

CLASS B
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE,
AND ENGINEERING
MINIMUM
REQUIREMENTS

OF

Sunshine Utilities of Central Florida, Inc.

Exact Legal Name of Utility

Applies To: Quail Run

VOLUME III



FOR

Test Year Ended: December 31, 2010

COM _____
APA _____
ECR 1 _____
GCL _____
RAD _____
SSC _____
ADM _____
OPC _____
CLK _____

DOCUMENT NUMBER-DATE

03812 JUN-1 =

FPSC-COMMISSION CLERK

Sunshine Utilities of Central Florida, Inc.

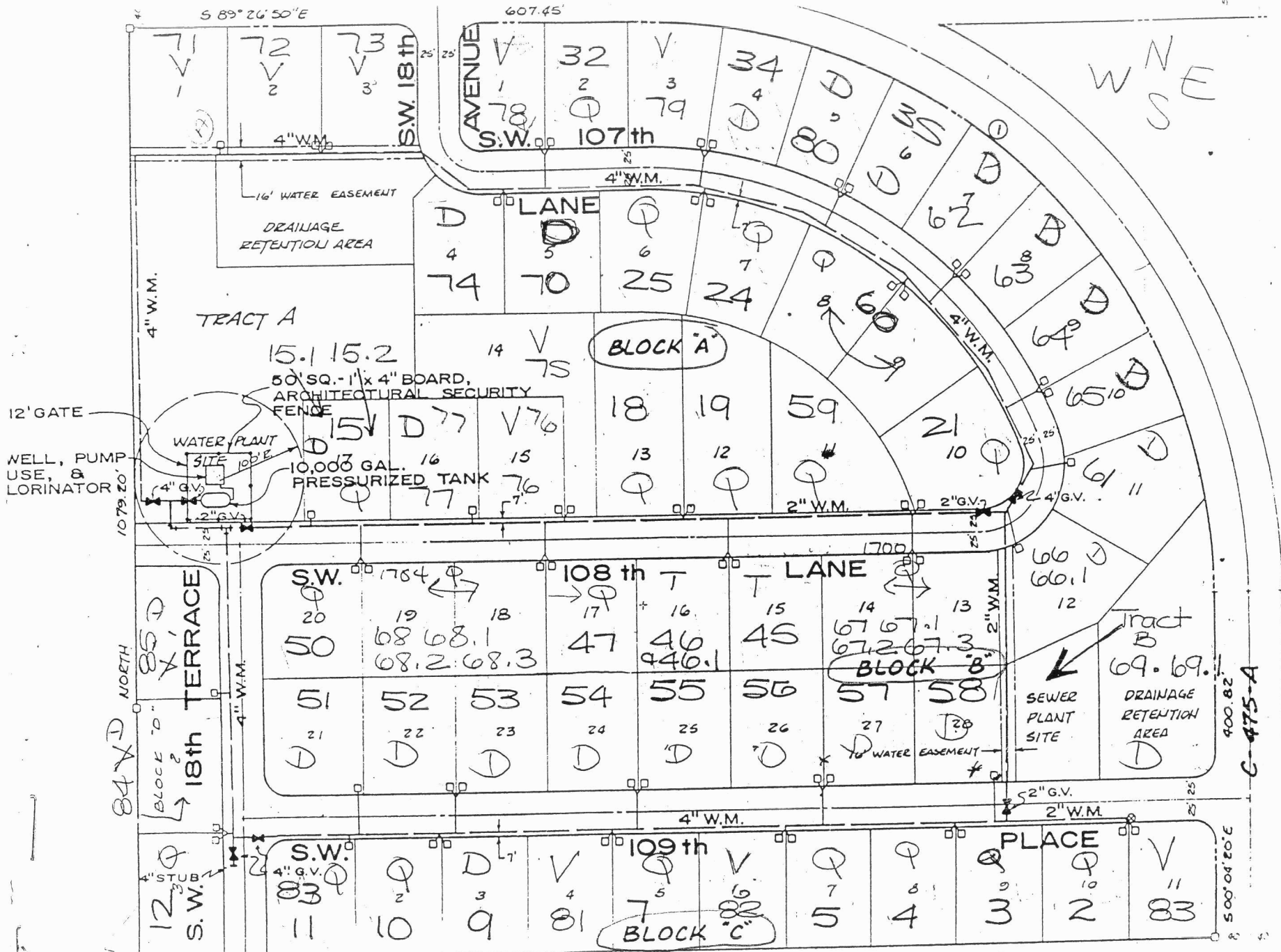
Docket No.: 100048-WU

Marion County

25.30.440 (1)
DETAILED MAP

Test Year Ended December 31, 2010

Acct #5 24000



- QUAIL RUN - S/D 10

484 ↑

Sunshine Utilities of Central Florida, Inc.

Docket No.: 100048-WU

Marion County

25.30.440 (2)
CHEMICALS USED

Test Year Ended December 31, 2010

Sunshine Utilities of Central Florida, Inc.
Schedule of Chemicals
Test Year Ended December 31, 2010

	<u>Date</u>	<u>Gallons</u>	<u>Unit Price</u>	<u>Total</u>
Quail Run				
	03/31/10	58	1.3159	\$ 76.32
	05/26/10	30	1.3159	\$ 39.48
	07/21/10	13	1.3159	\$ 17.11
	10/28/10	60	1.3159	\$ 78.95

Sunshine Utilities of Central Florida, Inc.

Docket No.: 100048-WU

Marion County

25.30.440 (3)
CHEMICAL ANALYSES

Test Year Ended December 31, 2010



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 ANALYSIS

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

FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED

RECEIVED BY: MP

JUN 18 10 41 12 19

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

7.7 °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 STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME:

Crucial Run

PWS ID:

3424046

SYSTEM PHONE:

352 347 0221

SYSTEM ADDRESS:

562 108 LN

COUNTY:

Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria Ede

COLLECTOR PHONE:

352 222 5150

TYPE OF SUPPLY (Check Box):

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check Box):

☒ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other:

SAMPLE COLLECTION DATE(S):

1-17-2010

REMARKS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
13	well	445pm	R	
23	1644 SW 109TH PL	451pm	D	D.L
33	1827 SW 108TH LN	458pm	D	D.L

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

D.L

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing analysis is:

☐ A certified operator (#

☒ Supervised by a cert operator (# 07459)

☐ Employed by a certified lab

☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Submission Number:			
<u>M10689</u>	<u>A</u>		
<u>M10690</u>	<u>A</u>		
<u>M10691</u>	<u>A</u>		

Time(s) Analyzed:

1:17pm

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 to Distribution; P = Plant Tap; S = Special (clearance, etc.)

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Sunshine Utilities
10230 E. Highway
Bo. D. owner 71 34420

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 ANALYSIS

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

FOR LAB USE ONLY

TIME RECEIVED/ DATE RECEIVED AND ANALYZED

RECEIVED BY: UP

FEB 15 '10 PM 1:31

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

7.6 °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:

PERSON NOTIFIED:

NOTIFIED BY:

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:

☐ PAID ☐ CHECK OR RECEIPT #:

SYSTEM NAME: Quail Run PWS ID: 3424046 SYSTEM PHONE: 352 347 7227

SYSTEM ADDRESS: 5625 102 LN COUNTY: Volusia

CLIENT: Sunshine Utilities COLLECTOR: Maria Eden COLLECTOR PHONE: 352 227 5150

TYPE OF SUPPLY (Check Box): ☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System

☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey

☐ Other: _____

SAMPLE COLLECTION DATE(S): 2-14-10 REMARKS: _____

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)
1-3	10230 E. Hwy 25	9:40 AM	R	
2-3	10230 E. Hwy 25	9:40 AM	D	0.6
3-3	10230 E. Hwy 25	9:40 AM	D	0.6

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

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

Person performing analysis is:

☐ A certified operator (# _____)

☐ Employed by a certified lab

☒ Supervised by a cert operator (# 17459)

☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Submission Number:			
M101945	A		
M101946	A		
M101947	A		

Time(s) Analyzed:

3:00 pm

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 to Distribution; P = Plant Tap; S = Special (clearance, etc.)

