	andard 60 or other applicable standards referenced in subsec						
	each day that a licensed operator staffed or visited this plant						
	cable, appropriate treatment process performance records. F						
	m with copies of this report, at a convenient location for at lea						
	rine and have been advised of the proper type to purchase) (**Our clients are pro			are responsible for retai	ning them)		
	Λ .		to a consistent diagram described to a soloni di a soloni di travita e e e e e e e e e e e e e e e e e e e				
	1 // »/ A		W				
XIm	da litula 6-6-08		AMANDA HIII	ON			15014
Signature			AMANDA HUL			-	15214
Signature	and Date		Printed or Type	eu wame		License I	number
Substitute/Alternate	9						

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PWS]	[dentifica	ation Nur	nber:		3424690		Plant Name:		LANDFAI	R-MEADO	WLAND W	/TP		-
Means	of Achiev		onth/Year of: og Virus Inacti		JUNE 2008 val: *	Free Chl	orine	Ch Ch	alorine Dioxi	ide	C Ozon	е	Combine	d Chlorine (Chloramines)
			lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
14 4307	75. C. S.	TO POST	7.64.6	Alfred Little	CT Calculations;	or UV Dose: t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	TANK LA	RETURNS ON	
				CANCELLE MA	AND STATE	CTC	alculations	1 4 1 1 1 1	Guillan at a	Children M. M.	UV	Dose	Lowest	
	Days Plant Staffed or				Lowest Residual Disinfectanct	Disinfectant Contact Time			erope the later	a bashera			Residual Disinfectant	
Day of the Month	Visited by Operator (Place "X")	SEE SE	Net Quantity of Finished Water Produced, gal	Peak Flow		Point During	Lowest CT Provided Before or	Temp of Water	pH of	Minimum CT Required	Operating UV Dose, mW-	Minimum UV Dose Required, mW— sec/cm2	Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System
1		24	38400	Alter Table		CALLE FIRM	a fail, jis jeso	(1)(r) <u>e</u> 0.						THE CONTROL OF THE PROPERTY OF THE PARTY OF
2	X	24	38400										1.7	
3	X	24	0								1		1.7	
4	X	24	49200				The second section of the second section of the second section					-	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	14
11	X	24	44800	O.A.E.A.L.							-		1.7	
12	X	24	39100						-		-		1.7	
13	X	24	45100								-		1.7	WEEKEND CHECK
14	X	24	40600						-	-	-	-		WEEKEND CHECK
16	X	24	40600					-	 	-	Sale Sale	711	1.8	
17	X	24	49500		LE AND LINE TO			-		3307		-	1.6	SAMPLE - 2 WELLS, 2 LINES
18	X	24	46600	1		100 645 64		-			 		1.7	Orani de e nasso, e en se
19	X	24	32200					-	<u> </u>		 		1.7	
20	X	24	52100					-					1.6	
21		24	39100										77.	
22	X	24	39100					T				7.75		WEEKEND CHECK
23	X	24	39100	a far Lagaria									1.4	
24	X	24	129300					ĺ	1				1.7	
25	X	24	76700										1.8	
26	X	24	39700										1.8	
27	X	24	42700		Land Linex est		- 22,000						1.8	
28	X	24	25200											WEEKEND CHECK
29		24	25200											
30	X	24	25200	1									1.8	
31		24								<u></u>				
Total	us live hills		1239300											
-		A STATE OF THE PARTY OF T	41310	1										
Maxim	ım	Sea mark	129300	1. 3550										

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

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:000000)



See page 4 for instructions.

Effective August 28, 2003

I. General Information	n for the Month/Ye	JUNE 2008						
	ater System (PWS)							
PWS Name:		LANDFAIR-MEADOWLAND WTP			Identification N		3424690	
PWS Type:		Non-Transient Non-Communi	ity			Consecutive		
Number of Service C				Total Population	Served at End	of Month:	580	
PWS Owner:	CHARLES DeME	ENZES						
Contact Person:				Contact Person's	Title:			
Contact Person's Ma		P.O. BOX 5220	City:	OCALA		State: FL	Zip Code:	34478
Contact Person's Tel		(352) 622-4949		Contact Person's	Fax Number:	(352) 732-4366		_
Contact Person's E-N	Mail Address:	Steve Carroll - 208-4509						
D Motor Tro	otmont Diont Infor	motion						
	eatment Plant Infor			Digat Talanhana	Ni mah a m	(050) 000 4040		
Plant Name:		DOWLAND WTP	0.1	Plant Telephone	Number:	(352) 622-4949		0.4.770
Plant Address:	NE 78TH ST CR	200A	City:	OCALA		State: FL	Zip Code:	34478
Type of Water Treate	ed by Plant	Raw Ground Water	C Purcha	ased Finished Wat	er			
		acity of Plant, gallons per day:	1 1 dione	360000	.01			
Plant Category (per s					Class (per sub	section 62-699.310)(4) FAC):	С
		3.0(1),1.11.10.1).		_	(1-0-0-0	000.01	2(1), 1 11 11 11.	
Licensed Operators	Marine Street	Name	Licens	se Class	ense Number	Day(s)/Shift(s) Worker	1
Lead/Chief Operator.	AMANDA HULO	V		C	15214	DAY		
Other Operators:	MICHAEL HAMN			C	8519	WEEKEND		
	RAY MCVEY			C	8623	WEEKEND		
	TIM FISH			В	7477		WEEKEND	
II. Certification by Le	ad/Chief Operator			-				
I, the undersigned wa	ater treatment plant	operator licensed in Florida, am the lead/o	chief opera	ator of the water tre	eatment plant ic	dentified in Part I of	this report. I cer	tify that the
information provided	in this report is true	and accurate to the best of my knowledge	e and belie	ef. I certify that all of	drinking water t	reatment chemical	s used at this pla	nt conform to
NSF International Sta	andard 60 or other	applicable standards referenced in subsec	tion 62-55	5.320(3), F.A.C.*	I also certify that	at the following add	litional operations	records for this
plant were prepared e	each day that a lice	nsed operator staffed or visited this plant	during the	month indicated at	pove: (1) record	ds of amounts of ch	nemicals used an	d chemical feed
rates; and (2) if applic	cable, appropriate t	reatment process performance records. F	urthermore	e, I agree to provid	e these additio	nal operations reco	ords to the PWS	owner so the PW
		s report, at a convenient location for at least						
*Our clients furnish the chlo	rine and have been advise	d of the proper type to purchase) (**Our clients are pro	ovided with co	pies of all reports and are	responsible for retain	ining them)		
	0							
	1 // //	1						
Alm	mada VTh	Jas 7-7-08		AMANDA HULON	N .		C-1	5214
Signature	and Date			Printed or Typed			License Nu	
3.74				-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00.00 TARE TO			nones est.
Substitut 'Alternate			S1545	ì				station,
DEP F. 32-555.	900(3)							3

PWS	Identific	ation Nu	mber:		3424690		Plant Name:		LANDFAI	R-MEADO	WLAND W	/TP		_
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactiva Ultraviolet Radiation Type of Disinfectant Residual Maintained						Free Ch	lorine	☐ Ch	nlorine Dioxi	ide	□ Ozon	e	Combine	ed Chlorine (Chloramines)
			dual Maintaine	ed in Distrib	ution System:		Free Chlor	ine	12 (2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
			. H . J . 24	in the sec		or UV Dose, t	o Demonstrate Fo	ur-Log	Virus Inactiv	vation, if Ap	plicable*			
Line 6	D		1 - S. J.			CT C	alculations	LA LUL	the worth and	13-13-15-14	UV M	Dose		
i ing	Days Plant		of Market Pol		Lowest Residual	Disinfectant	- STATE OF THE	青八色。	HARANI TA	1952-662	15,129-36	ar red States as	Lowest Residual	
	Staffed or				Disinfectanct	Contact Time	S. Serdine all the	Page 1	The said				Disinfectant	
1000	Visited		Profession		Concentration	(T) at C	Lowest CT		Interest to the		Lowest	Minimum	Concentration	Liperina de la compania de la compa
3 15 44	by			A 125	(C) Before or at	Measurement	Provided Before or	Temp	2000 6 6 6 6	Minimum		Account to the control of the contro	at Remote	edition and a manager of the left many
Day of	Operator	Hours	Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CT Required	UV Dose,		Point in #	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water		During Peak Flow,		During Peak Flow	Water	Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month				Rate, gpd	mg/L	minutes	mg-min/L	- oC⊲	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/1	Components Out of Operation
4.71	X	24	34100			0.1	10.000	(Line)			1.5.100		1.9	But and the second
2 2	X	24	34100										1.8	
-33	X	24	76600		Augustus August 1.		Anna tak making				1		1.9	
4.4	X	24	33800										1.8	
5	X	24	80133											WEEKEND CHECK
6		24	80133											
7	X	24	80133										1.7	
- 8		24	65200		The state of the s		inter-						1.7	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
9.	X	24	61400										1.6	
10	X	24	28600				m						1.8	
11.8	X	24	65000									L	1.8	
12 *	X	24	39933	La contraction of							-		1.95.00	WEEKEND CHECK
12-13	V	24	39933	References				-			-		100	
14	X	24	39933 23000	0.15 2	644.5.2		The second second	Control of	Sec. 11.1	100	Louis		1.7	TO BE DESCRIBED IN APPRICACE TO THE PROPERTY OF THE PROPERTY O
15 ×	X	24	65600							-	 		1.5	CANDLE 2 WELLS 21 DIES
17	X	24	69800							-		line and	1.5	SAMPLE - 2 WELLS, 2 LINES
18	X	24	60900			7		-			-		1.3	
19	X	24	53033		AC SCHIM FRANKI	in year		-	0.000.000			-	1.3	WEEKEND CHECK
- 20	A	24	53033				 	-	 	-	-		 	WEEREND CILCR
21	X	24	53033		P - N - J			-		(a)		-	1.3	RESAMPLE - 1 WELL, 6 LINES
22	X	24	62900					-					1.4	RESAMPLE - 1 WELL
23	X	24	68700										1.4	TEGRANDE I WEEL
: 24	X	24	47000								 		1.6	
25	X	24	50200		i con company			1			 		1.4	
26	X	24	57166					 			1			WEEKEND VCHECK
27		24	57166							717 1940 21				1 See 1
- 28	Х	24	57166		30.305			—	1 19				1.0	
29	X	24	54400										0.9	
30	Х	24	74100		12-								1.0	
5*31	Х	24	64400										1.0	
	408.	Talk serve	1730595											
Average	* AUX 11		55826											
Maximi	m ×	400,000	80133											

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



DEP F

32-555.900(3)

Effective August 28, 2003

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

See page 4 for instructions.

A. Public Water System (PWS) Information PWS Name: LANDFAIR-MEADOWLAND WTP	•	ì	PWS Identification N	umber:	3424690	
PWS Type: Community Non-Transient Non-Commun Number of Service Connections at End of Month: 232 PWS Owner: CHARLES DeMENZES	ity	Transie		Consecutive	580	
Contact Person:		Contact Per	rson'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 Per	rson'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	. Cib.		hone Number:	(352) 622-4949 State: FI	Zin Codo:	24470
Plant Address: NE 78TH ST CR 200A	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	Purcha	ased Finished 360000	d Water Plant Class (per subs	ection 62-699-310)(A) F A C):	C
Plant Category (per subsection 62-699.3 10(4), P.A.C.).		÷ '	i lant Class (per subs	Section 02-099.5 10	(4), 1 .A.O.).	
Licensed Operators Name Name	Licens	se Class	License Number	Davís)/Shift(s) Worked	
Lead/Chief Operator. QUINCY JONES	application and other property of the last	c l	14369	IDAY	//	
Other Operators; TIM FISH		В	7477	WEEKEND		
MICHAEL HAMMER		С	8519	WEEKEND		
RAY MCVEY		C	8623		WEEKEND	
II. Certification by Lead/Chief Operator		22.42				
I, the undersigned water treatment plant operator licensed in Florida, am the lead/	chief opera	ator of the wa	ter treatment plant id	entified in Part I of	this report. I cen	ify that the
information provided in this report is true and accurate to the best of my knowledg	e and belie	ef. I certify that	at all drinking water tr	reatment chemicals	s used at this plai	nt conform to
NSF International Standard 60 or other applicable standards referenced in subsec	ction 62-55	5.320(3), F.A	.C.* I also certify tha	t the following add	itional operations	records for this
plant were prepared each day that a licensed operator staffed or visited this plant	during the	month indica	ted above: (1) record	s of amounts of ch	nemicals used an	d chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. F	Furthermore	e, I agree to p	provide these addition	nal operations reco	ords to the PWS	wner so the P\
owner can retain them with copies of this report, at a convenient location for at lea	ast ten year	rs.**				
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pr	ovided with co	ppies of all reports	and are responsible for retain	ning them)		
) 12 1 / W Collass						
acimen or know 8-4-08		QUINCY JO			C-14	1369
Signature and Date		Printed or T	yped Name		License Nu	mber
Substitute/Alternate						

PWS	dentifica	ation Nur	nber:		3424690		Plant Name:		LANDFAIR	R-MEADO	WLAND W	TP		
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Rem Ultraviolet Radiation Type of Disinfectant Residual Maintained in Distri						Free Chl	orine	┌ Ch	lorine Dioxi	de	Ozone	:	Combine	d Chlorine (Chloramines)
			1116 1	11 701 . 11			Free Chlori	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
Type o	Districc	TOTAL SHARWARD ST	Description of the sales	a 545 contained	CTOIL	or IV Dose	o Demonstrate Fo	ur-ling!	Virus Inactiv	ation if Ap	plicable*	ar Erroras	Last value (C)	
	100				G L Calculations,	OT CTIC	alcolations	ui-Log*	MEN SERVICE	a see a see	UV	Dose	own the case	
	Days		to him to the first	TOTAL STATE OF THE STATE OF	Lowest Residual		LAUDE CO. LOUIS	3.061.00	SELECTION OF	dentile Essi	LESS SCHOOL STATE	Migrificant	Lowest Residual	
	Plant				Lowest Residual Disinfectanct	Disinfectant		No. 20			1000		Disinfectant	
	Staffed or Visited		Bearing H.		- Concentration	Contact Time	Lowest CT		Terminal and the second		Lowest		Concentration	
	by	44-14	14.222	The Assert P	(C) Before or at	Measurement	Provided Before or	Temp	建造业。	Minimum	Operating		at Remote	Balance Telephone and American Section 19
Day of	Operator	Hours	Net Quantity of		First Customer	Point During	at First Customer	of a	pH of	- CT			Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	-Plant in		Peak Flow	During Peak Flow,	Peak Flow,	During Peak Flow,	Water	Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/L	-minutes		oC.	Applicable	mg-min/L	sec/cm2	sec/cm2"	System, mg/:L	Components Out of Operation
1.00	X	24	60966			Strain Flori	an lugits on	M. Chillie	renstrator.	L. D. 11 446	101 (158)	DESCRIPTION OF THE PROPERTY OF	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	halford designed of the control of t
7	X	24	50900					-					1.2	
8	X	24	65200										1.2	WEEKEND CHECK
9	X	24	48766								-			SAMPLE - 2 WELLS, 5 LINES
10		24	48766					-			4		A1.75	SAMPLE - 2 WELLS, 3 LINES
-11	X	24	48766										1.1	Turis -
12	X	24	69700	27 24					-				1.1	
13	X	24	29000					-					1.3	
14	X	24	48500 68100						 				1.2	
15	X	24	38766										1 2 5 5 7 2 7	WEEKEND CHECK
16	_ A	24	38766			O RECEIPTO		-				 	1	
18	X	24	38766		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sire Albana							1.1	
19	X	24	29100										1.2	
20	X	24	62900									-	0.9	
21	X	24	50900											The state of the s
22	X	24	36100						4-7				0.9	
23	X	24	60466											WEEKEND CHECK
24		24	60466											
25	X	24	60466										1.1	
26	Х	24	35100			HA							0.9	
27	X	24	2900										0.4	
28	X	24	37100										0.8	
29	X	24	42100					1	-				0.7	
30	X	24	49223								-	-	-	WEEKEND CHECK
- 31		24	49223							12		1	1	
Total	STATE STREET	A SHIP COLUMN	1525904											
Maximi	im .	Children Carrier	69700	1			same and the con-							

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

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Page 2

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See page 4 for instructions.

