

Ms. Ann Cole Commission Clerk Florida Public Service Commission 2540 Shumard Oak Blvd Tallahassee, FL 32399-0850 COMMISSIONERS: ART GRAHAM, CHAIRMAN LISA POLAK EDGAR RONALD A. BRISÉ EDUARDO E. BALBIS JULIE I. BROWN





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

Hublic Service Commission

April 13, 2011

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,

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)



See page 4 for instructions.

DE Jrm 62-555.900(3)

Effective August 28, 2003

A. Public Water System (PWS) Information PWS Name: LANDFAIR-MEADOWLAND WTP PWS Type: 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  A. Public Water System (PWS) Information PWS Identification Number: 3424690  PWS Identification Number: 3424690  Total Population Served at End of Month: 580  Contact Person's Title: Contact Person's Title: Contact Person's Title: Contact Person's Fax Number: (352) 732-4366  Contact Person's E-Mail Address: Steve Carroll - 208-4509	478
PWS Type:	478
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: 344  Contact Person's Telephone Number: (352) 622-4949 Contact Person's Fax Number: (352) 732-4366	478
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: 344  Contact Person's Telephone Number: (352) 622-4949 Contact Person's Fax Number: (352) 732-4366	478
Contact Person:  Contact Person's Mailing Address:  Contact Person's Mailing Address:  Contact Person's Title:  Contact Person's Telephone Number:  Contact Person's Telephone Number:  Contact Person's Fax Number:  Contact Person's Fax Number:  Contact Person's Title:  Co	478
Contact Person's Mailing Address: P.O. BOX 5220 City: OCALA State: FL Zip Code: 344  Contact Person's Telephone Number: (352) 622-4949 Contact Person's Fax Number: (352) 732-4366	478
Contact Person's Telephone Number: (352) 622-4949 Contact Person's Fax Number: (352) 732-4366	478
Contact Person's E-Mail Address: Steve Carroll - 298-4509	
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: 344	478
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 360000	
Plant Category (per subsection 62-699.310(4), F.A.C.): 5 Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	
Lead/Chief Operator 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 the	that tha
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 control to the best of my knowledge and belief.	
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 reco	
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 che	
rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner.	er so the PV
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)	
0//11//	
Educk While 2-3-16 EDWARD URBANEK DOCUMENT 6414560	OR-DATE
Signature and Date Printed or Typed Name License Numbe	er
Suit te/Alternate	R21 =

Page 1

FPSC-COMMISSION CLERK

PWS Identification Number: 3424690							Plant Name: LANDFAIR-MEADOWLAND WTP								
Means of	ily Data i of Achiev raviolet F	ing Four-L	nth/Year of: og Virus Inactiv	vation/Remo		Free Chl			lorine Dioxi		C Ozono			ned Chlorine (Chloramines)	
Type of	Disinfec	tant Resid	ual Maintaine	d in Distrib	ution System:		Free Chlori	ne		Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide	
	Days Plant				GT Calculations,	Or UV Dose; CT C Disinfectant Contact Time	alculations	ur-Log \	/irus Inactiv	ation, if Ap	plicable* UV	Dose	Lowest Residual Disinfectan		
Day of the	Staffed or Visited by Operator (Place	Hours Plant in	Net Quantity of Finished Water	Peak Flow	Disinfectanct Concentration (C) Before or at First Customer During Peak Flow,	(I) at C Measurement Point During Peak Flow.	Lowest CT Provided Before or at First Customer During Peak Flow,	Temp of Water	pH of Water, if	Minimum CT Required	UV Dose, mW-	Required, mW-	Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System.	
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/L	* minutes	ing-min/L	oC.	Applicable	*mg-min/L	sec/cm2	sec/cm2	System, mg/	LL Components Out of Operation HOLIDAY CHECK	
111	X	24	30675											WEEKEND CHECK	
2	X	24	30675											WEEKEND CHECK	
3		24	30675										0.9		
- 4	X	24	30675				-						0.9		
5	X	24	0				-				-		0.7		
6	X	24	47500			-					-		0.7		
7	X	24	1400			inimize a series and	<u> </u>						0.8		
8	X	24	0								-		0.9	WEEKEND CHECK	
. 9	X	24	49933								-			WEEKEND CHECK	
10		24	48933								<u> </u>		1.1		
11	X	24	48933	-				- 6					1.2		
12	X	24	0		-						<del>                                     </del>		1.1		
- 13 .	X	24	88600		<del> </del>		<del>                                     </del>				<del>                                     </del>		1.3		
1.4	X	24	40000	<del> </del>	-								1.1		
15	X	24	28100				<del>                                     </del>							WEEKEND CHECK	
16	1 -	24	28100				1								
18	X	24	28100	<del>                                     </del>									1.2		
19	X	24	38400										1.0		
20	X	24	47600				1						0.9		
21	X	24	36400					The factor of	All Comments				1.1		
22	X	24	13300										1.2		
23	X	24	28866											WEEKEND CHECK	
24	^	24	28866				1		7			1.224			
25	X	24	28866										1.3		
26	X	24	20700			The second second							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	

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

28083

870563 28083 88600

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

Total Average

24

31



See page 4 for instructions.

DEP F 62-555.900(3)

A. Public Water System (PWS) Information PWS Name: LANDFAIR-MEADOWLAND WTP PWS Type: Community I Non-Transient Non-Community Number of Service Connections at End of Month: 232 PWS Owner: CHARLES DEMENZES	ity	PWS Identification N Transient Non-Community Total Population Served at End	Consecutive	3424690 580
Contact Person:	0.4	Contact Person's Title:		
Contact Person's Mailing Address: P.O. BOX 5220 Contact Person's Telephone Number: (352) 622-4949	City:	OCALA Contact Person's Fax Number:	State: FL (352) 732-4366	Zip Code: <u>34478</u>
Contact Person's E-Mail Address: Steve Carroll - 208-4509	5	Contact Person's Pax Number.	(332) 132-4366	
Ochraci Colorio E man / Idaloco.		-		
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.): <u>C</u>
Licensed Operators Name	licens	e Class License Number	Dayle	)/Shift(s) \Norked
Lead/Chief Operator. EDWARD URBANEK		C 14560	IDAY	(Sim(s) Worked
Other Operators: JOHN W. BRYANT		C 7566	2/15,,26,28/2010	
VINCENT BROWN		C 13891	WEEKENDS	
MICHAEL HAMMER		C 8519		VEEKENDS
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	stor of the water treatment plant id	optified in Doct Laf	this report I contifue that the
information provided in this report is true and accurate to the best of my knowledge	e and helie	of I certify that all drinking water to	enuneu in Fait 101	used at this plant conform to
NSF International Standard 60 or other applicable standards referenced in subsection	tion 62-55	5.320(3) FAC* Lalso 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 indicated above: (1) record	s of amounts of che	emicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. F	urthermore	e. I agree to provide these addition	nal operations reco	rds to the PWS owner so the PWS
owner can retain them with copies of this report, at a convenient location for at lea	st ten year	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 reports and are responsible for retain	ning them)	
Signature and Date Bryon 3-5-10		JOHN W. BRYANT Printed or Typed Name		C-7566 License Number
Substituto/Afternate	7			<i>(</i>

**	n
	P
ONTHLY OPERATION REPOR	V
	r
	25,540,00
IS.	
the Month/Yea MARCH	
System (PWS) Information	
LANDFAIR-MEADOV	D
Community   Non-Trans	į
ections at End of Month: 23:	N
HARLES DeMENZES	
	() () ()
Address: P.O. BOX 5220	1000
one Number: (352) 622-4949	
Address: Steve Carroll - 208-4	0800
ant Bloot Information	100
ent Plant Information	W.C
ANDFAIR-MEADOWLAND WTP	200
E 78TH ST CR 200A	100
Plant F Pow Cround Ma	
y Plant: Raw Ground Wa Operating Capacity of Plant, gallons	
ection 62-699.310(4), F.A.C.):	
Name	
OHN W. BRYANT	No.
DSEPH J. VIVONA	
NCENT BROWN	į
M FISH	0

TAAYAB .W AHC	the same of the last of the
ANOVIV J. H932C	
INCENT BROWN	
IM FISH	

#### Chief Operator

\* treatment plant operator licensed in this report is true and accurate to the lard 60 or other applicable standards ch day that a licensed operator staffer ole, appropriate treatment process pe vith copies of this report, at a conveni e and have been advised of the proper type to purch

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

PWS Identification Number: 3424690 Plant Name: LANDFAIR-MEADOWLAND WTP II. Daily Data for the Month/Year of: FEBRUARY 2010 Means of Achieving Four-Log Virus Inactivation/Removal: \* Free Chlorine Chlorine Dioxide C Ozone Combined Chlorine (Chloram Ultraviolet Radiation T Other (Describe)