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Sunshine Utilities
10230 E. Hwy 25
Bellevue 34460

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

DEP/DOH USE ONLY



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 ANALYSIS

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

FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED

RECEIVED BY: 100

MAR 15 10 PM 1:31

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

9.9 °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 STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME:

Quail Run

PWS ID:

3424641

SYSTEM PHONE:

352 747 8228

SYSTEM ADDRESS:

563 108 LN

COUNTY:

Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria Eder

COLLECTOR PHONE:

352 333 5150

TYPE OF SUPPLY (Check Box):

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System

☐ Other:

REASON FOR SAMPLING (Check Box):

☒ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other:

SAMPLE COLLECTION DATE(S):

3/14/2010

REMARKS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res d (mg/L)
13	well	7:10 PM	R	
23	1720 SW 108TH LN	9:15 PM	D	0.8
33	1817 SW 109TH PL	9:21 PM	D	0.8

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

0.8

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric

☐ Other:

Person performing analysis is:

☐ A certified operator (# _____)

☒ Supervised by a cert operator (# C-7454)

☐ Employed by a certified lab

☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier
Submission Number:			
M103189	A		
M103190	A		
M103191	A		

Time(s) Analyzed:

3-25pm

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 to Distribution; P = Plant Tap; S = Special (clearance, etc.)

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Sunshine Utilities
10230 E. Highway 25
Bellevue, FL 34420

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 ANALYSIS

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

FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED

RECEIVED BY: MP

APR 26 10 PM 1:31

SAMPLE PRESERVATION:

☒ ON ICE ☐ NOT ON ICE 9.1 °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 STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

☐ PAID CHECK OR RECEIPT #: _____

SYSTEM NAME: Quail Run PWS ID: 34241046 SYSTEM PHONE: 352 3478221

SYSTEM ADDRESS: 562 103 LN COUNTY: Marion

CLIENT: Sunshine Utilities COLLECTOR: Wanda Edue COLLECTOR PHONE: 352 2835196

TYPE OF SUPPLY (Check Box): ☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System
☐ Limited Use System ☐ Other: _____

REASON FOR SAMPLING (Check Box): ☒ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey
☐ Other: _____

SAMPLE COLLECTION DATE(S): 4/25/10 REMARKS: _____

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res ² (mg/L)
1-3	WELL	10:00 A.M.	R	
2-3	1836 SW 108 TH LN	10:06 A.M.	D	0.7
3-3	1841 SW 109 TH PL	10:12 A.M.	D	0.7

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

0.7

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

Person performing analysis is:

- ☐ A certified operator (# _____) ☐ Employed by a certified lab
☒ Supervised by a cert operator (# 17459) ☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Submission Number:			
M105168	A		
M105169	A		
M105170	A		

Time(s) Analyzed:

2:15pm

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 to Distribution; P = Plant Tap; S = Special (clearance, etc.)

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Sunshine Utilities
10330 Hwy 25
Belleview FL 34420

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 ANALYSIS

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

FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED

RECEIVED BY: WUP

MAY 17 '10 PM 1:16

SAMPLE PRESERVATION:

☒ ON ICE ☐ NOT ON ICE 10.3 °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 STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:

☐ PAID CHECK OR RECEIPT #:

SYSTEM NAME:

Duval Run

PWS ID: 3424046

SYSTEM PHONE: 3523477222

SYSTEM ADDRESS:

56108 LN

COUNTY: Manatee

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria Eche

COLLECTOR PHONE: 3522325150

TYPE OF SUPPLY (Check Box):

☒ Community Water System

☐ Noncommunity Water System

☐ Nontransient Noncommunity Water System

☐ Limited Use System

☐ Other: _____

REASON FOR SAMPLING (Check Box):

☒ Routine Compliance

☐ Repeat

☐ Replacement

☐ Main Clearance

☐ Well Survey

☐ Other: _____

SAMPLE COLLECTION DATE(S):

5-17-2010

REMARKS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)
13	well	7430 AM	R	
23	17119 SL 109 TH PL	7510 AM	D	0.5
33	17027 SL 108 TH LN	7570 AM	D	0.5

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

0.5

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

Person performing analysis is:

☐ A certified operator (# _____)

☐ Employed by a certified lab

☒ Supervised by a cert operator (# 07451)

☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier
Submission Number:			
M1010067	A		
M1010068	A		
M1010069	A		
Time(s) Analyzed:			
3:25 PM			

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 to Distribution; P = Plant Tap; S = Special (clearance, etc.)

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Sunshine Utilities
10230 E. Highway 25
Bellevue 7134420

DEP/DOH USE ONLY

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

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Revised



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 <u>JUN 21 10 410:55</u>	
RECEIVED BY: <u>JC</u>	
SAMPLE PRESERVATION: <input checked="" type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE <u>9.8</u> °C	
DISINFECTANT CHECK: <input checked="" type="checkbox"/> NOT DETECTED <input type="checkbox"/> _____ 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:	
<input type="checkbox"/> PAID <input type="checkbox"/> CHECK OR RECEIPT #:	

SYSTEM NAME: Quail Run PWS ID: 3424046 SYSTEM PHONE: 352 347 2228
SYSTEM ADDRESS: OW 108 LN COUNTY: Marion
CLIENT: Sunshine Utilities COLLECTOR: Maria Edna COLLECTOR PHONE: 352 885 150

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): 6/20/2010

COMMENTS: _____

TO BE COMPLETED BY SAMPLE COLLECTOR				
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
13	well	340 p.m.	R	
23	1720 SW 108TH LN	3410 p.m.	D	D.6
33	1217 SW 109TH PL	352 p.m.	D	D.6
Average of disinfectant residuals for routine and repeat samples. ³ Free chlorine or Total chloring (circle one): <u>D.6</u>				
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____				
Person performing disinfectant analysis is: <input type="checkbox"/> A certified operator (# _____) <input checked="" type="checkbox"/> Supervised by a certified operator (# <u>C-7454</u>) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Employed by DEP or DOH <input type="checkbox"/> 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
Report/Submission Number:			
M107536	A		
M107537	A		
M107538	A		
Time(s) Analyzed: <u>12:08 PM</u>			

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

Sunshine Utilities
102301 Hwy 26
Belleview, FL 34426-5551
(352) 347 9228

- 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

RECEIVED BY: JC

JUL 14 '10 12:34

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

8.9 °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:

Quail Run

PWS ID: 3424046 SYSTEM PHONE: 352 947 2222

SYSTEM ADDRESS:

540108 LN

COUNTY: Maricopa

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria Edm

COLLECTOR PHONE:

352 215 515

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):

7/13/2010

COMMENTS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res d (mg/L)
1-3	well	2:50 pm	R	
2-3	17210 SW 108TH LN	7:31 pm	D	0.6
3-3	1817 SW 109TH PL	7:31 pm	D	0.6

Average of disinfectant residuals for routine and repeat samples:

Free chlorine or Total chlorine (circle one):

0.6

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing disinfectant analysis is:

☐ A certified operator (# _____)

☒ Supervised by a certified operator (# 1-7459)

☐ 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
Report/ Submission Number:			
M108622	A		
M108623	A		
M108624	A		

Time(s) Analyzed:

2:05 pm

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.

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

Sunshine Utilities
10230 E. Hwy 25
Bellview 713420

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

AUG 16 '10 PM 2:40

RECEIVED BY: CLP

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

10.1 °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:

Quail Run

PWS ID: 34240416

SYSTEM PHONE: 352 347 2222

SYSTEM ADDRESS:

56108 LN

COUNTY: Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria Eden

COLLECTOR PHONE:

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):

8/15/2010

COMMENTS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res ^d (mg/L)
13	111	6:50pm	R	
23	18316 SW 108TH LN	1:51pm	D	0.5
33	1841 SW 109TH PL	7:03pm	D	0.5

Average of disinfectant residuals for routine and repeat samples.²

Free chlorine or Total chlorine (circle one):

0.5

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing disinfectant analysis is:

☐ A certified operator (# _____)

☒ Supervised by a certified operator (# 1-7457)

☐ 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
Report/Submission Number:			
M109814	A		
M109815	A		
M109816	A		

Time(s) Analyzed:

2:40pm

Michael Morse

TECHNICAL DIRECTOR

8-15-10

DATE

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

SUNSHINE UTILITIES
P.O. BOX 25

VIEW, FL 34420-5531

347-8228

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

SEP 20/10 PM 1:26

RECEIVED BY: JP

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

9.3 °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:

Quail Run

PWS ID: 34240416

SYSTEM PHONE: 352 347 2227

SYSTEM ADDRESS:

56108 LN

COUNTY: Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

MARC EDWARDS

COLLECTOR PHONE: 352 332 5150

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):

9/19/2010

COMMENTS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res d (mg/L)
1-3	11261	6:20 p.m.	R	
2-3	1719 SW 109TH PL	6:26 p.m.	D	0.6
3-3	1707 SW 108TH LN	6:32 p.m.	D	0.6

Average of disinfectant residuals for routine and repeat samples.³

Free chlorine or Total chlorine (circle one).