Effective August 28, 2003

Is General Information			_					
	ter System (PWS)							
PWS Name:		LANDFAIR-MEADOWLAND WTP			PWS Identification N		3424690	-
PWS Type:	▼ Community		iity		ent Non-Community			
Number of Service Co				Total Popu	lation Served at End	of Month:	580	
PWS Owner:	CHARLES DeMI	ENZES	_					
Contact Person:			-	Contact Pe	erson's Title:			
Contact Person's Mail	ling Address:	P.O. BOX 5220	City:	OCALA		State: FL	Zip Code:	34478
Contact Person's Tele	ephone Number:	(352) 622-4949	-	Contact Pe	erson's Fax Number:	(352) 732-4366		
Contact Person's E-M	lail Address:	Steve Carroll - 208-4509	•					-
				_				
B. Water Trea	atment Plant Infor	mation						
Plant Name:	LANDFAIR-MEA	DOWLAND WTP		Plant Telep	phone Number:	(352) 622-4949		
Plant Address:	NE 78TH ST CR	200A	City:	OCALA		State: FL	Zip Code:	34478
			-			the state of the s		-
Type of Water Treated	d by Plant:		T Purch	ased Finishe	ed Water			
		pacity of Plant, gallons per day:	# 1 AT AN	360000				
Plant Category (per su					Plant Class (per subs	section 62-699 310	0(4) FAC):	C
riant oatogory (por ot	aboootion oz ooo.	010(1), 131.0.).		-	, idili diada (pai dan	000.011	0(1)111111111	
Licensed Operators		Name to the second	de Licens	se Class	- License Number	Day(s)/Shift(s) Worker	
Lead/Chief Operator				C	14369	IDAY	σ _μ , στιτιχο _γ , τ. στιτο	
Other Operators:	RAY MCVEY			C	8623	WEEKEND		
Other Operators.	MICHAEL HAMI	AEB.		C	8519	WEEKEND		
Consequences with representati	TIM FISH	MER	-	В	7477	VVECKEND	WEEKEND	
	I IIVI FISH		-	В	7477	 	VVEEKEND	
			-					
II. Certification by Lea	ad/Chief Operator							
I, the undersigned wat	ter treatment plan	operator licensed in Florida, am the lead	chief opera	ator of the w	ater treatment plant id	entified in Part I of	f this report. I cer	tify that the
information provided in	n this report is true	and accurate to the best of my knowledge	e and belie	ef. I certify th	nat all drinking water to	reatment chemical	Is used at this pla	nt conform to
NSF International Star	ndard 60 or other	applicable standards referenced in subse	ction 62-55	5.320(3), F.	A.C.* I also certify tha	t the following add	ditional operations	records for this
plant were prepared e	ach day that a lice	ensed operator staffed or visited this plant	during the	month indica	ated above: (1) record	ls of amounts of cl	hemicals used an	d chemical feed
rates: and (2) if applic	able appropriate	reatment process performance records.	Furthermor	e Lagree to	provide these addition	nal operations rec	ords to the PWS	owner so the PV
		s report, at a convenient location for at lea			provide 0.1000 add.113	inal opolations too	0100101101101	
		ed of the proper type to purchase) (**Our clients are pr			s and are responsible for retai	ning them)		
(Our chemis furnish the emor	ine and have occir advis	or the proper type to parenase) (our enems are pr	ioriaca marec	opies or an report	s and are responsible for rem	gem)		
0	0,	1 1 1 1						
dill	ura A	9-5-08						
- gen	W/ VI	rul () V		QUINCY J				4369
Sighature	and Date			Printed or	Typed Name		License N	umber
Cubatituta / Altan	/ /							
Substitute/Alternate			second)					0.751424.41
DEP . 62-555.9	300(3)		/					

PWS I	dentifica	ation Nur	nber:		3424690	A STATE OF SAME	Plant Name:		LANDFAIR	R-MEADOV	WLAND W	TP		-
Means	of Achiev		onth/Year of: og Virus Inacti	vation/Remo		08 Free Chl	orine	┌ Ch	lorine Dioxi	de	C Ozone	>	□ Combine	d Chlorine (Chloramines)
			lual Maintaine	d in Distrib	ution System:	A TOTAL	Free Chlori	ine		「 Comb	ined Chorin	ne (Chloran	nines)	□ Clorine Dioxide
	Days				CT Calculations,	or UV Dose, t	o Demonstrate For	ur-Log \	/irus Inactiv	ation, if Ap	plicable*	Dose	Lowest	
	Plant Staffed or Visited by			artin in the	Concentration (C) Before or at	(T) at C Measurement	Lowest CT Provided Before or	Тетр		Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote	
Day of the	Operator (Place		Net Quantity of Finished Water		First Customer During Peak Flow,	Point During Peak Flow	at First Customer During Peak Flow,	of Water	pH of Water, if	CT Required	UV Dose,	Required, mW-	Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or
Month	"X")	Operation				minutes	mg-min/L	oC.	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	Maintenance Work that Involves Taking Water System Components Out of Operation
100	X	24	42100	and the second	a la		and the same of th	December 1			Do L S. TETO		0.6	Somponents out of Operation
2	X	24	31000	Marin and									0.9	
3	X	24	29000			garana - Sanggarana	Marie San Company Company						0.9	
4	X	24	22000				and the second second second second		per a constant for a con-				0.6	
5	X	24	66900		arrests a great report				e e empero de la compansión de la compan				0.8	to the second se
6	X	24	48700											WEEKEND CHECK
7	2.24	24	48700									- I	the set mier m	The state of the s
8	X	24	48700										0.7	
9	X	24	76800										1.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10	X	24	26000										0.8	
11	X	24	23000									3.1.1.2.3	0.5	
12	X	24	57300									CE-tracks	0,5	
13	X	24	56633 56633							1388		C-1010Th		WEEKEND CHECK
14	X	24	56633										0.6	SAMPLE - 2 WELLS, 2 LINES
16	X	24	69000	2 1 19e - mil							L191 7 18		0.7	
17	X	24	62500										0.6	
18	X	24	59700										0.4	
19	X	24	17900										0.8	
20	Х	24	41000											WEEKEND CHECK
21	STATE OF	24	41000				eramitado erame a men							- 1 ₁₀ , 1004
22	X	24	41000								Mr.		0.6	
23	X	24	36500										0.7	
24	X	24	72000										1.0	
25	X	24	55200		3/41/								1.0	
26	X	24	68200										0.8	
27	X	24	53566											WEEKEND CHECK
28		24	53566											
29	Х	24	53566										1.1	
30	X	24	65200										1.1	
31	o degligations	24	1479997								1			
Total			49333											
Average	14 1 Style 2 Mg 2		76800											

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

It. General Information for the Month/Yea SEPTEMBER 2008 A. Public Water System (PWS) Information PWS Name: LANDFAIR-MEADOWLAND WTP	*	PWS Identification No		3424690
PWS Type: Von-Transient Non-Community Number of Service Connections at End of Month: 232 PWS Owner: CHARLES DeMENZES	У	Transient Non-Community Total Population Served at End of	Consecutive of Month:	580
Contact Person's Mailing Address: P.O. BOX 5220	City:	Contact Person's Title: OCALA	State: FL	Zip Code: 34478
Contact Person's Telephone Number: (352) 622-4949 Contact Person's E-Mail Address: Steve Carroll - 208-4509		Contact Person's Fax Number:	(352) 732-4366	
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 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5	□ Purcha	ased Finished Water 360000 Plant Class (per subs	section 62-699 310	(4), F.A.C.); C
Traile dategory (per subsection 02-033.010(4), 1.A.O.).				
Lead/Chief Operator: QUINCY JONES	and the same of th	e Class License Number C 14369	Day(s)/Shift(s) Worked
Lead/Chief Operator: QUINCY JONES Other Operators: RAY MCVEY		C 8623	WEEKEND	
MICHAEL HAMMER		C 8519	WEEKEND	
TIM FISH		B 7477		WEEKEND
			 	
II. Certification by Lead/Chief Operator			1	
I, the undersigned water treatment plant operator licensed in Florida, am the lead/c	hief opera	tor of the water treatment plant id	entified 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 belie	f. I certify that all drinking water to	reatment chemicals	s used at this plant conform to
NSF International Standard 60 or other applicable standards referenced in subsect	tion 62-555	5.320(3), F.A.C.* I also certify tha	t the following add	itional operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant of	during the I	month indicated above: (1) record	s of amounts of ch	emicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. For	urthermore	e, I agree to provide these addition	nal operations reco	ords to the PWS owner so the PWS
owner can retain them with copies of this report, at a convenient location for at leas (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pro-	it ten years	S. **	ning them)	
(*Our clients furnish the chlorine and have been advised of the proper type to putchase)	vided with col	ples of all reports and are responsible for retain	ining dietii)	
Shimey a limon 10-7-08		QUINCY JONES		C-14369
Signature and Date		Printed or Typed Name		License Number
Subst 3/Alternate	. N. H. L. H.			
DEP . 1 62-555.900(3)	1			-4555-v1
Effective August 28, 2003	Page	1		

PWS	dentific	ation Nur	nber:		3424690		Plant Name:		LANDFAIR	R-MEADO	WLAND W	TP		
III. Da	I. Daily Data for the Month/Year of: OCTOBER 2008													
			og Virus Inactiv			Free Chl	orine	☐ Ch	lorine Dioxi	de	C Ozone		Combine	d Chlorine (Chloramines)
		Radiation		Other (Describe):					100	Marie Land			
Type o	f Disinfe	ctant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	ine		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
	STATE OF	No.	被告诉在与证	Sevier-AVE 22	CT Calculations,	or UV Dose, t	o Demonstrate Fo	ur-Log	virus Inactiv	ation, if Ap	plicable*	erm adult		
4	Days	A-220 a	Autorities	Selfator A	espiera Litera		alculations	NAMES OF			W. J. L. UV	Dose -	Lowest 4	来。在1944年1月1日 1950年11日 11日 11日 11日 11日 11日 11日 11日 11日 11日
	Plant				Lowest Residual	Dismfectant		不是			Section (Section)		Residual	
1-37-32	Staffed or		Total and the second		Disinfectanct	Contact Time					32.2		Disinfectant	
	Visited by	400000000000000000000000000000000000000			Concentration	(T) at C	Lowest CT	建理			Lowest		Concentration	
Day of		Hours	Net Quantity of	Asia Street Control	(C) Before or at		Provided Before or at First Customer	Temp	pHof	CT	Operating UV Dose		at Remote Point in	
the	(Place	Plant in		THE CONTRACT OF STREET	During Peak Flow,		During Peak Flow	LAZER CARE	Water, if	Required	mW-	mW-	Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System
Month	"X")	Operation			mg/L	minutes	mg-min/L	oC-	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	
1.	X	24	61200										1.1	
- 2	X	24	61200				County or any a second place or an angel		one con				1.1	
3	X	24	60600			Commence of the commence of th		-th-					1.1	
4	X	24	51400											WEEKEND CHECK
p= 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 48600								-		1.1	
11	X	24	65900								-		1.2	WEEKEND CHECK
12	^	24	65900									3.15	TEG	SAMPLE - 2 WELLS, 2 LINES
13	X	24	65900							Tento	TR BOX		1.2	SAMPLE - 2 WELES, 2 EMES
14	X	24	68400										1.2	
15	X	24	71200	alas del sereido	endie v								1.1	
. 16	X	24	26000			The same of the sa	August de la companya						0.8	
17	X	24	68800	W. Herry C.									0.7	
18	X	24	58033		5. ANY 15.				P. T. C. L. C. L. C.	Angle and a second	a lakestes			WEEKEND CHECK
19		24	58033											
20	X	24	58033		200								0.6	745-147
21	X	24	68400								10 miles 10 miles	32.72	0.5	
22	X	24	25000	intertal Loss	1.24.171								0.9	
23	X	24	69400		-								0.4	
24 25	X	24	52167								-		0.5	WEEKEND CHECK
26	7,00	24	52167								-	X 24 17 17	0.7	WEEKEND CHECK
27	Х	24	52167	an and									0.9	
28	X	24	67300								800 . 11	i v	0.7	
29	X	24	72900		L. St. C.								1.1	
30	X	24	67600								25 to - 1		0.8	
31	X	24	27000										1.0	
-			1795400				NV. TXTE			L(2)				
			57916											
Maximu	n	57.47.92.4	73700											