Type o	Disinice	ctant Resi	dual Maintain	ed in Distrib	oution System:		Free Chlor	ine		Comb	oined Chori	ne (Chlome	minaa)	FOLINI
於沙漠				<b>多级经验</b>	GT Calculations	or UV Dose	o Demonstrate Fo	ur Loo	Vinis Inactio	Vation CEA	SALES SEE SEE SEE	ne (Chiorar	nines)	Clorine Dic
認識	Days			Particular Superiors		CTC	alculations	STANDAY	CONTRACTOR OF STATE	Set le Service	phoable 1 IV	Dose		
2000	Plant		<b>国家的</b> (1) (1) (1)	PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF	Lowest Residual	Disinfectant	MANAGE AND STREET	10055	Selection (C)	A CONTRACT OF STREET	The second of	Dose	Lowest	<b>建设工程</b>
	Staffed or	學的學			Disinfectanct	Contact Time	D. S. B. M. A. C. A. C.						Residual	
	Visited				Concentration	(T) at C	Lowest CT						Disinfectant	
	by			<b>新闻</b> 到高	(C) Before or at		Provided Before or	2.30	<b>不是为</b>			Minimum	Concentration	1
	Operator	Hours	Net Quantity of	<b>参加的一边</b>	First Customer	Point Durings	at First Customer	Temp	A STREET WAS A CONTROL OF THE PARTY OF THE P	Minimum	Operating		at Remote	
the	(Place	Plantin	Finished Water	Peak Flow	During Peak Flow,	Peak Flow.	During Peak Flow,		Water, if	Required	mW-	Required,	Point in	Emergency or A
Month	"X")		Produced, gal	Rate, gpd	mg/L	minutes	mg-min/L	oC 1	Applicable	The min/I	ш w-	mW-sc	Distribution	THE PROPERTY OF THE PROPERTY O
11/2	X	24	30433						- ipplicable	amg-anavia	SCU CHIZ	sec/cm2	The state of the s	Co
2	X	24	29900										0.8	
3	X	24	40500										0.7	
4	X	24	34900										1.0	
5	X	24	0										1.1	-
6 -	X	24	40066										1.0	
7,4		24	40066											WEEKEND CHEC
8	X	24	40066											
9	X	24	0				T						1.1	
10	X	24	47400										1.1	
1135	X	24	32700										1.1	
12	X	24	0										1.0	799
13	X	24	40866		DE PROGRAMA CONTRACTOR DE LA CONTRACTOR DE								1.1	
14		24	40866											WEEKEND CHECK
15	X	24	40866											
16	X	24	33500									-	1.2	
:17	X	24	41300								-		1.3	
18	X	24	0										1.3	
19	X	24	37800								-		1.2	
20	X	24	33033										1.4	
21		24	33033	section to the										WEEKEND CHECK
22	X	24	33033										1.6	
23	X	24	4200										1.5	
24	X	24	45600										1.4	
25		24	37050								-	-	1.5	
26	X	24	37050					-					17	
27	X	24	18450								-		1.6	nmerca -
28	X	24	18450										1.7	WEEKEND CHECK
29		24									-	-	1.7	SAMPLE - 2 WELLS
30		24								-		-		
31	20/20/04/04	24									-			
tal	1	<b>***</b> *********************************	831128											
erage	Long State	SECTION SEC	29683											

<sup>\*</sup>Refer to the instructions for this report to determine which plants muxt provide this information

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

PWS Identification Number:				3424690 Plant Name: LANDFAIR-MEADOWLAND WTP									-	
leans o	f Achiev	for the Mor ing Four-Lo Radiation	nth/Year of: g Virus Inactiv		MARCH 2010 val: * Describe):	orine	□ Ch	lorine Dioxi	de	Γ∄ Ozone Γ∄ Combine			ed Chlorine (Chloramines)	
wna of	Dicinfec	tant Residu	al Maintaine				Free Chlori	ine		T Comb	ined Chori	ne (Chloran	nines)	Clorine Dioxide
y pe or	Disinite C	tant Reside			CT Calculations,	or UV Dose, t	o Demonstrate For	ur-Log	Virus Inactiv	ation, if Ap	plicable*	and the same		
			-1.1		S. Segantian	CT C	alculations	GPASSALE		PR 96/3	WWW.UV	Dose	Lowest	
	Days :				Lowest Residual	Disinfectant		The state of the s				32.00	Residual	
	Staffed or				Disinfectanct	Contact Time		25,00					Disinfectant	<b>大学工程,他是对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对</b>
	Visited				Concentration *	(T) at C	Lowest CT				Lowest	Minimum		
	by	A Commence		AND MESS	(C) Before or at	Measurement		F8348968 1008		Minimum	Operating	UV Dose		
Day of	Operator		Net Quantity of		First Customer	-Point During-	at First Customer	of		СТ	UV Dose,	Required,		Emergency or Abnormal Operating Conditions, Repair or
the	(Place	Plant in	Finished Water	Peak Flow	During Peak Flow,	Peak Flow,	During Peak Flow,	Water		Required	= mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")		Produced, gal	Rate, gpd	mg/L	minutes	mg-min/L	oC*	Applicable	mg-min/15	sec/cm2	sec/cm2	System, mg/:L	Components Out of Operation
1	X	24	41100										1.6	
2:	X	24	0										1.5	
3	X	24	67200 4300										1.5	
4	X	24	36800										1.8	
5	X	24	24800											WEEKEND CHECK
7		24	24800											
8	X	24	24700										1.9	
9	X	24	42300	1									1.6	
10	X	24	0										1.4	
11	X	24	41000										1.8	
12	X	24	36100		N. 1. M. 1.								1.9	
13	Х	24	25400											WEEKEND CHECK
14		24	25300											
15	X	24	25300								-		2.6	DEDUCE CLASSIC CO.
16	X	24	40900				ļ	-			-		2.5	REDUCE CL2 FEED 4%
17	X	24	42100		-		<b> </b>	-		-	-		1.9	
18	X	24	34900						<del> </del>		-		1.7	
19	X	24	19700 28600	<del> </del>	-	-	100000000000000000000000000000000000000					7-1-	1.1	WEEKEND CHECK
20	X	24	28600	The second second										
21	X	24	28600					EVE S				A.E. E.A.	1.6	The state of the s
23	X	24	35400										1.5	SAMPLE - 2 WELLS, 2 LINES
24	X	24	0	1									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								1.6	
		SAMME STATE	962000	_										
Aspran	A STANKSTON	17 - A 18 18 18 18 18 18 18 18 18 18 18 18 18	31032											

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

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



See page 4 for instructions.

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

I. General Information	for the Month/Yea APRIL 2010				
	er System (PWS) Information				
PWS Name:	LANDFAIR-MEADOWLAND WTP		PWS Identification N		3424690
	Community Non-Transient Non-Community		Transient Non-Community		
Number of Service Co.	nnections at End of Month: 232		Total Population Served at End	of Month:	580
PWS Owner:	CHARLES DeMENZES				
Contact Person:			Contact Person's Title:		524 - 221 - 1 - 1 - 1 - 1 - 1 - 2 - 2 - 2 -
Contact Person's Maili	ng Address: P.O. BOX 5220	City:	OCALA	State: FL	Zip Code: 34478
Contact Person's Tele	phone Number: (352) 622-4949		Contact Person's Fax Number:	(352) 732-4366	
Contact Person's E-Ma	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: <u>34478</u>
Type of Water Treated	by Plant: Raw Ground Water	Purcha	ased Finished Water		
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:		360000		
Plant Category (per su	ubsection 62-699.310(4), F.A.C.): 5	-	Plant Class (per subs	section 62-699.310	0(4), F.A.C.): C
Train outogory (por or					
Licensed Operators	Name	The second second second	se Class License Number		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	
	High of Operator		L		
II. Certification by Lea	ter treatment plant operator licensed in Florida, am the lead/cl	nief oner	ator of the water treatment plant in	lentified in Part I of	this report. I certify that the
i, the undersigned wa	n this report is true and accurate to the best of my knowledge	and helie	ef I certify that all drinking water t	reatment chemical	s used at this plant conform to
information provided i	ndard 60 or other applicable standards referenced in subsection	on 62-55	55 320(3) FAC • Lalso certify the	at the following add	litional operations records for this
NSF International Sta	each day that a licensed operator staffed or visited this plant d	uring the	month indicated above: (1) record	ds of amounts of ch	nemicals used and chemical feed
plant were prepared e	able, appropriate treatment process performance records. Fu	orthermor	re Lagree to provide these addition	nal operations reco	ords to the PWS owner so the PW
rates; and (2) If applic	n with copies of this report, at a convenient location for at leas	t ten vea	rs **	nar operations rec	
owner can retain their	rine 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 reta	ining them)	
("Our chems furnish the cho.	and and a second				
2			,		
*	2 MATTER 5-2-10		KENNETH ESTES		C-12032
Sidnotura	and Date		Printed or Typed Name		License Number
Signature	and bate		7,124		
Substit <sup>, '~</sup> /Alternate	e	- 6			· ·

PWS Identification Number: 3424690					3424690	Plant Name: LANDFAIR-MEADOWLAND WTP							•	
Means of	Achiev	ing Four-Lo		Other (	Describe):	Free Chle					C Ozone			d Chlorine (Chloramines)
Type of	Disinfec	tant Resid	ual Maintaine	d in Distrib	ution System:		Free Chlor				ined Chorin		nines)	Clorine Dioxide
	Days Plant Staffed or				CT Calculations,  Lowest Residual  Disinfectance	Disinfectant Contact Time	alculations	ur-Log	Virus Inactiv	ation, if Ap	UV	Dose	Lowest Residual Disinfectant Concentration	
Day of the Month	Visited by Operator (Place ("X")	Plant in	Net Quantity of Finished Water Produced, gal	Peak Flow	Concentration (C) Before or at First Customer During Peak Flow mg/L	(T) at C Measurement Point During Peak Flow minutes	Lowest CT Provided Before of at First Customer During Peak Flow mg-min/L	of Water	pH of Water, if Applicable	Minimum CT Required mg-min/L	UV Dose, mW-	Minimum UV Dose Required, mW- scc/cm2	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
100	X	24	19300					-					1.8	
2	X	24	17700										2.3	LUTTURE CUTCH
3	X	24	36700											WEEKEND CHECK
4		24	36700					-					2.0	
5	X	24	36700	-	-								2.0	CHECK HOA WEST WELL
6	X	24	35400					-	-		1		2.1	CHECK HOW WEST WELL
7	X	24	34400					1					1.6	
8	X	24	41400					1					1.5	
10	X	24	26700											WEEKEND CHECK
11		24	26500											
12	Х	24	26500										1.2	
13	X	24	39000										1.3	
14	X	24	20000										1.2	
15=	Х	24	19400										1.3	
-16	X	24	35500								-		1,1	REPRIME CL2 PUMP
17	X	24	30333					-						WEEKEND CHECK
18		24	30333	-				-	-	-	-		1.2	
19	X	24	30333 45300		ļ	-		-					1.2	
20	X	24	34400			<del>                                     </del>		+	-				1.2	
21 22	X	24	26400	+		-		+					1.2	
23	X	24	10700	1				1				Gigo C	1.2	
24 +	X	24	37100											WEEKEND CHECK
2.5	A	24	37100											
26	Х	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	Х	24	38000										0.4	REPAIR CL2 PUMP & INJECTION POINT
3149		24				1								
		2.有些为40	884399	1										
Average	entropy of	SANGE OF STREET	29480	1										

