

100126-WV

Charles deMenzes
PO BOX 4230
OCALA, FL 34478

Ms. Ann Cole
Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850



DOCUMENT NO. DATE
02734-11 4/21/11
FPSC - COMMISSION CLERK

171604 REV. 9/05 L

COMMISSIONERS:
ART GRAHAM, CHAIRMAN
LISA POLAK EDGAR
RONALD A. BRISÉ
EDUARDO E. BALBIS
JULIE I. BROWN

STATE OF FLORIDA



MARSHALL WILLIS, DIRECTOR
DIVISION OF ECONOMIC REGULATION
(850) 413-6914

Public Service Commission

April 13, 2011

RECEIVED-FPSC
11 APR 21 AM 8:36
COMMISSION
CLERK

Charles deMenzes
C.F.A.T. H2O, Inc.
P. O. Box 5220
1410 NE 8th Avenue
Ocala, FL 34478

Re: Docket No. 100126-WU - Application for increase in water rates in Marion County by C.F.A.T. H2O, Inc.

Dear Mr. deMenzes:

Staff needs the following information to complete our review of the application filed by C.F.A.T. H2O, Inc. (Utility or C.F.A.T.).

1. Please, provide the monthly operating reports for 2010.

Please submit the above information to the Office of Commission Clerk by May 13, 2011. If you have any questions, please contact me by phone at (850) 413-7001 or by e-mail at rsimpson@psc.state.fl.us.

Sincerely,

A handwritten signature in black ink that reads "Robert Simpson".

Robert Simpson
Engineer Specialist II

cc: Division of Economic Regulation (Bulecza-Banks, Maurey, Daniel, Fletcher, Stallcup, Thompson)
Office of the General Counsel (Young)
Office of Commission Clerk (Docket No. 100126-WU)

DOCUMENT NUMBER - DATE
02734 APR 21 =
FPSC - COMMISSION CLERK



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

See page 4 for instructions.

I. General Information for the Month/Year JANUARY 2010

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

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

☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person:

Contact Person's Title:

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

City: OCALA State: FL Zip Code: 34478

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

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

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

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

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

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

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

II. Certification by Lead/Chief Operator

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

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

Edward Urbanek 2-3-10
Signature and Date

EDWARD URBANEK
Printed or Typed Name

DOCUMENT 014560-DATE

License Number

02734 APR 21 =

FPSC-COMMISSION CLERK

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

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

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

III. Daily Data for the Month/Year of: JANUARY 2010

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Type of Disinfectant Residual Maintained in Distribution System															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	30675												HOLIDAY CHECK
2	X	24	30675												WEEKEND CHECK
3		24	30675												
4	X	24	30675											0.9	
5	X	24	0											0.8	
6	X	24	47500											0.7	
7	X	24	1400											0.8	
8	X	24	0											0.9	
9	X	24	49933												WEEKEND CHECK
10		24	48933												
11	X	24	48933											1.1	
12	X	24	0											1.2	
13	X	24	0											1.1	
14	X	24	88600											1.3	
15	X	24	40000											1.1	
16	X	24	28100												WEEKEND CHECK
17		24	28100												
18	X	24	28100											1.2	
19	X	24	38400											1.0	
20	X	24	47600											0.9	
21	X	24	36400											1.1	
22	X	24	13300											1.2	
23	X	24	28866												WEEKEND CHECK
24		24	28866												
25	X	24	28866											1.3	
26	X	24	20700											0.5	
27	X	24	5300											1.0	SAMPLE - 2 WELLS, 2 LINES
28	X	24	0											0.5	
29	X	24	33800											0.6	
30	X	24	28083												WEEKEND CHECK
31		24	28083												
Total			870563												
Average			28083												
Maximum			88600												

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



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

See page 4 for instructions.

I. General Information for the Month/Year FEBRUARY 2010

A. Public Water System (PWS) Information

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

PWS Identification Number: 3424690
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 580
Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: (352) 732-4366

B. Water Treatment Plant Information

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

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

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	EDWARD URBANEK	C	14560	DAY
Other Operators:	JOHN W. BRYANT	C	7566	2/15,,26,28/2010
	VINCENT BROWN	C	13891	WEEKENDS
	MICHAEL HAMMER	C	8519	WEEKENDS
	TIM FISH	B	7477	WEEKENDS

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

John W. Bryant 3-5-10
Signature and Date

JOHN W. BRYANT
Printed or Typed Name

C-7566
License Number

Substitute/Alternate
DEP # 62-555.900(3)

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

MONTHLY OPERATION REPORT

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

FEBRUARY 2010

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

☐ Ultraviolet Radiation

☐ Other (Describe):