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

Effective August 28, 2003

B. Water Treatment Plant Information Plant Name: LANDFAIRMEADOWLAND WTP Plant Address: NE 78TH ST CR 200A Type of Water Treated by Plant: For Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 6 Plant Category (per subsection 62-699.310(4), F.A.C.): 6 Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators License Class : License Number: Day(s)/Shirft(s) Worked Licensel Operators Other Operators Name: Day(s)/Shirft(s) Worked License Class : License Number: Day(s)/Shirft(s) Worked Licensel Operators Name: Day(s)/Shirft(s) Worked Licensel Class : License Number: Day(s)/Shirft(s) Worked Licensel Class : License Number: Day(s)/Shirft(s) Worked Licensel Class : Licensel Number: Day(s)/	A. Public Water System (PWS) Information PWS Name: LANDFAIR-MEADOWLAND WTP PWS Type: V Community Number of Service Connections at End of Month: 232 PWS Owner: CHARLES DeMENZES Contact Person: Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's E-Mail Address: Steve Carroll - 208-4509		PWS Identification Notes Transient Non-Community Total Population Served at End of Contact Person's Title: OCALA Contact Person's Fax Number:	☐ Consecutive	3424690 580 Zip Code: <u>34478</u>
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Lead/Chief-Operators Lead/Chief-Operators: Other Operators: C 14369 RAY MCVEY C 8623 WEEKEND MICHAEL HAMMER C 8519 WEEKEND III, 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 62-532(20)3, F.A.C.* I also certify that the licholomical department of the 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, lagree to provide these additional operations records for the PWS owner so the PWS Signature and Date OUINCY JONES C-14369 License Number Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked License Number License Number License Number Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Worked License Number License	Plant Name: LANDFAIR-MEADOWLAND WTP	City:			Zip Code: <u>34478</u>
C 14369 DAY Other Operators RAY MCVEY C 8523 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 Standards 60 or other applicable standards referenced in subsection 62-555.320(3), FA.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 PW 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) **QUINCY JONES** **License Number**	Permitted Maximum Day Operating Capacity of Plant, gallons per day:	Purcha	360000	section 62-699.310	0(4), F.A.C.): <u>C</u>
Other Operators: RAY MCVEY RAY MCVEY C 8623 WEEKEND II. Certification by Lead/Chief.Operator II. 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 PW 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 Printed or Typed Name C-14369 License Number					s)/Shift(s) Worked
MICHAEL HAMMER TIM FISH B 7477 WEEKEND II. Certification by Lead/Chief Operator II. 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) QUINCY JONES Printed or Typed Name C-14369 License Number					
II. Certification by Lead/Chief:Operators 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 PW 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 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 Printed or Typed Name License Number					
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 PW 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 Printed or Typed Name C-14369 License Number					
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the 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 PW 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 Printed or Typed Name C-14369 License Number	TIM FISH		B 7477		WEEKEND
	I, the undersigned water treatment plant operator licensed in Florida, am the lead/ci information provided in this report is true and accurate to the best of my knowledge NSF International Standard 60 or other applicable standards referenced in subsectiplant were prepared each day that a licensed operator staffed or visited this plant directs; and (2) if applicable, appropriate treatment process performance records. Further owner can retain them with copies of this report, at a convenient location for at least (*Our clients furnish the chlorine and have been advised of the proper type to purchase) Signature and Date	and belie ion 62-55 uring the urthermore t ten year vided with co	ef. I certify that all drinking water to 5.320(3), F.A.C.* I also certify the month indicated above: (1) recorde, I agree to provide these additions.** which is a support of the second of the secon	reatment chemical at the following add als of amounts of cl and operations rec	Is used at this plant conform to ditional operations records for thi hemicals used and chemical feet ords to the PWS owner so

PWS	Identific	ation Nu	mber:		3424690		Plant Name:		LANDFAI	R-MEADO	WLAND W	TP.		_
Means	of Achiev		onth/Year of: Log Virus Inacti	vation/Remo	NOVEMBER 20 val: *		Free Chlorine Chlorine Dioxide				☐ Ozon	e	Combine	ed Chlorine (Chloramines)
Type	of Disinfe	ctant Resi	dual Maintaine	ad in Dictail	ution Customs	m: Free Chlorine Γ Combined Chorine (Chloramines)								Clorine Dioxide
1	Days -				CI Calculations	OF UV Dose,	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	oplicable* UV Dose Lowest			Come provide
	Staffed or Visited by				Disintectanct Concentration	Contact Time (T) at Ca	Lowest CT Provided Before or				Lowest	Minimum	Residual Disinfectant Concentration	
	Operator (Place "X")	Plant in	Finished Water	-Peak Flow	During Peak Flow	Point During . Peak Flow.	at First Customer During Peak Flow, mg-min/L	ot Water	Water, if	Required	UV Dose, mW-	Required, mW- sec/cm2	Point in Distribution System, mg/:L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System
1	X	24	65758			Jumates	mg mms D		1 ippiicabie	me mmara	3cc citiz	SCO CHIZ:	System, mg.L	WEEKEND CHECK
2.		24	65758				the same the same the same the same							WESTERN OTHER
3	X	24	65758										0.8	The second section of the second section is a second section of the second section of the second section secti
, 4	X	24	71100			A			and property and		Landard Control		0.4	
. 5	X	24	25000										0.3	CLEAN INJECTION POINT
6	X	24	79600										0,3	
7	X	24	23000										0.4	
8	X	24	42788											WEEKEND CHECK
9		24	42788											
- 10 .	X	24	42788										1.2 .	
11	X	24	66700										1.1	
12	X	24	51700 ·					سناسيا				Chapter 1	1.0	
14	X	24	29100								13.1.1.1.11		1.1	
15	X	24	68932										1.2	
16	_ A	24	68932		Bandaldalan - 13			-	-			Stra Julia	D	WEEKEND CHECK
17	Х	24	68932						-	-				
18	X	24	66300					-	 		D 11 11 11 11		1.1	
19	X	24	50000								 		0.9	SAMPLE - 2 WELLS, 2 LINES
20	X	24	53000		TO STORY								0.8	SAMPLE - 2 WELLS, 2 LINES
21	X	24	62700	5, 8/10 T									0.8	
₹22	X	24	54983										0.8	WEEKEND CHECK
23		24	54983										0.0	The state of the s
24	X	24	54983										0.9	
25:-	X	24	70750			303, 459							1.1	
. 26	X	24	82800										1.1	
27	X	24	23300										1.1	
28 🔀	X	24	23300										1.0	
29	X	24	23300	41-1-1	VE S									WEEKEND CHECK
30	LA LUM	24	23300										La rónia de la	
31		24				Source Adam day and analysis								
		434 Sec. 19	1601833											
			53394	printer a file of										
Maximu	n Colore		82800											

Substitute/Alternate 555-900(3) Effective August 28, 2003

DEPForm 62-

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

Effective August 28, 2003

A. Public Water System (PWS) Information PWS Name: LANDFAIR-MEADOWLAND WTP PWS Type: Community Non-Transient Non-Commun	nitv	PWS Identification N Transient Non-Community	umber:	3424690
Number of Service Connections at End of Month: PWS Owner: CHARLES DeMENZES 232		Total Population Served at End		580
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	•	-	<u> </u>	
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:	F Purcha	ased Finished Water 360000		
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		Plant Class (per subs	section 62-699.310	D(4), F.A.C.): C
		or an assessment of the control of t		
Licensed Operators Name		se Class License Number	and the second s	s)/Shift(s) Worked
Lead/Chief Operator: QUINCY JONES	1	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 opera	ator of the water treatment plant io	lentified 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	e and belie	ef. I certify that all drinking water t	reatment chemical	is used at this plant conform to
NSE International Standard 60 or other applicable standards referenced in subset	ction 62-55	5.320(3), F.A.C.* I also certify the	at the following add	ditional operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant	during the	month indicated above: (1) record	is of amounts of ch	hemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records.	Furthermor	e. I agree to provide these additio	nal operations reco	ords to the PWS owner so the P
owner can retain them with copies of this report, at a convenient location for at least	ast ten vear	'S.**	1	
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are proper type to purchase)	rovided with co	pies of all reports and are responsible for retain	ning them)	
		70 P		
Tele Misson		QUINCY JONES		C-14369
Signafure/and Date JOHN W. BRYANT C-7566	-0.0	Printed or Typed Name		License Number
Signature/and Date JOHN W. BRYAMT C-7566		Timed or Typed Name		License Humber
Substit	A1110	f		3855
DED E 62 555 000/3\	-			

PWS	dentifica	ation Nu	mber:		3424690		Plant Name:		LANDFAIR	R-MEADO	WLAND W	TP		The state of the s		
III. Da	ily Data	for the M	onth/Year of:		DECEMBER 2008											
Means	of Achiev	ing Four-L	og Virus Inactiv	vation/Remo	Removal: * Free Chlorine Chlorine Dioxide Chlorine Chlori											
_ U	traviolet F	Radiation		Other (er (Describe): ribution System:											
Type o	f Disinfec	tant Resid	lual Maintaine				Free Chlor	ine						Clorine Dioxide		
diarit X					CT Calculations	or UV Dose; t	o Demonstrate Fo	ur-Log	Virus Inactiv	ation, it Ap	plicable*	The section of the				
	Days		Lifer Juga College			Contract to the Contract of th	alculations - 1	Astronomical Transfer	The second second	Street Street	To the UV	Dose	LOWCSI			
	Plant				Lowest Residual	Disinfectant							Residual			
200	Staffed or Visited				Disinfectance	Contact Time							Disinfectant			
	by				(C) Before or at	(T) at C	Lowest CT Provided Before or	Temp		Minimum	Lowest Operating	Minimum UV Dose				
Day of	Operator	Hours	Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CT	UV Dose,	Required.	The state of the s	Emergency or Abnormal Operating Conditions, Repair or		
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,		During Peak Flow,		Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System		
Month	"X")		Produced, gal			minutes	mg-min/L	oC	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L			
1.55	X	24	23200	Tr = 21 212	n all the the	1.64 W P. R. C.	32, 34, 77, 154		3.00	Olympia de	COLD SI	Inglie the	2.0			
2.0	X	24	44600										1.9			
3	X	24	39100					-					2.0			
4	X	24	34500										2.0			
6 "	X	24	37700					-					1.8	Wenter to our ov		
7	X	24	25766 · · · · · · · · · · · · · · · · · ·						-		-	-	 	WEEKEND CHECK		
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					-			To Planeton Charles		1.9	[B] [-		
13	X	24	37566					-					12.74	WEEKEND CHECK		
14		24	37566							Ex. C						
15	X	24	37566										2.2	SAMPLE - 2 WELLS, 2 LINES		
16	X	24	10700								13427 3	2.00	1.8			
17	X	24	38000	100	### (F. C. E. W.)		li si			Comment of the Commen			1.2			
18	X	24	31100		1 1 2 2 1 1 1 E	E 1386			J. 1. 1000.	1112	-		2.2			
19	X	24	34900					-			-		2.2	UPPER DE OVERON		
20	X	24	24900 24900					-	1,5		-	-		WEEKEND CHECK		
21 22	X	24	24900					-					1.0			
23	X	24	30000	559 500			-	-	-				1.5			
24	X	24	12600		<u> </u>		 	-	-				1.0			
25	X	24	28850			V		-	 			 	1.0	HOLIDAY VISIT		
26	X	24	28850	430 301	THE NAME OF THE						1		1.4	The state of the s		
27	X	24	35866											WEEKEND CHECK		
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29	X	24	35866										1.7			
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			908996													
Average	100		29322										1.0			

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Maximum

Page 2

XXXXX)

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

Effective August 28, 2003

A Public Water System (PWS) Information PWS Type:	General Information for the Month/Yea DECEMBER 2008								
PWS Type:	A. Public Water System (PWS) Information		504/544 275 27		0.40.4000				
Number of Service Connections at End of Month: 232 Total Population Served at End of Month: 580 PVS Owner: CHARLES DeMENZES Contact Person's Mailing Address: PO BOX 5220 Contact Person's Telephone Number: (352) 622-4949 Steve Carroli - 208-4509 B. Water Treatment Plant Information Plant Name: LANDFAIR-MEADOWLAND WTP Plant Address: NE 78TH ST CR 200A City: OCALA State: FL Zip Code: 34478 City: OCALA State: FL Zip Code: 34478 City: OCALA State: FL Zip Code: 34478 Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, aglions per day: Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Classoy (per subsection 62-699.310(4), F.A.C.): 5 Plant Classoy (per subsection 62-699.310(4), F.A.C.): C Licensed: Operators Lead/Chief Operators RAY MCYEY C 13858 MARK HAVENS C 13858 C 1327.03 4/2008 Cher Operators RAY MCYEY C 8623 License Number: Day(s)/Shift(s) Worked Lead/Chief Operators Lead/Chief Operators Lead/Chief Operators Lead/Chief Operators Lead/Chief Operators License Class License Class License Class License Number: Day(s)/Shift(s) Worked Lead/Chief Operators Lead/Chief Operators Lead/Chief Operators License Class License Number: Java Valva					3424690				
PWS Owner Contact Person's Charles DeMENZES Contact Person's Tilepone Number Contact Person's Felephone Number Contact Person's Felephone Number Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: LANDFAIR-MEADOWLAND WTP Plant Address: NE 78TH ST CR 200A Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Licensed Operators Contended Person's Fax Number: Mark HAVENS RAY MCVEY Cocal A State: FL Zip Code: 34478 Purchased Finished Water 360000 Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators RAY MCVEY Cocal A State: FL Zip Code: 34478 Purchased Finished Water 360000 Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators RAY MCVEY Cocal A State: FL Zip Code: 34478 Purchased Finished Water 360000 Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators RAY MCVEY Cocal A State: FL Zip Code: 34478 Purchased Finished Water 360000 Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators RAY MCVEY Cocal A State: FL Zip Code: 34478 Purchased Finished Water 360000 Plant Class (per subsection 62-699.310(4), F.A.C.): C State: FL Zip Code: 34478 Purchased Finished Water 360000 Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators RAY MCVEY Cocal A State: FL Zip Code: 34478 Purchased Finished Water 360000 Plant Class (per subsection 62-699.310(4), F.A.C.): C 13658 12/13.4/2008 12/13.4/2008 RAY MCVEY Cocal A State: FL Zip Code: 34478 Purchased Finished Water 360000 Plant Class (per subsection 62-699.310(4), F.A.C.): C 13658 12/13.4/2008 RAY MCVEY Cocal A State: FL Zip Code: 34478 Purchased Finished Water 360000 Plant Class (per subsection 62-699.310(4), F.A.C.): C 13658 12/13.4/2008 RAY MCVEY Cocal A State: FL Zip Code: 34478 Purchased Finished Water 360000 Plant Class (per subsection 62-699.310(4), F.A.C.): C 13658 12/13.4/2008									
Contact Person's Mailing Address: Contact Person's Mailing Address: Steve Carroll - 208-4509 B. Water Treatment Plant Information Plant Name: LANDFAIR-MEADOWLAND WTP Plant Telephone Number: OCALA State: FL Zip Code: 34478 Totact Person's Fax Number: (352) 622-4949 Plant Telephone Number: OCALA State: FL Zip Code: 34478 Plant Telephone Number: OCALA State: FL Zip Code: 4448 Plant Telephone Number: OCALA			Total Population Served at End	of Month.	560				
Contact Person's Mailing Address: P.O. BOX 5220 (352) 622-4949 Contact Person's E-mail Address: Steve Carroll - 208-4509 B. Water Treatment Plant Information Plant Name: LANDFAIR-MEADOWLAND WTP Plant Address: NE 78TH ST CR 200A City: OCALA State: FL Zip Code: 34478 Plant Address: NE 78TH ST CR 200A City: OCALA State: FL Zip Code: 34478 Type of Water Treated by Plant: F 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 Plant Class (per subsection 62-699, 310(4), F.A.C.): C Plant Class (per subsection 62-699, 310(4),		(Contact Person's Title						
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PWS Identification Number; 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP								_						
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the	(Place	Plant in	Finished Water		During Peak Flow	Peak Flow	During Peak Flow,	Water		Required	mW-	mW-	Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System
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4.7		24	22333	I melanda yan alam	The same to the same and the sa									The first Chapter Groups and the control of the con
5	X	24	22333										1.0	And the second s
- 6	X	24	41400										1.0	
7	X	24	37300				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1.0	
8	X	24	10300	in E.C. Per	Contract Contract						-		1.3	10/02
9	X	24	19900					-				RECEIVED.	1.4	
10-	X	24	76110								-		-	WEEKEND CHECK
11	V	24	76110					-	-		-	10	0.5	
12	X	24	76110 9900						-				1.0	BOOK WILL
14 14	X	24	43900		 	1		-	-				1.3	
* 15	X	24	0			 		<u> </u>					0.6	Prop
16	X	24	43900			1					 		0.7	
17	X	24	28133		I to an in the latest terms of the latest term	 					GE 17/10		800	WEEKEND CHECK
18.		24	28133			A STATE OF THE STA				Tallusia.				
19	X	24	28133			CHURC WENCH			L. J. See	C. Lillian &	0.6430		1.4	
20 .:	X	24	40900										1.5	
21	X	24	40900		6 37.9)						-		1.2	
722	X	24	22600	in This	POOMAT VEHICLE								1.3	
23	X	24	17200									1-1-1-	1.4	64°C, 76
24	X	24	33766								-		ļ	WEEKEND CHECK
25	0.000	24	33766										-	
26	X	24	33766						-		-		1.5	
- 27	X	24	0			2.10		-	-			1	1.5	SAMPLE - 2 WELLS, 2 LINES
28	X	24	41400			7.8					-		1.5	
29	X	24	31400			-		-	-		-	-	0.7	
30	X	24	37900 33034					-	1		-	-	0.7	WEEKEND CHECK
		24	1024060										TO OF ANDREW	TELECTIO CIECA
		Straight turns	33034											