0.6

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric

☐ Other:

Person performing disinfectant analysis is:

☐ A certified operator (#

☒ Supervised by a certified operator (# 117459)

☐ 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
Report / Submission Number:			
M1011010	A		
M1011011	A		
M1011012	A		

Time(s) Analyzed:

1:42 pm

Michael Morse

922-10

TECHNICAL DIRECTOR

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.)

³Defined in Florida Administrative Code Rule 62-160, Table 1

⁴Complete 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:

SUNSHINE UTILITIES
10230 E. HWY 25
BELLEVILLE, FL 34420-5631
352-347-8228

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

OCT 18 '10 4:10:49

RECEIVED BY: SP

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

9.4 °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:

Quail Run

PWS ID:

34240410

SYSTEM PHONE:

352 317 2228

SYSTEM ADDRESS:

560 103 LN

COUNTY:

Alachua

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria Eden

COLLECTOR PHONE:

352 283 5150

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):

10-17-2010

COMMENTS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
1-3	1044 LL	10:00 PM	R	
2-3	11044 SW 109TH PL	10:00 PM	D	0.5
3-3	1827 SW 108TH LN	10:23 PM	D	0.5

Average of disinfectant residuals for routine and repeat samples.³

Free chlorine or Total chlorine (circle one).

0.5

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric

☐ Other:

Person performing disinfectant analysis is:

☐ A certified operator (# _____)

☒ Supervised by a certified operator (# 1-7459)

☐ 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:			
m1012232	A		
m1012233	A		
m1012234	A		

Time(s) Analyzed:

11:57 AM

Michael Mose

TECHNICAL DIRECTOR

DATE

10-20-10

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

SUNSHINE UTILITIES
10230 E. HWY 25
BELLEVIEW, FL 34420-5531
352-347-8228

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

OCT 18 '10 AM 10:49

RECEIVED BY: SP

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

9.9 °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:

Quail Run

PWS ID:

34240410

SYSTEM PHONE:

352 317 2228

SYSTEM ADDRESS:

563 103 LN

COUNTY:

Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria Eden

COLLECTOR PHONE:

352 283 5150

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):

10-17-2010

COMMENTS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
1-3	1036 PL	10:10 p.m.	R	
2-3	11644 SW 109TH PL	10:11 p.m.	D	0.5
3-3	1827 SW 108TH LN	10:23 p.m.	D	0.5

Average of disinfectant residuals for routine and repeat samples.²

Free chlorine or Total chlorine (circle one).

0.5

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing disinfectant analysis is:

☐ A certified operator (#

☒ Supervised by a certified operator (# 1-7499)

☐ 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
Report/ Submission Number:			
m1012232	A		
m1012233	A		
m1012234	A		

Time(s) Analyzed:

11:57 Am

Michael Morse

TECHNICAL DIRECTOR

DATE

10-20-10

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

SUNSHINE UTILITIES
10230 E. HWY 25
BELLEVIEW, FL 34420-5531
352-347-8228

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

RECEIVED BY: JP

NOV 8 '10 PM 12:25

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

7.9 °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:

Duval Run

PWS ID:

342410410

SYSTEM PHONE: 3523478228

SYSTEM ADDRESS:

567108 LN

COUNTY: Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

Maria Eden

COLLECTOR PHONE:

352272515

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):

11-7-2010

COMMENTS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res ^d (mg/L)
13	<u>W41P</u>	<u>430pm</u>	<u>R</u>	
23	<u>1644 SW 109TH PL</u>	<u>430pm</u>	<u>D</u>	<u>1.7</u>
33	<u>1827 SW 108TH LN</u>	<u>443pm</u>	<u>D</u>	<u>1.7</u>

Average of disinfectant residuals for routine and repeat samples.³

Free chlorine or Total chlorine (circle one):

1.7

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric

☐ Other:

Person performing disinfectant analysis is:

☐ A certified operator (#

☒ Supervised by a certified operator (# C 7459)

☐ 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
Report / Submission Number:			
<u>M1013349</u>	<u>A</u>		
<u>M1013350</u>	<u>A</u>		
<u>M1013351</u>	<u>A</u>		

Time(s) Analyzed:

2:26pm

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

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.)

¹Defined 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

SUNSHINE UTILITIES
10230 E. HWY 25
BELLEVIEW, FL 34420-5531
352-347-8228

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

DEC 8 '10 AM 11:54

RECEIVED BY: sc

SAMPLE PRESERVATION:

☒ ON ICE ☐ NOT ON ICE 9.2 °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:

Quail Run

PWS ID:

34240410

SYSTEM PHONE:

352 347 2222

SYSTEM ADDRESS:

56108 LN

COUNTY:

Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

Mario Edell

COLLECTOR PHONE:

352 277 5150

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):

12-8-2010

COMMENTS:

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
1-3	<u>Well</u>	<u>9:15 a.m.</u>	<u>R</u>	
2-3	<u>1720 SW 7108TH LN</u>	<u>9:20 a.m.</u>	<u>D</u>	<u>0.4</u>
3-3	<u>1817 SW 7109TH PL</u>	<u>9:29 a.m.</u>	<u>D</u>	<u>0.4</u>

Average of disinfectant residuals for routine and repeat samples.³

Free chlorine or Total chlorine (circle one).

0.4

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing disinfectant analysis is:

☐ A certified operator (#

☒ Supervised by a certified operator (# C 7454)

☒ 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

SUNSHINE UTILITIES
10230 E. HWY 25
BELLEVIEW, FL 34420-5531
352-347-8228

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>M1014477</u>	<u>A</u>		
<u>M1014478</u>	<u>A</u>		
<u>M1014479</u>	<u>A</u>		
Time(s) Analyzed:			
<u>1:02 pm</u>			

Michael Morse

TECHNICAL DIRECTOR

DATE

12-10-10

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.

☐ Satisfactory

☐ Incomplete Collection Information

☐ Repeat Samples Required

☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

DEP/DOH USE ONLY

2010

MONTHLY OPERATION REPORTS



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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	Kelvin E Edun Sr.	C-7459
	Printed or Typed Name	License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	*	24	20,000									1.20		
2		24	23,000											
3	*	24	23,000									1.20		
4	*	24	21,000									1.20		
5	*	24	25,000									1.10		
6	*	24	22,000									1.10		
7	*	24	26,000									1.10		
8	*	24	24,000									1.00		
9		24	26,000											
10	*	24	27,000									0.70		
11	*	24	21,000									0.70		
12	*	24	23,000									0.70		
13	*	24	20,000									0.70		
14	*	24	25,000									0.60		
15	*	24	22,000									0.60		
16		24	27,000											
17	*	24	28,000						7.50			0.60		
18	*	24	24,000									1.30		
19	*	24	27,000									1.30		
20	*	24	21,000									1.30		
21	*	24	20,000									1.20		
22	*	24	22,000									1.20		
23		24	25,000											
24	*	24	26,000									1.20		
25	*	24	21,000									1.00		
26	*	24	23,000									1.00		
27	*	24	21,000									1.00		
28	*	24	23,000									1.00		
29	*	24	24,000									0.90		
30		24	28,000											
31	*	24	29,000									0.90		
Total			737,000											
Average			23,774											
Maximum			29,000											

* 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 of: February 2010				
A. Public Water System (PWS) Information				
PWS Name: QUAIL RUN			PWS Identification Number: 3424046	
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:			Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.				
Contact Person: Dewaine Christmas			Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25			City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228			Contact Person's Fax Number: (352) 347-6915	
Contact Person's E-Mail Address:				
B. Water Treatment Plant Information				
Plant Name: QUAIL RUN			Plant Telephone Number: (352) 347-8228	
Plant Address: S.W. 108ln			City: Ocala	State: Fla. Zip Code: 34471
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V			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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

II. Certification by Lead/Chief Operator		
<p>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.</p>		
Signature and Date	Printed or Typed Name	License Number
3/4/2010	Kelvin E Edun Sr.	C-7459