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration, (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Maintenance Work Completed
											Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24	30433										0.8	
2	X	24	29900										0.7	
3	X	24	40500										1.0	
4	X	24	34900										1.1	
5	X	24	0										1.0	
6	X	24	40066											
7		24	40066											WEEKEND CHECK
8	X	24	40066										1.1	
9	X	24	0										1.1	
10	X	24	47400										1.1	
11	X	24	32700										1.0	
12	X	24	0										1.1	
13	X	24	40866											
14		24	40866											WEEKEND CHECK
15	X	24	40866										1.2	
16	X	24	33500										1.3	
17	X	24	41300										1.3	
18	X	24	0										1.2	
19	X	24	37800										1.4	
20	X	24	33033											
21		24	33033											WEEKEND CHECK
22	X	24	33033										1.5	
23	X	24	4200										1.4	
24	X	24	45600										1.5	
25		24	37050											
26	X	24	37050										1.6	
27	X	24	18450											
28	X	24	18450											WEEKEND CHECK
29		24											1.7	SAMPLE - 2 WELLS
30		24												
31		24												
Total			831128											
Average			29683											
Maximum			47400											

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

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

Page 2

IS.

the Month/Year MARCH

System (PWS) Information

LANDFAIR-MEADOW

Community ☐ Non-Trans

actions at End of Month: 23:

CHARLES DeMENZES

Address: P.O. BOX 5220

one Number: (352) 622-4949

Address: Steve Carroll - 208-4

ent Plant Information

LANDFAIR-MEADOWLAND WTP

E 78TH ST CR 200A

y Plant: ☒ Raw Ground Wa

Operating Capacity of Plant, gallons

section 62-699.310(4), F.A.C.):

Name

JOHN W. BRYANT

JOSEPH J. VIVONA

INCENT BROWN

IM FISH

Chief Operator

* treatment plant operator licensed in this report is true and accurate to the standard 60 or other applicable standards each day that a licensed operator staffed the plant, appropriate treatment process performed with copies of this report, at a convenient time and have been advised of the proper type to purchase

John W. Bryant
Signature and Date

10(3)

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

MARCH 2010

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Type of Disinfectant Residual															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	41100										1.7		
2	X	24	0										1.6		
3	X	24	67200										1.5		
4	X	24	4300										1.5		
5	X	24	36800										1.8		
6	X	24	24800											WEEKEND CHECK	
7		24	24800												
8	X	24	24700										1.9		
9	X	24	42300										1.6		
10	X	24	0										1.4		
11	X	24	41000										1.8		
12	X	24	36100										1.9		
13	X	24	25400											WEEKEND CHECK	
14		24	25300												
15	X	24	25300										2.6		
16	X	24	40900										2.5	REDUCE CL2 FEED 4%	
17	X	24	42100										2.6		
18	X	24	34900										1.9		
19	X	24	19700										1.7		
20	X	24	28600											WEEKEND CHECK	
21		24	28600												
22	X	24	28600										1.6		
23	X	24	35400										1.5	SAMPLE - 2 WELLS, 2 LINES	
24	X	24	0										1.7		
25	X	24	38700										1.4		
26	X	24	91700										1.6		
27	X	24	25800											WEEKEND CHECK	
28		24	25800												
29	X	24	25800										1.8		
30	X	24	38400										2.0		
31	X	24	37900										1.6		
Total			962000												
Average			31032												
Maximum			91700												

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



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

See page 4 for instructions.

I. General Information for the Month/Year APRIL 2010

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

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

Number of Service Connections at End of Month: 232

PWS Owner: CHARLES DeMENZES

Contact Person:

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

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

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

PWS Identification Number: 3424690

☐ Transient Non-Community ☐ Consecutive

Total Population Served at End of Month: 580

Contact Person's Title:

City: OCALA State: FL Zip Code: 34478

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

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Address: NE 78TH ST CR 200A

Plant Telephone Number: (352) 622-4949

City: OCALA State: FL Zip Code: 34478

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

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

360000

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

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH ESTES	C	12032	DAY
Other Operators:	JOSEPH J. VIVONA	C	13594	4/1,2/2010
	MICHAEL HAMMER	C	8519	WEEKEND
	TIM FISH	B	7477	WEEKEND
	VINCENT BROWN	C	14184	WEEKEND

II. Certification by Lead/Chief Operator

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

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

Kenneth Estes 5-2-10
Signature and Date

KENNETH ESTES
Printed or Typed Name

C-12032
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

APRIL 2010

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Type of Disinfectant Residual Inactivation				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	19300										1.8		
2	X	24	17700										2.3		
3	X	24	36700											WEEKEND CHECK	
4		24	36700												
5	X	24	36700										2.0		
6	X	24	0										2.0	CHECK HOA WEST WELL	
7	X	24	35400										2.1		
8	X	24	34400										1.6		
9	X	24	41400										1.5		
10	X	24	26700											WEEKEND CHECK	
11		24	26500												
12	X	24	26500										1.2		
13	X	24	39000										1.3		
14	X	24	20000										1.2		
15	X	24	19400										1.3		
16	X	24	35500										1.1	REPRIME CL2 PUMP	
17	X	24	30333											WEEKEND CHECK	
18		24	30333												
19	X	24	30333										1.2		
20	X	24	45300										1.2		
21	X	24	34400										1.2		
22	X	24	26400										1.2		
23	X	24	10700										1.2		
24	X	24	37100											WEEKEND CHECK	
25		24	37100												
26	X	24	37100										1.8	SAMPLE - 2 WELLS, 2 LINES & NO3/NO2	
27	X	24	35200										1.9		
28	X	24	20700										1.6		
29	X	24	19500										1.0		
30	X	24	38000										0.4	REPAIR CL2 PUMP & INJECTION POINT	
31		24													
Total			884399												
Average			29480												
Maximum			45300												

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



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

See page 4 for instructions.