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

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Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Maximum



See page 4 for instructions.

Effective August 28, 2003

General Information for the Month/Yea JANUARY 2009	-				
A. Public Water System (PWS) Information PWS Name: LANDFAIR-MEADOWLAND WTP			WS Identification N	lumah am	2424000
PWS Type: F Community F Non-Transient Non-Commun	ity		it Non-Community		3424690
Number of Service Connections at End of Month: 232	ity		tion Served at End		580
PWS Owner: CHARLES DeMENZES		0	-1		
Contact Person: Contact Person's Mailing Address: P.O. BOX 5220		Contact Pers	ion's little:	01-1-	7:- 0
Contact Person's Mailing Address: P.O. BOX 5220 Contact Person's Telephone Number: (352) 622-4949	. City.	OCALA	on's Fax Number:	State: FL	Zip Code: <u>34478</u>
Contact Person's Telephone Number. (352) 822-4949 Contact Person's E-Mail Address: Steve Carroll - 208-4509		Contact Pers	on's rax Number.	(352) 732-4366	
Steve Carroll - 200-4505		-			
B. Water Treatment Plant Information					
Plant Name: LANDFAIR-MEADOWLAND WTP		Plant Teleph	one Number:	(352) 622-4949	
Plant Address: NE 78TH ST CR 200A	City:	OCALA	one manipon	State: FL	Zip Code: 34478
Type of Water Treated by Plant: Raw Ground Water	T Purcha	ased 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		P	lant Class (per sub	section 62-699.310	0(4), F.A.C.); C
		-			, , ,
icensed Operators Name	Licens	e Class	License Number	Day(s)/Shift(s) Worked
ead/Chief Operator: EDWARD URBANEK	1	C	14560	DAY	
Other Operators: MICHAEL HAMMER	1	C	8519	WEEKEND	
RAY MCVEY	1	C	8623	WEEKEND	
TIM FISH		В	7477		WEEKEND
Certification by Lead/Chief Operator					
the undersigned water treatment plant operator licensed in Florida, am the lead/	chief opera	tor of the water	er treatment plant ic	lentified in Part I of	this report. I certify that the
nformation provided in this report is true and accurate to the best of my knowledge	e and belie	f. I certify that	all drinking water t	reatment chemical	s used at this plant conform
ISF International Standard 60 or other applicable standards referenced in subsec	ction 62-55	5.320(3), F.A.(C.* I also certify the	at the following add	litional operations records for
lant were prepared each day that a licensed operator staffed or visited this plant	during the r	month indicate	ed above: (1) record	ds of amounts of ch	nemicals used and chemical
ates; and (2) if applicable, appropriate treatment process performance records. F	-urthermore	e, I agree to pr	ovide these addition	nal operations reco	ords to the PWS owner so th
wner can retain them with copies of this report, at a convenient location for at lea					
Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pro-	ovided with cor	pies of all reports ar	nd are responsible for retain	ning them)	
Edul T. U. hell 2-3-09		EDWARD UP	RBANEK		C-14560
Signature and Date		Printed or Typ	oed Name	The state of the s	License Number
O. L. ASSOCIATION	1812.7				
Substitute Alternate	(***)				
DEP F . 62-555.900(3)	1.02				3

PWS I	dentific	ation Nur	nber:		3424690		Plant Name:		LANDFAII	R-MEADO	WLAND W	TP		-	
	III. Daily Data for the Month/Year of:				FEBRUARY 200										
Means	of Achiev	ing Four-L Radiation	og Virus Inactiv	vation/Removal: * Free Chlorine								d Chlorine (Chloramines)			
Type	Disinfer	tant Resid	lual Maintaine	ad in Distribution Systems (Chloromines)								Clorine Dioxide			
ype o	1 Marie	Lant Resid	The Kings of August 19	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose Lowest Residual Dismfectant										Control Dioxide	
		and different special	State of the same		e CT Calculations	OLO VEDOSE, C	elculations and	an Dog.	mas albumi late	SECOND SECTION	I a UV	Dose Sea	Land the second		
	- Days	45.54.20		and the second second	Carlones and the section of	HOWER SHOWING THE HE	alculations process	To all the	L-years lattice	San And Street	SECTION SECTION	The same and the same	Lowest		
	Plant			A Concrete State	Lowest Residual	- Disinfectant		12.30		100	2244000		Disinfectant	THE PRODUCTION WATERS AND DESIGNATION	
	Staffed or			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Disinfectanct	Contact Time.		19 15			Lowest		Concentration	ESSENCE ALCOHOLOGICA	
-	Visited by		Shellon eve	51 VS - 3 PG	Concentration (C) Before or at	(1) at C	Lowest CT	Temp	Share Adams	Minimim	Operating		at Remote	SHOULD SEE THE PROPERTY OF THE PARTY OF THE	
Day of	Operator	House	Net Quantity of Finished Water		* First Customer		at First Customer		367	CT	UV Dose,	Remured	Point in	Emergency or Abnormal Operating Conditions, Repair or	
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow	During Peak Flow	Water	Total Control of the	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System	
Month	"X")	Operation			mg/L	minutes	mg-min/L	οС	Section and repair of the section of	Man Suntant Day Street Street	Section of Conference	The State of the S	System, mg/:L		
1		24	23933			Constant of		100000	104 171 1117	K. VII. I		10.00	-12 T-554, SP (2)	THE COLD IN STREET OF THE SHIP OF THE STREET	
2	X	24	23933	AVEL DO TOR	V								0.7		
3	X	24	30300										0.7	REPEAT WELL	
4	X	24	0		1								0.5	REPEAT WELL	
5	X	24	38800		 	the to the second		-				0, 1,	0.7	(A. C. STATE OF CONTROL OF CONTRO	
-6	X	24	29800	12		atria							1.0		
7	X	24	23600											WEEKEND CHECK	
- 8		24	23600				101 N								
- 9	X	24	23600	R. C. C.									1.0		
10	X	24	42500	. 196	1								1.5		
11	X	24	38700		estation en								1.5	\$20.000 miles	
12	X	24	0										1.5		
13	X	24	31600		1181	Control production of the							1.5		
14	X	24	24866											WEEKEND CHECK	
15		24	24866												
16	X	24	24866	H-4 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							LUISW L		1.5		
17	X	24	39400		F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		at 115:			30.07			1.5		
18	X	24	0	C - 1 - 1 - 1					7	50 EU. E			1.4		
19	X	24	42900										1.5		
-20-	X	24	29900	11.7	Desirate to					Participation of the			1.4	Miles Re Train Chian althur	
21	Х	24	24700									hr vas.		WEEKEND CHECK	
22		24	24700												
23	X	24	24700				The second second						1.3	SAMPLE- 2 WELLS, 2 LINES	
24	X	24	0										1.3		
25	X	24	44200										1.4		
26	X	24	23500									38	1.5		
27	X	24	5800	Tordes.	lancas se di Layi	. 15				hari			1.3	5.476 L. 19	
28 %	X	24	24621							i a superior de				WEEKEND CHECK	
- 29		24					Page 10 de 1								
30		24													
31		24									1 pauling				
	e for an	and standing and	689385								· · · · · · · · · · · · · · · · · · ·				
and the second second		Harana Araba	24621												
Maximu	n de Propins	4-52840 fb.	44200	NB1016											

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General Information			,							
	ater System (PWS)				DIMO Libertification		0.40.4000			
PWS Name:		LANDFAIR-MEADOWLAND WTP		PWS Identification Number: 3424690						
PWS Type:			ity			☐ Consecutive	*			
Number of Service Co				Total Popi	ulation Served at End	of Month:	580			
PWS Owner:	CHARLES DeM	ENZES		nat Colombo and ma						
Contact Person:					erson's Title:					
Contact Person's Mai		P.O. BOX 5220	City:	OCALA		State: FL	Zip Code: <u>34478</u>	3		
Contact Person's Tele		(352) 622-4949		Contact P	erson's Fax Number:	(352) 732-4366				
Contact Person's E-M	fail Address:	Steve Carroll - 208-4509		_		(
_										
	atment Plant Infor									
Plant Name:		DOWLAND WTP			phone Number:	(352) 622-4949	Alexander and the second secon			
Plant Address:	NE 78TH ST CR	200A	City:	OCALA		State: FL	Zip Code: 34478	3		
T	d by Dlank	Day Crawad Makes	P. D	ased Finish	ad Matar					
Type of Water Treate		Raw Ground Water	Purcha		ed vvater					
		pacity of Plant, gallons per day:		360000	Diant Class (nor sub-	tion 60 600 310	(4), F.A.C.); C			
Plant Category (per s	ubsection 62-699.	310(4), F.A.C.): <u>5</u>		-	Plant Class (per subs	section 62-699.3 10	(4), F.A.C.). <u>C</u>			
Licensed Operators		Name Communication	Licens	e Class	License Number	Dav(s)/Shift(s) Worked	550 - 111 in 111		
Lead/Chief Operator:	A STATE OF THE PROPERTY OF THE	TOWN THE PROPERTY OF THE PROPE		C	14560	IDAY	y or int(o) rronnod	No. of Contract of		
Other Operators:	TIM FISH	UNLIX		В	7477	WEEKENDS				
Other Operators.	VINCENT BROV	/NI		C	14184	WEEKENDS				
	MICHAEL HAM			C	8519		VEEKENDS			
A STATE OF S	WICHAEL HAMIN	MER		<u> </u>	0019	·	VEEKLINDS			
					-	-				
	1/01:10	N								
II. Certification by Lea				6 41				h ila a		
		t operator licensed in Florida, am the lead/								
		e and accurate to the best of my knowledg								
		applicable standards referenced in subsec								
		ensed operator staffed or visited this plant								
		reatment process performance records. F			provide these addition	nal operations reco	rds to the PWS owner s	so the PV		
owner can retain then	n with copies of thi	s report, at a convenient location for at lea	ist ten year	s.**		•				
(*Our clients furnish the chlor	rine and have been advis	ed of the proper type to purchase) (**Our clients are pro-	ovided with co	pies of all repor	ts and are responsible for retail	ning them)				
	11.11									
Elle	mel Globe	h 3-5-09		EDWARD	URBANEK		C-14560			
Signature	and Date			Printed or	Typed Name		License Number			
Sub: te/Alternate										
			1				1277			
DEI _/m 62-555.9			Doco	1						
Effective August 28	3, 2003		Page	1						