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

Maximum 45300 45300 \*Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

Effective August 28, 2003

I: General Information	n for the Month/Ye	i c	MAY 2010						
	ter System (PWS						Transition of the Contract of	. 70 J. D. W. D.	
PWS Name:			ADOWLAND WTP		<u> </u>	PWS Identification No		3424690	_
PWS Type:	Community		n-Transient Non-Community				Consecutive		
Number of Service Co		Charles and the San State of the Control of the Con	232		Total Popula	ation Served at End of	of Month:	580	
PWS Owner:	CHARLES DeM	ENZES							
Contact Person:					Contact Per	son's Title:	1		
Contact Person's Mai		P.O. BOX 522	SOLO CONTRACTOR AND ADDRESS OF THE PARTY OF	City:	OCALA		State: FL	Zip Code	34478
Contact Person's Tele		(352) 622-494			Contact Per	son's Fax Number:	(352) 732-4366		
Contact Person's E-M	lail Address:	Steve Carroll	- 208-4509		-				_
B. Water Tre	atment Plant Infor	mation							
Plant Name:	LANDFAIR-MEA	DOWLAND WT	P		Plant Teleph	none Number:	(352) 622-4949		
Plant Address:	NE 78TH ST CF	200A		City:	OCALA		State: FL	Zip Code:	34478
							1		
Type of Water Treate		Raw Grou		Purcha	ased Finished	Water			
Permitted Maximum D					360000				
Plant Category (per s	ubsection 62-699.	310(4), F.A.C.):	5		_	Plant Class (per subs	ection 62-699.310	(4), F.A.C.):	C
which was a supplied and the Royal Control of the C				or characteristics arisened to			A		
Licensed Operators		Name	Security Control of the Control of t		e Class	License Number	Day(s	s)/Shiff(s) Worke	d 💮 📑
Lead/Chief Operator	KENNETH EST				С	12032	DAYS & WEEKE	ENDS	
Other Operators	VINCENT BROV	VN			С	14184	WEEKEND		
	TIM FISH				В	7477	WEEKEND		
Markey Stability									
or a few although									
II. Certification by Le	ad/Chief Operator								
			ed in Florida, am the lead/chi	ef opera	ator of the wa	ter treatment plant id	entified in Part I of	this report. I ce	rtify that the
			to the best of my knowledge a						
			dards referenced in subsectio						
plant were prepared	each day that a lic	ensed operator	staffed or visited this plant dur	ring the	month indica	ted above: (1) record	s of amounts of ch	nemicals used ar	d chemical feed
			ss performance records. Furt						
			nvenient location for at least						
			to purchase) (**Our clients are provid			and are responsible for retain	ning them)		
	7	/	,				V .		
_/		1/1							
E.	nounth	dix	10-7-10		KENNETH I	ESTES		C 4	2032
Signature	and Date	( and	7 10		Printed or T			License N	
Joignature	and Date				I TITLEG OF T	ypod Marrie		LICEUSE IV	unibel
Substi /Alternat	re			1					(
DEP 1 62-555.				1					

PWS Identification Number: 3424				3424690		Plant Name:		LANDFAIR	-MEADO	WLAND W	TP			
eans o	of Achiev	ing Four-Lo	nth/Year of: og Virus Inactiva	tion/Remov	Describe):				nlorine Dioxid	le	C Ozone	•	Combine	d Chlorine (Chloramines)
pe of	Disinfec	tant Resid	ual Maintained	in Distribu	ution System:		Free Chlor	ine		Comb	ined Choris	ne (Chloran	nines)	Clorine Dioxide
	Days Plant Staffed or Visited		AND 2000 (		Lowest Residual Disinfectanct Concentration	Disinfectant Contact Time (T) at C	Demonstrate Fo alculations Lowest CT				UV Lowest	Dose Minimum	Lowest Residual Disinfectant Concentration	
y of he	by Operator (Place "X")	Plant in	Net Quantity of Finished Water Produced, gal	Peak Flow	(C) Before or at First Customer During Peak Flow mg/L	Point During Peak Flow,	Provided Before or at First Customer During Peak Flow, mg-min/L	of	pH of	Minimum CT Required- mg-min/L	UV Dose,	UV Dose Required, mW- sec/cm2	at Remote Point in Distribution System, mg/ L	Emergency or Abnormal Operating Conditions, Repair of Maintenance Work that Involves Taking Water System Components Out of Operation
1 100	X	24	36000											WEEKEND CHECK
<b>2</b> (18)		24	36000									190		
3 14	Х	24	36000										1.2	
	Х	24	40000										1.2	
5	X	24	8000										1.4	CK WELLS - ALL OKAY
5	X	24	45200										1.3	
	X	24	39000										1.1	
1		24	39466						-					WEEKEND OFFICE
) 濃	X	24	39466					-	-				0.6	WEEKEND CHECK RE-PRIMED CL2 PUMP
0	X	24	39466					-	-				0.6	INCREASE CL2 FEED TO 75%
1	X	24	34200					-			-		1.0	DECREASE CL2 FEED TO 60%
2	X	24	30200 19400		<del> </del>	<del> </del>		-	<del>                                     </del>				1.3	DECREASE CE2 FEED TO 0076
4	X	24	16200										1.4	
5	X	24	28100											WEEKEND CHECK
6	_ ^	24	28100											
7	х	24	28100										1.4	
8	X	24	74500										0.7	SAMPLE - 2 WELLS, 2 LINES
9	X	24	0										1.6	
0	X	24	35800										1.6	DECREASE CL2 FEED TO 50%
21	X	24	40800				Date: 100 (400 day)						1.8	
2	X	24	40266											WEEKEND CHECK
23		24	40266						-				16	
24	X	24	40266					-			-		1.6	
25	X	24	41300		-	-		-					1,4	
26	X	24	36400			-		-	-				1.4	
27	X	24	38700		-							1	1.3	
28	X	24	33500 37233		-	1	<del> </del>	+			1	1	1.4	WEEKEND CHECK
29	X	24	37233		<del> </del>	-		1			1			The state of the s
30 31	X	24	37233					1			1	1	1.7	
No. of Concession, Name of Street, or other Publisher, Name of Street, Name of		24	1076395											
erag	easter	<b>建筑地区</b>	34722											
xim	um	<b>新文学的学</b> 、在	9 /45UU											

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

<sup>\*</sup>Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

Effective August 28, 2003

1. General Information for the Month/Yes JUNE 2010					
A. Public Water System (PWS) Information	<del>-</del>				
PWS Name: LANDFAIR-MEADOWLAND WTP	F	PWS Identification N	umber.	3424690	
PWS Type: Community Non-Transient Non-Commun		nt Non-Community			•
Number of Service Connections at End of Month: 232	Total Popula	tion Served at End	of Month:	580	
PWS Owner: CHARLES DeMENZES					
Contact Person:	Contact Per	son's Title:	Annual Annual Control		
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	son'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 Teleph	one 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	<del></del>			_
Plant Category (per subsection 62-699.310(4), F.A.C.). 5		Plant Class (per sub	section 62-699.310	(4), F.A.C.):	<u>C</u>
Licensed Operators Name	Licones Class	License Number	Dawle	VChi#(a)\\\lanka	
Licensed Operators Name Lead/Chief Operator: KENNETH ESTES	C C	12032	DAYS & WEEKE		
Other Operators: VINCENT BROWN	C	14184	WEEKENDS	INDS	
Other Operators: VINCENT BROWN	C .	14104	WEEKENDS		
			-		
	<del> </del>				
	-				
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed in Florida, am the lead	dichief operator of the wal	ter treatment plant in	lentified in Part Lof	this report I con	if that the
information provided in this report is true and accurate to the best of my knowled					
NSF International Standard 60 or other applicable standards referenced in subse					
plant were prepared each day that a licensed operator staffed or visited this plan					
rates; and (2) if applicable, appropriate treatment process performance records.					
owner can retain them with copies of this report, at a convenient location for at le		Novide these addition	na operations reco	ids to the FVVS t	When so the FVV
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are		and are responsible for reta	ining them)		
( Our official fallowing and fall of other field of the property of the particles)	provided into sopios of all reports	and and responditive to rela	and money		
1 10%					
1/2 WINTH - 1/60 /-1-10	KENNETH I	ESTES		0.41	2022
Signature and Date	Printed or T			License Nu	2032
Joignature and Date	Filined OF F	ypou Maine		License N	illinel
Substit **-/Alternate	1				1
DEP (62-555.900(3)					1

PWS Identification Number: 3424690		Plant Name: LANDFAIR-MEADOWLAND WTP								<u> </u>				
Means o	f Achiev	ring Four-La	onth/Year of: og Virus Inactiv	vation/Remo	Describe):	Free Chl			lorine Dioxi		□ Ozone			ed Chlorine (Chloramines)
Type of	Disinfe	tant Resid	ual Maintaine	d in Distrib	ution System:		Free Chlor				ined Chorin	ne (Chloran	nines)	Clorine Dioxide
	Days Plant Staffed or Visited				Lowest Residual Disinfectance Concentration	Disinfectant Contact Time (T) at C					Lowest		Lowest Residual Disinfectant Concentration at Remote	The second secon
Day of the Month	by Operator (Place "X")		Net Quantity of Finished Water Produced, gal	Peak Flows Rate, gpd	(C) Before or at First Customer During Peak Flow mg/L	Point During Peak Flow	Provided Before or at First Customer During Peak Flow, ing-min/L	of Water	pH of Water, if	CT. Required	Operating UV Dose, mW- sec/cm2	Required, mW-	Point in Distribution	Thergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System.  Components Out of Operation
13-1 mg	X	24	36200										1.4	
2	X	24	36800		1								1.4	
3	X	24	40000										1.5	
4	X	24	39100										1.5	
22.5	X	24	40250											WEEKEND CHECK
6		24	40250										1	<del> </del>
7.7	X	24	40250								<del> </del>		1.4	
- 8	X	24	0								-		1.4	
9	X	24	83800								<del> </del>		1.5	
10	X	24	18400		<del> </del>	+		<u> </u>			<b> </b>		1.8	TURN CL2 PUMP DOWN-#2 WELL IN OFF POSITION
11-	X	24	54900	-	<del> </del>								1.0	WEEKEND CHECK
12	_^	24	54900											
14	Х	24	54900		<del>                                     </del>								1.6	
15	X	24	100000	1									1.5	
16	X	24	29200								La E		1.7	#2 WELL OFF
17	X	24	0										1.5	
18	X	24	84800		Direction Control of the Control of								1.7	#2 WELL AUTO
19		24	26166											
20	X	24	26166										ļ	WEEKEND CHECK - #2 WELL OFF
21	X	24	26166										1.7	#2 WELL OFF LINE WELL MOTOR TO BE DEBY A CO
22	X	24	42900				-	-			-		1.6	#2 WELL OFF LINE - WELL MOTOR TO BE REPLACE
23	X	24	0		<del> </del>	-	-	-			-		1.7	
. 24	X	24	77600	-		<del> </del>	-	-	<b> </b>			-	1.7	
25	X	24	20366	-		+	-	-	<del>                                     </del>		1		1.7	WEEKEND CHECK - #2 WELL OFF
26	X	24	28366 25366			1			<b> </b>				<del> </del>	THE THE PARTY OF T
27	N V	24	25366	-		1							>2.2	
28	X	24	86800	+	-					-	1		1.7	
30		24	0	1				1	1				1.8	EAST WELL STILL OFF LINE - REPAIRS
31	-	24	1 -	1										SCHEDULED
※当5. <b>3.1</b> 第	11	24	1110646	-				-		-	-	-		