I. General Information for the Month/Year MAY 2010

A. Public Water System (PWS) Information

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PWS Type: ☒ Community ☐ Non-Transient Non-Community
Number of Service Connections at End of Month: 232
PWS Owner: CHARLES DeMENZES
Contact Person: _____
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Contact Person's Title: _____
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Contact Person's Fax Number: (352) 732-4366

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Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	KENNETH ESTES	C	12032	DAYS & WEEKENDS
Other Operators	VINCENT BROWN	C	14184	WEEKEND
	TIM FISH	B	7477	WEEKEND

II. Certification by Lead/Chief Operator

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

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

Kenneth Estes 6-7-10
Signature and Date

KENNETH ESTES
Printed or Typed Name

C-12032
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

MAY 2010

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Type of Disinfectant				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	36000											WEEKEND CHECK	
2		24	36000												
3	X	24	36000										1.2		
4	X	24	40000										1.2		
5	X	24	8000										1.4	CK WELLS - ALL OKAY	
6	X	24	45200										1.3		
7	X	24	39000										1.1		
8		24	39466												
9	X	24	39466											WEEKEND CHECK	
10	X	24	39466										0.6	RE-PRIMED CL2 PUMP	
11	X	24	34200										0.6	INCREASE CL2 FEED TO 75%	
12	X	24	30200										1.0	DECREASE CL2 FEED TO 60%	
13	X	24	19400										1.3		
14	X	24	16200										1.4		
15	X	24	28100											WEEKEND CHECK	
16		24	28100												
17	X	24	28100										1.4		
18	X	24	74500										0.7	SAMPLE - 2 WELLS, 2 LINES	
19	X	24	0										1.6		
20	X	24	35800										1.6	DECREASE CL2 FEED TO 50%	
21	X	24	40800										1.8		
22	X	24	40266											WEEKEND CHECK	
23		24	40266												
24	X	24	40266										1.6		
25	X	24	41300										1.4		
26	X	24	36400										1.4		
27	X	24	38700										1.3		
28	X	24	33500										1.4		
29	X	24	37233											WEEKEND CHECK	
30		24	37233												
31	X	24	37233										1.7		
Total			1076395												
Average			34722												
Maximum			74500												

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



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

See page 4 for instructions.

General Information for the Month/Year JUNE 2010

A. Public Water System (PWS) Information

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

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

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

B. Water Treatment Plant Information

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

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

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH ESTES	C	12032	DAYS & WEEKENDS
Other Operators:	VINCENT BROWN	C	14184	WEEKENDS

II. Certification by Lead/Chief Operator

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

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

Kenneth Estes 7-1-10
Signature and Date

KENNETH ESTES
Printed or Typed Name

C-12032
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

JUNE 2010

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
CT Calculations														
UV Dose														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	X	24	36200										1.4	
2	X	24	36800										1.4	
3	X	24	40000										1.5	
4	X	24	39100										1.5	
5	X	24	40250											WEEKEND CHECK
6		24	40250											
7	X	24	40250										1.4	
8	X	24	0										1.3	
9	X	24	83800										1.4	
10	X	24	0										1.5	
11	X	24	18400										1.8	TURN CL2 PUMP DOWN-#2 WELL IN OFF POSITION
12	X	24	54900											WEEKEND CHECK
13		24	54900											
14	X	24	54900										1.6	
15	X	24	100000										1.5	
16	X	24	29200										1.7	#2 WELL OFF
17	X	24	0										1.5	
18	X	24	84800										1.7	#2 WELL AUTO
19		24	26166											
20	X	24	26166											WEEKEND CHECK - #2 WELL OFF
21	X	24	26166										1.7	
22	X	24	42900										1.6	#2 WELL OFF LINE - WELL MOTOR TO BE REPLACED
23	X	24	0										1.7	
24	X	24	77600										1.7	
25	X	24	0										1.7	
26	X	24	28366											WEEKEND CHECK - #2 WELL OFF
27		24	25366											
28	X	24	25366										>2.2	
29	X	24	86800										1.7	
30	X	24	0										1.8	EAST WELL STILL OFF LINE - REPAIRS
31		24												SCHEDULED
Total			1118646											
Average			37288											
Maximum			100000											

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



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

See page 4 for instructions.