PWS I	dentific	ation Nur	nber:		3424690 Plant Name: LANDFAIR-MEADOWLAND WTP									_
Means	of Achiev		onth/Year of: og Virus Inactiv	APRIL 2009 vation/Removal: *								d Chlorine (Chloramines)		
Type o	Disinfec	ctant Resid	lual Maintaine	d in Distrib	ution System:		Free Chlor	rine			ined Chori			Clorine Dioxide
THE STREET, ST.		1994-1-57	Color Color Color Color	(Character tassacia)	OT OLL INTONE	or UV Dose, t	Demonstrate To	ove I og	Virus Inactiv	ation, if Ap	plicable*	· ·	Tarrett To	
1 12		427-36.24	100	Tarken Malay	Lowest Residual Disinfectanct Concentration (C) Before of at	CTC	alculations	**************************************	CARTAN	Property and	- UV	Dose	Lowest	
	Days Plant			and the last of the last	the state of the s	and the second	全部是他们的 由于2	100	Section of the section		Car on	the section of	Residual	
	Staffed or	THE RESERVE OF THE PROPERTY OF			Lowest Residual	Controt Time	DESMA		第四个条件	2012		2000年	Disinfectant	
for the last	Visited				Concentration	CTV at C	Lowest CT	To the		Parado oros	Lowest	Minimum	Concentration	And the Control of th
	by				(C) Before or at	Measurement	Provided Before or	Temp	4-14-1	Minimum	Operating	UV Dose	at Remote	AND THE ARREST MENTED TO THE REAL
Day of	Operator		Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair or
* the	(Place				During Peak Flow,		During Peak Flow,	Water	Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation			mg/L	minutes	mg-min/L	oC.	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	Components Out of Operation
1	X	24	39100			- 250 D. P.A	LONG TO A STREET	mace	ii abassa	T Chillian	me		1.0	
2	X	24	0										1.0	
3	X	24	31000					100					1.1	The property of the second of
- 4	X	24	23566				b = 1 = 000 = 000000 = 0		-1					WEEKEND CHECK
5		24	23567											
6	X	24	23567					1-1					1.4	
7	X	24	42100										1.3	
- 8	X	24	11500										1.2	
- 9	X	24	31100										1.3	
10	X	24	32000	1166									1.3	
-11	X	24	28633											WEEKEND CHECK
12		24	28633											
13	X	24	28633										1.2	
14	X	24	0						- 1.7 Gard			e o vote in	1.1	
15	X	24	42400					1	1				1.4	
16	X	24	29700			7			I				1.5	
17	X	24	0		100		12.						1.5	
18	X	24	27700			naue a sales								WEEKEND CHECK
19		24	27700											
20	X	24	27700										1.5	
21	X	24	0										1.5	
22	Х	24	41800					1					1.6	
23	X	24	0										2.2	UNPLUGGED CL2 PUMP - CL2 VERY HIGH
24	X	24	93400			İ			ĺ .		1		1.5	
25	X	24	22233			200					1			WEEKEND CHECK
26		24	22233					1	T			T		
27	X	24	22233					1-	1				0.7	SAMPLE - 2 WELLS, 2 LINES
28	X	24	0		 			1					0.8	
29	X	24	45300										0.4	
30	X	24	30100		1	i	1	1					0.4	
31		24			1		1	1		71-21-0				
10000	De Discognice	SAN ESTABLISH	775898			1	A		-					
		S. A. L. S. S. S.		1										

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DEPForm 62-Substitute/Alternate 555-900(3) Effective August 28, 2003

Maximum/ *Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

DEP Fo... 62-555.900(3)

Effective August 28, 2003

I. General Information for the Month/Yea APRIL 2009					
A. Public Water System (PWS) Information		DIMO Literal	16N N	- Can	3424690
PWS Name: LANDFAIR-MEADOWLAND WTP		PWS Identi			
PWS Type: Community Non-Transient Non-Community		Total Population Serve			580
Number of Service Connections at End of Month: 232		Total Population Serve	ed at Lilu 0	I WOTH.	
PWS Owner: CHARLES DeMENZES		Contact Person's Title:	•		
Contact Person:	City	OCALA		State: FL	Zip Code: 34478
Contact Person's Mailing Address: P.O. BOX 5220 Contact Person's Telephone Number: (352) 622-4949	City.	Contact Person's Fax	Number:	(352) 732-4366	
		Contact i crooms i ax	rambor.	(002) 102 1000	
Contact Person's E-Mail Address: Steve Carroll - 208-4509		-			
B. Water Treatment Plant Information					
Plant Name: LANDFAIR-MEADOWLAND WTP		Plant Telephone Numb	ber:	(352) 622-4949	
Plant Address: NE 78TH ST CR 200A	City:	OCALA		State: FL	Zip Code: 34478
Plant Address. NE 70111 01 01 2007	J.1,			_	
Type of Water Treated by Plant: Raw Ground Water	Purcha	ased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		360000	2		
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		Plant Class	s (per subs	ection 62-699.31	0(4), F.A.C.): <u>C</u>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			not have seeing with some our court of the second	medic representative and improved the property of the control of t	10 10 10 10 10 10 10 10
Licensed Operators Name	Control of the Contro	se Class' 🐠 License			s)/Shift(s) Worked
Lead/Chief Operator, EDWARD URBANEK			560	DAY	
Other Operators: MICHAEL HAMMER			519	WEEKEND	
JOHN W. BRYANT			66	4/6/2009	MECKEND
TIM FISH			177	MEEKEND	WEEKEND
VINCENT BROWN		C 138	891	WEEKEND	
				-	
				-	
Experience of the second of th					
II. Certification by Lead/Chief Operator. I, the undersigned water treatment plant operator licensed in Florida, am the lead/ch	iof oper	ator of the water treatme	ent plant ide	entified in Part Lo	of this report. I certify that the
I, the undersigned water treatment plant operator licensed in Florida, aim the leaduch information provided in this report is true and accurate to the best of my knowledge a	and halis	of I certify that all drinki	ing water tr	eatment chemica	als used at this plant conform to
NSF International Standard 60 or other applicable standards referenced in subsection	20 62 55	5. 1 Certify triat all drifting	certify tha	t the following ad-	ditional operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant du	ring the	month indicated above:	(1) record	s of amounts of c	hemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Fur	thermor	e. Lagree to provide the	ese addition	nal operations rec	ords to the PWS owner so the PV
owner can retain them with copies of this report, at a convenient location for at least	ten vear	s **	oo adams.		
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provi	ded with co	opies of all reports and are respor	nsible for retain	ning them)	
(Our chemis furnish the emotine and have been as used or the property of the particles of of the pa					
Edward Ulalista 5-4-69		EDWARD URBANEK			C-14560
Signature and Date		Printed or Typed Nam	the same of the last of the la		License Number
Oignature and Date		1 Section 19 (19 19 19 19 19 19 19 19 19 19 19 19 19 1			
Substitute Alternate	1445058	1			and the second s

PWS	dentifica	ation Nu	mber:		3424690		Plant Name:		LANDFAIR	R-MEADO	WLAND W	TP	A LANGE OF LICENSES AND STREET STREET, CONSIDER.	_
Means	of Achiev		onth/Year of: og Virus Inacti	vation/Remo		Free Chl	orine	□ Ch	lorine Dioxi	de	☐ Ozon	e	Combine	d Chlorine (Chloramines)
Type o	f Disinfec	tant Resid	desail Made de la co	die Diet ile	41 0 . 1		Free Chlor	ine	-	T Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
	Days Plant Staffed or Visited		TO MAKE THE PROPERTY OF THE PR		CT Calculations, Lowest Residual, Disinfectants Concentration	or UV Dose, t GT C Disinfectant Contact Time (T) at G	Domest CT Provided Before or at First Customer	ur-Log	Virus Inactiv	ation, if Ap	phicable* UV	Dose *** Minimum	Lowest Residual Districtant	Control Dioxide
Day of the Month	Operator (Place "X")	Transfer mil	THISHOO WAGOL	1 Can Tiuw	(C) Before or at First Customer During Peak Flow, mg/L	I Can I low,	I Duille Leavi Iow,	AA GIOL	pH of Water if Applicable	Minimum CT Required mg-min/L	111.44	TITAL	Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System
1 2	X	24	0	U alaki	Control of the last of the	Partie diprin	through the first transfer	P. P. Color	CAMBLE	[J] F (\$\frac{1}{2}\)	E ESTERN		0.6	[1992년 1일 121.일 25] 그런 그렇게 모르셨다는데 그
2	X	24	29600											WEEKEND CHECK
3		24	29600											
5	X	24	29600 26700					-					0.6	
6	X	24	42900								-		0.5	
7"	X	24	30700					-			-		0.7	
8	X	24	0	THE PLANE								FFE T	0.8	
9.	X	24	36900	7.									1	WEEKEND CHECK
-10		24	36900	ALEBER										
11	X	24	36900	and the same of									1.0	
I2	X	24	3500					1.7					0.9	and the second s
13**	X	24	46800										1.0	The state of the s
14	X	24	29900			Date of Add The 1	9-5 TH, -1						1.0	
15	X	24	26300										0.9	
- 16	X	24	21500								1 1/1 (23810)	The second	10 F (10 F (5)	WEEKEND CHECK
17	v	24	21500				-						0.5	
18	X	24	45300			NA WALL							0.5	
20	X	24	26700								-		0.5	
21	X	24	14000		pales			-					0.6	
22	X	24	33000										0,5	
×23 **	X	24	28600											WEEKEND CHECK
- 24		24	28600											
25	X	24	28600		A Carlos Land	100							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										Ji tali ali	<u> </u>
	House Table	Law Server Colle	828662 26731	49 - 44										

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



DEP F

62-555.900(3)

Effective August 28, 2003

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

See page 4 for instructions.

General Information for the Month/Yea MAY 2009				
A. Public Water System (PWS) Information			61	
PWS Name: LANDFAIR-MEADOWLAND WTP		PWS Identification N		3424690
PWS Type: Community Non-Transient Non-Community		Transient Non-Community		444
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:		7: 0-104470
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	70400	Plant Telephone Number:	(352) 622-4949	7:- 0-4-: 24479
Plant Address: NE 78TH ST CR 200A	City:	OCALA	State: FL	Zip Code: 34478
Type of Water Treated by Fiant.	Purcha	ased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		360000)(4), F.A.C.); C
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		Plant Class (per subs	section 62-699.310	0(4), F.A.C.). <u>C</u>
	CONTRACT VALUE	O No. 1	Dov/s	s)/Shift(s) Worked
			IDAY	5)/3(IIII(s): VVOI NEGET
Lead/Chief Operator. EDWARD URBANEK			WEEKENDS	
Other Operators: TIM FISH		B 7477	WEEKENDS	
VINCENT BROWN		C 14184 C 8519		WEEKENDS
MICHAEL HAMMER		0519		VALLIADO
The state of the first state of the state of			1	
			-	
			1	
II. Certification by Lead/Chief Operator	iof oper	eter of the water treatment plant is	lentified in Part I of	this report. I certify that the
I, the undersigned water treatment plant operator licensed in Florida, am the lead/ch information provided in this report is true and accurate to the best of my knowledge a	end bolic	of Looding that all drinking water t	reatment chemical	s used at this plant conform to
NSF International Standard 60 or other applicable standards referenced in subsection	and belle	5 320(3) FAC* Lalen certify the	at the following add	titional operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant du	ring the	month indicated above: (1) record	te of amounts of ch	nemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Full	thormor	a Lagree to provide these addition	nal operations reco	ords to the PWS owner so the PV
rates; and (2) if applicable, appropriate treatment process performance records. Full	ton voor	e, ragree to provide triese addition	nai operations reco	ords to the range owner of the range.
owner can retain them with copies of this report, at a convenient location for at least (*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provi	ided with co	opies of all reports and are responsible for retain	ning them)	
("Our chemis furthern the chlorine and have been advised of the proper type to purchase) ("Our chemis are provi				
Peland 41 Middl 6-2-08		EDWARD URBANEK		C-14560
could be and		Printed or Typed Name		License Number
Signature and Date		Finited of Typed Maine		LICONOC I TUINDOI
Substitute /Alternate	us Silvin			

PWS	Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP													
Means of Achieving Four-Log Virus Inactivation/Removal; * Ultraviolet Radiation		Describe):								d Chlorine (Chloramines)				
Type o		tant Resid	ual Maintaine	d in Distrib	ution System:		Free Chlor	ine		T Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide
	Days	9-1-4-5		34.50 AL	NAME OF THE OWNER.	GT.C	o Demonstrate Fo alculations	1000 F 400	A CHARLEST AND THE	roeller at the	MILE	Dose 2	A A SA	
Day of the Month	Plant Staffed or Visited by Operator (Place "X")	Hours Plant in	Net Quantity of Finished Water	Peak Flow	First Customer During Peak Flow,	Contact Time (1) at C Measurement Point During Peak Flow	Lowest CT Provided Before or at First Customer During Peak Flow	of Water	pH of — Water, if	CT	UV Dose,	Minimum UV Dose Required,	at Remote a Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or a
1	X	24	25433	Salary Span	THE PARTY OF THE P	THE REPORT OF THE PARTY OF THE	The same and time Days	1	подражного под	The state of	Jacobana	2,544,6112	0.5	A DESTRUCTION OF THE PROPERTY
2	Х	24	2200	Tariot since									0.6	
3 %	X	24	43900										0.6	
4	X	24	4300		-	100		1.20					0.7	
5	X	24	29100										0.7	
∞ 6%	X	24	36900											WEEKEND CHECK
7.		24	36900											The second secon
8 *	X	24	36900										0.9	
.9	X	24	0	<u> </u>									0.8	
10 3	X	24	28137					-			-	_	0.7	
11	X	24	28137 28137								-		0.8	
13	X	24	3766					-			-		0.8	WEEKEND CHECK
14		24	3766											WEEKEND CHECK
15	Х	24	3766								1		0.8	
16	X	24	3933		a track in Y-C'						15	(50.0	0.7	
-17	X	24	3933	erand no	- 1512 m	E constant	To The			7 11 15			0.8	
18 -	Х	24	3933		A	Little C. A. Sanda							0.7	
19 =	X	24	3800										0.8	
20-	X	24	0											WEEKEND CHECK
21		24	0						14.5					
22	X	24	0								115		0.8	
23	X	24	142300										0.6	
24	X	24	37300										0.6	
25	X	24	700			Minhania.							0.9	
26	Х	24	29800								-		0.7	
27	X	24	29900											WEEKEND CHECK
28		24	29900								-		0.5	A LONG AND
29	X	24	29900								-		0.7	SAMPLE - 2 WELLS, 2 LINES
30	X	24	0								-		0.7	
31		24	626741	n, 1100							1			
		called Salara.												