37288 100000

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

<sup>\*</sup>Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

Effective August 28, 2003

General Information for the Mon	th/Yes	JULY 2010						
. Public Water System (F								
PWS Name:	LANDFAIR	-MEADOWLAND WTP		PWS I	dentification N	umber:	3424690	<u> </u>
PWS Type: Comm	unity T	Non-Transient Non-Community		Transient Nor	n-Community	T Consecutive		Property of the second
umber of Service Connections at		232		Total Population S	Served at End	of Month:	580	
	DeMENZES						- Million	
ontact Person:				Contact Person's	Title:			
ontact Person's Mailing Address:	P.O. BOX	5220	City:	OCALA		State: FL	Zip Code	: 34478
ontact Person's Telephone Numi				Contact Person's	Fax Number:	(352) 732-4366		
ontact Person's E-Mail Address:		roll - 208-4509				1002/102 1000		
Unitact Person's E-Iviali Address.	Olove our	1011 200 1000		1950 244.				
. Water Treatment Plant	Information							
		MTD		Plant Telephone N	dumber	(352) 622-4949	r Marianta	
-	-MEADOWLAND	VVIE	City	OCALA	vullibel.	State: FL	Zip Code:	24470
lant Address: NE 78TH S	T CR 200A	F2	City.	OCALA		State. FL	Zip Code.	34476
CAN In The Indian	E David	Ground Water	Durch	ased Finished Wate	r			
ype of Water Treated by Plant:			Purcha		21			
ermitted Maximum Day Operating	Capacity of Plai	nt, gallons per day:		360000	Ness (per sub-	section 60 600 04	0(4) = 4 0 ).	C
lant Category (per subsection 62	-699.310(4), F.A.	C.): <u>5</u>		_ Plant C	Jass (per subs	section 62-699.31	U(4), F.A.C.):	C
			norphenical				(-VICE:#/-) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Name		Market State of the State of th				(s)/Shift(s) Worke	O .
ead/Chief Operator: KENNETH		1		C	12032	DAYS & WEEK	END2	
ther Operators: VINCENT B	BROWN			C	14184	WEEKENDS		
Mark Reported								
								Name of the Control o
ANG PER								
								4 - 7 - 4 - 1
				Beginning and a second second				
Certification by Lead/Chief Ope	erator							
the undersigned water treatmen	t plant operator li	censed in Florida, am the lead/ch	ief opera	ator of the water trea	atment plant id	lentified in Part I o	of this report. I ce	rtify that the
nformation provided in this report	is true and accur	ate to the best of my knowledge	and belie	ef. I certify that all d	Irinking water t	reatment chemica	als used at this pla	ant conform to
ISF International Standard 60 or	other applicable	standards referenced in subsection	on 62-55	55 320(3) FAC* L	also certify tha	at the following ad	ditional operation	s records for
plant were prepared each day that	t a licensed open	eter staffed or visited this plant du	iring the	month indicated ah	ove: (1) record	te of amounts of	chemicals used ar	nd chemical f
ates; and (2) if applicable, approp	rioto trootmont n	rocces performance records Eu	rthermor	re Lagree to provide	a these addition	nal operations rec	cords to the DWS	Owner so the
ates; and (2) if applicable, approp	mate treatment p	cocess perioritiance records. Fu	tonyon	re, ragree to provide	e li lese additio	nai operations rec	colds to the FWS	OWNER SO THE
owner can retain them with copies *Our clients furnish the chlorine and have be	or this report, at	a convenient location for at least	ded with a	ID.	rasponsible for rate	ining them)		
Our clients furnish the chlorine and have be	in advised of the proper	type to purchase) (**Our chents are provi	ided with co	opies of all reports and are	responsible for relai	ming them)		
/	/							
	NEX	0 7-17						
KIRMALI	A CALL	1 8-2-10		KENNETH ESTES	The same of the sa		C-1	12032
Signature and Date	V. 40.000			Printed or Typed I	Name	4	License N	lumber
Substite '-/Alternate			(					
DEP ( 62-555.900(3)			1				*	

PWS I	dentifi	cation Nun	nber:		3424690		Plant Name:		LANDFAIR	AIR-MEADOWLAND WTP				-
Means	of Achie	eving Four-L	nth/Year of: og Virus Inactiv	vation/Remov	Describe):	Free Chlo	orine	Ch Ch	lorine Dioxid		C Ozone			ed Chlorine (Chloramines)
Type	f Disinf	ectant Resid	ual Maintaine	d in Distribu	ution System:		Free Chlor			T   Comb	ined Chorin	ne (Chloram	ines)	Clorine Dioxide
	Days Plant Staffed			AND THE PERSON NAMED IN	Lowest Residual  Distinfectance	CT Ca Disinfectant Contact Time	lculations	ur-Log A	/irus Inactiv	ation, if Ap	UV s	Dose	Lowest Residual Disinfectant Concentration	
Day of the Month	Visite by Operat (Place "X")	or Hours Plant in	Net Quantity of Finished Water Produced, gal-	Peak Flow	Concentration (C) Before or at First Customer During Peak Flow, mg/L	Point During Peak Flow	Lowest CT. Provided Before or at First Customer During Peak Flow, mg-min/L	of_	CONTRACTOR AND AND ADDRESS OF THE PARTY OF T	Minimum CT Required mg-min/L	Operating UV Dose, mW-	Required, mW-	at Remote Point in Distribution System, mg/:L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Our of Operation
1	X	24	76300										1.6	EAST WELL PUMP REPAIR -SCHEDULE
2	X	24	0										1.4	CLEARENCE FOR 7/5/10 - FLUSH WELL
3	X	24	0											WEEKEND CHECK
4		24	0										1.2	PLOT WELL THOU PROTOCAL PURTEROR
5	X	24	12700										1.3	EAST WELL FUSH PROTOCAL IN EFFECT
6.5	X	24	163000					-					1.5	SAMPLE EAST WELL SAMPLE EAST WELL
17	X	24	43900					-					1.6	SAMPLE EAST WELL
8	X	24	30900					-					1.6	
9	X	24	35100					-					1.0	WEEKEND CHECK
10	X	24	25500		<b> </b>									WELKEND CIECK
11		24	25500					-					1.4	REPEAT SAMPLE EAST WELL
12	X	24	25500 17500		ļ								1.4	
13	X	24	24000	-							1		1.5	
. \$14		24	36200	+									1.7	EAST WELL OFF
15 16	X		43000	<del> </del>									1.5	
17	^	24	48000	1										
18	X		48000											WEEKEND CHECK
19			0										1.5	FLUSH EAST WELL- SAMPLE
20	200		35200										1.5	SAMPLE
21	2.7		40700										1.6	
22	X		0										1.7	
23	Х	24	34600										1.6	
24	X	24	51996					-						WEEKEND CHECK
25		24	51996										16	CAMPLE AUTHORATORS
26	X	24	51996			-		-			-		1.6	SAMPLE - 2 WELLS, 2 LINES
27	X	24	0					-	-		-	-	1.3	EAST WELL BACK ON LINE
28	Х	24	45000					-	-	-	-	-	1.7	
29	2000		42200					+	-		-	-	1.9	
30	100.00		36600	-		-	<b> </b>	-	-	-	-		1.9	
31	-	24	36600	-									1	

34903 163000

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Average Manager Assets

<sup>\*</sup>Refer to the instructions for this report to determine which plants muxt provide this information



See page 4 for instructions.