General Information for the Month/Year JULY 2010

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP

PWS Identification Number: 3424690

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

Number of Service Connections at End of Month: 232

Total Population Served at End of Month: 580

PWS Owner: CHARLES DeMENZES

Contact Person: _____

Contact Person's Title: _____

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

City: OCALA State: FL Zip Code: 34478

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

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

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

B. Water Treatment Plant Information

Plant Name: LANDFAIR-MEADOWLAND WTP

Plant Telephone Number: (352) 622-4949

Plant Address: NE 78TH ST CR 200A

City: OCALA State: FL Zip Code: 34478

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

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

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH ESTES	C	12032	DAYS & WEEKENDS
Other Operators:	VINCENT BROWN	C	14184	WEEKENDS

II. Certification by Lead/Chief Operator

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

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

Kenneth Estes 8-7-10
Signature and Date

KENNETH ESTES
Printed or Typed Name

C-12032
License Number

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

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

III. Daily Data for the Month/Year of: JULY 2010

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													
CT Calculations													
UV Dose													
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
1	X	24	76300										1.6
2	X	24	0										1.4
3	X	24	0										
4		24	0										
5	X	24	12700										1.3
6	X	24	163000										1.5
7	X	24	43900										1.6
8	X	24	30900										1.4
9	X	24	35100										1.6
10	X	24	25500										
11		24	25500										
12	X	24	25500										1.4
13	X	24	17500										1.4
14	X	24	24000										1.5
15	X	24	36200										1.7
16	X	24	43000										1.5
17		24	48000										
18	X	24	48000										
19	X	24	0										1.5
20	X	24	35200										1.5
21	X	24	40700										1.6
22	X	24	0										1.7
23	X	24	34600										1.6
24	X	24	51996										
25		24	51996										
26	X	24	51996										1.6
27	X	24	0										1.3
28	X	24	45000										1.7
29	X	24	42200										1.9
30	X	24	36600										1.9
31		24	36600										
Total			1081988										
Average			34903										
Maximum			163000										

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



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

See page 4 for instructions.

I. General Information for the Month/Year AUGUST 2010

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP
PWS Type: ☒ Community ☐ Non-Transient Non-Community
Number of Service Connections at End of Month: 232
PWS Owner: CHARLES DeMENZES
Contact Person: _____
Contact Person's Mailing Address: P.O. BOX 5220
Contact Person's Telephone Number: (352) 622-4949- (352)622-3951
Contact Person's E-Mail Address: Steve Carroll - 208-4509

PWS Identification Number: 3424690
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 580
Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: (352) 732-4366

B. Water Treatment Plant Information

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

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

Type of Water Treated by Plant: ☒ Raw Ground Water

☐ Purchased Finished Water

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

360000

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

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH ESTES	C	12032	8/1/10 AND WEEKENDS
Other Operators:	CHARLES RICHARD	D	4525	DAYS & WEEKENDS
	VINCENT BROWN	C	14184	WEEKENDS

II. Certification by Lead/Chief Operator

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

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

Charles Richard 9-7-10
Signature and Date

CHARLES RICHARD
Printed or Typed Name

D-4525
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

AUGUST 2010

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	31250											WEEKEND CHECK
2	X	24	9500										1.5	
3	X	24	41200										0.3	
4	X	24	36500										0.2	
5	X	24	45600										1.4	
6	X	24	33400										1.4	
7	X	24	26800											WEEKEND CHECK
8		24	26800											
9	X	24	26800										1.9	
10	X	24	42700										2.2	
11	X	24	17100										2.2	
12	X	24	17700										1.6	
13	X	24	43700										1.9	
14	X	24	27500										2.0	WEEKEND CHECK
15		24	27500											
16	X	24	27500										2.0	
17	X	24	42900										2.2	SAMPLE - 2 WELL, 2 LINES
18	X	24	35000										2.4	
19	X	24	0										2.2	
20	X	24	41600										2.2	
21	X	24	34200											WEEKEND CHECK
22		24	34200											
23	X	24	34200										2.0	
24	X	24	6100										1.7	
25	X	24	40300										1.7	
26	X	24	29600										1.6	
27	X	24	20900										1.1	
28	X	24	33700											WEEKEND CHECK
29		24	33700											
30	X	24	33700										1.4	
31	X	24	32650										1.5	
Total			934300											
Average			30139											
Maximum			45600											

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



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

See page 4 for instructions.

I. General Information for the Month/Year SEPTEMBER 2010

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP PWS Identification Number: 3424690
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive
Number of Service Connections at End of Month: 232 Total Population Served at End of Month: 580
PWS Owner: CHARLES DeMENZES
Contact Person: _____ Contact Person's Title: _____
Contact Person's Mailing Address: P.O. BOX 5220 City: OCALA State: FL Zip Code: 34478
Contact Person's Telephone Number: (352) 622-4949- (352) 622-3951 Contact Person's Fax Number: (352) 732-4366
Contact Person's E-Mail Address: Steve Carroll - 208-4509

B. Water Treatment Plant Information

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

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	CHARLES RICHARD	D	4525	DAYS & WEEKENDS
Other Operators:	VINCENT BROWN	C	14184	WEEKENDS

II. Certification by Lead/Chief Operator

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

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

Charles Richard 10-4-10
Signature and Date

CHARLES RICHARD
Printed or Typed Name

D-4525
License Number

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

PWS Identification Number:

3424690

Plant Name:

LANDFAIR-MEADOWLAND WTP

III. Daily Data for the Month/Year of:

SEPTEMBER 2010

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Type of Disinfectant Residual Maintained in Distribution System:															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp of Water °C	pH of Water, if Applicable	Minimum CT Required mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	13100										1.7		
2	X	24	43700										1.3		
3	X	24	0										0.9		
4	X	24	57100										1.5	WEEKEND CHECK	
5		24	35500												
6	X	24	35500										1.7		
7	X	24	36300										1.3		
8	X	24	0										1.6		
9	X	24	35400										1.4		
10	X	24	44700										1.3		
11	X	24	25800											WEEKEND CHECK	
12		24	25800												
13	X	24	25800										1.4		
14	X	24	38000										0.8		
15	X	24	25800										0.7		
16	X	24	12900										1.0		
17	X	24	37200										0.9		
18	X	24	26900											WEEKEND CHECK	
19		24	26900												
20	X	24	26900										0.9		
21	X	24	35200										1.0	SAMPLE - 2 WELLS, 2 LINES	
22	X	24	0										0.7		
23	X	24	40800										0.6	RESAMPLE - 3 LINES	
24	X	24	37900										2.5		
25	X	24	39600											WEEKEND CHECK	
26		24	39600												
27	X	24	39600										1.7		
28	X	24	40600										1.0		
29	X	24	34700										0.8		
30	X	24	0										1.0		
31		24													
Total			881300												
Average			29377												
Maximum			57100												

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



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

See page 4 for instructions.

I. General Information for the Month/Year OCTOBER 2010

A. Public Water System (PWS) Information

PWS Name: LANDFAIR-MEADOWLAND WTP
PWS Type: ☒ Community ☐ Non-Transient Non-Community
Number of Service Connections at End of Month: 232
PWS Owner: CHARLES DeMENZES
Contact Person: _____
Contact Person's Mailing Address: P.O. BOX 5220
Contact Person's Telephone Number: (352) 622-4949- (352)622-3951
Contact Person's E-Mail Address: Steve Carroll - 208-4509

PWS Identification Number: 3424690
☐ Transient Non-Community ☐ Consecutive
Total Population Served at End of Month: 580
Contact Person's Title: _____
City: OCALA State: FL Zip Code: 34478
Contact Person's Fax Number: (352) 732-4366

B. Water Treatment Plant Information

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

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

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

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	KENNETH ESTES	C	12032	LEAD OPERATOR
Other Operators:	CHARLES RICHARD	D	4525	DAYS & WEEKENDS
	VINCENT BROWN	C	14184	WEEKENDS

II. Certification by Lead/Chief Operator

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

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

Signature and Date

KENNETH ESTES
Printed or Typed Name

C-12032
License Number

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

REVIEWED

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Tradewinds Utilities, Inc.
MAILING ADDRESS: Post Office Box 5220
Ocala, FL 34478

PERMIT NUMBER

FLA010699

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Tradewinds WWTF
LOCATION: 2925 NE 43rd Place
Ocala, FL 34479

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Marion

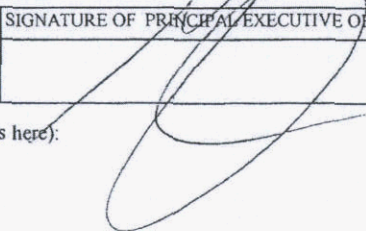
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 02/01/2011 To 02/28/2011

DUPLICATE

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.061	MGD				5 Days/Week	Meter
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.081 (An. Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.060	MGD				5 Days/Week	Meter
PARM Code 50050 1 Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			10.7	MG/L		Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	MG/L		Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			22.2	MG/L	1	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4	MG/L		Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
U S Water Services Corp. Gary Deremer, president		727-848-8292	11/03/08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: **Tradewinds WWTF**MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: **02/01/2011**PERMIT NUMBER: FLA010699
To **02/28/2011**

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5	7.6		SU		5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			9			#/100ML		Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1	<1		#/100ML		Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			>2.20			MG/L		5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			74%			PER- CENT		Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement			Report (Mo. Total)			PER- CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.09			MG/L		Annually	Grab
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			248			MG/L		Annually	Grab
PARM Code 80082 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			212			MG/L		Annually	Grab
PARM Code 00530 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Annual samples done 2/2011.

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010699
From: 02/01/2011 To: 02/28/2011

Facility: Tradewinds WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1			7.5		>2.2	0.067				
2			7.5		>2.2	0.070				
3			7.5		>2.2	0.043				
4			7.5		>2.2	0.063				
5			7.5		>2.2	0.070				
6					>2.2	0.072				
7			7.5		>2.2	0.054				
8			7.5		>2.2	0.060				
9			7.5		>2.2	0.077				
10	<2.0	<1	7.5	4	>2.2	0.048				
11			7.5		>2.2	0.068				
12			7.5		>2.2	0.060				
13					>2.2	0.060				
14			7.6		>2.2	0.050				
15			7.5		>2.2	0.051				
16			7.5		>2.2	0.070				
17			7.6		>2.2	0.068				
18			7.5		>2.2	0.055				
19					>2.2	0.056				
20			7.5		>2.2	0.063				
21			7.5		>2.2	0.051				
22			7.5		>2.2	0.054				
23			7.6		>2.2	0.060				
24			7.5		>2.2	0.060				
25			7.5		>2.2	0.055				
26					>2.2	0.055				
27			7.5		>2.2	0.060				
28			7.5		>2.2	0.065				
29										
30										
31										
Total						1.685				
Mo. Avg.						0.060				