142300

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

DEP n 62-555.900(3)

Effective August 28, 2003

General Information for the Month/Yea JUNE 2009	-				
A. Public Water System (PWS) Information PWS Name: LANDFAIR-MEADOWLAND WTP		PWS Identification No	imher:	3424690	
PWS Type: Community Non-Transient Non-Commun	nity	Transient Non-Community		0121000	
Number of Service Connections at End of Month: 232	iity	Total Population Served at End of		580	
PWS Owner: CHARLES DeMENZES		Total Topalation Control at End C			
Contact Person:	-	Contact Person's Title:			
Contact Person's Mailing Address: P.O. BOX 5220	City	OCALA	State: FL	Zip Code:	34478
	- City.	Contact Person's Fax Number:	(352) 732-4366	Zip Oode.	04470
	-	Contact Person's Pax Number.	(332) 732-4300		
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
Plant Address. NE 70TH ST CR 200A	_ Oity.	OGALA		Zip Oode.	04470
Type of Water Treated by Plant:	F. Purcha	ased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	, rarone	360000			
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		Plant Class (per subs	ection 62-699 310/	(4) FAC)	С
Flant Category (per subsection 02-039.5 to(4), 1 .A.C.).		- Trant Olass (per subs	000.011 02 000.010	(4), 1 .7 0. /.	
Licensed Operators Name	Licens	e Class License Number	Dav(s)	/Shift(s) Worked	AND AND AN
Lead/Chief Operator: EDWARD URBANEK		C 1 14560	IDAY		
Other Operators: MICHAEL HAMMER		C 8519	WEEKEND		
TIM FISH		B 7477	WEEKEND		
VINCENT BROWN	1	C 13891		WEEKEND	
VIIVOLINI BINOVIV		10001	<u> </u>	71667	
			 		
			 		
II. Certification by Lead/Chief Operator	/-h:-f	tor of the woter treatment plant id	antified in Doct Laft	this report I cort	if that the
I, the undersigned water treatment plant operator licensed in Florida, am the lead/	cnier opera	tor or the water treatment plant los	entined in Part I of t	this report. I cert	it conform to
information provided in this report is true and accurate to the best of my knowledg	e and belle	T. I certify that all drinking water to	eatment chemicals	used at tills plat	it comonn to
NSF International Standard 60 or other applicable standards referenced in subsection	ction 62-55	5.320(3), F.A.C. Talso certify tha	t the following addit	tional operations	records for the
plant were prepared each day that a licensed operator staffed or visited this plant	during the	month indicated above: (1) record	s of amounts of che	emicals used and	cnemical ree
rates; and (2) if applicable, appropriate treatment process performance records. F	Furthermore	e, I agree to provide these addition	nal operations recoi	rds to the PVVS o	wner so the P
owner can retain them with copies of this report, at a convenient location for at lea	ast ten year	S.**	1. 1. 1. 1. 1. 1. 1.		
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pr	rovided with co	pies of all reports and are responsible for retain	ung them)		
Elund What 7-7-09		EDWARD URBANEK		C-14	
Signature and Date		Printed or Typed Name		License Nu	mber
Subst 'e/Alternate					

PWS I	dentific	ation Nur	nber:		3424690		Plant Name:		LANDFAIR	R-MEADO	WLAND W	TP		_
Means	of Achiev		onth/Year of: .og Virus Inacti			Free Chl	orine	T Ch	lorine Dioxi	de	Con	3	Combine	d Chlorine (Chloramines)
Typa	Dicinfor	tant Dasid	dual Maintaine	d in Dietrib	ution Systams		Free Chlor	ine		T. Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
	Days Plant Staffed or Visited				CT Calculations Lowest Residual Disinfectanct Concentration	Or UV Dose; t CT C Disinfectant Contact Time (T) at C	Demonstrate Fo alculations Lowest CT Provided Before or	ur-Log	Virus Inactiv	ation, if Ap	plicable* UV	Dose	Lowest Residual Disinfectant Concentration	The state of the s
Day of the Month	by, Operator (Place "X")	Plant in	Finished Water	Peak Flow	(C) Before or at First Gustomer - During Peak Flow, 	Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-min/L	Water	hu or	Required	mW-	Required, mW- sec/cm2	at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System
16	X	24	63700	EU/EU/	7 DESCRIPTION	west to East	de annibera	Brot."		0 1 1 5 A	TOTAL SELECTION OF THE		0.8	
2	X	24	11400		1								0.7	
.3	X	24	0										0.8	
4	X	24	31300											WEEKEND CHECK
- 5		24	31300					-					0.7	
6	X	24	31300 41000					-			-		0.7	
7.	X	24	38800					-	11111			-	0.9	
9		24	0	TIME REF	1.7.2.7				-		-	200	0.9	2.7.3.403.44
10	X	24	0					-				 	0.8	
11	X	24	19675						7 - 7 7 - 1				0.7	WEEKEND CHECK
12	5-6	24	19675											
:13	X	24	19675					T			attach a majar at de-		0.9	to the third at a supplying the second
14	X	24	19675										0.8	
15 #	X	24	47700										1.0	
16	X	24	0										0.9	
17	X	24	62900	1		131000 26							0.9	
18	X	24	42466		1.50	STREET PARTIES								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	TALENEN CHECK
25	X	24	91000											WEEKEND CHECK
26	X	24	91000									-	0.7	
28	X	24	52200					2 100			-		0.7	
29	X	24	53100		 			-	-			-	0.4	
30	X	24	33876	51.7			1				 		0.7	SAMPLE 2 WELLS, 2 LINES
31	X	24	33876		10.						1			
						TOTAL FACE								

33876

91000

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

Average Average

Maximum

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

General Information for the Month/Y Public Water System (PWS PWS Name:) Information LANDFAIR-MEADOWLAND WTP			PWS Identification N	umber:	3424690	
PWS Type: Community Number of Service Connections at End PWS Owner: CHARLES DeM	of Month: 232	ty		sient Non-Community oulation Served at End	Consecutive of Month:	580	
Contact Person:				Person's Title:	<u></u>		
Contact Person's Mailing Address:	P.O. BOX 5220	City:	OCALA		State: FL	Zip Code: 3447	88
Contact Person's Telephone Number:	(352) 622-4949		Contact F	Person's Fax Number:	(352) 732-4366		
Contact Person's E-Mail Address:	Steve Carroll - 208-4509		-				
B. Water Treatment Plant Info	rmation						
Plant Name: LANDFAIR-ME	ADOWLAND WTP		Plant Tele	ephone Number:	(352) 622-4949		
Plant Address: NE 78TH ST CF	R 200A	City:	OCALA		State: FL	Zip Code: 3447	8
Type of Water Treated by Plant: Permitted Maximum Day Operating Ca		T Purcha	ased Finish 360000	ned Water			
Plant Category (per subsection 62-699				Plant Class (per subs	section 62-699.310	(4), F.A.C.): <u>C</u>	
licensed Operators	Name	Licens	e Class	License Number	Dav(s)/Shift(s) Worked	
Lead/Chief Operator * EDWARD URB			C	14560	IDAY	7/25/10/25/25/25/25/25/25/25/25/25/25/25/25/25/	Ingestern Secretar
Other Operators: TIM FISH	AILL		В	7477	WEEKENDS		
VINCENT BRO	WN	and the second second	C	14184	WEEKENDS		
MICHAEL HAM		THE RESERVE OF THE PERSON NAMED IN COLUMN 1	C	8519		WEEKENDS	
					-		
 Certification by Lead/Chief Operato 							
, the undersigned water treatment plan	nt operator licensed in Florida, am the lead/o	chief opera	tor of the v	water treatment plant id	lentified in Part I of	this report. I certify tha	it the
nformation provided in this report is tru	e and accurate to the best of my knowledge	e and belie	f. I certify	that all drinking water t	reatment chemicals	s used at this plant cont	form to
NSF International Standard 60 or other	applicable standards referenced in subsec	tion 62-55	5.320(3), F	A.C.* I also certify that	at the following add	itional operations record	ds for this
plant were prepared each day that a lic	ensed operator staffed or visited this plant of	during the	month indi	cated above: (1) record	is of amounts of ch	emicals used and chen	nical feed
rates; and (2) if applicable, appropriate	treatment process performance records. F	urthermore	e, I agree t	o provide these addition	nal operations reco	ords to the PWS owner	so the Pl
owner can retain them with copies of the	is report, at a convenient location for at least	st ten year	s.**				
*Our clients furnish the chlorine and have been advi	sed of the proper type to purchase) (**Our clients are pro	ovided with co	pies of all repo	rts and are responsible for retai	ning them)		
Oin-Au-				URBANEK		C-14560	
Signature and Date			Printed or	Typed Name		License Number	
Substitute/Alternate		-0:33%.)				NO.	·)
DEP I . 62-555.900(3)		Page	4 ()			**************************************	

PWS	Identific	cation Nun	nber:		3424690		Plant Name:		LANDFAI	R-MEADO	WLAND W	/TP		-
III. D	aily Data	for the Mo	onth/Year of:		AUGUST 2009									-
Means	of Achie	ving Four-L	og Virus Inacti	ivation/Remo	AUGUST 2009 oval: *	Free Ch	lorine	Ch Ch	lorine Dioxi	de	C Ozon	e	Combine	ed Chlorine (Chloramines)
L	ltraviolet	Radiation		Other (Describe):				Cin	alabet in				
Type	of Disinfe	ctant Resid	lual Maintaine	ed in Distrib	oution System:		Free Chlor	ine		Comb	ined Chori	ne (Chlora	mines)	Clorine Dioxide
1 01/25/07				Comment of the	CT Calculations	, or UV Dose,	to Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*			To Contine Dioxide
	Days			Contract of the Contract of th	Callery Foliation	CI.C	alculations	Appended to	Children John F	Transfer Street	··· UV	Dose		
	Plant				Lowest Residual	Disinfectant							Residual	
Santa in	Staffed o	I .			Disinfectanct	Contact Time	Lowest CT Provided Before or	被禁止	(C) 1 2 1	indicates and 7		$f(\cdot)$	Disinfectant	Approximation of the contract
	by				Concentration (C) Before or at	(1) at C	Provided Before or	Terno		Minimum	Lowest	UV Dose	Concentration at Remote	
Day of	Operator		Net Quantity of		First Customer	Point During	at First Customer	of	oH of	CT .	UV Dose	Required	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow,	During Peak Flow,	Water	Water, if	Required	mW-	mW*	Distribution	
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/E/L	minutes	mg-min/L		Applicable		sec/cm2	sec/cm2	System, mg/:L	Components Out of Operation
1 1 1	X	24	21800	Lake Press		Section Plants	The state of the state of			Distant Alix	ent Fastilians	1000	And the Ambail	WEEKEND CHECK
2	2 2 2 2 2 2 2	24	21800	12 17 19 19										
313	77	24	21800											
5	X	24	0		The second secon								0.2	
6	X	24	38000					-					1.4	
7.34	X	24	0					-					1.2	
8	X	24	0					-					1.1	MEDICAL STREET
9	A	24	0	The same		-				and the same of the same				WEEKEND CHECK
10	X	24	0	ra Fra									1.2	
11	X	24	0										2.0	
120	X	24	43700	45 7	HE.							Heren	1.9	
13	X	24	39300							U.S. 45 . 5		C.Weit Leville	1.8	
3.14·	X	24	0										1.8	
15	X	24	12800											WEEKEND CHECK
16		24	12800	1,0 (5,0 n s	BATTLE V. A. C.	<u> </u>						C. Leaves		
17	X	24	12800 37000	54	하고 네 페르크	1941 BAS				0.692			1.8	SAMPLE - 2 WELLS, 2 LINES
. 19	X	24	12800								V-3.55		1.6	
20	X	24	0										1.4	
21:	X	24	42000								-		1.4	
22:	X	24	42000	9 (6	CONTRACTOR OF	-3				47 - 47			1.3	WEEKEND CHECK
23		24	0	(S'), (TLOU										WELKEND CHECK
24	X	24	0										1.2	
25	X	24	57000										1.4	
26	X	24	0						0.00		311 831 GM		1.2	E was a second and
~27	X	24	80000		11.4.7.1.1.1.1								1.0	
1 28	X	24	0										1.1	
. 29	X	24	43000		h		J							WEEKEND CHECK
30*	77	24	47000		V 1 2									
1-31.	X	24	47000										1.2	
A SHAREST PARTY OF THE PARTY OF		nemaka dipak Malaksa dara	632600 20406											
			80000											

Substitute/Alternate DEPForm 62-555-900(3) Effective August 28, 2003

SEE SA

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

i. General Information for the Month/Yea AUGUST 2009					
A. Public Water System (PWS) Information		DIA/O IdantiGantian N	omerus -	2424600	
PWS Name: LANDFAIR-MEADOWLAND WTP	h.	PWS Identification N Transient Non-Community	Consecutive	3424690	-
PWS Type: Community Non-Transient Non-Communit	.y	Total Population Served at End		580	
Number of Service Connections at End of Month: 232 PWS Owner: CHARLES DeMENZES		Total Population Served at End	of Month.	300	
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	Oity.	Contact Person's Fax Number:	(352) 732-4366	Zip oodo.	01110
Contact Person's E-Mail Address: Steve Carroll - 208-4509		Contact Forcers Fax Hamber.	(002) 102 4000		•
Officact Ferson's E-Mail Address.		-			
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
Tight Floaties.	Oity.				
Type of Water Treated by Plant: Raw Ground Water	Purcha	ased 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 sub-	section 62-699.310(4), F.A.C.):	C
Licensed Operators Name	Licens	se Class 🥟 License Number	Day(s)/S	Shift(s) Worker	Property 1825
Lead/Chief Operator AMANDA HULON		C 15214	DAY		
Other Operators. JOHN W. BRYANT		C 7566	8/11,12,13/2009		
OLIVER SHOCKLEY	the state of the s	C 13924	8/19 THRU 8/31/20		
VINCENT BROWN		C 14184		EEKENDS	
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/o	chief opera	ator of the water treatment plant ic	lentified in Part I of th	is report. I cer	tify that the
information provided in this report is true and accurate to the best of my knowledge	and belie	ef. I certify that all drinking water t	reatment chemicals u	used at this plan	nt conform to
NSF International Standard 60 or other applicable standards referenced in subsec	tion 62-55	5.320(3), F.A.C.* I also certify the	at the following addition	onal operations	records for this
plant were prepared each day that a licensed operator staffed or visited this plant of	during the	month indicated above: (1) record	is of amounts of cher	nicals used an	d chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. F	urthermore	e, I agree to provide these additio	nal operations record	is to the PWS	owner so the PV
owner can retain them with copies of this report, at a convenient location for at least	st ten year	'S.**			
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pro	wided with co	pies of all reports and are responsible for retain	ning them)		
Wild O					
XXH2 V - 9-4-09		AMANDA HULON			5214
Signature and Date		Printed or Typed Name		License Nu	ımber
Substitute: Alternate	17%	3			-
DEP Fc2-555.900(3)	44000)			20 versely
Effective August 28, 2003	Page	1			100
Lifective August 20, 2000		and the second second			