1/ 1/ n/ AUGUST 2010				
J. General Information for the Month/Yea AUGUST 2010				
A. Public Water System (PWS) Information PWS Name: LANDFAIR-MEADOWLAND WTP		PWS Identification N	umber 34	424690
		Transient Non-Community		
		Total Population Served at End		80
Number of Service Services		Total Topalation out to at Ena	Wildian.	
1 VVO OWNION		Contact Person's Title:		
Contact Person's Mailing Address: P.O. BOX 5220	City	OCALA	State: FL	Zip Code: 34478
OUTROOT OF THE STATE OF THE STA	City.	Contact Person's Fax Number:	(352) 732-4366	Zip oode. 04170
Contact Person's Telephone Number: (352) 622-4949- (352)622-3951  Contact Person's F-Mail Address: Steve Carroll - 208-4509		Contact reisons rax rumber.	(332) 132-4300	AND THE RESERVE
Contact Person's E-Mail Address: Steve Carroll - 208-4509		-		
No. to Tour Tour Information				
B. Water Treatment Plant Information Plant Name: LANDFAIR-MEADOWLAND WTP		Plant Telephone Number:	(352) 622-4949	
	City	OCALA	State: FL	Zip Code: 34478
Plant Address: NE 78TH ST CR 200A	Oity.	COALA	Otato. 1 L	
Type of Water Treated by Plant: Raw Ground Water	Purcha	ased Finished Water		
Type of Water Treated by Plant: Raw Ground Water  Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1 drone	360000		
Plant Category (per subsection 62-699.310(4), F.A.C.): 5		Plant Class (per subs	section 62-699 310(4)	, F.A.C.): C
Plant Category (per subsection 62-059.510(4), 1.7.0.j.			.,,	
Licensed Operators Name	Licens	se Class License Number	Day(s)/S	hift(s) Worked
Lead/Chief Operator: KENNETH ESTES		C 12032	8/1/10 AND WEEK	ENDS
Other Operators: CHARLES RICHARD		D 4525	DAYS & WEEKEND	
VINCENT BROWN	The second second	C 14184	WEEKENDS	The state of the s
VINOLITI BIOTIL				
	14.1			
	-		1	
	144			
u o co k - h l es d/Objet Occrator	-		·	
II. Certification by Lead/Chief Operator  I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief	ief oner	ator of the water treatment plant id	entified in Part Lofthi	s report. I certify that the
information provided in this report is true and accurate to the best of my knowledge a	and helie	ef I certify that all drinking water t	reatment chemicals u	sed at this plant conform
NSF International Standard 60 or other applicable standards referenced in subsection	on 62-55	55 320(3) F A C.* Lalso certify the	the following addition	nal operations records for
plant were prepared each day that a licensed operator staffed or visited this plant du	iring the	month indicated above: (1) record	is of amounts of chem	nicals used and chemical
rates; and (2) if applicable, appropriate treatment process performance records. Fur	thermor	e Lagree to provide these addition	ral operations records	s to the PWS owner so th
owner can retain them with copies of this report, at a convenient location for at least	ton vesi	re **	nai operations records	3 to the 1 vvo ovvi or 30 ti
(*Our clients furnish the chlorine and have been advised of the proper type to purchase) (**Our clients are provided in the chlorine and have been advised of the proper type to purchase)	ided with co	onies of all reports and are responsible for retain	ring them)	
(*Our clients furnish the entorine and have been advised of the proper type to parenase)	ded min ec	product and reported and more responsible restrictions	8/	
O(O(I))				
10010 9-7-10		OLIA DI EO DICLIA DO		D 4505
		CHARLES RICHARD		D-4525
Signature and Date		Printed or Typed Name		License Number
Substi' 'e/Alternate	/			
Cabo,	(			
DEP .1 62-555.900(3)	Page	1		
Effective August 28, 2003	aye			

PWS I	dentifica	ation Nun	nber:		3424690		Plant Name:		LANDFAIR	R-MEADOV	VLAND W	TP		-
Means of	of Achiev	ing Four-L		ration/Remo	Describe):		orine	┌ Ch	lorine Dioxi	de .	C Ozone	e	Combine	d Chlorine (Chloramines)
Type of	Disinfec	tant Resid	ual Maintaine	d in Distrib	ution System:		Free Chlori			☐ Comb		ne (Chloran	nines)	Clorine Dioxide
				N	-CT Calculations,	or UV Dose, t	o Demonstrate For	ir-Log J	Virus Inactiv	ation, if Ap	plicable*			The second secon
				NO THE	The National Action	CT C	alculations	情能多為			UV	Dose	Lowest	
	Days Plant				Lowest Residual	Disinfectant							Residual	
	Staffed or				Disinfectanct	Contact Time						1000	Disinfectant	
	Visited				Concentration	(T) at C	Lowest CT				Lowest	Minimum	Concentration	· 大学
(A8.)	by		Security States		(C) Before or at	Measurement	Provided Before or	Temp		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	Net Quantity of		First Customer	SEEDING BUILDING SEEDING SECOND SEEDING SEEDING SEEDING SEEDING SEEDING SEEDING SEEDING SECOND SEEDING	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,	ACTION SHEW AND A STREET AND ADDRESS OF THE	During Peak Flow,	A STATE OF THE STA	Section of the sectio	Required	mW-	mW-	Distribution	Maintenance Work that Involves Taking Water System
Month	"X")	Operation	Produced, gal	Rate, gpd	mg/L	minutes	mg-min/L	oC	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/:L	
1.	X	24	31250					NSH-SE						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				<u> </u>						1.9	
10	X	24	42700						Care Care				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										2.0	
16	X	24	27500		<u> </u>								2.0	CALCUE AUGUL ALDES
17	X	24	42900										2.2	SAMPLE - 2 WELL, 2 LINES
18	Х	24	35000										2.4	
19	X	24	41600	-	<b> </b>								2.2	
20	X	24	34200		<del>                                     </del>								2.2	WEEKEND CHECK
21	X	24	34200											WEEKEND CRECK
22	-	24	34200	The second secon									2.0	
23	X	24	6100		1								1.7	
24	X		40300	-	-			7					1.7	
25	X	24	29600	<del>                                     </del>	<del> </del>								1.6	
26	X	24	20900	-	<del> </del>		_						1.1	
27	X	24	33700	1	<del> </del>									WEEKEND CHECK
28	X	24	33700	-			1							The state of the s

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

-150

Total

24

24

33700

32650

934300

30139 45600

Page 2

1.4

1.5

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



See page 4 for instructions.

DEP a 62-555.900(3)

Effective August 28, 2003

. General Information	n for the Month/Y	SEPTEMBER 2010					
	ter System (PWS	) Information					
PWS Name:		LANDFAIR-MEADOWLAND WTP			PWS Identification N		3424690
PWS Type: Number of Service Co PWS Owner:	Community onnections at End CHARLES DeM	of Month: 232	inity		ent Non-Community lation Served at End		580
	CHARLES DEW	LINZLS		Contact Pe	reon's Title:		
Contact Person:	lina Address:	P.O. BOX 5220	- City	: OCALA	ISOHS TILLE.	Otata 51	7. 0 1 01170
Contact Person's Mai			_ City.		I- F N	State: FL	Zip Code: 34478
Contact Person's Tele		(352) 622-4949- (352)622-3951	_	Contact Pe	rson's Fax Number:	(352) 732-4366	
Contact Person's E-M	lail Address:	Steve Carroll - 208-4509		-			
3. Water Tre	atment Plant Info	rmation					
Plant Name:		ADOWLAND WTP		Plant Telen	hone Number:	(352) 622-4949	
Plant Address:	NE 78TH ST CF		- City:	OCALA	none ramper.	State: FL	7in Codo: 24479
lant Address.	NE /OITIST CI	1 200A	_ Oity.	OCALA		_ State. FL	Zip Code: 34478
Type of Water Treate	d by Plant:	Raw Ground Water	Purch	ased Finished	d Water		
Permitted Maximum [	Day Operating Ca	pacity of Plant, gallons per day:		360000			
Plant Category (per s					Plant Class (per sub	section 62-699 310	0(4), F.A.C.): C
ioni outogoty (jest s				_	(1-1-1-1		3(1), 1 23.).
icensed Operators		Name	Licen	se Class	License Number	Day(s	s)/Shift(s) Worked
ead/Chief Operator:	CHARLES RICI	HARD		D	4525	DAYS & WEEKE	ENDS
Other Operators:	VINCENT BRO	WN		C	14184	WEEKENDS	
						<del> </del>	
		<del></del>	+	<del></del>			
I. Certification by Le	ad/Chief Operate						
i. Certification by Le	au/Chier Operato	at anarator licensed in Florida, om the leas	d/object ones	atar of the wa	tortrootmasst slast		
		nt operator licensed in Florida, am the lead					
nformation provided	in this report is tru	ue and accurate to the best of my knowled	ige and belle	er. I certify th	at all drinking water t	reatment chemical	s used at this plant conform to
		applicable standards referenced in subse					
		censed operator staffed or visited this plan					
rates; and (2) if applic	cable, appropriate	treatment process performance records.	Furthermor	re, I agree to p	provide these additio	nal operations reco	ords to the PWS owner so the F
owner can retain the	m with copies of the	nis report, at a convenient location for at le	east ten year	rs.**			
*Our clients furnish the chlo	orine and have been adv	ised of the proper type to purchase) (**Our clients are	provided with co	opies of all reports	and are responsible for retain	ning them)	
	000	10					
	(11)	11() 10-11-12					
		10-4-10		CHARLES I	RICHARD		D-4525
Signature	and Date		_	Printed or T			License Number
_							
Subet MAlternat	0						

PWS Identification Number:	3424690	Plan	t Name:	LANDFAIR-M	EADOWLAND WTP			
III. Daily Data for the Month/Year of: Means of Achieving Four-Log Virus Inactivation/Rem	SEPTEMBER 2010 noval: * ₩	Free Chlorine	г	Chlorine Dioxide	∇zone	□ Combined	d Chlorine (Chloramines)	
	(Describe):						E 01 : D: ::	
Type of Disinfectant Residual Maintained in Distri	ibution System:		Free Chlorine		Combined Chorine (Ch	loramines)	Clorine Dioxide	
	CT Calculations or L	V Dose to Dem	onstrate Four-	og Virus Inactivation	1 if Applicable*	The state of the s		

Type o	f Disinfec	tant Resid	ual Maintaine	d in Distrib	ution System:		Free Chlori	ine			ined Chorir	ne (Chloran	nines)	Clorine Dioxide
					CT Calculations,			ur-Log \	√irus Inactiv	ation, if Ap	plicable*			
			Sales Sales			CTC	alculations		100	26.26.26	UV	Dose	Lowest	
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 Disinfectanct Concentration (G) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water oC	pH of Water, if Applicable		Lowest Operating UV Dose, mW- sec/cm2	Minimum UV Dose Required, mW- sec/cm2	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	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		2000									WEEKEND CHECK
12	1 "	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							- in the last			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						lot and						
Total	Te Check Check X	Wiles-140 awdiede	881300											

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

29377

57100

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

Average



See page 4 for instructions.