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>13287</u>	Name: <u>Oliver Shockley</u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>



AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

Laboratory Analytical Report Florida DOH Laboratory Certification # E83265

US Water Services

4939 Cross Bayou Blvd.
New Port Richey, Florida 34652

REVIEWED

Submission Number: 111412

System Name: Tradewinds WWTP FLA010699

Sampler Name: Oliver V. Shockley

Date Sample Received: 02/10/11

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	DQ	Analysis Date	Analysis Time
111412	Influent	02/10/11	12:40 P	CBOD(5 day) in (2.0) mg/L by SM5210B	248		02/11/11	12:01 PM
				TSS in (1) mg/L by SM2540D	212		02/11/11	
111413	Effluent	02/10/11	12:45 P	CBOD(5 day) in (2.0) mg/L by SM5210B	2.0	U	02/11/11	12:01 PM
				TSS in (1) mg/L by SM2540D	4		02/11/11	
111414	Effluent	02/10/11	12:47 P	Fecal Coliform in (1 colony) #/100mLs by SM9222D	1	U	02/10/11	4:02 PM
111415	Effluent	02/10/11	12:50 P	Nitrate as N in (0.05) mg/L by EPA353.2 Calc [(NO3+NO2)-NO2]	0.09	I	02/10/11	4:05 PM

Annua

U - The compound was analyzed, but not detected; < laboratory method detection limit.
I - The reported value is \geq laboratory method detection limit but < laboratory practical quantitation limit.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier

The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Respectfully Submitted by: Michael Morse

Lisa K. Saupp, Charles B. Saupp, or Michael Morse Technical Director

Date: February 17, 2011



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349
(352) 625-2822 • FAX (352) 625-6638

ENVIRONMENTAL: CHAIN OF CUSTODY

It is essential that you complete all applicable blanks in order to generate an accurate report.

THIS SECTION TO BE COMPLETED BY CUSTOMER

Client Name: US Water
Mailing Address: 4939 CR 100 Blvd
New Port FL 36254 39652
Sampler Name (Please Print): Don V. Shockey Telephone: (352) 678-2198
Comments or Special Sample Information:
System Name: Trade Winds WWTFLA 010699

LAB USE	Coll. No.	Sample Location (one sample container per line)	Collected		Check One		Parameters for Analysis
			Date	Time	Comp	Grab	
	1	Influent	2-10-11	12:40p		✓	CBOD/TSS
	2	Effluent	2-10-11	12:45p		✓	CBOD/TSS
	3	Effluent	2-10-11	12:47p		✓	Fecal
	4	Effluent	2-10-11	12:50p		✓	Nitrate
	5						
	6						
	7						
	8						
	9						
	10						

CAUTION: SAMPLE CONTAINERS MAY CONTAIN HAZARDOUS CHEMICALS.

FIELD TEST RESULTS (If Applicable):

Coll. No. 3 Temp. _____ pH 7.5 Cl Resd. 22.20mg/L Other Fecal Date 2-10-11 Initials DS
Coll. No. _____ Temp. _____ pH _____ Cl Resd. _____ mg/L Other _____ Date _____ Initials _____
Coll. No. _____ Temp. _____ pH _____ Cl Resd. _____ mg/L Other _____ Date _____ Initials _____

SAMPLE CUSTODY

Signature _____ Date _____ Time _____ Comments _____
Sampler Relinquished: Don V. Shockey _____
Transporter Relinquished: _____
Transporter Relinquished: _____

LAB USE

Lab Received: _____ Signature _____ Date 2-10-11 Time 2:20 Assigned Sample Number(s): _____
Preservative(s): Na₂S₂O₃: 30 mg or _____ Coll. No(s). 1 2 3 4 5 6 7 8 9 10
HNO₃: 1.5 3.0 or _____ mL(s) Coll. No(s). 1 2 3 4 5 6 7 8 9 10 pH: <2.0
H₂SO₄: 0.75 1.5 3.0 or _____ mL(s) Coll. No(s). 1 2 3 4 5 6 7 8 9 10 pH: <2.0
HCl: 2.5 or _____ mL(s) Coll. No(s). 1 2 3 4 5 6 7 8 9 10 pH: _____
Iced: Coll. No(s). 1 2 3 4 5 6 7 8 9 10 All
Comments: Tog. 5.1C



* See page 4 for instructions.