PWS	dentifica	ation Nun	nber:		3424690		Plant Name:		LANDFAII	R-MEADO	WLAND W	/TP	···	
Means	of Achiev	ing Four-L	onth/Year of: og Virus Inactiv	vation/Remo	SEPTEMBER 20			Ch Ch	lorine Dioxi	de	☐ Ozon	3	Combine	d Chlorine (Chloramines)
Type	f Disinfec	tant Resid	nal Maintaine	d in Dietrib	ution Systams		Free Chlor	ine		T Comb	ined Chori	ne (Chlorar	nines)	Clorine Dioxide
# 15 m	14.00	description	Section of the Co	CONTRACTOR	CT Calculations	or UV Dose t	Demonstrate Fo	ur-Log	Virus Inactiv	ation, if Ap	plicable*	TO SEE WAR		Clothe Dioxide
	Denve			10.00	Tagenera ses su	A PICT C	alculations		absorpes	www	UV	Dose 👫		A CONTRACTOR OF THE STATE OF TH
	Plant				Isowest Residual	Disinfectant		1000		41.792	35		Residual	
	Staffed or				Disinfectanct	Contact Time		- n					Disinfectant	
1002	Visited	2120			Concentration	(T) at C	Lowest CT,	Tell'95			Lowest	Minimum	Concentration	
	by 🚉	SAME.			(C) Before or at	Measurement	Provided Before or	Temp		. Minimum	Operating	UV. Dose	at Remote	the state of the s
The control of the second	Operator	11VIII J	Tier Cumming of	SETTLE CONTRACTOR STREET, STRE	LAST HOL CHOCOLLICE	ELECTION DUMBER	Tar I Har Charonier	I STATE OF LANDS	PLLO	PRODUCTION OF THE RESERVE AND	0 7 10000	accumicu,	1 Onte III	Emergency or Abnormal Operating Conditions, Repair or
the Month	(Place "X")	Operation	Finished Water	Peak Flow	During Peak Flow,	Peak Flow,	During Peak Flow,	Water	Water if Applicable	Required	mW-		Distribution System, mg/L	Maintenance Work that Involves Taking Water System Components Out of Operation
1/101111	X	24	0	Kate, gpu	myL . Se	22 minutes 13	researing-innivity	- OC	Applicable	Hig-Hilly L	SECICITIZ*	secrenz _*	1.2	Components Out of Operation
-2	X	24	0	ET PAYER	COMPLET SCHOOL	P4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 11 11 11 11		\$ 17 ST 11 T	1000			1.0	PRESENTED TO THE PROPERTY OF THE STREET, T
3	X	24	58200	en ben grad									1.3	
4 **	X	24	0									-	1.2	
5	X	24	0	y see a distribution of the second										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	S. A. M. M. C.
11	X	24	0 0 0 0	APROLL.									1.2	
12 - 13	X	24	27333 27333											WEEKEND CHECK
14	X	24	27333					-					1.0	
15	X	24	62100									100 LV	1.1	
16	X	24	0										2.2	
17	X	24	41300		ALC: YELD					1-	my open	Litter on	1.5	SAMPLE - 2 WELLS, 2 LINES
18	X	24	40900			liskous bez	S. A.						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 33433								-	 	1.1	WEBVEN DOVIEGE
26	X	24	33433										-	WEEKEND CHECK
28	X	24	33433					-		1,000			1.0	
29	X	24	41900					-	-			 	0.9	
30	X	24	42100										0.9	
31		24	12100	68 12 11									1	
126 100 100 100 100 100 100	in to the	erateriz:	799997										-	
	COLUMN TWO IS NOT THE OWNER.	Photos C	26667											
Maximu	m,	SHAME	62100											

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Page 2

stakki)

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

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General Information for the Month Yea SEPTEMBER 2009				
A. Public Water System (PWS) Information		Essaello de la la		
PWS Name: LANDFAIR-MEADOWLAND WTP		PWS Identification Nu		3424690
PWS Type:		Transient Non-Community		500
Number of Service Connections at End of Month: 232		Total Population Served at End o	r Month:	580
PWS Owner: CHARLES DeMENZES		Contact Borgon's Title:		
Contact Person:	City	Contact Person's Title: OCALA	State: FL	Zip Code: 34478
Contact Person's Mailing Address: P.O. BOX 5220	City.	Contact Person's Fax Number:	(352) 732-4366	Zip Code. <u>04470</u>
Contact Person's Telephone Number: (352) 622-4949 Contact Person's E-Mail Address: Steve Carroll - 208-4509		Contact i erson's i ax ivambor.	(002) 102 4000	
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
NE FORM OF CITY OF CIT			-	
Type of Water Treated by Plant: Raw Ground Water	Purcha	ased 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 subs	ection 62-699.310	0(4), F.A.C.): <u>C</u>
				also com meneral contrata especial contrata de la contrata del contrata de la contrata del contrata de la contrata del la contrata de la contrata de la contrata de la contrata de la contrata de la contrata del l
Licensed Operators Name	Licens			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	INCENTAL D
VINCENT BROWN		C 14184		WEEKEND
MICHAEL HAMMER		C 8519	WEEKEND	
			 	
			-	
II. Certification by Lead/Chief Operators I, the undersigned water treatment plant operator licensed in Florida, am the lead/ch	nief oper	ator of the water treatment plant ide	entified in Part Lof	this report. I certify that the
I, the undersigned water treatment plant operator licensed in Florida, and the lead/cr information provided in this report is true and accurate to the best of my knowledge	and helic	ator of the water treatment plant to	eatment chemical	s used at this plant conform to
NSF International Standard 60 or other applicable standards referenced in subsecti	on 62-55	55. 320(3) F.A.C. * Lalso certify that	t the following add	litional operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant do	uring the	month indicated above: (1) record	s of amounts of ch	nemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. Fu	irthermor	e Lagree to provide these addition	al operations reco	ords to the PWS owner so the PV
owner can retain them with copies of this report, at a convenient location for at least	ten vear	rs **		
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are prov	ided with co	opies of all reports and are responsible for retain	ning them)	
(Our circuits turnish the enterine and increase as a series of the property o				
Elul alha 10-2-09		EDWARD URBANEK		C-14560
Signature and Date		Printed or Typed Name		License Number
Signature and Date	1954	11 to 10 to		
Substit Alternate	50-56-53	f		Albertia,

PWS	[dentific:	ation Nu	mber:		3424690		Plant Name:		LANDFAIR-MEADOWLAND WTP					
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation. Ultraviolet Radiation				vation/Remo	OCTOBER 2009 oval: * Describe):	Free Chl	orine	nlorine Dioxi	orine Dioxide \(\Gamma\) Ozone			Combine	d Chlorine (Chloramines)	
			dual Maintaine	ed in Distrib	ution System:		Free Chlor	ine		T Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
	Days 1			The property of the same	CT Calculations	Disinfectant	o Demonstrate Fo	ur-Log	to the second	ration, if Ap	plicable*	483699-S	And Carlotte	
	Staffed or Visited by Operator (Place "X")		Net Quantity of Finished Water	Peak Flow	First Customer During Peak Flow,	Contact Time (T) at C Measurement Point During	Lowest CT	Temp of Water	pH of Water, if	CT: " Required	mW-	UV Dose Required, mW-	Disinfectant Concentration at Remote Point in Distribution System, mg/.L	Emergency or Abnormal Operating Conditions, Repair or, Maintenance Work that Involves Taking Water System
3821,44	X	24	0		Para traduction pro	Cappin III	BOLL BALL WEG TO	3 [[C]]	d 1955,1419.	C 10 V	Maria	2.5.7.1998	1.0	31 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	X	24	33500	Example 10							-		0.9	
- 3	X	24	32400								-			WEEKEND CHECK
4	V	24	32400					-			-	4114	0.0	
5	X	24	32400 37500										0.8	
7	X	24	41200					-	-			-	0.7	
8	X	24	0					-	-		-	55	0.7	
9 9	X	24	77200					1					0.8	
10	X	24	54800					1	1					WEEKEND CHECK
11		24	54800				1 - 12 / 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10							
12	X	24	54800	Control (T. T.)	Bartal C								0.9	Section 1
13%	X	24	42900										0.9	
14	Х	24	34600						(19) (20)	Direction		tati :	0.8	
-15.3	X	24	33800										0.8	
16	X	24	6800								10.00	24 1	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	
22,1	X	24	25000										1.0	
23	X	24	35800 33766				<u> </u>				-	 	1.1	WEEKEND CHECK
24 25	1 1	24	33766					-	-		 		<u> </u>	WEEKEND CHECK
26	X	24	33766				 	-			-	-	1.1	SAMPLE - 2 WELLS, 2 LINES
27	X	24	19400									1	1.3	January Designation of the Control o
28	X	24	45900					1	 		-	<u> </u>	1.2	
29	X	24	35500					1					1.0	
30	X	24	7200		1		 		1			i -	1.2	
e 31	X	24	33383											WEEKEND CHECK
		15.04	1034881							4.5				
Average	tel alter		33383 77200											

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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

A. Public Water System (PWS) Information PWS Name: PWS Type: Number of Service Connections at End of Month: Contact Person: Contact Person's Telephone Number: Contact Person's E-Mail Address: Contac		PWS Identification N Transient Non-Community Total Population Served at End Contact Person's Title: OCALA Contact Person's Fax Number:	Consecutive	3424690 580 Zip Code: <u>34478</u>
B. Water Treatment Plant Information Plant Name: LANDFAIR-MEADOWLAND WTP Plant Address: NE 78TH ST CR 200A	City:	Plant Telephone Number: OCALA	(352) 622-4949 State: FL	Zip Code: <u>34478</u>
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	F: Purcha	ased Finished Water 360000 Plant Class (per subs	section 62-699.310	0(4), F.A.C.): <u>C</u>
Licensed Operators Name Name Lead/Chief Operator: EDWARD URBANEK	displayed a medical minimum or many and a second	C 14560	DAY	s)/Shift(s).Worked
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 information provided in this report is true and accurate to the best of my know NSF International Standard 60 or other applicable standards referenced in suplant were prepared each day that a licensed operator staffed or visited this prates; and (2) if applicable, appropriate treatment process performance record owner can retain them with copies of this report, at a convenient location for a (*Our clients furnish the chlorine and have been advised of the proper type to purchase) **Cour clients*	vledge and belie ubsection 62-55 plant during the ds. Furthermore at least ten year are provided with co	et. I certify that all drinking water to 5.320(3), F.A.C.* I also certify the month indicated above: (1) record e, I agree to provide these additions.**	reatment chemical at the following add ds of amounts of ch nal operations reco	ditional operations records for this nemicals used and chemical feed

PWS I	dentifica	tion Nu	mber:		3424690		Plant Name:		LANDFAIR	R-MEADOV	WLAND W	TP		
II. Da	ily Data f	or the Mo	onth/Year of:		DECEMBER 20									
				vation/Remo	val: *	Free Chl	orine	□ Ch	lorine Dioxi	de	Ozone	;	[Combined	d Chlorine (Chloramines)
	traviolet R				Describe):									
Гуре о	f Disinfec	tant Resid	dual Maintaine	d in Distrib	ution System:		Free Chlori	ine		T Comb	ined Chorin	ne (Chloran	nines)	Clorine Dioxide
A Post will	The Combine	5464-56	C43 - 12 -	《包括证据集》 (6	CT Calculations	or UV Dose t	o Demonstrate For	ur-Log V	Virus Inactiv	ation, if Ap	plicable*	15 per 20 miles	海狗 第1445日	TO THE SECOND PROPERTY OF THE SECOND
	nan-	Mark Therry	1000 00	Take Secure	Mark Alleration	CTC	alculations	Park Tollar	HARMATTA DI PAR	Here Sales III	UV	Dose	Lowest	
	Days Plant			hallow work in	Lowest Residual	Disinfectant		24 × 30	huhija kas	with the	354	Shell Care	Residual	A CONTRACTOR OF THE CONTRACTOR AND A CON
	Staffed or				Disinfectanct	Contact Time			144111	ma Rech			Disinfectant	Company A Voldenski (best a station of a sta
	Visited	1480			Concentration	(T) at C	Lowest CT			and the file	Lowest	Minimum	Concentration	
	by		Victoria de maioria		(C) Before or at	Measurement	Provided Before or	Temp		Minimum	Accept	UV Dose	at Remote	
Day of	Operator	Hours	Net Quantity of		First Customer		at First Customer			CT.		Required,	Point in	Emergency or Abnormal Operating Conditions, Repair or _
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow,	During Peak Flow,	Water	Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation				minutes **	mg-min/L	€оС	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	Components Out of Operation
1	X	24	33100	i Salidaya b	Hale Oping's, Project	Webself Down	NE TO SERVICE SERVICE	152					1.0	A STATE OF THE PARTY OF THE PAR
2.09	X	24	42300										1.3	
3	X	24	0						and the state of the same of the same of				1.2	
4	X	24	36500										1.3	
5	X	24	24900											WEEKEND CHECK
6	11-75 16	24	24900					1 3						
7	X	24	24900										1.1	
8	X	24	45000										1.2	Annual Committee of the
9	X	24	39700	16-16-16									1.3	
10	Х	24	35800		A JUNE 1							A	1.1	AND CALL
11	X	24	0									13844	1.0	
12	X	24	29433									451	LANE	WEEKEND CHECK
13	- 42	24	29433				Construction Construction					DISCORP.	Little	
14	X	24	29433						194	1.0	Maria Labora		1.2	
- 15	X	24	44700										1.3	
16	X	24	0	0.78 62-69	16 16 E 7								1.1	SAMPLE - 2 WELLS, 2 LINES
. 17	X	24	44300	the age of the	SE SE OF BEEN	to build a	L. Carlotte				-		1.2	
18	X	24	37500	2014/11	1000						-		1.1	
19	X	24	26166							H FEET	0.00			WEEKEND CHECK
20	1115	24	26166				-							
21	X	24	26166										1.2	
22	X	24	43900	ME CONTRA	The state of the state of						-		1.5	THE STATE OF THE STATE S
23	X	24	39400										1.3	
24	X	24	36100				-				-		16	
25	X	24	29725	all the second	16						-		1.4	Lumpy m cumcy
26	X	24	29725	100000							-			WEEKEND CHECK
27	F.ADL/090	24	29725								1			
28	X	24	29725		===	La La V		-		11.07	-		1.5	
29	X	24	0		-			-		100			1.8	
30	Y	24	46200		Marting of the state of		1	1			1	1	0.9	