Effective August 28, 2003

PWS Name: PWS Type: lumber of Service C PWS Owner:	COMMUNITY COMMUNITY CONNECTIONS at End CHARLES DeMi	LANDFAIR-MEADOWLAND WTP  Non-Transient Non-Community of Month: 232	,	Transient N	S Identification N Ion-Community In Served at End	☐ Consecut	3424690 tive 580	0	
Contact Person: Contact Person's Ma Contact Person's Te Contact Person's E-	ailing Address: lephone Number:	P.O. BOX 5220 (352) 622-4949- (352)622-3951 Steve Carroll - 208-4509	City:	OCALA Contact Person		State: F (352) 732-43		Code:	34478
	eatment Plant Infor	DOWLAND WTP	City:	Plant Telephon OCALA	e Number:	(352) 622-49 State: F		Code:	34478
Type of Water Treat Permitted Maximum Plant Category (per	Day Operating Cap	pacity of Plant, gallons per day:	Purcha	ased Finished W 360000 Plar	ater nt Class (per sub	section 62-699	9.310(4), F.A.C	D.):	С
icensed Operators		Name	The second second second second		icense Number		Day(s)/Shift(s)	Worked	
ead/Chief Operato	CHARLES RICH			D	12032 4525	DAYS & WE			
ther Operators	VINCENT BROW			C	14184	WEEKENDS			
l. Certification by L	ead/Chief Operator	t operator licensed in Florida, am the lead/c e and accurate to the best of my knowledge	hief opera	ator of the water	treatment plant id	dentified in Par	t I of this repo	rt. I cer	tify that the
, the undersigned v	I II II III S TEPOTI IS II U	e and accurate to the best of my knowledge	200 55	E 220/2\ E A C	Laleo cortify the	at the following	additional an	erations	records to
information provided NSF International S plant were prepared rates: and (2) if app	tandard 60 or other I each day that a lic licable, appropriate	applicable standards referenced in subsect ensed operator staffed or visited this plant d treatment process performance records. Fu	luring the urthermor	month indicated re, I agree to prov	above: (1) record	ds of amounts	of chemicals u	used an	d chemical
information provided NSF International S plant were prepared rates; and (2) if app	tandard 60 or other deach day that a lic licable, appropriate	ensed operator staffed or visited this plant d	luring the urthermore at ten year	month indicated re, I agree to prov rs.**	above: (1) record ride these addition	ds of amounts onal operations	of chemicals u	used an	d chemical
nformation provided NSF International Solant were prepared rates; and (2) if appowner can retain the *Our clients furnish the cl	tandard 60 or other deach day that a lic licable, appropriate	ensed operator staffed or visited this plant d treatment process performance records. Fullis report, at a convenient location for at least	luring the urthermore at ten year	month indicated re, I agree to prov rs.**	above: (1) record ride these additionare responsible for reta	ds of amounts onal operations	of chemicals to the	used an e PWS	d chemical owner so the

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A 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. PERMIT NUMBER FLA010699 MAILING ADDRESS: Post Office Box 5220 REPORT: LIMIT: Final Monthly Ocala, FL 34478 CLASS SIZE: N/A GROUP: Domestic FACILITY: Tradewinds WWTF 2925 NE 43rd Place MONITORING GROUP NUMBER: R-001 LOCATION: MONITORING GROUP DESC: Sprayfield, including Influent Ocala, FL 34479 NO DISCHARGE FROM SITE: COUNTY: Marion MONITORING PERIOD From: 02/01/2011 To 02/28/2011 Quantity or Loading Units Quality or Concentration Units No. Frequency of Sample Type Parameter Analysis Ex. MGD 5 Days/Week 0.061 Meter Sample Flow Measurement 0.081 MGD Permit 5 Days/Week PARM Code 50050 Y Meter Mon Site No FLW-1 Requirement (An Avg. MGD Sample 0.060 5 Days/Week Flow Meter Measurement PARM Code 50050 Permit Report MGD 5 Days/Week Meter Requirement: Mon.Site No. FLW-L (Mo.Avg.) Sample 10.7 MG/L BOD, Carbonaceous 5 day, 20C Monthly Grab Measurement PARM Code 80082 Permit. 20.0 MG/L Monthly Grab: Mon Site No. EFA-1 Requirement (An Avg.) < 2.0 < 2.0 MG/L BOD, Carbonaceous 5 day, 20C Sample Monthly Grab Measurement PARM Code 80082 A Permit 60.0 MG/L Report Monthly Grab (Max.) Mon.Site No. EFA-1 Requirement (Mo. Avg.) 22.2 Solids, Total Suspended Sample MG/L Monthly Grab Measurement PARM Code 00530 Y Permit 20.0 MG/L Monthly Grab. Mon.Site No. EFA-1 Requirement (An.Avg.) Sample 4 Solids, Total Suspended 4 MG/L Monthly Grab Measurement

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.

Report

(Mo.Avg.)

60.0

(Max.)

MG/L

Monthly

Grab

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):

Permit

Requirement

PARM Code 00530 A

Mon Site No. EFA-1

#### DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Tradewinds WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 02/01/2011

PERMIT NUMBER: FLA010699 02/28/2011

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
PH	Sample Measurement				7.5	7.6		SU		5 Days/Week	Grab
PARM Code 00400 A	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 W	Permit Requirement				200 (An.Avg.)	Production of the second		#/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.)	Control of the Contro	#/100ML	Tal.	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				>2.20			MG/L		5 Days/Week	Grab
PARM Code 50060 A  Món 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 1 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		+. <u>1</u> #		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										e de La
	Sample Measurement										
	Permit Requirement										

Annual samples done 2/2011.

# DAILY SAMPLE RESULTS - PART B Facility: Tradewinds WWTF

Permit Number: Monitoring Period

FLA010699

From: 02/01/2011

To: 02/28/2011

		Coliform Bacteria (#/100ML)		TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)		-
Code	80082	74055	00400	00530	50060	50050		
Ion. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1		
1			7.5		>2.2	0.067		
2	www.comesance.com		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		1	7.6		>2.2	0.068		
18			7.5		>2.2	0.055		
19					>2.2	0.056		
20		1	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	1	>2.2	0.060		
28			7.5		>2.2	0.065		
29				1		0.003		
30			-		1		TES V	
31		-		-				
		-	-	+	-	1 (05		
Total Mo. Avg.			<del> </del>	+	-	0.060		

PLANT STAFFING: Day Shift Operator	Class: _C	Certificate No:	13287	Name:	Oliver Shockley	
Evening Shift Operator	Class:	Certificate No:		Name:		
Night Shift Operator	Class:	Certificate No:		Name:		
Lead Operator	Class:	Certificate No:		Name:		



### 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
Carrie and the control of	Security of the Security of Se			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



U - The compound was analyzed, but not detected; < laboratory method detection limit.

I - The reported value is ≥ 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:

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

Technical Director

Date: February 17, 2011

Page 1 of 2; including Chain of Custody



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.

	Clien	Name: US WAter	THIS SECT	ON TO BE	COMPLETED	BY CUSTOMER		
	Mailir	on Address: 4739	600 1	YOU B	lVd	NASA.		
		NICIN POST	·	+1-	36254	34625	7/2/10/1	2100
	Samp	oler Name (Please Print):	Otto	1 51	nockia	Telephone:	(352) 678-	2198
	Syste	ments or Special Sample In em Name: <u>Trade Wi</u>	NOS W	INTI	FLA 010	699		
HA .	Coll.		Colle		Check One Comp Grab		Parameters for Analysis	
	1	Inflient	2-10-11	12:40		CBOD/TSS		AMERICA - 1400 -
2.5	2	Effluent	2-10-11	17:450		MBOD/TSS		
	3	Effluent,	2-10-11		/	Feenl	and the statement of th	
	4	Effluent	2-10-11	12:500		Nitrale		and the second second second second
	5							
	6							
	7							
	8							
	9							
No.				ONTAIN H	7400000	HEMICALC		
	CAU	TION: SAMPLE CONTAIN						
line.	7				JLTS (If Applic	<i>(</i> *	D 1 27 -171 11	ar ar
Coll. No-	2	Temp. pH 16	Cl Resd. Z	2.20mg/L C	other		Date 2 7/0-11	Initials
Coll No		Temp pH	Cl Resd.	mg/L C	Other		Date	Initials
SAMPLE			onature	Da			Comments	
Sampler F	Reling	uished: Lew V.	Huck	g :	.,:	21. 104		
		inquished:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and the second s			
		inquished:						
		- W		IAR	USE			
		Signature	Date	T1				
Lab Rece	lved:	( uresu	28 7.	10 11 2	7¢Ass	igned Sample Nur	mber(s):	
Preservative(e): Na_S_1O_3:								
		Iced: Coll. No(s). 1						5.16
Comment	ts:							



See page 4 for instructions.

General Information f	the Month/Vo	or of NOVEMBER	2010					
General Information I	OF the Wolth Tea	at Ut. MOVEMBER	2010					
Public Water System (P	W S) Information				PWS	Identification N	fumber: 342-4690	
PWS Name: Landfair S		[ ] Non-Transient Non	Community	[ ] Transient Non-C		Consecutiv		
PWS Type: [X] (	Community		1-Community		Total Population Served at End of Month: 580			
Number of Service Con		I MOHIII. 232		1 Otal 1 Opulatio	in berved at End of it	1011111. 500		
PWS Owner: CFAT H				Contact Person	'c Title:			
Contact Person: Melisa		5220	City: Ocala	S Title.	State: FL	Zip Code: 34478		
Contact Person's Mailin	ng Address: PO Bo	X 3220			's Fax Number: 727-		Zip code: 51170	
Contact Person's Telep	hone Number: 727	-848-8292		Contact reison	S Fax Number. 727-	-047-4217		
Contact Person's E-Ma	il Address: mrotter	veel@uswatercorp.com						
Water Treatment Plant	Information				[D14	Talankana Nam	la au	
Plant Name: Landfair S			TG': 0.1		Telephone Nun	Zip Code: 34471		
Plant Address: NE 78th			<b>D</b> 1 151 1	City: Ocala	State:	FL	Zip Code: 344/1	
Type of Water Treated	by Plant:	[X] Raw Ground	Purchased Finis	shed Water				
Permitted Maximum D	Day Operating Capa	acity of Plant, gallons pe	r day: 360000	DI CI (	1 .: (2 (00)	210(4) E 4 (C)		
Plant Category (per sul		0(4), F.A.C.):			r subsection 62-699.3			
Licensed Operators		Name	License (	The state of the s	er	7.		
Lead/Chief Operator:	Oliver Shockley		C	13924		5 days p	er week	
Other Operators:								
					a de la companya de l			
		***************************************						
Market Services								
	All and the second	Introduction the street of the late of the	And the second s					