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	*	24	19,000										1.20	
2	*	24	21,000										1.20	
3	*	24	22,000										1.20	
4	*	24	26,000										1.10	
5	*	24	19,000										1.10	
6		24	23,000											
7	*	24	24,000										1.10	
8	*	24	19,000										1.00	
9	*	24	24,000										1.00	
10	*	24	23,000										1.00	
11	*	24	25,000										0.80	
12	*	24	21,000										0.80	
13		24	24,000											
14	*	24	25,000						7.50				0.60	
15	*	24	20,000										0.60	
16	*	24	28,000										0.60	
17	*	24	18,000										0.60	
18	*	24	15,000										0.60	
19	*	24	25,000										0.50	
20		24	23,000											
21	*	24	23,000										0.50	
22	*	24	29,000										0.50	
23	*	24	39,000										0.50	
24	*	24	27,000										0.50	
25	*	24	34,000										0.40	
26	*	24	22,000										1.00	
27		24	25,000											
28	*	24	25,000										1.00	
29		24												
30		24												
31		24												
Total			668,000											
Average			23,857											
Maximum			39,000											

* 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 of: MARCH 2010

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	23,000										1.00		
2	*	24	25,000										1.00		
3	*	24	21,000										1.00		
4	*	24	25,000										0.90		
5	*	24	22,000										0.90		
6		24	26,000												
7	*	24	27,000										0.90		
8	*	24	21,000										0.90		
9	*	24	20,000										0.90		
10	*	24	23,000										0.90		
11	*	24	29,000										0.80		
12	*	24	24,000										0.80		
13		24	30,000												
14	*	24	30,000						7.50				0.80		
15	*	24	22,000										0.80		
16	*	24	28,000										0.80		
17	*	24	21,000										0.70		
18	*	24	20,000										0.70		
19	*	24	23,000										0.70		
20		24	23,000												
21	*	24	24,000										0.70		
22	*	24	19,000										0.70		
23	*	24	28,000										0.60		
24	*	24	26,000										0.60		
25	*	24	24,000										0.60		
26	*	24	28,000										1.20		
27		24	25,000												
28	*	24	25,000										1.20		
29	*	24	21,000										1.20		
30	*	24	36,000										1.00		
31	*	24	25,000										1.00		
Total			764,000												
Average			24,645												
Maximum			36,000												

* 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 of: APRIL 2010

A. Public Water System (PWS) Information

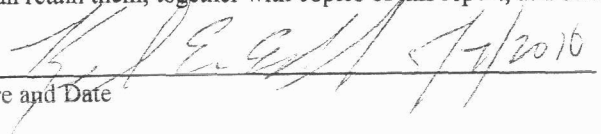
PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228	
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Kelvin E Edun Sr.	C	7459
Other Operators:			

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	Kelvin E Edun Sr. Printed or Typed Name	C-7459 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	22,000										1.00		
2	*	24	25,000										1.00		
3		24	26,000												
4	*	24	27,000										0.80		
5	*	24	22,000										0.80		
6	*	24	22,000										1.20		
7	*	24	20,000										1.20		
8	*	24	32,000										0.80		
9	*	24	21,000										0.80		
10		24	23,000												
11	*	24	23,000										0.80		
12	*	24	20,000										0.80		
13	*	24	30,000										0.60		
14	*	24	24,000										0.60		
15	*	24	28,000										0.60		
16	*	24	25,000										0.60		
17		24	28,000												
18	*	24	28,000										0.60		
19	*	24	24,000										0.60		
20	*	24	63,000										0.60		
21	*	24	56,000										0.50		
22	*	24	46,000										0.50		
23	*	24	21,000										0.60		
24		24	29,000												
25	*	24	29,000						7.40				0.70		
26	*	24	22,000										0.70		
27	*	24	33,000										0.60		
28	*	24	19,000										0.50		
29	*	24	28,000										0.40		
30	*	24	20,000										1.20		
31		24													
Total			836,000												
Average			27,866												
Maximum			63,000												

* 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 of: MAY 2010

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.

Printed or Typed Name

C-7459

License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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 Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> POC Chlorine															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24	23,000										1.20		
2	*	24	23,000										1.20		
3	*	24	19,000										1.20		
4	*	24	27,000										1.20		
5	*	24	22,000										1.10		
6	*	24	28,000										1.10		
7	*	24	20,000												
8		24	27,000										1.10		
9	*	24	28,000										1.00		
10	*	24	23,000										1.00		
11	*	24	26,000										1.00		
12	*	24	24,000										0.60		
13	*	24	38,000										0.60		
14	*	24	25,000												
15		24	26,000												
16	*	24	26,000						7.40				0.50		
17	*	24	22,000										0.50		
18	*	24	29,000										0.40		
19	*	24	19,000										0.40		
20	*	24	21,000										0.40		
21	*	24	23,000												
22		24	32,000												
23	*	24	33,000										0.30		
24	*	24	21,000										0.50		
25	*	24	26,000										0.60		
26	*	24	26,000										0.60		
27	*	24	33,000										0.50		
28	*	24	21,000										0.50		
29		24	26,000												
30	*	24	27,000										0.50		
31	*	24	22,000										0.40		
Total			786,000												
Average			25,354												
Maximum			38,000												

* 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 of: JUNE 2010

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.

Printed or Typed Name

C-7459

License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	*	24	19,000										0.40		
2	*	24	27,000										0.40		
3	*	24	25,000										0.30		
4	*	24	22,000										0.70		
5		24	25,000												
6	*	24	26,000										0.70		
7	*	24	21,000										0.70		
8	*	24	29,000										0.70		
9	*	24	20,000										0.60		
10	*	24	38,000										0.60		
11	*	24	23,000										0.60		
12		24	26,000												
13	*	24	27,000										0.60		
14	*	24	23,000										0.50		
15	*	24	35,000										0.50		
16	*	24	39,000										0.50		
17	*	24	19,000										0.50		
18	*	24	21,000										0.60		
19		24	20,000												
20	*	24	20,000						7.30				0.60		
21	*	24	21,000										0.60		
22	*	24	25,000										0.40		
23	*	24	22,000										0.70		
24	*	24	28,000										0.70		
25	*	24	25,000										0.70		
26		24	29,000												
27	*	24	29,000										0.60		
28	*	24	22,000										0.60		
29	*	24	25,000										0.60		
30	*	24	22,000										0.60		
31															
Total			753,000												
Average			25,100												
Maximum			39,000												

* 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 of: JULY 2010

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.

Printed or Typed Name

C-7459

License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	*	24	25,000										0.60		
2	*	24	22,000										0.90		
3		24	28,000												
4	*	24	29,000										0.90		
5	*	24	26,000										0.90		
6	*	24	30,000										0.80		
7	*	24	21,000										0.80		
8	*	24	25,000										0.80		
9	*	24	20,000										0.70		
10		24	25,000												
11	*	24	25,000										0.60		
12	*	24	26,000										0.60		
13	*	24	33,000						7.40				0.60		
14	*	24	22,000										0.60		
15	*	24	31,000										0.50		
16	*	24	22,000										0.50		
17		24	26,000												
18	*	24	27,000										0.50		
19	*	24	21,000										0.50		
20	*	24	29,000										0.40		
21	*	24	26,000										0.40		
22	*	24	27,000										0.40		
23	*	24	24,000										0.40		
24		24	26,000												
25	*	24	27,000										0.30		
26	*	24	36,000										0.30		
27	*	24	39,000										0.30		
28	*	24	28,000										0.60		
29	*	24	32,000										0.60		
30	*	24	30,000										0.60		
31	*	24	30,000										0.50		
Total			838,000												
Average			27,032												
Maximum			39,000												

* 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 of: AUGUST 2010

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046		
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:		Total Population Served at End of Month:		
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.				
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER		
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420	
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915		
Contact Person's E-Mail Address:				

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	*	24	31,000										0.50		
2	*	24	29,000										0.50		
3	*	24	31,000										0.50		
4	*	24	26,000										0.50		
5	*	24	30,000										0.40		
6	*	24	22,000										0.60		
7		24	26,000												
8	*	24	27,000										0.60		
9	*	24	23,000										0.50		
10	*	24	27,000										0.50		
11	*	24	17,000										0.50		
12	*	24	22,000										0.50		
13	*	24	23,000										0.50		
14		24	31,000												
15	*	24	31,000						7.40				0.50		
16	*	24	22,000										0.40		
17	*	24	29,000										0.40		
18	*	24	20,000										0.50		
19	*	24	24,000										0.60		
20	*	24	22,000										0.60		
21		24	21,000												
22	*	24	22,000										0.50		
23	*	24	23,000										0.40		
24	*	24	28,000										0.30		
25	*	24	20,000										0.60		
26	*	24	28,000										0.60		
27	*	24	20,000										0.60		
28		24	24,000												
29	*	24	24,000										0.50		
30	*	24	19,000										0.70		
31	*	24	16,000										0.70		
Total			758,000												
Average			24,451												
Maximum			31,000												