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8888

Total Average

24

31

34100

918997

29645 46200

^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

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I. General Information A. Public Wa	on for the Month/Yea DECEMBER 2009 ater System (PWS) Information				
PWS Name:	LANDFAIR-MEADOWLAND WTP		PWS Identification N	lumber:	3424690
PWS Type:	Community F Non-Transient Non-Commun	ity	Transient Non-Community	Consecutive	3424090
	onnections at End of Month: 232	ity	Total Population Served at End		580
PWS Owner:	CHARLES DeMENZES		Total Population Served at End	of Month.	580
Contact Person:	CHARLES DEMENZES		Contact Bernale Title		
	The A 11		Contact Person's Title:		
Contact Person's Ma		City:	OCALA	State: FL	Zip Code: 34478
Contact Person's Tel			Contact Person's Fax Number:	(352) 732-4366	- , , , , , , , , , , , , , , , , , , ,
Contact Person's E-M	Mail Address: Steve Carroll - 208-4509				
	eatment 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 Treate	ed by Plant: Raw Ground Water	☐ Purcha	ased Finished Water		
Permitted Maximum I	Day Operating Capacity of Plant, gallons per day:		360000		
Plant Category (per s	subsection 62-699.310(4), F.A.C.): 5		Plant Class (per sub	section 62-699 310)(4), F.A.C.); C
3 , (1					(1), 1 3 6.0.).
Licensed Operators	Name ***	Licens	e Class License Number	Day(s	s)/Shift(s) Worked
	EDWARD URBANEK		C 14560	DAY	
Other Operators:	VINCENT BROWN		C 14184	WEEKEND	
	MICHAEL HAMMER		C 8519	WEEKEND	
	TIM FISH		B 7477		WEEKEND
					VVEENEND
				-	
 Certification by Le 					
I, the undersigned wa	ater treatment plant operator licensed in Florida, am the lead/	chief opera	tor of the water treatment plant id	lentified in Part I of	this report. I certify that the
information provided	in this report is true and accurate to the best of my knowledg	e and belie	f. I certify that all drinking water t	reatment chemicals	s used at this plant conform to
NSF International Sta	andard 60 or other applicable standards referenced in subsec	ction 62-558	5.320(3), F.A.C.* I also certify the	at the following addi	itional operations records for this
plant were prepared	each day that a licensed operator staffed or visited this plant	durina the i	month indicated above: (1) record	is of amounts of ch	emicals used and chemical feed
rates: and (2) if applic	cable, appropriate treatment process performance records. F	Luthermore	Lagree to provide these addition	nal operations reco	ords to the PIMS owner so the PI
owner can retain ther	m with copies of this report, at a convenient location for at lea	et ten vear	**	nai operations reco	ids to the i vvo cwiler so the i v
	rine and have been advised of the proper type to purchase) (**Our clients are proper type)			ning the	
Our chemis runnish the emo	while and have been advised of the proper type to purchase) (Our chems are pro	ovided with cop	ores of all reports and are responsible for retain	ning mem)	
Lil	and 4hhal 1-7-10		EDWARD URBANEK		C-14560
Signature	and Date		Printed or Typed Name		License Number
			18 to many dates		
Subr e/Alternate					a sac A
DEP .m 62-555.	900(3)				***************************************

PWS !	dentifica	ation Nur	nber:		3424690		Plant Name:		LANDFAIR	R-MEADOV	WLAND W	TP		
III. D	ilv Data f	for the Mo	onth/Year of:		NOVEMBER 20	09								
			og Virus Inactiv			Free Chl	orine	┌ Ch	lorine Dioxi	de	T Ozone		Combine	d Chlorine (Chloramines)
	traviolet R			Cother (I										
			lual Maintaine	d in Distrib	ution System:		Free Chlori	ne		[Comb	ined Chorir	ne (Chloran	nines)	Clorine Dioxide
LIST W	Live D+Ext	Sand Develop	沙尼斯基金科	Jan daga	CT Calculations,		Demonstrate For						Braken.	
1,170,12	Days			Distantives	在1000000000000000000000000000000000000	LANGE CT C	alculations	ast have	Joseph September		UV	Dose A	Lowest	
	Plant		SAME OF	M665-1696	Lowest Residual	Disinfectant	45/45/67/61/44/4/5	35 K 1974	el, Maleri		1000	105000	Residual	
	Staffed or	De les A			Disinfectanct (4)	Contact Time					Eleve:	177	Disinfectant	
	Visited	SHILL MILL		3.014	Concentration	(T) at C	Lowest CT		MARKET STREET	and a	Lowest	Minimum	Concentration	The same of the sa
A CHARLES	by		Tree at	est 1981 Parket	(C) Before or at		Provided Before or	Temp		Minimum	Operating	U.V.Dose	at Remote	
Day of		THE RESERVE OF THE PARTY OF THE	Net Quantity of		First Customer	Point During	at First Customer	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,		During Peak Flow,	Water	Water, if	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/L	minutes *	mg-min/L = 3	OC -	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	Components Out of Operation
2	X	24	36733	1000			J 3 3 5 50						1.0	
3	X	24	0					-			-		1.0	
4	X	24	47100								-		1.2	
5	X	24	0										1.2	
6	X	24	39000						A				1.1	
7	X	24	39800			Contract of the Contract of th								WEEKEND CHECK
8	- 50	24	39800											
9	X	24	39800										1.3	
10	X	24	0										1.2	A Company of All Comp
11 =	X	24	43600								91	19	1.3	MI CONTRACTOR OF THE CONTRACTO
12	X	24	34100										1.2	ATO
13	X	24	39200				(A) the late of the control of the c			Property of the second	The second second	realize the first or a second	1.1	
14	X	24	26133	type of agend rote of	4	the second secon	Special Spinor of the Control of the							WEEKEND CHECK
15		24	26133											N. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1
16	X	24	26133										1.0	
17	X	24	0			1				. 9	2011		1.1	
18	X	24	50400	34 2 0 1		1 - C. M. S. C. S. M. C.	1011				-		1.0	
19	X	24	62600		A 3111	9.19			U.C5.240s				1.1	
20	X	24	62600 29233										1.0	WEEKEND CHECK
21	^	24	29233								-			WEEKEND CIECK
23	X	24	29233		POPPE PERSONAL						 		1.0	
24	X	24	0										1.1	SAMPLE - 2 WELLS, 2 LINES
25	X	24	55000										0.9	
* 26.	X	24	21600		7500	1 1 1 1 1 1 1 1 1							1.0	
27	Х	24	40800	6 - A	1 2 2 2 2 2 2 2 2	8-43							1.1-	
28	X	24	27566	14						7-57				WEEKEND CHECK
29	number l	24	27566											
30	. X	24	27566										1.0	
31		24												
Total	10.00	表现的概	875062		7					an entering				
	-1245-46.05		29169											
A dinning	177		62600											

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^{*}Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

I. General Information for the Month/Yea NOVEMBER 2009 A. Public Water System (PWS) Information	p.					
PWS Name: LANDFAIR-MEADOWLAND WTP			PWS Identification N	ımber	3424690	
PWS Type:	itv	Tran	sient Non-Community		0121000	•
Number of Service Connections at End of Month: 232			ulation Served at End		580	
PWS Owner: CHARLES DeMENZES						
Contact Person:	e ^o	Contact F	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	J.,		erson's Fax Number:	(352) 732-4366		
Contact Person's E-Mail Address: Steve Carroll - 208-4509	At .	001110011		(002) 102 1000		-
Octive Caron 25 mail Address.		-				
B. Water Treatment Plant Information						
Plant Name: LANDFAIR-MEADOWLAND WTP		Plant Tel	ephone Number:	(352) 622-4949		
Plant Address: NE 78TH ST CR 200A	City	OCALA	opilone railiber.	State: FL	Zip Code:	34478
Plant Address. NE 70111 ST CR 200A	City.	OUNLA		Otate. 1L	Zip oodc.	01170
Type of Water Treated by Plant:	C Durch	ased Finish	and Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1 Fulcile	360000	ied vvater			
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		300000	Plant Class (per subs	ection 62 600 310	(A) E A C).	С
Plant Category (per subsection 62-699.310(4), F.A.C.).		-	riant Class (per subs	6601102-033.310	(4), 1 .A.O.).	
Licensed Operators Name	Licens	e Class	Licence Number	Day(s	VShift(e) Morker	(grown september)
Licensed Operators Name Lead/Chief Operator: EDWARD URBANEK		C	14560	IDAY	//Stillt(s) VVOIREC	
		C	14184	WEEKENDS		
Other Operators: VINCENT BROWN		В	7477	WEEKENDS		
TIM FISH		C	8519		VEEKENDS	
MICHAEL HAMMER		<u>C</u>	0019	<u> </u>	VEEKENDS	
(B)-G (2.5) **(B)-G** (2.5) **(C)-G** (2.5) **(C)-G** (2.5) **(C)-G** (2.5)						
II. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licensed in Florida, am the lead/	chief opera	ator of the	vater treatment plant id	entified in Part I of	this report. I cen	tify that the
information provided in this report is true and accurate to the best of my knowledge	e and belie	f. I certify	that all drinking water tr	eatment chemicals	used at this plan	nt conform to
NSF International Standard 60 or other applicable standards referenced in subsection	ction 62-55	5.320(3), F	.A.C.* I also certify tha	t the following addi	tional operations	records for this
plant were prepared each day that a licensed operator staffed or visited this plant	during the	month indi	cated above: (1) record	s of amounts of ch	emicals used an	d chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. F	-urthermore	e. I agree t	o provide these addition	nal operations reco	rds to the PWS	owner so the PV
owner can retain them with copies of this report, at a convenient location for at lea	st ten vear	s.**				
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are pro	ovided with co	pies of all repo	rts and are responsible for retain	ning them)		
Controller and the control and		•				
Elmal 4hhed 12-3-09		EDWARF	URBANEK		C 1	4560
Elin 4/Ma 12-3-01	d.		Typed Name		License Nu	
Signature and Date		Frinted of	туреа маше		License Nu	ilibei
Substi ^{®®®} Alternate	.6556					decess.
DEP F)				1
Effective August 28, 2003	Page	1				
Ellective August 20, 2000	, age	i.			18.	

PWS I	dentific	ation Nu	nber:	**	3424690		Plant Name:		LANDFAIR	R-MEADO	WLAND W	TP		
Means Ul	of Achiev traviolet F	ing Four-L Radiation		vation/Remo	Describe):	Free Chl			lorine Dioxi		C Ozone			d Chlorine (Chloramines)
Type o	Disinfec	tant Resid	iual Maintaine	d in Distrib	ution System:		Free Chlor				ined Chorir			Clorine Dioxide
		一些有些	iual Maintaine	- Section 1	CT Calculations	or UV Dose t	o Demonstrate Fo	ur-Log.	Virus Inactiv	ation, af Ap	plicable*	Market 199	Lowest	
	Days			appear of the State of	Planta and All Co.		alculations 3 \ ***	123475	1000		V UV	Dose :	Lowest	
7	Plant				Lowest Residual	Disinfectant	经产生发生	1					Residual	
	Staffed or		1.6		Disinfectanct	Contact Time						4.04	Disinfectant	
	Visited:		· ·		Concentration	(T) at C.	Lowest C1	100			Towest	Minimum:		APPROXICATION OF THE PERSON OF
	by.				(C) Before or at		Provided Before or	Temp		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	Net Quantity of		First Customer	Point During	at First Customer	of	DH of	CLaws	UV Dose,			Emergency or Abnormal Operating Condmons, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow,	During Peak Flow mg-min/L	Water	Water, if	Required		mW-	Distribution	Maintenance Work that Involves Taking Water System Components Out of Operation
Month				Rate, gpd.	mg/L	minutes	mg-min/L	OC.	Applicable	mg-mm/L	sec/cm2	sec/cm2	1.0	Components Out of Operation A. de 25
1 1	X	24	0	14 17 11 11 11 11 11 11				-					0.9	
2	X	24	33500								-		0.9	WEEKEND CHECK
4	X	24	32400					-						WEEKEND CHECK
5	X	24	32400 32400					-	-		-		0.8	
6	X	24	37500	 	 			-	-				0.7	
7	X	24	41200										0.6	
- 8	X	24	0	The second							 		0.7	7: 7:
9	X	24	77200	V. Terrera			İ						0.8	
10	X	24	54800	resident of										WEEKEND CHECK
11		24	54800	11.11.12.1				1				-	1/4	Part (France) and (France) (Fr
12	X	24	54800										0.9	
13	Х	24	42900									ic done	0.9	
- 14	X	24	34600										0.8	
-15	X	24	33800	, CH, 7							HISELY	71.72	0.8	
16-	X	24	6800		3.0		UVE 15						0.7	
17	X	24	36900							21 1 1 1				WEEKEND CHECK
-81		24	36900								-		0.0	
19	X	24	36900										0.8	
-20	X	24	38900					-			Promise and		1.1	
21.	X	24	37700								-		1.0	
- 22	X	24	35800	-				-			-		1.1	
23	X	24	33766	-				-					1.1	WEEKEND CHECK
25	^	24	33766	1,000				1						The state of the s
26	X	24	33766					-					1.1	SAMPLE - 2 WELLS, 2 LINES
27	X	24	19400					-					1.3	J. L. S. D. L. C. S. C.
28	X	24	45900	100				1					1.2	
29	X	24	35500										1.0	
30	X	24	7200					1					1.2	F (
31	X	24	33383			1 1 1 1 1 1 1 1								WEEKEND CHECK
		2 12 2 46 6	1034881										G - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Average	4 de la compa	and Care	33383											
	A Milette Think was		22200	1										

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See page 4 for instructions.

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PWS Owner: CHARLES DeMENZES Contact Person: Contact Person's Mailing Address: P.O. BOX 5220	City:	Contact Pe	erson's Title:	State: FL	Zip Code:	34478
Contact Person's Telephone Number: (352) 622-4949 Contact Person's E-Mail Address: Steve Carroll - 208-4509	•	Contact Pe	erson's Fax Number:	(352) 732-4366		
B. Water Treatment Plant Information Plant Name: LANDFAIR-MEADOWLAND WTP Plant Address: NE 78TH ST CR 200A	- Citv:	Plant TelepoCALA	phone Number:	(352) 622-4949 State: FL	Zip Code:	34478
Type of Water Treated by Plant: Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day:	•	ased Finishe	ed Water		,	
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		-	Plant Class (per subs		2* - 2* - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	<u>C</u>
Licensed Operators Name)/Shift(s) Worker	
Lead/Chief Operator- EDWARD URBANEK		<u>C</u>	14560	DAY		
Other Operators: VINCENT BROWN		C	14184	WEEKEND		
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II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead information provided in this report is true and accurate to the best of my knowledg NSF International Standard 60 or other applicable standards referenced in subserplant were prepared each day that a licensed operator staffed or visited this plant rates; and (2) if applicable, appropriate treatment process performance records. If owner can retain them with copies of this report, at a convenient location for at least	te and belied to the control of the	f. I certify the first of the f	hat all drinking water t A.C.* I also certify tha ated above: (1) record provide these addition	reatment chemicals it the following addi is of amounts of ch nal operations reco	s used at this pla itional operations emicals used an	nt conform to records for this d chemical feed
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are proper type to purchase) (**Our clients are proper type to purchase) (**Our clients are proper type to purchase)	ovided with co	EDWARD	is and are responsible for retai	ning them)	C-1	4560
Subsective August 28, 2003	Page		Typed Name		FICEIISE IN)