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florid information provided in this report is true and accurate to the best of NSF International Standard 60 or other applicable standards reference plant were prepared each day that a licensed operator staffed or visit rates; and (2) if applicable, appropriate treatment process performation owner can retain them, together with copies of this report, at a convenience of the standard of the standard process performance of the standar	of my knowledge and belief. I certify that all drinking water treatment need in subsection 62-555.320(3), F.A.C. I also certify that the following the month indicated above: (1) records of amounts of the seconds. Furthermore, I agree to provide these additional operations.	nt chemicals used at this plant conform to owing additional operations records for this unts of chemicals used and chemical feed tions records to the PWS owner so the PWS
Xeller Mackey 12-3-10	OLIVER SHOCKLEY	C - 13924
Signature and Date	Printed or Typed Name	License Number

PWS Identification Number: 342-4690 Plant Name: Landfair Subdivsion

I. Daily I	Data for the	Month/Year	of: Inactivation/Remo	val: *	November-		Free Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine
	Radiation	n-Log Titos		Other (Des	cribe):									Chlorin
ne of Dis	infectant Res	sidual Mainta	rined in Distributio	n System:			X Free Cl	hlorine		Combine	ed Chlorine (	Chloramines)		Dioxide
							Dose to Demonstrate Four-Li	y Virus Inec	tivation, if Applicable <sup>8</sup>			JJV Dose		
Out 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 Classonur During Peak Flow, mg/L	Disinfectant Contact Time (T of C. Measurement Point During Peak Flow, minutes	Paux Flore,	Temp. of Water, 3C	pfi of Water if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW- sec/em <sup>2</sup>	Mitariann (IV Dose Required in W-see/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System mg/L	Emergency or Abnorm Operating Conditions Repair of Maintenance Work that Involves Taki Water System Compone Out of Operation
1	X	24	24,000		1.0								.82	
2	X	24	37,000		1,6								1.1	
3	X	24	30,000		1.4					Et Carrier			1.0	
4	X	24	26,000		1.4								1.1	
5	X	24	26,000	W	1.6								1.2	
6		24	26,000											
7	X	24	40,000		1.5								1.3	
8-	X	24	32,000	M. Mar. 400 La Santi Les La Santi La Sa	1.4								1.2	No. Commission and Co
9	x	24	23,000		1.7							Calling and a second state of the second state	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	SAME OF SHIPPING SERVICES	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									L				Lanca de la constantia della constantia della constantia della constantia della constantia	
[otal			867,000											
verage			28,900											
daximu	m		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)

SYSTEM ADDRESS: NE 78+" 54. CR-200A

CLIENT: US WATER SERVICES COLLECTOR:

Community Water System Non-Transient Non-community W

☐ Distribution Repeat

Sample Point (Location or Specific Address)

Average of disinfectant residuals for routine and repeat samples.3

Disinfectant Residual Analysis Method: 

DPD Colorimetric

Free chlorine or Total chlorine (circle one).

Person-performing disinfectant analysis is:

Replacement (also check type of sample being rep

TO BE COMPLETED BY SAMPLE COLLECT

Raw (triggered

SYSTEM NAME: LAND FAIC

TYPE OF SUPPLY (Check Only One):

☐ Distribution Routine

☐ Clearance

Sample

No.

☐ Limited Use System ☐ Other:

REASON FOR SAMPLING (Check All That Apply):

SAMPLE COLLECTION DATE(S): 11-22-10

			FOR LAB USE ONLY			
RECEIVE	. D в√Д	9	DATE RECEIVED AND AN NOV 22 '10		· 最新。	CEIVED
SAMPLE	PRESER	RVATION:	the state of the second	TO THE PERSON NAMED IN COLUMN	THE RESERVE TO	<b>3</b> _•c
AND THE SHOP SHAPE SHAPE	the making at the second	THE RESERVE OF THE PARTY OF THE	MANOT DETECTED	2000年中央中央中央中央	22 at 25 34 75	SEASON SERVICE SERVICES
JHS SA	MPLE D	JES NOT MEE	T THE FOLLOWING NELAC	HEUDIKE	/IEIVI (S)	
The state of the s	<b>在这个人的工程的工程</b>	<b>化自由工作的</b> 经基础的	Y LAB OF POSITIVE RESUL	相对 原来经济企业设计		
Act artisting to the	<b>新疆和福州市</b>	是他们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们	LAB OF E. coli POSITIVE		BY: <u>****</u>	
DATE DI D PAID	25/2 15/4	CK OR RECEI				
	PWS ID	342	4690system PHO	NE:	d pr	
ala				THE SECOND SECTION AND THE	MAC	ion
liver	11.51	hockley	COLLECTOR PH	ONE: 6	180	2198
and the second			eral en er en	er ek		
ater Syster	n C	Transient N	on-community Water Sys	stem		
or assessm	nent)	Raw (trigg	gered or assessment) add	litional	☐ Wel	I Survey
	The man this could be still	Vater Notice	Other:	C) 1	1	
co	MMENT	s:Holovess	added per Oliv		A START OF	11-27-10 #
OR		100	TO BE COM Total coliform & E. coli anal	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T		(SM9223B)
ollection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. col	Data Qualifier
30AM	R	100 Min	Report/Submission Number:	1		
			M1013963	7		
35AM	R		M10/3964	#	100	
**************************************		essant sa				
			The second secon			
			Time(s) Analyzed:	OM ·		
ther:				! / Y		
<u>·)</u>		$\mid m$	. 1 8-22			-
		7//	May 7/ 1/01/1	د	1/*	74-10 DATE
		If you have ar	resented herein relate only to the sa ny questions regarding this report, p	lease call Lisa	Saupp at	
		Entry Point to	Distribution; P = Plant Tap; S	= Special (	clearanc	
ons up to and	d including	g 4,900. Do not	include raw or plant samples	Action to the supplied the first	and the state of the	USE ONL
	PO15, (\$1,35) C.85(H) F.25(2),	atisfactory	ollection Information		No.	
	□ R	epeat Sampl				
			Samples Required			
4			by DEP/DOH:			

Agua Pure

**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

	FOR LAB USE	ONLY				
RECEIVED BY	DATE RECEIVED AND ANALYZED / TIME RECEIVED NOU 17:10 PM 1:02					
SAMPLE PRESERVATION:	CONTE	D NOT ON ICE	1.6 .0			
DISINFECTANT CHECK:	ENOT DETER	CTED U	mg/l			
THIS SAMPLE DOES NOT ME	ET THE FOLLOWI	NG NELAC REQUIRE	MENT(S):			
THIS SAMPLE DOES NOT ME DATE/TIME PWS NOTIFIED PERSON NOTIFIED:	BY LAB OF POSIT	IVE RESULTS: A-13	10/3-209-			
DATE/TIME PWS NOTIFIED	BY LAB OF POSIT	IVE RESULTS: 113	10/3:20 Pr			

TOTAL COLIFORM / E. coll ANALYSIS Press Hard, (4) copies (Page 1 of 1)		PERSON NOTIFIED: OLIVEN Shock as NOTIFIED BY: DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:						
SYSTEM NAME: LAND GAIR		PWS ID	342-4	1690 SYSTEM PHO	NE:			
OVETEN ADDRESS. NE 78th Street CR	200-A, C	ca	la	C	OUNTY:	TACIO	N	
CLIENT: US WATER Services COLLEC	TOR: Oliver	LS	hockley	COLLECTOR PHO	ONE: 35	2-67	8-2198	
TYPE OF SUPPLY (Check Only One): Community Weter System			,	Non-community Water Sys				
REAGON FOR SAMPLING (Check All That Apply):  Distribution Routine Distribution Repeat PRaw (to Clearance Distribution Repeat D	peing replaced)	D Boil V	Vater Notice	☐ Other:	<del>rajice ire e const</del>		Survey	
TO BE COMPLETED BY SAMPLE				TO BE COM	PLETED BY	Y LAB	SM9723H)	
Sample Sample Point No. (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	D-4-	
1 East Well	7:30 A	R	-	Acport/Submission Number:	P	A		
2 West Well	7:35A	R	/	MIO/3853	P	A		
3 2436 NE 77 Loop	8:00A	D	1.2	MO 13854	A			
4 Hill-top manor Apt # 170F	8:10 A	D	1.2	MIO 13855	A			
Average of disinfectant residuals for routine and repeat sa	mples."	<u> </u>	1.2	Time(s) Analyzed:	1	<u> </u>		
Free chlorine or Total chlorine (circle one).  Disinfectant Residual Analysis Method: DI DPD Colorimetric Person performing disinfectant analysis is:  DI A certified operator (#			M	choel Morse	)pm	11-1	8-10	
All tests are performed in accordance with NELAC standards. Resulta: A ≈ coliforms are absent; P ≈ coliforms are present 'DEP Sample Type Codes: D = Distribution (Routine Compilance); C = I 'Defined in Florida Administrative Code Rule 62-160. Table 1 'Complete for community and nontransient noncommunity systems serving			If you have a Entry Point to		= Special (c	Saupp at (	952) 625-2822. , etc.)	
NAME AND MAILING ADDRESS OF PERSON/COMPANY TO  US WATER Services  4939 BAYON Blod,  New Port Richy, FL,	RECEIVE REPORT	O S U ir O R O R	atisfactory acomplete C epeat Samp eplacement a Reviewed	collection Information clas Required Samples Required by DEP/DOH:			USE ONLY	
- 1 Repeat auch well		Der	/ DOIT Have	(62-550.790 Reporting Fam	mat Effective 0	1/1995, Re	wised 02/2010	

200/2000

XA1 82:80 OF02/8F\ff



Effective August 28, 2003

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

See page 4 for instructions.