I. General Information for the Month/Year of: **NOVEMBER 2010**

A. Public Water System (PWS) Information

B. Water Treatment Plant Information

[illegible]

II. Certification by Lead/Chief Operator

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

Signature and Date

OLIVER SHOCKLEY
Printed or Typed Name

C - 13924
License Number

Plant Name: Landfair Subdivsion

III. Daily Data for the Month/Year of:				November-10													
Means of Achieving Four-Log Virus Inactivation/Removal: *				Other (Describe):				x Free Chlorine		Chlorine Dioxide		Ozone		Combined Chlorine			
Ultraviolet Radiation																	
Type of Disinfectant Residual Maintained in Distribution System:				X Free Chlorine						Combined Chlorine (Chloramines)						Chlorine Dioxide	
Day of the Month	Days Plant Staffed or Visited by operator Place "X"	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remble Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculators						UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²					
1	x	24	24,000		1.0									.82			
2	x	24	37,000		1.6									1.1			
3	x	24	30,000		1.4									1.0			
4	x	24	26,000		1.4									1.1			
5	x	24	26,000		1.6									1.2			
6		24	26,000														
7	x	24	40,000		1.5									1.3			
8	x	24	32,000		1.4									1.2			
9	x	24	23,000		1.7									1.6			
10	x	24	28,000		1.8									1.6			
11	x	24	37,000		1.4									1.1			
12	x	24	19,000		1.6									1.4			
13	x	24	30,000		1.4									1.1			
14		24	30,000														
15	x	24	26,000		1.5									1.3			
16	x	24	27,000		1.8									1.5			
17	x	24	31,000		1.7									1.4			
18	x	24	22,000		1.4									1.1			
19	x	24	25,000		1.6									1.2			
20	x	24	31,000		1.5									1.3			
21		24	31,000														
22	x	24	30,000		1.4									1.3			
23	x	24	33,000		1.6									1.4			
24	x	24	35,000		1.6									1.4			
25	x	24	26,000		1.7									1.4			
26	x	24	26,000		1.6									1.4			
27	x	24	31,000		.74									.56			
28		24	31,000														
29	x	24	27,000		.84									.62			
30	x	24	27,000		1.2									.80			
31																	
Total			867,000														
Average			28,900														
Maximum			40,000														



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

DATE RECEIVED AND ANALYZED / TIME RECEIVED

NOV 22 '10 PM 2:20

RECEIVED BY *DP*

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

13.3 °C

DISINFECTANT CHECK

☒ NOT DETECTED

☐ _____ mg/L

THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED:

NOTIFIED BY:

DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME:

Landfair

PWS ID:

3424690

SYSTEM PHONE:

SYSTEM ADDRESS:

NE 78th St. CR-200A Ocala

COUNTY: *MARION*

CLIENT:

US Water Services

COLLECTOR:

Oliver V. Shockley

COLLECTOR PHONE:

678-2198

TYPE OF SUPPLY (Check Only One):

☒ Community Water System

☐ Non-Transient Non-community Water System

☐ Transient Non-community Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check All That Apply):

☐ Distribution Routine

☐ Distribution Repeat

☐ Raw (triggered or assessment)

☒ Raw (triggered or assessment) additional

☐ Well Survey

☐ Clearance

☐ Replacement (also check type of sample being replaced)

☐ Boil Water Notice

☐ Other:

SAMPLE COLLECTION DATE(S):

11-22-10

COMMENTS:

Address called per Oliver Shockley 11-22-10

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res ^d (mg/L)
	<i>East Well</i>	<i>7:30 AM</i>	<i>R</i>	<i>—</i>
<i>2</i>	<i>West Well</i>	<i>7:35 AM</i>	<i>R</i>	<i>—</i>

Average of disinfectant residuals for routine and repeat samples.³

Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: ☐ DPD Colorimetric ☐ Other:

Person performing disinfectant analysis is:

☒ A certified operator (# *013924*)

☐ Supervised by a certified operator (# _____)

☐ Employed by a certified lab ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

All tests are performed in accordance with NELAC standards.

Results: A = coliforms are absent; P = coliforms are present

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

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

³Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

*US Water Services
4939 Cross Bayou Blvd.
New Port Richey FL 34652*

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: Colilert (SM9223B)

Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Report/Submission Number:			
<i>M1013963</i>	<i>A</i>		
<i>M1013964</i>	<i>A</i>		

Time(s) Analyzed:

4:00 PM

Michael Morse

11-24-10

TECHNICAL DIRECTOR

DATE

The results presented herein relate only to the samples submitted.

If you have any questions regarding this report, please call Lisa Saupp at (352) 625-2822.

²Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

DATE RECEIVED AND ANALYZED / TIME RECEIVED

NOV 17 '10 PM 1:02

RECEIVED BY: *JP*

SAMPLE PRESERVATION:

☒ ON ICE ☐ NOT ON ICE *1.6* °C

DISINFECTANT CHECK:

☒ NOT DETECTED ☐ _____ mg/L

THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: *11/17/10 3:20 PM*

PERSON NOTIFIED: *Oliver Shackley* NOTIFIED BY: *JP*

DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:

☐ PAID ☐ CHECK OR RECEIPT #:

SYSTEM NAME: *Landfair* PWS ID: *342-4690* SYSTEM PHONE: _____
SYSTEM ADDRESS: *NE 78th Street CR200-A, Ocala* COUNTY: *Marion*
CLIENT: *US Water Services* COLLECTOR: *Oliver Shackley* COLLECTOR PHONE: *352-678-2198*

TYPE OF SUPPLY (Check Only One):

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check All That Apply):

☒ Distribution Routine ☐ Distribution Repeat ☒ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

SAMPLE COLLECTION DATE(S): *11-17-10*

COMMENTS: *Sys. Address added, per D. Shackley*
RP 11-17-10

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
1	East Well	7:30 A	R	—
2	West Well	7:35 A	R	—
3	2436 NE 77 Loop	8:00 A	D	1.2
4	Hilltop Manor Apt # 170F	8:10 A	D	1.2

Average of disinfectant residuals for routine and repeat samples.*
Free chlorine or Total chlorine (circle one).