* 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 of: September 2010

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108In		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

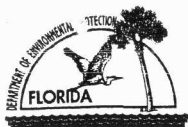
III. Daily Data for the Month/Year of: September 2010

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

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/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	*	24	19,000										0.70		
2	*	24	22,000										0.70		
3	*	24	20,000										0.70		
4		24	23,000												
5	*	24	24,000										0.70		
6	*	24	20,000										0.60		
7	*	24	22,000										0.60		
8	*	24	20,000										0.60		
9	*	24	22,000										0.60		
10	*	24	22,000										0.50		
11		24	26,000												
12	*	24	27,000										0.50		
13	*	24	22,000										0.50		
14	*	24	22,000										0.40		
15	*	24	18,000										0.60		
16	*	24	21,000										0.60		
17	*	24	24,000										0.60		
18		24	31,000												
19	*	24	32,000						7.30				0.60		
20	*	24	22,000										0.60		
21	*	24	22,000										0.60		
22	*	24	21,000										0.50		
23	*	24	33,000										0.50		
24	*	24	17,000										0.50		
25		24	21,000												
26	*	24	22,000										0.40		
27	*	24	19,000										0.40		
28	*	24	25,000										0.40		
29	*	24	15,000										0.30		
30	*	24	20,000										0.30		
31		24													
Total			674,000												
Average			22,466												
Maximum			33,000												

* 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 of: October 2010

A. Public Water System (PWS) Information


PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

III. Daily Data for the Month/Year of: October 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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	*	24	22,000										0.60		
2		24	26,000												
3	*	24	27,000										0.60		
4	*	24	23,000										0.60		
5	*	24	14,000										0.50		
6	*	24	17,000										0.50		
7	*	24	24,000										0.50		
8	*	24	18,000										0.50		
9		24	21,000												
10	*	24	21,000										0.40		
11	*	24	17,000										0.40		
12	*	24	23,000										0.40		
13	*	24	19,000										0.60		
14	*	24	21,000										0.60		
15	*	24	20,000										0.60		
16		24	25,000												
17	*	24	25,000						7.30				0.50		
18	*	24	19,000										0.50		
19	*	24	24,000										0.40		
20	*	24	18,000										0.40		
21	*	24	21,000										0.40		
22	*	24	20,000										0.30		
23		24	22,000												
24	*	24	22,000										0.30		
25	*	24	18,000										0.70		
26	*	24	24,000										0.70		
27	*	24	19,000										0.70		
28	*	24	25,000										0.60		
29	*	24	20,000										0.90		
30		24	22,000												
31	*	24	23,000										0.90		
Total			660,000												
Average			21,290												
Maximum			27,000												

* 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 of: November 2010

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046		
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:		Total Population Served at End of Month:		
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.				
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER		
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420	
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915		
Contact Person's E-Mail Address:				

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.

Printed or Typed Name

C-7459

License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

III. Daily Data for the Month/Year of: November 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: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine <input type="checkbox"/> Chloramines															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	*	24	18,000											0.70	
2	*	24	22,000											0.60	
3	*	24	19,000											1.70	
4	*	24	18,000											1.70	
5	*	24	21,000												
6	*	24	25,000						7.50					1.70	
7	*	24	26,000											1.70	
8	*	24	20,000											1.60	
9	*	24	29,000											1.60	
10	*	24	24,000											1.60	
11	*	24	26,000											1.60	
12	*	24	23,000												
13	*	24	27,000											1.50	
14	*	24	28,000											1.50	
15	*	24	25,000											1.50	
16	*	24	34,000											1.50	
17	*	24	28,000											1.50	
18	*	24	33,000											1.50	
19	*	24	22,000												
20	*	24	25,000											1.40	
21	*	24	26,000											1.40	
22	*	24	22,000											1.40	
23	*	24	26,000											1.30	
24	*	24	23,000											1.30	
25	*	24	28,000											1.20	
26	*	24	22,000												
27	*	24	27,000											1.00	
28	*	24	28,000											1.00	
29	*	24	22,000											0.80	
30	*	24	27,000												
31		24													
Total			744,000												
Average			24,800												
Maximum			34,000												

* 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 of: December 2010

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.

Printed or Typed Name

C-7459

License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

III. Daily Data for the Month/Year December 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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	17,000										0.60		
2	*	24	21,000										0.60		
3	*	24	20,000										0.60		
4		24	24,000												
5	*	24	25,000										0.50		
6	*	24	20,000										0.50		
7	*	24	23,000						7.40				0.40		
8	*	24	22,000										0.40		
9	*	24	26,000										0.40		
10	*	24	24,000										0.30		
11		24	29,000												
12	*	24	29,000										0.30		
13	*	24	18,000										0.90		
14	*	24	21,000										0.90		
15	*	24	19,000										0.90		
16	*	24	22,000										0.80		
17	*	24	25,000										0.80		
18		24	26,000												
19	*	24	26,000										0.60		
20	*	24	20,000										0.60		
21	*	24	19,000										0.60		
22	*	24	22,000										0.60		
23	*	24	27,000										0.60		
24	*	24	23,000										0.50		
25		24	26,000												
26	*	24	27,000										0.50		
27	*	24	22,000										0.50		
28	*	24	29,000										0.05		
29	*	24	36,000										0.50		
30	*	24	17,000										0.50		
31	*	24	17,000										0.50		
Total			722,000												
Average			23,290												
Maximum			36,000												

* 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 of: January 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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	Kelvin E Edun Sr. Printed or Typed Name	C-7459 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Type of Disinfectant Residual Maintained in Distribution System:															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24	19,000											0.70	
2	*	24	20,000											0.70	
3	*	24	23,000												
4		24	23,000											0.50	
5	*	24	24,000											1.00	
6	*	24	20,000											1.00	
7	*	24	16,000											1.00	
8	*	24	18,000											1.00	
9	*	24	17,000												
10		24	18,000											0.90	
11	*	24	19,000											0.90	
12	*	24	16,000											0.90	
13	*	24	23,000											0.90	
14	*	24	15,000											0.80	
15	*	24	17,000											0.80	
16	*	24	16,000												
17		24	15,000											0.80	
18	*	24	16,000											0.80	
19	*	24	17,000											0.70	
20	*	24	20,000											0.70	
21	*	24	18,000											0.70	
22	*	24	26,000											0.70	
23	*	24	21,000												
24		24	26,000							7.30				0.50	
25	*	24	27,000											0.50	
26	*	24	14,000											0.50	
27	*	24	19,000											0.50	
28	*	24	14,000											0.40	
29	*	24	17,000											0.40	
30	*	24	10,000												
31		24	11,000												
Total			575,000												
Average			18,548												
Maximum			27,000												

* 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 of: February 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046		
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:		Total Population Served at End of Month:		
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.				
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER		
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420	
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915		
Contact Person's E-Mail Address:				

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

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*										
				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/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	*	24	11,000										0.40	
2	*	24	24,000										0.60	
3	*	24	30,000										0.40	
4	*	24	15,000										0.60	
5	*	24	18,000										0.60	
6	*	24	16,000										0.50	
7		24	20,000											
8	*	24	20,000										0.40	
9	*	24	17,000										0.90	
10	*	24	23,000										0.90	
11	*	24	18,000										0.90	
12	*	24	21,000										0.80	
13	*	24	20,000										0.80	
14		24	20,000											
15	*	24	21,000										0.70	
16	*	24	18,000										0.70	
17	*	24	23,000										0.70	
18	*	24	19,000										0.70	
19	*	24	23,000										0.70	
20	*	24	21,000										0.90	
21		24	23,000											
22	*	24	24,000										0.80	
23	*	24	27,000										0.80	
24	*	24	24,000										1.00	
25	*	24	21,000										1.00	
26	*	24	25,000										0.90	
27	*	24	20,000											
28		24	24,000											
29		24	0											
30		24	0											
31		24	0											
Total			586,000											
Average			18,903											
Maximum			30,000											

* 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 of: MARCH 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	25,000										0.60		
2	*	24	23,000										0.80		
3	*	24	25,000										0.80		
4	*	24	22,000										0.60		
5	*	24	26,000										0.60		
6	*	24	25,000										0.60		
7		24	29,000												
8	*	24	29,000										0.30		
9	*	24	22,000										0.70		
10	*	24	24,000										0.60		
11	*	24	21,000										0.60		
12	*	24	25,000										0.60		
13	*	24	22,000										0.50		
14		24	28,000												
15	*	24	29,000										0.40		
16		24	21,000												
17	*	24	21,000										0.60		
18	*	24	24,000										0.60		
19	*	24	22,000										0.50		
20	*	24	24,000										0.50		
21		24	27,000												
22	*	24	28,000						7.30				0.40		
23	*	24	24,000										0.40		
24	*	24	33,000										0.30		
25	*	24	22,000										0.30		
26	*	24	20,000										0.50		
27	*	24	23,000										0.50		
28		24	28,000												
29	*	24	29,000										0.50		
30	*	24	26,000										0.40		
31	*	24	28,000										0.40		
Total			775,000												
Average			25,000												
Maximum			33,000												

* 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 of: APRIL 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	25,000										0.40		
2	*	24	26,000										0.40		
3	*	24	23,000										0.30		
4		24	30,000												
5	*	24	31,000										0.30		
6	*	24	21,000										0.30		
7	*	24	25,000										0.50		
8	*	24	23,000										0.50		
9	*	24	25,000										0.40		
10	*	24	24,000										0.40		
11		24	30,000												
12	*	24	31,000										0.30		
13	*	24	26,000										0.30		
14	*	24	32,000										0.20		
15	*	24	23,000										0.50		
16	*	24	28,000										0.50		
17	*	24	24,000										0.40		
18		24	27,000												
19	*	24	28,000						7.40				0.30		
20	*	24	22,000										0.30		
21	*	24	33,000										0.30		
22	*	24	29,000										0.30		
23	*	24	30,000										0.50		
24	*	24	25,000										0.50		
25		24	30,000												
26	*	24	31,000										0.50		
27	*	24	26,000										0.50		
28	*	24	27,000										0.40		
29	*	24	25,000										0.40		
30	*	24	28,000										0.40		
31		24													
Total			808,000												
Average			26,933												
Maximum			33,000												

* 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 of: MAY 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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]
Signature and Date

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	26,000										0.40		
2		24	29,000												
3	*	24	30,000										0.40		
4	*	24	27,000										0.30		
5	*	24	29,000										0.80		
6	*	24	26,000										0.80		
7	*	24	24,000										0.70		
8	*	24	25,000										0.70		
9		24	28,000												
10	*	24	36,000										0.60		
11	*	24	38,000										0.60		
12	*	24	42,000										0.60		
13	*	24	19,000										0.90		
14	*	24	21,000										0.90		
15	*	24	20,000										0.80		
16	*	24	22,000										0.70		
17	*	24	21,000						7.50				0.70		
18	*	24	22,000										0.70		
19	*	24	31,000										0.40		
20	*	24	20,000										1.00		
21	*	24	20,000										1.00		
22	*	24	18,000										1.00		
23		24	22,000												
24	*	24	23,000										0.90		
25	*	24	21,000										0.90		
26	*	24	25,000										0.80		
27	*	24	23,000										0.80		
28	*	24	29,000										0.80		
29	*	24	32,000										0.70		
30		24	28,000												
31	*	24	29,000										0.70		
Total			806,000												
Average			26,000												
Maximum			42,000												

* 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 of: JUNE 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.

Printed or Typed Name

C-7459

License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

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*											
				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	*	24	23,000										0.60		
2	*	24	28,000										0.60		
3	*	24	24,000										0.60		
4	*	24	29,000										0.60		
5	*	24	22,000										0.50		
6		24	25,000												
7	*	24	25,000										0.50		
8	*	24	21,000										0.50		
9	*	24	27,000										0.50		
10	*	24	25,000										0.40		
11	*	24	35,000										0.40		
12	*	24	44,000												
13		24	72,000										0.40		
14	*	24	72,000										0.30		
15	*	24	54,000										0.60		
16	*	24	53,000										0.60		
17	*	24	50,000										0.60		
18	*	24	49,000										0.50		
19	*	24	54,000												
20		24	57,000												
21	*	24	58,000						7.40				0.30		
22	*	24	55,000										0.40		
23	*	24	53,000										0.40		
24	*	24	52,000										0.50		
25	*	24	63,000										0.50		
26	*	24	59,000												
27		24	62,000										0.40		
28	*	24	63,000										0.40		
29	*	24	21,000										0.40		
30	*	24	22,000												
31		24													
Total			1,297,000												
Average			43,233												
Maximum			72,000												

* 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 of: JULY 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046		
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:		Total Population Served at End of Month:		
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.				
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER		
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420	
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915		
Contact Person's E-Mail Address:				

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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: *Kelvin E Edun Sr.* 8/5/2009

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

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

Type of Disinfectant Residual Measurement				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	*	24	23,000										0.40		
2	*	24	28,000										0.80		
3	*	24	21,000										0.80		
4		24	20,000												
5	*	24	21,000										0.70		
6	*	24	22,000										0.70		
7	*	24	27,000										0.70		
8	*	24	24,000										0.70		
9	*	24	30,000										0.60		
10	*	24	21,000										0.60		
11		24	26,000												
12	*	24	26,000						7.30				0.60		
13	*	24	20,000										0.60		
14	*	24	22,000										0.80		
15	*	24	20,000										0.80		
16	*	24	23,000										0.70		
17	*	24	21,000										0.70		
18		24	27,000												
19	*	24	27,000										0.70		
20	*	24	22,000										0.70		
21	*	24	28,000										0.60		
22	*	24	26,000										0.60		
23	*	24	28,000										0.60		
24	*	24	20,000										0.60		
25		24	23,000												
26	*	24	24,000										0.70		
27	*	24	22,000										0.70		
28	*	24	24,000										0.50		
29	*	24	22,000										0.50		
30	*	24	29,000										0.50		
31	*	24	24,000										0.50		
Total			741,000												
Average			23,903												
Maximum			30,000												

* 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 of: August 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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	Kelvin E Edun Sr. Printed or Typed Name	C-7459 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24	18,000												
2	*	24	19,000										0.40		
3	*	24	17,000										0.60		
4	*	24	22,000										0.60		
5	*	24	18,000										0.60		
6	*	24	22,000										0.50		
7	*	24	21,000										0.50		
8	*	24	29,000										0.40		
9		24	20,000												
10	*	24	21,000										0.40		
11	*	24	23,000										0.30		
12	*	24	21,000										0.30		
13	*	24	28,000										0.30		
14	*	24	18,000										1.00		
15		24	21,000												
16	*	24	22,000										1.00		
17	*	24	20,000										1.00		
18	*	24	21,000										0.90		
19	*	24	22,000										0.90		
20	*	24	28,000										0.90		
21	*	24	19,000										0.80		
22		24	20,000												
23	*	24	21,000										0.60		
24	*	24	22,000						7.40				0.60		
25	*	24	27,000										0.60		
26	*	24	20,000										0.60		
27	*	24	19,000										0.60		
28	*	24	20,000										0.60		
29		24	22,000												
30	*	24	22,000										0.50		
31	*	24	19,000										0.50		
Total			662,000												
Average			21,354												
Maximum			29,000												

* 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 of: September 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.

Printed or Typed Name

C-7459

License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	*	24	22,000										0.50		
2	*	24	27,000										0.50		
3	*	24	23,000										0.50		
4	*	24	21,000										0.50		
5		24	23,000												
6	*	24	23,000										0.90		
7	*	24	26,000										0.90		
8	*	24	23,000										0.90		
9	*	24	24,000										0.80		
10	*	24	20,000										0.80		
11	*	24	17,000										0.80		
12		24	18,000												
13	*	24	19,000										0.70		
14	*	24	20,000										0.70		
15	*	24	22,000										0.70		
16	*	24	20,000										0.70		
17	*	24	26,000										0.60		
18	*	24	23,000										0.60		
19		24	20,000												
20	*	24	21,000						7.50				0.50		
21	*	24	27,000										0.50		
22	*	24	37,000										0.50		
23	*	24	45,000										0.40		
24	*	24	41,000										0.60		
25	*	24	22,000										0.60		
26		24	25,000												
27	*	24	25,000										0.60		
28	*	24	16,000										0.60		
29	*	24	20,000										0.60		
30	*	24	20,000										0.60		
31		24													
Total			716,000												
Average			23,866												
Maximum			45,000												

* 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 of: October 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	*	24	21,000										0.50		
2	*	24	23,000										0.50		
3		24	25,000												
4	*	24	26,000										0.50		
5		24	20,000												
6	*	24	22,000										0.70		
7	*	24	20,000										0.70		
8	*	24	28,000										0.70		
9	*	24	22,000										0.60		
10		24	22,000												
11	*	24	28,000										0.60		
12	*	24	26,000										0.60		
13	*	24	30,000										0.60		
14	*	24	19,000										0.80		
15	*	24	17,000										0.80		
16	*	24	20,000										0.80		
17		24	24,000												
18	*	24	24,000						7.40				0.60		
19	*	24	19,000										0.60		
20	*	24	23,000										0.60		
21	*	24	19,000										0.50		
22	*	24	21,000										0.50		
23	*	24	22,000										0.50		
24		24	24,000												
25	*	24	25,000										0.40		
26	*	24	22,000										0.80		
27	*	24	21,000										0.80		
28	*	24	30,000										0.70		
29	*	24	27,000										0.70		
30	*	24	23,000										0.70		
31		24	24,000												
Total			717,000												
Average			23,129												
Maximum			30,000												

* 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 of: November 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Chiristmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352) 347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352) 347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
1	*	24	25,000										0.50		
2	*	24	37,000										0.50		
3	*	24	40,000										0.50		
4	*	24	36,000										0.40		
5	*	24	38,000										0.40		
6	*	24	41,000										0.30		
7		24	40,000												
8	*	24	41,000										0.90		
9	*	24	44,000										0.90		
10	*	24	47,000										0.90		
11	*	24	39,000										0.80		
12	*	24	40,000										0.80		
13	*	24	19,000										0.70		
14		24	17,000												
15	*	24	18,000										0.60		
16	*	24	16,000						7.50				0.60		
17	*	24	14,000										0.60		
18	*	24	18,000										0.50		
19	*	24	20,000										0.50		
20	*	24	15,000										0.50		
21		24	18,000												
22	*	24	29,000										0.40		
23	*	24	34,000										0.40		
24	*	24	30,000										0.40		
25	*	24	20,000										0.30		
26	*	24	18,000										0.90		
27	*	24	29,000										0.90		
28		24	25,000												
29	*	24	25,000										0.80		
30	*	24	21,000										0.80		
31		24													
Total			854,000												
Average			28,466												
Maximum			47,000												

* 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 of: December 2009

A. Public Water System (PWS) Information

PWS Name: QUAIL RUN		PWS Identification Number: 3424046	
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:		Total Population Served at End of Month:	
PWS Owner: SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.			
Contact Person: Dewaine Christmas		Contact Person's Title: OFFICE MANAGER	
Contact Person's Mailing Address: 10230 E. Hwy 25		City: Belleview	State: Fla. Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228		Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: QUAIL RUN		Plant Telephone Number: (352)347-8228		
Plant Address: S.W. 108ln		City: Ocala	State: Fla. Zip Code: 34471	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 43,200				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Kelvin E Edun Sr.	C	7459	
Other Operators:				

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

Kelvin E Edun Sr.
Printed or Typed Name

C-7459
License Number

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

PWS Identification Number: 3424046

Plant Name: QUAIL RUN

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	*	24	23,000										0.40		
2	*	24	20,000										0.80		
3	*	24	18,000										0.80		
4	*	24	20,000										0.80		
5		24	24,000												
6	*	24	25,000										0.70		
7	*	24	21,000										0.70		
8	*	24	21,000										0.70		
9	*	24	23,000										0.60		
10	*	24	33,000										0.60		
11	*	24	19,000										0.60		
12		24	23,000												
13	*	24	23,000						7.50				0.50		
14	*	24	25,000										0.50		
15	*	24	22,000										0.50		
16	*	24	24,000										0.50		
17	*	24	26,000										0.40		
18	*	24	19,000										0.80		
19		24	22,000												
20	*	24	23,000										0.80		
21	*	24	20,000										0.80		
22	*	24	24,000										0.70		
23	*	24	21,000										0.70		
24	*	24	23,000										0.70		
25		24	26,000												
26		24	26,000												
27	*	24	27,000										0.60		
28	*	24	20,000										0.60		
29	*	24	28,000										0.50		
30	*	24	21,000										0.50		
31	*	24	26,000										0.50		
Total			716,000												
Average			23,096												
Maximum			33,000												

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

Sunshine Utilities of Central Florida, Inc.

Docket No.: 100048-WU

Marion County

25.30.440 (5)
INSPECTION REPORTS

Test Year Ended December 31, 2010

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name QUAIL RUN SUBDIVISION County Marion PWS ID # 3424046
Plant Location SW 108 Lane and SW 18 Terrace, Ocala, FL 32671 Phone 352-347-8228
Owner Name: Sunshine Utilities of Central Florida, Inc. Phone 352-347-8228
Owner Address 10230 SE Highway 25, Believew, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352-347-8228
This Survey Date 04/08/10 Last Survey Date 04/26/07 Last Compliance Inspection Date 07/31/06

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 260,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connection 70

Population Served 245 Basis Owner

OPERATION & MAINTENANCE LOG: Yes

Location Plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

Hrs/day: Required Visit Actual Visit

Days/wk: Required 5+1 Actual 5+1

Non-consecutive Days? ☐ Yes ☐ No ☒ N/A

Comments: This plant requires 5 visits per week and one weekend visit per week. Visits must total 0.6 hrs per week.

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Average Day (from MORs) 26,146 gpd

Maximum Day (from MORs) 72,000 gpd 06/09

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 4" Rockwell

Date Last Calibrated Unknown

RAW WATER SOURCE

☒ GROUND; Number of Wells 1

☐ PURCHASED from PWS ID # _____

☐ Emergency Water Source _____

Emergency Water Capacity _____

STANDBY POWER SOURCE: Not Required

Source _____

Capacity of Standby (kW) _____

Switchover: ☐ Automatic ☐ Manual

Hrs Operated Under Load _____

What equipment does it operate?

☐ Well Pumps _____

☐ High Service Pumps _____

☐ Treatment Equipment _____

Satisfy avg. daily demand? ☐ Yes ☐ No ☐ Unknown

Audio-visual alarm? ☐ Yes ☐ No

Comments _____

PLANS AND MAPS

Coliform Sampling Plan ☒ Yes ☐ No ☐ N/A

D/DBP Monitoring Plan ☒ Yes ☐ No ☐ N/A

Lead and Copper Plan ☒ Yes ☐ No ☐ N/A

Distribution System Map ☐ Yes ☐ No ☒ N/A

Emergency Response Plan ☐ Yes ☐ No ☒ N/A

Comments _____

PREVENTIVE MAINTENANCE/O&M

Operation & Maintenance Manual ☒ Yes ☐ No

Preventive Maintenance Program ☒ Yes ☐ No

Flushing Program ☒ Yes ☐ No ☐ N/A

Records ☒ Yes ☐ No ☐ N/A

Isolation Valve Exercise ☒ Yes ☐ No ☐ N/A

Records ☒ Yes ☐ No ☐ N/A

Comments _____

CROSS CONNECTION CONTROL

BFPAs None observed # Tested Unknown

WWTP RPZ N/A Date Tested Unknown

Written Plan Inadequate Date N/A

Comments _____

PWS ID # 3424046
 Date 04/08/10

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1(AAG9894)		
Year Drilled		1980		
Depth Drilled		Unknown		
Drilling Method		Unknown		
Type of Grout		Unknown		
Static Water Level		Unknown		
Pumping Water Level		Unknown		
Design Well Yield		Unknown		
Test Yield		Unknown		
Actual Yield (if different than rated capacity)		Unknown		
Strainer		Unknown		
Length (outside casing)		Unknown		
Diameter (outside casing)		6"		
Material (outside casing)		Black steel		
Well Contamination History		None		
Is inundation of well possible?		No		
6' X 6' X 4" Concrete Pad		Yes		
SET BACKS	Septic Tank	>200'		
	Reuse Water	N/A		
	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Sta-Rite		
	Model Number	Unknown		
	Rated Capacity (gpm)	360		
	Motor Horsepower	30		
Well casing 12" above grade?		Yes		
Well Casing Sanitary Seal		Yes		
Raw Water Sampling Tap		Yes		
Above Ground Check Valve		Yes		
Security		Yes		
Well Vent Protection		N/A		

COMMENTS

PWS ID # 3424046
 Date 04/08/10

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
 Make Chem-Tech Capacity 30 gpd
 Chlorine Feed Rate 60%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.1 Remote 0.8
 Remote tap location Apartment 1699
 DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
 Injection Points Prior to the hydropneumatic tank.
 Booster Pump Info _____
 Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Frequency of Cleaning _____
 Date Last Inspected/Cleaned _____
 Comments _____

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated
 (B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H1		
Capacity (gal)	10,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	No		
PRV/ARV	ARV		
Pressure Gauge	Yes		
On/Off Pressure	40/60		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	Effluent pipe		
Date of Inspection	07/2008		
Date of Cleaning	07/2008		

Comments The hydropneumatic is corroded.

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments _____

DEFICIENCIES:

1. **Failure to establish and implement an adequate Cross-connection Control Program.** The written cross-connection control program shall include procedures for:
- i. Written legal authority.
 - ii. Written schedule and written procedure for surveying and retrofitting existing facilities.
 - iii. Written procedures for plan review and inspection of all new construction.
 - iv. Written schedule and written procedures for at least annual testing of backflow prevention assemblies and for repair when necessary.
 - v. Written procedures for approving competent backflow preventer testers and insuring that required premises-isolating backflow preventers are tested only by approved, competent backflow preventer testers.
 - vi. Written procedures for keeping installation, testing, and repair records for each required premises-isolating backflow preventer (to be kept for not less than ten years).
 - vii. Written procedures for educating premise owners about (a), the need to have registered professional engineers or certified fire-protection system contractors check the hydraulics of existing fire-protection systems when premises-isolating backflow preventers are added at existing service connections to which existing fire-protection systems are in turn connected and (b), the need to install thermal expansion devices and/or pressure relief valves within closed loop plumbing systems created by the installation of premises-isolating backflow preventers.
 - viii. Written procedures for handling backflow complaints and emergencies.
 - ix. A program manual containing all of the above mentioned written material.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross connection, public water systems shall either eliminate the cross connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

Deliver a copy of the completed Cross-connection Control Program to this office, Attention: Manuel Cardona. If you have any questions concerning cross-connection control please contact Manuel Cardona at 407-894-7555 extension 2322 or via email at Manual.Cardona@dep.state.fl.us.

PWS ID # 3424046
Date 04/08/10


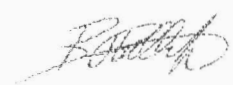
DEFICIENCIES (continued...):

2. **Failure to maintain public water system components.** The hydropneumatic tank is corroded.

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. [Rule 62-555.350(2), F.A.C.]

COMMENTS/REMINDERS:

- Provide information for all items marked "unknown."
- Provide the dates of the most recent flow meter calibration.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 20010, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2010.
- For monitoring schedules and information about the Drinking Water Program, please visit the Central District's Drinking Water website at <http://www.dep.state.fl.us/central/Home/DrinkingWater/default.htm>

Inspector  Title Env. Specialist II Date 04/21/10
Approved by  Title Env. Supervisor II Date 04/21/10

RESPONSE

Please provide any changes to the following:

PWS ID Number: 3424046 Business Name: _____
 PWS Name: Quail Run Subdivision _____
 _____ Owner(s) Name: _____
 Mailing Address: _____ Mailing Address: _____
 _____ Phone Number(s): _____
 Date: _____ Fax #: _____
 E-Mail Address: _____

Florida Department of Environmental Protection
 Drinking Water Compliance/Enforcement Program
 3319 Maguire Boulevard, Suite 232
 Orlando, Florida 32803

Attention: Daniel Shideler, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated **April 8, 2010**, the following actions were done to correct the listed deficiencies:

<u>Deficiency</u>	<u>Corrective Action Done</u>	<u>Date Done</u>
<u>Item No.</u>		
1.	Manny Cardona approved our cross connection plan on March 9, 2010. It will now be implanted	4/27/10
2.	Tank was cleaned & spots of corrosion were sanded & repainted	5/6/10

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: 

Name of PWS Owner/Representative: Dewaine Christmas
 (Please Type or Print)

Sunshine Utilities of Central Florida, Inc.

Docket No.: 100048-WU

Marion County

25.30.440 (9)
VEHICLES

Test Year Ended December 31, 2010

Vehicle Schedule

Company; Sunshine Utilities of Central Florida Inc.

Docket No.; 10004WU

Test Year Ended: 2010

Vehicle #	Year	Model	Serial Number	Driver	Position	Original Cost	Allocation Method
70	2008	Ford Ranger	1FTYR14U28PA79329	Ronald Joyner	Meter Reader	15,327.18	ERCs
71	2008	Ford Ranger	1FTYR14U58PA83150	Eric Boucher	Serviceman	15,327.18	ERCs
72	1985	Ford F350	1FDJF37GXFWA32209		Pulling Rig	4,532.79	ERCs
73	1996	Chevy S-10	1GCCS1949T8194665	Dex Christmas	Serviceman	3,464.00	ERCs
75	1990	Chevy 1500	1GCD14KOLZ112422	James Hodges Jr	Foreman	3,500	ERCs
76	2008	Ford Ranger	1FTYR14U38PA80604	Mark Boucher	Serviceman	15,327.18	ERCs
77	2008	Ford Ranger	1FTYR14U08PA79328	Neil Parent	Serviceman	15,327.18	ERCs

Sunshine Utilities of Central Florida, Inc.

Docket No.: 100048-WU

Marion County

25.30.440 (8)
FIELD EMPLOYEES

Test Year Ended December 31, 2010

Sunshine Utilities of Central Florida
List of Employees and their Duties
January 2010 - December 2010

James H Hodges - President	Weekly Salary	\$1,449.43	effective 3/9/2007
Clarise Hodges - Vice President	Weekly Salary	\$1,125.75	effective 3/9/2007

Set Company policies
Review and implement benefit programs
Meet with developers
Review and Revise tariffs as needed
Disciplinary actions as needed
Review monthly reports
Review and sign all official documents

James H Hodges Jr. - Operations Manager	Weekly Hourly	\$25.39	effective 5/30/2008
Corporate Secretary			

Maintain electrical equipment
Assist and oversee repair of broken lines
Work with engineer on designing, extending, and/or modifications to water system
Oversee all plant operations
Inspections and general maintenance
Infield handling of customers complaints
Emergency 24 hr a day call
Scheduling line flushing and preventative maintenance
Work in conjunction with certified operator to maintain proper chemical balance
Interview prospective service technicians
Scheduling of all outside work to be performed

Guy Parent - Serviceman	Weekly Hourly	\$10.32	effective 1/11/2008
Marc Boucher - Serviceman	Weekly Hourly	\$10.10	effective 5/30/2008
Eric Boucher - Serviceman	Weekly Hourly	\$9.97	effective 5/30/2008
Dewaine Christmas Jr. - Serviceman	Weekly Hourly	\$10.32	effective 4/20/2010

Repair broken lines
Maintain electrical equipment
Maintain company vehicles
Install new service
Routine maintenance
Emergency 24 hour per day call
Maintain service lines,gate valves and blow off valves
On-site maintenance of pump stations including generators
Infield customer relations
Disconnect water service for non payment

Ronald Joyner - Meter Reader	Weekly Hourly	\$10.87	effective 5/30/2008
-------------------------------------	---------------	---------	---------------------

Accurately read meters
Install and /remove meters when necessary
Disconnect water service for non payment
Infield meter test
Maintenance of water meters
Infield customer relations

Pamela Christmas - Billing Clerk Supervisor Weekly Hourly \$15.71 effective 5/30/2008

Answer and direct incoming calls to appropriate department
Generate work orders for serviceman
Set up new customer accounts
Maintain and balance cash drawer
Handle payments from walk-in customers
Log incoming calls
Re-bill past customers with outstanding balances
Compile report of monthly hookups
Compile bad debt report
Input meter readings
Generate monthly bills, final bills, and shut off notices
Calculate lost gallons
Bill all current and past due customers
Maintain net billed sales
Maintain hookup logs
Maintain write off logs
Determine deposit refunds
Coordinate all locates thru One-Call Locates

Jane Rop - Bookkeeper Weekly Hourly \$15.08 effective 5/30/2008

Input and balance daily accounts receivable
Bank Deposits
Check reconciliation
Handle insufficient funds checks
General ledger posting and balancing
Process weekly payroll
Weekly, quarterly and year end payroll tax reports
Process accounts payable
Profit and loss statements
Generate cut off list
Follow up status on open work orders
Gather information for accountant to prepare annual reports
Input all time into payroll

Dewaine Christmas - Manager Weekly Hourly \$26.44 effective 5/30/2008

Responsible for overseeing daily operations of corporation
Reports to President and Vice-President
Knows all phases of operations and can fill in as needed
Responsible for payments of accounts payable
Scheduling of all water testing for compliance
Works in conjunction with attorney and CPA
Works with FDEP and FPSC on related matters
Works with operations manager on scheduling work
Works with President, engineer, and developer to obtain new water systems
Handles customers complaints
Review pre bill reports prior to processing customer statements
Gathers information to prepare annual reports