I.	General Information	for the Month/	Year of: DECEMBE	R 2010						
	Public Water System (1									
	PWS Name: Landfair	Subdivision						PWS Identification N		
	PWS Type: [X]	Community	[] Non-Transient N	Von-Commu	inity []	Transient Non-Co		☐ Consecutive	9	
	Number of Service Co	onnections at End	of Month: 232			Total Population	Served at End	d of Month: 580		
	PWS Owner: CFAT H	H2O Inc								
	Contact Person: Melisa Rotteveel Contact Person's Title:									
	Contact Person's Mail	ing Address: PO	Box 5220			City: Ocala		State: FL	Zip Code: 34478	
	Contact Person's Tele	phone Number: 7	27-848-8292			Contact Person's	Fax Number:	727-849-4219		
			teveel@uswatercorp.co	m						
B.	Water Treatment Plant	Information								
	Plant Name: Landfair		P					Plant Telephone Num	ber:	
	Plant Address: NE 78	th St CR 200A				City: Ocala		State: FL	Zip Code: 34471	
	Type of Water Treate	d by Plant:	[X] Raw Ground	Bernand	nased Finished	Water	and the second s			
	Permitted Maximum I	Day Operating Ca	apacity of Plant, gallons	per day: 36	50000					
	Plant Category (per su					Plant Class (per	subsection 62-	699.310(4), F.A.C.):		
	Licensed Operators		Name		License Class	License Number		Day(s)/Shift(	s) Worked	
	Lead/Chief Operator:	Oliver Shockley			С	13924		5 days pe	r week	
	Other Operators:							STOREST SAME DESCRIPTION OF THE SAME DESCRIPTION OF TH		
					E-Marie Company					
		<u> </u>								
	. Certification by Lea	ad/Chief Operat	or							
	. Certification by Lea	au/Chief Operat	OI.							

- IN BONG BONG HONG CONTROL IN MEDICAL HONG HONG HONG HONG HONG HONG HONG HONG	t of my knowledge and belief. I certify that all drinking water treatm	일자 BB N 가는 1차를 입어했다. 전 한 경쟁으로 문문으로 가득하면 보고 있다. 특별 시간 회사하는 다른 그 전에 제한 시간 시간에 함께 함께 1차를 위해 5세계 때문을 다는 것으로 보고 있다.
	renced in subsection 62-555.320(3), F.A.C. I also certify that the fol	성용(MINON) (1) : 이번 시간들은 하는 이번 전문 전문 전문에 가장 하는 것이다. (A) 이번 시간 전문에 보고 해보면 하는데 하는데 함께 함께 하는데
plant were prepared each day that a licensed operator staffed or v	risited this plant during the month indicated above: (1) records of amount	ounts of chemicals used and chemical feed
	nance records. Furthermore, I agree to provide these additional operation	ations records to the PWS owner so the PWS
owner can refain them, together with copies of this report, at a co	nvenient location for at least ten years.	
Cill al a		
Signature and Date	OLIVER SHOCKLEY	C - 13924
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 342-4690	Plant Name: Landfair Subdivision						
IV. Summary of Use of Polymer Containing Acrylamide, Po	olymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *						
A. Is any polymer containing the monomer <u>acrylamide</u> used at th follows:	e water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as						
Polymer Dose, ppm =	Acrylamide Level, % <sup>†</sup> =						
3. 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, % <sup>†</sup> =						
C. Is any iron or manganese sequestrant used at the water treatment	ent plant? No Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:						
Type of Sequestrant (polyphosphate or sodium silicate):							
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silica	ate as SiO <sub>2</sub> =						
If sodium silicate is used, the amount of added plus naturally							
acrylamide, polymer containing epichlorohydrin, and/or an ire	hly operation report for December of each year and only for water treatment plants using polymer containing on and manganese sequestrant.  olymer manufacturer's certification or on third-party certification.						

PWS Identification Number: 342-4690

Plant Name: Landfair

HI. Daily Data for the Nonth/Year of:  Means of Achieving Four-Log Virus Inactivation/Removal: *  Ultraviolet Radiation Othe					December-10  x Free Chlorine Other (Describe):				Chlorine Dioxide Ozone			Combined Chlorine (Chloramines)				
								X Free Chlorine Chlor			ine Dioxide Ozone			Combined Chlorine (Chloramines)		
							V P C			0 11	1011 : 10			Chlorin		
Type of Disinfectant Residual Maintained in Distribution S			ned in Distribution		ystem;			X Free Chlorine			Combined Chlorine (Chloramines)			Dioxide		
		a de escapada				r babah								8. Table 5.		
						CT Calculations, or UN	auons, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*						State Musica	156 98 21		
	at a start	A Keep				CTCelou	lations	1000000000				UV Dise	210 100 000	Emergency or Alinomus		
	Days Plant Staded or				Lowest Residual Disinfectant		Lowes CT Provided Defore			Minimum	Lovesa		Lower Residual Disinfectant	Operating Conditions; Repair or Maintenance		
	visited by operator	1200	Net Quantity of		Concentration (C) Before or a	Disinfectant Contact Time (T	or at First Customer During Peak Flow,			CI .	Operating UV	Minimum UV Dose Required	Concentration at Regiote	Work that hyofees Takin		
Day of the Month	Place "K"	Hours Plant in Operation	Finished Water Produced, gal	Peak Flow Rate, gpd	First Customer During Penk Flow, mg/L	During Peak Flow, minutes		Temp of Water, aC	pH of Water, if Applicable	Required, mg-mio/L	scc/cm²	mW-sec/cm	Point in Distribution System, mg/L	Water System Componer Out of Operation		
13.	х	24	33,000		1.2								.90			
2	х	24	24,000		1.2								.90			
3	x	24	23,000		1.4								1.1			
4	х	24	30,000		1.3			1					1.0			
5		24	31,000													
6	х	24	28,000		1.6								1.2			
7	x	24	26,000		1.8								1.6			
8	х	24	24,000		1.8								1.7			
9	Х	24	31,000		1.7								1.4			
10	х	24	25,000		1.8								1.5			
. 11	x	24	29,000		1.7								1.4			
:12		24	30,000													
13	Х	24	28,000		1.6								1,4			
14	Х	24	17,000		1.6								1.5			
15	X	24	31,000		1.4								1,2			
16	X	24	27,000		1.2								1.0			
17	X	24	25,000		1.9								1,7			
18	X	24	29,000		1.7								1.4			
19		24	29,000 30,000		1.0			-					- 12			
20	X	24			1.8						-		1.5			
21	X	24	25,000 30,000		1.8			-					1.6			
23	X	24	30,000		1.8			-					1.4			
24	X	24	28,000		1.6								1.4			
25	X	24	28,000		1.7								1.4			
26	X	24	28,000		1.7								1,3			
27		24	31,000		1.8								1.5			
28	X	24	26,000		1.6			-		-			1.3			
29	X	24	31,000		1.6		Charles of the single of the	-					1.4			
30	X	24	27,000		1.7			-					1.5			
31	X	24	26,000		1.9								1.6			
Total ::		PARTICIPATE IN	860,000		1./								1.0			
Average	STATE OF THE PERSON NAMED IN COLUMN		27,742													
AND DESCRIPTION OF THE PERSON	n		33,000													

**AQUA PURE WATER &** SEWAGE SERVICE, INC.
10865 East State Road 40

Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265

	FOR LAB USE ONLY							
	DATE RECEIVED AND ANALYZED / TIME RECEIVED							
RECEIVED BY	DEC 9'10 PH 3:03							
SAMPLE PRESERVATION:	SONICE D NOT ON ICE	5-/ °C						
DISINFECTANT CHECK:	9 NOT DETECTED Q	mg/L						
THIS SAMPLE DOES NOT ME	ET THE FOLLOWING NELAC REQUIREMENT	(S):						
	A CONTRACTOR OF THE CONTRACTOR							
DATE/TIME PWS NOTIFIED I	BY LAB OF POSITIVE RESULTS:							
PERSON NOTIFIED:	NOTIFIED BY:							
DATE DEP/DOH NOTIFIED B	Y LAB OF E coli POSITIVE RESULTS							
PAID CHECK OR RECE	IPT #:							

CAMPLE COLLECTION AND REPORT		DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS.  PERSON NOTIFIED							
SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coll ANALYSIS Press Hard, (4) copies (Page 1 of 1)	PERSON DATE D								
SYSTEM NAME: LAND HALL				4690 SYSTEM PHO	ONE:				
	2007	Rest 100005 and				navi	ow in		
CLIENT: 165 WATER SETVICES OF COLLECTOR	Divers	V. 9	nick ley	COLLECTOR PH	IONE: 67	3 - 2	198		
TYPE OF SUPPLY (Check Only One):  ☐ Community Water System ☐ Non-Transient Non-communit ☐ Limited Use System ☐ Other.	ty Water System	m	I Transient N						
REASON FOR SAMPLING (Check All That Apply):  Distribution Routine Distribution Repeat Replacement (also check type of sample being SAMPLE COLLECTION DATE(S):  12 - 9 - 10	replaced)		/ater Notice		ditional [	⊐ Well	Survey		
TO BE COMPLETED BY SAMPLE COLL	10	TO BE COMPLETED BY LAB  Total coliform & E. coli analysis method: Colillert (SM9223B)							
Sample Point No. (Location or Specific Address)	Collection.	Sample Type	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier²		
	7.7.7		11119/ <u>-1</u>	Report/Submission Number:	A				
2 West West	8:35%	K		MO 14640	A		1 10 T		
3 7876 NE 20ct.	\$135H		1.4	MO 14691	A				
4 Hillitop Apt # 160A	8: 45n	0	1,4	1110 14642	A				
							100		
	1		U .	1 N 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		L.			
Average of disinfectant residuals for routine and repeat sample Free chlorine or Total chlorine (circle one).	1,4	Time(s) Analyzed:							
Disinfectant Residual Analysis Method: ☐ DPD Colorimetric Person performing disinfectant analysis is: ☐ A certified operator (# / / 3 / 2 *   ☐ Supervised by a certified operator (# ☐ Employed by a certified lab ☐ Employed by DEP or DC ☐ Authorized representative of supplier of water	Michael Monse 12-13-10								
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 = Repeative Poefined in Florida Administrative Code Rule 62-160, Table 1 'Complete for community and nontransient noncommunity systems serving populate AND MAILING ADDRESS OF PERSON/COMPANY TO REC	bulations up to an	Street, Section	If you have an Entry Point to		lease call Lisa s = Special (cl in the averag	d. Saupp at (3 earance, ge.			
Tipe of the spirit of the spir		□ In □ R □ R	epeat Samp eplacement	bllection Information les Required Samples Required					
The part fally the 3745		Date	neviewed	by DEP/DOH:					

DEP/DOH Reviewing Official:

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