1.2

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

Person performing disinfectant analysis is:

- ☒ A certified operator (# *215924*)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: Colilert (SM9223B)

Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Report/Submission Number:			
<i>M1013852</i>	<i>P</i>	<i>A</i>	
<i>M1013853</i>	<i>P</i>	<i>A</i>	
<i>M1013854</i>	<i>A</i>		
<i>M1013855</i>	<i>A</i>		

Time(s) Analyzed:

2:30 pm

Michael Morse

TECHNICAL DIRECTOR

11-18-10

DATE

All tests are performed in accordance with NELAC standards.

Results: A = coliforms are absent; P = coliforms are present

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

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

*Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

US Water Services
4939 Bayou Blvd.
New Port Richey, FL 34652
1 Repeat each well

DEP/DOH USE ONLY

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

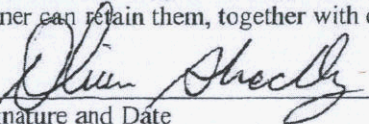
I. General Information for the Month/Year of: **DECEMBER 2010**

PWS Name: Landfair Subdivision			PWS Identification Number: 342-4690		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 232			Total Population Served at End of Month: 580		
PWS Owner: CFAT H2O Inc					
Contact Person: Melisa Rotteveel			Contact Person's Title:		
Contact Person's Mailing Address: PO Box 5220			City: Ocala		State: FL Zip Code: 34478
Contact Person's Telephone Number: 727-848-8292			Contact Person's Fax Number: 727-849-4219		
Contact Person's E-Mail Address: mrotteveel@uswatercorp.com					

[illegible]

DEP Form 62-555.9
Effective August 28, 2003

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

 1-2-11
Signature and Date

OLIVER SHOCKLEY
Printed or Typed Name

C - 13924
License Number

PWS Identification Number: 342-4690

Plant Name: Landfair Subdivision

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *

- A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %[†] =

- B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %[†] =

- C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No ☐ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

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

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

Plant Name: Landfair

December-10

N Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Means of Achieving Ultraviolet Radiation

Other (Describe):

X Free Chlorine

Combined Chlorine (Chloramines)

Chlorine

Type of Disinfectant Residual Maintained in Distribution System:

[illegible]



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

DATE RECEIVED AND ANALYZED / TIME RECEIVED

DEC 9 '10 PM 3:03

RECEIVED BY: JP

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

3-1 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ _____ mg/L

THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED:

NOTIFIED BY:

DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:

☐ PAID

CHECK OR RECEIPT #

SYSTEM NAME:

Landfill

PWS ID:

342-4690

SYSTEM PHONE:

SYSTEM ADDRESS:

NE 7510 St. NE 200A

DCAL

COUNTY: MANIC

CLIENT:

US Water Services

COLLECTOR:

Driver V. Shackley

COLLECTOR PHONE:

678-2195

TYPE OF SUPPLY (Check Only One):

☒ Community Water System

☐ Non-Transient Non-community Water System

☐ Transient Non-community Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check All That Apply):

☒ Distribution Routine

☐ Distribution Repeat

☐ Raw (triggered or assessment)

☐ Raw (triggered or assessment) additional

☐ Well Survey

☐ Clearance

☐ Replacement (also check type of sample being replaced)

☐ Boil Water Notice

☐ Other:

SAMPLE COLLECTION DATE(S):

12-9-10

COMMENTS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)
1	East Well	8:25A	R	
2	West Well	8:35A	R	
3	7876 NE 200A	8:35A	D	1.4
4	Hilltop Apt# 160A	8:45A	D	1.4

Average of disinfectant residuals for routine and repeat samples.³

Free chlorine or Total chlorine (circle one).

1.4

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing disinfectant analysis is:

☐ A certified operator (# 113424)

☐ Supervised by a certified operator (# _____)

☐ Employed by a certified lab ☐ Employed by DEP or DOH

☐ Authorized representative of supplier of water

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: Colilert (SM9223B)

Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Report/ Submission Number:			
<u>M1014639</u>	<u>A</u>		
<u>M1014640</u>	<u>A</u>		
<u>M1014641</u>	<u>A</u>		
<u>M1014642</u>	<u>A</u>		

Time(s) Analyzed:

3:28pm

Michael Morse

TECHNICAL DIRECTOR

12-13-10

DATE

All tests are performed in accordance with NELAC standards.

Results: A = coliforms are absent; P = coliforms are present

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

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

*Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

US Water Services
4733 Bayview Blvd
West Palm Beach, FL 33462

DEP/DOH USE ONLY

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official: